DUQUESNE UNIVERSITY

Office of Human Resources

# BENEFITS OVERVIEW

## July 1, 2025-June 30, 2026

**OPEN ENROLLMENT:** MONDAY, APRIL 21 TO FRIDAY, MAY 2, 2025

**BENEFITS FAIR:** WEDNESDAY, APRIL 23, 2025

*DUQ.EDU/BENEFITS*

*We are excited to share and remind you of the comprehensive benefits available to you at Duquesne University!*

*These benefits are designed to support your overall well-being, and we want to ensure you have the support and resources you need to thrive both at work and in life.*

*We are committed to supporting your total well-being, ensuring you have the resources and care you need to thrive in every aspect of your life. That's why we've put together a variety of programs and resources designed to fit your unique needs to help you thrive, promoting a balanced and fulfilling life.*

***Stay engaged, stay informed.*** *To help you achieve your health and wellness goals review this guidebook, as we are committed to making sure you have the tools and knowledge to use your benefits fully.*

***We're here to help.*** *The Benefits Team is here for you! We're here to answer your questions, guide you through the available options, and ensure that you're making the most of all the resources designed with your well-being in mind.*

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**OFFICE OF HUMAN RESOURCES MISSION STATEMENT**
**PEOPLE INSPIRE US**

We partner with the University Community to provide innovative and authentic people-centered services and solutions. We foster excellence and inclusion in the development of the whole person: mind, heart and spirit.

Notice to Participants: The information contained in this enrollment booklet represents only a portion of the actual provisions of the coverages mentioned. This document is not a contract. The complete terms and conditions concerning the discussed coverages are described in the actual plan documents. Official plan documents may be viewed at duq.edu/work-at-du/required-notices. Any individual who provides fraudulent information will be subject to disciplinary action and/or prosecution. Duquesne University reserves the right, in its sole discretion, to amend this plan in whole or in part at any time and from time to time, or to terminate it at any time without advance notice. We encourage you, your spouse, and dependents to access the notices online and review them in conjunction with open enrollment and any time after. The notice of the availability of this information online and your ability to access the information is deemed to be delivery of those notices.

# ENROLLMENT PROCEDURE

1. EVALUATE your choices.
   - Review your benefit options in the Benefits Overview Booklet
   - Attend the Benefits Fair on April 23, 2025
   - Ask questions, use your resources, check-out the benefits webpages on the DU portal, formerly known as DORI.
2. TO ENROLL VISIT **duq.edu/benefits** and click the **Log In or Enroll Now** button.
3. COMPLETE selections between Monday, April 21 and Friday, May 2, 2025.
4. REVIEW your selections carefully. Be sure your selections are what you want.
5. REMEMBER, even if you decide to waive the University medical coverage, you must still complete the enrollment process to select your other benefits. Flexible Spending Accounts enrollments and contributions DO NOT carry forward—you must indicate enrollment every year.
6. NEW benefit elections are effective July 1, 2025.
7. DEDUCTIONS for your new benefits will begin with the pay of Friday, July 11, 2025. Compare your paycheck of July 11 against your online enrollment to verify your selections are correct. ***Federal guidelines only permit benefit changes for a qualified life event after the Open Enrollment period.***
8. REMEMBER to log into bswift anytime throughout the benefits plan year (July 1, 2025 - June 30, 2026) to review coverage, update life insurance beneficiaries or to complete a qualified life event.

Duquesne University uses a confidential, web-based benefits enrollment management system,

bswift.

Be sure to take advantage of

Ask Emma,

an interactive decision support tool designed to help you make more informed and personalized medical benefit decisions.

ask EMMA

**We all like second chances, but with Open Enrollment there is a hard deadline—don't forget to complete by May 2, 2025.**

# IN THE KNOW

**IMPORTANT,** even if you decide to waive the University medical coverage, it's important to still complete the enrollment process. This ensures you're informed of all your options and helps us keep accurate records for the upcoming year. This also allows you to select other benefits:

- Dental Coverage
- Vision Coverage
- Dependent Care Account
- Healthcare Savings Account
- Medical Savings Account
- Supplemental life insurance coverage for you, your spouse, eligible children
- Long-term Disability
- Voluntary Benefits: Accident, Critical Illness, Hospital Indemnity, Pet Wellness and Pet Insurance plans

## CREATE YOUR ONLINE PROFILE

Creating an online profile with your benefit vendor provides several key benefits:

- Personalized Experience-receive relevant updates and recommendations
- Streamlined Claims and Support-easier to track and submit claims
- Stay Updated-You'll receive timely notifications helping you to stay informed
- Maximize use of benefit features, discounts, programs and resources
- Print/store digital ID cards

## IMPORTANT UPDATES AND NEW FEATURES

- **Medical prices tags** for Highmark HDHP, UPMC HDHP, Highmark PPO and UPMC EPO plans as noted on page 6.
- **Plan design updates:** Deductible, Co-Insurance, Out-of-Pocket Maximums have changed. Please refer to the grid on page 8.
- **Prescription plan changes** – refer to the grid on page 12 for co-insurance and deductible updates.
- **No changes** to the United Concordia Basic and Enhanced dental plans price tags.
- **No changes** to the spousal surcharge. The surcharge remains at $128.68 per bi-weekly pay.
- **Increase** in University Contribution to Health Savings Account. Please refer to grid on page 6.
- **Health Savings Account (HSA)** annual calendar year limits have been increased by the IRS from $4,150 for a single person to $4,300. The annual limit for families increased from $8,050 to $8,550. More information can be found on page 16 of this booklet.
- **Health Care flexible spending** accounts annual limits have been increased by the IRS from $3,200 to $3,300. Refer to page 17 for more information.
- **Remember flexible spending accounts** (medical, limited, and dependent care) DO NOT carry forward, these items must be actively elected every year.
- The University **will once again sponsor a $500 contribution** to the Dependent Care Flexible Spending Account. The IRS made no changes to annual limits for the Dependent Care flexible spending account. Refer to page 17 for more information.
- **Count Me In!** Employees will once again have the opportunity to make a gift through payroll deductions to the designation of their choice. Find more details on the Count Me In! campaign on page 26.
- **Voluntary Benefits – Pet Wellness and Pet Insurance Plans** - The University is committed to the overall well-being of faculty and staff including those who are pet parents. The University has partnered with Wagmo to offer a Pet Wellness plan to ensure pets receive necessary care and a Pet Insurance plan to help pet parents better prepare for unexpected expenses. See page 24 for more detail.
- **YMCA Child Development Center** Duquesne University offers special rates to eligible employees. See page 25 for more details.
- **More great benefits** Employees can receive a variety of discounts on cell phone plans, tickets for local entertainment events, University sporting events, car rentals. See page 25 for more details.

## WELLNESS IN MOTION

- **Take charge** of your health and well-being while earning rewards!
- **Earn money** – Employees and their eligible spouses will have the opportunity to earn up to a total of $600 by completing an array of wellness activities. Wellness in Motion dollars can be used to offset out-of-pocket medical costs, such as deductibles and coinsurance.
- More information can be found on pages 18 and 19.

## MAKE THE MOST OF YOUR HEALTH DURING THIS PLAN YEAR!

- Take advantage of free health benefits! Preventive health screenings are fully covered, and you can also earn Wellness in Motion reward dollars for these screenings.
- Don't have a primary care physician (PCP)? Now is the perfect time to choose one. Establishing a relationship with a PCP helps you stay healthier and can lower your medical costs.
- Take advantage of the disease management and coaching programs offered through The Center for Pharmacy Care and your medical plans. Refer to page 13 for more information about the Medication Therapy Management Program.
- Reduce your costs and receive more personalized service by using the customer service numbers located on the back of your ID cards. These numbers are also listed on page 35.
- Download vendor apps when applicable to fully take advantage of your available benefit options.
- Explore the information on your benefits webpages on the DU Portal.

# IMPORTANT UPDATE – QUALIFIED LIFE EVENT

## BENEFIT CHANGES OUTSIDE OF OPEN ENROLLMENT

**You can update your benefits elections if you experience a life event (Qualified Life Event). A life event is an IRS-approved change that allows you to modify your enrollment outside of the open enrollment period during the plan year. A change to your benefit elections can only be made within 60 days of the Qualified Life Event.**

If a life event occurs on the first day of the month, coverage will begin on that same day.

Marriage Example: If you're married on September 1st and want to add your spouse, their coverage will start on September 1st. You must report via bswift the election change and marriage certificate within 60 days. Coverage will be processed retroactively to the event date. The following is a list of qualified life events defined by Section 125 of the Internal Revenue Code that will allow you to make a change to your elections:

- **Legal marital status.** Any event that changes your legal marital status, including marriage, divorce, death of a spouse or annulment.
- **Number of dependents.** Any event that changes your number of tax dependents, including birth, legal guardianship, death, adoption and placement for adoption.
- **Gain or loss of coverage.** Any event that changes your spouse's, or your dependent's employment status leading to gaining or losing eligibility for coverage through an employer-sponsored plan, COBRA, or state-sponsored programs such as Medicaid, CHIP, etc.
- **Dependent status.** Any event that causes your tax dependent to become eligible or ineligible for coverage because of age, student status, tax dependent status or similar circumstances.
- **Residence.** A change in residence that causes an employee, spouse or dependent to gain or lose eligibility for a plan or a different benefit option available under the plan (e.g. moving outside your medical or dental program's network service area).
- **Your spouse's Open Enrollment.**

**Qualified life events** must be reported on bswift within 60 days of the event.

**See page 34** for bswift Self Service instructions.

All changes require proper documentation and must be consistent with a qualified life event. Do not wait for documentation to begin this process.

**Dependent Information. In order to comply with Affordable Care Act reporting requirements please remember to enter your dependent spouse and/or children's social security number(s) in your bswift Family Information profile.**

# MEDICAL PLAN PRICE TAGS | July 1, 2025 to June 30, 2026

**Remember to review your paycheck to ensure the proper premiums are being deducted for your enrollment elections.**

| EMPLOYEE STATUS | Highmark High Deductible | University Contribution to Health Savings Account | UPMC High Deductible | University Contribution to Health Savings Account | Highmark PPO | UPMC EPO | Working Spouse Contribution |
|---|---|---|---|---|---|---|---|
| | **High Deductible Health Plans** present CVS Caremark card for prescription coverage as they are subject to deductible. | | | | **Highmark PPO** and **UPMC EPO** present CVS Caremark card for prescription coverage. | | |
| **EMPLOYEE** | | | | | | | |
| Annual | $1,159.39 | $500.00 | $1,159.39 | $500.00 | $2,885.69 | $2,885.69 | None |
| Biweekly | $44.28 | $19.23 | $44.28 | $19.23 | $110.99 | $110.99 | None |
| **EMPLOYEE PLUS CHILD(REN)** | | | | | | | |
| Annual | $1,823.75 | $1,000.00 | $1,823.75 | $1,000.00 | $4,328.46 | $4,328.46 | None |
| Biweekly | $70.14 | $38.46 | $70.14 | $38.46 | $166.48 | $166.48 | None |
| **EMPLOYEE PLUS SPOUSE** | | | | | | | |
| Annual | $2,026.39 | $1,000.00 | $2,026.39 | $1,000.00 | $4,867.09 | $4,867.09 | $3,345.68 |
| Biweekly | $77.94 | $38.46 | $77.94 | $38.46 | $187.20 | $187.20 | $128.68 |
| **FAMILY** | | | | | | | |
| Annual | $2,486.93 | $1,000.00 | $2,486.93 | $1,000.00 | $6,348.38 | $6,348.38 | $3,345.68 |
| Biweekly | $95.65 | $38.46 | $95.65 | $38.46 | $244.17 | $244.17 | $128.68 |

## WORKING SPOUSE CONTRIBUTION

Duquesne University will continue to offer medical coverage to legal spouses of eligible employees. However, if your spouse is eligible for his/her own employer-sponsored medical plan but chooses to enroll in the University's medical plans, including the High Deductible Health Plans, an additional pre-tax contribution of $128.68 per pay will be required. You will be asked to certify your spouse's eligibility during enrollment.

If your spouse loses or obtains medical coverage after enrollment, you must notify the Benefits Office within 60 days. Refer to bswift Self Service page 34 for additional information.

The Working Spouse Contribution **DOES NOT APPLY** in the following situations:

- You do not have a spouse
- You have elected to waive University medical coverage
- Your spouse is also a Duquesne University employee
- You have elected not to enroll your spouse in a University medical plan
- You have elected to enroll your spouse in a University medical plan and your spouse:
  - Is not employed;
  - Works for an entity that does not offer employer-sponsored medical insurance;
  - Is not eligible for their employer-sponsored medical insurance; or
  - Has medical coverage through Medicare or Medicaid.

**When both spouses work at Duquesne University, the working spouse contribution will not be passed on.**

# HOW THE MEDICAL PLANS COMPARE

| FEATURE | Highmark and UPMC High Deductible Health Plans (HDHP) | Highmark PPO Plan | UPMC Health Plan Exclusive Provider Organization (EPO) |
|---|---|---|---|
| Type of Plan | With a High Deductible Health Plan/Health Savings Account (HDHP/HSA) **your coverage consists of two components—a traditional health plan to protect you against health care expenses (HDHP) and a tax-advantaged savings vehicle (HSA).** Contributions to the HSA help you build savings for current and future medical expenses. This plan includes prescription coverage with CVS Caremark. | This plan includes prescription drug coverage provided by CVS Caremark. The Highmark PPO plan gives you the **flexibility to use in- or out-of-network providers and specialists without referrals.** A higher level of benefits is provided when in-network providers are used, resulting in lower out-of-pocket costs for you. | When you select an Exclusive Provider Organization (EPO), **you agree to use ONLY the plan's network of professionals and facilities. An EPO DOES NOT cover the cost of services received from non-participating providers,** except in emergency situations. You are not required to select a Primary Care Physician. |
| Covered Services | All plans cover the same services; however, how much you pay for services is different in each plan. | | |
| **What is the Network?** | **Highmark PPO BCBS Network and UPMC Health Plan Premium PPO Network** | **Highmark PPO Blue Sharing** | **UPMC Health Plan Exclusive Provider Organization (EPO) Premium Network** |
| How do I know what my deductible will be? | The amount of the deductible is listed at the top of the plan design grid.<br>Families and the Employee Plus Spouse or Child(ren) are responsible for meeting the full-family deductible.<br>**For High Deductible Health Plans, the entire amount of the family deductible must be met by one family member or by a combination of family members.**<br>This is a requirement of the IRS to ensure the plan meets the definition of a high deductible plan.<br>This is different from the deductibles for Highmark PPO and UPMC EPO plans. | The amount of the deductible is listed at the top of the plan design grid. Families and the Employee Plus Spouse or Child(ren) are responsible for two individual deductibles.<br>If there are four people in your family, once two people in the family or a combination of everyone in the family meets the deductible, then the entire family is covered.<br>This is different from the HDHP deductible. | |
| How much do I pay for a physician visit that is not preventive care? | This plan does not offer office visit copays. You pay 100% of the cost until you meet your in-network deductible. Once you've met the in-network deductible, you pay 20% of the office visit costs until you reach the out-of-pocket maximum. Once you have reached the in-network out-of-pocket maximum, the plan pays 100% of the in-network covered services. | You pay a $25 copay for primary care and $45 copay for a specialist doctor's office visit. Laboratory or imaging fees are subject to the deductible and coinsurance. | |
| How do I pay for prescription drugs? | **Present your CVS Caremark card when obtaining your prescription drugs.** You pay 100% of the cost until you meet your in-network deductible. Once you've met the deductible, you pay 20% of the costs until you reach the in-network out-of-pocket maximum. Once you have reached the in-network out-of-pocket maximum, the plan pays 100% of the covered services. Your eligible prescriptions also go toward your deductible. | **Present your CVS Caremark card when obtaining your prescription drugs.** Many prescriptions follow step therapy guidelines. Maintenance prescriptions (those used for chronic, long-term management) must be filled via CVS Caremark mail order or CVS retail stores. Copays are based upon the chart located on page 12. Once you meet your prescription out-of-pocket maximum as listed on page 12, the plan pays 100% of the covered prescription services. | |
| Can I open a Health Savings Account? | Yes, a Health Savings Account is available. If selected, the University will deposit: $500 Employee only coverage, $1,000 for all other tiers of coverage. Limit = $4,300 for Employee and $8,550 for all other tiers. Once funds reach $1,000, they can be invested in mutual funds. Contributions are pre-tax; earnings accumulate tax-free. Withdrawals for eligible expenses are not subject to federal income tax. Monies roll over from year to year. Funds used for non-qualified medical expenses are subject to taxes and penalties. | No, a Health Savings Account is not available.<br>Per IRS regulations, you must be enrolled in a High Deductible Health Plan to be eligible for a Health Savings Account. | |
| Can I open a Flexible Spending Account for health care expenses? | Yes, a Limited Flexible Spending Account is available for dental and vision care expenses only. Contribution limit is $3,300 per year. Unused balances will be forfeited. | Yes, a Health Care Flexible Spending Account is available for qualified medical, dental and vision expenses. Contribution limit is $3,300 per year. Unused balances will be forfeited. Expenses must be incurred by September 15 (14 1/2 months) and claim forms/receipts postmarked by December 31 (18 months), or you will forfeit the monies in the account. | |
| How much should I contribute to a Health Savings or Flexible Spending Account? | This is a bank account opened to save money on a tax-favored basis to pay your share of qualified medical expenses. **You can stop, increase or decrease your HSA contribution at any time during the year.** The claims processing effective date is the day you open your HSA bank account. Your available amount is based on your biweekly contributions. Even though you may not have eligible expenses during the year, you can still set aside monies to build for the future. You own the account, even if you change health plans or leave the University. | Estimate your medical expenses for the coming plan year for office visits, deductibles, prescription copays, along with qualified dental and vision expenses. If you seldom use the doctor or do not have recurring medical expenses, this account may not be for you. The amount of money you "pledge" for the year is available for use effective July 1. Expenses must be incurred by September 15 (14 1/2 months) and claim forms/receipts postmarked by December 31 (18 months), or you will forfeit the monies in the account. | |

# MEDICAL COVERAGE COMPARISON

This guide is an overview of services, refer to the Summary of Benefits and Coverage (SBC) as you are completing your online enrollment.

| SERVICES | Highmark High Deductible Health Plan | | UPMC High Deductible Health Plan | | Highmark PPO Plan | | UPMC Exclusive Provider Organization |
|---|---|---|---|---|---|---|---|
| | In-Network | Out-of-Network | In-Network | Out-of-Network | In-Network | Out-of-Network | |
| **Prescription Drug Coverage** | **Present CVS Caremark card to obtain prescriptions as they are subject to deductible.** | | | | **Present CVS Caremark card to obtain prescriptions.** | | |
| **Network** | **Highmark BCBS PPO Network** | | **UPMC Health Plan Premium PPO Network** | | **Highmark BCBS PPO** | | **UPMC Health Plan EPO Premium Network** |
| Deductible Per Plan Year | A deductible is the flat dollar amount you must pay each plan year for certain services before the plan begins to pay for covered services. The amount you pay for out-of-network services counts toward both your in-network and out-of-network plan deductibles. | | | | | | |
| **Employee Deductible** | $1,750 | $3,500 | $1,750 | $3,500 | $500 | $1,200 | $500 |
| **Maximum Deductible All tiers other than Employee** | $3,500 Family | $7,000 Family | $3,500 Family | $7,000 Family | $1,000 | $2,400 | $1,000 |
| How do I know what my deductible will be? | All tiers other than Employee only are responsible for meeting the full-family deductible.<br>**For this High Deductible Health Plan, the entire amount of the family deductible must be met by one family member or by a combination of family members.**<br>This is a requirement of the IRS to ensure the plan meets the definition of a high deductible plan.<br>This is different from the deductibles for Highmark PPO and UPMC EPO plans. | | | | All tiers other than Employee only are responsible for two individual deductibles. If there are four people in your family, once two people in the family or a combination of everyone in the family meets the deductible, then the entire family is covered. | | |
| Plan Coinsurance | Coinsurance is a cost sharing arrangement in which you and the plan each pay a percentage of the covered expenses after the deductible is met. The amount you pay for out-of-network coinsurance counts toward both your in-network and out-of-network coinsurance. The out-of-pocket maximum limits how much you pay for your share. | | | | | | |
| **Employer-Paid** Plan Coinsurance | 80% after deductible until out-of-pocket limit is met, then 100% | 65% after deductible until out-of-pocket limit is met, then 100% | 80% after deductible until out-of-pocket limit is met, then 100% | 65% after deductible until out-of-pocket limit is met, then 100% | 80% after deductible until out-of-pocket limit is met, then 100% | 65% after deductible until out-of-pocket limit is met, then 100% | 80% after deductible until out-of-pocket limit is met, then 100% |
| **Employee-Paid** Coinsurance | You pay 20% after deductible | You pay 35% after deductible | You pay 20% after deductible | You pay 35% after deductible | You pay 20% after deductible | You pay 35% after deductible | You pay 20% after deductible |
| **Employee Out-of-Pocket Maximum Per Plan Year** | All deductibles, copays and coinsurance expenses contribute to the out-of-pocket maximum. Note that no individual within a family will incur an in-network out-of-pocket maximum in excess of $8,150. | | | | All medical deductibles, copays, and medical coinsurance expenses contribute to this medical out-of-pocket maximum. A separate out-of-pocket maximum applies to prescriptions. | | |
| Employee | $3,500 | $10,000 | $3,500 | $10,000 | $3,000 | $9,000 | $3,000 |
| All Other Tiers | $7,000 | $20,000 | $7,000 | $20,000 | $6,000 | $18,000 | $6,000 |
| Primary Care Physician | No Primary Care Physician is Required | | | | | | |
| Physician Office Visit | You pay 20% after deductible | You pay 35% after deductible | You pay 20% after deductible | You pay 35% after deductible | $25 | You pay 35% after deductible | $25 |
| Specialist Office Visit | You pay 20% after deductible | You pay 35% after deductible | You pay 20% after deductible | You pay 35% after deductible | $45 | You pay 35% after deductible | $45 |
| Telemedicine eVisits and Virtual Care | You pay 20% after deductible | | You pay 20% after deductible. upmc.com/anywherecare | | $5 | | $5 upmc.com/ anywherecare |
| Pre-Existing Conditions Limitations | No pre-existing conditions limitations | | | | | | |

| SERVICES | Highmark High Deductible Health Plan | | UPMC High Deductible Health Plan | | Highmark PPO Plan | | UPMC Exclusive Provider Organization |
|---|---|---|---|---|---|---|---|
| | In-Network | Out-of-Network | In-Network | Out-of-Network | In-Network | Out-of-Network | |
| Transition of Care<br>Requires timely completion of forms. Request form immediately if needed. | Provides in-network coverage to employees changing plans at Open Enrollment when the employee's doctor is not part of the newly selected plan's network and there are approved clinical reasons why the patient should continue to see the same doctor. | | | | | | |
| Lifetime Benefit Limit | No Lifetime Benefit Limit | | | | | | |
| Precertification Requirements | Provider Responsibility | Patient Responsibility | Provider Responsibility | Patient Responsibility | Provider Responsibility | Patient Responsibility | Provider Responsibility |
| Preventive Care | **ALL PREVENTIVE CARE IS COVERED AT 100% PLAN PAYMENT PER ESTABLISHED GUIDELINES.**<br>Preventive Services will be covered in compliance with the requirements under the Affordable Care Act (ACA). Please refer to medical plan website for Preventive Services Reference Guide for additional details. Be sure to take advantage of the plan provisions for routine exams, routine OB/GYN checkups, mammograms, PAP smears and immunizations. | | | | | | |
| Well-Baby Visits<br>Pediatric Immunizations<br>Routine Adult Physical Exams<br>Adult Immunizations<br>Routine GYN Exam<br>Routine PAP<br>Annual Routine Mammogram | 100% per established guidelines | Not Covered | 100% per established guidelines | Not Covered | 100% per established guidelines | Not Covered | 100% per established guidelines |
| Health Savings OR Flexible Spending Account | Health Savings Account | | Health Savings Account | | Flexible Spending Account | | Flexible Spending Account |
| Emergency Room Services | You pay 20% after deductible | | You pay 20% after deductible | | $150 per visit (payment waived if admitted) | | $150 per visit (payment waived if admitted) |
| Urgent Care Facility | You pay 20% after deductible | | You pay 20% after deductible | | $45 | | $45 |
| Hospital Services - Inpatient/Outpatient | You pay 20% after deductible<br>Private room stays may result in extra charges. | You pay 35% after deductible | You pay 20% after deductible<br>Private room if medically necessary and appropriate. | You pay 35% after deductible | You pay 20% after deductible<br>Private room stays may result in extra charges. | You pay 35% after deductible | You pay 20% after deductible<br>Private room stays may result in extra charges. |
| Maternity Services | | | | | | | |
| First Office Visit | | | | | $25 - $45 | | $45 |
| Subsequent Pre-Natal Visits | You pay 20% after deductible | You pay 35% after deductible | You pay 20% after deductible | You pay 35% after deductible | You pay 20% after deductible | You pay 35% after deductible | You pay 20% after deductible |
| Hospital Delivery Services | | | | | You pay 20% after deductible | | You pay 20% after deductible |
| Infertility Counseling Testing | | | | | You pay 20% after deductible | | You pay 20% after deductible |
| Assisted Fertilization Procedures | Not Covered | | | | | | |
| Medical/Surgical Services (except office visits) | You pay 20% after deductible | You pay 35% after deductible | You pay 20% after deductible | You pay 35% after deductible | You pay 20% after deductible | You pay 35% after deductible | You pay 20% after deductible |
| Chiropractic Services | You pay 20% after deductible | You pay 35% after deductible | You pay 20% after deductible | You pay 35% after deductible | $45 | You pay 35% after deductible | $45 |
| Limit per benefit period | 25 visits | | | | | | |

| SERVICES | Highmark High Deductible Health Plan | | UPMC High Deductible Health Plan | | Highmark PPO Plan | | UPMC Exclusive Provider Organization |
|---|---|---|---|---|---|---|---|
| | In-Network | Out-of-Network | In-Network | Out-of-Network | In-Network | Out-of-Network | |
| Advanced Imaging (MRI, CAT Scan, PET Scan, etc.) | REQUIRES PRIOR AUTHORIZATION | | | | | | |
| Basic Diagnostic (standard imaging, diagnostic medical, lab/pathology, allergy testing) | You pay 20% after deductible | You pay 35% after deductible | You pay 20% after deductible | You pay 35% after deductible | You pay 20% after deductible | You pay 35% after deductible | You pay 20% after deductible |
| | You pay 20% after deductible | You pay 35% after deductible | You pay 20% after deductible | You pay 35% after deductible | You pay 20% after deductible | You pay 35% after deductible | You pay 20% after deductible |
| Rehabilitation Therapy | MUST HAVE AN APPROVED TREATMENT PLAN | | | | | | |
| Physical and Occupational Therapy | You pay 20% after deductible | You pay 35% after deductible | You pay 20% after deductible | You pay 35% after deductible | $25 | You pay 35% after deductible | $45 |
| Limit per benefit period | 30 visits combined with Pulmonary Rehabilitation | | Covered up to 30 visits for combined therapies | | 30 visits combined with Pulmonary Rehabilitation | | Covered up to 30 visits for combined therapies |
| Pulmonary Rehabilitation | You pay 20% after deductible | You pay 35% after deductible | You pay 20% after deductible | You pay 35% after deductible | $45 | You pay 35% after deductible | $45 |
| Limit per benefit period | 30 visits combined with Physical and Occupational Therapy | | Covered up to 24 visits per benefit period | | 30 visits combined with Physical and Occupational Therapy | | Covered up to 24 visits per benefit period |
| Speech Therapy | You pay 20% after deductible | You pay 35% after deductible | You pay 20% after deductible | You pay 35% after deductible | $45 | You pay 35% after deductible | $45 |
| Limit per benefit period | Covered up to 30 visits per benefit period | | Covered up to 30 visits per benefit period | | Covered up to 30 visits per benefit period | | Covered up to 30 visits per benefit period |
| Durable Medical Equipment and Prosthetics | You pay 20% after deductible | You pay 35% after deductible | You pay 20% after deductible | You pay 35% after deductible | You pay 20% after deductible | You pay 35% after deductible | You pay 20% after deductible |
| Skilled Nursing Facility Care | You pay 20% after deductible | You pay 35% after deductible | You pay 20% after deductible | You pay 35% after deductible | You pay 20% after deductible | You pay 35% after deductible | You pay 20% after deductible |
| Limit per benefit period | Covered up to 100 days per benefit period | | | | | | |
| Home Health Care | You pay 20% after deductible | You pay 35% after deductible | You pay 20% after deductible | You pay 35% after deductible | You pay 20% after deductible | You pay 35% after deductible | You pay 20% after deductible |
| Limit per benefit period | Based on Medical Necessity Provisions | | | | | | |
| Private Duty Nursing | You pay 20% after deductible | You pay 35% after deductible | You pay 20% after deductible | You pay 35% after deductible | You pay 20% after deductible | You pay 35% after deductible | You pay 20% after deductible |
| | Based on Medical Necessity Provisions | | | | | | |
| Allergy Serums, Treatments and Injections | You pay 20% after deductible | You pay 35% after deductible | You pay 20% after deductible | You pay 35% after deductible | You pay 20% after deductible | You pay 35% after deductible | You pay 20% after deductible |
| Emergency Transportation | You pay 20% after deductible. Non-emergency (transportation from hospital back to home) is generally not covered. | | | | | | |
| Dental Services Related to Accidental Injury | You pay 20% after deductible | You pay 35% after deductible | You pay 20% after deductible | You pay 35% after deductible | You pay 20% after deductible | You pay 35% after deductible | You pay 20% after deductible |
| Diabetes Treatment | You pay 20% after deductible | You pay 35% after deductible | You pay 20% after deductible | You pay 35% after deductible | You pay 20% after deductible | You pay 35% after deductible | You pay 20% after deductible |
| Home Infusion Therapy | You pay 20% after deductible | You pay 35% after deductible | You pay 20% after deductible | You pay 35% after deductible | You pay 20% after deductible | You pay 35% after deductible | You pay 20% after deductible |

| SERVICES | Highmark High Deductible Health Plan | | UPMC High Deductible Health Plan | | Highmark PPO | | UPMC Exclusive Provider Organization |
|---|---|---|---|---|---|---|---|
| | In-Network | Out-of-Network | In-Network | Out-of-Network | In-Network | Out-of-Network | |
| Therapy Services (Chemotherapy, Radiation Therapy and Dialysis) | You pay 20% after deductible | You pay 35% after deductible | You pay 20% after deductible | You pay 35% after deductible | You pay 20% after deductible | You pay 35% after deductible | You pay 20% after deductible |
| Cardiac Rehabilitation | You pay 20% after deductible | You pay 35% after deductible | You pay 20% after deductible | You pay 35% after deductible | $45 | You pay 35% after deductible | $45 |
| Limit per benefit period | 36 days | | 12 weeks | | 36 days | | 12 weeks |
| Hospice Care | You pay 20% after deductible | You pay 35% after deductible | You pay 20% after deductible | You pay 35% after deductible | You pay 20% after deductible | You pay 35% after deductible | You pay 20% after deductible |
| Transplant Services | Inpatient covered at 100% at Life Source center, otherwise same as plan's inpatient hospital facility benefit. Travel maximum of $10,000 per transplant if using Life Source facility. | Not Covered | You pay 20% after deductible | You pay 35% after deductible | Inpatient covered at 100% at Life Source center, otherwise same as plan's inpatient hospital facility benefit. Travel maximum of $10,000 per transplant if using Life Source facility. | Not Covered | You pay 20% after deductible |
| TMJ, Surgical and Non-surgical | Not Covered | | | | | | |
| Vision Care | Not Covered | | | | | | One eye exam every 24 months for 21 and older. One eye exam every 12 months for under 21. |
| Behavioral Health | | | | | | | |
| Inpatient | You pay 20% after deductible | You pay 35% after deductible | You pay 20% after deductible | You pay 35% after deductible | You pay 20% after deductible | You pay 35% after deductible | You pay 20% after deductible |
| Outpatient | You pay 20% after deductible | You pay 35% after deductible | You pay 20% after deductible | You pay 35% after deductible | $25 per visit | You pay 35% after deductible | $25 per visit |
| Substance Abuse Services | | | | | | | |
| Inpatient Detoxification | You pay 20% after deductible | You pay 35% after deductible | You pay 20% after deductible | You pay 35% after deductible | You pay 20% after deductible | You pay 35% after deductible | You pay 20% after deductible |
| Inpatient Rehabilitation | You pay 20% after deductible | You pay 35% after deductible | You pay 20% after deductible | You pay 35% after deductible | You pay 20% after deductible | You pay 35% after deductible | You pay 20% after deductible |
| Outpatient Rehabilitation | You pay 20% after deductible | You pay 35% after deductible | You pay 20% after deductible | You pay 35% after deductible | $25 per visit | You pay 35% after deductible | $25 per visit |
| Nationwide Out-of-Area Care | You pay 20% after deductible Highmark Open Access Plan network available nationwide | You pay 35% after deductible Highmark Open Access Plan network available nationwide | You pay 20% after deductible for emergency/urgent care while traveling. Contact UPMC Health Plan or Assist America to find a provider. | | You pay 20% after deductible Highmark Open Access Plan network available nationwide | You pay 35% after deductible Highmark Open Access Plan network available nationwide | Covered only for emergency/urgent care while traveling. Contact UPMC Health Plan or Assist America to find a provider. |
| Out-of-Country Care | You will need to pay upfront for care received from non-participating providers. Maintain copies of itemized receipts and submit via Highmark. Axa Assistance coverage is available for domestic and international travel. | | Emergency/Urgent Services. Maintain copies of itemized receipts and submit via UPMC. Assist America coverage for domestic and international travel. | | You will need to pay upfront for care received from non-participating providers. Maintain copies of itemized receipts and submit via Highmark. Axa Assistance coverage is available for domestic and international travel. | | Emergency/Urgent Services. Maintain copies of itemized receipts and submit via UPMC. Assist America coverage for domestic and international travel. |

# PRESCRIPTION DRUG PLAN for ALL medical plans | CVS CAREMARK - caremark.com

**The CVS Prescription Drug Plan now provides coverage for ALL medical plans.**

Coverage is provided using the CVS Caremark prescription drug card based upon the copayments outlined below. If you meet the separate prescription drug out-of-pocket maximums for these plans, then the plan will begin to pay at 100%.

| | HIGHMARK PPO BLUE SHARING PLAN/UPMC EPO PLAN | HDHP WITH HSA (HIGHMARK OR UPMC) |
|---|---|---|
| **Prescription Out-of-Pocket Maximum** | **All prescription drug copays contribute to the prescription drug out-of-pocket maximum. NOTE: No individual can incur an in-network out-of-pocket maximum in excess of $8,150.** | **Per IRS requirement for an HDHP, all services (medical and prescription) are subject to the plan deductible and coinsurance and contribute to the plans out-of-pocket maximum. Once meet plan deductible then co-insurance will apply.** |
| Employee | $5,150 | $1,750/$3,500 |
| All Other Tiers | $10,300 | $3,500/$7,000 |
| **Retail - One Month Supply - Prescriptions written for non-chronic, short-term conditions** | | |
| Generic | $10 Maximum | 20% after Medical Deductible |
| Preferred Brand | 30% employee copayment with a $20 minimum and $55 maximum | |
| Non-Preferred Brand | 50% employee copayment with a $40 minimum and $110 maximum | |
| Generic Step Therapy | The prescription drug plan requires you to try a lower-cost generic medicine first to treat your condition | |
| Specialty | 20% employee copayment with a $50 minimum and $100 maximum | 20% after Medical Deductible |
| | Specialty drugs are medications that require special handling, administration or monitoring. Specialty Drugs are to be dispensed through CVS Caremark | |
| **Maintenance Choice** | **Maintenance prescriptions (long-term medications that your doctor prescribes for chronic conditions that you take on an ongoing basis) will need to be filled by using the CVS Caremark mail order services or a CVS retail store.** | |
| Generic | $20 Maximum | 20% after Medical Deductible |
| Preferred Brand | 30% employee copayment with a $40 minimum and $85 maximum | |
| Non-Preferred Brand | 50% employee copayment with a $70 minimum and $210 maximum | |

The formulary may also be changed during the plan year. Contact CVS Caremark, review website information and discuss your specific prescription drug requirements with your doctor to ensure you understand the various medications available on the formulary.

## MEDICATION THERAPY MANAGEMENT PROGRAM (MTM)

The Center for Pharmacy Care offers a **Medication Therapy Management (MTM) program**. The MTM offers **free prescriptions** for eligible employees and spouses for the following conditions upon completion of a comprehensive health assessment and educational training:

- Cholesterol
- Chronic Pain Management
- Depression
- Diabetes
- Hypertension (High Blood Pressure)
- Asthma*
  * Eligible children enrolled in the University CVS Caremark prescription plan will receive a $10 copayment for their covered asthma prescriptions.

Participants receive:

- An initial health assessment; you will be responsible for making any follow-up appointments
- Comprehensive review of all your medications
- A personalized medication treatment plan
- Education and training to enhance your understanding of medication use
- Coordination of the medication therapy management services with your other health care providers to ensure your best outcomes
- No copay for prescriptions as listed above
- Wellness in Motion dollars upon enrollment, completion and follow-up with the MTM program

WELLNESS IN MOTION
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**TO SCHEDULE AN INITIAL CONFIDENTIAL, FREE MEDICATION ASSESSMENT**, contact The Center for Pharmacy Care at 412.396.2155 or cpc@duq.edu.

Medication Therapy Management program offers:

- **FREE** confidential education
- **FREE** confidential counseling
- **FREE** prescriptions—no copay for eligible prescriptions—Duquesne University pays the full cost

Who is eligible for the MTM program:

- Employees and spouses with Highmark PPO or UPMC EPO plans
- **Due to Affordable Care Act regulations, employees with a High Deductible Health Plan are not eligible for the zero copay, however they are still eligible for education and counseling**

## MAXIMIZE YOUR MEDICATION COVERAGE

- Talk to your doctor about your medication options and coverage.
- Enroll in the Medication Therapy Management program if eligible. See details above.
- Set up a health care flexible spending account to use pre-tax dollars to pay for your prescriptions. Remember that you can list your WEX debit card as your payment method on your mail order profile.

## MAINTENANCE MEDICATION PROGRAM

If you take a maintenance prescription drug to treat an ongoing medical condition, you must ask your doctor to write a prescription for a 90-day supply and have it filled in one of the following ways:

- CVS Caremark Rx Delivery by Mail
- CVS retail store

When you are newly diagnosed with a chronic condition and prescribed a maintenance medication, you will be permitted to obtain the initial fill and one subsequent refill to ensure your medications are managing your condition before you will be required to use the maintenance medication program.

## MANAGE YOUR MEDICATIONS ONLINE

Register with a CVS Caremark online account so you can manage your prescriptions and benefits online. After registering, you will be able to obtain faster refills, view prescription history, receive email alerts and check order status. The website also contains FAQs, medication information and drug cost. Access the online site at caremark.com and register today!

# DENTAL PLANS

Your dental benefits are provided through United Concordia Dental plan. Use dentists within the Elite Plus network to receive the highest level of coverage. Remember to request pre-determination of benefits before you receive extensive dental services. This will ensure you know what your actual out-of-pocket cost will be before treatment begins.

### Dental Identification Cards

United Concordia will send Welcome Letters to new enrollees. This letter will provide plan details and options on how to obtain a dental ID card.

## DENTAL PRICE TAGS

| EMPLOYEE STATUS | | UNITED CONCORDIA BASIC | UNITED CONCORDIA ENHANCED |
|---|---|---|---|
| EMPLOYEE | Annual | $204.00 | $405.84 |
| | Biweekly | $7.85 | $15.61 |
| EMPLOYEE PLUS CHILD(REN) | Annual | $466.80 | $912.60 |
| | Biweekly | $17.95 | $35.10 |
| EMPLOYEE PLUS SPOUSE | Annual | $419.88 | $821.40 |
| | Biweekly | $16.15 | $31.59 |
| FAMILY | Annual | $687.24 | $1,335.48 |
| | Biweekly | $26.43 | $51.36 |

| SUMMARY OF BENEFITS | BASIC ELITE PLUS PLAN | | ENHANCED ELITE PLUS PLAN | |
|---|---|---|---|---|
| | IN-NETWORK | OUT-OF-NETWORK | IN-NETWORK | OUT-OF-NETWORK |
| Deductible Per Plan Year | Deductible Does Not Apply to Preventive Care | Deductible Does Not Apply to Preventive Care | Deductible Does Not Apply to Preventive Care | Deductible Does Not Apply to Preventive Care |
| Employee | $50 | $50 | $50 | $50 |
| All Other Tiers | $100 | $100 | $100 | $100 |
| Plan Year Maximum Benefit | $1,000 per person, per plan year | $1,000 per person, per plan year | $2,000 per person, per plan year | $2,000 per person, per plan year |
| DIAGNOSTIC AND PREVENTIVE | | | | |
| Cleanings and Exams (Two times per plan year)<br>Fluoride (One time per plan year for child under age 19)<br>Sealants (One per molar in 3 years for child under age 14)<br>Full Mouth X-Rays (One per 3 plan years)<br>Bitewing X-Rays (Two sets per plan year)<br>Space Maintainers (Non-orthodontic for child under age 19)<br>Emergency Palliative Treatment | All Diagnostic and Preventive services are covered 100% of Allowance | All Diagnostic and Preventive services are covered 100% of Allowance | All Diagnostic and Preventive services are covered 100% of Allowance | All Diagnostic and Preventive services are covered 100% of Allowance |
| BASIC SERVICES | | | | |
| Amalgam Fillings<br>Resin Composite Fillings<br>Endodontics (Root Canal)<br>Repairs of CIO, Dentures and Bridges<br>Simple Extractions<br>Periodontal Maintenance<br>Periodontal Surgery<br>Periodontal Scaling and Root Planing<br>General Anesthesia when dentally necessary | All Basic Services are covered 80% of Allowance | All Basic Services are covered 80% of Allowance | All Basic Services are covered 80% of Allowance | All Basic Services are covered 80% of Allowance |
| MAJOR SERVICES | | | | |
| Implants (One per tooth in 5 plan years for natural teeth lost while covered by plan)<br>Crowns/Inlays/Onlays (Replacement once every 5 plan years)<br>Bridges and Dentures (Initial placement for natural teeth lost while covered by plan)<br>Bridges and Dentures Replacement (One every 5 plan years) | Not Covered | Not Covered | 60% of Allowance | 60% of Allowance |
| ORTHODONTICS: Diagnostic, Active Retention Treatment | | | | |
| Adults | Not Covered | Not Covered | 50% of Allowance | 50% of Allowance |
| Children | Not Covered | Not Covered | 50% of Allowance | 50% of Allowance |
| Orthodontic Lifetime Maximum | Not Covered | Not Covered | $2,000 | $2,000 |
| Benefits Payment Basis | A participating general dentist or specialist has agreed to accept negotiated fees as payment in full for services provided to plan members. | A non-participating general dentist or specialist has NOT agreed to accept the negotiated fees as payment in full. You may be responsible for any difference in cost. | A participating general dentist or specialist has agreed to accept negotiated fees as payment in full for services provided to plan members. | A non-participating general dentist or specialist has NOT agreed to accept the negotiated fees as payment in full. You may be responsible for any difference in cost. |

# VISION PLANS | VSP Vision Care - vsp.com • 1.800.877.7195

Your vision benefits are provided through VSP Vision Care. Use providers in the VSP network to obtain the highest level of benefits. Visit vsp.com to find or confirm in-network providers.

Members are permitted services based upon the plan year of July 1 to June 30. Effective July 1 of each plan year, members have the ability to schedule eligible services.

This chart is an overview of the vision coverage. Visit vsp.com for a detailed description of the Vision Care plan benefits.

**VSP does not provide identification cards.** In-network providers automatically submit electronic claims on your behalf.

## VISION PRICE TAGS

| EMPLOYEE STATUS | | VISION CARE BASIC | VISION CARE ENHANCED |
|---|---|---|---|
| EMPLOYEE | Annual | $84.72 | $184.80 |
| | Biweekly | $3.26 | $7.11 |
| EMPLOYEE PLUS CHILD(REN) | Annual | $169.32 | $369.72 |
| | Biweekly | $6.51 | $14.22 |
| EMPLOYEE PLUS SPOUSE | Annual | $181.68 | $396.84 |
| | Biweekly | $6.99 | $15.26 |
| FAMILY | Annual | $290.76 | $633.96 |
| | Biweekly | $11.18 | $24.38 |

| SUMMARY OF BENEFITS | VISION CARE - BASIC | | VISION CARE - ENHANCED | |
|---|---|---|---|---|
| | IN-NETWORK | OUT-OF-NETWORK | IN-NETWORK | OUT-OF-NETWORK |
| WellVision Exam | Once every plan year: $0 copay | Up to $45 reimbursement | Once every plan year: $20 copay | Up to $45 reimbursement |
| Routine Retinal Screening | Up to $39 copay | NA | Up to $39 copay | NA |
| PRESCRIPTION LENS | | | | |
| Single Vision, Lined Bifocal and Lined Trifocal. Impact Resistant Glasses for dependent children. | Copay combined with exam covered in full every plan year | Single Vision - up to $30<br>Lined Bifocal - up to $50<br>Lined Trifocal - up to $65 | Copay combined with exam covered in full every plan year | Single Vision - up to $30<br>Lined Bifocal - up to $50<br>Lined Trifocal - up to $65 |
| Standard Progressive | Covered in full every plan year | Up to $50 reimbursement | Covered in full every plan year | Up to $50 reimbursement |
| Premium Progressive | $95 to $105 | Up to $50 reimbursement | $20 | Up to $50 reimbursement |
| Custom Progressive | $150 to $175 | Up to $50 reimbursement | $20 | Up to $50 reimbursement |
| Tints/Photochromic | NA | NA | Covered in full | NA |
| Scratch Resistant Coating | NA | NA | Covered in full | NA |
| FRAMES | Once EVERY OTHER plan year | Once EVERY OTHER plan year | Once EVERY plan year | Once EVERY plan year |
| Frames | $130 frame allowance | Up to $70 reimbursement | $170 frame allowance | Up to $70 reimbursement |
| Featured Frame Brands | $180 frame allowance | NA | $220 frame allowance | NA |
| VisionWorks | $180 frame allowance | NA | $220 frame allowance | NA |
| Costco | $70 frame allowance | NA | $95 frame allowance | NA |
| Additional Frame Savings | 20% off amount over allowance | NA | 20% off amount over allowance | NA |
| Additional Pairs of Glasses/Sunglasses | 20% savings, including lens enhancements, extra $50 to spend on featured brands | NA | 20% savings, including lens enhancements, extra $50 to spend on featured brands | NA |
| | CONTACT LENSES ARE IN LIEU OF LENSES AND FRAMES | | ENHANCED PLAN MEMBERS MAY RECEIVE CONTACT EXAM AND LENSES EVERY PLAN YEAR | |
| Contact Lenses Exam (Fitting and Evaluation) | Copay not to exceed $60 | Up to $105 reimbursement for Contacts | Copay not to exceed $60 | Up to $105 reimbursement for Contacts |
| Contact Lenses | $130 allowance | | $170 allowance | |
| Medically Necessary Contact Lenses | $0 Copay | Up to $210 reimbursement | $20 Copay | Up to $210 reimbursement |
| PRIMARY EYE CARE | | | | |
| Retinal Screening for Diabetic Members* | $0 Copay *Limitations and coordination with medical coverage may apply | NA | $0 Copay*Limitations and coordination with medical coverage may apply | NA |
| Additional exams/services for members with diabetes, glaucoma, age-related macular degeneration* | $20 per exam*Limitations and coordination with medical coverage may apply | NA | $20 per exam*Limitations and coordination with medical coverage may apply | NA |
| Treatment/Diagnosis of eye conditions, including pink eye, vision loss and cataracts* | $20 per exam*Limitations and coordination with medical coverage may apply | NA | $20 per exam*Limitations and coordination with medical coverage may apply | NA |
| Laser VisionCare Correction | Average 15% off the regular price or 5% off the promotional price available from contracted facilities. | | | |

**HEALTH SAVINGS ACCOUNTS (HSAs) are available to High Deductible Health Plan members only.**

**Employees enrolled in Medicare Part A or Medicare Part B or listed as a dependent on another person's tax return are not eligible to contribute or receive employer contributions to the Health Savings Accounts.**

**HSAs resemble individual retirement accounts, except the money is earmarked for healthcare expenses.**

The features include:

- Your deposits are tax free and your money grows, year after year, tax free.
- You own the account and decide how to invest and grow your money—even when you leave or retire.
- You can use funds anytime to pay for eligible medical expenses including deductibles, coinsurance, prescriptions, vision and dental care.
- At age 65 or after, you can withdraw funds without penalty. You will have to pay taxes on the withdrawal if the funds are used for anything other than eligible medical expenses.
- Funds withdrawn before age 65 for non-medical expenses are subject to taxes and penalties.
- **You receive triple tax advantages: contributions are deposited tax free, earnings accumulate tax-deferred and withdrawals for eligible expenses are not subject to federal income tax.**
- Unused funds remain in the account and roll over from year to year.
- The maximum contributions for this plan year are:
  - $4,300 for Employee;
  - $8,550 for all other tiers;
  - Any participant who turns 55 or older during the plan year may also contribute an additional $1,000.
- If you and your spouse each have insurance coverage that qualifies you for an HSA, and you both make contributions to an HSA, the $8,550 limit may be 100% deposited into one spouse's account, or shared between the two accounts. No family may have more than the $8,550 amount.
- Please keep in mind as you plan your contributions for the year, that both employer contributions and any earned Wellness in Motion reward dollars are included in your Health Savings Account (HSA) annual maximum limit.
- You may also open a **Limited Flexible Spending Account** for dental and vision expenses only.
- You are permitted to select, change or stop health savings account contributions during the plan year.
- Employees enrolled in either the Highmark High Deductible Health plan or UPMC High Deductible Health plan will use Healthcare Bank with WEX for the Health Savings Account deposits.
- Duquesne University pays the monthly administrative fee for the Health Savings Account at Healthcare Bank with WEX.

**Employees MUST SELECT the Health Savings Account option in order to receive a University contribution of:**

- $500 per year for Employee subscribers
- $1,000 per year for all other subscribers

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Review the Wellness in Motion activities list for opportunities to earn additional contributions to your Health Savings Account.

# FLEXIBLE SPENDING ACCOUNTS

Do you have predictable health care or daycare expenses? If so, a Flexible Spending Account (FSA) can save you money. An FSA allows you to **set aside pre-tax dollars** to reimburse yourself for eligible out-of-pocket expenses. The FSA is administered by WEX for the University. Use the calculators, list of eligible expenses and planning tools available on the WEX website at wexinc.com to learn more about these accounts. Monies set aside are deducted each pay period on a pre-tax basis. Expenses may be paid with your WEX debit card or via electronic claim submission.

## HEALTH CARE FLEXIBLE SPENDING ACCOUNT

- The plan year to incur expenses is extended through September 15, 2026.
- Deadline to submit eligible claims for reimbursement is December 31, 2026.
- You may contribute from $130 to $3,300 per year.
- Selections do not carry forward. You must indicate enrollment during every Open Enrollment period.
- Receive immediate access to the total amount you contribute.
- Be conservative. If you don't use the money in your account within the plan year, you lose it.

## SUBSTANTIATION

- The IRS requires dates of service, description of service or item purchased, dollar amount incurred, provider name and in some cases a Medical Necessity Form or physician letter.
- Debit card purchases still require substantiation.
- If debit card is used to pay for ineligible expenses or expenses without required documentation, you will be required to pay back the improper payment amounts to WEX.

**SAVE MONEY** with flexible spending accounts.

**ELECTIONS** do not carry forward—you must indicate enrollment every year.

**FLEXIBLE SPENDING ACCOUNTS** follow a "use it or lose it" rule.

**SAVE YOUR RECEIPTS!** While the FSA debit card is a great way to pay for many eligible expenses, use of the debit card does not take away the IRS requirement of submitting documentation. A representative from WEX will contact you when manual claims substantiation is required. Failure to submit documentation within the deadline will result in the cancellation of the debit card.

Visit wexinc.com for specific details on flexible spending accounts, including a complete list of eligible expenses.

## DEPENDENT CARE FLEXIBLE SPENDING ACCOUNT

- **If Dependent Care FSA is selected during Open Enrollment, Duquesne University will deposit $500 as a lump sum in your account on July 1, 2025.**
- Contributions may range from $130 to $5,000 per year and are dependent on marital and tax filing statuses. Duquesne University's $500 contribution will count toward the maximum limit you can contribute.
- Reimbursements are only up to the amount available in your account.
- In order to participate, parent(s) must be employed or enrolled in school. Additionally, you may use the account if your spouse is disabled or a full-time student for at least five months during the year.
- Plan year to incur expenses is extended through September 15, 2026.
- Deadline to submit eligible claims for reimbursement is December 31, 2026.

## ELIGIBLE EXPENSES

- Care for dependents age 12 or younger, or dependents regardless of age who are physically or mentally incapable of caring for themselves and whom you claim as a dependent on your federal income tax return. You (and your spouse if you are married) must maintain a home that you live in for more than half of the year with your qualifying child or dependent.
- Care when you are at work. If you are married, your spouse must also be at work, school (as a full-time student), searching for a job, or mentally or physically disabled and unable to provide care for a dependent.
- If your spouse is a stay-at-home mom or dad, you cannot participate in Dependent Care FSAs.

**THE UNIVERSITY** will contribute a $500 lump sum amount if you elect a Dependent Care Flexible Spending Account.

WELLNESS IN MOTION
DUQUESNE UNIVERSITY

July 1, 2025 to June 30, 2026

Employees may earn up to $300 in Wellness in Motion dollars

Eligible Spouses may earn up to $300 in Wellness in Motion dollars

**Review Wellness in Motion information, including list of activities at duq.edu/portal.**

## WELLNESS IN MOTION OVERVIEW

### What is the Wellness in Motion program?

While the University offers one "Wellness in Motion" program, both medical plans offer customized wellness programs and provide their own online wellness platforms: **Highmark's MyHighmark** platform and **UPMC Health Plan's Take a Healthy Step** platform.

Each healthy activity, such as biometric screenings, online health assessment, and participation in various online coaching programs, has a corresponding Wellness in Motion dollar value.

### Am I eligible?

To be eligible to participate in the Wellness in Motion program, you and your eligible spouse must be active members of the University medical plan.

### What are the rewards?

- Employees may earn up to $300 in Wellness in Motion dollars
- Eligible spouses may earn up to $300 in Wellness in Motion dollars

## HOW DO I GET STARTED?

### Create an online profile with medical vendor

If you have not already done so, create an online profile with your medical vendor (Highmark or UPMC Health Plan). Instructions available at duq.edu/portal.

### Schedule your screening

Set up an appointment with your PCP to obtain a biometric screening.

-OR-

Contact The Center for Pharmacy Care at 412.396.2155 or cpc@duq.edu to schedule a free on-campus screening in the first floor of the Muldoon Building.

### Complete an online Health Assessment with medical vendor

Login to your online profile with your medical vendor (Highmark or UPMC Health Plan) to complete your confidential online Health Assessment. Eligible spouses must also login or create an online profile with your medical vendor.

### Complete additional Wellness in Motion activities listed on the employee's online profile. They include, but are not limited to:

- Health Coaching
- Condition Management
- Immunizations
- Events sponsored by the Benefits Office
- Maternity
- Cancer Screenings

## HOW DO I RECEIVE WELLNESS IN MOTION DOLLARS?

Wellness in Motion dollars are earned as each activity is completed.

Review information to the right to determine how your Wellness in Motion dollars will be received.

Highmark PPO members can review their Explanation of Benefits (EOB) to confirm the use of their Wellness in Motion dollars as eligible medical claims are processed.

Some Wellness in Motion Reward dollars could take up to eight weeks from the completion of activities for processing. Applicable Wellness in Motion Reward dollars are processed once the claim information is received from the provider. **Wellness in Motion dollars cannot be processed after an employee's last day worked.**

## WHAT HAPPENS IF I DO NOT USE ALL OF MY WELLNESS IN MOTION DOLLARS?

Highmark PPO and UPMC EPO members will have their unused Wellness in Motion dollars automatically rollover to the next plan year. There is a maximum rollover of two times the annual plan deductible.

This question does not apply to High Deductible Health Plan members as they automatically own their Health Savings Account and maintain access to these funds when they change medical plans, change jobs or retire.

## WE HAVE PARTNERED WITH HIGHMARK, UPMC HEALTH PLAN AND THE CENTER FOR PHARMACY CARE TO OFFER THIS COMPREHENSIVE PROGRAM.

**Designed to improve health, well-being and productivity, the goals of the program are to:**

- Provide eligible employees and their eligible spouses with information regarding their current health status
- Help set realistic wellness goals
- Arm eligible employees and their eligible spouses with the tools and resources to help reach their goals
- Manage health care costs—participation in an effective wellness program not only has lifestyle benefits, it may help save money on future health care costs

**Participation in this effort is voluntary and will allow eligible employees and their eligible spouses to:**

- Access lifestyle coaching services to help set, reach and maintain goals
- Complete an online Health Assessment
- Participate in biometric screenings to help identify potential issues and risks
- Earn Wellness in Motion dollars throughout the year

HIGHMARK.

**Highmark's wellness program** is located on the Highmark member website at Myhighmark.com

**Highmark PPO** members will receive their Wellness in Motion dollars in a health reimbursement account (HRA). Wellness in Motion dollars in this account can be automatically applied to medical deductibles and coinsurance only.

**Highmark HDHP** members will receive their Wellness in Motion dollars as a deposit in their WEX Health Savings Account (HSA).

**Note that it may take up to eight weeks from the completion of activities for processing of Wellness in Motion dollars.**

UPMC LIFE CHANGING MEDICINE

**UPMC's Take a Healthy Step** is located on the UPMC Health Plan member website at upmchealthplan.com.

**UPMC EPO** members will receive Wellness in Motion dollars on a UPMC Visa debit card. Wellness in Motion dollars posted on this card can be used to pay for services that will be applied toward the deductible and coinsurance only.

**UPMC HDHP** members will receive Wellness in Motion dollars as a deposit in their WEX Health Savings Account (HSA).

**Note that it may take up to eight weeks from the completion of activities for processing of Wellness in Motion dollars.**

Financial worries, aging parents, job stress, and health issues—everyone faces challenges from time to time. The Duquesne University EAP benefits, sponsored through AllOne Health Company, offers confidential, free solutions to assist you and your family members with these challenges. The EAP solutions include:

## ANYTIME, ANYWHERE

Reducing barriers to access through technology. ***Includes 24/7/365 Telephone support, Mobile App with Chat Functionality, Video Counseling and Web Portal.***

**Access the portal via lytleeap.com.** Click Sign Up and insert Your Company Code: duquesne, then follow instructions included in your activation email.

## PERSONAL ASSISTANT

The Personal Assistant helps individuals with their "to do" list. It can be difficult to find extra time in the day to manage everyday tasks. The EAP's Personal Assistant helps lighten the load through researching the best options to benefit you and your loved ones.

**SERVICES INCLUDE:** Entertainment & Dining, Travel & Tourism, Household Errands, Service Professionals

## COACHING

A coach works actively to help individuals assess their current situation then develop goals to meet their stated expectations. A coach is an accountability partner and helps individuals overcome obstacles to achieve goals.

**COACHES HELP WITH:** Life Transitions, Work/Life Balance, Goal Setting, Improving Relationships, & More.

## MEDICAL ADVOCACY

Medical Advocacy is a new approach to maneuvering through the healthcare system. It offers strategies to promote employee health, productivity, and well-being by serving patient populations throughout the entire lifespan and by addressing health problems in every category of disease classification and in all disease stages.

**HELP WITH:** Insurance Navigation, Doctor Referrals, Specialist Referrals, Care Transition, Discharge Planning, Adult Care Coach

## MENTAL HEALTH COUNSELING

When overwhelmed with personal, work or life stressors, mental health counseling can be a lifesaver. The EAP's licensed master's level counselors support you and your household members through difficult times providing confidential assistance 24/7.

**HELP WITH:** Family Conflict, Couples/Relationships, Substance Abuse, Anxiety, Depression

## WORK AND LIFE RESOURCES

Navigating the practical challenges of life, while handling the demands of your job can be stressful. Work/Life resources and referral services are designed to provide knowledgeable consultation and customized guidance to assist with gaining resolution to everyday hurdles.

**RESOURCES INCLUDE:** Home Safe Services, Adoption, Elder/Adult Care, Parenting, Child Care, Special Needs Support, Wellness

## LEGAL/FINANCIAL RESOURCES

Legal and Financial resources and referrals are available to connect employees with experienced, vetted professionals in their topical area of legal and financial needs.

**RESOURCES INCLUDE:** Divorce/Custody, Bankruptcy, Budgeting, Estate Planning/Wills, Personal Injury/Malpractice, Major Life Event Planning

## HOME SAFE SERVICES

This program offers reimbursement for Uber/Lyft/Cab fare when an employee decides to call for a safe ride home when they find themselves too impaired to drive. The employee must obtain a receipt and mail to AllOne Health at 200 Cedar Ridge Drive, Suite 208, Pittsburgh, PA 15205. The receipt must contain "Duquesne University", your name, address and telephone number. Reimbursement, limited to three times per year, up to $50 will be mailed to your home. EAP publicity materials are sent along with the reimbursement check.

## BASIC EMPLOYEE TERM LIFE INSURANCE AND ACCIDENTAL DEATH AND DISMEMBERMENT COVERAGE

Basic life insurance and Accidental Death and Dismemberment (AD&D) are automatically provided to eligible employees, at no cost, by Duquesne University. This coverage is equal to one times annual salary up to a maximum of $300,000. Amount over $50,000 is subject to imputed income as indicated during the enrollment process. Benefit reduces by 50% at age 70.

## BUSINESS TRAVEL ACCIDENT INSURANCE

Business Travel Accident Insurance is automatically provided to eligible employees, at no cost, by Duquesne University. This coverage is equal to $50,000 while traveling on business on behalf of the University.

## EMPLOYEE OPTIONAL TERM LIFE INSURANCE

Employee optional life insurance provides additional protection for those who depend on you financially. Your need varies greatly upon age, number of dependents, dependent ages and your financial situation. The online enrollment system will indicate coverage available with the applicable premiums. You are responsible for the cost of the optional coverage you choose. ***Proof of insurability and coverage limit may apply in some cases, which may result in the denial of coverage.***

## SPOUSE AND CHILD OPTIONAL LIFE INSURANCE

If applicable, Spouse and Child optional life insurance will also be indicated with applicable premiums during your completion of the online enrollment process. You are responsible for the cost of the optional coverage you choose. ***Proof of insurability and coverage limit may apply in some cases.***

## BASIC LONG-TERM DISABILITY (LTD)

Basic Long-Term Disability (LTD) of 50% of base salary to a maximum benefit of $5,000 per month is automatically provided to eligible employees after a 12-month waiting period. Long-term disability replaces a portion of your income if illness or accident prevents you from working for an extended period of time.

## BUY UP LONG-TERM DISABILITY

Buy Up Long-Term Disability provides an additional 10% up to 60% of base salary to a maximum of $12,000 per month. The online enrollment system will indicate coverage available with the applicable premiums. You are responsible for the cost of the optional coverage you choose.

**Contact Duquesne University's Assistant Director, Benefits at 412.396.5041 or email benefits@duq.edu to file an initial application for LTD benefits.**

## LEGAL AND FINANCIAL SERVICE

All benefit eligible employees may receive telephone consultation for estate planning, deeds, wills and trusts. To access this service contact ACI Specialty Benefits at 855.775.4357 or rsli@acieap.com

## IDENTITY THEFT SERVICE

All benefit eligible employees may receive identity theft prevention and support through InfoArmor at no additional cost. If you think your identity has been compromised, contact InfoArmor at 855.246.7347. For more information and to participate in this benefit visit: www.reliancestandard.com/infoarmor.

## BENEFICIARIES

- WHAT IS A BENEFICIARY? Your beneficiary is who will receive payment from your life insurance and AD&D coverage.
- DO YOU NEED TO NAME A BENEFICIARY? If you don't name a beneficiary, your benefit will automatically go to your estate.

  Even if you do not purchase optional coverage amounts, you need to name a beneficiary because the University provides free core life insurance and AD&D coverage.

  Once you name a beneficiary during the online enrollment process, the designation will not change until you update. Thus if you marry, divorce or have a new child, it is your responsibility to update your life insurance beneficiaries via bswift as your life or family status changes.

  If you purchase optional dependent life insurance for your spouse or child(ren), you are automatically the beneficiary for that plan.

**The bswift online benefits enrollment system will automatically list "My Estate" as your beneficiary. You must select "add beneficiary" to enter the names and percentages of your beneficiaries.**

**DU Portal** (formerly known as DORI) for additional information and rates.

## RETIREMENT PLAN SAVINGS

Retirement plan savings offer more than just a way to prepare for retirement—they can be an essential part of your overall financial wellness strategy.

The Duquesne University Retirement Plan is a defined contribution plan that helps you save for retirement. Employees can begin participation in the plan with their own voluntary contributions on the first day of the month following or coinciding with their hire date. Additional information regarding the retirement plan Universal Availability can be found at duq.edu/retirement and also on page 33 of this Overview Guide.

The Internal Revenue Code limits the total amount of contributions that may be made to all retirement plans you have across all employers. The online enrollment process provides the opportunity to review and elect your voluntary contribution as either a specific percentage or the yearly maximum contribution.

For 2025 you can contribute up to $23,500 per year.

If you are age 50 or older anytime in 2025, you can contribute an additional $7,500 to your tax-deferred account, for a maximum of $31,000.

Each participant gets one limit for contributions to all 403(b) plans, so if you are also a participant in a 403(b) plan of another employer, your combined contributions to that plan and to the Duquesne University Plan in 2025 are generally limited to $23,500. If you do participate in more than one 403(b) plan, you are responsible for tracking and reporting the amount of all of your contributions to the plans so that the total amount of all your contributions to all plans in which you participate do not exceed the limit.

## EMPLOYER CONTRIBUTIONS

To help maximize your savings the Duquesne University retirement plan offers an employer matching contribution for eligible employees. These matching funds become available after your one-year anniversary with the University. In some cases, the one-year waiting period may be waived if you have previously worked at a qualifying educational institution and complete a Prior Year of Service Form upon hire.

Based on your employment status and as a condition of your employment, you may be required to contribute 5% of your eligible salary on a pre-tax basis, provided you meet certain age and service requirements. Both University and employee contributions are immediately vested, and the plan is 100% portable if you leave. Vested means you are eligible to receive both your and the University's contributions if you terminate employment.

## UNDERSTANDING RETIREMENT PLAN FEES

You can enhance your retirement savings by understanding how investment fund fees affect returns. All investment funds have fees for services associated with that particular fund that offset the amount of earnings applied to a participant's account. Fees can vary among investment options due to risks and complexities of the fund's investment strategy and the services provided to the plan. Differences in fees and expenses may significantly change the amount in a retirement account over many years of savings.

A Department of Labor Fee Disclosure Notice is sent annually to eligible participants to provide information on these investment fund fees and assist participants in making meaningful comparisons of their investment alternatives. The Notice includes historical performance, comparable benchmark performance, shareholder type fees, and expenses and investment restrictions.

## HOW TO OBTAIN BENEFITS

Contact TIAA to request no more than two outstanding loans, request a hardship withdrawal, request a distribution if you have attained age 59 ½ or to request disability distribution. Contact TIAA approximately three months before your retirement date to ensure paperwork and distribution options are properly completed.

## BENEFICIARIES

Naming your beneficiary, and keeping the information current, is an important aspect of managing your retirement account. A birth or marriage may have changed your thinking since you made your original choice. Or perhaps you never designated a beneficiary at all. Missing or outdated information can create significant costs and delays for those you leave behind.

## THIS IS A FRIENDLY REMINDER TO MAKE SURE YOUR BENEFICIARY INFORMATION REFLECTS YOUR CURRENT WISHES.

It takes just a few minutes online.

The good news is that it's easy to name, change or confirm your beneficiaries.

Access your account by visiting the Employee Benefits and Wellness/Retirement Plan webpage on the DU portal.

Under My Account, select Change Beneficiaries from the Profile section.

From there, you can designate beneficiaries and select how much each should receive.

If you prefer, you can complete a paper form and return it by mail. To have a form mailed to you, call TIAA at 800.842.2252. For your protection, TIAA cannot change your beneficiary over the phone.

If you make a change, you'll receive confirmation by mail. And you can change your beneficiary again at any time.

*The beneficiary information captured as part of the online benefits enrollment is only for your Duquesne University life insurance. You must contact TIAA or any other personal accounts you may have to update their beneficiary information.*

As a Duquesne University employee, a key part of your compensation and future security is your retirement plan. Regardless of your age, the time for thinking about retirement is now. With careful planning, you can help make your retirement years a more comfortable and secure time of life for you and your family.

Eligible University employees can voluntarily elect to defer a portion of their salary to the Duquesne University sponsor Duquesne University 403(b) Retirement Plan with TIAA to supplement their retirement savings.

### RETIREMENT PLAN COUNSELING

Take advantage of complimentary retirement plan consulting services! Our expert consultants are here to provide personalized advice to help you navigate your retirement savings options and make the most of your plan. Whether you need guidance on investment choices, maximizing contributions, our consultants are here to help.

Consultants are available for in-person, on-campus appointments. On-campus meeting dates are available on the Retirement Plan webpage located on the DU Portal.

Even if you are not approaching retirement, be sure to take advantage of the individual appointments and online planning tools.

HENDERSON BROTHERS FINANCIAL PARTNERS®

Jack Ryan and Gabe Antoni of HB Financial Partners offer on-campus, online and telephone counseling sessions. You can schedule an in-person meeting by calling Sierra Christian at **412.754.3574** or emailing **smchristian@hbretirement.com**. You can also schedule an online meeting by selecting the appropriate link for Jack Ryan or Gabe Antoni.

- Jack Ryan: **go.oncehub.com/JackRyan1**
- Gabe Antoni: **go.oncehub.com/GabrielAntoni**

### TIAA

Schedule an in-person or virtual session online by visiting **TIAA.org/schedulenow** or calling 800.732.8353, weekdays, 8 a.m. to 8 p.m. (ET).

## VOLUNTARY SUPPLEMENTAL MEDICAL BENEFITS

Be prepared for whatever tomorrow brings. Supplemental medical benefits can help cover copayments, deductibles and out-of-pocket financial exposure for a reasonable cost.

Have you ever known someone who was diagnosed with a critical illness, experienced an accident, or was hospitalized? Events like these happen unexpectedly. Don't go another day unprotected, enroll in Critical Illness, Accident, and Hospital Indemnity insurance.

The benefits are paid directly to you, allowing you to use the funds however you choose. You receive the full benefit even if you have other insurance.

Please note: These plans are not replacements for medical insurance.

## CRITICAL ILLNESS INSURANCE

Critical Illness Insurance pays a full lump sum benefit directly to you if you are diagnosed with a covered illness that meets the plan criteria. The benefit is paid in addition to any other insurance coverage you may have.

**Covered Illnesses include:**

- Heart Attack, Stroke, Cancer, Major Organ Transplant, and others

## ACCIDENT INSURANCE

Accidents happen. Accident Insurance pays benefits directly to you if you suffer a covered injury.

The plan covers a wide variety of injuries and accident-related expenses, including:

- Injury Treatment (fractures, dislocations, concussions, burns, lacerations, etc.)
- Hospitalization
- Physical Therapy
- Emergency Room Treatment
- Transportation

reliancematrix

## HOSPITAL INDEMNITY INSURANCE

Receive payments to help cover the cost of a hospital stay.

Hospital Indemnity Insurance pays benefits directly to you if you are admitted into a hospital for care or childbirth. You receive a benefit as soon as you are admitted and then an additional benefit based on the number of days you are confined to the hospital.

**Plan Features**

- Guaranteed Acceptance: There are no health questions or physical exams required.
- Family Coverage: You can elect to cover your spouse and children.
- Portable Coverage: You can take your policy with you if you change jobs or retire.

Health Screening Benefit: The plan provides a [$50] benefit per covered person per calendar year if you or your covered dependents complete a covered health screening test such as a physical exam, total cholesterol blood test, mammogram, lipid panel, and more.

Please refer to your benefit web pages for more detailed information about these plans.

## INTRODUCING NEW PET WELLNESS AND PET INSURANCE BENEFITS

We are excited to announce the addition of Pet Wellness and Pet Insurance benefits to our offerings! Your pets are an important part of your family, and now you can keep them healthy and happy with a pet wellness plan or pet insurance plan.

## PET WELLNESS PLAN

Different from pet insurance, a wellness plan reimburses you for routine, every day pet care expenses, such as vaccines, blood work, grooming and more. If used, the plan more than pays for itself.

## PET INSURANCE PLAN

Whether it's for preventive wellness visits or unexpected medical needs, our new pet insurance plan gives you peace of mind knowing your furry friends are covered. There are no network requirements. You have the option to choose any licensed veterinarian in the U.S. *Additional details and benefit rates can be found on the Benefits and Wellness pages on the DU Portal.

# OTHER BENEFITS

## YMCA CHILD DEVELOPMENT CENTER DUQUESNE UNIVERSITY

Infant, Toddler, Preschool Child Care
12 Washington Place, Suite 110
Pittsburgh, PA 15219
412.852.4909

Contact the YMCA to schedule a tour, to learn more about the University discount and to review available openings.

## OMEGA FEDERAL CREDIT UNION

Omega Federal Credit Union has been providing excellent service for over 80 years, serving 500+ member companies. As a not-for-profit financial cooperative, surplus earnings are returned to members through better savings rates, lower loan rates, and low or no-fee products. Visit their website for more information and to join.

## MATERNITY LEAVE

The University offers 100% paid maternity leave of absence for eligible employees. Paid Maternity leave is four consecutive weeks of 100% paid leave to be used immediately following the birth of a child.

## PAID PARENTAL LEAVE

The University also offers two consecutive weeks of 100% paid parental leave for eligible employees. This leave can be used within 12 months of the birth or the placement of a child for adoption, foster care or legal guardianship.

Employees under a collective bargaining agreement should refer to their current contract.

## TIME OFF AND LEAVES OF ABSENCE

As a Duquesne University employee, your benefits package includes time off programs. Your time off depends on your employment status.

You can access additional details about the University's leave of absence policies by visiting the Leave of Absence webpage on the Human Resources/Benefits and Wellness pages on the DU Portal.

Employees covered by a collective bargaining agreement should refer to their current contract.

## MYLEAD

MyLEAD stands for Maximize your Learning, Education and Development. Visit MyLEAD for additional information regarding our Pathways to Professional Success training program and other learning and development opportunities.

## DUQUESNE UNIVERSITY ATHLETIC DEPARTMENT

Employees are eligible to buy one, and get one free season tickets for football, Men's Basketball and Women's Basketball. Contact the Dean Honda Ticket Office or ticketservices@duq.edu for additional information.

## PNC - FINANCIAL WELLNESS AND WORKPLACE BANKING

PNC's Financial Wellness Achievement Center is a personalized tool to help you meet goals of every financial stage of your life. More details can be found on the Benefit's Financial Wellness page, located on the DU Portal.

## DUQUESNE UNIVERSITY POWER CENTER

Explore our 80,000 square foot recreation and fitness facility featuring a full array of intramural leagues and sports, over 60 group fitness classes weekly, a full cardio fleet, multiple weightlifting options, an indoor track, club sports, and more. There are many ways to enhance your wellbeing at the Power Center.

## ENTERPRISE RENTAL CAR DISCOUNTED RATES

As a University employee, you have access to discounted rates toward rental car needs through our partner at Enterprise. This perk can be used for both personal and business purposes, with ability to status match creating opportunity for free upgrades and much more. For more information on how to use this discounted program, please contact Procurement & Payment Services (purchasing@duq.edu)

## TAP NO. 13: TUITION BENEFITS

Tuition remission is a valuable benefit that can significantly ease the financial burden of education for you and your family. This benefit is a key part of your overall financial wellness, helping you build a stronger future while managing educational costs effectively.

## TUITION EXCHANGE

The University participates in the Tuition Exchange and Council of Independent Colleges Program—networks of colleges and universities that admit tuition-free students from families of full-time employees of other participating institutions. These programs are limited to full-time undergraduate students. For additional information, please review Tuition Benefits webpages on the Financial Aid website and TAP No. 13.

## YOU CAN MAKE A GIFT TO DUQUESNE UNIVERSITY DURING OPEN ENROLLMENT

Duquesne faculty and staff know how transformative students' experiences on the Bluff can be because we get to witness them every day. Academics that challenge, values that guide, a location that inspires and an experience that defines—all of these elements combine to prepare students from a diverse range of backgrounds to make a difference in the world around us.

The Duquesne Fund, our annual giving program, helps to support every life-changing moment. **You can make a gift to The Duquesne Fund by signing up for convenient payroll deduction as part of your annual benefits open enrollment process.**

While you are completing your online enrollment, you will have the opportunity to make your gift using payroll deduction. The bswift system will walk you through two easy steps:

- **SELECT AN AMOUNT** to be deducted from each pay (the minimum amount is $2) for one year, or 26 pays.
- **CHOOSE A DESIGNATION:** You may make your gift unrestricted to The Duquesne Fund, which allows your gift to be used in the areas of greatest need, or you can designate it to any of our schools,scholarships, Gumberg Library, Spiritan Campus Ministry or Athletics. You may choose to direct your gift to other designations via entering information in a text box during the enrollment process. A member of the Annual Giving team may need to follow up for additional information.

Your selected deduction per pay will begin on July 11, 2025 and will continue until June 27, 2026.

With just a few clicks, you can make a huge impact on our students. The cumulative effect of many gifts from our faculty and staff community makes a real and measurable difference. In fact, if every full-time employee contributed just the minimum $2 per pay, Duquesne students would immediately benefit from more than $82,500 in additional support. Of course, you are always welcome to give more, based on individual interests and circumstances. While directly helping students, a high rate of faculty and staff participation also sends a clear message of unity, faith and confidence to alumni, friends and organizations considering their own gifts to Duquesne. You magnify the impact of your gift as you inspire the generosity of others.

**CAN WE COUNT YOU IN?**

## PAYROLL DEDUCTION FAQS

### HOW DOES PAYROLL DEDUCTION WORK?

Payroll deduction is a fast, easy and convenient way to make a gift. Through the benefits enrollment process, you specify the amount to be automatically deducted from each pay and where you would like your gift to be designated. Your gift goes to work right away for our students!

### WHERE CAN I DESIGNATE MY GIFT?

You may choose to make your gift unrestricted to The Duquesne Fund or designate to any of our schools, scholarships, Gumberg Library, Spiritan Campus Ministry or Athletics. You may choose to direct your gift to other designations via entering information in a text box during the enrollment process.

### WHEN WILL MY PAYROLL DEDUCTION GIFT BEGIN?

The amount you select per pay will begin to be deducted from your paycheck on July 11, 2025 and the last deduction will be made on June 27, 2026.

### WHO CAN I CONTACT FOR MORE INFORMATION?

If you have questions, please contact **Angelica Petrisko, Office of Annual Giving, 412.396.4409 petriskoa@duq.edu,** or visit **duq.edu/countmein**.

# COBRA

Your eligibility for benefits (and that of your enrolled dependents) ceases at the end of the month in which your employment is terminated or if the benefits program is discontinued. Insurance coverage for dependents will also terminate at the end of the month in which your dependent is no longer eligible.

The Federal Consolidated Omnibus Budget Reconciliation Act **(COBRA)** gives employees and their qualified beneficiaries the opportunity to continue benefit coverage under the employer's medical, dental and vision plans, and flexible spending accounts when a "qualifying event" would normally result in the loss of eligibility. Examples include termination of employment, death of the employee, reduction in work hours, divorce or loss of eligibility by a dependent child.

The plans available through COBRA continuation coverage are the same plans currently offered by the University; however, you or your dependent(s) must pay the full cost of the health, dental and vision plan, plus an administrative fee. COBRA premiums are due monthly, and failure to pay on time will result in loss of coverage.

## Length of COBRA Continuation Coverage

Coverage may continue for differing lengths of time depending upon the reason for eligibility.

- Up to 18 months if loss of coverage is due to termination of employment or reduction in work hours
- Up to 36 months for dependents if loss of coverage is due to death, divorce or a dependent child's loss of eligibility
- Up to 29 months if the individual is disabled at the time of eligibility for continued coverage or is disabled within 60 days of eligibility for continued coverage

## Notifying Benefits Office of a Qualifying Life Event

To apply for COBRA coverage, when a divorce is final, a dependent child no longer meets age and/or dependency eligibility requirements as outlined in each specific plan, or a marriage or birth/adoption of child, update information using the online bswift system per instructions on page 34.

Within 14 days, the Benefits Office will provide you and/or your qualified dependent pertinent information on the application procedure and eligibility for continuation of coverage through COBRA.

## COBRA RATE MEDICAL | HIGHMARK

| EMPLOYEE STATUS | HIGHMARK HIGH DEDUCTIBLE | HIGHMARK PPO |
|---|---|---|
| **PARTICIPANT** | | |
| Monthly | $782.94 | $817.61 |
| **PARTICIPANT PLUS CHILD(REN)** | | |
| Monthly | $1,409.26 | $1,471.68 |
| **PARTICIPANT PLUS SPOUSE** | | |
| Monthly | $1,722.43 | $1,798.71 |
| **FAMILY** | | |
| Monthly | $2,348.76 | $2,452.78 |

## COBRA RATE MEDICAL | UPMC

| EMPLOYEE STATUS | UPMC HIGH DEDUCTIBLE | UPMC EPO |
|---|---|---|
| **PARTICIPANT** | | |
| Monthly | $782.94 | $817.61 |
| **PARTICIPANT PLUS CHILD(REN)** | | |
| Monthly | $1,409.26 | $1,471.68 |
| **PARTICIPANT PLUS SPOUSE** | | |
| Monthly | $1,722.43 | $1,798.71 |
| **FAMILY** | | |
| Monthly | $2,348.76 | $2,452.78 |

## COBRA RATE DENTAL

| EMPLOYEE STATUS | UNITED CONCORDIA BASIC | UNITED CONCORDIA ENHANCED |
|---|---|---|
| **PARTICIPANT** | | |
| Monthly | $17.34 | $34.50 |
| **PARTICIPANT PLUS CHILD(REN)** | | |
| Monthly | $39.68 | $77.57 |
| **PARTICIPANT PLUS SPOUSE** | | |
| Monthly | $35.69 | $69.82 |
| **FAMILY** | | |
| Monthly | $58.42 | $113.52 |

## COBRA RATE VISION

| EMPLOYEE STATUS | VSP BASIC | VSP ENHANCED |
|---|---|---|
| **PARTICIPANT** | | |
| Monthly | $7.20 | $15.71 |
| **PARTICIPANT PLUS CHILD(REN)** | | |
| Monthly | $14.39 | $31.43 |
| **PARTICIPANT PLUS SPOUSE** | | |
| Monthly | $15.44 | $33.73 |
| **FAMILY** | | |
| Monthly | $24.72 | $53.89 |

You're getting this notice because you recently gained coverage under a group health plan (the Plan). This notice has important information about your right to COBRA continuation coverage, which is a temporary extension of coverage under the Plan. **This notice explains COBRA continuation coverage, when it may become available to you and your family, and what you need to do to protect your right to get it.** When you become eligible for COBRA, you may also become eligible for other coverage options that may cost less than COBRA continuation coverage.

The right to COBRA continuation coverage was created by a federal law, the Consolidated Omnibus Budget Reconciliation Act of 1985 (COBRA). COBRA continuation coverage can become available to you and other members of your family when group health coverage would otherwise end. For more information about your rights and obligations under the Plan and under federal law, you should review the Plan's Summary Plan Description or contact the Plan Administrator.

**You may have other options available to you when you lose group health coverage.** For example, you may be eligible to buy an individual plan through the Health Insurance Marketplace. By enrolling in coverage through the Marketplace, you may qualify for lower costs on your monthly premiums and lower out-of-pocket costs. Additionally, you may qualify for a 30-day special enrollment period for another group health plan for which you are eligible (such as a spouse's plan), even if that plan generally doesn't accept late enrollees.

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

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

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

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

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

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

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

**When is COBRA continuation coverage available?** The Plan will offer COBRA continuation coverage to qualified beneficiaries only after the Plan Administrator has been notified that a qualifying event has occurred. The employer must notify the Plan Administrator of the following qualifying events:

- The end of employment or reduction of hours of employment;
- Death of the employee;
- The employee's becoming entitled to Medicare benefits (under Part A, Part B, or both).

**For all other qualifying events (divorce or legal separation of the employee and spouse or a dependent child's losing eligibility for coverage as a dependent child), you must notify the Plan Administrator within 60 days after the qualifying event occurs. You must provide this notice to: Duquesne University, Benefits Office, 600 Forbes Avenue, Pittsburgh, PA 15282.**

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

COBRA continuation coverage is a temporary continuation of coverage that generally lasts for 18 months due to employment termination or reduction of hours of work. Certain qualifying events, or a second qualifying event during the initial period of coverage, may permit a beneficiary to receive a maximum of 36 months of coverage.

There are also ways in which this 18-month period of COBRA continuation coverage can be extended:

***Disability extension of 18-month period of COBRA continuation coverage.*** If you or anyone in your family covered under the Plan is determined by Social Security to be disabled and you notify the Plan Administrator in a timely fashion, you and your entire family may be entitled to get up to an additional 11 months of COBRA continuation coverage, for a maximum of 29 months. The disability would have to have started at some time before the 60th day of COBRA continuation coverage and must last at least until the end of the 18-month period of COBRA continuation coverage. You must provide this notice to: Brian McDowell, Assistant Director, Benefits Duquesne University, Benefits Office, 600 Forbes Avenue, Pittsburgh, PA 15282.

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

**Are there other coverage options besides COBRA Continuation Coverage?** Yes. Instead of enrolling in COBRA continuation coverage, there may be other coverage options for you and your family through the Health Insurance Marketplace, Medicaid, Children's Health Insurance Program (CHIP), or other group health plan coverage options (such as a spouse's plan) through what is called a "special enrollment period." Some of these options may cost less than COBRA continuation coverage. You can learn more about many of these options at healthcare.gov.

**Can I enroll in Medicare instead of COBRA continuation coverage after my group health plan coverage ends?** In general, if you don't enroll in Medicare Part A or B when you are first eligible because you are still employed, after the Medicare initial enrollment period, you have an 8-month special enrollment period to sign up for Medicare Part A or B, beginning on the earlier of the month after your employment ends; or the month after group health plan coverage based on current employment ends.

If you don't enroll in Medicare and elect COBRA continuation coverage instead, (COBRA is not considered group health coverage) you may have to pay a Part B late enrollment penalty and you may have a gap in coverage if you decide you want Part B later. If you elect COBRA continuation coverage and later enroll in Medicare Part A or B before the COBRA continuation coverage ends, the Plan may terminate your continuation coverage. However, if Medicare Part A or B is effective on or before the date of the COBRA election, COBRA coverage may not be discontinued on account of Medicare entitlement, even if you enroll in the other part of Medicare after the date of the election of COBRA coverage.

If you are enrolled in both COBRA continuation coverage and Medicare, Medicare will generally pay first (primary payer) and COBRA continuation coverage will pay second. Certain plans may pay as if secondary to Medicare, even if you are not enrolled in Medicare. For more information visit medicare.gov/medicare-and-you.

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

**Keep your Plan informed of address changes.** To protect your family's rights, let the Plan Administrator know about any changes in the addresses of family members. You should also keep a copy, for your records, of any notices you send to the Plan Administrator. Plan administrator contact information: Benefits Plan Administrator, Duquesne University, Benefits Office, 600 Forbes Avenue, Pittsburgh, PA 15282

## SUMMARY OF BENEFITS AND COVERAGE (SBC)

As an employee, the health benefits available to you represent a significant component of your compensation package. They also provide important protection for you and your family in the case of illness or injury.

Your plan offers a series of health coverage options. Choosing a health coverage option is an important decision. To help you make an informed choice, your plan makes available a Summary of Benefits and Coverage (SBC), which summarizes important information about any health coverage option in a standard format, to help you compare across options.

The SBC is available when completing enrollment via bswift and on the benefits office website at duq.edu/work-at-du/benefits/requirednotices. **A paper copy is also available, free of charge, by calling the Benefits Office at 412.396.5106.**

## SUMMARY PLAN DESCRIPTIONS (SPD)

As required under the Employee Retirement Income Security act (ERISA), all employees and their covered dependents must be given access to a copy of the Summary Plan Description (SPD) for the employees welfare benefit plans.

The SPD outlines the eligibility, schedule of benefits and covered/excluded items of the benefit plans offered by Duquesne University.

These documents can be viewed during the online enrollment process, on the Required Notices webpages on the Benefits website, or by **requesting a paper copy, free of charge by calling the Benefits Office at 412.396.5106**.

## WELLNESS PROGRAM

The Duquesne University Wellness in Motion program is a voluntary wellness program available to all benefits eligible employees. The program is administered according to federal rules permitting employer-sponsored wellness programs that seek to improve employee health or prevent disease, including the Americans with Disabilities Act of 1990, the Genetic Information Nondiscrimination Act of 2008, and the Health Insurance Portability and Accountability Act, as applicable, among others. If you choose to participate in Wellness in Motion we suggest completing the health assessment on your provider's wellness portal. Completion of this assessment will help to provide better direction in improving your health and wellness activities. You are not required to complete the health, however, employees and their eligible spouses who choose to participate in Wellness in Motion will receive $300 each. 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 your medical plan provider at the phone number on the back of your ID Card. The information from your health assessment and the results from your biometric screening will be used to provide you with information to help you understand your current health and potential risks, and may also be used to offer you services through the wellness program, such as The Center for Pharmacy Care counseling. You also are encouraged to share your results or concerns with your own doctor. Please refer to page 30 for additional information regarding the "Notice of Health Information Practices."

## MOTHERS' AND NEWBORNS' HEALTH PROTECTION ACT

Group health plans and health insurance issuers generally may not, under Federal law, restrict benefits for any hospital length of stay in connection with childbirth for the mother or newborn child to less than 48 hours following a vaginal delivery, or less than 96 hours following a cesarean section. However, Federal law generally does not prohibit the mother's or newborn's attending provider, after consulting with the mother, from discharging the mother or her newborn earlier than 48 hours (or 96 hours as applicable). In any case, plans and issuers may not, under Federal law, require that a provider obtain authorization from the plan or the insurance issuer for prescribing a length of stay not in excess of 48 hours (or 96 hours).

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

If you have had or are going to have a mastectomy, you may be entitled to certain benefits under the Women's Health and Cancer Rights Act of 1998 (WHCRA). For individuals receiving mastectomy-related benefits, coverage will be provided in a manner determined in consultation with the attending physician and the patient, for:

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

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

If you would like more information on WHCRA benefits contact your provider at the phone number on the back of your ID card.

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

**Offer Free Or Low-Cost Health Coverage To Children And Families**

If you or your dependents are eligible for health coverage from your employer, but are unable to afford the premiums, some states have premium assistance programs that can help pay for coverage. These states use funds from their Medicaid or CHIP programs to help people who are eligible for employer sponsored health coverage, but need assistance in paying their health premiums. If you or your dependents are already enrolled in Medicaid or CHIP, 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, you can contact your State Medicaid or CHIP office or dial **1.877.KIDS NOW** or **insurekidsnow.gov** to find out how to apply. If you qualify, you can ask the state if it has a program that might help you pay the premiums for an employer-sponsored plan. Once it is determined that you or your dependents are eligible for premium assistance under Medicaid or CHIP, your employer's health plan is required to permit you and your dependents to enroll in the plan – as long as you and your dependents are eligible, but not already enrolled in the employer's plan. 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, you can contact the Department of Labor electronically at askebsa.dol.gov or by calling toll-free 866.444.EBSA (3272).

## MEDICARE PART D CREDITABLE COVERAGE NOTICE

Group medical plans with prescription drug coverage sponsored by the University for eligible active employees meet the standards for creditable coverage required by federal regulations and guidelines.

## HIPAA SPECIAL ENROLLMENT RIGHTS NOTICE

If you are declining enrollment for medical benefits for yourself or your eligible dependents (including your spouse) because of other health insurance or group health plan coverage, you may be able to enroll yourself and your eligible dependents in the medical benefits provided under this Plan if you or your eligible dependents lose eligibility for that other coverage. However, you must request enrollment within 30 days after your or your dependents' other coverage ends (or after the employer stops contributing toward the other coverage).

In addition, if you have a new dependent as a result of marriage, birth, adoption, or placement for adoption, you may be able to enroll yourself and your dependents. However, you must request enrollment within 30 days plan after your or your dependents' other coverage ends (or after the employer stops contributing toward the other coverage).

To request special enrollment or obtain more information, contact the Benefits Office at 412.396.5106 or benefits@duq.edu. Complete your enrollment via the bswift self-service website at duq.edu/portal.

## NOTICE OF HEALTH INFORMATION PRACTICES

This notice describes how patient health information (PHI) about you may be used and disclosed and how you can get access to this health information. Please read it carefully and ask any questions.

### WHAT IS HEALTH INFORMATION:

Each time that a service is rendered or a procedure is done, even as simple as a routine blood pressure check, data and information are collected. This is health information or what is commonly referred to as information for or in the medical record or the patient record. Accurate, credible, and timely data and information are used by this organization, covered entity, as the basis for planning your care, as a means of having multiple healthcare providers know about your current health status, for health insurance, as a health legal document, as a record for billing purposes, as a source of data for research, planning, and marketing, as a source of required information for public health officials, and as a means to continue to improve the care that we provide. At this organization, we have always, and will continue to protect the privacy of your health information and the dignity of you as an individual. On July 6, 2001, the U.S. Federal Government passed compliance regulations that mandate all healthcare facilities, health plans, and clearinghouses to protect health information and inform consumers of the healthcare information practices of the facility. Overtime amendments and additions have been made and are incorporated into this Notice.

### THE CONSUMER'S HEALTH INFORMATION RIGHTS:

This facility maintains a medical record for you containing medical information concerning you. With this in mind, you have the right to:

- Request a restriction on use and disclosure of health information, although the facility is not required to comply except as follows. A covered entity must agree to the request of an individual to restrict disclosure of PHI about the individual to a health plan if the disclosure is for the purpose of carrying out payment or healthcare operations and is not otherwise required by law and the PHI pertains solely to a healthcare item or service for which the individual or another on behalf of the individual, other than the health plan, has paid the covered entity in full. A covered entity may terminate a restriction by informing the individual except for the above. (45CFR164.522)
- Obtain a copy of this notice
- Inspect, have access to, and receive a copy of your medical record (45CFR 164.524) A fee for labor and materials can be assessed.
- Amend your medical record (45 CFR 164.528)
- Obtain an accounting of disclosures of your medical record (45 CFR 164.528)
- Request your medical record by alternative means or location. You are entitled to receive electronic copies of PHI only if that PHI is already maintained in electronic format. The method of electronic transmission, the sending and receiving, must be deemed secure.
- Revoke your authorization to use or disclose your health information except to the extent that action has already been taken

### THIS ORGANIZATION'S RESPONSIBILITIES:

This organization's mission of quality service and respect of the individual has always taken into account protecting health information privacy. Our responsibilities are to:

- Maintain the privacy of your health information
- Provide you this notice of health information practices
- Notify you if we are unable to satisfy a request or a restriction.
- Accommodate all reasonable requests while maintaining quality care and respect for you
- Make you aware of all health information practice policy changes
- We will not use or disclose your PHI your approval except as stated in this notice.
- When PHI is disclosed as above, it will be disclosed at the minimum necessary level.
- Account for how patient data are being used.
- Notify affected individuals following a breach of unsecured protected health information

### TO REQUEST FURTHER INFORMATION OR ASK QUESTIONS:

If you would like further information or have questions, this organization employs a HIPAA Compliance Officer who can be reached at 412.396.1387.

If you believe that your privacy rights have been violated, you can file a complaint with the Compliance Officer or with the Secretary of Health and Human Services. There will be no penalty or retaliation for filing a complaint.

### Examples of Permitted Types of Uses and Disclosures of Health Information:

This organization may use or be required to use your health information without your authorization or consent for normal business activities as follows:

**For Care and Treatment:** Health information obtained by a healthcare practitioner such as a physician, nurse, or therapist, will be entered into your medical record and used to determine a plan of care. For example, healthcare members will write and read what others have written such that your care can be coordinated and everyone is aware of how you are responding to your treatment plan. In addition, your health information may go with you such that future healthcare providers will have a record of your care. Your health insurer may disclose health information to the sponsor of the plan.

**For Billing and Payment:** In addition to demographic information, information on a bill sent to an insurer may include health information. This health information is restricted to that which is needed for the financial transactions.

**For Healthcare Operations:** In order to provide quality care and for payment, this organization may use your health information, for example, to analyze the care, treatment, and outcomes of your medical case and of others. This health information will be used to continually improve the care of the services that are provided. If a health plan receives protected health information for the purpose of underwriting, premium rating, or other activities relating to the creation, renewal, or replacement of a contract of health insurance or health benefits, and if such health insurance or health benefits are not placed with the health plan, such health plan may only use or plan, such health plan may only use or disclose such protected health information for such purposes or as may be required by law, subject to the prohibition at 164.502 (a)(5)(i) with respect to the genetic information included in the protected health information.

In accordance with 164.504(f) , the group health plan, or a health insurance issuer or HMO with respect to a group health plan, may disclose protected health information to the sponsor of the plan with the exception of genetic information as above.

**For Directory Purposes**: Where applicable, we will use your name, location, general medical condition, and religious affiliation for directory purposes unless you instruct us not to. This health information is only for the use of clergy and to people who ask for you specifically by full name (although religious affiliation will not be given to the latter).

**For Business Associates:** In order to provide quality services, this organization requires business services such as pharmacy, health insurance, clinic services, information technology, vendors, etc.. These services will have use of your health information at the minimum necessary level as it pertains to their service delivery. Also, business associates and their subcontractors must follow Federal standards for protecting your health information and sign a business associate agreement. In addition, the business associates must follow the HIPAA Privacy Rule, the Security Rule as specified in the Health Information Technology for Economic and Clinical Health Act (HITECH)/Energy and Commerce Recovery and Reinvestment Act, Subtitle D, Section 4401,and 45CFR164.502(a)(5)(ii)(A).

**For Clergy:** Where applicable, unless you specify that you object, health information such as your name and general medical condition will be given to clergy for professional purposes only.

**For Notification:** We may use or disclose health information, such as your general condition, to notify or assist in notifying a family member or person responsible for your care.

**For Communication:** We may use or disclose health information relevant to your care to family member's or those that you deem responsible for your care on a need to know basis.

**For Research:** We may disclose health information to researchers if they have appropriate consent forms and the research has been approved by our institutional review board. The researchers will be held to this facility's health information privacy standards.

**For Funeral Directors:** We may disclose health information to funeral directors in accordance with state laws and for professional purposes only.

**For Organ Procurement Organizations:** Consistent with applicable law, we may disclose health information to organ procurement organizations or organizations involved in the procurement, banking, or transplantation of organs for the purpose of tissue donation and transplant.

**For Marketing Purposes:** Where applicable, we may contact you to provide information on appointment reminders or alternative treatments and services that may benefit you given your medical condition. In addition, a covered entity or business associate shall not directly or indirectly receive remuneration in exchange for any protected health information of an individual unless the covered entity obtained from the individual, in accordance with section 164.508 of title 45, Code of Federal Regulations, a valid authorization that includes a specification of whether the protected health information can be further exchanged for remuneration by the entity receiving protected health information of that individual. Exceptions under HITECH include, when the purpose of the exchange is for research, public health, treatment, health care operations, providing an individual with a copy of their protected health information, and for remuneration that is provided by a covered entity to a business associate for activities involving the exchange of protected health information that the business associate undertakes on behalf of and at the specific request of the covered entity pursuant to a business associate agreement. The price charged must reflect not more than the costs of preparation and transmittal of the data for such purpose.

**For Fundraising:** We may contact you for fundraising efforts conducted for this organization's benefit. Per 45CFR164.514(f)(1)(i-vi), the PHI used without an authorization is limited. You also have the right to opt out of receiving any further fundraising communication, and to opt back in.

**For the Food and Drug Administration:** As requested or required by the FDA, we may disclose health information relative to an adverse health condition related to food, food supplements, product and product defects related to food, or post marketing surveillance information to allow product recalls, repairs, or replacements.

**For Workers Compensation Issues:** In compliance with Worker's Compensation laws, health information may be revealed to the extent necessary to comply with the law and your individual case.

For Public Health Requirements: As required by law, health information may be disclosed to public health or legal authorities for the jurisdiction of disease, injury, disability prevention or control and to assist in disaster relief efforts. In addition, about information disclosure at a school in regards to an individual who is a student or a perspective student, if the PHI that is disclosed is limited to proof of immunization.

**For Correctional Institutions:** Should you be an inmate in a correctional institution, health information may be disclosed to the institution or its agents which would be necessary for your health and safety and the health and safety of other individuals.

**For Law Enforcement Agencies:** Health information may be disclosed to law enforcement agencies for purposes required by law or subpoena.

**For Judicial and General Administrative Proceedings:** Patient health information may be released per minimum necessary requirements for proceedings.

**For Healthcare Oversight:** Patient health information may be used by health oversight agencies for activities such as audits, inspections, and licensure activities.

**For Specialized Government Functions:** In the event that appropriate military authorities require information, it may be released at the minimum necessary level.

**For Victim of Abuse, Neglect, and Domestic Violence:** Information may be released to social service agencies or protective services in order to protect an individual.

**For Emergency Circumstance:** If the opportunity to agree or object to the use or disclosure of PHI cannot practically be provided because of your incapacity or in an emergency circumstance, the covered entity may, in the exercise of professional judgment, determine whether the disclosure is in the best interest of the individual and if so disclose only the PHI that is directly relevant to the person's involvement with the individual's care or payment.

**Examples of uses and disclosures that require an authorization** such as psychotherapy notes [where deemed appropriate], participation in research, and marketing that involves financial remuneration, are to be made with your written authorization and you may revoke such authorization at any time as provided by 164.508(b)(5). Other uses and disclosures not described in the notice will be made only with your written authorization.

**Examples of uses and disclosures requiring an opportunity for the individual to agree or to object include the following:**

A covered entity may disclose, with your agreement, to a family member, other relative, a close personal friend, or any other person identified by you, the PHI directly relevant to such person's involvement with your healthcare treatment or payment related to your healthcare episode.

When an individual is deceased, a covered entity may disclose to a family member, or other persons who were involved in the individual's care or payment for health care prior to the individual's death, protected health information of the individual that is relevant to such person's involvement, unless doing so is inconsistent with any prior expressed preference of the individual that is known to covered entity.

Any other uses and disclosures not specified in this Notice will be made only with an authorization from you.

## NOTICE OF AVAILABILITY OF SEPARATE PAYMENTS FOR CONTRACEPTIVE SERVICES

Duquesne University has certified that its group health plan qualifies for an accommodation with respect to the federal requirement to cover all Food and Drug Administration-approved contraceptive services for women, as prescribed by a health care provider, without cost sharing. This means your Duquesne University medical plan and/or prescription drug plan will not contract, arrange, pay, or refer for contraceptive coverage. Instead, the Duquesne University plans will provide separate payments for contraceptive services that you use, without cost sharing and at no other cost, for so long as you are enrolled in the University's medical plans. Duquesne University will not administer or fund these payments. If you have any questions about this notice, contact your medical plan and/or prescription drug plan provider.

# YOUR RIGHTS AND PROTECTIONS AGAINST MEDICAL 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. An out-of-network provider 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

**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 balanced 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 are never required to give up your protections from balance billing. You also are not 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 your health plan at the number on the back of your ID card.

*The contents of this document do not have the force and effect of law and are not meant to bind the public in any way, unless specifically incorporated into a contract. This document is intended only to provide clarity to the public regarding existing requirements under the law.*

# RETIREMENT PLAN UNIVERSAL AVAILABILITY NOTICE

Duquesne University sponsors the Duquesne University 403(b) Retirement Plan (the "Plan"). Eligible University employees can voluntarily elect to defer a portion of their salary to the Plan to supplement their retirement savings.

## ELIGIBILITY

**Generally, all common law employees of the University who receive compensation reportable on a Form W-2 are eligible to participate in the Plan. The only employees not eligible to participate in the Plan are employees who are students who are not subject to FICA payroll taxes. Thus, all employees, aside from the students described above, are eligible to make voluntary contributions to the Plan. This includes part-time employees and adjunct faculty who are not eligible for any matching University contributions but are still eligible to make voluntary contributions to the Plan.**

## CONTRIBUTIONS

An employee can elect to defer a portion of their compensation to the Plan on a pre-tax or post-tax basis. With the pre-tax option, Federal income taxes are deferred on the contributions and any earnings thereon until distributed from the Plan. Distributions are taxed as ordinary income for Federal tax purposes. With the post-tax (or Roth) option, taxes are paid at the point of contribution, instead of paying them at the time of withdrawal.

Employees can invest their contributions to the Plan among the investment options offered by TIAA, the approved vendor under the Plan. Employees are 100% vested in their accounts under the Plan at all times.

## CONTRIBUTION LIMITS

Annual contributions to the Plan are limited per IRS rules. For 2025 you can contribute up to $23,500 per year.

If you are age 50 or older anytime in 2025, you can contribute an additional $7,500 to your tax-deferred account, for a maximum of $31,000.

If you will be or are already 60-63 in 2025 you can contribute an additional catch-up contribution of $11,250.

Each participant gets one limit for contributions to all 403(b) plans, so if you are also a participant in a 403(b) plan of another employer, your combined contributions to that plan and to the Duquesne University Plan in 2025 are generally limited to $23,500. If you do participate in more than one 403(b) plan, you are responsible for tracking and reporting the amount of all of your contributions to the plans so that the total amount of all your contributions to all plans in which you participate do not exceed the limit.

## TO ENROLL

Eligible employees can begin participating in the Plan at the first of the month after date of hire or the first of the month if your hire date is the first of the month. To begin contributing to the plan, access the online TIAA portal via the Retirement Plan webpage on the DU Portal at duq.edu/portal. Contributions are designated as a percentage of salary. The employee's online request will apply only to amounts earned after making the contribution change in the TIAA portal, and an employee's election will continue until the online request is modified or revoked by the employee.

## TO MODIFY A DEFERRAL ELECTION

Employees must visit the Retirement Plan web page on the DU Portal at duq.edu/portal at any time to increase, decrease or stop their voluntary contributions to the Plan.

## APPROVED VENDOR

The current approved vendor under the Plan is TIAA. Employees should contact TIAA for information about the Plan investment options and services it offers.

This notice is provided as a source of information and does not constitute legal, tax, or other professional advice. If legal advice, tax advice, or other professional assistance is required, the services of a professional advisor should be sought. Every effort has been made to make this notice as thorough and accurate as possible. However, there are other legal documents, laws, and regulations that govern the operation of the Plan. It is understood that in the event of any conflict, the terms of the Plan document, applicable laws, and regulations will govern.

## RETIREMENT PLAN COUNSELING

As a participant in the Duquesne University Retirement Plan, you have access to personalized, confidential advice on the plan's investment options from HB Financial Partners or TIAA advisors. This service is available as part of your retirement program at no additional cost to you.

These appointments provide an excellent opportunity for you to discuss your particular accounts on a range of topics, including payroll deductions, investments, allocations, transfers, tax-deferred savings, death benefits and retirement options.

Even if you are not approaching retirement, be sure to take advantage of the individual appointments and online planning tools.

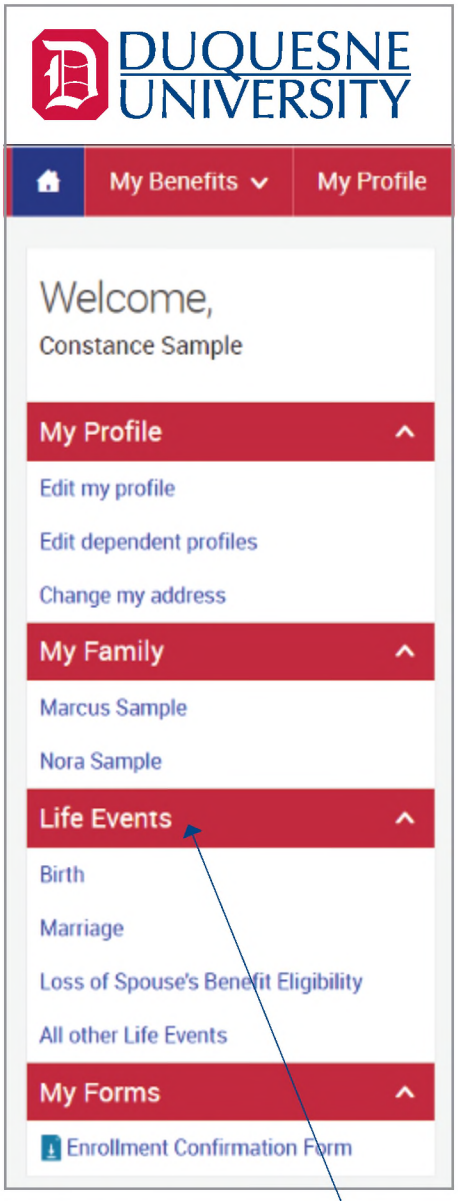
See additional scheduling information and telephone numbers on page 23.

# bswift SELF SERVICE

Employees may use the bswift system to update information throughout the plan year due to qualified life events as defined on page 5.

**These steps must be completed within 60 days of the event**.

1. **LOG IN** to bswift using the instructions located on page 3.




2. **SELECT** your specific Life Event
3. **INDICATE** the effective date
4. **ENTER** information as requested
5. **CONFIRM** and Save Enrollment

The following items are needed before the Benefits Office can approve and process the qualified life event:

- **BIRTH** – copy of crib card then Birth Certificate upon receipt
- **DIVORCE** – copy of Divorce Decree
- **MARRIAGE** – copy of Marriage Certificate
- **EMPLOYMENT STATUS** – proof of gain/loss of coverage indicating effective date, specific coverage gained/lost (i.e., medical, dental, vision) and person(s) gaining/losing coverage

Follow these instructions to upload documentation to bswift:

- **SCAN** and save document to your computer
- **LOG IN** to bswift using the instructions located on page 3
- **SELECT** My Profile
- **SELECT** Employee File
- **SELECT** Add Employee File Document
- **TITLE** the document (i.e. Marriage Certificate, "Child's Name" Birth Certificate, etc.)
- **SELECT** Document Type
- **SELECT** Browse to locate and select your scanned document
- **CLICK** Save

***A confirmation email will be sent when the Benefits Office has completed the process.***

**Qualified life events must be reported within 60 days of the event.**

Do not wait for documentation to begin this process. Due to IRS regulations, ERISA compliance laws qualified life events must be reported within 60 days of the events.

Your enrollment will remain pending on bswift until the Benefits Office approves and processes.

# CUSTOMER SERVICE CONTACTS

| | | |
|---|---|---|
| **Benefits Office** | 412.396.5106 | benefits@duq.edu |
| **Coldwell Banker Real Estate** | 1.800.396.0960 | realestateadvantageprogram.com |
| **CVS Caremark Prescription Drug** | Customer Care Service<br>833.251.0228 | caremark.com |
| **Dental - United Concordia** | 866.851.7576 | unitedconcordia.com/duq |
| **Employee Assistance Program (EAP) and Personal Health Partners** | 1.800.EAP.7272 | lytleeap.com<br>COMPANY CODE: duquesne |
| **Enterprise Car Rental Discount** | | purchasing@duq.edu |
| **Flexible Spending Accounts and Health Savings Accounts** | | customerservice@wexhealth.com |
| *Participant Services at WEX* | 1.866.451.3399 | www.wexinc.com/login/benefits-login/ |
| **Highmark** | 1.800.241.5704 | www.highmarkbcbs.com |
| **HIPAA Rights Line** | 412.396.1387 | |
| **Howard Hanna Real Estate** | 412.784.3829 | hannagoldadvantage.com<br>Click "Register for benefits", then select Duquesne University |
| **Omega Federal Credit Union** | 1.800.496.8728 | omegafcu.com |
| **Reliance Matrix** | 800.351.7500 | www.reliancestandard.com |
| **Pet Wellness and Insurance - WAGMO** | 1.855.836.8785 | Create your account/login at wagmo.io or download app |
| **Social Security Office** | 1.800.772.1213 | ssa.gov |
| **SEIU Pension Fund** | 1.800.458.1010 | seiu.org |
| **The Center for Pharmacy Care**<br>*Medication Therapy Management*<br>*Wellness in Motion Screenings and Immunizations* | 412.396.2155 | cpc@duq.edu |
| **TIAA** – Account Number RC405488<br>*Appointment Scheduling* | 1.800.842. 2252<br>1.800.732.8353 | Log into your TIAA account, through the convenience of single sign, by clicking on the log in button on the Retirement Plan webpage on the DU portal. |
| **UPMC Health Plan**<br>**UPMC MyHealth 24/7 Nurse Line** | 1.888.876.2756<br>1.866.918.1591 | upmchealthplan.com |
| **VSP Vision Care** – Client #30039552 | 1.800.877.7195 | vsp.com |
| **YMCA Child Development Center Duquesne University**<br>Located at 12 Washington Place, Suite 110 | 412.852.4909 | www.pittsburghymca.org/DuquesneUniversity |

DUQUESNE UNIVERSITY

Office of Human Resources
600 Forbes Avenue
Pittsburgh, PA 15282

WELLNESS IN MOTION
DUQUESNE UNIVERSITY

# BENEFITS FAIR

April 23, 2025 | 10 a.m.- 2 p.m.

Power Center Ballroom

**Open to All Employees and their eligible family members**

duq.edu/benefits

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