



UKPEAGVIK
IñUPIAT
CORPORATION



2025 BOWHEAD EMPLOYEE BENEFITS GUIDE

Eligibility Information | Dental & Vision | Life & Disability

Flexible Spending Account | 401(k) | Employee Assistance Program

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WELCOME TO YOUR BENEFITS

In a world where “we offer competitive pay and benefits” is a common expression, UIC believes our employees deserve better and strives for superior design, quality, and delivery to differentiate us from the pack. Our benefits are designed to not only be competitive, but to help you be your best at work and in your personal life.

Your health benefits focus on wellness to help you and your loved ones maintain good health, but when accidents or ailments strike, they provide excellent financial protection. Our life and disability insurance benefits help secure income for you and your family in the event of disability or worse. For those of you who don’t want to work forever, our 401(k) plan is a powerful vehicle for helping you achieve your wealth goals at retirement.

We recognize that one size rarely fits all, and you will find “choice” a prevalent theme in our benefit offerings. Employees have the opportunity to choose from two IAM medical plans, two dental plans, a vision plan, supplemental life insurance, and a choice between a traditional and a Roth 401(k) savings plan. These are just a few of the many choices you have to tailor your UIC benefits to your needs.

The providers we use to deliver our benefits plan are widely recognized and have met UIC’s high standards for performance and value. We expect the very best from the providers we have selected to deliver your benefits.

If at any time you need assistance with your benefits, your company’s Human Resources benefits representative is here to help.

Our Iñupiat Values

As an Alaska Native Village Corporation, we incorporate the traditions of our ancestors into our daily practices. The traditional Iñupiat values are core to our business practices and guide our decisions.

- Compassion
- Resolution of Conflict
- Love & Respect for Elders
- Love & Respect One Another
- Cooperation
- Humor
- Sharing
- Family & Kinship
- Knowledge of Language
- Hunting Traditions
- Respect for Nature
- Humility
- Spirituality

Medicare Part D Notice: 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 the Annual Notices for more details.

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ELIGIBILITY AND ENROLLMENT

Eligibility

You are eligible for most UIC benefits on the first of the month following your date of hire, or on your hire date if it coincides with the first day of the month, and you are a full-time employee scheduled to work a minimum of 30 hours per week. Benefits eligibility can vary somewhat from benefit to benefit, and we encourage you to consult the summary plan description (SPD) for a particular benefit for more detailed information. In order to comply with the Affordable Care Act (ACA), UIC determines your eligibility for benefits using the Look Back Measurement Method. Refer to the Look Back Measurement Method section of this guide for additional information on how your eligibility is determined.

Dependent Eligibility

You have the option of enrolling your eligible dependents in the same plans you choose for yourself. You may enroll your dependents in benefits as a newly hired employee, or during the annual open enrollment period. Otherwise, the only time you may add or drop a dependent from coverage is within 30 days of a qualified life event. Eligible dependents include your legal spouse, your children, your step-children, and/or legally adopted children up to age 26. It is also your responsibility to ensure that ONLY eligible dependents are enrolled to control plan costs and to comply with company policy; and will be subject to verification.

When To Enroll

You can enroll in coverage within 30 days of your date of hire (first day worked) or during the annual Open Enrollment period. Benefit elections will take effect on the first of the month following your date of hire. If you do not enroll in benefits within 30 days from your hire date, you will not receive coverage during this plan year and will not have the opportunity to enroll until the next open enrollment, unless you experience a qualified change in family status (see “Making Changes During the Year” for details).

How To Enroll

To enroll in benefits, you will log into the Human Capital Management (UKG) system. Directions on how to login to the UKG are sent to every newly hired employee in an email in the first few days of employment. Additionally, your local HR Representative will review how to login to the UKG during your new hire orientation. If you are unable to use a computer, please contact your local HR Representative for assistance in benefit enrollment.

Mid-Year Changes

The choices you make when you first become eligible as a newly hired employee remain in effect for the remainder of the plan year, which begins on January 1, 2025 and ends on December 31, 2025. **The IAM Medical plan year is different and runs from July 1, 2024 through June 31, 2025:**

Once you are enrolled, you must wait until the next Open Enrollment period to change your benefits or add or remove coverage for dependents unless you have a qualified change in family status as defined by the IRS. Examples of a qualifying life event include, but are not limited to, the following:

- Marriage, divorce, legal separation, or annulment
- Birth or adoption of a child
- Change in your workplace (if your benefit options change)
- Loss of other health coverage
- Change in your dependent’s eligibility status because of marriage, age, etc.

You have 30 days from your qualifying life event to make changes to your coverage. Note: Any change you make to your coverage must be consistent with the change in status.

Please note: Premiums are based on a monthly basis, and deductions may be increased to recover the full premium amount.



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LOOK BACK MEASUREMENT METHOD

You and your dependents are eligible for the medical plan if you are a full-time employee. A full-time employee is generally an employee who works on average 130 hours per month, as defined by the ACA. ACA full-time status can affect or determine medical benefits eligibility but is not a guarantee of benefits eligibility. UIC uses the Look-Back Measurement Method to determine whether an employee meets this eligibility threshold.

New Employees

If you are a new employee hired to work at least 30 hours a week/130 hours a month, you will be offered medical benefits on the first of the month following your date of hire, or on your hire date if it coincides with the first day of the month.

If—as of your date of hire—UIC is unable to determine that you are a full-time employee, you will not be offered medical benefits immediately. Instead, you will be placed into an Initial Measurement Period; a 12-month period to determine whether you are a full-time employee and eligible for benefits. Employees hired with the following schedules will be placed into an Initial Measurement Period, including those hired into a:

- Part-time position
- Position where hours vary and UIC is unable to determine whether you will work on average 130 or more hours a month
- Seasonal position where you are expected to work for six (6) consecutive months or less (regardless of monthly hours worked)

Your 12-month Initial Measurement Period will begin on the first of the month following your date of hire and will last for 12 months. If, during your Initial Measurement Period, you average 130 or more hours a month over that 12 months period, you will become full-time and, if otherwise eligible for benefits, you will be offered coverage by the first of the second month after your Initial Measurement Period ends. Your full-time status will remain in effect during an associated stability period that will last 12 months. If your employment is terminated during that stability period, and you were enrolled in benefits, you will be offered coverage under COBRA.

Ongoing Employees

UIC uses the look-back measurement method to determine medical plan eligibility for ongoing employees. An ongoing employee is an individual who has been employed for an entire Standard Measurement Period. A Standard Measurement Period is the 12-month period of time over which UIC counts employee hours to determine which employees work full-time.

An employee is deemed full-time if he or she averages 130 or more hours a month over the 12-month standard measurement period. Those employees who average 130 or more hours a month over the 12-month standard measurement period will be full-time and, if otherwise eligible for benefits, offered coverage as of the first day of the stability period associated with the standard measurement period, which is the same as our plan year.

Full-time status will be in effect for the 12-month stability period. If your employment is terminated during a stability period, and you were enrolled in benefits, you will be offered coverage under COBRA. UIC uses the Standard Measurement Period and associated Stability Period annual cycle outlined below.

Measurement Period

Time to determine if you work 130+ hours per month on average – used to establish if you are “full-time” or “part-time” for medical eligibility

Nov 1 –
Oct 31

Stability Period

Time during which you will be considered “full-time” or “part-time” for medical plan eligibility - based on hours worked during preceding Measurement Period

Jan 1 –
Dec 31



AETNA DENTAL COVERAGE

The Core and Buy-Up dental plans offered through Aetna are designed to help you maintain a healthy smile through regular preventive dental care and to fix any problems as soon as they occur. Because preventive care is so important, both plans cover these services in full with no deductible or copay.

You have the freedom to visit in-network or out-of-network providers for your dental care; however, you will save money when you visit in-network providers. Please see the table below for a comparison of the dental plans.

	Aetna Core Plan	Aetna Buy-Up Plan
Annual Deductible (waived for Preventive Services)	\$50/person \$150/family	\$50/person \$150/family
Class I: Diagnostic and Preventive Services (e.g., x-rays, cleanings, exams)	Plan pays 100%	Plan pays 100%
Class II: Basic and Restorative Services (e.g., fillings, extraction, root canals)	Plan pays 80% after deductible	Plan pays 80% after deductible
Class III: Major Services (e.g., dentures, crowns, bridges)	Plan pay 50% after deductible	Plan pays 50% after deductible
Annual Maximum	\$1,500	\$2,500
Orthodontia Lifetime Maximum	N/A	Plan pays 50% up to \$5,000

Note: When you visit out-of-network dental providers, you are responsible for charges above usual, reasonable and customary rates, also known as balance billing.

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VSP VISION COVERAGE

The vision plan includes benefits for eye exams, eyeglasses, and contact lenses through VSP. You may visit a doctor within the VSP network and take advantage of higher benefits coverage, or visit an out-of-network provider of your choice for a reduced benefit.

	VSP Vision Plan		Barrow Members VSP Vision Plan	
	In-Network	Out-of-Network	In-Network	Out-of-Network
Eye Exam (every 12 months)	\$20 copay	Plan pays up to \$50	\$20 copay	Plan pays up to \$50
Lenses (every 12 months)				
Single Vision	\$0 copay	Plan pays up to \$50	\$0 copay	Plan pays up to \$100
Lined Bifocal	\$0 copay	Plan pays up to \$75	\$0 copay	Plan pays up to \$140
Lined Trifocal	\$0 copay	Plan pays up to \$100	\$0 copay	Plan pays up to \$155
Standard Progressive	\$50 copay	Plan pays up to \$75	\$50 copay	Plan pays up to \$140
Premium Progressive	\$80-\$90 copay	N/A	\$80-\$90 copay	N/A
Custom Progressives	\$120-\$160 copay	N/A	\$120-\$160 copay	N/A
	Anti Reflective Coating covered in full after \$35 Copay Frame		Anti Reflective Coating covered in full after \$35 Copay Frame	
Frames (every 12 months)	Plan pays up to \$200 allowance	Plan pays up to \$70	Plan pays up to \$200 allowance	Plan pays up to \$90
Contacts (every 12 months)	Plan pays up to \$200 allowance (\$60 copay for contact lens exam)	Plan pays up to \$105 (for lenses and exam)	Plan pays up to \$200 allowance (\$60 copay for contact lens exam)	Plan pays up to \$115 (for lenses and exam)
NEW: LASIK	Plan pays up to \$2,300 allowance per eye	Not covered	Plan pays up to \$2,300 allowance per eye	Not covered

Barrow Members: Due to the limited network availability in your area, your benefits will vary.

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FLEXIBLE SPENDING ACCOUNTS (FSA)

Healthcare FSA

Using a Flexible Spending Account (FSA) is a great way to stretch your benefit dollars. You contribute before-tax dollars to your FSA to reimburse yourself for eligible out-of-pocket medical expenses. That means you can enjoy tax savings and increased take-home pay. And that makes real sense.

An FSA is a tax-advantaged financial account that can be set up through your employer's cafeteria plan. An FSA allows you to designate a portion of your pre-tax earnings to pay for qualified expenses as established in the cafeteria plan, most commonly for qualified medical expenses, but also for dependent care. Since the money deducted from your paycheck for the FSA is not subject to Federal or state taxes, you can benefit from tax savings.

How a Healthcare FSA works:

You determine an annual election amount to contribute to your FSA via payroll deduction, in equal installments, on a tax-free basis.

- You can pay for qualified expenses with your Health Benefits Debit Card directly to your medical provider, or pay out-of-pocket and submit a claim to HSA Bank for reimbursement.
- When submitting a claim, scan and upload your bill(s), Explanation of Benefits or prescription(s), and receipt(s) through HSA Bank's mobile app or your computer.
- Once your claim is approved based on eligibility and availability of funds, reimbursement will be sent to you.
- Check your balances and account via HSA Bank's Member Website or mobile device 24/7.

Are you eligible for a Healthcare FSA?

Generally, to be eligible for an FSA, you just have to be an employee of an employer who offers an FSA. Unlike an HSA, you do not have to be covered by a High Deductible Health Plan (HDHP). You can have several insurance plans or none. You're not required to have health coverage to be eligible for a health FSA. If you are enrolled in the HDHP with HSA, you are eligible to sign up for the Limited FSA (Dental and Vision only).

What are the annual IRS contribution limits?

The IRS sets limits each year for maximum contributions to an FSA. The 2025 IRS maximum FSA annual contribution amount is \$3,300 before taxes for qualified healthcare expenses. Visit hsabank.com/irs-guidelines for the current limits.

You must submit reimbursements by March 31st for expenses incurred between January 1st and March 15th of the following year. Funds that are not spent by the end of the plan year are forfeited, use it or lose it!

HSA Bank offers the following:

- Flexible Spending Account (FSA)
- Limited Flexible Spending Account
- Dependent Care FSA
- Commuter / Parking Benefit

Flexible Spending Accounts

- Set aside up to **\$3,300** before taxes for qualified healthcare expenses
- Access entire amount on 1st day of plan year
- Use money for eligible out-of-pocket medical expenses such as deductibles and copays
- If you are enrolled in the HDHP with HSA, sign up for the Limited FSA (Dental & Vision only)



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FLEXIBLE SPENDING ACCOUNTS (FSA)

Limited FSA

Using a Limited Purpose Flexible Spending Account (LPFSA) is a great way to stretch your benefit dollars. You contribute before-tax dollars to your LPFSA to reimburse yourself for eligible out-of-pocket vision and dental expenses. That means you can enjoy tax savings and increased take-home pay. And that makes real sense.

An LPFSA is a tax-advantaged financial account that can be set up through your employer's cafeteria plan. An LPFSA allows you to designate a portion of your pre-tax earnings to pay for qualified expenses as established in the cafeteria plan for dental and vision expenses. Since the money deducted from your paycheck for the LPFSA is not subject to Federal or most state taxes, you can benefit from tax savings.

How a Limited Purpose FSA works:

- You determine an annual election amount to contribute to your LPFSA via payroll deduction, in equal installments, on a tax-free basis.
- You can pay for vision and dental expenses with your Health Benefits Debit Card directly to your provider, or pay out-of-pocket and submit a claim to HSA Bank for reimbursement.
- When submitting a claim, scan and upload your receipt(s) or Explanation of Benefits through HSA Bank's mobile app or your computer.
- Once your claim is approved based on eligibility and availability of funds, reimbursement will be sent to you.
- Check your balances and account information via HSA Bank's Member Website or mobile device 24/7.

Are you eligible for a Limited Purpose FSA?

Limited Purpose FSAs are established by your employer; therefore self-employed persons are not eligible for an LPFSA. An LPFSA may be offered together with other employer-provided benefits as part of your employer's cafeteria plan. You do not have to be covered under any other healthcare plan to participate, but your employer must generally sponsor a group health plan for its eligible employees.

The 2025 IRS maximum Limited FSA annual contribution amount is \$3,300 before taxes for qualified healthcare expenses.

Visit hsabank.com/irs-guidelines for the current limits. You must submit reimbursements by March 31st for expenses incurred between January 1st and March 15th of the following year. Funds that are not spent by the end of the plan year are forfeited, use it or lose it!





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Dependent Care FSA

UIC offers employees the opportunity to enroll in a Dependent Care Flexible Spending Account (FSA). FSAs are a tax-saving way to pay dependent care expenses that you would typically pay out-of-pocket. Expenses for dependent day care or elder care expenses can be very expensive. The FSA lets you pay these expenses with pre-tax dollars, which means that the funds you set aside in an FSA are not taxed, so you save money. Each year that you would like to participate in the FSA, you must re-enroll and elect the amount you want to contribute. Your contributions will be deducted from your paychecks in equal installments throughout the year and deposited into your account.

You may contribute up to \$5,000 (\$2,500 if you are married and file your taxes separately) to the Dependent Care FSA. When you have eligible expenses, you submit a claim to HSA Bank for reimbursement.

Eligible Expenses

Eligible dependent care expenses for the Dependent Care FSA are those that allow you and your spouse (if you are married) to work or attend school full time. These services generally include day care, babysitters, most day camps, and caregivers for disabled dependents.

Please be sure to check current IRS limits, as they are subject to change. For a complete list of eligible expenses, go to [irs.gov](https://www.irs.gov).

Important Rules to Keep in Mind

FSAs offer sizable tax advantages. The trade-off is that these accounts are subject to strict IRS regulations, including the following:

- The IRS has a strict “use it or lose it” rule: If you do not use the full amount in your FSAs by the end of the plan year, you will lose any remaining funds.
- You have 90 days from the end of the plan year to submit all reimbursement requests. Failure to submit requests within this window will result in the loss of any remaining funds.
- Once you enroll in the FSAs, you cannot change your contribution amount during the year unless you experience a qualified life event.

If you are unable to estimate your dependent care costs accurately, it is better to be conservative and underestimate rather than overestimate your expenses.



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FLEXIBLE SPENDING ACCOUNTS (FSA)

Commuter / Parking Benefit

With Commuter Benefits through UIC, you can make tax-free payroll deductions (up to the IRS limits) and in certain circumstances, post-tax deductions, to cover various modes of mass transit or parking expenses. There are two primary Commuter Benefit account types: Mass Transit accounts and Parking accounts.

Mass Transit Accounts:

Mass Transit accounts cover eligible workplace mass transit expenses such as the price of tickets, vouchers, and passes to ride a subway, train, city bus, or ferry. Qualified expenses also encompass costs of transportation in a commuter highway vehicle (e.g., vanpool), if such transportation is in connection with travel between a residence and place of employment. Funds only available via debit card.

Parking Accounts:

Parking accounts enable you to pay for qualified parking. Funds can be accessed via debit card or claim submission. Qualified parking is defined as parking provided to an employee on or near the business premises of the employer or on or near a location from which the employee commutes to work by transportation for which a transit pass is used, in a commuter vehicle or by carpool. Such terms shall not include any parking on or near property used by the employee for residential purposes.

Annual IRS limits for Commuter Benefits

The IRS sets maximum monthly pre-tax deduction and spending amounts and may adjust them annually. These limits reflect the maximum allowed pre-tax contribution and reimbursement amounts per calendar month. The 2025 maximum monthly benefit is \$325 for both the Transit account and the Parking Account.

Did you know?

Contributions to either a Mass Transit or Parking account are deducted from your pay before taxes, which can mean tax savings. Unused Commuter Benefits will carry over to the following year. Election changes are not limited by a plan year and can be updated or stopped as your needs change. Reimbursement funds become available as they are deducted from your paycheck. You can change election amounts monthly.

All claims for qualified expenses must be received within 180 days after the service is provided in order for it to be considered for reimbursement.





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TRICARE SUPPLEMENT

UIC offers a TRICARE Supplement Plan administered through Selman Co. This is a voluntary supplemental health benefit program available to employees and their dependents who are eligible for TRICARE, the military health program. Eligible employees and dependents cannot be eligible for Medicare and include the following:

- Retired military entitled to retired or retainer pay
- Retired Reservists between the ages of 60 and 65 entitled to retired pay
- Retired Reservists under age 60 but enrolled in TRICARE Retired Reserves (TRR)
- Spouses and Surviving spouse of the above

Coverage for this plan ends at age 65. The plan deductible is \$100 for individuals and \$200 for families. The monthly premiums are paid through pre-tax payroll deductions.

TRICARE Supplemental Plan administered through Selman Co.

- Plan Deductible of \$100 per individual and \$200 per family
- Premiums include membership to American Military Retirees Association (AMRA)
- Discounted services available through AMRA (hotels, moving services, car rental, etc.)

CARE REQUIRED	TRICARE Select Pays	THE SUPPLEMENT PLAN PAYS
INPATIENT FACILITY SERVICES in civilian hospitals for RETIREES and their dependent family members (room, board, supplies and staff services billed by the hospital).	The TRICARE Select Non-network DRG1 allowed amount (contracted rate for TRICARE Select Network minus your copay).	The lesser of \$708 per day or 25% of the billed amount, not to exceed the TRICARE Select Non-network DRG1 amount (lesser of \$250 per day or copay of the contracted rate of TRICARE Select Network).
INPATIENT PROFESSIONAL SERVICES in civilian hospitals for RETIREES and dependent family members (doctors, and other inpatient services not billed by the hospital).	75% of the TRICARE Select Non-network allowed amount (contracted rate for TRICARE Select Network minus your copay) for doctors and other professional services.	Your 25% Select Non-network cost share / Copay for Select Network PLUS 100% of Covered Excess Charges up to Legal Limit.
INPATIENT CARE in military hospitals.	The daily subsistence fee.	The daily subsistence fee.
OUTPATIENT CARE for RETIREES and their dependent family members (office visits, clinics, lab, etc).	75% of the TRICARE Non-network allowed amount (contracted rate for TRICARE Select Network minus your copay) after you pay the TRICARE Outpatient Deductible.	Your 25% Select Non-network cost share/ Copay for Select Network and 100% of the TRICARE Outpatient Deductible ² of \$150 per person or \$300 per family PLUS 100% of Covered Excess Charges up to Legal Limit.

***This voluntary program is available to employees and their dependents who are eligible for TriCare*

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401 (K) RETIREMENT PLAN

Looking to be comfortable in your retirement?

All the experts agree: start early, keep saving as much as you can afford,

At UIC, we match the first 3% of your contributions dollar-for-dollar—think of it as a 100% immediate return on your investment. You can save pre-tax with a traditional contribution, or post-tax with a Roth 401(k) contribution.

Eligibility

Most employees are eligible to participate in the plan. The following employees are not eligible:

- Employees covered by collective bargaining agreements (unless negotiated in by the CBA)
- Leased or reclassified employees
- Non-resident aliens
- Employees under age 18

You are eligible to enroll and participate in the plan as soon as administratively feasible.

Roth vs. Traditional

The main difference between the Roth and Traditional plans is when you pay income taxes on the money put into the plan. Traditional 401(k) plan contributions are tax-deferred; you pay the taxes when you withdraw the money. Just the opposite is true with a Roth plan; you put your contributions in after taxes, but you don't pay taxes when you take the money out at retirement. We give employees the choice because we know retirement savings needs vary. Talk to your financial advisor about which option is right for you.

Vesting

Vesting refers to your “ownership” of the money contributed to your account. All contributions to the plan are 100% vested, including the UIC match.

Note: There is no waiting period for vesting.

Plan Contributions*

You may make contributions ranging from 1% to 100% of your salary through payroll deductions. The limit for 2025 is \$23,500 for anyone under age 50. If you are over age 50, you may contribute an additional \$7,500.

Your Contribution	UIC Contribution	Total Contribution
1%	1%	2%
2%	2%	4%
3%	3%	6%
4% +	3%	7% +

MATCHING

UIC provides all employees with a 401(k) match of up to 3% of your salary. This match is added to your account each payroll period, and there is no waiting period—you are eligible immediately.

**2025 limit indexed each year and subject to change. Please be sure to check current IRS limits, as they are subject to change.*

Rollover

You are able to rollover 401(k) balances from other qualified plans into your UIC account at any time.

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LIFE AND AD&D INSURANCE

Basic Life And AD&D

Providing economic security for your family if you die, become disabled, or experience an injury or illness is a major consideration in personal financial planning. UIC provides you with employee life and AD&D insurance coverage at no cost to you. You automatically receive life and AD&D coverage in the amount of twice your annual earnings, up to \$200,000. You must choose a beneficiary to receive benefits in the event of your death. Log in to UKG to update your beneficiary today.

Voluntary Life And AD&D

We are offering you the opportunity to enroll in voluntary life and accidental death and dismemberment insurance through New York Life. If you need additional life insurance to meet your financial needs, you can purchase voluntary life/AD&D insurance through after- tax payroll deductions for yourself and your dependents.

IMPORTANT

As a new hire, if you enroll within 30 days of your hire date, you may apply for any amount of life insurance coverage up to \$140,000 for yourself and any amount of coverage up to \$25,000 for your spouse without having to complete Evidence of Insurability. Any life insurance coverage over the Guarantee Issue amount(s) will be subject to Evidence of Insurability being submitted and approved. Voluntary life coverage elected over the Guaranteed Issue Amount will not be in force until your submitted Evidence of Insurability form has been approved by New York Life.

If you and your eligible dependents do not enroll within 30 days of your initial hire date, you will be required to furnish Evidence of Insurability for the entire amount of coverage. However, existing employees who are currently enrolled in the voluntary life plan with a coverage amount that is less than the guaranteed issue amount, can elect up to the guaranteed issue amount at a later date without submitting evidence of insurability.

Employee

You can purchase additional life and AD&D insurance coverage for yourself if you choose. Consider costs such as funeral expenses, legal expenses, and general living expenses for your surviving family members when determining an appropriate amount of additional coverage. You can choose amounts from \$10,000 up to five times your annual earnings, to a maximum of \$500,000. ***Note:** You may purchase life insurance coverage even if you do not purchase AD&D coverage. You may also purchase AD&D insurance even if you do not purchase life coverage.

If you enroll in additional life and/or AD&D coverage for yourself, you may choose to elect additional coverage for your spouse and/or your child(ren) in the following amounts:

Spouse:

Up to 100% of employee amount, in increments of \$5,000, up to a maximum of \$500,000.

Child(ren)

Up to 100% of employee amount or a maximum of \$10,000, whichever is less, in increments of \$2,000 (The maximum death benefit for a child between the ages of live birth and 6 months is \$1,000).

**Your Unmarried, Dependent Children under age 19 (or under age 26 if they are full-time students), as long as you apply for and are approved for coverage for yourself, in order to be covered under the New York Life supplemental plans.*



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LIFE AND AD&D INSURANCE

Voluntary Life And AD&D

Evidence of Insurability

If you enroll when you and/ or your spouse are first eligible, you can request up to \$140,000 for yourself and \$25,000 for your spouse without providing proof of good health. If you request coverage for yourself or spouse after you are first eligible, you will need to submit proof of good health for all amounts of coverage requested.

**Benefit reduction applies for ages 70+*

Schedule of Benefits	
Employee	Increments of \$10,000 up to the lesser of 5 x covered annual earnings or \$500,000
Spouse	Increments of \$5,000 up to the lesser of 100% of the employee amount or \$500,000
Children	Increments of \$2,000 up to the lesser of 100% of the employee amount or \$10,000

Example:

Employee (age 32, non-smoker) 300 units x \$.080 per unit (\$300,000) = \$24.00

Spouse (age 30) 150 units x \$.109 per unit (\$150,000) = \$16.35

Children 10 units x \$.262 per unit (\$10,000) = \$2.62

Total Monthly Cost = \$42.97

Voluntary Life Step Monthly Cost Per \$1,000

Age	Non-Smoker Employee	Smoker Employee	Spouse
<24	\$0.056	\$0.100	\$0.099
25-29	\$0.060	\$0.100	\$0.099
30-34	\$0.080	\$0.138	\$0.109
35-39	\$0.090	\$0.195	\$0.138
40-44	\$0.118	\$0.292	\$0.217
45-49	\$0.195	\$0.487	\$0.388
50-54	\$0.328	\$0.788	\$0.636
55-59	\$0.501	\$1.099	\$0.920
60-64	\$0.677	\$1.354	\$1.410
65-69	\$1.331	\$2.388	\$2.603
70-74	\$2.484	\$3.969	\$4.532
75+	\$4.920	\$6.401	\$8.703
Voluntary Life Child Rate			\$0.262

Voluntary AD&D Monthly Cost Per \$1,000

Employee	\$0.027
Spouse	\$0.027
Child	\$0.027

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DISABILITY INSURANCE

Short-Term Disability

You are automatically provided with short-term disability (STD) coverage. The STD plan provides 60% of your weekly earnings, to a maximum of **\$2,000** per week for the first 13 weeks of a disability (after a seven-day waiting period for an illness, including pregnancy). There is no waiting period for an injury. All payments received are after-tax; the basic STD cost comes out of employer provided Health & Welfare Funds.

Voluntary Short-Term Disability

As a full-time employee of UIC, you are provided with a base short term disability benefit. This benefit will pay you 60% of your covered weekly earnings up to **\$2,000** through your 13th week of disability in the event you are unable to work after 7 days for illness or on the first day for an accident. To provide you and your family with additional financial security, we are offering you the opportunity to purchase a buy-up short term disability plan.

With the supplemental buy-up plan, you will receive 70% of your covered weekly earnings, up to **\$2,500** through your 13th week of disability. The cost of the supplemental buy-up benefit is paid by you, and is based on the rates below per \$10 of weekly covered earnings.

Definition of Disability

Disability means that, solely because of a covered injury or sickness, you are unable to perform the material duties of your regular occupation and you are unable to earn 80% or more of your covered earnings from working in your regular occupation. We will require proof of earnings and continued disability.

Long-Term Disability

UIC believes that long-term disability (LTD) coverage is important because anyone at any age may become injured or ill for an extended period of time. You are automatically covered under the LTD plan. LTD coverage will replace 60% of your base earnings* to a monthly maximum of \$7,500 if you are disabled for more than 90 days and are unable to work. LTD benefits are offset by other sources of income, such as Social Security and workers' compensation. All payments received are after-tax; the basic STD cost comes out of employer provided Health & Welfare Funds..

Covered Earnings

Covered earnings means your wages or salary, including commissions and bonuses, but not including overtime pay or any other extra compensation.

Earnings While Disabled

Benefits will be reduced for any week that benefits plus income from employment exceeds 100% of weekly covered earnings.

Cost of Coverage Per \$10 of benefit		
Age	Weekly	Bi-Weekly
<50	\$0.0192	\$0.0384
50-54	\$0.0240	\$0.0480
55-59	\$0.0287	\$0.0574
60-64	\$0.0359	\$0.0718
65+	\$0.0383	\$0.0766

**For life and AD&D insurance plans as well as disability plans, "earnings" means income actually received from commissions, bonuses and regularly scheduled overtime pay.*



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VOLUNTARY CRITICAL ILLNESS

Critical Illness insurance pays a one-time, lump sum benefit amount upon the diagnosis of a covered disease or illness. You can use this money for any purpose you like- lost wages, child care, travel, home health care costs, or any of your regular household expenses. The Cigna Critical Illness plan includes a lump sum benefit for the following diseases and illnesses:

- Cancer
- Paralysis
- Heart Attack
- Amyotrophic Lateral Sclerosis (ALS)
- Stroke
- Blindness
- Renal (Kidney) Failure
- Coronary Artery Disease (Surgery- 25% benefit)
- Major Organ Transplant
- Carcinoma in Situ (25% benefit)

Covered Person	
Employee	\$5,000, \$10,000 or \$20,000
Spouse	50% of employee benefit
Children	25% of employee benefit

Please note that benefits reduce by 50% at age 75.

Example

Cindy has a history of cancer in her family, so she enrolled in the Critical Illness plan and elected \$20,000 in benefits. A few months later, Cindy was diagnosed with invasive breast cancer. After filing a claim, Cindy was able to use her benefit to help cover her medical costs, pay for additional childcare and cover some of her lost income.

CINDY'S BENEFIT PAYOUT	
Cancer Diagnosis	100%
TOTAL BENEFIT	\$20,000

Health Screening Benefit

This plan feature provides a benefit amount of \$50 for a health screening test taken by each covered person per calendar year.

Eligible health screening tests include:

- Mammography
- Pap Smear for women over age 18
- Flexible Sigmoidoscopy
- Hemocult Stool Specimen
- Colonoscopy
- Prostate Specific Antigen
- Fasting blood glucose test
- Stress test on a bicycle or treadmill
- Blood test for triglycerides
- Bone marrow testing
- Serum cholesterol test to determine levels of HDL and LDL
- Chest X-ray
- Breast ultrasound
- CA 15-3 (blood test for breast cancer)
- CA125 (blood test for ovarian cancer)
- CEA (blood test for colon cancer)
- Serum Protein Electrophoresis
- Thermography



VOLUNTARY CRITICAL ILLNESS

WEEKLY COST OF COVERAGE

Employee Benefit Amount of \$5,000

	Non-Tobacco				Tobacco			
Issue Age	Employee	Employee & Spouse	Employee & Child(ren)	Employee & Family	Employee	Employee & Spouse	Employee & Child(ren)	Employee & Family
0-29	\$0.84	\$1.48	\$0.89	\$1.53	\$1.08	\$1.86	\$1.14	\$1.92
30-39	\$1.26	\$2.13	\$1.31	\$2.19	\$1.96	\$3.25	\$2.02	\$3.31
40-49	\$2.19	\$3.62	\$2.24	\$3.67	\$3.79	\$6.14	\$3.85	\$6.20
50-59	\$4.05	\$6.54	\$4.10	\$6.59	\$7.05	\$11.28	\$7.11	\$11.34
60-69	\$6.98	\$11.17	\$7.03	\$11.23	\$11.44	\$18.25	\$11.50	\$18.30
70-79	\$8.42	\$13.45	\$8.47	\$13.50	\$12.04	\$19.18	\$12.10	\$19.23
80+	\$9.57	\$15.28	\$9.64	\$15.33	\$12.75	\$20.30	\$12.81	\$20.37

Employee Benefit Amount of \$10,000

	Non-Tobacco				Tobacco			
Issue Age	Employee	Employee & Spouse	Employee & Child(ren)	Employee & Family	Employee	Employee & Spouse	Employee & Child(ren)	Employee & Family
0-29	\$1.27	\$2.14	\$1.35	\$2.23	\$1.75	\$2.90	\$1.84	\$2.99
30-39	\$2.10	\$3.43	\$2.19	\$3.54	\$3.51	\$5.67	\$3.62	\$5.78
40-49	\$3.97	\$6.41	\$4.05	\$6.50	\$7.17	\$11.46	\$7.26	\$11.55
50-59	\$7.68	\$12.25	\$7.77	\$12.33	\$13.68	\$21.73	\$13.79	\$21.84
60-69	\$13.54	\$21.52	\$13.63	\$21.61	\$22.47	\$35.67	\$22.56	\$35.76
70-79	\$16.43	\$26.07	\$16.52	\$26.16	\$23.67	\$37.54	\$23.76	\$37.63
80+	\$18.74	\$29.74	\$18.85	\$29.83	\$25.08	\$39.78	\$25.19	\$39.89

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VOLUNTARY CRITICAL ILLNESS

WEEKLY COST OF COVERAGE (Cont.)

Employee Benefit Amount of \$20,000

	Non-Tobacco				Tobacco			
Issue Age	Employee	Employee & Spouse	Employee & Child(ren)	Employee & Family	Employee	Employee & Spouse	Employee & Child(ren)	Employee & Family
0-29	\$2.12	\$3.45	\$2.28	\$3.61	\$3.09	\$4.98	\$3.25	\$5.13
30-39	\$3.78	\$6.04	\$3.94	\$6.24	\$6.60	\$10.52	\$6.80	\$10.72
40-49	\$7.52	\$11.99	\$7.68	\$12.15	\$13.94	\$22.10	\$14.09	\$22.26
50-59	\$14.95	\$23.67	\$15.11	\$23.83	\$26.95	\$42.64	\$27.15	\$42.84
60-69	\$26.67	\$42.22	\$26.83	\$42.38	\$44.54	\$70.52	\$44.69	\$70.67
70-79	\$32.44	\$51.32	\$32.60	\$51.47	\$46.94	\$74.25	\$47.09	\$74.41
80+	\$37.06	\$58.65	\$37.26	\$58.81	\$49.75	\$78.73	\$49.95	\$78.93

BI-WEEKLY COST OF COVERAGE

Employee Benefit Amount of \$5,000

	Non-Tobacco				Tobacco			
Issue Age	Employee	Employee & Spouse	Employee & Child(ren)	Employee & Family	Employee	Employee & Spouse	Employee & Child(ren)	Employee & Family
0-29	\$1.68	\$2.96	\$1.79	\$3.07	\$2.16	\$3.72	\$2.27	\$3.83
30-39	\$2.51	\$4.26	\$2.62	\$4.38	\$3.92	\$6.49	\$4.05	\$6.62
40-49	\$4.38	\$7.23	\$4.49	\$7.34	\$7.59	\$12.29	\$7.69	\$12.39
50-59	\$8.10	\$13.07	\$8.20	\$13.18	\$14.10	\$22.56	\$14.22	\$22.68
60-69	\$13.96	\$22.35	\$14.06	\$22.45	\$22.89	\$36.49	\$22.99	\$36.60
70-79	\$16.84	\$26.89	\$16.95	\$27.00	\$24.09	\$38.36	\$24.19	\$38.47
80+	\$19.15	\$30.56	\$19.28	\$30.67	\$25.50	\$40.60	\$25.62	\$40.73

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VOLUNTARY CRITICAL ILLNESS

BI-WEEKLY COST OF COVERAGE (Cont.)

Employee Benefit Amount of \$10,000

	Non-Tobacco				Tobacco			
Issue Age	Employee	Employee & Spouse	Employee & Child(ren)	Employee & Family	Employee	Employee & Spouse	Employee & Child(ren)	Employee & Family
0-29	\$2.53	\$4.28	\$2.71	\$4.45	\$3.50	\$5.80	\$3.68	\$5.98
30-39	\$4.20	\$6.86	\$4.37	\$7.08	\$7.01	\$11.34	\$7.23	\$11.56
40-49	\$7.93	\$12.82	\$8.11	\$12.99	\$14.35	\$22.92	\$14.52	\$23.10
50-59	\$15.36	\$24.49	\$15.54	\$24.67	\$27.36	\$43.46	\$27.59	\$43.68
60-69	\$27.09	\$43.05	\$27.26	\$43.22	\$44.95	\$71.34	\$45.12	\$71.52
70-79	\$32.86	\$52.14	\$33.03	\$52.32	\$47.35	\$75.08	\$47.52	\$75.25
80+	\$37.47	\$59.48	\$37.69	\$59.65	\$50.16	\$79.56	\$50.39	\$79.78

Employee Benefit Amount of \$20,000

	Non-Tobacco				Tobacco			
Issue Age	Employee	Employee & Spouse	Employee & Child(ren)	Employee & Family	Employee	Employee & Spouse	Employee & Child(ren)	Employee & Family
0-29	\$4.24	\$6.91	\$4.56	\$7.22	\$6.18	\$9.96	\$6.49	\$10.27
30-39	\$7.56	\$12.08	\$7.88	\$12.48	\$13.20	\$21.03	\$13.60	\$21.44
40-49	\$15.04	\$23.99	\$15.36	\$24.30	\$27.87	\$44.20	\$28.19	\$44.52
50-59	\$29.90	\$47.34	\$30.22	\$47.65	\$53.90	\$85.28	\$54.31	\$85.68
60-69	\$53.35	\$84.45	\$53.66	\$84.76	\$89.07	\$141.03	\$89.39	\$141.35
70-79	\$64.89	\$102.63	\$65.20	\$102.95	\$93.87	\$148.51	\$94.19	\$148.82
80+	\$74.12	\$117.31	\$74.52	\$117.62	\$99.50	\$157.46	\$99.91	\$157.87

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VOLUNTARY ACCIDENT INSURANCE

Accident insurance pays cash benefits for the treatments and injuries associated with an accidental injury such as fractures, dislocations, burns, emergency room, or urgent care visit, and physical therapy. If you or a covered family member suffers an accident, the plan will pay a lump sum benefit based on a predetermined schedule of benefits. By enrolling in the Accident plan, you and your enrolled dependents are also eligible to receive an annual \$50 Wellness Benefit for keeping up with your preventive care.

BENEFIT TYPE	High Plan	Low Plan
Ambulance	\$400 ground, \$1,600 air	\$300 ground, \$1,200 air
Burn	Schedule up to \$10,000	Schedule up to \$7,500
Concussion	\$150	\$100
Dislocation	Schedule up to \$6,000	Schedule up to \$4,000
Emergency Room Treatment	\$200	\$100
Fracture	Schedule up to \$4,500	Schedule up to \$8,000
Hospital Admission	\$1,000	\$500
Hospital Confinement	\$200 per day, up to 365 days	\$100 per day, up to 365 days
Initial Physician Visit	\$100	\$50
Laceration	Schedule up to \$600	Schedule up to \$400
Physical Therapy	\$50 per visit, up to 10 visits	\$25 per visit, up to 10 visits
Surgery	Schedule up to \$1,250	Schedule up to \$1,000
Urgent Care	\$100	\$50
X-ray	\$50	\$10
Wellness Benefit	\$50 per insured, per year	\$50 per insured, per year

Example

Kyle injured himself while playing in the yard and suffered a serious concussion. Although Christine, his mom, had good medical coverage, the out-of-pocket costs kept adding up. Thankfully, she and her family were enrolled the Accident plan. She was able to use the money she received under the plan to offset her medical deductible and applicable copays.

CHRISTINE'S BENEFIT PAYOUT HIGH PLAN

Ambulance	\$400
Emergency Room	\$200
Concussion	\$150
TOTAL BENEFIT	\$750

BI-WEEKLY COST OF COVERAGE

	High Plan	Low Plan
Employee	\$6.38	\$3.78
EE+ Spouse	\$11.77	\$7.10
EE + Child(ren)	\$14.28	\$8.49
Family	\$19.68	\$11.81

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VOLUNTARY HOSPITAL INSURANCE

A hospital stay can be costly, even if you have medical coverage. Hospital Indemnity insurance can help cover your medical deductible or coinsurance if you are hospitalized by paying a lump-sum benefit directly to you.

Example

Alexis and her husband eagerly awaited the birth of their child. Alexis was enrolled in the Hospital Indemnity plan, which provided benefits for her hospital admission and stay. The money she received under the plan allowed her to take an extra week of unpaid maternity leave to bond with her little boy.

ALEXIS'S BENEFIT PAYOUT HIGH PLAN

Hospital Admission	\$1,000
Hospital Stay (2 days)	\$400
TOTAL BENEFIT	\$1,400

BENEFIT TYPE	High Plan	Low Plan
Hospital Admission	\$1,000 per admission, up to 1 time, per every 365 days	\$500 per admission, up to 1 time, per every 365 days
Hospital Confinement	\$200 per day, up 30 days, per year	\$100 per day, up 30 days, per year
Hospital ICU Admission	\$1,000 per admission, up to 1 time, per every 365 days (does not stack with hospital admission)	\$500 per admission, up to 1 time, per every 365 days
Hospital ICU Confinement	\$400 per day, up 30 days, per year (does not stack)	\$200 per day, up 30 days, per year
Wellness Benefit	\$50 per insured, per year	\$50 per insured, per year

No pregnancy limitation and pre-existing conditions provisions.

BI-WEEKLY COST OF COVERAGE

	High Plan	Low Plan
Employee	\$4.40	\$2.59
EE+ Spouse	\$12.04	\$6.87
EE + Child(ren)	\$8.18	\$5.16
Family	\$15.81	\$9.44



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MYBENEFITS.LIFE

The Easy Way To Get Benefits Info

All of Your Benefits Information in One Place

You can bank online, book a vacation online, and read the news online. Why should your benefits information be any different? MyBenefits.Life is both a website and a mobile app that give you access to the benefits information you need, when you need it.

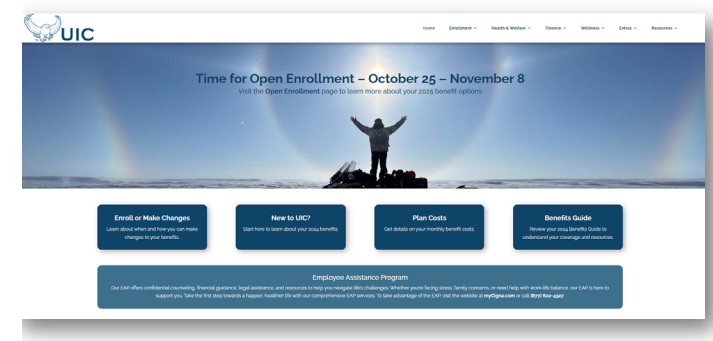
What You'll Find on Mybenefits.life

Benefits	See benefit details and costs for all plans you're eligible for, such as healthcare, disability, life insurance, and more
Search	Can't find it? Just search the site
Articles and Video Library	Have 2 minutes? Increase your benefits IQ with short explainer articles and videos
Financial Wellness	Want to understand your finances better? Learn how in the Digital Financial Wellness Center, powered by Prudential
Glossary	HDHP? EOB? Coinsurance? Get the definitions in plain English
Documents	Important benefit plan notices ("the fine print")
Contacts	Find HR, benefits, and carrier contacts
Get Help	Need help? Reach helpful resources

NOTE: All benefit elections are done on UKG/HCM system.

Visit MyBenefits.Life

uic.mybenefits.life





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EMPLOYEE ASSISTANCE PROGRAM

Because unresolved personal issues can affect every aspect of one's life, including work performance, UIC automatically provides you and your family with an Employee Assistance Program (EAP) through Cigna at no cost to you.

You may call the EAP hotline 24 hours a day, 7 days a week at 877.622.4327 for unlimited confidential assistance by telephone with nearly any personal matter you may be experiencing. Licensed counselors can provide you with access to up to 6 face- to-face counseling sessions, legal advice, financial consultation, medical advice, dependent care referrals, other community referrals, and written information.

To register, log in to myCigna.com —
Employer ID: UIC (for initial registration only).

If already registered on myCigna.com, simply log in and go to the EAP link under the Coverage tab and click See Work/Life Resources in the Home Life Referrals box.



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PET INSURANCE

Pets are members of the family too. When your pet gets sick, bills can add up faster than expected. Pet insurance prevents you from needing to weigh your pet's health against your bank account. Most plans offer coverage for costs associated with both accidents and illnesses—even medications. Rates will depend on the age and breed of your pet. Figo provides coverage for this program. You can enroll in this program at any time. Payments will be set up on a direct bill basis to employees.

Enrolling with Figo

Figo Pet Insurance offers an employee benefit discount of 5%, plus a multi-pet discount of 5%. Employees can choose to add Veterinary Exam Fees for Accident and Illness Visit, Wellness & Dental and Extra Care Pack to their coverage for an additional cost.

Value Adds Include:

Figo Pet Cloud: 24/7 Pet Telehealth, A.I. Claims, Document Storage, and chat/plan play dates with other pet owners near by!

Contact Information

To enroll you can call 844-262-8133 and mention you are an employee of UIC.

Category	Options
Benefit Limits	\$5,000, \$10,000 or Unlimited
Deductibles	\$100, \$250, \$500 or \$750
Reimbursements	70%, 80%, 90%, 100%
Preventive Care	Optional coverage

Sample Rates:	
3-Year-Old Small Mixed-Breed Dog:	3-Year-Old Domestic Shorthair Cat:
\$27.98/month (\$5,000/\$250/80% plan);	\$17.21/month (\$5,000/\$250/80% plan);
\$32.64/month (\$10,000/\$250/80% plan);	\$20.09/month (\$10,000/\$250/80% plan);
or \$37.06/month (Unlimited/\$250/80% plan)	or \$22.80/month (Unlimited/\$250/80% plan)



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LIFEBALANCE

Health. Happiness. Savings.

Want to save on gym memberships, yoga classes, fitness gear, or massages? How about on movie tickets, attraction admission, ski lift tickets, live theatre, or hotel stays? With the LifeBalance Program, you can save on the fun and healthy activities that leave you feeling fit, happy, and fulfilled! Discounts are available year-round for both you and your family.

Save on all kinds of things, such as:

- Joining a gym
- Seeing a play
- Finishing a 10k
- Renting kayaks
- Getting massages
- Taking karate lessons
- Going whale watching
- Staying in cheap hotels
- Catching a blockbuster
- Buying cycling gear
- Staying in luxurious hotels
- Going on a cruise
- Staying in cheap hotels
- Seeing a play
- Buying cycling gear
- Renting kayaks
- Going on a cruise
- Taking karate lessons

And that's just the beginning! Visit the new, mobile-friendly LifeBalanceProgram.com to find thousands of ways to make your life balance!

Here's how it works:

1. Anytime you want to learn about or use discounts, just log in to LifeBalanceProgram.com using your computer, tablet, or smart phone. If you already have a LifeBalance account, you can log in any time to redeem discounts. To create an account, see the Getting Started box to the right.
2. Search for participating vendors by business name, location, or category.
3. Click on a vendor's name in the list of results to see the discounts it offers.
4. Click "Get Discounts" in a vendor's listing to view instructions for redeeming savings. Discounts will be redeemable either online, over the phone, or by presenting a discount voucher in print or on your smart phone.

Questions? We'd love to help!

Simply contact LifeBalance Membership Services at: info@lifebalanceprogram.com or at 888.754.5433.

Getting Started

If you've never been to the LifeBalance website, all you have to do to start saving is create your free account!

Here's how:

1. Visit LifeBalanceProgram.com on your computer, tablet, or smart phone.
2. To create your account, enter the email address of your choice and click "Let's Get Started".

And you're all set! Just like that, thousands of discount options are now at your fingertips. So have fun exploring, and happy saving!



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Vision Coverage

Flexible Spending Accounts

TRICARE Supplement

401(k) Retirement Plan

Life and AD&D Insurance

Disability Insurance

Voluntary Critical Illness

MyBenefits.Life

Employee Assistance Program

Questions

Important Plan Notices and Documents

QUESTIONS?

BENEFIT	CONTACT	TELEPHONE	WEB ADDRESS
MyBenefits.Life	Alliant	N/A	uic.mybenefits.life
Health Advocate	Health Advocate	866.695.8622	HealthAdvocate.com/members
Medical / Rx	IAM	800.735.6262	iambfo.org
Dental	Aetna	877.238.6200	aetna.com
Vision	VSP	800.877.7195	vsp.com
Flexible Spending Accounts Commuter / Parking	HSA Bank	800.357.6246	hsabank.com
TRICARE Supplement	SelmanCo	800.735.6262	selmanco.com/tricare-supplement
401(k) Retirement Plan	Principal Financial	800.547.7754	principal.com
Life/AD&D	New York Life	800.362.4462	newyorklife.com
Short- & Long-Term Disability	New York Life	800.362.4462	newyorklife.com
Voluntary Benefits	Cigna	800.754.3207	SuppHealthClaims.com
Pet Insurance	Figo	844.262.8133	figopetinsurance.com
Employee Assistance Program	Cigna	877.622.4327	myCigna.com
Healthy Living Program	Lifebalance	888.754.5433	lifebalanceprogram.com



Eligibility and Enrollment

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IMPORTANT PLAN NOTICES AND DOCUMENTS

Current Health Plan Notices

The following notices must be provided to plan participants on an annual basis. They are available in the Annual Notices booklet and include:

Medicare Part D Notice

Describes options to access prescription drug coverage for Medicare eligible individuals.

Women's Health and Cancer Rights Act

Describes benefits available to those that will or have undergone a mastectomy.

Newborns' and Mothers' Health Protection Act

Describes the rights of mother and newborn to stay in the hospital 48-96 hours after delivery.

HIPAA Notice of Special Enrollment Rights

Describes when you can enroll yourself and/or dependents in health coverage outside of open enrollment.

Children's Health Insurance Program

Reauthorization Act (CHIPRA)

Describes availability of premium assistance for Medicaid eligible dependents.

Current Plan Documents

Important documents for our health plan and retirement plan available and include:

Summary Plan Descriptions (SPDs)

A Summary Plan Description, or SPD, is the legal document for describing benefits provided under the plan as well as plan rights and obligations to participants and beneficiaries.

Summary of Benefits and Coverage (SBCs)

A Summary of Benefits and Coverage (SBC) is a document required by the Affordable Care Act (ACA) that presents benefit plan features in a standardized format.

Paper copies of these documents and notices are available if requested. If you would like a paper copy, please contact Human Resources.

Statement of Material Modifications

This enrollment guide constitutes a Summary of Material Modifications (SMM) to the UIC Group Health Plan. It is meant to supplement and/or replace certain information in the SPD, so retain it for future reference along with your SPD. Please share these materials with your covered family members.

