



2025 Benefits Open Enrollment Guide



TABLE OF CONTENTS

SECTION ONE: BENEFIT INFORMATION

Welcome to your 2025 Benefit Guide	3
Benefit Offering Directory	4
Benefit Enrollment Information	5

SECTION TWO: MEDICAL, DENTAL & VISION

Medical Plans	9
Teladoc	11
2025 Medical Plans Contributions	16
Additional Ways to Save	17
GAP Plan	18
Health Advocate	19
Optum Rx	20
Optum Rx App	22
Dental Plans	24
Vision Plan	28
Health Savings Account (HSA)	29
Flexible Spending Accounts (FSA)	30

SECTION THREE: ADDITIONAL COVERAGES

Life & AD&D	32
Disability	34
Voluntary Benefits	35
Legal Plan	62
Beyond Med	63

SECTION FOUR: ANNUAL NOTICES

Medicare Part D Creditable Coverage Notice	66
HIPAA Special Enrollment Rights Notice	69
Women's Health Cancer Rights Act (WHCRA) Notice	69
Newborns' and Mothers' Health Protection Act (NMHPA)	69
New Health Insurance Marketplace Options	70
Premium Assistance Under Medicaid and The CHIP	73
Model General Notice of	77
COBRA Continuation Coverage Rights	77
EEOC Wellness Program Notice	80
Protections from Disclosure of Medical Information	81

If you (and/or your dependents) have Medicare or will become eligible for Medicare in the next 12 months, a Federal law gives you more choices about your prescription drug coverage. Please see page 66 for more details.

Welcome to your 2025 Benefit Guide

Everglades College Inc. dba Keiser University & Everglades University is proud to serve you and your family through our 2025 Health and Welfare Benefits Plan. We understand that our employees have diverse needs, and so we have developed a well-rounded plan capable of helping to protect you and your family members in the case of illness or injury.

This Benefits Information Guide provides necessary plan and program information to help you understand your many benefit options and ultimately enroll in the benefits that work best for you and your family for the 2025 Plan Year.

This document contains a summary in English of information about your upcoming benefits enrollment. If you have difficulty understanding any part of this document, contact your Plan Administrator:

Benefits Department - Human Resources
Benefits@keiseruniversity.edu



Benefit Offering Directory

	Carrier Options	Contact
 Medical/Rx & GAP	UMR Medical Plan	1-800-826-9781 www.umar.com
	RxBenefits Optum Rx	1-800-334-8134 CustomerCare@rxbenefits.com Chat: Member.RxBenefits.com
	Fidelity Security Life Insurance Company Loomis / Medical GAP Plan	1-866-340-7184 www.loomisco.com
 Dental	UnitedHealthcare DPPO Plans	1-866-801-4409
	UnitedHealthcare DHMO Plan	www.myuhc.com
 Vision	UnitedHealthcare Vision	1-800-638-3120 www.myuhcvision.com
	UnitedHealthcare Basic Life & AD&D UnitedHealthcare Voluntary Life & AD&D UnitedHealthcare Long-Term Disability	1-866-801-4409 Claims: 1-888-299-2070 www.myuhcfp.com
 Life & Disability	UnitedHealthcare Short-Term Disability	
	TRION Health Savings Account (HSA)	1-800-580-6854
	TRION Flexible Spending Accounts (FSAs)	1-800-580-6854
	UnitedHealthcare Worksite Products (Accident, Hospital, and Critical Illness)	1-866-801-4409 www.myuhcfp.com
	LegalShield Legal Plan	1-888-807-0407 www.legalshield.com
 Additional Benefits	Health Advocate	1-866-799-2728 HealthAdvocate.com/members
	Beyond Med	info@beyondmedplans.com www.beyondmedplans.com

Benefit Enrollment Information

When do I Enroll?

Colleagues will make all your benefit elections for the upcoming plan year during the New Hire Enrollment period. During this time, you will be able to enroll in benefits and add dependents.

How do I Enroll?

To access the benefits portal, please go to the benefits portal, PlanSource site at <https://benefits.plansource.com>

- Your user credentials were sent by email from no-reply@plansource.com. Note there is a dash between "no" and "reply"
- Anyone hired after this date would refer to their new hire credentials email from PlanSource or can contact Benefits for them
- Your temporary password is your date of birth in "YYYYMMDD" format.

Who Can Enroll?

There are certain restrictions surrounding eligibility for benefit enrollment. If you are classified as a full-time employee scheduled 30 hours or more per week, you will be eligible for benefits on the 1st of the month following 30 days of employment.

If you meet the above requirements, your legal spouse, domestic partner, or dependent child(ren) are also eligible for our benefits plan.

As a reminder, a dependent child is:

- your natural born child,
- legally adopted child,
- stepchild,
- a child you have been appointed legal guardian of as a foster parent,
- a child you are required to cover under a Qualified Medical Child Support Order, or
- a child who is totally and permanently disabled, incapable of self-support because of a mental or physical handicap, and is financially supported by you.

Please note that your dependent children are generally eligible only up until age 26 but can be eligible up until age 30 if they meet specific requirements.

- Dependent is unmarried and does not have a dependent of his or her own; AND
- Dependent is a resident of Florida OR a full-time or part-time student; AND
- Dependent is not provided coverage under any other health insurance policy, including Medicare or Medicaid.

Please Note: Employees providing health coverage to a domestic partner or children over the age of 25 (who are not tax dependents under IRS rules), are required to have imputed income for the health coverage market value of the covered person(s) added to their earnings and will pay taxes on those earnings.

Benefit Enrollment Information

Benefit Termination Rules

Should your employment terminate, or your work status change, making you ineligible for benefits, your benefits will terminate at the end of the plan year. Employees are responsible for premiums for the month. All of our plans end/terminate on the last day of the plan year.

Your dependent children are generally eligible only up until age 26, but can be eligible up until the end of the year that they turn age 30 on your medical plan, if they meet specific requirements. See notes under “Who Can Enroll” on the previous page.

Making Plan Changes

Existing employees can only make plan changes during the Initial Enrollment window and cannot make additional changes to your coverage during the year unless you experience a qualified family status change. Below, we have included a few examples of qualified family status change events:

1. Special Enrollment Events (Add coverage for yourself and/or dependents).
 - Involuntary loss/gain of other group coverage
 - Acquisition of new dependent through marriage, birth, or adoption
 - Change in Medicaid or CHIP eligibility
2. IRC Section 125 Status Change Events (Add, cancel, or change coverage for yourself and/or dependents).
 - Involuntary loss or gain of other group coverage
 - Divorce
 - Death of covered spouse or child
 - Change in employment status
 - Medicare entitlement

If you think you have experienced a qualified family status change event, you will need to verify the event with Human Resources within 30 days of its occurrence. (60 days in the case of Medicaid or CHIP eligibility)

IMPORTANT

This information is not accounting, tax, or legal advice—please contact your accounting, tax, or legal professional for such guidance. This information should not be relied upon as advice regarding any individual situation.

It is a general outline of covered benefits and does not include all the benefits, limitations, and exclusions of the policy. If there are any discrepancies between the illustrations contained herein and the insurance carrier proposal or contract, the insurance carrier materials prevail. See insurance company contract for full list of exclusions.

Benefit Enrollment Information

Insurance Glossary

Here is a list of relevant insurance-related terms to help you navigate the information provided in this guide.

Healthcare Provider: A healthcare provider is a person or company that provides a healthcare service to you, such as a dentist, primary care physician, chiropractor, clinical social worker, etc.

In-Network: Doctors, clinics, hospitals, and other providers are considered in network when they have made an agreement to care for the health plan's members. Health plans cover a greater share of the cost for using in-network healthcare providers than for providers who are out of network.

Out-of-Network: A health plan will cover treatment for doctors, clinics, hospitals and other providers who are out of network, but covered employees will pay more out of pocket to use out-of-network providers than for in-network providers. Employees are also responsible for any difference between what the provider charges and the insurance company pays.

Preventive Care Services: Covered services intended to prevent disease or to identify disease while it is more easily treatable. Examples of preventive care services include screenings, check-ups, and patient counseling to prevent illnesses, disease, or other health problems. Your policy specifies what qualifies as preventive coverage at a 100% level.

Copay: A copay is a fixed-dollar amount that a plan member pays to a participating network doctor, caregiver, or other medical provider or pharmacy each time healthcare services are received.



Coinsurance: The portion of an eligible medical bill a plan member must pay. Coinsurance amounts are usually a percentage of the total eligible medical bill, such as 20%. Coinsurance applies after the member meets a required deductible or copay amount. Coinsurance is part of certain healthcare plans.

Deductible: A fixed-dollar amount that a plan member must pay for eligible services before the insurer begins applying insurance benefits. Deductibles are part of certain healthcare plans and based on a plan member's specific benefit period.

Out-of-Pocket Maximum: The highest dollar amount you will need to pay during your benefit period for covered medical services from network providers. See your plan benefit for a list of services included.

For a more comprehensive search of insurance terms, click here: www.justplainclear.com

Health Plans



This section will review the following health plans:

- Medical
- Dental
- Vision

Medical Plans

Everglades College Inc. dba Keiser University & Everglades University offers four **UMR** medical plans:

- Base POS \$1,000-0% Plan
- POS \$1,000-20% Plan
- HMO \$5,000-0% Plan
- HDHP HSA \$4,000-20% Plan

Here is a closer look at how UMR's medical plan options work. You will find more plan highlights as well as your contributions on the following page.

POS Base Plan: This plan only covers services performed by health care providers in the plan's network, with the exception of true emergencies. Choice Network: This version of a POS plan is open access. You do not need to select a Primary Care Provider (PCP). You can visit a specialist without referrals.

POS Plan: This plan covers services performed by in-network and out-of-network health care providers. In-network services yield the highest level of benefits with the lowest out-of-pocket expenses because services are paid based on contracted rates, meaning the agreed-upon amount that the insurance company and health care provider have agreed to pay/be paid for the medical service. The plan begins to pay only after the deductible has been satisfied.

HMO Plan: This plan only covers services performed by health care providers in the plan's network, with the exception of true emergencies. Choice Network: This version of an HMO plan is open access. You do not need to select a Primary Care Provider (PCP). You can visit a specialist without referrals.

High Deductible Health Plan (HDHP) with Health Savings Account (HSA): This plan covers services performed by in-network and out-of-network health care providers. In-network services yield the highest level of benefits with the lowest out-of-pocket expenses because services are paid based on contracted rates. Those who participate in this plan may be eligible to open a Health Savings Account (HSA).



NOTE: Bi-weekly payroll deductions do not cover all expenses such as copays and deductibles.

Imputed Income will be added to employee earnings for employees who provide healthcare to domestic partners and children over the age of 25.



Physician Designations



PREMIUM CARE PHYSICIAN

This physician meets the UnitedHealth Premium quality care criteria, which includes safe, timely, effective and efficient care.



PROVIDERS

The physician meets the UnitedHealth Premium® Program criteria for providing quality and cost-efficient care.

Medical Plans

COVERAGE	Base POS \$1,000-0%	POS \$1,000-20%	HMO* \$5,000-0%	HDHP HSA \$4,000-20%
	In-Network ONLY	In-Network	In-Network ONLY	In-Network
Calendar Year Deductible (DED)				
Individual	\$1,000	\$1,000	\$5,000	\$4,000
Family	\$2,000	\$3,000	\$10,000	\$8,000
Member Coinsurance				
	0%	20%	0%	20%
Calendar Year Out-of-Pocket				
Individual Maximum	\$3,000	\$4,000	\$6,450	\$6,800
Family Maximum	\$6,000	\$12,000	\$12,900	\$13,600
Physician Visit				
Preventive Care	Covered in Full	Covered in Full	Covered in Full	Covered in Full
Primary Care Physician (PCP) • Tier 1 Premium designation providers (see next page for further details) • All Other In-Network Providers	\$0 copay / \$25 copay	\$0 copay / \$25 copay	\$0 copay / \$35 copay	20% after DED
Specialist • Tier 1 Premium designation providers (see next page for further details) • All Other In-Network Providers	\$0 copay / \$45 copay	\$0 copay / \$50 copay	\$0 copay / \$65 copay	20% after DED
Convenience Clinic	\$25 copay	\$25 copay	\$35 copay	20% after DED
Lab Work and Diagnostic Imaging				
Independent Lab i.e., blood work, X-ray	Covered in Full	20% after DED	Covered in Full	20% after DED
Advanced Services Includes MRI, PET, CT • Preauthorization is required • Costs for services may differ based on location where the service was rendered.	\$250 copay	20% after DED	\$300 copay	20% after DED
Hospital Services				
Inpatient Hospital	\$300 copay	20% after DED	0% after DED	20% after DED
Outpatient Surgery • Costs for services may differ based on location where the service was rendered.	\$200 copay	20% after DED	0% after DED	20% after DED
Emergency Medical Care				
Urgent Care	\$75 copay	\$75 copay	\$75 copay	20% after DED
Emergency Room (waived if admitted)	\$250 copay	\$250 copay	\$300 copay	20% after DED
Prescription Drugs (30-day supply)				
Tier 1 - Generic and some brand-name	\$10 copay	\$10 copay	\$20 copay	\$10 copay after DED
Tier 2 - Preferred brand-name & high-cost generic	\$35 copay	\$35 copay	\$40 copay	\$35 copay after DED
Tier 3 - Nonpreferred brand-name & nonpreferred generic	\$60 copay	\$60 copay	\$70 copay	\$60 copay after DED
Specialty drugs – tier 1/tier 2/tier 3	\$40/\$80/\$140	\$20/\$70/\$120	\$40/\$80/\$140	\$20/\$70/\$120 after DED
Prescription Drugs Mail Order				
90-day supply – excluding specialty drugs	2x retail	2x retail	2x retail	2x retail
Out Of Network (OON) Calendar Year				
OON Member Coinsurance	Not Covered	40%	Not Covered	40%
OON Deductible Ind/Fam		\$3,000 / \$9,000		\$7,000 / \$14,000
OON Out-of-Pocket Maximum Ind/Fam		\$8,000 / \$24,000		\$10,000 / \$20,000

(1) Out-of-network services are always subject to balance billing. Member will be responsible for payment of the difference between UMR's allowable charges and the provider's actual fee.
 *DISCLAIMER: The HMO \$5,000 0% Plan is not considered creditable coverage for the purposes of satisfying the Massachusetts Health Care Reform law that requires every Massachusetts resident, age 18 and above, to have health coverage that meets the Minimum Creditable Coverage standards set by the Commonwealth Health Insurance Connector, unless waived from the health insurance requirement based on affordability or individual hardship. If you enroll in a non-creditable plan, and do not qualify for the affordability or hardship waiver, please be aware that an individual income-based state mandated penalty will apply.

If there are any discrepancies between the illustrations contained herein and the insurance carrier proposal or contract, the insurance carrier policy and summary plan description prevail.

UMR and the UnitedHealthcare Premium Designation Program



Ideally, better health coverage should cost less. In reality, now it can.



A plan designed with both quality and affordability in mind. Consistent, quality care is vitally important.

When you need a physician, you want to make informed choices. Welcome to the Premium Designation program available through UMR.

- Enjoy one of the nation's largest networks of physicians. Almost anywhere in the United States you'll find participating doctors, hospitals or pharmacies for the same coverage levels you get at home.
- Make the most of preventive care coverage, so little concerns don't become big problems later (see your specific plan for details).
- Access Premium Designation information at your fingertips on **umr.com**.

Physician Designations



PREMIUM CARE PHYSICIAN

This physician meets the UnitedHealth Premium quality care criteria, which includes safe, timely, effective and efficient care.



PROVIDERS

The physician meets the UnitedHealth Premium® Program criteria for providing quality and cost-efficient care.

How the UnitedHealth Premium Program works

UnitedHealth Premium is an innovative program that evaluates eligible physicians against scientifically defined medical guidelines for quality and cost efficiency.

Physicians must first meet quality of care guidelines – and only then are they evaluated for their cost efficiency. Once physicians have been evaluated, they will be given a heart designation based on the results.

UnitedHealth Premium Quality of Care designation

When evaluating quality of care, we review a physician's performance against nationally accepted standards from medical organizations and governmental agencies such as the Ambulatory Care Quality Alliance, the National Committee for Quality Assurance (NCQA), and the American College of Cardiology, as well as scientific advisory boards. This is important to you because following evidence-based care guidelines has been shown to have a positive impact on the quality of care and safety of patient care¹.

UnitedHealth Premium cost efficiency designation

Only those physicians who meet quality standards are then reviewed for cost efficiency. Efficiency evaluates the utilization and cost of medical and diagnostic resources.

Cost efficiency criteria are based on patient care provided over a two-year period, including the appropriate use of diagnostic testing, prescribed medications, the procedure itself, follow-up care and the associated costs.

Measurement also factors in the amount of re-do procedures and complication-related expenses.

We measure cost efficiency at the local level, because we recognize that there are differences in what it takes to deliver a service in one market versus another.

For more information on the UnitedHealth Premium Designation program, visit [umar.com](https://www.umar.com).

¹ Committee on Quality of Health Care in America, Institute of Medicine (2001), Crossing the Quality Chasm: A New Health System for the 21st Century. Washington, DC: The National Academies Press.

Maximize your health benefits

When you need a physician, maximize your health plan benefits by making sure the physician you choose has the UnitedHealth Premium Care Physician designation for quality of care and cost efficiency.

Finding the right physician is the most important thing you can do for your health care...

But it isn't always easy. We provide the information you need to help you make a more informed decision on where to seek care.

... and now, for your pocket book.

When you visit a physician who has UnitedHealth Premium designations for quality and/or cost efficiency, you may pay lower co-payments for office visits, and get higher plan co-insurance coverage.

TIER
1

Look for the blue Tier 1 dot.

It's important to choose carefully.

To get the most from your plan, find a quality efficiency designated physician by visiting **umr.com** and click on Find a Physician or Facility. Look for a physician with the Premium Care Physician designation.

Your ID card includes a Customer Care phone number for easy access to designation information.

TIER
1

To find a UnitedHealth Premium-designated doctor, just look for the Tier 1 physician designation.



Physician care

The UnitedHealth Premium Designation Program includes 16 specialties and 45 sub-specialties

Allergy

Allergy
Allergy and immunology

Cardiology*

Cardiac diagnostic
Cardiology
Cardiovascular disease
Clinical cardiac electrophysiology
Interventional cardiology

Ear, nose and throat

Laryngology
Otolaryngology
Otology
Pediatric otolaryngology
Rhinology
Surgery head and neck

Endocrinology

Endocrinology, diabetes and metabolism

Family medicine

Family practice
General practice
Preventive medicine

Gastroenterology*

Gastroenterology
Hepatology-liver disease

General surgery

Colon and rectal surgery
Proctology
Surgery
Surgery abdominal

Internal medicine

Geriatric medicine
Internal medicine
Pediatric internal medicine

Nephrology

Nephrology

Neurology

Neurology
Neuromuscular disease

Neurosurgery, orthopaedics and spine

Back and spine surgery
Hand surgery
Knee surgery
Neurological surgery
Orthopedic surgery
Shoulder surgery
Sports medicine

Obstetrics and gynecology

Gynecology
Obstetrics
Obstetrics and gynecology

Pediatrics

Adolescent medicine
Pediatrics
Pediatric adolescent

Pulmonology

Pulmonary medicine

Rheumatology

Rheumatology

Urology

Urology

* For physicians with a primary credentialed specialty of internal medicine and a secondary credentialed specialty of cardiology or gastroenterology, Premium specialty will be based on the secondary credentialed specialty.



You can find more information on the UnitedHealth Premium Designation program using the provider search tools on **umr.com**

Teladoc

Teladoc is available through the **UMR** Medical plan and gives streamlined member access to quality care with high member satisfaction. Get anytime access to a network of physicians who can diagnose, treat and prescribe medications, when needed. Teladoc replaces office waits and ER visits for routine ailments, such as cold and flu symptoms, pink eye and respiratory infections of members of all ages.



Visit www.teladoc.com or
call 1-800-835-2362 to access Teladoc.



2025 Medical Plans Contributions

Per Pay Period (24)

Payroll Contributions Tier 1 Employees	Base POS \$1,000-0%	POS \$1,000-20%	HMO \$5,000-0%	HDHP HSA \$4,000-20%
Employee Only	\$162.65	\$152.21	\$94.07	\$56.25
Employee + Spouse	\$670.91	\$627.86	\$529.16	\$379.70
Employee + Child(ren)	\$572.51	\$487.06	\$361.24	\$324.01
Family	\$988.88	\$848.30	\$714.95	\$513.01

Payroll Contributions Tier 2 Employees	Base POS \$1,000-0%	POS \$1,000-20%	HMO \$5,000-0%	HDHP HSA \$4,000-20%
Employee Only	\$108.43	\$101.47	\$47.04	\$0.00
Employee + Spouse	\$609.92	\$570.78	\$423.33	\$253.13
Employee + Child(ren)	\$520.46	\$438.36	\$225.77	\$216.01
Family	\$906.47	\$771.18	\$643.45	\$456.01

Payroll Contributions Tier 3 Employees	Base POS \$1,000-0%	POS \$1,000-20%	HMO \$5,000-0%	HDHP HSA \$4,000-20%
Employee Only	\$54.22	\$50.74	\$23.52	\$0.00
Employee + Spouse	\$548.93	\$513.70	\$264.58	\$126.57
Employee + Child(ren)	\$416.37	\$389.65	\$117.40	\$108.00
Family	\$824.07	\$740.34	\$500.46	\$342.01

- Tier 1 - Up to 12 months
- Tier 2 - 13 months to 3 years
- Tier 3 - 3 years



NOTE: Bi-weekly payroll deductions do not cover all expenses such as copays and deductibles.

Imputed Income will be added to employee earnings for employees who provide healthcare to domestic partners and children over the age of 25.

Additional Ways to Save

Outside of an HSA, there are additional ways for you to save on health care expenses and stay on budget.

Look into discount drug programs offered by local pharmacies

Pharmacy

Offer

Walmart

30-day supply starting at \$4 | 90-day supply starting at \$10

Research brand name drug rebates online

Website

Offer

www.needymeds.org

Find help with the cost of medicine

www.gskforyou.com

Help with GSK medications and vaccines for qualified patients

www.rxpharmacycoupons.com

Search for drug coupons to use at your local pharmacy

www.goodrx.com

Compare Rx prices, print free coupons and save on your meds

www.internetdrugcoupons.com

Hundreds of free manufacturer drug coupons

Use freestanding Surgical and Diagnostic Centers when possible

Ambulatory Services

Save on a covered surgery by having it done at an in-network, non-hospital-affiliated ambulatory surgical center.

Freestanding Diagnostic Centers

Save on MRIs, CAT scans, X-rays, etc. by having them done at participating freestanding diagnostic centers.

Save time and money when you choose the right level of care

\$

Convenience Clinic

Use for preventive care services and common colds when your doctor is not available. This is a low-cost option

\$\$

Urgent Care

Use for immediate attention for non-threatening situations. Getting care will cost less than the ER and is generally quicker.

\$\$\$

Emergency Room

Use for life-threatening injuries, as ERs are best suited for medical emergencies. ER follow-ups are not covered so it is best to schedule with your PCP for a follow-up visit.

GAP Plan

Gap insurance is a group supplemental medical product designed to provide benefits that cover certain out-of-pocket expenses as a result of medical treatment. It is paired with the employer's medical plan based on the medical deductibles available to the employees. Everglades College Inc. dba Keiser University & Everglades University is proud to offer four GAP insurance plans through Fidelity Security Life Insurance Company (claims should be filed through Loomis).

The primary difference between the plans is in the amount of coverage you get. Please see your summary of benefits of coverage for a more detailed description of both plans.

GAP	GAP \$500/\$500	GAP \$1,000/\$500	GAP \$2,500/\$500	GAP \$2,500/\$2,000
Individual Benefit	\$500	\$1,000	\$2,500	\$2,500
Family Benefit	\$1,500	\$3,000	\$7,500	\$7,500
Inpatient Services	Up to \$500	Up to \$1,000	Up to \$2,500	Up to \$2,500
Inpatient/In-Hospital Maximum Benefit for all covered persons combined	\$1,500	\$3,000	\$7,500	\$7,500
Outpatient Services	Up to \$500	Up to \$500	Up to \$500	Up to \$2,000
○ Emergency Room	Included	Included	Included	Included
○ Urgent Care	Included	Included	Included	Included
○ Outpatient Surgery	Included	Included	Included	Included
○ Physical Therapy	Included	Included	Included	Included
○ Treatment for Mental Health	Included	Included	Included	Included

Contributions per Pay Period				
Employee Only	\$12.45	\$13.29	\$17.58	\$25.25
Employee + Spouse	\$26.06	\$27.84	\$36.82	\$52.90
Employee + Child(ren)	\$21.65	\$23.13	\$30.60	\$43.98
Family	\$33.14	\$35.41	\$46.83	\$67.29

If you elect the HDHP Plan with an HSA you are not eligible to enroll in a Gap plan.

**Gap \$2,500/\$2,000 Plan has a Maximum Outpatient Benefit of \$4,000 per calendar year for all covered persons combined.*

Health Advocate

Health Advocate is available to help you and your family members understand and navigate the Healthcare system.

Health Advocate services are completely confidential and available to you, your spouse, dependents, parents and parents-in-law at no cost to you.

- How Can Health Advocate Help You?
- Find In-Network Doctors
- Get Cost Estimates for Services
- Schedule Appointments
- Transfer Medical Records
- Facilitate Access to Care
- Answer Medicare Questions
- Resolve Insurance Claims
- Work with Insurance Carriers

Three Keys to Health Advocate

1. It's easy to contact:

Call: 1-866-799-2728

Email: answers@HealthAdvocate.com

Visit: www.healthadvocate.com

2. It's there when you need it.

There is no limit to the number of times you can contact Health Advocate for assistance.

3. It's completely confidential.

Health Advocate's staff of Personal Health Advocates, Medical Directors and administrative experts follow careful protocols. The staff is fully trained to follow government privacy standards. Your information is not shared with Everglades College Inc. dba Keiser University & Everglades University





Pharmacy at your fingertips



The Optum Rx website and app are fast, easy and secure ways to get the information you need to make the most of your pharmacy benefit. Register for an online account and you can:

- Check drug prices
- Place a home delivery order
- Track home delivery order status
- Access and print your ID card
- Find a network pharmacy
- Sign up for automatic refills
- View claims and benefit information

Register now

To set up your online account:

1. Go to OptumRx.com or scan the QR code below
2. Select Register on the home page
3. Enter the information from your member ID card
4. Create a username and password
5. Complete your profile

If you already have an account, sign in using your username and password.



Scan here to go to OptumRx.com

Download the Optum Rx mobile app

Take the same OptumRx.com tools with you on the go by downloading the app. Manage your medication any time, anywhere.



Save time and manage your medication using these Optum Rx digital tools



Home delivery

- Transfer your prescriptions to Optum® Home Delivery and get a 90-day supply delivered to your home.
- Manage home delivery medication renewals, track delivery status and view your medications filled at a network pharmacy.
- See how you may save on your medications.



More features and tools

- Price a drug and compare costs from different pharmacies or find lower-cost alternatives.
- View your prescription drug list/formulary to see covered drugs.
- Use the Pharmacy locator tool to find the closest network pharmacy.
- View claims and benefit information like your deductible, out-of-pocket costs and claims history.
- Submit and track a prior authorization request.



Tell us how you want to hear from us

- Sign up for paperless communications.
- Opt in for personalized emails.
- Set up text message pharmacy notifications and medication reminders.

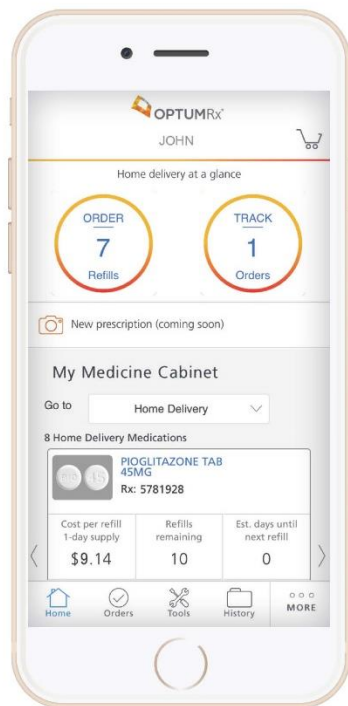


All Optum trademarks and logos are owned by Optum, Inc., in the U.S. and other jurisdictions. All other trademarks are the property of their respective owners.
© 2022 Optum, Inc. All rights reserved. WF WF7770264-A 07/22

Optum Rx App



The OptumRx app



The OptumRx® App makes the online pharmacy experience as simple as possible. You can easily:

- Refill or renew a home delivery prescription
- Transfer a retail prescription to home delivery
- Find drug prices and lower-cost options
- View your prescription claim history or order status
- Locate a pharmacy
- Access your ID card, if your plan allows
- Set up refill reminders
- Track your order

Optum Rx®

Download the OptumRx App now
from the Apple® App Store or Google Play™.



Optum Rx App

The OptumRx App: the most convenient way to manage your prescriptions.

Simple

You can easily refill a medication or transfer a retail prescription to home delivery.

Current

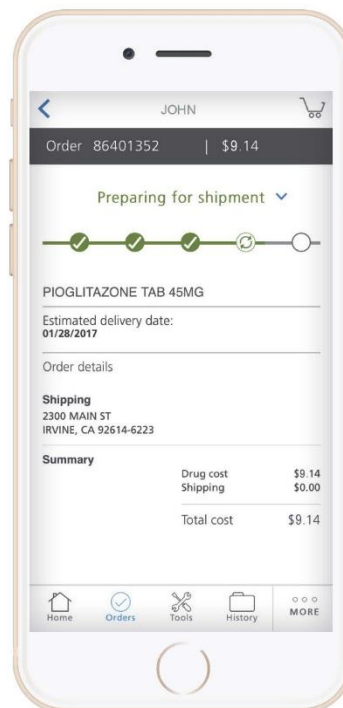
Prescription Drug Lists change frequently; the OptumRx App updates automatically, giving you quick access to the most current drug coverage information.

Personalized

Access a complete profile of your prescriptions when you view your online Medicine Cabinet. You can see all your recent and past prescriptions.

Save time and money

Compare prescription drug options as well as identify potential cost savings.



The company does not discriminate on the basis of race, color, national origin, sex, age, or disability in health programs and activities.

Free services are provided to help you communicate with us, such as letters in other languages or large print. You may also ask to speak with an interpreter. To ask for help, please call the toll-free phone number listed on your ID card.

ATENCIÓN: Si habla **español (Spanish)**, La compañía no discrimina por raza, color, nacionalidad, sexo, edad o discapacidad en actividades y programas de salud.

Se brindan servicios gratuitos para ayudarle a comunicarse con nosotros, como cartas en otros idiomas o en letra grande. También puede solicitar comunicarse con un intérprete. Para solicitar ayuda, llame al número de teléfono gratuito que figura en su tarjeta de identificación.

請注意：如果您說中文 **(Chinese)**，公司不会基于种族、肤色、国籍、性别、年龄或残疾而在健康计划和活动中歧视任何人。

为帮助您与我们沟通，我们提供一些免费服务，例如用其他语言书写的信件或大字体。您也可以要求与口译员对话。欲寻求帮助，请拨打您的 ID 卡上列出的免费电话号码。

Optum Rx® optumrx.com

OptumRx specializes in the delivery, clinical management and affordability of prescription medications and consumer health products. We are an Optum® company — a leading provider of integrated health services. Learn more at optum.com.

All Optum trademarks and logos are owned by Optum, Inc. All other trademarks are the property of their respective owners.

© 2017 Optum, Inc. All rights reserved. 64826-042017

Dental Plans

Everglades College Inc. dba Keiser University & Everglades University offers four **United Healthcare** Dental Plans:

- A Dental Preferred Provider Organization (DPPO) Passive High Plan
- A Dental Preferred Provider Organization (DPPO) Mid Plan
- A Dental Preferred Provider Organization (DPPO) Low Plan
- A Dental Health Maintenance Organization (DHMO) plan

We have included an explanation of each plan below. The next page provides plan highlights and your contributions.

DPPO Plan: The DPPO plan gives you the freedom to receive dental care from any licensed dentist of your choice. You will receive the highest level of benefit from the plan if you select an in-network, contracted PPO dentist versus an out-of-network dentist who has not agreed to provide services at the negotiated rates. A calendar year maximum benefit will apply to in- and out-of-network services.

DHMO Plan: If you decide to enroll in the DHMO plan, please keep in mind that you and your enrolled dependents will need to select a primary care dentist who participates in the plan's network. To receive benefits in the DHMO plan, your primary care dentist must provide your dental care or refer you to a specialist for services. If you receive services outside of these requirements, you would be responsible for paying the entire dental bill yourself. Please refer to your primary care dentist's Patient Charge Schedule for procedures and applicable copays. A DHMO plan provides you with an unlimited benefit maximum.

NOTE: Finding a Provider – PPO: Check www.myUHC.com website – Network is “National Options PPO 30”. Don't rely solely on dental office.
Finding a Provider – DHMO: Check UHC website Network is “National Exclusive Network Plan”
Do NOT have to choose a primary dentist.



Dental Plans

PLAN HIGHLIGHTS	DPPO Passive High Plan	
	In-Network	Out-of-Network
Calendar Year Maximum Benefit	\$5,000 per member	
Calendar Year Deductible (DED)		
Individual	\$50	\$50
Family	\$150	\$150
Preventive Services		
Exams	Plan pays 100%, DED waived	Plan pays 100%, DED waived
Cleanings (2 per calendar year)	Plan pays 100%, DED waived	Plan pays 100%, DED waived
X-Rays	Plan pays 100%, DED waived	Plan pays 100%, DED waived
Basic Services		
Fillings (anterior/posterior)	Plan pays 100% after DED	Plan pays 100% after DED
Surgical Extractions	Plan pays 100% after DED	Plan pays 100% after DED
Root Canal	Plan pays 100% after DED	Plan pays 100% after DED
Major Services		
Crowns, Dentures, Implant Prosthetics	Plan pays 60% after DED	Plan pays 60% after DED
Implants	Plan pays 60% after DED	Plan pays 60% after DED
Orthodontics (Child up to age 19)		
Comprehensive	50%; \$1,500 Lifetime Maximum	
Contributions per Pay Period		
Employee Only	\$29.33	
Employee + Spouse	\$58.25	
Employee + Child(ren)	\$73.81	
Family	\$111.96	

Dental Plans

PLAN HIGHLIGHTS	DPPO Mid Plan	
	In-Network	Out-of-Network
Calendar Year Maximum Benefit	\$5,000 per member	\$5,000 per member
Calendar Year Deductible (DED)		
Individual	\$50	\$100
Family	\$150	\$300
Preventive Services		
Exams	Plan pays 100%, DED waived	Plan pays 100%, DED waived
Cleanings (2 per calendar year)	Plan pays 100%, DED waived	Plan pays 100%, DED waived
X-Rays	Plan pays 100%, DED waived	Plan pays 100%, DED waived
Basic Services		
Fillings (anterior/posterior)	Plan pays 100% after DED	Plan pays 80% after DED
Surgical Extractions	Plan pays 100% after DED	Plan pays 80% after DED
Root Canal	Plan pays 100% after DED	Plan pays 80% after DED
Major Services		
Crowns, Dentures, Implant Prosthetics	Plan pays 60% after DED	Plan pays 60% after DED
Implants	Plan pays 60% after DED	Plan pays 60% after DED
Orthodontics (Child up to age 19)		
Comprehensive	50%; \$1,500 Lifetime Maximum	
Contributions per Pay Period		
Employee Only	\$26.06	
Employee + Spouse	\$56.74	
Employee + Child(ren)	\$60.22	
Family	\$108.27	

Dental Plans

PLAN HIGHLIGHTS	DPPO Low Plan	
	In-Network	Out-of-Network
Calendar Year Maximum Benefit	\$1,000 per member	
Calendar Year Deductible (DED)		
Individual / Family	\$100 / \$300	\$100 / \$300
Preventive Services		
Exams	Plan pays 80%, DED waived	Plan pays 80%, DED waived
Cleanings (2 per calendar year)	Plan pays 80%, DED waived	Plan pays 80%, DED waived
X-Rays	Plan pays 80%, DED waived	Plan pays 80%, DED waived
Basic Services		
Fillings (anterior/posterior)	Plan pays 50% after DED	Plan pays 50% after DED
Surgical Extractions	Plan pays 50% after DED	Plan pays 50% after DED
Root Canal	Plan pays 50% after DED	Plan pays 50% after DED
Major Services		
Crowns, Dentures, Implant Prosthetics	Plan pays 50% after DED	Plan pays 50% after DED
Implants	Plan pays 50% after DED	Plan pays 50% after DED
Orthodontics (Child up to age 19)		
Comprehensive	Not Covered	
Contributions per Pay Period		
Employee Only	\$16.79	
Employee + Spouse	\$31.84	
Employee + Child(ren)	\$38.80	
Family	\$45.74	

PLAN HIGHLIGHTS	DHMO
Routine Cleanings (Code 1110/1120) Once every 6 months	No charge/\$15 copay for additional within 6 months
Routine X-Rays	No charge
Resin Based – Posterior One Surface (Code 2391)	\$55 copay
Endodontic therapy / Root Canal – Molar (Code 3330)	\$225 copay, excludes final restoration
Orthodontics	
Pre-orthodontic treatment examination to monitor growth and development 8660/8999	\$35 / \$250 copay
Comprehensive Treatment: Child/Adult 8080/8090	\$2,050 / \$2,150 copay
Retention 8680	\$300 copay
Contributions per Pay Period	
Employee Only	\$6.55
Employee + Spouse	\$11.47
Employee + Child(ren)	\$13.76
Family	\$19.32

Vision Plan

You can receive the following vision benefits when enrolled in **United Healthcare's Vision** plan:

- Every 12 months, **United Healthcare** covers your eye exam and either lenses *or* contact lenses
- Every 12 months, **United Healthcare** covers your frames

NOTE: You can search for providers by visiting www.myuhc.com and clicking “Find a Vision Provider” and entering your search criteria.

Below are plan highlights and your contributions.

PLAN HIGHLIGHTS	Vision	
	In-Network	Out-of-Network
Exam 1 every 12 months	\$10 Copay	Up to \$40 Allowance
Lenses 1 every 12 months		
Single	\$15 Copay	Up to \$40 Allowance
Bifocal	\$15 Copay	Up to \$60 Allowance
Trifocal	\$15 Copay	Up to \$80 Allowance
Frames 1 every 12 months	\$150 Allowance, then 30% off remaining balance	Up to \$45 Allowance
Contact Lenses¹ 1 every 12 months		
Elective	\$120 allowance	Up to \$120 Allowance
Medically Necessary	Covered in Full	Up to \$210 Allowance
Contributions per Pay Period		
Employee Only	\$2.90	
Employee + Spouse	\$5.81	
Employee + Child(ren)	\$5.87	
Employee + Family	\$9.36	

¹In lieu of eyeglass benefits

Health Savings Account (HSA)



If you participate in our High Deductible Health Plan (HDHP), you may be eligible to open a Health Savings Account (HSA). An HSA allows you to make tax-free contributions and earn tax-free growth of interest or investment earnings. You can use these contributions to pay for eligible expenses, such as medical and pharmacy expenses. Please refer to IRS publication 502 for a full list of eligible expenses.

Everglades College Inc. dba Keiser University & Everglades University is contributing \$240 annually for an individual or \$480 annually for family, the annual amounts are prorated (\$10 per pay period for an individual / \$20 per pay period for family). According to treasury regulations, you are allowed to revoke or change your HSA contribution election throughout the year. Any unused funds in your HSA will roll over annually. Additionally, your account is portable, which allows you to take your funds with you from job to job or at retirement.

The IRS allows an annual maximum contribution to your HSA. Below are the annual maximum contributions for 2024 and 2025. **Important!**

	2024	2025
Single	\$4,150	\$4,300
Family	\$8,300	\$8,550
Catch Up provision if age 55 or Older	\$1,000	\$1,000

To be eligible to contribute into an HSA account, you cannot:

- Be covered by any other non-HSA-compatible health coverage plan including, but not limited to, a Traditional Medical FSA or an HRA held by a spouse or partner.
- Be claimed as a dependent on another person's tax return (excluding spouses).
- Be "entitled" (enrolled in) to Medicare (A, B, C, or D).
 - Be aware – if you delay Medicare Part A enrollment after turning age 65, your Medicare Part A coverage will begin up to 6 months retroactively but not earlier than Medicare eligibility.
 - Receiving Social Security benefits causes automatic Medicare Part A enrollment when eligible
- Have prior year FSA dollars carryover / rollover into a current year general purpose FSA
- Have a positive general purpose FSA grace period balance

Frequently Asked Questions

How do I contribute to my HSA? You can make a contribution to your HSA through payroll deduction by requesting that your employer deduct a set amount from your paycheck.

When can I start to use the funds in my HSA? Once your account is open and you have available funds from a personal or company contribution, you can start using your HSA for eligible expenses. As soon as funds are deposited, you are 100 percent vested and in control of the funds.

What happens to my HSA if I leave my employer? You can keep your current HSA or transfer your funds to another qualifying HSA. If you choose to transfer your funds to a new HSA, you should complete the transfer within 60 days of withdrawing the funds in order to avoid taxes and an additional 20 percent penalty.

NOTE: you must be enrolled in an HDHP to continue to contribute to your HSA.
Please consult your tax professional for any personal tax advice.

Flexible Spending Accounts (FSA)

If you choose not to participate in an HSA or have chosen a plan that does not allow you to open an HSA, you may be eligible to open a Flexible Spending Account(s) (FSA) through a Section 125 plan. An FSA is a tax-free account in your name that pays or reimburses you for qualified health care or dependent care expenses, like medical and dental. You can make FSA contributions pretax through payroll, meaning that no employment or federal income taxes are deducted.

When you receive funds from your FSA, the reimbursements are also tax-free.

In 2024, Everglades College Inc. dba Keiser University & Everglades University implemented the IRS' rollover option on the Healthcare FSA. By allowing the addition of this rollover option, if you have a balance in your 2024 Healthcare FSA you will be able to roll that balance over (up to the IRS' 2025 rollover maximum allowance) into the 2025 FSA plan year. The amount you are eligible to rollover will be added to your 2025 FSA plan year Healthcare FSA election and those funds can be used for any expenses incurred during the entire 2025 plan year.

TIP: Keep your receipts, as you will need to provide them to verify your expenses throughout the year.

FSA Type	Detail
Health Care Reimbursement FSA	<ul style="list-style-type: none">• Maximum annual contribution is \$3,200. The minimum contribution is \$500.• Allows you to pay for eligible health care expenses not covered by your insurance.• Eligible expenses include medical, pharmacy, dental, and vision. See IRS publication 502 for a comprehensive list of eligible expenses.• Up to \$640 of unused funds can be rolled over into the new plan year
Dependent Care FSA	<ul style="list-style-type: none">• Maximum annual contribution is \$5,000 (\$2,500 for a married individual filing taxes separately)• Allows you to use pretax dollars towards qualified dependent care; care must be provided by a qualified dependent care service, not a relative. See IRC Sections 21 and 129 for a comprehensive list of eligible expenses• Can be used to pay for qualified child care expenses for dependent children under the age of 13 who live with you• Can be used to pay for qualified caregiver expenses for a dependent (any age) who lives with you and is unable to care for themselves• Care must be provided to keep you and your spouse gainfully employed• At any given time, Dependent Care FSA distributions are limited to the amount you have in your account. Dependent care expenses cannot be reimbursed until they are actually incurred

IMPORTANT!

- If eligible, you may elect to have multiple types of FSAs and contribute separate pretax dollar amounts to each.
- Your contributions are deducted from your paycheck in equal installments each pay period.
- "Use it or Lose It" – for Dependent Care FSA accounts, you own your account, but unlike HSAs, funds are not carried to the next plan year. You must use your contributions, or you will lose them at the end of the plan year.
- Under a Section 125 plan, participant elections generally must be irrevocable until the beginning of the next plan year. However, when a participant experiences one of several specific recognized events, he or she may be permitted to make a change in election that is consistent with the event.



For the plan year 2024, you have up until 3/31/2025 to file your eligible Healthcare and Dependent Care FSA expenses that were incurred during the 2024 plan year (01/01/2024 – 12/31/2024).

Voluntary & Additional Benefits



This section will review the following

- Life and AD&D
- Disability
- Voluntary Benefits

Life & AD&D

At Everglades College Inc. dba Keiser University & Everglades University, you have two options for Life and AD&D insurance through **United Healthcare**:

Basic Life & AD&D Insurance – Employer Paid

In the event of a death, life insurance will provide your family members or other beneficiaries with financial protection and security. Additionally, if your death is a result of an accident or if you become dismembered, your Accidental Death & Dismemberment (AD&D) coverage may apply.

Group Life & AD&D Insurance: As a full-time, benefits-eligible employee, you are eligible for Group Life & AD&D Insurance in the amount of \$15,000 through **United Healthcare**.

Be sure to keep your beneficiary designations up to date! You can change your beneficiary designation at any time, even outside of the Initial Enrollment period. You are also able to designate full payment to a sole beneficiary or payment percentages to multiple beneficiaries.

Voluntary Life & AD&D Insurance

In addition to the company-paid Life & AD&D Insurance, you can purchase additional coverage by enrolling in Voluntary Life & AD&D for yourself and your eligible dependents (such as spouse and children to age 25) through **United Healthcare**. In order to receive coverage for dependents, you must be enrolled in your own Voluntary Life and AD&D coverage. The Voluntary Life & AD&D insurance is convertible or portable for eligible individuals.

During **this** New Hire Enrollment, **United Healthcare** will not require employees outside of their initial enrollment period to complete Evidence of Insurability (Health Questionnaire) up to the Guarantee Issue amount.

EMPLOYEE COVERAGE*	SPOUSE COVERAGE**	CHILD(REN) COVERAGE**
\$25,000 increments to a maximum of the lesser of \$500k or 5x annual earnings	\$10,000 increments to a maximum of \$100,000; cannot exceed 50% of Employee coverage	\$10,000
<i>Guarantee Issue: Lesser of 3X annual earnings or \$300,000</i>	<i>Guarantee Issue: \$30,000</i>	<i>Guarantee Issue: \$10,000</i>

See following page for cost break down. No age reductions on supplemental.

Life & AD&D

MONTHLY COST OF COVERAGE - RATE PER \$1,000 BENEFIT		
Age ¹	Employee	Spouse
<25	\$0.031	\$0.061
25-29	\$0.031	\$0.061
30-34	\$0.040	\$0.069
35-39	\$0.057	\$0.096
40-44	\$0.083	\$0.130
45-49	\$0.120	\$0.193
50-54	\$0.190	\$0.306
55-59	\$0.295	\$0.556
60-64	\$0.405	\$1.059
65-69	\$0.668	\$1.781
70-74	\$1.136	\$3.308
Child(ren)	\$0.136	
Voluntary AD&D	EE & SP: \$.016 / CH: \$.048	

(1) Employee's rate is determined by the Employee's age. Spouse's rate is determined by the Employee's age.

* Your benefit will be delayed if you are not in active employment because of an injury, sickness, temporary layoff, or leave of absence on the date that insurance would otherwise become effective.

**Your dependent's insurance coverage will be delayed if that dependent is totally disabled on the date that insurance would otherwise be effective. (Totally disabled means that, as a result of an injury, a sickness or a disorder, your dependent spouse is confined in a hospital or similar institution or is confined at home for sickness or injury; or has a life-threatening condition.)

To calculate your semi-monthly premium, find your age group in the left column and its coordinating rate in the right column. The rates shown are for each \$1,000 of coverage, so you will need to take the total coverage amount elected and divide by \$1,000. Once you have that number you will multiply that by the rate.

Example:

Age 31

Voluntary Life Rate is \$0.040 + Voluntary AD&D Rate \$0.016

Elects \$50,000 life insurance coverage

$\$50,000 / \$1,000 = 50$

$(0.040+0.016) \times 50 = \2.80 monthly cost

$\$2.80 \times 12 / 24 = \mathbf{\$1.40}$ semi-monthly cost

Disability

Disability insurance provides income protection in the event that you are unable to work due to a qualified disability.

Short Term Disability

PLAN HIGHLIGHTS	LEVEL OF COVERAGE
Percentage of Wage Replacement	60% of covered weekly earnings
Maximum per Week	\$3,500
Elimination Period	0 days for accident; 7 for sickness
Maximum Benefit Period	13 weeks

Voluntary Long-Term Disability (LTD)

Long-Term Disability Insurance with **United Healthcare** provides extended financial coverage if you are unable to work.

PLAN HIGHLIGHTS	LEVEL OF COVERAGE
Percentage of Wage Replacement	60% of covered monthly earnings
Maximum per Month	\$10,000
Elimination Period	90 days
Maximum Benefit Period	Social Security Normal Retirement Age, as long as you meet the plans disability requirements

This information is not intended to be tax or legal advice. Specific questions about tax-related matters should be referred to your tax accountant, legal counsel and the IRS.

** Your benefit will be delayed if you are not in active employment because of an injury, sickness, temporary layoff, or leave of absence on the date that insurance would otherwise become effective.*

***Pre-existing conditions may be exempt from coverage*

Voluntary Benefits

Critical Illness

- Insured through **UnitedHealthcare**
- Receive a cash benefit based on the percentage payable for a covered critical illness
- Coverage available for family members
- Benefits are paid directly to you at the time of the diagnosis
- You determine how to use the cash benefit
- The benefit premium increases with age but your benefits do not decrease with age
- The benefit premium is based on plan option and benefit amount that you elect

Accident Protection

You can opt in to **UnitedHealthcare's** Accident Protection policy to cover accidents from motor vehicle collisions, sports injuries to everyday slips, and falls.

United Healthcare's policy may pay cash (based on a schedule) to help families offset the expenses associated with these accidents or injuries. Benefits may be paid for:

- Emergency room and doctor visit
- Follow-up and physical therapy visits
- Hospital admission and confinement
- Ambulance
- Medical Equipment (crutches, leg braces, etc.)

Hospital Indemnity

Unexpected hospital visits lead to unexpected costs – and research shows that most people aren't prepared to handle such surprise expenses. Hospital Indemnity Insurance can help cover some out-of-pocket medical costs associated with a hospital stay. This can be especially helpful if the major medical plan's deductible has not been met. Hospital Indemnity benefits are paid directly to the covered person, regardless of other coverage, and can be used for any purpose – there are no restrictions. This benefit is offered through **UnitedHealthcare**.

Critical Illness



Everglades College Inc
**Summary of Benefits: Critical Illness
 Protection Plan**
Plan Effective Date: 01/01/2025

Help protect yourself from costly medical expenses with UnitedHealthcare.

Critical Illness Protection Plan helps protect employees from costly expenses associated with the diagnosis of a serious illness. All benefits are paid directly to the insured and can be used towards any expense.

Your Critical Illness Protection Plan highlights:

Eligibility: All Active Full Time Employees working a minimum of 30 hours per week. Employee must purchase coverage in order to purchase dependent coverage. Dependent children are covered to age 26.

Maximum Benefit Amount	Option 1	Option 2	Option 3	Option 4
Employee	\$10,000	\$20,000	\$30,000	\$40,000
Spouse	\$10,000	\$20,000	\$30,000	\$40,000
Child(ren)	\$5,000	\$10,000	\$15,000	\$20,000

Plan Provisions

Reoccurrence Benefit **	Benefit payable for the same Covered Condition
Cancer Reoccurrence Benefit	Benefit payable for the same Cancer Condition category
Portability	Included
Pre-existing Condition Limitation	Waived

Covered Conditions <small>** Not eligible for the Reoccurrence benefit</small>	Percentage of the Insured's Maximum Benefit Amount Payable
Cancer Conditions	
Non-invasive Cancer	25%
Invasive Cancer	100%
Skin Cancer	\$500
Vascular Conditions	
Coronary Artery Disease Minor (Stent or Angioplasty)	25%
Coronary Artery Disease Major (Bypass Surgery)	50%
Heart Attack	100%
Ruptured Aneurysm	100%
Stroke	100%
Sudden Cardiac Arrest	100%
Organ Failure Conditions	
Bone Marrow Disease	100%
Chronic Renal Failure **	100%
Heart Failure **	100%
Major Organ Failure (Liver, Lung, Pancreas, Small Bowel)	100%

This benefit summary is an overview of your Insurance. Once a group policy is issued to your employer, a Certificate of Coverage will be available to explain your benefits in detail. In the event of a conflict between this benefit summary and your Certificate of Coverage, the Certificate of Coverage will control.

Critical Illness



Everglades College Inc
Summary of Benefits: Critical Illness
Protection Plan
Plan Effective Date: 01/01/2025

Functional Loss Conditions	
Coma	100%
Loss of Hearing **	100%
Loss of Sight **	100%
Loss of Speech **	100%
Paralysis	100%
Severe Brain Damage	100%
Additional Conditions	
Addison's Disease **	25%
Benign Brain Tumor	100%
Crohn's Disease **	25%
Myasthenia Gravis **	25%
Severe Burns	100%
Systemic Lupus Erythematosus **	25%
Systemic Sclerosis (Scleroderma) **	25%
Childhood Disease Conditions **	
Cerebral Palsy	100% of the Dependent Child maximum benefit
Childhood Diabetes	100% of the Dependent Child maximum benefit
Cleft Lip / Palate	100% of the Dependent Child maximum benefit
Congenital Heart Disease	100% of the Dependent Child maximum benefit
Cystic Fibrosis	100% of the Dependent Child maximum benefit
Down Syndrome	100% of the Dependent Child maximum benefit
Muscular Dystrophy	100% of the Dependent Child maximum benefit
Sickle Cell Anemia	100% of the Dependent Child maximum benefit
Spina Bifida	100% of the Dependent Child maximum benefit
Neurological Disease Conditions (diagnosis only) **	
Alzheimer's Disease	50%
Amyotrophic Lateral Sclerosis (ALS)	50%
Huntington's Disease	50%
Multiple Sclerosis	50%
Parkinson's Disease	50%
Advanced Neurological Disease Conditions (loss of ADLs) **	
Advanced Alzheimer's Disease	50%
Advanced Amyotrophic Lateral Sclerosis (ALS)	50%
Advanced Huntington's Disease	50%
Advanced Multiple Sclerosis	50%
Advanced Parkinson's Disease	50%

This benefit summary is an overview of your Insurance. Once a group policy is issued to your employer, a Certificate of Coverage will be available to explain your benefits in detail. In the event of a conflict between this benefit summary and your Certificate of Coverage, the Certificate of Coverage will control.

Critical Illness



Everglades College Inc
**Summary of Benefits: Critical Illness
 Protection Plan**
Plan Effective Date: 01/01/2025

Occupational Conditions **

Occupational Hepatitis	100%
Occupational HIV	100%

Infectious Disease Conditions

Coronavirus (COVID) with 3 day Hospitalization	\$1,000
Infectious Disease Minor (Diagnosis Only) *	25%
Infectious Disease Major (5 or more days of Hospitalization) *	50%

**Cerebrospinal Meningitis (bacterial), Diphtheria, Encephalitis, Legionnaire's Disease, Lyme Disease, Malaria, Methicillin-Resistant Staphylococcus Aureus (MRSA), Necrotizing Fasciitis, Osteomyelitis, Poliomyelitis, Rabies, Tetanus, Tuberculosis*

Additional Benefits

Wellness	\$75 Payable Once per Calendar year per Insured
----------	-------------------------------------------------

Wellness Covered Exams

Antibody or Serology testing	Endoscopy
At-Home Screening tests for Colon Cancer	Fasting blood glucose test
Biopsy	Fasting plasma glucose (FPG)
Blood Test for Cholesterol	Flexible sigmoidoscopy
Blood test for triglycerides	Hemoccult stool analysis
Biometric Screenings	Hemoglobin A1C(HbA1c)
Bone Density scans	HPV Testing
Bone marrow testing	Lipid Panel
Breast ultrasound	Mammography
Breast MRI	Monoclonal Antibody Therapy
CA 15-3 (blood test for breast cancer)	Pap smear
CA 125 (blood test for ovarian cancer)	PSA (blood test for prostate cancer)
CEA (blood test for colon cancer)	Serum Protein Electrophoresis (blood test for myeloma)
Chest X-ray	Stress test on a bicycle or treadmill
Colonoscopy	Thin prep pap test
Complete Blood Count	Thermography
Doppler screening for carotids	Serum cholesterol test to determine level of HDL and LDL
Doppler screening for peripheral vascular disease	Virtual Colonoscopy
Doppler Screening for abdominal aorta	Wellness Fair Screening
Echocardiogram	Whole Body Skin Cancer Screening
Electrocardiogram	

Benefit payable upon completion of a covered wellness exam or health screening test. One covered test per Calendar year per Insured.

Critical Illness



Everglades College Inc
**Summary of Benefits: Critical Illness
Protection Plan**
Plan Effective Date: 01/01/2025

Frequently Asked Questions about your Critical Illness Protection Plan (CIPP)

Am I eligible for coverage?	You are eligible if you are working a minimum of 30 hours per week and considered benefit eligible by your employer.
Who pays for my Critical Illness coverage?	Your employer has made CIPP coverage available to all eligible employees on a voluntary basis, which means you pay your premiums if you elect the coverage.
When does my coverage go into effect?	You must be Actively at Work with your employer, as defined in our plan, on the date your coverage is scheduled to take effect. Otherwise, your coverage takes effect when you return to Active Work.
How do I cover a newborn child?	Newborn children are covered from the moment of live birth. You would need to notify us within 31 days of the birth, to enroll that child, regardless of whether there are existing dependent children covered.
Can I keep my CIPP coverage if I leave my employer?	<p>Your policy contains an option for continuing this coverage known as Portability. See your HR Representative or your Certificate of Coverage for your specific provisions. Your Employer will provide the initial paperwork.</p> <p>Portability</p> <ul style="list-style-type: none">• May be available for spouse and children when the employee elects portability.• Does not require Evidence of Insurability.• Requires application and payment of premium within 31 days of termination of your CIPP insurance. <p>Some state variations may apply.</p>
Can I receive a benefit for more than one of the covered conditions?	<p>Each Covered Condition is payable at least one time for dates of diagnoses that occur while coverage is in force.</p> <p><i>(Note: This is commonly referred to as additional occurrence)</i></p>
If I have received a benefit for a covered condition (i.e., Heart Attack) and then get diagnosed again with that same condition, can I get another benefit paid?	<p>You may be eligible for another benefit payment for the same Covered Condition. This is referred to as Reoccurrence Benefit, and certain Conditions are eligible.</p> <p>Reoccurrence allows you to receive a benefit when:</p> <ul style="list-style-type: none">• You are diagnosed with a covered condition we have already paid a benefit for, and• The diagnosis date of the reoccurrence is at least 180 days following the previous date of diagnosis. <p>Coverage must be in force on the date the reoccurrence is diagnosed. A second opinion or reconfirmation of a diagnosis is not considered reoccurrence diagnosis.</p>

This benefit summary is an overview of your Insurance. Once a group policy is issued to your employer, a Certificate of Coverage will be available to explain your benefits in detail. In the event of a conflict between this benefit summary and your Certificate of Coverage, the Certificate of Coverage will control.

Critical Illness



Everglades College Inc

**Summary of Benefits: Critical Illness
Protection Plan**

Plan Effective Date: 01/01/2025

Is Cancer eligible for a recurrence benefit?	<p>You may be eligible for another Cancer Condition benefit. This is referred to as Cancer Reoccurrence, and certain Cancer Conditions are eligible.</p> <p>Cancer Reoccurrence allows you to receive a benefit when:</p> <ul style="list-style-type: none"> • You are diagnosed with a covered cancer condition we have already paid a benefit for; and • The diagnosis date of the cancer reoccurrence is at least 180 days following the previous date of diagnosis <p>Coverage must be in force on the date the cancer reoccurrence is diagnosed. A second opinion or reconfirmation of a diagnosis is not considered a cancer reoccurrence diagnosis.</p>
What constitutes a Cancer Reoccurrence vs an additional occurrence of cancer?	<p>We have 3 distinct categories of Cancer Covered Conditions:</p> <ul style="list-style-type: none"> • Invasive • Non-Invasive • Skin <p>A diagnosis of cancer from the same Cancer Covered Condition "category" would be considered a Cancer Reoccurrence. (i.e. Invasive Cancer → Invasive Cancer).</p> <p>A diagnosis of cancer from a different Cancer Covered Condition "category" would be considered an additional occurrence. (i.e. Invasive Cancer → Non-Invasive Cancer).</p>
I suffered a heart attack before I elected the Critical Illness Protection Plan. Would I be eligible for a benefit?	<p>We do not pay for events that occurred before the effective date of coverage.</p> <p>However, if a subsequent diagnosis of that condition were to occur while coverage is in effect, a benefit may be payable.</p>
If a diagnosis of a Child Only Covered Condition is made during pregnancy, would we be eligible to receive a benefit for that condition if I choose to cover them as a dependent?	<p>Dependent Children are eligible for coverage from the moment of live birth.</p> <p>If the diagnosis occurs prior to birth, that condition would be payable provided the child survives to live birth and becomes insured as a dependent child.</p>
I enrolled my 5 year old child, who was diagnosed at birth with one of the Child Only Covered conditions. Would we be eligible to receive a benefit for that condition?	<p>For a condition to be payable, coverage must be in force on the date of diagnosis. Therefore, in this situation, because diagnosis was made prior to the coverage effective date, a benefit would not be payable.</p>

This benefit summary is an overview of your Insurance. Once a group policy is issued to your employer, a Certificate of Coverage will be available to explain your benefits in detail. In the event of a conflict between this benefit summary and your Certificate of Coverage, the Certificate of Coverage will control.

Critical Illness



Everglades College Inc
**Summary of Benefits: Critical Illness
Protection Plan**
Plan Effective Date: 01/01/2025

Other Important Details:

This Summary of Benefits sheet is an overview of the coverage being offered and is provided for illustrative purposes only. This is not a contract. It in no way changes or affects the policy as actually issued. Only the insurance policy issued to the policyholder (your employer) can fully describe all of the provisions, terms, conditions, limitations and exclusions of your insurance coverage. In the event of any difference between the Summary of Benefits sheet and the insurance policy, the terms of the insurance policy apply.

Once a group policy is issued to your employer, a certificate of coverage will be available to explain your benefits in detail.

If you need to file a claim:

- Contact the employer.
- Complete, sign and date the necessary forms.
- Send the completed forms via fax or mail to the contact details listed on the claim form. You may also email the completed forms to fpcustomersupport@uhc.com.

Exclusions and Limitations*:

We will not pay a benefit for a Critical Illness contributed to or caused by:

1. intentional self-inflicted Injury, this exclusion does not apply to the Mental Health Disorder Hospital Confinement Benefit if covered under this Policy;
2. attempted suicide, this exclusion does not apply to the Mental Health Disorder Hospital Confinement Benefit if covered under this Policy ;
3. active participation in a riot, felony, assault, or illegal occupation;
4. an act or accident of war, declared or undeclared, whether civil or international, or any substantial armed conflict between organized forces of a military nature;
5. loss sustained while on active duty as a member of the armed forces of any nation except during any time period insurance is extended under the Continuation during Leave of Absence provision;
6. Intoxication or the non-medical use of narcotics, sedatives, stimulants, hallucinogens, or any other such substance, unless prescribed for You by a Physician and taken as prescribed

We also will not pay a benefit for a Critical Illness that was Diagnosed outside of the United States or Canada, unless the Diagnosis was confirmed by a Physician practicing within the United States or Canada.

**The above list is intended for illustrative purposes only. State specific exclusions and language may apply. Please refer to your Certificate of Coverage for detailed information.*

This benefit summary is an overview of your Insurance. Once a group policy is issued to your employer, a Certificate of Coverage will be available to explain your benefits in detail. In the event of a conflict between this benefit summary and your Certificate of Coverage, the Certificate of Coverage will control.

Critical Illness



Everglades College Inc
Summary of Benefits: Critical Illness
Protection Plan
Plan Effective Date: 01/01/2025

Critical Illness Cost Summary

The premiums shown below are based on the employee's age and tobacco status. Spouse age and smoker status are based on Employee age and smoker status.

Premiums shown are estimates only. Your actual payroll deduction may be slightly higher or lower from those provided here. Please consult your human resources/benefits department for additional cost information.

Employee Paid Monthly Premium	Option 1: EE \$10,000 / SP \$10,000 / CH \$5,000 *			
	EE Only	EE + SP	EE + CH	EE + SP + CH
Age Range	Uni-Tobacco	Uni-Tobacco	Uni-Tobacco	Uni-Tobacco
Under 25	\$4.40	\$7.00	\$4.40	\$7.00
25-29	\$5.10	\$8.30	\$5.10	\$8.30
30-34	\$5.90	\$9.80	\$5.90	\$9.80
35-39	\$7.10	\$12.10	\$7.10	\$12.10
40-44	\$9.20	\$16.40	\$9.20	\$16.40
45-49	\$12.70	\$23.80	\$12.70	\$23.80
50-54	\$17.50	\$34.70	\$17.50	\$34.70
55-59	\$23.30	\$47.50	\$23.30	\$47.50
60-64	\$33.20	\$66.60	\$33.20	\$66.60
65-69	\$43.40	\$88.80	\$43.40	\$88.80
70-74	\$61.20	\$120.80	\$61.20	\$120.80
75+	\$82.60	\$159.10	\$82.60	\$159.10

Employee Paid Monthly Premium	Option 2: EE \$20,000 / SP \$20,000 / CH \$10,000 *			
	EE Only	EE + SP	EE + CH	EE + SP + CH
Age Range	Uni-Tobacco	Uni-Tobacco	Uni-Tobacco	Uni-Tobacco
Under 25	\$8.80	\$14.00	\$8.80	\$14.00
25-29	\$10.20	\$16.60	\$10.20	\$16.60
30-34	\$11.80	\$19.60	\$11.80	\$19.60
35-39	\$14.20	\$24.20	\$14.20	\$24.20
40-44	\$18.40	\$32.80	\$18.40	\$32.80
45-49	\$25.40	\$47.60	\$25.40	\$47.60
50-54	\$35.00	\$69.40	\$35.00	\$69.40
55-59	\$46.60	\$95.00	\$46.60	\$95.00
60-64	\$66.40	\$133.20	\$66.40	\$133.20
65-69	\$86.80	\$177.60	\$86.80	\$177.60
70-74	\$122.40	\$241.60	\$122.40	\$241.60
75+	\$165.20	\$318.20	\$165.20	\$318.20

This benefit summary is an overview of your Insurance. Once a group policy is issued to your employer, a Certificate of Coverage will be available to explain your benefits in detail. In the event of a conflict between this benefit summary and your Certificate of Coverage, the Certificate of Coverage will control.

Critical Illness



Everglades College Inc
**Summary of Benefits: Critical Illness
 Protection Plan**
Plan Effective Date: 01/01/2025

Employee Paid Monthly Premium	Option 3: EE \$30,000 / SP \$30,000 / CH \$15,000 *			
	EE Only	EE + SP	EE + CH	EE + SP + CH
Age Range	Uni-Tobacco	Uni-Tobacco	Uni-Tobacco	Uni-Tobacco
Under 25	\$13.20	\$21.00	\$13.20	\$21.00
25-29	\$15.30	\$24.90	\$15.30	\$24.90
30-34	\$17.70	\$29.40	\$17.70	\$29.40
35-39	\$21.30	\$36.30	\$21.30	\$36.30
40-44	\$27.60	\$49.20	\$27.60	\$49.20
45-49	\$38.10	\$71.40	\$38.10	\$71.40
50-54	\$52.50	\$104.10	\$52.50	\$104.10
55-59	\$69.90	\$142.50	\$69.90	\$142.50
60-64	\$99.60	\$199.80	\$99.60	\$199.80
65-69	\$130.20	\$266.40	\$130.20	\$266.40
70-74	\$183.60	\$362.40	\$183.60	\$362.40
75+	\$247.80	\$477.30	\$247.80	\$477.30

Employee Paid Monthly Premium	Option 4: EE \$40,000 / SP \$40,000 / CH \$20,000 *			
	EE Only	EE + SP	EE + CH	EE + SP + CH
Age Range	Uni-Tobacco	Uni-Tobacco	Uni-Tobacco	Uni-Tobacco
Under 25	\$17.60	\$28.00	\$17.60	\$28.00
25-29	\$20.40	\$33.20	\$20.40	\$33.20
30-34	\$23.60	\$39.20	\$23.60	\$39.20
35-39	\$28.40	\$48.40	\$28.40	\$48.40
40-44	\$36.80	\$65.60	\$36.80	\$65.60
45-49	\$50.80	\$95.20	\$50.80	\$95.20
50-54	\$70.00	\$138.80	\$70.00	\$138.80
55-59	\$93.20	\$190.00	\$93.20	\$190.00
60-64	\$132.80	\$266.40	\$132.80	\$266.40
65-69	\$173.60	\$355.20	\$173.60	\$355.20
70-74	\$244.80	\$483.20	\$244.80	\$483.20
75+	\$330.40	\$636.40	\$330.40	\$636.40

*Cost Includes Wellness Benefit

UnitedHealthcare Critical Illness product is provided by UnitedHealthcare Insurance Company on policy forms UHIHIP-POL-TX, et al. and UHIHIP-CERT-TX, et al. in Texas and UHIHIP-POL-VA, et al. and UHIHIP-CERT-VA, et al. in Virginia. The product provides a limited benefit for certain Critical Illness plan benefits. Please note: CRITICAL ILLNESS coverage is NOT considered "minimum essential coverage" under the Affordable Care Act and therefore does NOT satisfy the mandate to have health insurance coverage. Failure to have other health insurance coverage may be subject to a tax penalty. Please consult a tax advisor. The policy has exclusions, limitations, reductions of benefits, and terms under which the policy may be continued in force or discontinued. For costs and complete details of the coverage, call or write your insurance agent or the company. This product is not available in all states. UnitedHealthcare Insurance Company is located in Hartford, CT.

This benefit summary is an overview of your Insurance. Once a group policy is issued to your employer, a Certificate of Coverage will be available to explain your benefits in detail. In the event of a conflict between this benefit summary and your Certificate of Coverage, the Certificate of Coverage will control.

Accident Protection



Everglades College Inc
Summary of Benefits: Accident
Protection Plan
Plan Effective Date: 01/01/2025

Help protect yourself from the unexpected cost of an accident with UnitedHealthcare.

The Accident Protection Plan helps protect employees from costly expenses associated with an accident. All benefits are paid directly to the insured and can be used towards any expense.

Your Accident Protection Plan highlights:

Class 1 - All Active Full Time Employees working a minimum of 30 hours per week

Benefits Payable*	Maximum Amount Payable per Insured		
<i>*All Benefits are payable once per covered accident unless otherwise noted</i>			
Accidental Death & Dismemberment (Spouse Benefit is 100% of EE; Child benefit 50% of EE)			
Death & Dismemberment			
- Life	\$40,000	\$40,000	\$80,000
- Both hands or both feet	\$40,000	\$40,000	\$80,000
- One hand and one foot	\$40,000	\$40,000	\$80,000
- One hand or one foot	\$20,000	\$20,000	\$40,000
- Two or more fingers or toes	\$8,000	\$8,000	\$16,000
- One finger or one toe	\$4,000	\$4,000	\$8,000
Common Carrier			
- Life	\$160,000	\$160,000	\$320,000
Initial Care			
Ground Ambulance	\$200	\$300	\$400
Air Ambulance	\$1,250	\$1,750	\$2,250
Emergency Room Treatment	\$180	\$230	\$330
Physician Office/Urgent Care (1 per covered accident)	\$200	\$200	\$200
Hospital Care			
Hospital Admission (1 per covered accident)	\$1,750	\$2,250	\$3,250
Hospital Confinement (up to 365 days per year)	\$350	\$500	\$700
Hospital ICU Admission (1 per covered accident)	\$3,500	\$4,500	\$6,500
Hospital ICU Confinement (up to 30 days per year)	\$600	\$800	\$1,200
Follow Up Care			
Appliances Benefit			
- Wheelchair	\$150	\$225	\$300
- Knee Scooter	\$150	\$225	\$300
- Knee Immobilizer	\$150	\$225	\$300

This benefit summary is an overview of your Insurance. Once a group policy is issued to your employer, a Certificate of Coverage will be available to explain your benefits in detail. In the event of a conflict between this benefit summary and your Certificate of Coverage, the Certificate of Coverage will control.

Accident Protection



Everglades College
Summary of Benefits: Accident
Protection Plan
Plan Effective Date: 01/01/2025

- Lumbar Spine Brace	\$150	\$225	\$300
- Walking Boot	\$100	\$150	\$200
- Walker	\$100	\$150	\$200
- Crutches	\$100	\$150	\$200
- Leg Brace	\$100	\$150	\$200
- Cervical Collar	\$100	\$150	\$200
- Cane	\$75	\$100	\$200
- Ankle Brace	\$75	\$100	\$200
- Ankle Boot	\$75	\$100	\$200
- Air Cast	\$75	\$100	\$200
Follow up Physician Visit (5 per covered accident)	\$85	\$85	\$85
Major Diagnostic Exam (1 per plan year)			
- MRI; CT; PET; EEG; ImPACT; or SPECT scan	\$175	\$250	\$325
Minor Diagnostic Exam (1 per plan year)			
- X-ray; or a laboratory test	\$50	\$75	\$100
Prosthetic			
- One Device	\$1,200	\$1,500	\$1,850
- Two or More Devices	\$2,400	\$3,000	\$3,700
Rehabilitation Facility (per day up to 30 days)	\$100	\$150	\$200
Rehabilitation Therapy (per visit up to 10 Visits)	\$35	\$45	\$55
Common Injuries			
Abdominal/Thoracic Surgery			
- Surgery to repair	\$1,000	\$1,500	\$2,000
- Exploratory without repair	\$100	\$150	\$200
Arthroscopic Surgery	\$200	\$300	\$400
Cranial Surgery	\$200	\$300	\$400
Eye Surgery			
- Removal of foreign body	\$210	\$310	\$400
- Surgical Repair	\$210	\$310	\$400
Hernia Surgery	\$250	\$300	\$400
Non-Specific Surgery			
- General Anesthesia	\$210	\$310	\$410
- Conscious Sedation	\$100	\$150	\$200
Tendon / Ligament / Shoulder Cartilage / Rotator Cuff / Knee Cartilage Surgery			
- Surgery to repair one	\$1,050	\$1,550	\$2,000
- Surgery to repair more than one	\$1,200	\$1,800	\$2,400
- Exploratory without	\$150	\$225	\$300

This benefit summary is an overview of your Insurance. Once a group policy is issued to your employer, a Certificate of Coverage will be available to explain your benefits in detail. In the event of a conflict between this benefit summary and your Certificate of Coverage, the Certificate of Coverage will control.

Accident Protection



Everglades College
Summary of Benefits: Accident
Protection Plan
Plan Effective Date: 01/01/2025

<i>repair</i>			
Blood/Plasma/Platelets	\$630	\$930	\$1,230
Burns			
- 2nd Degree (at least 36% of body surface)	\$1,525	\$2,000	\$2,000
- 3rd Degree (9 to 34 sq. inches)	\$3,050	\$4,000	\$4,000
- 3rd Degree (35 or more sq. inches)	\$12,200	\$16,000	\$22,000
- Skin Graft pays 25% of burn benefit			
Coma	\$10,000	\$15,000	\$21,000
Concussion	\$275	\$375	\$500
Dislocations	Surgically Corrected/Non-Surgically Corrected		
- Hip	\$4,500 / \$2,250	\$6,300 / \$3,150	\$9,000 / \$4,500
- Knee Cap (Patella)	\$2,250 / \$1,125	\$3,150 / \$1,575	\$4,500 / \$2,250
- Ankle	\$1,500 / \$750	\$2,100 / \$1,050	\$3,000 / \$1,500
- Foot (except toes)	\$1,500 / \$750	\$2,100 / \$1,050	\$3,000 / \$1,500
- Elbow	\$900 / \$450	\$1,260 / \$630	\$1,800 / \$900
- Collar Bone (Sternoclavicular)	\$900 / \$450	\$1,260 / \$630	\$1,800 / \$900
- Hand	\$900 / \$450	\$1,260 / \$630	\$1,800 / \$900
- Lower Jaw	\$900 / \$450	\$1,260 / \$630	\$1,800 / \$900
- Shoulder Blade	\$900 / \$450	\$1,260 / \$630	\$1,800 / \$900
- Wrist	\$900 / \$450	\$1,260 / \$630	\$1,800 / \$900
- Collar Bone (Acromioclavicular separation)	\$500 / \$250	\$700 / \$350	\$1,000 / \$500
- Finger	\$500 / \$250	\$700 / \$350	\$1,000 / \$500
- Toe	\$500 / \$250	\$700 / \$350	\$1,000 / \$500
Emergency Dental Work			
- Crown(s)	\$200	\$300	\$600
- Extraction(s)	\$100	\$150	\$200
Family Child Daycare	\$30	\$45	\$60
- per day up to 30 days per covered accident			
Fractures	Surgically Corrected/Non-Surgically Corrected		
	<i>Chip Fractures: 25% of the Surgically Corrected Amount</i>		
- Skull (Depressed, except bones of face or nose)	\$4,500 / \$2,250	\$7,500 / \$3,750	\$10,000 / \$5,000
- Sternum	\$4,500 / \$2,250	\$7,500 / \$3,750	\$10,000 / \$5,000
- Hip, Thigh (Femur)	\$4,500 / \$2,250	\$7,500 / \$3,750	\$10,000 / \$5,000
- Skull (Simple, except bones of face or nose)	\$2,500 / \$1,250	\$4,165 / \$2,085	\$5,555 / \$2,780
- Leg (from top of tibia to ankle joint)	\$2,500 / \$1,250	\$4,165 / \$2,085	\$5,000 / \$2,500

This benefit summary is an overview of your Insurance. Once a group policy is issued to your employer, a Certificate of Coverage will be available to explain your benefits in detail. In the event of a conflict between this benefit summary and your Certificate of Coverage, the Certificate of Coverage will control.

Accident Protection



Everglades College
Summary of Benefits: Accident
Protection Plan
Plan Effective Date: 01/01/2025

- Pelvis (Excluding Coccyx)	\$2,500 / \$1,250	\$4,165 / \$2,085	\$5,000 / \$2,500
- Vertebrae (body of)	\$2,500 / \$1,250	\$4,165 / \$2,085	\$5,000 / \$2,500
- Sacral Sacrum	\$900 / \$450	\$1,500 / \$750	\$2,000 / \$1,000
- Face or Nose (except teeth)	\$900 / \$450	\$1,500 / \$750	\$2,000 / \$1,000
- Upper Arm (Elbow to Shoulder)	\$900 / \$450	\$1,500 / \$750	\$2,000 / \$1,000
- Upper Jaw (except Alveolar process)	\$900 / \$450	\$1,500 / \$750	\$2,000 / \$1,000
- Ankle	\$900 / \$450	\$1,500 / \$750	\$2,000 / \$1,000
- Foot (except Toes)	\$900 / \$450	\$1,500 / \$750	\$2,000 / \$1,000
- Forearm, Hand, Wrist (except Fingers)	\$900 / \$450	\$1,500 / \$750	\$2,000 / \$1,000
- Kneecap	\$900 / \$450	\$1,500 / \$750	\$2,000 / \$1,000
- Lower Jaw (except Alveolar process)	\$900 / \$450	\$1,500 / \$750	\$2,000 / \$1,000
- Shoulder Blade or Collarbone	\$900 / \$450	\$1,500 / \$750	\$2,000 / \$1,000
- Vertebral Process	\$900 / \$450	\$1,500 / \$750	\$2,000 / \$1,000
- Coccyx	\$700 / \$350	\$1,165 / \$585	\$1,555 / \$780
- Finger or Toe	\$300 / \$150	\$500 / \$250	\$665 / \$335
Lacerations			
- Greater Than 15 cm	\$125	\$125	\$75
- 5 cm - 15 cm	\$200	\$200	\$200
- Less Than 5 cm	\$625	\$625	\$1,000
- Not Requiring Sutures	\$1,665	\$1,665	\$1,200
Lodging	\$150	\$200	\$250
- per day up to 30 days per covered accident for treatment more than 100 miles away			
Medical Supplies	\$10	\$20	\$30
- Over-the-counter (1 time per plan year)			
Pain Management / Epidural	\$125	\$175	\$275
Paralysis			
- Hemiplegia	\$5,000	\$7,500	\$10,000
- Paraplegia	\$10,500	\$10,500	\$10,500
- Quadriplegia	\$10,500	\$15,000	\$20,000
Ruptured / Herniated Disc	\$600	\$900	\$1,200
Transportation			
- 3 trips per covered accident for treatment more than 100 miles away	\$200	\$300	\$400
Organized Sporting Activity Injury			
Payable for all covered persons	Increases Follow Up Care and Common Injuries benefits by 25%		

This benefit summary is an overview of your Insurance. Once a group policy is issued to your employer, a Certificate of Coverage will be available to explain your benefits in detail. In the event of a conflict between this benefit summary and your Certificate of Coverage, the Certificate of Coverage will control.

Accident Protection



Everglades College
Summary of Benefits: Accident
Protection Plan
Plan Effective Date: 01/01/2025

Additional Benefits			
Automobile Modification	\$1,200	\$1,500	\$1,850
Wellness See <i>Wellness Details</i> page for covered exams	\$100		
Plan Provisions			
Portability	Included		

This benefit summary is an overview of your Insurance. Once a group policy is issued to your employer, a Certificate of Coverage will be available to explain your benefits in detail. In the event of a conflict between this benefit summary and your Certificate of Coverage, the Certificate of Coverage will control.

Accident Protection



Everglades College
Summary of Benefits: Accident
Protection Plan
Plan Effective Date: 01/01/2025

UnitedHealthcare

Accident Protection Plan Wellness Benefit for Everglades College
Effective Date: 01/01/2025

Class 1 - All Active Full Time Employees working a minimum of 30 hours per week

Wellness Benefits Covered Exams
Blood test for triglycerides Bone marrow testing Breast ultrasound CA 15-3 (blood test for breast cancer) CA 125 (blood test for ovarian cancer) CEA (blood test for colon cancer) Chest X-ray Colonoscopy Fasting blood glucose test Flexible sigmoidoscopy Hemoccult stool analysis Mammography Pap smear PSA (blood test for prostate cancer) Serum Protein Electrophoresis (blood test for myeloma) Serum cholesterol test to determine level of HDL and LDL Stress test on a bicycle or treadmill Thermography Virtual Colonoscopy

Benefit paid upon completion of a covered wellness exam or health screening test. One covered test per plan year per Employee and Spouse

This benefit summary is an overview of your Insurance. Once a group policy is issued to your employer, a Certificate of Coverage will be available to explain your benefits in detail. In the event of a conflict between this benefit summary and your Certificate of Coverage, the Certificate of Coverage will control.

Accident Protection



Everglades College
Summary of Benefits: Accident
Protection Plan
Plan Effective Date: 01/01/2025

Frequently Asked Questions about your Accident Protection Plan (APP)

Am I eligible for coverage?	You are eligible if you are working a minimum of working a minimum of 30 hours per week and considered benefit eligible by your employer.
What does Accident Coverage provide me?	Accident coverage helps to provide financial protection against the unexpected expense of a covered accident.
What is considered an accident?	An Accident is an unforeseen event that occurs suddenly as the result of trauma and results in bodily injury. For a benefit to be payable, the accident must occur while coverage is in force.
Who pays for my coverage?	Your employer has made coverage available to all eligible employees on a voluntary basis, which means you pay your premiums if you elect the coverage.
When does my coverage go into effect?	You must be Actively at Work with your employer, as defined in your plan, on the date your coverage is scheduled to take effect. Otherwise, your coverage takes effect when you return to Active Work.
Can I receive a benefit for more than one accident per plan year?	Yes. Benefits are payable per accident, regardless of the number of accidents that occur.
I had an accident that resulted in a broken leg before I elected the Accident Protection Plan and am still seeing my doctor and undergoing physical therapy. Would I be eligible for any of the benefits on the plan?	For a benefit to be payable, coverage must be in force on the date of the accident. Therefore, in this situation, because the accident occurred prior to the coverage effective date, a benefit would not be payable.

This benefit summary is an overview of your Insurance. Once a group policy is issued to your employer, a Certificate of Coverage will be available to explain your benefits in detail. In the event of a conflict between this benefit summary and your Certificate of Coverage, the Certificate of Coverage will control.

Accident Protection



Everglades College
Summary of Benefits: Accident
Protection Plan
Plan Effective Date: 01/01/2025

Other Important Details:

This Summary of Benefits sheet is an overview of the coverage being offered and is provided for illustrative purposes only. This is not a contract. It in no way changes or affects the policy as actually issued. Only the insurance policy issued to the policyholder (your employer) can fully describe all of the provisions, terms, conditions, limitations and exclusions of your insurance coverage. In the event of any difference between the Summary of Benefits sheet and the insurance policy, the terms of the insurance policy apply.

Once a group policy is issued to your employer, a certificate of coverage will be available to explain your benefits in detail.

If you need to file a claim:

- Contact the employer.
- Complete, sign and date the necessary forms.
- Send the completed forms via fax or mail to the contact details listed on the claim form. You may also email the completed forms to fpcustomersupport@uhc.com.

Exclusions and Limitations*

We will not pay a benefit for a loss contributed to or caused by:

1. disease, bodily or mental infirmity, or medical or surgical Treatment of these (except pyogenic infections through an Accidental wound);
2. suicide or intentionally self-inflicted Injury;
3. active participation in a riot;
4. committing or attempting to commit a crime, or participating or attempting to participate in a crime;
5. taking part in the commission of an assault or being engaged in an illegal activity;
6. an act or accident of war, declared or undeclared, whether civil or international, or any substantial armed conflict between organized forces of a military nature;
7. use of alcohol or the non-medical use of narcotics, sedatives, stimulants, hallucinogens, or any other such substance, unless prescribed for You by a Physician and taken as prescribed;
8. driving or in physical control of a Motor Vehicle while Intoxicated;
9. engaging in the following hazardous activities, including skydiving, hang gliding, auto racing, dirt bike riding, mountain climbing, Russian Roulette, autoerotic asphyxiation, bungee jumping, base jumping or using off-road vehicles that are not registered for use on-road based on applicable state law;
10. riding in or driving any motor-driven vehicle in a race, stunt show or speed test;
11. travel or flight in, or descent from any aircraft, unless as a fare-paying passenger on a commercial airline flying between established airports on: a) a scheduled route; or b) a charter flight seating 15 or more people;
12. travel or flight in, or descent from any aircraft, except if employment duties require You to be a pilot and/or passenger in a privately owned aircraft, or as a fare-paying passenger on a commercial airline flying between established airports on: a) a scheduled route; or b) a charter flight seating 15 or more people;
13. practicing for or participating in any semi-professional or professional competitive athletic contests for which any type of compensation or remuneration is received; or
14. Injury arising out of or in the course of any occupation or employment for pay or profit, or any Injury or Sickness for which You or Your Dependent are entitled to benefits under any Workers' Compensation Law, Employers' Liability Law or similar law, unless this insurance is issued on an 24 hour basis as shown in the Schedule;

This benefit summary is an overview of your Insurance. Once a group policy is issued to your employer, a Certificate of Coverage will be available to explain your benefits in detail. In the event of a conflict between this benefit summary and your Certificate of Coverage, the Certificate of Coverage will control.

Accident Protection



Everglades College
Summary of Benefits: Accident
Protection Plan
Plan Effective Date: 01/01/2025

15. an Accident that occurs outside of the United States.

In addition to the exclusions shown above, no payment will be made for Treatment received outside of the United States.

**The above list is intended for illustrative purposes only. State specific exclusions and language may apply. Please refer to your Certificate of Coverage for detailed information.*

This benefit summary is an overview of your Insurance. Once a group policy is issued to your employer, a Certificate of Coverage will be available to explain your benefits in detail. In the event of a conflict between this benefit summary and your Certificate of Coverage, the Certificate of Coverage will control.

Accident Protection



Everglades College
Summary of Benefits: Accident
Protection Plan
Plan Effective Date: 01/01/2025

Accident Protection Plan Cost Summary

Monthly Rates	Voluntary *		
Quoted Rates - Per Employee Per Month	Option A	Option B	Option C
Employee Only	\$10.45	\$12.39	\$15.25
Employee & Spouse	\$16.69	\$19.80	\$24.35
Employee & Children	\$16.94	\$21.07	\$27.30
Employee & Spouse & Children	\$27.33	\$33.63	\$43.07

*Cost Includes Wellness Benefit

UnitedHealthcare Accident Protection product is provided by UnitedHealthcare Insurance Company on form UHI-ACC-POL (2018) et al., in Texas on form UHI-ACC-POL-TX (2018) and in Virginia on form UHI-ACC-POL-VA (2018). The policies have exclusions, limitations, reductions of benefits, and terms under which the policy may be continued in force or discontinued. For costs and complete details of the coverage, call or write your insurance agent or the company. Some products are not available in all states. UnitedHealthcare Insurance Company is located in Hartford, CT.

This benefit summary is an overview of your Insurance. Once a group policy is issued to your employer, a Certificate of Coverage will be available to explain your benefits in detail. In the event of a conflict between this benefit summary and your Certificate of Coverage, the Certificate of Coverage will control.

Hospital Indemnity



Everglades College Inc
Summary of Benefits: Hospital Indemnity
Protection Plan
Plan Effective Date: 01/01/2025

IMPORTANT: This is a fixed indemnity policy, NOT health insurance. This fixed indemnity policy may pay you a limited dollar amount if you're sick or hospitalized. You're still responsible for paying the cost of your care.

- The payment you get isn't based on the size of your medical bill.
- There might be a limit on how much this policy will pay each year.
- This policy isn't a substitute for comprehensive health insurance.
- Since this policy isn't health insurance, it doesn't have to include most Federal consumer protections that apply to health insurance.

Looking for comprehensive health insurance?

- Visit [HealthCare.gov](https://www.healthcare.gov) or call 1-800-318-2596 (TTY: 1-855-889-4325) to find health coverage options.
- To find out if you can get health insurance through your job, or a family member's job, contact the employer.

Questions about this policy?

- For questions or complaints about this policy, contact your State Department of Insurance. Find their number on the National Association of Insurance Commissioners' website ([naic.org](https://www.naic.org)) under "Insurance Departments."
- If you have this policy through your job, or a family member's job, contact the employer.

This benefit summary is an overview of your Insurance. Once a group policy is issued to your employer, a Certificate of Coverage will be available to explain your benefits in detail. In the event of a conflict between this benefit summary and your Certificate of Coverage, the Certificate of Coverage will control.

Hospital Indemnity



Everglades College
Summary of Benefits: Hospital Indemnity
Protection Plan
Plan Effective Date: 01/01/2025

Help protect yourself from the high costs of hospital care with UnitedHealthcare.

Hospital Indemnity Protection Plan helps protect employees from costly hospital expenses. All benefits are paid directly to the insured and can be used towards any expense.

Your Hospital Indemnity Protection Plan highlights:

Eligibility: All Active Full Time Employees working a minimum of 30 hours per week.

Plan Benefits	Benefit Amount Option A	Benefit Amount Option B
Hospital Admission <i>Payable once per Injury or sickness, on the day of admission. (up to 3 Days per plan year)</i>	\$1,100	\$1,600
Hospital Confinement <i>Payable once per day of confinement for an injury or sickness. Confinement begins on day 2. (up to 364 Days per plan year)</i>	\$100	\$150
ICU Confinement <i>Payable once per day of confinement for an injury or sickness. Confinement begins on day 2. (up to 364 Days per plan year)</i>	\$100	\$150
ICU Admission <i>Payable once per Injury or sickness, on the day of admission. (up to 3 Days per plan year)</i>	\$1,100	\$1,600
Inpatient Drug & Alcohol <i>Payable once per day. Lifetime maximum is 300 days (up to 30 Days per plan year)</i>	\$100	\$150
Inpatient Mental & Nervous Disorder <i>Payable once per day. Lifetime maximum is 300 days. (up to 30 Days per plan year)</i>	\$100	\$150

This benefit summary is an overview of your Insurance. Once a group policy is issued to your employer, a Certificate of Coverage will be available to explain your benefits in detail. In the event of a conflict between this benefit summary and your Certificate of Coverage, the Certificate of Coverage will control.

Hospital Indemnity



Everglades College
Summary of Benefits: Hospital Indemnity
Protection Plan
Plan Effective Date: 01/01/2025

Additional Benefits	Benefit Amount	Benefit Amount
	Option A	Option B
Wellness Benefit	\$50	\$50

Wellness Benefits Covered Exams

Blood test for triglycerides
Bone marrow testing
Breast ultrasound
CA 15-3 (blood test for breast cancer)
CA 125 (blood test for ovarian cancer)
CEA (blood test for colon cancer)
Chest X-ray
Colonoscopy
Fasting blood glucose test
Flexible sigmoidoscopy
Hemoccult stool analysis
Mammography
Pap smear
PSA (blood test for prostate cancer)
Serum Protein Electrophoresis (blood test for myeloma)
Serum cholesterol test to determine level of HDL and LDL
Stress test on a bicycle or treadmill
Thermography
Virtual Colonoscopy

Benefit paid upon completion of a covered wellness exam or health screening test. One covered test per calendar year per covered member. Children are excluded from Wellness

This benefit summary is an overview of your Insurance. Once a group policy is issued to your employer, a Certificate of Coverage will be available to explain your benefits in detail. In the event of a conflict between this benefit summary and your Certificate of Coverage, the Certificate of Coverage will control.

Hospital Indemnity



Everglades College
Summary of Benefits: Hospital Indemnity
Protection Plan
Plan Effective Date: 01/01/2025

Frequently Asked Questions about your Hospital Indemnity Protection Plan (HIPP)

What does HIPP Coverage provide me?	Hospital Indemnity coverage provides protection against the expense of hospital care as a result of an illness or injury.
Who pays for my Hospital Indemnity coverage?	Your employer has made HIPP coverage available to all eligible employees on a voluntary basis, which means you pay your premiums if you elect the coverage. You may also have the option to purchase coverage for your Spouse or Child.
Am I eligible for coverage?	You are eligible if you are working a minimum of 30 hours per week and considered benefit eligible by your employer.
When does my coverage go into effect?	You must be Actively at Work with your employer, as defined in your plan, on the date your coverage is scheduled to take effect. Otherwise, your coverage takes effect when you return to Active Work.
Is pregnancy covered under my HIPP plan?	Yes, hospitalization for routine labor and delivery is included with your HIPP coverage. Complications of Pregnancy are covered to the same extent as any other sickness.
How do I cover a newborn child?	Newborn children are covered from the moment of live birth for the first 31 days. You would need to notify us within 31 days of the birth if you want to enroll that child, regardless of whether there are existing dependent children covered.
Is newborn/nursery care covered under my HIPP plan?	A newborn child's routine nursing or routine well baby care is not included. If the newborn is admitted and confined to the hospital due to complications, it would be covered as any other sickness.
Are Confinement benefits payable on the day I am admitted to the hospital or ICU?	Confinement benefits begin on the day following admission. For a confinement benefit to be payable, a room and board charge must be incurred for that day.

This benefit summary is an overview of your Insurance. Once a group policy is issued to your employer, a Certificate of Coverage will be available to explain your benefits in detail. In the event of a conflict between this benefit summary and your Certificate of Coverage, the Certificate of Coverage will control.

Hospital Indemnity



Everglades College
Summary of Benefits: Hospital Indemnity
Protection Plan
Plan Effective Date: 01/01/2025

<p>If I am admitted to the ICU will I also get the Hospital Admission benefit?</p>	<p>Each covered person may receive 3 Days Hospital and 3 Days ICU Admission benefit per plan year.</p> <p>If a covered person is admitted to the ICU, and has not exhausted their Hospital Admission benefit, the Hospital Admission benefit would be payable in addition to the ICU Admission benefit.</p>
<p>If I am confined to the ICU will I also get the Hospital Confinement benefit for those days?</p>	<p>Each covered person may receive benefits for up to 364 Days of confinement in a Hospital and up to 364 Days of confinement in ICU, per plan year.</p> <p>If a covered person is confined to the ICU, and has not exhausted their Hospital Confinement benefits, the Hospital Confinement benefit would be payable in addition to the ICU Confinement benefit.</p>
<p>Can I keep my HIPP coverage if I leave my employer?</p>	<p>Your policy contains the following. See your HR Representative or your Certificate of Coverage for your specific provisions. Your Employer will provide the initial paperwork.</p> <p>Portability</p> <ul style="list-style-type: none">• May be available for spouse and children when the employee elects portability.• You can continue all or a portion of your HIPP insurance.• Evidence of Insurability is not required.• Must apply and pay premium within 31 days of termination of your HIPP insurance*. <p>*Some state variations may apply</p>

This benefit summary is an overview of your Insurance. Once a group policy is issued to your employer, a Certificate of Coverage will be available to explain your benefits in detail. In the event of a conflict between this benefit summary and your Certificate of Coverage, the Certificate of Coverage will control.

Hospital Indemnity



Everglades College
Summary of Benefits: Hospital Indemnity
Protection Plan
Plan Effective Date: 01/01/2025

Other Important Details:

This Summary of Benefits sheet is an overview of the coverage being offered and is provided for illustrative purposes only. This is not a contract. It in no way changes or affects the policy as actually issued. Only the insurance policy issued to the policyholder (your employer) can fully describe all of the provisions, terms, conditions, limitations and exclusions of your insurance coverage. In the event of any difference between the Summary of Benefits sheet and the insurance policy, the terms of the insurance policy apply.

Once a group policy is issued to your employer, a certificate of coverage will be available to explain your benefits in detail.

If you need to file a claim:

- Contact the employer
- Complete, sign and date the necessary forms.
- Send the completed forms via fax or mail to the contact details listed on the claim form. You may also email the completed forms to fpcustomersupport@uhc.com.

This benefit summary is an overview of your Insurance. Once a group policy is issued to your employer, a Certificate of Coverage will be available to explain your benefits in detail. In the event of a conflict between this benefit summary and your Certificate of Coverage, the Certificate of Coverage will control.

Hospital Indemnity



Everglades College
Summary of Benefits: Hospital Indemnity
Protection Plan
Plan Effective Date: 01/01/2025

Exclusions and Limitations *:

This Policy does not cover any loss caused by or resulting from (directly or indirectly):

1. an act or Accident of war, declared or undeclared, whether civil or international, and any substantial armed conflict between organized forces of a military nature;
2. loss sustained while on active duty as a member of the armed forces of any nation [except during any time period coverage is extended under the Continuation during Leave of Absence provision];
3. any intentionally self-inflicted Injury;
4. active participation in a riot;
5. committing or attempting to commit a felony, or participating or attempting to participate in a felony;
6. taking part in the commission of an assault or being engaged in an illegal activity;
7. use of alcohol or the non-medical use of narcotics, sedatives, stimulants, hallucinogens, or any other such substance, whether or not prescribed by a Physician; this exclusion does not apply to the Drug and Alcohol Treatment Benefit (Inpatient) if covered under this Policy;
8. cosmetic or elective surgery; or
9. treatment received outside the United States or its territories;
10. the reversal of a tubal ligation or vasectomy;
11. artificial insemination, in vitro fertilization, and test tube fertilization, including any related testing, medications or Physician services, unless required by law;
12. participation in any form of aeronautics (including parachuting and hang gliding) except as a fare-paying passenger in a licensed aircraft provided by a common carrier and operating between definitely established airports;
13. a newborn child's routine nursing or routine well baby care during the initial Confinement in a Hospital;
14. driving in any organized or scheduled race or speed test or while testing an automobile or any
15. mental and Nervous Disorders; this exclusion does not apply to the Mental and Nervous Disorder Treatment Benefit (Inpatient) if covered under this Policy;
16. dental or plastic surgery for Cosmetic purposes except when such surgery is required to: (a) treat an Injury; or (b) correct a disorder of normal bodily function; and
17. practicing for or participating in any semi-professional or professional competitive athletic contests for which any type of compensation or remuneration is received

**The above list is intended for illustrative purposes only. State specific exclusions and language may apply. Please refer to your Certificate of Coverage for detailed information.*

This benefit summary is an overview of your Insurance. Once a group policy is issued to your employer, a Certificate of Coverage will be available to explain your benefits in detail. In the event of a conflict between this benefit summary and your Certificate of Coverage, the Certificate of Coverage will control.

Hospital Indemnity



Everglades College
Summary of Benefits: Hospital Indemnity
Protection Plan
Plan Effective Date: 01/01/2025

Hospital Indemnity Cost Summary (Current Monthly rates)

Monthly Rates	Voluntary *	
Quoted Rates - Per Employee Per Month	Option A	Option B
Employee Only	\$10.51	\$14.97
Employee & Spouse	\$20.96	\$29.87
Employee & Children	\$17.58	\$25.35
Employee & Spouse & Children	\$29.89	\$42.99

* Cost Includes Wellness Benefit

UnitedHealthcare Hospital Indemnity product is provided by UnitedHealthcare Insurance Company on policy forms UHIIIP-POL-TX, et al. and UHIIIP-CERT-TX, et al. in Texas and UHIIIP-POL-VA, et al. and UHIIIP-CERT-VA, et al. in Virginia. The product provides a limited benefit for certain hospital indemnity plan benefits. Please note: HOSPITAL INDEMNITY coverage is NOT considered "minimum essential coverage" under the Affordable Care Act and therefore does NOT satisfy the mandate to have health insurance coverage. Failure to have other health insurance coverage may be subject to a tax penalty. Please consult a tax advisor. The policy has exclusions, limitations, reductions of benefits, and terms under which the policy may be continued in force or discontinued. For costs and complete details of the coverage, call or write your insurance agent or the company. This product is not available in all states. UnitedHealthcare Insurance Company is located in Hartford, CT.

This benefit summary is an overview of your Insurance. Once a group policy is issued to your employer, a Certificate of Coverage will be available to explain your benefits in detail. In the event of a conflict between this benefit summary and your Certificate of Coverage, the Certificate of Coverage will control.

Legal Plan

Protect Your Legal Rights with LegalShield

Legal matters are common and hiring an attorney can be expensive. LegalShield makes it affordable.

LegalShield is a licensed legal expense organization. Full service and representation on all types of legal services, including but not limited to the below:

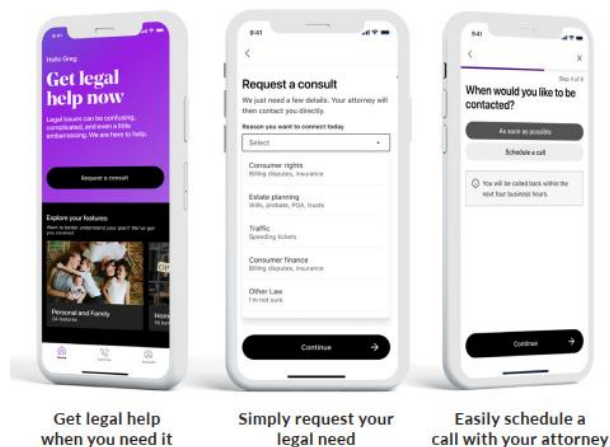
- Divorce
- Traffic tickets
- Buying or selling a home
- Foreclosures
- Will preparation
- Bankruptcy
- Garnishments criminal defense
- Lawsuits
- Child support, custody and visitation
- And much more!

Your monthly cost for coverage is \$15.75

LegalShield's mobile app puts a law firm in the palm of your hand

With LegalShield's Mobile App You Can:

- Directly access a dedicated provider law firm
- Upload speeding tickets and other legal documents for review
- Access 24/7 emergency help
- And more!

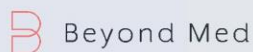


"This is a **great service** and the **app is AMAZING**. To have access to attorneys at your fingertips is such a comfort. The app is really easy to navigate and makes it easy to protect your rights whenever you need to."

*Testimonials are from LegalShield Members who may also be LegalShield Independent Associates. An associate is an independent contractor. The outcome and experience of any individual member will vary based on the facts and applicable law.



Beyond Med



Where health meets wellness

A membership program to enhance your most important investment: yourself.



WHY BEYOND MED?

Elevate your health and well-being by getting access to a proprietary network of board-certified doctors and licensed providers at reduced rates on elective and cosmetic services.

3,000 +
Providers

15
Specialties

2,500+
Offices

400+
Treatments

MEMBER PERKS



Curated Network

Access to thousands of elective and cosmetic providers at reduced rates



Concierge Service

A concierge team to guide you and an easy-to-use mobile application



Unlimited Savings

No waiting periods and no limits to benefit usage (use it as much as you want!)

SAVE ON SERVICES LIKE:



Acupuncture



Mental Wellness



Anti-Aging



Med Spa



Bariatric



Physical Therapy



Chiropractic



Plastic Surgery



Dermatology



Surgical Vision



Fertility



Vein Therapy



Hair Restoration



Veterinary



Hearing



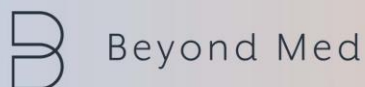
Weight Loss

INDUSTRY'S LEADING PROVIDERS



FOR MORE INFO, CONTACT US AT INFO@BEYONDMEDPLANS.COM or VISIT WWW.BEYONDMEDPLANS.COM

Beyond Med Plans Inc. ("BMP") is not insurance. BMP provides discounts at certain health care providers for medical services. BMP does not make payments directly to the providers of medical services. BMP members are obligated to pay for all health care services but will receive a discount from those health care providers who have contracted with BMP. Beyond Med Plans Inc. is a licensed Discount Plan Organization which is administered from 3050 Biscayne Blvd, Suite 904, Miami, FL 33137.



We can't change
your genes, but
we **CAN** change
your *jeans*



Ready to take the next step in your weight loss journey? If diet and exercise haven't delivered the results you hoped for, treatments like *Semaglutide* (active ingredient in Ozempic® and Wegovy®) or *Tirzepitide* (active ingredient in Mounjaro® and Zepbound®) can be game-changers for managing weight and blood sugar levels.

However, these innovative treatments often come with a high out-of-pocket cost, exceeding \$1,000 a month. With Beyond Med, you can save 65-80% on your treatment, making it easier to access the care you need without the hefty price tag.

What to look forward to:



Consultation

Schedule an appointment with a participating provider and have your consultation at a Beyond Med network location or via telemedicine.



Telehealth

Utilize one of Beyond Med's affiliate telehealth platforms to engage in remote consultations and Rx delivery.



Lab Test

If you are eligible for the treatment, your healthcare provider may request a metabolic lab test.



Prescription

Your provider will determine the appropriate medication treatment. Our in-network providers can also help you manage your weight loss journey with nutrition and exercise, along with the medication.

(V) I V i M

NEW YORK
BARIATRIC GROUP

CMWL
the center for medical weight loss

RM RED MOUNTAIN
WEIGHT LOSS

NH NEXT | HEALTH

Disclaimer: Semaglutide and Tirzepitide are prescription medications, and their use should be directed by a qualified healthcare provider. Individual results may vary, and potential side effects should be discussed with a healthcare professional. Out-of-pocket prices may vary depending on the provider. Please consult with your healthcare provider for specific details regarding costs and potential financial assistance options.

FOR MORE INFO, CONTACT US AT INFO@BEYONDMEDPLANS.COM or VISIT WWW.BEYONDMEDPLANS.COM

Beyond Med Plans Inc. ("BMP") is not insurance. BMP provides discounts at certain health care providers for medical services. BMP does not make payments directly to the providers of medical services. BMP members are obligated to pay for all health care services but will receive a discount from those health care providers who have contracted with BMP. Beyond Med Plans Inc. is a licensed Discount Plan Organization which is administered from 3050 Biscayne Blvd. Suite 904, Miami, FL 33137.

Annual Notices



**Medicare Part D Creditable Coverage Notice
Important Notice from EVERGLADES COLLEGE, INC.
About Your Prescription Drug Coverage and Medicare**

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

There are two important things you need to know about your current coverage and Medicare's prescription drug coverage:

1. Medicare prescription drug coverage became available in 2006 to everyone with Medicare. You can get this coverage if you join a Medicare Prescription Drug Plan or join a Medicare Advantage Plan (like an HMO or PPO) that offers prescription drug coverage. All Medicare drug plans provide at least a standard level of coverage set by Medicare. Some plans may also offer more coverage for a higher monthly premium.
2. EVERGLADES COLLEGE, INC. has determined that the prescription drug coverage offered by the plan is, on average for all plan participants, expected to pay out as much as standard Medicare prescription drug coverage pays and is therefore considered Creditable Coverage. Because your existing coverage is Creditable Coverage, you can keep this coverage and not pay a higher premium (a penalty) if you later decide to join a Medicare drug plan.

Annual Notices

When Can You Join A Medicare Drug Plan?

You can join a Medicare drug plan when you first become eligible for Medicare and each year from October 15th to December 7th. However, if you lose your current creditable prescription drug coverage, through no fault of your own, you will also be eligible for a two (2) month Special Enrollment Period (SEP) to join a Medicare drug plan.

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

If you decide to join a Medicare drug plan while enrolled in EVERGLADES COLLEGE, INC. coverage as an active employee, please note that your EVERGLADES COLLEGE, INC. coverage will be the primary payer for your prescription drug benefits and Medicare will pay secondary. As a result, the value of your Medicare prescription drug benefits may be significantly reduced. Medicare will usually pay primary for your prescription drug benefits if you participate in EVERGLADES COLLEGE, INC. coverage as a former employee.

You may also choose to drop your EVERGLADES COLLEGE, INC. coverage. If you do decide to join a Medicare drug plan and drop your current EVERGLADES COLLEGE, INC. coverage, be aware that you and your dependents may not be able to get this coverage back.

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

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

If you go 63 continuous days or longer without creditable prescription drug coverage, your monthly premium may go up by at least 1% of the Medicare base beneficiary premium per month for every month that you did not have that coverage. For example, if you go nineteen months without creditable coverage, your premium may consistently be at least 19% higher than the Medicare base beneficiary premium. You may have to pay this higher premium (a penalty) as long as you have Medicare prescription drug coverage. In addition, you may have to wait until the following October to join.

For More Information About This Notice Or Your Current Prescription Drug Coverage...

Contact the person listed below for further information **NOTE:** You'll get this notice each year. You will also get it before the next period you can join a Medicare drug plan, and if this coverage through EVERGLADES COLLEGE, INC. changes. You also may request a copy of this notice at any time.

For More Information About Your Options Under Medicare Prescription Drug Coverage...

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

Annual Notices

For more information about Medicare prescription drug coverage:

- Visit www.medicare.gov
- Call your State Health Insurance Assistance Program (see the inside back cover of your copy of the “Medicare & You” handbook for their telephone number) for personalized help
- Call 1-800-MEDICARE (1-800-633-4227). TTY users should call 1-877-486-2048.

If you have limited income and resources, extra help paying for Medicare prescription drug coverage is available. For information about this extra help, visit Social Security on the web at www.socialsecurity.gov, or call them at 1-800-772-1213 (TTY 1-800-325-0778).

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

Date:	June 4, 2025
Name of Entity/Sender:	EVERGLADES COLLEGE, INC.
Contact--Position/Office:	Human Resources - Benefits Department
Address:	1900 W. Commercial Blvd., Suite 180, Fort Lauderdale, FL – 33309
Phone Number:	954-776-4476

Annual Notices

HIPAA Special Enrollment Rights Notice

If you are declining enrollment in EVERGLADES COLLEGE, INC.'s group health coverage for yourself or your dependents (including your spouse) because of other health insurance or group health plan coverage, you may be able to enroll yourself and your dependents in this plan if you or your dependents lose eligibility for that other coverage (or if the employer stops contributing toward your or your dependents' other coverage). However, you must request enrollment within 30 days or any longer period that applies under the plan 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 or any longer period that applies under the plan after the marriage, birth, adoption, or placement for adoption.

Finally, you and/or your dependents may have special enrollment rights if coverage is lost under Medicaid or a State health insurance ("CHIP") program, or when you and/or your dependents gain eligibility for state premium assistance. You have 60 days from the occurrence of one of these events to notify the company and enroll in the plan. To request special enrollment or obtain more information, contact:

Human Resources - Benefits Department
954-776-4476

Benefits@keiseruniversity.edu

Women's Health Cancer Rights Act (WHCRA) Notice

Do you know that your Plan, as required by the Women's Health and Cancer Rights Act of 1998 (WHCRA), provides benefits for mastectomy-related services including all stages of reconstruction and surgery to achieve symmetry between the breasts, prostheses, and complications resulting from a 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 plan administrator.

Newborns' and Mothers' Health Protection Act (NMHPA) Notice

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 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).

Annual Notices



New Health Insurance Marketplace Options and Your Health Coverage

Form Approved
OMB No. 1210-0149
(expires 12-31-2026)

Part A: General Information

Even if you are offered health coverage through your employment, you may have other coverage options through the Health Insurance Marketplace ("Marketplace"). To assist you as you evaluate options for you and your family, this notice provides some basic information about the Health Insurance Marketplace and health coverage offered through your employment.

What is the Health Insurance Marketplace?

The Marketplace is designed to help you find health insurance that meets your needs and fits your budget. The Marketplace offers "one-stop shopping" to find and compare private health insurance options in your geographic area.

Can I Save Money on my Health Insurance Premiums in the Marketplace?

You may qualify to save money and lower your monthly premium and other out-of-pocket costs, but only if your employer does not offer coverage, or offers coverage that is not considered affordable for you and doesn't meet certain minimum value standards (discussed below). The savings that you're eligible for depends on your household income. You may also be eligible for a tax credit that lowers your costs.

Does Employer Health Coverage Affect Eligibility for Premium Savings through the Marketplace?

Yes. If you have an offer of health coverage from your employer that is considered affordable for you and meets certain minimum value standards, you will not be eligible for a tax credit, or advance payment of the tax credit, for your Marketplace coverage and may wish to enroll in your employment-based health plan. However, you may be eligible for a tax credit, and advance payments of the credit that lowers your monthly premium, or a reduction in certain cost-sharing, if your employer does not offer coverage to you at all or does not offer coverage that is considered affordable for you or meet minimum value standards. If your share of the premium cost of all plans offered to you through your employment is more than 9.12%¹ of your annual household income, or if the coverage through your employment does not meet the "minimum value" standard set by the Affordable Care Act, you may be eligible for a tax credit, and advance payment of the credit, if you do not enroll in the employment-based health coverage. For family members of the employee, coverage is considered affordable if the employee's cost of premiums for the lowest-cost plan that would cover all family members does not exceed 9.12% of the employee's household income.¹²

Note: If you purchase a health plan through the Marketplace instead of accepting health coverage offered through your employment, then you may lose access to whatever the employer contributes to the employment-based coverage. Also, this employer contribution -as well as your employee contribution to employment-based coverage- is generally excluded from income for federal and state income tax purposes. Your payments for coverage through the Marketplace are made on an after-tax basis. In addition, note that if the health coverage offered through your employment does not meet the affordability or minimum value standards, but you accept that coverage anyway, you will not be eligible for a tax credit. You should consider all of these factors in determining whether to purchase a health plan through the Marketplace.

¹ Indexed annually; see <https://www.irs.gov/pub/irs-drop/rp-22-34.pdf> for 2023.

² An employer-sponsored or other employment-based health plan meets the "minimum value standard" if the plan's share of the total allowed benefit costs covered by the plan is no less than 60 percent of such costs. For purposes of eligibility for the premium tax credit, to meet the "minimum value standard," the health plan must also provide substantial coverage of both inpatient hospital services and physician services.

Annual Notices

When Can I Enroll in Health Insurance Coverage through the Marketplace?

You can enroll in a Marketplace health insurance plan during the annual Marketplace Open Enrollment Period. Open Enrollment varies by state but generally starts November 1 and continues through at least December 15. Outside the annual Open Enrollment Period, you can sign up for health insurance if you qualify for a Special Enrollment Period. In general, you qualify for a Special Enrollment Period if you've had certain qualifying life events, such as getting married, having a baby, adopting a child, or losing eligibility for other health coverage. Depending on your Special Enrollment Period type, you may have 60 days before or 60 days following the qualifying life event to enroll in a Marketplace plan.

There is also a Marketplace Special Enrollment Period for individuals and their families who lose eligibility for Medicaid or Children's Health Insurance Program (CHIP) coverage on or after March 31, 2023, through July 31, 2024. Since the onset of the nationwide COVID-19 public health emergency, state Medicaid and CHIP agencies generally have not terminated the enrollment of any Medicaid or CHIP beneficiary who was enrolled on or after March 18, 2020, through March 31, 2023. As state Medicaid and CHIP agencies resume regular eligibility and enrollment practices, many individuals may no longer be eligible for Medicaid or CHIP coverage starting as early as March 31, 2023. The U.S. Department of Health and Human Services **is offering a temporary Marketplace Special Enrollment period to allow these individuals to enroll in Marketplace coverage.**

Marketplace-eligible individuals who live in states served by HealthCare.gov and either- submit a new application or update an existing application on HealthCare.gov between March 31, 2023 and July 31, 2024, and attest to a termination date of Medicaid or CHIP coverage within the same time period, are eligible for a 60-day Special Enrollment Period. **That means that if you lose Medicaid or CHIP coverage between March 31, 2023, and July 31, 2024, you may be able to enroll in Marketplace coverage within 60 days of when you lost Medicaid or CHIP coverage.** In addition, if you or your family members are enrolled in Medicaid or CHIP coverage, it is important to make sure that your contact information is up to date to make sure you get any information about changes to your eligibility. To learn more, visit HealthCare.gov or call the Marketplace Call Center at 1-800-318-2596. TTY users can call 1-855-889-4325.

What about Alternatives to Marketplace Health Insurance Coverage?

If you or your family are eligible for coverage in an employment-based health plan (such as an employer-sponsored health plan), you or your family may also be eligible for a Special Enrollment Period to enroll in that health plan in certain circumstances, including if you or your dependents were enrolled in Medicaid or CHIP coverage and lost that coverage. Generally, you have 60 days after the loss of Medicaid or CHIP coverage to enroll in an employment-based health plan, but if you and your family lost eligibility for Medicaid or CHIP coverage between March 31, 2023 and July 10, 2023, you can request this special enrollment in the employment-based health plan through September 8, 2023. Confirm the deadline with your employer or your employment-based health plan.

Alternatively, you can enroll in Medicaid or CHIP coverage at any time by filling out an application through the Marketplace or applying directly through your state Medicaid agency. Visit <https://www.healthcare.gov/medicaid-chip/gettingmedicaid-chip/> for more details.

How Can I Get More Information?

For more information about your coverage offered through your employment, please check your health plan's summary plan description. The Marketplace can help you evaluate your coverage options, including your eligibility for coverage through the Marketplace and its cost. Please visit HealthCare.gov for more information, including an online application for health insurance coverage and contact information for a Health Insurance Marketplace in your area.

Annual Notices

PART B: Information About Health Coverage Offered by Your Employer

This section contains information about any health coverage offered by your employer. If you decide to complete an application for coverage in the Marketplace, you will be asked to provide this information. This information is numbered to correspond to the Marketplace application.

3. Employer Name	4. Employer Identification Number (EIN)	
Everglades College Inc. dba Keiser University & Everglades University	65-0216638	
5. Employer address	6. Employer phone number	
1900 W. Commercial Blvd., Suite 180	954-776-4476	
7. City	8. State	9. Zip code
Fort Lauderdale	FL	33309
10. Who can we contact about employee health coverage at this job?		
Human Resources - Benefits Department		
11. Phone number (if different from above)	12. Email address	
	Benefits@keiseruniversity.edu	

Here is some basic information about health coverage offered by this employer:

- As your employer, we offer a health plan to:
 - ☐ All employees.
 - ☒ Some employees. Eligible employees are:
 - Employees working 30 or more hours per week
 - With respect to dependents:
 - ☒ We do offer coverage. Eligible dependents are:
 - Spouse or domestic partner and children up to age 26 or 30, if they qualify
 - ☐ We do not offer coverage.
- ☒ If checked, this coverage meets the minimum value standard, and the cost of this coverage to you is intended to be affordable, based on employee wages.

** Even if your employer intends your coverage to be affordable, you may still be eligible for a premium discount through the Marketplace. The Marketplace will use your household income, along with other factors, to determine whether you may be eligible for a premium discount. If, for example, your wages vary from week to week (perhaps you are an hourly employee or you work on a commission basis), if you are newly employed mid-year, or if you have other income losses, you may still qualify for a premium discount. If you decide to shop for coverage in the Marketplace, [HealthCare.gov](https://www.healthcare.gov) will guide you through the process.

Here's the employer information you'll enter when you visit [HealthCare.gov](https://www.healthcare.gov) to find out if you can get a tax credit to lower your monthly premiums.

Annual Notices

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

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

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

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

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

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

Annual Notices

Alabama – Medicaid	Alaska – Medicaid
<p>Website: http://myalhipp.com/ Phone: 1-855-692-5447</p>	<p>The AK Health Insurance Premium Payment Program Website: http://myakhipp.com/ Phone: 1-866-251-4861 Email: CustomerService@MyAKHIPP.com Medicaid Eligibility: https://health.alaska.gov/dpa/Pages/default.aspx</p>
Arkansas – Medicaid	California – Medicaid
<p>Website: http://myarhipp.com/ Phone: 1-855-MyARHIPP (855-692-7447)</p>	<p>Website: Health Insurance Premium Payment (HIPP) Program http://dhcs.ca.gov/hipp Phone: 916-445-8322 Fax: 916-440-5676 Email: hipp@dhcs.ca.gov</p>
Colorado – Health First Colorado (Colorado's Medicaid Program) & Child Health Plan Plus (Chp+)	Florida – Medicaid
<p>Health First Colorado Website: https://www.healthfirstcolorado.com/ Health First Colorado Member Contact Center: 1-800-221-3943/ State Relay 711 CHP+: https://hcpf.colorado.gov/child-health-plan-plus CHP+ Customer Service: 1-800-359-1991/ State Relay 711 Health Insurance Buy-In Program (HIBI): https://www.mycohibi.com/ HIBI Customer Service: 1-855-692-6442</p>	<p>Website: https://www.flmedicaidtplecovery.com/flmedicaidtplecovery.com/hipp/index.html Phone: 1-877-357-3268</p>
Georgia – Medicaid	Indiana – Medicaid
<p>GA HIPP Website: https://medicaid.georgia.gov/health-insurance-premium-payment-program-hipp Phone: 678-564-1162, Press 1 GA CHIPRA Website: https://medicaid.georgia.gov/programs/third-party-liability/childrens-health-insurance-program-reauthorization-act-2009-chipra Phone: (678) 564-1162, Press 2</p>	<p>Healthy Indiana Plan for low-income adults 19-64 Website: http://www.in.gov/fssa/hip/ Phone: 1-877-438-4479 All other Medicaid Website: https://www.in.gov/medicaid/ Phone 1-800-457-4584</p>
Iowa – Medicaid And Chip (Hawki)	Kansas – Medicaid
<p>Medicaid Website: https://dhs.iowa.gov/ime/members Medicaid Phone: 1-800-338-8366 Hawki Website: http://dhs.iowa.gov/Hawki Hawki Phone: 1-800-257-8563 HIPP Website: https://dhs.iowa.gov/ime/members/medicaid-a-to-z/hipp HIPP Phone: 1-888-346-9562</p>	<p>Website: https://www.kancare.ks.gov/ Phone: 1-800-792-4884 HIPP Phone: 1-800-766-9012</p>

Annual Notices

Kentucky – Medicaid	Louisiana – Medicaid
<p>Kentucky Integrated Health Insurance Premium Payment Program (KI-HIPP) Website: https://chfs.ky.gov/agencies/dms/member/Pages/kihipp.aspx Phone: 1-855-459-6328 Email: KIHIPP.PROGRAM@ky.gov KCHIP Website: https://kidshealth.ky.gov/Pages/index.aspx Phone: 1-877-524-4718 Kentucky Medicaid Website: https://chfs.ky.gov</p>	<p>Website: www.medicaid.la.gov or www.ldh.la.gov/la hipp Phone: 1-888-342-6207 (Medicaid hotline) or 1-855-618-5488 (LaHIPP)</p>
Maine – Medicaid	Massachusetts – Medicaid And Chip
<p>Enrollment Website: https://www.mymaineconnection.gov/benefits/s/?language=en_US Phone: 1-800-442-6003 TTY: Maine relay 711 Private Health Insurance Premium Webpage: https://www.maine.gov/dhhs/ofi/applications-forms Phone: 1-800-977-6740 TTY: Maine relay 711</p>	<p>Website: https://www.mass.gov/masshealth/pa Phone: 1-800-862-4840 TTY: (617) 886-8102 Email: masspremassistance@accenture.com</p>
Minnesota – Medicaid	Missouri – Medicaid
<p>Website: https://mn.gov/dhs/people-we-serve/children-and-families/health-care/health-care-programs/programs-and-services/other-insurance.jsp Phone: 1-800-657-3739</p>	<p>Website: http://www.dss.mo.gov/mhd/participants/pages/hipp.htm Phone: 573-751-2005</p>
Montana – Medicaid	Nebraska – Medicaid
<p>Website: http://dphhs.mt.gov/MontanaHealthcarePrograms/HIPP Phone: 1-800-694-3084 Email: HSHIPPProgram@mt.gov</p>	<p>Website: http://www.ACCESSNebraska.ne.gov Phone: 1-855-632-7633 Lincoln: 402-473-7000 Omaha: 402-595-1178</p>
Nevada – Medicaid	New Hampshire – Medicaid
<p>Medicaid Website: http://dhcfp.nv.gov Medicaid Phone: 1-800-992-0900</p>	<p>Website: https://www.dhhs.nh.gov/programs-services/medicaid/health-insurance-premium-program Phone: 603-271-5218 Toll free number for the HIPP program: 1-800-852-3345, ext. 5218</p>
New Jersey – Medicaid and Chip	New York – Medicaid
<p>Medicaid Website: http://www.state.nj.us/humanservices/dmahs/clients/medicaid/ Medicaid Phone: 609-631-2392 CHIP Website: http://www.njfamilycare.org/index.html CHIP Phone: 1-800-701-0710</p>	<p>Website: https://www.health.ny.gov/health_care/medicaid/ Phone: 1-800-541-2831</p>

Annual Notices

North Carolina – Medicaid	North Dakota – Medicaid
Website: https://medicaid.ncdhhs.gov/ Phone: 919-855-4100	Website: http://www.nd.gov/dhs/services/medicalserv/medicaid/ Phone: 1-844-854-4825
Oklahoma – Medicaid and Chip	Oregon – Medicaid
Website: http://www.insureoklahoma.org Phone: 1-888-365-3742	Website: http://healthcare.oregon.gov/Pages/index.aspx http://www.oregonhealthcare.gov/index-es.html Phone: 1-800-699-9075
Pennsylvania – Medicaid and Chip	Rhode Island – Medicaid and Chip
Website: https://www.dhs.pa.gov/Services/Assistance/Pages/HIPP-Program.aspx Phone: 1-800-692-7462 CHIP Website: Children's Health Insurance Program (CHIP) (pa.gov) CHIP Phone: 1-800-986-KIDS (5437)	Website: http://www.eohhs.ri.gov/ Phone: 1-855-697-4347, or 401-462-0311 (Direct Rlte Share Line)
South Carolina – Medicaid	South Dakota - Medicaid
Website: https://www.scdhhs.gov Phone: 1-888-549-0820	Website: http://dss.sd.gov Phone: 1-888-828-0059
Texas – Medicaid	Utah – Medicaid and Chip
Website: http://gethipptexas.com/ Phone: 1-800-440-0493	Medicaid Website: https://medicaid.utah.gov/ CHIP Website: http://health.utah.gov/chip Phone: 1-877-543-7669
Vermont– Medicaid	Virginia – Medicaid And Chip
Website: Health Insurance Premium Payment (HIPP) Program Department of Vermont Health Access Phone: 1-800-250-8427	Website: https://www.coverva.org/en/famis-select https://www.coverva.org/en/hipp Medicaid/CHIP Phone: 1-800-432-5924
Washington – Medicaid	West Virginia – Medicaid And Chip
Website: https://www.hca.wa.gov/ Phone: 1-800-562-3022	Website: https://dhhr.wv.gov/bms/ http://mywvhipp.com/ Medicaid Phone: 304-558-1700 CHIP Toll-free phone: 1-855-MyWVHIPP (1-855-699-8447)
WISCONSIN – Medicaid and CHIP	WYOMING – Medicaid
Website: https://www.dhs.wisconsin.gov/badgercareplus/p-10095.htm Phone: 1-800-362-3002	Website: https://health.wyo.gov/healthcarefin/medicaid/programs-and-eligibility/ Phone: 1-800-251-1269

Annual Notices

To see if any other states have added a premium assistance program since January 31, 2024, or for more information on special enrollment rights, contact either:

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

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

Model General Notice of COBRA Continuation Coverage Rights ** Continuation Coverage Rights Under COBRA **

Introduction

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.

Annual Notices

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 or longer period permitted under the terms of the Plan, after the qualifying event occurs. You must provide this notice to the Plan Administrator.

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.

Annual Notices

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

Disability extension of 18-month period of COBRA continuation coverage

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

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

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

Are there other coverage options besides COBRA Continuation Coverage?

Yes. Instead of enrolling in COBRA continuation coverage, there may be other coverage options for you and your family through the Health Insurance Marketplace, Medicare, 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 www.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 period¹ 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, 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.

¹ <https://www.medicare.gov/basics/get-started-with-medicare/sign-up/when-does-medicare-coverage-start>. These rules are different for people with End Stage Renal Disease (ESRD).

Annual Notices

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 <https://www.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 www.dol.gov/agencies/ebsa. (Addresses and phone numbers of Regional and District EBSA Offices are available through EBSA's website.) For more information about the Marketplace, visit www.HealthCare.gov.

Keep your Plan informed of address changes

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

Plan contact information

Name of Entity/Sender: Everglades College Inc. dba Keiser University & Everglades University
Contact--Position/Office: Human Resources - Benefits Department
Address: 1900 W. Commercial Blvd., Suite 180, Fort Lauderdale, FL – 33309
Phone Number: 954-776-4476

EEOC Wellness Program Notice **Notice Regarding Wellness Program**

Everglades College Inc. dba Keiser University & Everglades University's wellness program is a voluntary wellness program available to all employees. The program is administered according to federal rules permitting employer-sponsored wellness programs that seek to improve employee health or prevent disease, including the Americans with Disabilities Act of 1990, the Genetic Information Nondiscrimination Act of 2008, and the Health Insurance Portability and Accountability Act, as applicable, among others. If you choose to participate in the wellness program you will be asked to complete a voluntary health risk assessment or "HRA" that asks a series of questions about your health-related activities and behaviors and whether you have or had certain medical conditions (e.g., cancer, diabetes, or heart disease). You will also be asked to complete a biometric screening, which will include a blood test. You are not required to complete the HRA or to participate in the blood test or other medical examinations. However, employees who choose to participate in the wellness program will receive an incentive. Although you are not required to complete the HRA or participate in the biometric screening, only employees who do so will receive the incentive.

Additional incentives may be available for employees who participate in certain health-related activities or achieve certain health outcomes. 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 the Plan Administrator.

Annual Notices

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

Protections from Disclosure of Medical Information

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

Your health information will not be sold, exchanged, transferred, or otherwise disclosed except to the extent permitted by law to carry out specific activities related to the wellness program, and you will not be asked or required to waive the confidentiality of your health information as a condition of participating in the wellness program or receiving an incentive. Anyone who receives your information for purposes of providing you services as part of the wellness program will abide by the same confidentiality requirements. The only individual(s) who will receive your personally identifiable health information is (are) "a registered nurse," "a doctor," or "a health coach" in order to provide you with services under the wellness program.

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

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

If you have questions or concerns regarding this notice, or about protections against discrimination and retaliation, please contact the Plan Administrator.

