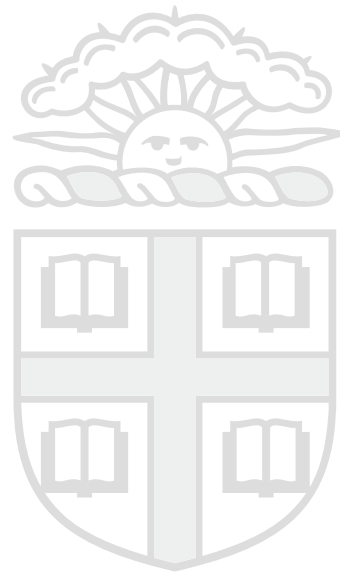


2019 Benefits Enrollment Decision Guide

**BROWN UNIVERSITY BENEFIT OPTIONS
FOR CALENDAR YEAR 2019**



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This Decision Guide is a summary for informational purposes only and does not constitute a legal contract. In cases where discrepancies occur, the Plan Document or other relevant plan materials will be the ruling and binding instrument. Brown University reserves the right to amend or terminate any of the plans described in this booklet at any time and for any reason. Further, there may be certain coverage limitations or features based on carrier contract and/or Brown policy. Brown University is not bound to provide coverage in excess of what is considered by the plan administrator to be reasonable and/or prudent for the plan.....

Overview

WHAT YOU NEED TO KNOW FOR OPEN ENROLLMENT

Open Enrollment begins Monday, November 5 and lasts through Monday, November 26, 2018.

You enroll with Workday, available 24/7* on the internet.

When you log in to Workday beginning November 5, you will see a task in your Inbox named “Change Benefits-Open Enrollment”. A series of screens takes you through the benefit plans for which you are eligible. There are links to this guide and other resources throughout. At the end you will sign electronically and submit your election. You can log back in to Workday and change your election anytime until the end of the Open Enrollment period.

**There is a brief maintenance period every Friday night.*

There are resources in addition to this Decision Guide.

You are encouraged to review your benefits at least once a year, and Open Enrollment provides a great opportunity to do so. The Workday screens and this Decision Guide are only two of several resources to inform and educate you about your benefits.

Check out Brown’s Benefits website, brown.edu/benefits, which is updated frequently. The website is also where you will find more information about the health insurance plans, in the [Summary of Benefits and Coverage](#) for each plan. The website also contains 403(b) Retirement Plan information. Open Enrollment is an excellent time to review your retirement savings and make a change effective January 1, 2019.

If you want in-person help navigating through the Workday choices, drop into an [Open Lab in the CIT](#) on November 7, 21 or 26. Benefits staff will also be at the Brown Business Center and at South Street Landing every day from 9 a.m. to 4 p.m. throughout Open Enrollment.

The [Benefits/Wellness Fair](#) on November 14 from 8 a.m. to 2 p.m. at Sayles Hall is a great place to meet and ask questions of Brown’s benefit vendors. No registration is required.

WHAT'S NEW IN 2019

Most Plans Have No or Low Changes in Cost

There will be no increases to Dental and Vision premiums in 2019. Employee contributions to the Health insurance plans will range from no increase to a maximum of \$28 more per month for full-time employees.

Dental Plans Will Cover Up to Three Cleanings Per Year

Patients whose dentists recommend cleaning more frequently than every six months will now have an additional cleaning covered under both plans, for a total of three covered procedures each calendar year. There is no cost to the patient for this in-network service and no deductible applies.

Health Savings Account (HSA) Contribution Maximums

For those who participate in the Consumer-Directed Health Plan, the limit on a challenge individual HSA contribution goes up to \$3,500, and for family coverage it is \$7,000. The limit includes both employee and employer contributions.

A New Wellness Portal

Wellness at Brown is partnering with Virgin Pulse to roll out a new and improved wellness portal in January 2019. This dedicated wellness portal will maintain the features that faculty and staff like most while improving user experience with easier navigation, a free native app for both Apple and Android, user-friendly trackers, and robust workplace challenges. In the new portal, participants will still be able to complete a Personal Health Assessment, sync a fitness device and manage/submit Wellness Rewards. They'll also have access to enhanced features such as:

- Improved challenges functionality with the ability to face-off with other teams, departments or individuals
- On-demand Whil yoga sessions and meditation sessions
- Customized meal planning and prep with Zipongo
- New Journeys, content and personalization options

A NOTE TO NEW HIRES

If you are a new hire at Brown, you have 31 calendar days from your hire date to complete your benefits enrollment in Workday. If you are newly eligible for certain benefits such as Health and Dental insurance because of a job change, you have 31 calendar days from the effective date of the change to enroll.

AN OVERVIEW OF YOUR BROWN UNIVERSITY BENEFITS OPTIONS FOR 2019

Brown takes pride in offering you an array of benefits from which you can select the plans that best meet your needs. This section offers a brief overview of your benefit choices for 2019, who is eligible, and the conditions under which you may change benefits during the year.

Health Coverage Choices

- Blue Cross & Blue Shield of Rhode Island PPO HealthMate Coast-To-Coast
- UnitedHealthcare CDHP Choice Plus Consumer-Directed Health Plan
- UnitedHealthcare PPO Choice Plus

Dental Coverage Choices

- Delta Dental of Rhode Island PPO Comprehensive
- Delta Dental of Rhode Island PPO Plus

Vision Coverage

- VSP Eye Vision Plan

Voluntary Life Insurance*

You may choose Employee Voluntary Life Insurance equal to:

- 1 to 6 times annual base salary

** Note: Up to \$50,000 of Basic Life Insurance is provided by the University for eligible employees*

If you elect and are approved for at least \$10,000 of Voluntary Life Insurance for yourself, you may choose **Dependent Voluntary Life Insurance** for your spouse equal to:

- \$10,000 to \$50,000 in \$10,000 increments.

You may choose to elect a **Dependent Voluntary Life Insurance** amount of \$4,000 each for any or all of your dependent children. See Section 5 for more information.

Flexible Spending Accounts

- A contribution of \$240 up to \$2,650 for the calendar year (January 1 – December 31) to a Health Flexible Spending Account
- A contribution of \$240 up to \$5,000 for the calendar year to a Dependent Care Flexible Spending Account

Commuter Choice Assistance

- A parking account of up to \$255 per month
- A transit account of up to \$193 per month

Other Benefits

You may choose to contact the University's benefit vendors for information about:

- Health Promotion Programs & Wellness Coaching
- Mortgage Assistance
- Automobile and Homeowners insurance
- Backup Care
- Long Term Care insurance
- Supplemental Disability insurance

Long Term Disability Insurance

Newly hired employees only should refer to Section 8 of this Guide for information about Long Term Disability insurance, including the possibility of waiving the initial one-year waiting period.

Who Can Participate?

You may be eligible to participate in some or all of the plans described in this booklet if you are a member of the regular faculty or staff or a collective bargaining unit.

Other faculty and academic appointments (for example, postdoctoral research associates, research assistants, senior research associates, two-year Wriston and Mellon fellows, visiting and adjunct faculty, postdoctoral fellows and teaching associates) may also be eligible for some or all of the benefits described.

Your regular work schedule and other factors determine the benefits for which you are eligible and whether the University contributes toward your coverage, as shown on page 6.

Who Can Participate?

Plan*	Your Regular Work Schedule	Can You Participate?	Who Pays?
C O R E B E N E F I T P R O G R A M S			
Health Insurance	50% time or more	YES	Brown and you share the cost of coverage
	Less than 50% time	YES	You pay the full cost of coverage at Brown's group rates
Dental Insurance	50% time or more	YES	Brown and you share the cost of coverage
	Less than 50% time	YES	You pay the full cost of coverage at Brown's group rates
Vision Insurance	50% time or more	YES	You pay the full cost of coverage at Brown's group rates
	Less than 50% time	YES	You pay the full cost of coverage at Brown's group rates
Voluntary Life Insurance	1,300 hours a year or more	YES	You pay the full cost of coverage at Brown's group rates
	Less than 1,300 hours a year	NO	Not applicable
Flexible Spending Accounts	37% time or more	YES	You pay the full cost through pre-tax contributions
	Less than 37%	NO	Not applicable
Commuter Choice Assistance Program	37% time or more	YES	You pay the full cost through pre-tax contributions
	Less than 37%	NO	Not applicable
Long Term Disability Insurance	1300 hours a year or more	YES	Brown pays the full cost of coverage
	Less than 1300 hours a year	NO	Not applicable
Health Promotion	All employees on regular payroll	YES	There is no cost to participate
Mortgage Assistance	All employees on regular payroll	YES	You pay the full cost less any group discount
Automobile & Homeowners Insurance	All employees on regular payroll	YES	You pay the full cost less any group discount
Backup Care	All employees on regular payroll	YES	You pay a copayment based on the care received
Faculty and Staff Assistance Program	All employees on regular payroll	YES	Brown pays the full cost of coverage
Long Term Care Insurance	at least 18.75 hours per week (based on a 52-week year) for active employees	YES	You pay the full cost of coverage
Supplemental Disability Insurance	Enrolled in Brown's LTD Plan	YES	You pay the full cost of coverage at Brown's group rates

* There are certain faculty groups and bargaining units to whom this chart may not apply. Eligibility for dependents and/or certain family members varies by plan. When you log into Workday to enroll, you will see displayed the plans and costs for your eligibility group.

Note:

Brown University requires documentation of the dependent's relationship to the employee. The University will remove from coverage and may recover claims and premium costs associated with any individual who is found to be ineligible under the terms of the plan(s).

Who Else Can Be Covered?

If you are eligible for Brown University benefits, you may elect health insurance, dental insurance, vision insurance and voluntary life insurance for eligible individuals.

- Spouse:
Your current legal spouse as recognized by federal law and the state in which you reside.
- Your son or daughter who is not yet age 26. The term “child” includes your biological child, adopted child or stepchild. It also includes a child for whom you are a legal guardian under the laws of the state in which the child resides. Your child need not live with you or be a student or unmarried in order to be covered. Coverage ends at the end of the month in which the child attains age 26.
- Child under age 26 who is the subject of a Qualified Medical Child Support Order:
An unmarried child who is named as an alternate recipient with respect to the employee under a Qualified Medical Child Support Order (QMCSO).
- Disabled dependent:
An unmarried dependent of any age who falls under one of the previously listed categories, and due to a mental or physical disability is unable to earn a living. The dependent must have been covered under the plan prior to turning 26, and must be wholly dependent upon the employee for support and maintenance.

Cost and Payment Methods

In most cases, you and the University share the cost of health and dental coverage. Your portion of the cost is shown in Workday when you enroll. The frequency that contributions for coverage are withheld from your paycheck depends on how often you are paid.

	If You Are Paid	Deductions Are Made
	Monthly	Once a month
	Biweekly	Twice a month
	Weekly	Four times a month

Please note:

Deductions for Voluntary Life (for employees and dependents) insurance are always taken from your paycheck on a post-tax basis.

Depending upon certain eligibility criteria such as your employee group, compensated work schedule, visa status, etc., your contribution to the cost of your health and dental coverage will generally be deducted from your paycheck on a pre-tax basis.

This means that the amount you contribute toward health and dental coverage will be deducted from your pay before taxes are withheld. Pre-tax contributions lower the amount of pay on which you are taxed and therefore usually lower the taxes you pay.

WHEN COVERAGE BECOMES EFFECTIVE

If you enroll during the open enrollment period from November 5 through November 26, 2018, your elections become effective January 1, 2019.

For new employees, the date coverage becomes effective depends on the plan:

- **Health and Vision Insurance**

If you are hired on the first day of the month, coverage becomes effective on the first day of that month. (For example, if your hire date is Monday, April 1, 2019, you will have a coverage effective date of April 1, 2019.)

If you are hired *after the first day of the month*, coverage becomes effective on the first day of the month following your date of hire. (For example, a hire date of Monday, March 2, 2019, will have a coverage effective date of April 1, 2019.)

- **Dental Insurance**

Dental coverage is effective on the first of the month after you complete three full months of employment at Brown.

- **Basic Life and AD&D**

This coverage is effective on the first of the month following your hire date.

- **Voluntary Life Insurance**

Voluntary life insurance coverage is effective on the first of the month following your date of hire or, if subject to medical review, approval by the carrier.

- **Flexible Spending Accounts (FSAs)**

The effective date of your Flexible Spending Account is January 1 unless you are hired mid-calendar year. In this case, you must enroll within 31 calendar days from your date of hire in order to participate for an effective date of the first of the following month. Employees enrolling mid-year can elect up to the maximum annual contribution amount; pre-tax deductions will be pro-rated among the remaining months of the calendar year. PLEASE NOTE: If you participated in a Dependent Care spending account of another employer during the same tax year before coming to Brown, your maximum combined contribution at both employers must not exceed a total of \$5,000.

- **Commuter Choice Assistance Program**

You may enroll/disenroll/change at any time during the year. However, you may only contribute the maximum allowable monthly amount going forward. That is, you cannot make up missed contributions from a prior month(s).

- **Long Term Disability Insurance**

You are initially eligible for long term disability insurance after working for one uninterrupted year. Please refer to Section 8 of this Guide for additional information.

- **Long Term Care Insurance and Supplemental Disability Insurance**

Long term care insurance will become effective either the first of the month following the date on which you apply or, in cases of medical underwriting, the date on which your application for coverage is approved.

In general, you must be actively at work on the date your coverage becomes effective. If you are not actively at work, your coverage will be delayed until you are again actively at work.

Health and dental coverage for your dependents begins on the same day your coverage begins.

Changing Coverage During the Year

Qualifying Events/Special Enrollment Period(s)

The next opportunity you have to change carriers or your level of coverage is during the next year's open enrollment period. However, there are situations in which you can change your level of health, dental and/or vision coverage during the year. These are called *qualifying events*, which include:

- marriage or divorce of employee;
- birth, adoption or death, or acquiring new dependent;
- the beginning or ending of your spouse's employment;
- a change from full-time to part-time employment or vice versa for you or your spouse;
- losing other coverage because you or your dependent has exhausted COBRA coverage under another group plan, lost eligibility for the other plan, or if employer contributions under the other plan cease;
- when an employed family member changes a health and/or dental election in a plan sponsored by her/his employer —

For example: You and your spouse both have individual coverage through your respective employers. Your spouse's open enrollment period has a coverage effective date of July 1, and s/he elects a 2-person plan to cover you both. You can drop your Brown coverage, effective June 30th, to join your spouse's plan.
- when compliance with certain family relations orders or decrees (e.g., a Qualified Medical Child Support Order) is legally required;
- when there is a change in employment status for you, your spouse or your covered dependent, including a strike or lockout, or commencement or return from an unpaid Family/Medical Leave or RI Parental and Family Medical Leave of Absence (FML or RIPFML); or
- when you or any of your covered dependents become entitled to, or lose, Medicare or Medicaid coverage. If you lose Medicaid coverage, you have 60 days following the loss of Medicaid to elect Brown's coverage.

Whereas, in most cases, you may increase, decrease or cancel certain of your Brown benefits, **in all cases, the election change you make must be made on account of, and consistent with, the status change resulting from your qualifying event and with proper supporting documentation.**

Remember:

*You must elect to change benefits in Workday and with supporting documentation **within 31 calendar days** of the occurrence of a Qualifying Event to be eligible to make changes to your current benefits choices.*

Qualifying Events/Special Enrollment Period(s) *Continued*

Note: Loss of coverage under a plan purchased through a health insurance exchange is not a qualifying event.

For example, upon the birth of your first child during the year, you may change your health coverage from individual or dependent or family coverage. You cannot, however, change the health carrier with which you are enrolled. If you get married, you may add your spouse to your existing coverage. You may not, however, elect medical and/or dental coverage for yourself if you were not already enrolled (unless you can show a loss of other group coverage at the same time).

If you are canceling your dependent's health and/or dental coverage during Open Enrollment, you must notify the Benefits Office if you would like to request COBRA coverage on their behalf.

Brown University is not bound to provide coverage in excess of what is considered by the plan administrator to be reasonable and/or prudent for the plan.

The Health Insurance Portability and Accountability Act of 1996 (HIPAA) requires group health and/or dental plans to offer a special 31-day enrollment period for employees and dependents who previously declined coverage without having to wait for the plan's next open enrollment period, subject to certain conditions. You and your eligible dependents may enroll in Brown University's group health and/or dental plan if you lose other coverage because you exhaust COBRA coverage under another group plan, if you lose eligibility for the other plan, or if employer contributions for the other plan end. You must notify the Benefits Office in writing and with supporting documentation within 31 calendar days of your loss of other coverage in order to be eligible for the special enrollment period.

Please note that the HIPAA regulations allow you and your dependent to enroll, even if it is only your dependent who lost coverage.

WHEN BROWN EMPLOYMENT ENDS

If you terminate employment with the University or if you should become otherwise ineligible for health, dental or vision insurance coverage for reasons other than gross misconduct, you may elect to continue your (and your eligible dependents') insurance coverage temporarily under the provisions of the Consolidated Omnibus Budget Reconciliation Act of 1985 (COBRA).

As long as you continue to pay premiums, your Long Term Care coverage is guaranteed renewable. If you leave employment with Brown University, your group coverage will end on the last day of the month during which your employment terminates. However, as long as you continue to pay premiums to the insurance carrier, your insurance is fully portable.

Your group Long Term Disability coverage ends on the date you are no longer an active benefits-eligible employee at Brown University.

To Learn More...

Please see the Information Guide for Employees Leaving the Service of Brown University at the Benefits website: brown.edu/benefits.

Note:

If you leave Brown, you may convert your employee Basic and Voluntary, and/or your Voluntary Dependent Spouse, Group Term Life Insurance to individual policies. If your employee Voluntary Life Insurance has been in place for at least 12 months prior to your termination date, it is portable and may be extended at group rates. Please contact the Benefits Office for additional information about these life insurance options.

Health Coverage

YOUR HEALTH COVERAGE OPTIONS

Most employees at Brown have a choice of three plans:

- Blue Cross Blue Shield of Rhode Island – *Healthmate Coast-to-Coast*
- UnitedHealthcare of New England – *Choice Plus*
- UnitedHealthcare of New England – *Choice Plus Consumer-Directed Health Plan*

Prescription drug coverage under the plans is provided by OptumRx, a separate pharmacy benefit manager.

Each of Brown University's health plans has a network of participating health care providers including hospitals and laboratories. Each permits members to use nonparticipating providers as well. There are no exclusions for pre-existing conditions.

A Summary of Benefits and Coverage, as required under the Affordable Care Act, is available in the Health Insurance section of Brown's Benefits website. There is a separate summary for each plan that includes examples of the coverage provided and what the plan will pay.

The Summary of Benefits and Coverage is found at www.brown.edu/about/administration/human-resources/benefits/health-insurance. Alternatively, you may go to www.brown.edu/benefits and click the link to Health Insurance on the left side of the page. You may also request a copy by calling 401-863-2141 if you do not have internet access.

The rest of this section discusses the advantages of using in-network benefits and how a consumer-directed health plan works with a health savings account. See Section 10 for information on creditable coverage when enrolling in Medicare.

KEY PROVISIONS FOR BROWN UNIVERSITY'S HEALTH INSURANCE PLANS

Each of Brown University's health plans has a network of participating health care providers, hospitals and laboratories. Each permits subscribers to use non-participating providers as well. There are no exclusions for pre-existing conditions.

A summary of benefits and coverage is available on Brown's website at brown.edu/about/administration/human-resources/benefits/health-insurance/summary-benefits-and-coverage.

Comprehensive coverage

UnitedHealthcare's *Choice Plus* plan and Blue Cross & Blue Shield's *HealthMate Coast-To-Coast* plan provide comprehensive coverage.

In-Network

It may be to your advantage to choose the services of an in-network provider as frequently as possible, because with in-network providers:

- your copayments are generally lower for most services and supplies;
- you don't have to file claim forms; and
- you aren't required to pay for expenses and then wait for reimbursement.

The most you pay out-of-pocket for covered expenses is \$2,750 (\$5,500 for family coverage).

Out-of-Network

Both comprehensive plans also have an option that allows you to select any doctor or hospital. When you use an out-of-network provider, certain provisions apply:

- You will have to pay a \$200 annual deductible per person (up to a family deductible of \$600 for the year) before the plan will pay benefits;
- After you meet your deductible, each plan generally reimburses your expenses at 80% of reasonable and customary charges for out-of-network provider charges. (This is called the regular out-of-network benefit.) Please note, however, that your out-of-network health care provider may bill you for any expense that exceeds usual and customary charges;
- With comprehensive coverage, the most you will pay out-of-pocket for covered expenses during the calendar year is \$2,750 (\$5,500 for family coverage). Please note that this amount does not include your deductible. After reaching the \$2,750 maximum, for the rest of the calendar year, *Choice Plus* out-of-network expenses are reimbursed at 100% of usual and customary charges and *HealthMate Coast-To-Coast* expenses are reimbursed at 100% of the BCBS allowance. There is a separate \$2,750 maximum for pharmacy expenses.

Consumer-Directed Health Plan coverage

UnitedHealthcare's Choice Plus Consumer-Directed Health Plan is a high-deductible health plan (HDHP), with a Health Savings Account feature. If you choose this plan, you will have access to the same providers as the UnitedHealthcare Choice Plus comprehensive plan.

However, under the Consumer-Directed Health Plan,

- You will pay a deductible of \$1,500 per person, \$3,000 per family each year. All services that are not preventive services are subject to this deductible.
- After you meet the deductible, the plan will pay 90% for most in-network services and 70% for out-of-network services.
- After your share of the cost reaches \$2,750 per person, \$5,500 per family in a year, the plan will pay 100% of remaining covered services in the plan year (which is a calendar year). This plan does not have a separate maximum for pharmacy expenses.
- You may be required to obtain approval before receiving certain services from network doctors and hospitals. Without this approval, you will be responsible for the entire cost of care.

Health Savings Account

If you elect the Consumer-Directed Health Plan and you are in a position that is at least 50% FTE, Brown University will contribute \$500 per individual, and \$1,000 per family, to a Health Savings Account. New enrollments beginning mid-year will receive a pro-rated amount. A health savings account is a bank account for the purpose of paying health care expenses such as deductibles and copayments. Contributions to a Health Savings Account are tax-free, earnings on the accumulations are tax-free, and withdrawals are tax-free as long as they are used to reimburse eligible expenses. A Health Savings Account is similar to a Flexible Spending Account, but with a critical difference: there is no use-it-or-lose-it rule, so contributions may accumulate and do not have to be used for expenses incurred in the same year. Thus, if you have an HSA you may use the funds in it after you leave Brown, including in retirement. The account belongs to you, not the University.

There are other differences between Health Savings Accounts and Flexible Spending Accounts. You must be enrolled in a high deductible health plan such as the Choice Plus Consumer-Directed Health Plan. You may not be enrolled in Medicare, including Medicare Part A, nor in any other health plan such as a spouse's plan. You also may not participate in a Health Flexible Spending Account while enrolled in Brown's plan.

You can make pre-tax contributions to your Health Savings Account through payroll deduction and change the amount of those contributions at any time during the plan year. The maximum amount that may be contributed in 2019, including Brown's contribution, is \$3,500 for individuals and \$7,000 for families.

Brown has chosen Optum Bank to provide Health Savings Accounts to employees participating in the UHC Choice Plus Consumer-Directed Health Plan. Since the Health Savings Account is an individual bank account, there is a separate application process to open the account. Once your account is open, you will receive a debit card and instructions for making withdrawals.

A comparison between comprehensive and consumer-directed coverage

The chart below illustrates the differences between comprehensive and consumer-directed coverage as they relate to in- and out-of-network plan features:

	Comprehensive coverage		Consumer-directed coverage	
	In-Network	Out-of-Network	In-Network	Out-of-Network
Deductible	NO	YES	YES	YES
Out-of-pocket maximum	YES	YES	YES	YES
Balance-billing	NO	YES	NO	YES
Claim forms	NO	YES	NO	YES

Important facts to consider before electing high-deductible coverage

If you are considering consumer-directed coverage for you, your spouse and/or your eligible dependent children, you should be prepared to personally—or through your Health Savings Account—finance any costs (e.g., deductible[s], out-of-pocket maximum[s] and additional uncovered expenses) that may arise during the course of the plan year. Please consider the following:

- Depending upon the in-network service(s) you receive, the plan will contribute toward the cost only after you have satisfied your in-network deductible of \$1,500 for individual coverage or \$3,000 for dependent coverage. Once the in-network deductible is met, the plan will pay 90% of the allowed charges.
- For out-of-network expenses, you must satisfy a separate out-of-network deductible of \$1,500 for individual coverage or \$3,000 for dependent or family coverage. Once the out-of-network deductible is met, the plan will pay 70% of the allowed charges. You may be balance-billed for any amounts above the plan allowance.
- In the case of the dependent or family coverage, the family deductible must be met before the plan begins to cover expenses. This means if only one person incurs expenses, that person must meet the family deductible, not just the individual deductible.

If you elect the consumer-directed plan, you will forfeit your eligibility to apply for a University Disaster Grant, if it is determined that medical expenses—which you could have avoided by electing other coverage—are the source of your financial hardship.

Please remember that you should have sufficient financial resources in place before you elect consumer-directed insurance. In addition, you should be willing to assume an active role in purchasing health care services, as you will be responsible for authorizing payments from your Health Savings Account to cover deductibles and copayments.

THINGS TO THINK ABOUT

Making the health coverage choice that's best for your personal circumstances requires some serious thought. You will probably want to think about each of the following issues:

- Do you have other health coverage available? If you do, how do the other plan's benefits and costs compare to the benefits and costs under Brown's plans? Other coverage could include coverage available through a health insurance exchange in your state.
- How often do you and/or your dependents visit the doctor or any other health care providers?
- How often do you and/or your dependents need prescription drugs?
- Are you financially able to pay for costly medical services out-of-pocket (e.g., costs generally associated with hospitalization or with chronic illness)?
- Under Brown's tiered approach to employee contributions for faculty and staff, if your salary is in an upper tier the monthly cost to you for the Consumer-Directed Health Plan may be significantly lower. You could elect to deposit the difference in cost in a health savings account to fund your deductible if you elect this plan.

Dental Coverage

The dental coverage, offered by Delta Dental of Rhode Island, is a managed care dental plan similar to a preferred provider organization (PPO) health plan. *Delta USA* has a network of dentists in every state throughout the United States that you may use, regardless of the state in which you live for the majority of the year.

HOW THE NETWORK WORKS

The *Delta Dental PPO Plus Premier* network providers have an agreement to charge patients with Delta Dental coverage less than they charge other patients who aren't participants in Delta Dental. When you go to an in-network dentist for care, you and the dentist decide on the treatment you require, the dentist completes all claim forms, and Delta Dental pays the dentist directly. Delta Dental sends you an Explanation of Benefits (EOB) showing the services that were billed, the amount that Delta Dental paid and any participant deductibles and/or copayments.

With Delta Dental, as with our health care plans, you always have the option of receiving care from out-of-network providers. However, out-of-network providers do *not* have an agreement with Delta Dental to reduce their charges or to file claim forms. So, when you visit an out-of-network provider, you will usually pay more for dental care and you may have to file your own claim form.

HOW THE REIMBURSEMENT WORKS

Your reimbursement will be highest when you use in-network providers and lowest when you use out-of-network providers. In brief, the following subsections explain how your Delta Dental reimbursement works.

In-Network Providers

The *Delta Dental PPO Plus Premier* in-network providers have agreed to accept discounted fees for services they provide to network participants. Therefore, when you visit a network provider you are not responsible for any billing above and beyond the total discounted fee allowed. As a result, after you meet your annual deductible, any balance you are required to pay for basic and/or major restorative services will be lower than the amount you may be required to pay if you use an out-of-network provider.

Out-of-Network Providers

It is important to remember that out-of-network providers do not have an agreement to accept discounted fees. Therefore, the out-of-network provider's initial charge for services and supplies will usually be higher than an in-network provider's charge. You are required to make up the difference between the out-of-network provider's full charge and Delta Dental's payment.

Please note:

The dental insurance plan has two options: Comprehensive and Plus. The Plus option offers enhanced benefits for periodontal surgery and services, orthodontia coverage for both employees and dependents, and provides special coverage for implants. Both options provide coverage according to the evidence-based dentistry approach.

THE MAXIMUM CARRY OVER PROVISION

Both the Plus and Comprehensive options offer an annual Maximum Carry Over Provision, allowing participants in the dental plan to “carry over” up to \$350* of unused portions of the annual maximum to the following Plan Year. To qualify for the carry over benefit, a participant must be enrolled for a full calendar year, had a preventive care visit during the year, and the total claims activity cannot exceed the paid claims threshold.

Orthodontic benefits are excluded from this program. Below is an example of Maximum Carry Over benefits for a member enrolled in a \$1,750 annual maximum plan:

Annual Maximum	Claim Threshold	Annual Carry Over	Carry Over Bonus*	Carry Over Limit
\$1,750	\$500	\$250	\$100	\$1,750

* Bonus is available for members who receive services exclusively from a participating dentist.

The above chart depicts an employee who has a \$1,750 annual maximum dental plan. Having received at least one preventive visit during the year, this employee is eligible to carry over \$250 to the following year. Because the employee received treatment from a participating dentist, they are eligible for a Carry Over bonus of \$100.

Plan Options Comparison		
Plan Features	Comprehensive Option	Plus Option
Annual Maximum	\$1,750 per member per calendar year for eligible expenses	\$3,000 per member per year for eligible expenses.
Benefit Annual Deductible	\$50 per person, up to a \$150 family maximum, on an annual basis before the plan pays benefits for basic/minor and major restorative services (please refer to Plan Features Below)	Same as Comprehensive option
Lifetime Cap	Unlimited	Same as Comprehensive option
Preventive Care <i>(The Plan pays 100%)</i>	100% coverage with no deductible requirement, when care is provided by a participating provider for annual exams, cleanings, x-rays, fluoride and sealants for children under age 16.	Same as Comprehensive option
Basic Minor Restorative Care <i>(The Plan pays 80% and you pay 20%. Deductible applies.)</i>	80% coverage when care is provided by a participating provider for fillings, extractions and denture repair 80% coverage for composite (white) fillings for all teeth	Same as Comprehensive option plus... - 80% coverage for periodontal surgery - 80% coverage for enhanced periodontal services such as bone grafts and guided tissue regeneration
Major Restorative Care <i>(The Plan pays 50% and you pay 50%. Deductible applies.)</i>	50% coverage when care is provided by a participating provider for crowns, prosthodontics and periodontics. 50% coverage for surgical placement of endosteal implants as well as guided tissue regeneration and bone replacement graft.	Coverage enhanced to include - Periodontal coverage for surgery and other services is enhanced to 80% (see above: Basic/Minor Restorative Care) - 50% coverage for orthodontia with separate lifetime maximum of \$2,500 per person - 50% coverage for implants with separate lifetime maximum of \$3,500
Other	50% Coverage for Occlusal Guards	Same as Comprehensive

Please note:

*For eligible full-time employees who elect dental coverage, the University contributes one-half the cost of the monthly individual premium for the **Comprehensive option**, regardless of the level of coverage or the plan option elected. For part-time employees who work between 50% and 66% time, the University contributes one-quarter of the cost of the monthly individual premium for the **Comprehensive option**. For employees who work less than 50% time, there is no University contribution.*

Very important:
Enrollment in the Plus option requires a two-year commitment, although you may change your level of coverage at any time during the two-year period if you experience a qualifying event.

For detailed information about the coverage provided under each option, please refer to the Delta Dental Benefit Highlights available online at Brown's Dental Plan webpage.

THINGS TO THINK ABOUT

You may want to consider the following before making your dental coverage election:

- How often do you and your family require dental treatment? Does it make more financial sense for you to pay the monthly premium for dental coverage or to use your Health Flexible Spending Account to reimburse dental expenses?
- Do you (or your family) have high dental expenses, including individuals who need orthodontic treatment?
- Do you have other dental coverage available, such as through your spouse's employer-sponsored plan? If you do, how do the monthly cost, deductibles, and benefits of the two plans compare?
- Is dental coverage worthwhile for you if you don't take advantage of in-network providers?

Vision Coverage

Vision Coverage, offered through VSP's Choice Plan, offers a network of providers as well as discounts at high-quality retail chains. The plan includes well vision exams, contact lens fitting exams, and savings on lenses, frames and contact lenses. If you elect to participate, you will pay the full cost of coverage at Brown's group rates, through payroll deductions that are generally pre-tax. There is no ID card and membership may be confirmed at www.vsp.com.

The monthly cost of VSP Vision Coverage is \$6.60 for employee-only coverage, \$13.24 for two-person coverage, and \$21.26 for family coverage. You must generally enroll for the entire calendar year, and may only change your coverage level if you have a qualifying event.

There are also discounts on additional glasses and sunglasses if purchased from a

Benefit	Description	Copay	Frequency
Well Vision Exam	Focuses on your eyes and overall wellness	\$0	Every calendar year
Prescription Frame	- \$170 off a wide selection of frames - 20% off amount over your allowance - \$70 allowance at a Costco	\$25, then included in cost	Every other calendar year
Prescription Lenses	Single-vision, lined bifocal, and trifocal lenses; Polycarbonate lenses for children	Included in cost	Every calendar year
Lens Options	NOTE: Copays are in addition to materials copay 1. Standard progressive lens 2. Premium progressive lens 3. Custom progressive lens	1. \$55 2. \$95-\$105 3. \$150-\$175	Every calendar year
Contacts <i>(instead of glasses)</i>	Average 20-25% off other options; \$150 allowance for contacts (copay does not apply); contact lens exam	Up to \$60 for exam	Every calendar year
Diabetic Eyecare	Ask your VSP doctor for details	\$20	As needed

VSP provider within twelve months of your last Well Vision exam.

For more information, including details on the network of providers, please visit www.vsp.com.

Voluntary Life Insurance

Note:

Eligible employees can elect voluntary life insurance coverage from 1 up to 6 times their base salary—to a maximum voluntary coverage amount of \$950,000.

Reminder:

*If you are newly hired or newly eligible and elect voluntary life insurance coverage **within your initial 31-calendar-day eligibility period**, you must complete an Evidence of Insurability form if you elect a coverage amount greater than \$500,000.*

*If you elect voluntary coverage **after your initial 31-calendar-day eligibility period has elapsed**, you must complete an Evidence of Insurability form for all voluntary coverage amounts.*

The University provides you with group term Basic Life Insurance and Accidental Death & Dismemberment (AD&D) coverage at no cost to you. In addition, you have the opportunity to purchase additional group term Voluntary Life Insurance coverage at reasonable group rates.

BASIC LIFE INSURANCE

Brown pays the full cost of basic life and AD&D insurance for eligible employees. Your basic life insurance coverage is an amount equal to your annual base salary, up to a maximum coverage amount of \$50,000. If your salary is not an even multiple of \$1,000, your basic life insurance coverage is rounded up to the next higher multiple of \$1,000.

For example, if your salary is \$39,750, your basic life insurance coverage amount is \$40,000—the next higher multiple of \$1,000.

Some faculty, staff, and bargaining unit employees may have a different benefit calculation method. Please refer to your Summary Plan Description (SPD) for details.

VOLUNTARY LIFE INSURANCE FOR EMPLOYEES

The University provides you with the opportunity to purchase additional voluntary life insurance for yourself in amounts equal to one to six times your annual salary, up to a maximum coverage amount of \$950,000. (The total maximum amount of life insurance for basic and voluntary life insurance combined is \$1,000,000.) If your salary is not an even multiple of \$1,000, your voluntary life insurance coverage is rounded up to the next higher multiple of \$1,000. If your salary increases, your voluntary life insurance coverage amount and deductions will automatically increase.

EVIDENCE OF INSURABILITY

You must submit an Evidence of Insurability form to the life insurance carrier for approval before your voluntary life insurance coverage will become effective if any of the following situations apply to you:

- You have been hospitalized within the past 90 days;
- You are eligible for voluntary employee life insurance for the first time and your election results in a coverage amount greater than \$500,000;
- You were previously eligible for voluntary life insurance but are now electing it for the first time; or
- You are increasing the level of voluntary life insurance coverage you currently have.

You can obtain a copy of the form online from the *Documents and Forms* section of the Benefits website.

Cost

The monthly cost of your employee voluntary life insurance depends on your age and the coverage amount you elect, as shown in the following chart.

Monthly Cost of employee Voluntary Life Insurance	
Your Age As Of Your Last Birthday	Monthly Rate For Each \$1,000 Of Employee Coverage
Under 40	\$.035
40 – 44	\$.065
45 – 49	\$.100
50 – 54	\$.163
55 – 59	\$.257
60 – 64	\$.404
65 – 69	\$.643
70+	\$.976

For example:

George is 42 and his annual base salary is \$49,750. He elects voluntary life insurance of 1 times his base salary, which gives him a coverage amount of \$50,000. According to the above chart, his monthly rate for each \$1,000 of coverage is \$.065. The monthly amount he pays for voluntary life insurance is \$3.25, as calculated below:

$$$.065 \text{ times } 50 \text{ (thousand of coverage)} = \$3.25 \text{ per month}$$

Another example:

Helen is 30 with an annual base salary of \$38,900. She elects two times her base salary, for a coverage amount of \$78,000 (\$38,900 rounded up to the next higher \$1,000 and then multiplied by two). The chart shows that Helen's rate is \$.035 for each \$1,000 of coverage. For \$78,000 of voluntary life insurance coverage, Helen's monthly premium is \$2.73, as calculated below:

$$$.035 \text{ times } 78 \text{ (thousand of coverage)} = \$2.73 \text{ per month}$$

Please note:

Employee Voluntary Group Term Life Insurance is fully portable. This means that, if you should terminate employment at Brown University and you have had employee voluntary life insurance in place for 12 months at the time of termination, you may elect to continue your voluntary coverage at group rates. While the amount of coverage will remain at the pre-termination level, your rate may change if your birthday moves you to the next higher "age bracket."

Exception:

Starting at age 65, your Employee Basic Life Insurance coverage is reduced by a fixed percentage every five years until you reach age 80.

Important:

If you are a Brown University employee covered under Brown's group life insurance plan, you are not eligible to be covered as a dependent under a spouse or parent who is also a Brown employee covered under the group life insurance plan.

VOLUNTARY LIFE INSURANCE FOR SPOUSES

If you elect and are approved for voluntary life insurance for yourself, the University provides you with the opportunity to purchase additional voluntary life insurance for your spouse. You may purchase up to \$50,000 of group term life insurance in increments of \$10,000 for your spouse, *provided that the amount of coverage is not more than the amount of your own life insurance coverage through Brown (basic and employee voluntary coverage combined) and your spouse is under 70 years of age.*

Please note that the amount you pay for this insurance will be *based on your age* and not on the age of your spouse. If your age increases, the deduction amount for your spouse's coverage may increase as well.

Evidence of Insurability

If you are electing an amount of coverage for your spouse that exceeds \$30,000, **your spouse must submit a completed Evidence of Insurability form** to the life insurance carrier for approval before voluntary life insurance coverage will become effective.

Monthly Cost of Voluntary Life Insurance for Spouses

Your Age As Of Your Last Birthday	Monthly Rate For Each \$1,000 of Spousal or Coverage
Under 30	\$.030
30 - 34	\$.045
35 - 39	\$.053
40 - 44	\$.068
45 - 49	\$.098
50 - 54	\$.165
55 - 59	\$.278
60 - 64	\$.473
65 - 69	\$.795
70+	\$1.298

For example:

Pam, who is 54, decides to purchase \$30,000 of voluntary group life insurance through Brown University for her spouse, Mike. The chart shows that Pam's monthly rate is \$.165 for each \$1,000 of spousal coverage. For \$30,000 of coverage for Mike, Pam's monthly premium is \$4.95, calculated as follows:

$$\$.165 \text{ times } 30 \text{ (thousand of coverage)} = \$4.95 \text{ per month}$$

VOLUNTARY LIFE INSURANCE FOR DEPENDENT CHILDREN

If you elect and are approved for voluntary life insurance for yourself, the University provides you with the opportunity to purchase additional voluntary life insurance for your dependent children up until age 19 or, if a full-time student, up until age 23.

You may purchase \$4,000 of voluntary group term life insurance for each of your eligible children. Your monthly cost will be \$ 0.36, regardless of the number of children you are insuring.

THINGS TO THINK ABOUT

The need for life insurance coverage can be different for everyone and depends largely on your personal circumstances. Ask yourself the following questions before you make your voluntary life insurance elections:

- How much does your family need each month to meet expenses?
- How much of that amount does your salary cover?
- If your spouse works, how much of family expenses does his or her salary cover?
- Do you have young children or other dependents who would need to be provided for in case of your death?
- What other life insurance policies do you have?
- What other sources of income are available to your family in the event of your death?

ACCELERATED DEATH BENEFIT

Brown provides an accelerated death benefit under its basic and voluntary life insurance programs. This feature allows employees faced with a life threatening illness to receive up to 50% of the face value of their life insurance while they are alive, up to a maximum employee benefit of \$500,000.

To be eligible for the accelerated death benefit, the illness in question must be certified by a physician and, in the physician's judgment, life expectancy must be less than 12 months.

An 8% administrative fee is charged for this benefit. Accelerated death benefits are considered taxable income.

Please note:

To be eligible for coverage, a spouse or dependent child(ren) must be able to perform normal duties (i.e., not be confined at home under the care of a doctor due to sickness or injury, or not be receiving nor entitled to receive any disability income from any source due to any sickness or injury).

Flexible Spending Accounts

Note:

Over-the-counter drugs and medications are not reimbursable under the Health Flexible Spending Account unless prescribed by a physician.

Brown offers its eligible employees two tax-saving Flexible Spending Accounts—the Health Flexible Spending Account and the Dependent Care Flexible Spending Account. Both allow you to set aside a portion of your salary from each paycheck into a special account. This money is not taxed and may be used to reimburse you for the eligible out-of-pocket medical and dependent care expenses you incur throughout the year, after submitting the appropriate claims and supporting documents.

Employees who participate in the Consumer-Directed Health Plan have Health Savings Accounts and are not eligible for Health Flexible Spending Accounts.

Please remember that, in order to take advantage of the tax-savings offered by these two Flexible Spending Accounts, you have to re-enroll each year. Even if you want to contribute the same amount as you did the year before for either or both plans, you must enroll again. If you do not make an enrollment election within 31 calendar days of your date of hire or during the open enrollment period, you cannot participate; you will have to wait until the next open enrollment period to make your election(s) for the upcoming calendar year.

HEALTH FLEXIBLE SPENDING ACCOUNT PLAN

A Health Flexible Spending Account allows you to pay for certain health and dental expenses (such as copayments, deductibles and non-reimbursable expenses like eyeglasses) that are not covered by insurance.

In your Health Flexible Spending Account you may set aside from \$240 to \$2,650 per year. Contributions to your Health Flexible Spending Account must be made in consecutive months starting with your first paycheck of the year. Once elected, the amount you set aside may not be changed.

For example:

Tim usually elects family Comprehensive dental coverage, which would cost about \$948. However, because Tim expects his family's dental needs will be routine and cost about \$500—and assuming his estimates are on track—it may be to his advantage to waive dental coverage and instead open a Health Flexible Spending Account for \$550 or \$575. He underestimates his goal amount to reduce risk under the “use it or lose it” rule (see next page). After enrolling, equal contributions to his account (totaling his goal) will be made on a pre-tax basis from each of his paychecks, creating a fund from which he can be reimbursed for his family's eligible expenses as they occur throughout the year.

Note:

You may change the amount of your Dependent Care Flexible Spending Account election during the calendar year if you experience a qualifying event. Please note that the change you make must be consistent with the qualifying event. Certain restrictions apply. For more details, contact the Benefits Office.

DEPENDENT CARE FLEXIBLE SPENDING ACCOUNT PLAN

The Dependent Care Flexible Spending Account Plan allows you to pay for dependent care expenses for children under the age of 13 or an older dependent who is physically and/or mentally incapable of self-care. To be eligible for reimbursement, the expense must be incurred so that you and your spouse can work, look for work, or continue to attend school as a full-time student.

Under this plan you may set aside from \$240 to \$5,000 per year. Contributions must be made in consecutive months starting with your first paycheck of the year. You may change your yearly goal amount during the year, within the above limits, if you have a qualifying event.

THE FLEXIBLE SPENDING ACCOUNT TAX ADVANTAGE

Because your flexible spending account contributions will be taken from your pay on a pre-tax basis, your taxable salary will be lower and you will pay less in income taxes. When you are reimbursed for eligible expenses, the reimbursement is not taxed, which makes the salary dollars you put into your accounts tax-free.

FEDERAL REGULATIONS GOVERNING SPENDING ACCOUNTS

Because of the tax advantages the flexible spending accounts provide, the federal government has imposed certain rules and limitations on them.

- Once you make your flexible spending account election for a calendar year, you cannot change it until the next open enrollment, except as noted.
- You may use the flexible spending accounts to reimburse only those expenses for which the account was set up. In other words, you can use the Health Flexible Spending Account only to reimburse eligible health and dental care expenses and the Dependent Care Account only for qualified dependent care expenses. You may not transfer funds from one account to the other.
- You have until December 31, 2019 to use your 2019 Dependent Care Account dollars. However, there is a 2.5-month grace period that allows you to use any 2019 Health Care Flexible Spending Account dollars remaining in your account for eligible expenses you incur through March 15, 2020.

REMEMBER: You must submit both health and dependent care claims by June 30, 2020 in order to be reimbursed for eligible expenses covered by your calendar year 2019 account(s). After that, you forfeit any balance remaining in your account(s) from calendar year 2019. In other words, you “use it or lose it.”

Note:

Expenses claimed under your Dependent Care Flexible Spending Account must be for the care of your eligible dependents. Costs incurred for education, overnight camp or enrichment programs (e.g., music or computer camp) may be either partially or completely ineligible for reimbursement. Consult IRS Publication 503 or your personal tax advisor if you have any questions about eligible expenses.

- Reimbursements you receive from your spending accounts do not have to be claimed as income for tax purposes. However, if you fund these expenses through your reimbursement accounts, you are not permitted to deduct them on your tax return.
- Same-sex domestic partners are not eligible to participate in the flexible spending accounts *unless* they are spouses as defined by the IRS.

THINGS TO THINK ABOUT

Because of the government restrictions on flexible spending accounts, it is important that you plan your contributions carefully. You may want to consider the following issues:

- How much did you and your family spend on non-reimbursed health and dental care expenses during the past few years?
- Do you know of any eligible health care expenses that you and your family will have this year that won't be covered under any health care plans?
- How much did you pay for child care during the past few years so that you and your spouse could work, look for work or remain a full-time student?
- Does your spouse contribute to a dependent care account at work? If so, your contributions to a dependent care account may be limited since there is a federal maximum of \$5,000 per year per family.

Commuter Choice Assistance Program

Brown offers a Commuter Choice Assistance Program to help employees save taxes on certain commuting costs. If you use public transportation that is not RIPTA to travel to and from work, or you pay to park in a commercial parking lot that is not maintained by the University, the Commuter Choice Assistance Program may help you save taxes. For example, if you live in Massachusetts and travel by train to Providence, you may be able to pay for part of your train pass pre-tax. If you pay to park in a commuter lot at the train station, that expense is eligible as well.

HOW THE PROGRAM WORKS

There are two types of Commuter Choice accounts: Parking and Transit.

- The **Parking** account allows you to use pre-tax dollars to pay for work-related parking expenses. Eligible expenses are costs incurred by you to park at or near your worksite or the facility you use to commute to work. Eligible expenses under this program do *not* include your payroll deduction to park in a Brown lot, since that is already pre-tax. In fact, in any month in which you have a deduction to park at Brown, you may not participate in the Commuter Choice Assistance Program. The maximum Commuter Choice amount you may elect is \$260 per month.
- The **Transit** account allows you to use pre-tax dollars to pay for mass transit costs incurred by you to travel to and from work. Examples are train, non-RIPTA bus, and transit in a qualified commuter vehicle (e.g. vanpool). Brown University faculty and staff may use RIPTA service free, so it is not eligible. The maximum Commuter Choice amount you may elect is \$190 per month.

Participation in the Commuter Choice Assistance Program is by payroll deduction. You may enroll during Open Enrollment or at the beginning of any month. You may also discontinue your participation at the end of any month, subject to payroll deadlines. The Commuter Choice Assistance Program is administered by Sentinel Benefits. Once the pre-tax contributions to your account are deducted and sent to Sentinel Benefits (currently at the end of each month), use your Sentinel Benefits debit card to purchase parking or transit services. The two types of accounts cannot be used interchangeably, however. You cannot use your parking account to pay for transit or vice versa.

IRS REGULATIONS GOVERN THIS PROGRAM

The Commuter Choice Assistance Program is intended to cover “qualified parking” and “qualified transportation” as defined in Section 132 of the Internal Revenue Code. Brown will administer the program, including the limits, in accordance with IRS regulations.

Long Term Disability Insurance

Long Term Disability insurance is designed to provide eligible employees with replacement income in the event that they are not able to perform usual job functions as a result of injury or illness. Disability status must be certified by a physician and approved by Brown University's long term disability insurance carrier.

ELIGIBILITY

You are initially eligible for long term disability coverage after working at least 1,300 hours for one uninterrupted year. In order to remain eligible after this initial waiting period, you will need to continue to work at least 1,300 hours per year.

It may be possible to waive the initial one year waiting period if you are newly hired and were covered by the long term disability insurance plan of your former employer. If you were covered *within three months of the date when your initial waiting period begins* and you would like to have your waiting period waived, you must submit appropriate documentation of your coverage on a timely basis to the University (please see below).

SAMPLE DOCUMENTATION

Date

University Human Resources – Benefits – Box 1879
Brown University
Providence, Rhode Island 02903

To whom it may concern:

Please be advised that (*your name*) was covered under (*former Employer's name*)'s Long Term Disability Plan through (*date coverage ended*). (*Former Employer's Name*)'s Long Term Disability Plan provides income benefits during total disability up until age 65 or Social Security normal retirement age.

Please feel free to call me at (*phone number*) if you have any questions or require additional information.

Sincerely,

Name
Title

ELIMINATION PERIOD

Your benefits will begin after an Elimination Period of 180 consecutive days. (Please note that the plan provides for a limited interruption of up to 30 days during your first 180 days of total disability.)

BENEFITS

Once your disability claim is certified by your physician and approved by the insurance carrier, you are eligible to receive a monthly benefit of 60% of your base salary, up to a monthly maximum of \$7,500. The monthly minimum benefit is \$100.

The amount of your disability benefits may be reduced or offset by other income (e.g., Social Security benefits, retirement distributions, etc.) you may be receiving at the same time.

Brown University's Long Term Disability coverage includes special provisions for:

- cost of living adjustments;
- retirement contribution continuation; and
- disability management.

IF YOU WOULD LIKE ADDITIONAL INFORMATION

If you would like additional information, please consult your *Brown University Long Term Disability Summary Plan Description* (SPD) or email benefits_office@brown.edu.

Definition:

The Elimination Period is the time period (i.e., the number of consecutive days) you must wait from the onset of disability until benefits become payable under the plan.

Other Benefits

Confidentiality

No personal identifiable information collected from Brown employees will ever be shared with Brown. The information you provide to the program coordinators will always remain confidential. Once it is collected, data will be aggregated for the sole purpose of creating future programs.

In order to provide special programs to eligible employees, Brown University offers a series of additional benefits from various vendors. Each vendor is experienced in dealing with the unique needs of University faculty and staff and available to meet with employees in person or by phone. To assist you with your personal planning, Brown's vendors are present at the Benefits/Wellness Fair in the fall. Please note that, where applicable, these benefits are fully employee-paid. For additional information, please contact the vendor(s) directly at the phone number(s) or email address(es) listed in this section.

HEALTH PROMOTION

Brown's health promotion activities and programs are coordinated through its Health Promotion Committee (HPC), a group comprised of wellness champions from the University's diverse constituencies. Brown's award-winning health and wellness programs are offered throughout the year to all active Brown employees, regardless of their health insurance status, as part of the University's initiative to provide resources, motivation and support for all employees to lead healthier lives. Expert consultants, including registered dietitians, clinicians, physicians, certified specialists and financial consultants deliver programs and help employees stay informed.

Wellness Rewards

Wellness Rewards at Brown is a voluntary wellness, points-based, incentives program designed to help you learn more about your personal health, motivate you to maintain or improve your overall well-being, and earn an incentive payment of up to \$250 for points earned, or a 12-month membership to the Nelson Fitness Center. To be eligible for the membership, you must earn the maximum reward of \$250.

Details are announced through Today@Brown and on Brown's website.

Wellness at Brown!

Depending on the needs and interests of Brown employees, Brown's vendors will provide programs that may include general health topics such as relaxation, stress management, smoking cessation, nutrition or weight management.

MORTGAGE ASSISTANCE

The Mortgage Assistance benefit program has been established to assist eligible Brown employees who are exploring options to purchase or refinance a first or second home. The companies below have agreed to provide special programs and discounts for Brown employees and to provide exceptional loan service and consultation. For example, the vendors' Preferred Mortgage Programs offer discounted interest rates, lower closing costs and pre-approvals. Please note that you will deal directly with the program vendors.

For additional information:

Citizens Bank

Daniel P. Heffernan, Sr. Loan Officer
53 State Street – 8th Floor
Boston, MA 02109
Phone: 617-994-7578
Fax: 866-638-5796
Email: daniel.p.heffernan@citizensbank.com

Mortgage Network, Inc.

Corp NMLS #2668
James Loughrey, Sales Manager
NMLS #483503
Danvers, MA 01923
Phone: 978-618-0224
Email: jloughrey@mortgagenetwork.com

** These vendors have indicated that they are willing to offer certain benefits to employees of Brown University. The vendor is included in the Benefits Enrollment Decision Guide to facilitate your access to its information. Brown University does not endorse or sponsor any of the provider's products. This is a voluntary, fully employee-paid benefit subject to the terms of agreement between you and the vendor, and subject to its requirements and/or restrictions. Employees may be required to show their Brown ID Card to obtain access to any benefit(s) offered.*

Did You Know?

Along with Liberty Mutual Homeowners Insurance, you can purchase Identity Fraud Coverage for \$25/year that provides up to \$15,000 of coverage per occurrence or up to \$30,000 per policy period.* For additional information, please contact Liberty Mutual.

*\$30 in CT. This is a flat charge of \$25 no matter when the coverage is added and will not be returned pro-rata if coverage is cancelled or removed on a date other than the policy effective date.

AUTOMOBILE AND HOMEOWNERS INSURANCE

The Automobile and Homeowners Insurance benefit program has been established with Liberty Mutual Insurance to provide eligible Brown employees with a discounted rate on auto and/or home insurance with Liberty Mutual. In addition to the discounted rate, employees can obtain discounts based on driving record, car and home safety features and for insuring more than one line of business. Employees also receive knowledgeable support, immediate claims assistance and the latest information to help keep you and your family safe.

Additional products and services include an Educators Endorsement on the auto policy which provides employees of Brown University, at no additional cost, a waiver of deductible if your vehicle is damaged or vandalized on school property or while using it for school-related events or from a collision while driving for school business; a Child Identification Kit to store identifying information in the event there is an emergency affecting your child; and educational tools for Teen and Senior Driving.

Liberty Mutual's offices are conveniently located throughout the country. For more information on the discount program or the additional products and services, please contact your local office for more information.

For Rhode Island and Massachusetts residents, the sales representatives are:

George Tager ext. 50152
george.tager@libertymutual.com

Larry Labadie ext. 50156
lawrence.labadie@libertymutual.com

100 Midway Road
Cranston, RI 02820
Local: 401-946-8600
Toll-Free: 800-284-1078

For residents of all other states call: 800-225-8281 or visit Liberty Mutual on the web at www.libertymutual.com/brownuniversity

** Discounts and savings are available where state laws and regulations allow, and may vary by state. Certain discounts apply to specific coverages only. To the extent permitted by law, applicants are individually underwritten; not all applicants may qualify.*

LONG TERM CARE INSURANCE

The Long Term Care Insurance (LTC) benefit program has been established with RetirementGuard, LLC, an independent company that specializes in the communication of long-term care insurance benefit programs.

Please contact RetirementGuard directly at:

Craig Davis, President
RetirementGuard, LLC
PO Box 1686
333 Main Street
Lakeville, CT 06039
Phone: 888-793-6111 (toll-free)
Fax: 860-435-4599
URL: www.retirementguard.com/brown
Email: helpme@retirementguard.com

Supplemental Individual Disability Insurance

Participants in Brown's group Long Term Disability Plan have the opportunity to purchase individual disability insurance to supplement the group benefit. The program is administered by The Baker Benefit Group, at 877-321-4427, or brown@tbbgroup.net.

These vendors provide options for these policies as a voluntary and fully employee-paid benefit to Brown employees. While the University has selected RetirementGuard and the Baker Benefit Group as its referral source for this benefit, employees may elect to use these vendors or any other similar programs available through public offerings. Employees should consider their individual family and financial situations before making a determination if such insurance is right for them.

BACKUP CARE

The University has contracted with Bright Horizons Family Solutions (BH) to provide backup care services to employees, enabling them to make the necessary care arrangements for their loved ones without having to take time away from work.

BH has developed strategic alliances with the most reputable, high quality in-home health care agencies, nanny agencies and licensed childcare centers. These partnerships form the foundation of a network with unparalleled depth and breadth.

How does it work?

The backup care benefit is designed to help employees get to work with confidence, knowing that their loved ones are in skilled hands. Using this program, employees can make arrangements to meet both planned and unplanned care needs. Employees have 24/7 access to experienced backup care specialists, who will find and schedule licensed, qualified care on employees' behalf when they or their usual provider cannot be there.

Under the terms of this benefit, each eligible employee will be able to make arrangements for backup care up to 15 days per a 12-month calendar year. The University covers most of the cost for the backup care services. You pay \$4 per hour for in-home care, or \$15 per day for center care to a maximum of \$25 per day per family. Upon scheduling backup care, employees will be asked to provide a payment method for required copayments.

Registration is recommended before requesting service to make using the program in case of emergency easier and more convenient. There is no cost for registration. To register online or by phone, please contact BH directly as listed below. Employees will be required to provide their Brown ID number to complete their registration.

For more information about the backup care benefit, please contact:

Bright Horizons Family Solutions
2655 Midway Blvd.
Broomfield, CO 80020
Phone: 877-BH-CARES (877) 242-2737
Fax: 303-604-0535
URL: <http://backup.brighthorizons.com/>
Username: Brown
Password: Backup8

Notice of Privacy Practices

For Employees Participating in the Brown University Health Care Benefit Plans

This notice covers the following Brown University Health Care Benefits Plans:

- *Brown University Health Flexible Spending Plan administered by Sentinel Benefits Plan 510*
- *Brown University Dental Plan administered by Delta Dental of Rhode Island Plan 510*
- *Brown University Health Insurance Plans administered by:*
 - *Blue Cross Blue Shield of Rhode Island Plan 510*
 - *UnitedHealthcare of New England Plan 510*
 - *OptumRx Plan 510*

This notice describes how medical information about you may be used and disclosed and how you can get access to this information. Please review this information carefully.

In Effect Since January 1, 2008

The Brown University Health Benefit Plans listed above (hereinafter referred to collectively as “the PLAN”) are committed to protecting the privacy of health information maintained both by the PLAN itself and by outside vendors who perform services for the PLAN, such as the PLAN’s third-party administrator. The PLAN is required by law to protect the privacy of certain health information that may reveal your identity, and to provide you with a copy of this notice which describes the PLAN’s privacy practices. If you have any questions about this notice or would like further information, please contact the Brown University Benefits Office at 401-863-2141.

Use and Disclosure of Your PLAN Information

The PLAN is required by law to maintain the privacy of your Protected Health Information and is committed to doing so. Protected Health Information includes information that may identify who you are, such as unique numbers and geographic information. It also includes information about payment for your health care, such as your enrollment in the PLAN, information about your health condition, such as diseases you may have, and information about health services you have or may receive, such as an operation.

The PLAN will generally obtain your written authorization before using your health information or sharing it with others outside the PLAN. However, the PLAN is permitted to use and disclose your health information for the following purposes without your written authorization:

- **Payment:** The PLAN may use and disclose your health information to administer payments for treatment covered under the PLAN. For example, your health information may be shared with your health care provider in connection with paying for your health care. This information

may also be shared with the PLAN's third-party administrator in connection with paying for your health care treatment. However, to the extent the PLAN relies upon the services of a third-party administrator, the PLAN will enter into a written confidentiality agreement with that administrator protecting the privacy of your health information.

- **Health Care Operations:** The PLAN may use and disclose your health information for general administration of the PLAN and to conduct normal business operations. Examples of business operations include enrolling you in a health PLAN, underwriting, premium rating and other activities related to PLAN coverage; conducting quality assessment and improvement activities; conducting or arranging for legal and audit services; and other management functions including claims administration.
- **Emergencies:** In an emergency, the PLAN may disclose your health information but only if such disclosure is necessary to protect the health and safety of you or other individuals.
- **Public Health and Law Enforcement:** To the extent required by law, the PLAN may disclose your health information to public health or legal authorities charged with preventing or controlling disease, injury, or disability.
- **Employer:** The PLAN may disclose certain of your health information to the Employer. Upon a request from the Employer, the PLAN may disclose health information about you to enable the Employer to obtain premium bids from health plans that might provide health insurance coverage under the PLAN, or to modify, amend, or terminate the PLAN; however, the information the PLAN discloses will not include any information that identifies you other than your ZIP code. The PLAN may also disclose to the Employer information on whether you are participating in, enrolled in or disenrolled from the PLAN. The PLAN may disclose health information about you, including information that identifies you, only if it is necessary for the Employer to administer the PLAN. For example, the Employer may need such information to process health benefits claims, to audit or monitor the business operations of the PLAN, or to ensure that the PLAN is operating effectively and efficiently. The PLAN, however, will restrict the Employer's uses of your information to purposes related to PLAN administration. The PLAN prohibits the Employer from using your information for uses unrelated to PLAN administration. Under no circumstances will the PLAN disclose your health information to the Employer for the purpose of employment-related actions or decisions (e.g. for employment termination) or for the purpose of administering any other PLAN that the Employer may offer. Once received, the Employer may only disclose your health information to third parties, such as to consultants or advisors, if the Employer has first obtained a confidentiality agreement from the person or organization receiving your health information.

- **Workers Compensation:** The PLAN may disclose your health information to the extent required by laws relating to workers compensation and other similar programs.
- **Information That Does Not Identify You:** The PLAN may use or disclose your health information if the PLAN has removed all information that might reveal who you are, or for limited purposes if the PLAN has removed most information revealing who you are and obtained a confidentiality agreement from the person or organization receiving your health information.
- **As Required By Law:** The PLAN may use or disclose your health information if the PLAN is required by law to do so. The PLAN will notify you of these uses and disclosures if notice is required by law.

The PLAN will not use or disclose your health information for any other purpose without first securing your written authorization. If you provide the PLAN with such authorization, you may revoke it at any time, except to the extent that the PLAN has already relied on it. To revoke such authorization, please contact the Brown University Benefits Office at 401-863-2141. Special privacy protections may apply to information regarding substance abuse, mental health and HIV.

Your Rights

The Health Insurance Portability and Accountability Act provides you the following rights with respect to access and control of your health information. Please note: to the extent that the PLAN has provided any of your information to the third-party administrator of the PLAN, you must make your request directly to that third-party administrator whose contact information appears below. Under the law, you have:

- The right to request restrictions as to how your health information is used or shared with others. The PLAN will try to accommodate all reasonable requests.
- The right to receive health information from the PLAN in a form or manner that more fully safeguards the confidentiality of the information; for example, you may request that such information be sent to your home address or another mailing address of your choice.
- The right to inspect and copy your health information.
- The right to correct your health information.
- The right to receive a list of non-routine disclosures of your health information.
- The right to receive a paper copy of this notice at any time by contacting the Brown University Benefits Office at 401-863-2141 if you received this notice electronically.

Personal Representative

You have the right to name a personal representative who may act on your behalf to control privacy information. If you wish to take advantage of this right, please contact the Brown University Benefits Office at 401-863-2141.

Policy Modifications

The PLAN may change its privacy practices from time to time. However, if that happens, the PLAN will revise this notice and will notify you either by email or campus mail of the changes. If you do not wish to receive notifications by email and want a paper copy of the notice please contact the Brown University Benefits Office at 401-863-2141.

Further Information

If you have questions and would like additional information, you may contact the Brown University Benefits Office at 401-863-2141. For information or questions specifically regarding claims submitted to your PLAN's third-party-claims administrator, please see the phone numbers listed below.

Complaints

Federal law requires the PLAN to maintain the privacy of your PLAN records as set forth in this notice. If you believe your privacy rights have been violated, you can file a complaint with the Brown University Benefits Office at 401-863-2141.

You may also file complaints with the Secretary of the Department of Health and Human Services or with the third-party administrator for your particular plan using the phone numbers listed below. No one will retaliate or take action against you for filing a complaint.

HIPAA Contacts

Blue Cross Blue Shield of Rhode Island: 1-401-459-5000

UnitedHealthcare: 1-866-633-2446

Delta Dental of Rhode Island: 1-800-843-3582

Sentinel Benefits: 888-762-6088

OptumRx: 866-441-2422

This Decision Guide is a summary for informational purposes only and does not constitute a legal contract. In cases where discrepancies occur, the Plan Document will be the ruling and binding instrument. Further, Brown University reserves the right to amend or terminate any of the plans described in this booklet at any time and for any reason.

MEDICAID AND THE CHILDREN’S HEALTH INSURANCE PROGRAM (CHIP) OFFER FREE OR LOW-COST HEALTH COVERAGE TO CHILDREN AND FAMILIES

If you are eligible for health coverage from your employer, but are unable to afford the premiums, some states have premium assistance programs that can help pay for coverage. These states use funds from their Medicaid or CHIP programs to help people who are eligible for employer-sponsored health coverage but need assistance in paying their health premiums.

If you or your dependents are already enrolled in Medicaid or CHIP, you can contact your state Medicaid or CHIP office to find out if premium assistance is available.

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

Once it is determined that you or your dependents are eligible for premium assistance under Medicaid or CHIP, your employer’s health plan is required to permit you and your dependents to enroll in the plan – as long as you and your dependents are eligible but not already enrolled in the employer’s plan. This is called a “special enrollment” opportunity, and you must request coverage within 60 days of being determined eligible for premium assistance.

SPECIAL NOTICE FOR ALL MEDICARE-ELIGIBLE GROUP HEALTH PLAN PARTICIPANTS

If you and/or your dependents have Medicare or will become eligible for Medicare in the next 12 months, federal law now gives you more choices about your prescription drug coverage. Please see below for more details.

Medicare prescription drug coverage is available to everyone with Medicare through a program known as Medicare Part D.

Brown University has determined that the prescription drug coverage provided by OptumRx for the health insurance plans we offer is creditable. This means that the prescription benefits offered as part of the Brown group plans are equal to or better than those that will be offered through Medicare Part D. Because the coverage is creditable, you can enroll in or retain Brown group coverage and not pay extra if you later decide to enroll in Medicare Part D coverage. If, however, you decide to drop Brown's group coverage in the future, you could become subject to a premium penalty if you have a break in creditable coverage of 63 days or more before enrolling in a Part D plan.

You may receive this notice at other times in the future, such as before the next Open Enrollment period, before the next period you can enroll in Medicare prescription drug coverage or if this coverage changes. You also may request a copy of this notice by calling 401-863-2141.

BROWN UNIVERSITY'S BENEFITS VENDORS

Baker Benefit Group	877-321-4427	http://www.tbbgroup.net
Blue Cross & Blue Shield of RI Group # 71-60542-00	855-704-5366	http://www.myhealthtoolkitri.com
Bright Horizons Family Solutions	877-BH-CARES	http://www.backupbrighthorizons.com/
Citizens Bank	617-994-7578	http://www.citizenslo.com/DHeffernan/default.asp
Delta Dental of RI Group # 3054-0001 Comp. 3054-0002 Plus	401-752-6100	http://www.deltadentalri.com
Liberty Mutual Insurance Company	800-284-1078 (RI & MA residents) 800-225-8281 (Residents of all other states)	http://www.LibertyMutual.com
Mortgage Network, Inc.	978-618-0224	http://www.mortgagenetwork.com
Optum Bank Group # 706761	800-791-9361	http://www.optumbank.com or through myuhc.com
OptumRx Group # PURBROWN	866-441-2422	http://www.optumrx.com/
RetirementGuard, LLC	888-793-6111	http://www.retirementguard.com
Sentinel Benefits	888-762-6088	http://www.sentinelgroup.com
UnitedHealthcare Group # 706761	800-422-1404	http://www.myuhc.com
VSP Vision Service Plan	800-877-7195	http://www.vsp.com

**Please contact University Human Resources for information about the group life and disability carrier.*



BROWN

Brown University Human Resources

Box 1879

Providence, RI 02912

Benefits_Office@Brown.edu