



Benefits for Living Well

2021 Benefits Summary

— BMR —





What's Inside

Welcome to Your USD Benefits.

At the University of San Diego, our goal is to prepare leaders who are dedicated to ethical conduct and compassionate service. In these uncertain times, we are especially grateful for your commitment to our mission, to our students, and to our “Toreros Together” spirit. We know that a benefits package is more important than ever, so we are pleased to provide a program that focuses on overall wellness in all areas of life.

We offer tools for your physical, mental, and financial well-being, as well as resources that provide support and guidance to help you navigate the current challenges of daily life. Because everyone’s needs are different, we give you options, allowing you to choose the benefits that are right for you and your family.

We encourage you to review this guide and choose your plans carefully. If you have questions, our Benefits team is ready to help at usdbenefits@sandiego.edu, or you can contact the individual carriers listed on the Benefits Contacts page.



 **THIS GUIDE
IS CLICKABLE**

This guide is designed to give you quick access to your benefits information:

- Click on the top menu to go directly to a chapter within this guide.
- Within each chapter, click on a page on the left-hand panel to go directly to that page.
- Use the buttons on the bottom corners to move one page forward or backwards.

Eligibility & Enrollment

Benefits Eligibility

Eligible employees include:

- Full-time regular employees
- Full-time regular faculty
- Employees who are not full time and/or who are not in regular positions may be eligible for certain benefits according to the Affordable Care Act, the rules governing USD's defined contribution retirement plan, and other USD policies (contact the Benefits team for details).

You may enroll your eligible dependents in many of the same plans you choose for yourself.

Proof of dependent status (like marriage or birth certificates) may be required to enroll.

Eligible dependents include:

- Your legal spouse or registered domestic partner¹ (opposite sex or same sex)
- Your children up to age 26
- Your mentally or physically disabled dependent children of any age (contact the Benefits team for details)

¹If you enroll your legally registered domestic partner in your benefit plans, the portion of the premium USD pays for your domestic partner's coverage is considered taxable by the IRS and will be added to your paychecks as taxable income. Your domestic partner's portion of your employee premium will also be deducted from your paychecks on a post-tax basis. Contact the Benefits team for details.

Enrolling & Making Changes

You have three opportunities to enroll in or make changes to your benefits:

1. Within 31 days of your initial eligibility date
2. During the annual Open Enrollment period (held in the fall)
3. Within 31 days of a qualifying life event

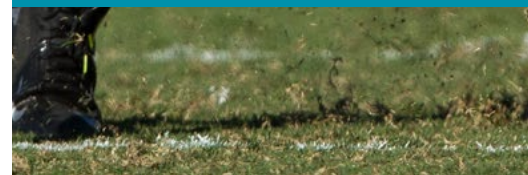
Examples of a qualifying life event can include:

- Marriage, divorce, or legal separation
- Birth or adoption of a child
- Gain or loss of other health coverage
- Change in employment status
- Change in Medicaid/Medicare eligibility
- Receipt of a Qualified Medical Child Support Order



Reminder

Any updates you make to your benefits must be consistent with your qualifying life event. For example, if you have a baby, you can enroll your new dependent, but you cannot change your medical plan election.



How to Enroll

1. Evaluate Your Needs

When preparing to enroll in benefits, start by considering the following questions:

- **Who should I cover?** If you had any family changes or if you want to add or remove eligible dependents from certain benefits, now is the time to do so. **Remember:** The annual Open Enrollment period is your once-a-year chance to make changes to your benefits without experiencing a qualifying life event!
- **How much did I spend on health care last year?** Understanding your yearly expenses goes a long way in ensuring you choose the right plans for your health care needs.
- **Have my needs changed?** It's important to review the different benefit options rather than automatically staying with the same choices each year, even if you end up keeping the same plans.

2. Review Your Options

Use this guide to understand your benefit options and costs.

3. Enroll Online

Visit the Oracle home page at usdebsprod.sandiego.edu and enter your Oracle username and password to get started.

4. Confirm Your Elections

Once you've enrolled, review your confirmation statement carefully to make sure your benefit choices and dependent information are correct.

When Coverage Begins

Benefits you elect when you are first eligible will become effective on your date of eligibility. Elections made during the annual Open Enrollment period will be effective January 1 through December 31.



Your 2021 Cost for Coverage

Monthly Medical Premiums

Medical Plan Option	Employee Only	Employee + Spouse	Employee + Child(ren)	Employee + Family
Annual salary under \$52,000				
Cigna CDHP with HSA	\$42.73	\$277.12	\$238.96	\$402.03
Cigna HMO	\$42.73	\$277.12	\$238.96	\$402.03
Kaiser HMO	\$42.73	\$277.12	\$238.96	\$402.03
SIMNSA HMO	\$0	\$0	\$0	\$0
Annual salary between \$52,001 - \$92,500				
Cigna CDHP with HSA	\$91.62	\$408.43	\$355.58	\$569.27
Cigna HMO	\$91.62	\$408.43	\$355.58	\$569.27
Kaiser HMO	\$91.62	\$408.43	\$355.58	\$569.27
SIMNSA HMO	\$0	\$0	\$0	\$0
Annual salary between \$92,501 - \$135,000				
Cigna CDHP with HSA	\$176.56	\$536.89	\$469.69	\$685.16
Cigna HMO	\$176.56	\$536.89	\$469.69	\$685.16
Kaiser HMO	\$176.56	\$536.89	\$469.69	\$685.16
SIMNSA HMO	\$0	\$0	\$0	\$0
Annual salary of \$135,001 or more				
Cigna CDHP with HSA	\$257.62	\$656.56	\$577.18	\$837.88
Cigna HMO	\$257.62	\$656.56	\$577.18	\$837.88
Kaiser HMO	\$257.62	\$656.56	\$577.18	\$837.88
SIMNSA HMO	\$0	\$0	\$0	\$0



Understanding Your Medical Plan Options

USD offers several medical plan options that are designed to provide quality care for you and your family:

- Cigna HMO (CA only)
- Kaiser Permanente HMO (CA only)
- SIMNSA HMO (services in Mexico; must be a Mexican National to enroll)
- Cigna CDHP with Health Savings Account (HSA)

Before you choose your medical plan, it's important to understand the differences between Health Maintenance Organizations (HMOs) and Consumer Driven Health Plans (CDHPs).

What is unique about an HMO?	What is unique about the CDHP?
<ul style="list-style-type: none">▪ No annual deductible▪ Most services are copay-based (you pay a flat fee for services)▪ You must select a Primary Care Physician (PCP), who coordinates all of your care▪ No out-of-network coverage▪ Referrals needed for specialist care▪ Not HSA eligible	<ul style="list-style-type: none">▪ Annual deductible required for non-preventive care; you pay the full cost of services until you reach the deductible▪ Services are coinsurance-based; you pay a percentage of the cost after you reach the deductible, until you reach the out-of-pocket maximum▪ Primary care physician recommended but not required▪ Includes out-of-network coverage (although it often costs more than visiting in-network providers)▪ Referrals often not needed for specialist care▪ HSA eligible

Out-of-Area Dependents?

If you plan to cover a dependent who lives out of the area, you may want to consider the Cigna CDHP with HSA plan. USD's HMO medical plans include coverage for Southern California residents only, so any non-emergency services will not be covered outside of the region.



Medical Plan Comparison – HMO

Plan Features	Cigna HMO ¹	Kaiser Permanente HMO ¹	SIMNSA HMO ²
	You pay:	You pay:	You pay:
Annual Deductible	None	None	None
Annual Out-of-Pocket Maximum	\$1,500/individual \$3,000/family	\$1,500/individual \$3,000/family	\$6,350/individual \$12,700/family
Lifetime Maximum	Unlimited	Unlimited	Unlimited
Preventive Care	No charge	No charge	No charge
PCP Office Visit	\$20 copay	\$20 copay	\$7 copay
Telemedicine Visit	\$20 copay	No charge	\$7 copay
Specialist Office Visit	\$30 copay	\$30 copay	\$7 copay
Diagnostic Lab & X Ray	No charge	No charge	No charge
Complex Imaging (CT/PET Scans, MRI)	\$100 copay per type of scan/day	No charge	No charge (preauthorization is required for certain services)
Urgent Care	\$25 copay	\$20 copay	In-network: \$25 copay Outside Mexico: \$50 copay
Emergency Room (copay waived if admitted)	\$150 copay per visit	\$150 copay per visit	In-network and Mexico: \$25 copay per visit Outside Mexico: \$250 copay per visit
Inpatient Hospital Services	\$250 copay per admission	\$250 copay per admission	No charge
Outpatient Mental Health Services	\$20 copay	Individual: \$20 copay Group: \$10 copay	\$7 copay
Inpatient Mental Health Services	\$250 copay per admission	\$250 copay per admission	No charge
Chiropractic	\$20 copay (Unlimited visits)	\$15 copay (Up to 30 visits/year)	Not covered
Child Eye Exams (Contact lens exams not covered)	Not covered	No charge	\$7 copay

¹Available to employees in California only.

²Services in Mexico only. You must be a Mexican National in order to enroll in this plan, which means 1. A person born in Mexico; 2. A person born in another country with a Mexican mother, father, or both; 3. A person who marries someone from Mexico and lives in Mexico; or 4. A foreigner who becomes naturalized in Mexico. Contact the Benefits team for more details.

Medical Plan Comparison – CDHP with HSA

Plan Features	Cigna CDHP with HSA	
	In-Network	Out-of-Network
HSA Contribution from USD	\$500/individual; \$1,000/family	
Calendar Year Deductible	\$1,400/person \$2,800/family ¹	\$2,800/person \$5,600/family ¹
Out-of-Pocket Maximum	\$2,700/person \$2,800/individual in a family \$5,000/family ¹	\$5,400/person \$5,600/individual in a family \$10,000/family ¹
Lifetime Maximum	Unlimited	Unlimited
Preventive Care	No charge	Not covered
Office Visit	20% after deductible	40% after deductible
Telemedicine Visit	20% after deductible	Not covered
Specialist Office Visit	20% after deductible	40% after deductible
Diagnostic Lab & X Ray	20% after deductible	40% after deductible
Complex Imaging (CT/PET Scans, MRI)	20% after deductible	40% after deductible
Physical, Occupational, and Speech Therapy and Chiropractic Care (Up to 60 visits combined) ²	20% after deductible	40% after deductible
Inpatient Hospital	20% after deductible	40% after deductible
Emergency Room	20% after deductible	20% after deductible
Urgent Care	20% after deductible	20% after deductible
Inpatient Mental Health	20% after deductible	40% after deductible
Outpatient Mental Health	20% after deductible	40% after deductible

¹All family members contribute toward the family plan deductible. The plan cannot pay an individual's claims until the total family deductible has been met, even if he or she has met the individual deductible.

²No more than 20 visits can be for chiropractic care.

Do I need Precertification?

Some services including inpatient hospital, inpatient mental health, and complex imaging, will have an additional cost without precertification. See your plan documents for details.



Understanding the HSA

Cigna CDHP members may be eligible to participate in a Health Savings Account (HSA) administered by HSA Bank. HSAs are tax-advantaged accounts you can use to pay for eligible health care expenses for you and any eligible dependents — including deductibles, prescriptions, dental care, eyeglasses, and other out-of-pocket costs. To see a complete list of qualified health care expenses, visit www.irs.gov/pub/irs-pdf/p502.pdf.

Four reasons to take advantage of the CDHP with HSA:

1. The HSA is yours. If you leave USD, your account goes with you.
2. HSA funds never expire, and accrued funds can be taken with you into retirement. Once you reach age 65, you can use HSA funds to pay for non-health care expenses, too! You typically pay ordinary income tax on any non-health care purchases.
3. HSAs have a triple tax advantage, meaning your salary dollars go further.
4. USD contributes money into your HSA annually.

How are contributions made to an HSA?

Once you open your HSA, contributions come from two sources — you and USD. The table below shows the maximum that can be contributed to your HSA in 2021.

Coverage Type	2021 IRS Contribution Limit	2021 USD HSA Contribution	Maximum Employee Contribution
Individual Coverage	\$3,600	\$500	\$3,100
Family Coverage	\$7,200	\$1,000	\$6,200
Age 55+ Catch-up Contribution	Additional \$1,000		

Additional HSA Rules and Considerations

- You cannot be covered under another non-high deductible health care plan, including your spouse's Health Care FSA.
- You cannot be enrolled in Medicare or Tricare.
- You cannot be claimed as a dependent on someone else's tax return.
- If you are electing the CDHP/HSA plan for the first time and you have a balance in a Health Care FSA on December 31, 2020, it must be rolled over to a Limited Purpose Flexible Spending Account (FSA) by January 1, 2021.

Questions? Refer to [IRS Publication 969](#) for complete HSA rules.

Are HSAs Really Tax-free?

Yes! HSAs give you a triple tax advantage:

1. Your contributions to the HSA are not taxed.
2. Payments for eligible expenses are tax-free.
3. Earnings are tax-free.¹

¹State taxes may still apply in CA, NJ, and AL. For detailed tax implications of an HSA, please contact your professional tax advisor.



Prescription Drug Coverage

When you enroll in one of USD's medical plan options, you'll receive prescription drug coverage based on that plan.

Prescription Type	Cigna HMO (CA Employees Only)	Kaiser Permanente HMO (CA Employees only)	SIMNSA HMO	Cigna CDHP with HSA ¹
Prescription Drugs: Retail (in-network) Up to a 30-day supply				
Generic	\$15 copay	\$15 copay	\$10 copay (includes insulin, glucagon, and prescription medications for treating diabetes)	30% after deductible; up to \$250 max
Brand Formulary	\$35 copay	\$35 copay		40% after deductible; up to \$250 max
Non-Formulary ²	\$60 copay	N/A		50% after deductible, up to \$250 max
Specialty	20% up to \$80 max	30% up to \$150 max		50% after deductible, up to \$250 max
Prescription Drugs: Mail Order (in-network) Up to a 90-day supply (Kaiser 100-day mail order supply)				
Generic	\$30 copay	\$30 copay	N/A	30% after deductible, up to \$750 max
Brand Formulary	\$70 copay	\$70 copay		40% after deductible, up to \$750 max
Non-Formulary	\$120 copay	N/A		50% after deductible, up to \$750 max

¹Some prescription medications used to prevent any of the following medical conditions are not subject to the individual and/or family plan deductible: hypertension, high cholesterol, diabetes, asthma, osteoporosis, stroke, prenatal nutrient deficiency.

²If the non-formulary prescription is determined medically necessary by the provider and approved by Kaiser, the member will be charged the appropriate brand formulary copay.

Health Benefits



Save Money with Generics and Mail Order Prescriptions

When possible, save money by going generic. Many prescription drugs have generic counterparts with the same active ingredients. These generic versions cost less out-of-pocket.

If you need more than a single fill, consider a mail order option. Mail order prescriptions offer you a 3-month supply for the cost of 2 months, which saves you money.

Kaiser Can Send Refills Right To Your Door

Kaiser members can go to www.kp.org/pharmacy or call the number on your prescription label to have prescriptions shipped at no extra charge!

New! Cigna 90 Now Program

In addition to mail order, Cigna members can now get a 90-day supply of maintenance medications at participating pharmacies!

- Go to Cigna.com/Rx90network to find a pharmacy in the 90 Now network.
- Ask your doctor to write a 90-day prescription.
- Pay your 3 copays for the 3 months of medication.
- Save time and hassle with fewer visits to the pharmacy for refills!

Health Benefits



Telemedicine

All medical plan options include access to telemedicine. Use your phone, tablet, or computer to seek care from licensed physicians and treat a number of non-urgent conditions from the comfort of your home.

Use telemedicine to:

- Treat common medical conditions such as colds, flu, bronchitis, allergies, rashes, and more
- Get a specialist referral
- Receive prescription medication when appropriate

Your telemedicine options are based on the medical plan you choose .

Kaiser HMO Members

Register at www.kp.org or download the KP Mobile app. Call 833-574-2273 or 711 (TTY) Monday through Friday, 7am to 7pm, or Saturday, 7am to 12pm, to schedule an appointment.

Cigna HMO and CDHP Members

Cigna members have access to both Amwell and MDLIVE for virtual care.

- To utilize MDLIVE which provides both medical and behavioral/mental health care, call 888-726-3171.
- To utilize Amwell which offers medical virtual care only, visit www.mycigna.com.

SIMNSA Members

Llame al 664-231-4747 (o al 800-424-4652 desde los Estados Unidos) 24/7.

Omada Diabetes Prevention Program

Omada is a digital lifestyle change program for both Cigna and Kaiser participants, designed to help at-risk individuals combat obesity-related chronic disease.

Participants in Omada learn how to make modest health changes that can lead to weight loss and reduced risk for type 2 diabetes and heart disease. USD will cover the cost of the program for eligible employees and their eligible adult dependents who are enrolled in either the Cigna or Kaiser medical plans.

The Omada program includes:

- A professional Omada health coach for one-on-one guidance.
- A wireless scale to monitor progress. Participants will receive this ready-to-use device in the mail, already synced to their private account.
- Weekly online lessons to educate and inspire. Participants are guided through online lessons that discuss the physical, social, and psychological components of healthy living. Interactive games reinforce learning and help participants make connections to real-world scenarios.
- A small peer group for real-time support. Participants are matched with like-minded participants for added encouragement and accountability.

Getting started with Omada

- Kaiser members may contact the Positive Choice Center at 858-573-0090.
- Cigna members can take Omada's one-minute health screener at go.omadahealth.com/sandiego to determine eligibility.



Mental and Behavioral Health Programs

Depending on your medical plan provider, you may have access to additional mental and behavioral health resources to support your well-being.

Cigna HMO and CDHP

MDLIVE provides medical and behavioral/mental health virtual care. Call 888-726-3171 to get started.

Meru Health (CA, CO, and AZ only) is a 12-week virtual counseling program for those experiencing depression, anxiety, or burnout. Participants receive live virtual counseling and private texting with licensed therapists, as well as an online peer support community and other educational resources for ages 18 and older. To schedule your free screening session, go to www.meruhealth.com/cigna.

Talkspace allows you to connect with a licensed therapist or psychiatrist online, by video, or text. Talkspace is available to members age 13 and older. To schedule an assessment, go to www.talkspace.com/cigna.

NOCD (CA, MI, and NC only) offers personalized treatment for obsessive compulsive disorder (OCD) through virtual live therapy and app-based digital tools, including texting with a therapist. Available to Cigna Behavioral Health customers ages 6 and up. For a free assessment, go to www.treatmyocd.com.

Kaiser Permanente HMO

Calm is a no-cost app that uses meditation and mindfulness to help lower stress, reduce anxiety, and improve your sleep quality. Adult members can get Calm at www.kp.org/selfcareapps.

Kaiser Mental and Behavioral Health is just a phone call or click away.

- For 24/7 mental health advice, call 800-900-3277.
- For appointments, call 877-496-0450.
- For addiction medicine, call 619-221-6550.

Visit kp.org/getcare and click on mental health care to learn more about your treatment options and locations.

Find self-care tools and resources. Visit www.kp.org/selfcare to browse groups, programs, self-assessments, and other self-care resources.

MyStrength is a personalized program with interactive activities, in-the-moment coping tools, inspirational resources, and community support. You can track your goals, emotional states, and life events at www.kp.org/selfcareapps.



Health Benefits

Cigna Value Added Programs

For those who enroll in the Cigna HMO or CDHP, Cigna offers a number of helpful resources at no cost to you.

Cigna One Guide

Cigna One Guide helps you make better health-related choices. This live service offers you personal support, tools, and reminders to help you stay healthy and save money. During Open Enrollment, call 800-244-6224 for help with questions on your coverage options. After you enroll, One Guide will continue to help you understand your plan and get the care you need.

Cigna Healthy Pregnancies, Healthy Babies

The Healthy Pregnancies, Healthy Babies program supports expectant mothers on their unique journey towards childbirth and beyond. You'll find guidance and support from preconception to post-delivery, a workbook with topics like prenatal care and exercise, 24/7 live support from a case manager, and more. You can also download the Cigna Healthy Pregnancy app for quick access to these resources.

Healthy Babies Free Breast Pump

Your Cigna medical plan includes a free breast pump for expectant mothers who reach the 28th week of pregnancy. To receive your breast pump, visit www.medeladelivers.com to get started. No prescription is needed unless you are ordering a hospital grade pump. You also have the option to purchase upgrades and accessories at discounted rates.

Cigna Veteran Support Line

This free hotline is available 24 hours a day, 7 days a week to veterans, their families, and caregivers for support on pain management, substance use counseling, financial support, food, clothing, housing, and more. Call 855-244-6211 for support. You do not need to be enrolled in a Cigna medical plan to use the Veteran Support Line.

Cigna Lifestyle Management Programs

If weight, tobacco, or stress is affecting your well-being, Cigna offers you a health coach to help you manage weight loss, develop a plan to quit tobacco, understand stress, and develop coping techniques. To learn more about these programs, call 855-246-1873 or visit www.mycigna.com, access Wellness, and then click on Health Coaching.



Health Benefits

Employee Assistance Program (EAP)

When you or your family need help with work, home, or personal issues, the EAP, through Aetna Resources for Living, offers support during life's difficult times at no cost to you.

The EAP provides you and anyone living in your household access to:

- 3 face-to-face counseling sessions per incident, per year.
Sessions are available in person or online with televideo
- Unlimited telephone counseling
- Dependent care referrals
- Financial and legal resources
- And more

Contact the EAP anytime, day or night, for confidential support by calling 800-342-8111 or visit www.resourcesforliving.com (Username: usd; Password: eap).



How to Find a Provider

Cigna Doctor

- Go to www.mycignaplans.com.
- Don't have an account yet? During Open Enrollment only, enter username: USD2021 and password: Cigna2021 to browse in-network providers. Outside of Open Enrollment, please register for an account at www.mycigna.com to search for in-network providers.
- Select "Find a doctor, hospital, dentist, pharmacy, or specialty facility."
- Click "Select a plan for your search."
- Medical CDHP: Select "Open Access Plus, OA Plus, and Choice Fund OA Plus."
- Medical HMO: Select "HMO/ Network - Cigna HealthCare of California, Inc. - So. CA HMO/Network."
- Follow the prompts to identify the service provider.

Kaiser Doctor

- Go to www.kp.org.
- Select "Doctors & Locations."
- Select the "California - Southern" service area.
- Follow the prompts to identify the service provider.

SIMNSA Doctor

- Go to www.simnsa.com.
- Click on "Read More" under "Providers & Facilities."
- Under "Provider Search," select "All" for the network.
- Follow the prompts to identify the service provider.



Kaiser SBCs, Tools
& Resources

Visit my.kp.org/USD, click on "View Your Plan Options," select your region, and click on "Active Employees" for access to SBCs and other resources.



403(b) Retirement Plan

Planning for retirement is an important part of financial wellness. The USD 403(b) plan, administered by TIAA or Fidelity, offers a variety of investment options so you can start saving now.

403(b) Contributions

To help your savings grow, USD may make a discretionary contribution to your elected vendor (TIAA or Fidelity) each year. Contributions begin on your effective date of eligibility. For additional information on the current contribution amount, contact the Benefits team.

You may also choose to make tax-deferred and/or Roth after-tax contributions to your 403(b) account, up to the annual IRS maximums.

After three years of service, you will be fully vested in USD's contributions. The contributions you make are immediately vested.

If you do not actively elect an investment provider, the default provider is TIAA. Employees may elect a provider online through the USD Retirement@Work site available on the MySanDiego portal Employee Resources tab. For both TIAA and Fidelity investment platforms, the T. Rowe Price target date fund is the Qualified Default Investment Alternative (QDIA) for participants who do not actively elect investment options for their retirement funds. However, employees may choose their own investment lineup within the plan at any time.

Looking for some guidance? Representatives from TIAA and Fidelity are available for one-on-one counseling appointments by teleconference or phone. To contact TIAA, visit tiaa.org/schedulenow or call 800-732-8353. To contact Fidelity, visit getguidance.fidelity.com or call 800-642-7131.



Get Started, Update,
and Keep Track of
Your 403(b)

Log in to USD **Retirement@Work** from the
MySanDiego portal Employee Resources tab.

Important Notices

Please read the notice below carefully. It has information about prescription drug coverage with USD and prescription drug coverage available for people with Medicare. It also tells you where to find more information to help you make decisions about your prescription drug coverage.

Notice of Creditable Coverage

You may have heard about Medicare's prescription drug coverage (called Part D), and wondered how it would affect you. Prescription drug coverage is available to everyone with Medicare through Medicare prescription drug plans. All Medicare prescription drug plans provide at least a standard level of coverage set by Medicare. Some plans also offer more coverage for a higher monthly premium.


Individuals can enroll in a Medicare prescription drug plan when they first become eligible, and each year from October 15 through December 7. Individuals leaving employer/union coverage may be eligible for a Medicare Special Enrollment Period.

If you are covered by USD's prescription drug plans, you'll be interested to know that the prescription drug coverage under the plans is, on average, at least as good as standard Medicare prescription drug coverage for 2021. This is called creditable coverage. Coverage under this plan will help you avoid a late Part D enrollment penalty if you are or become eligible for Medicare and later decide to enroll in a Medicare prescription drug plan.

If you decide to enroll in a Medicare prescription drug plan and you are an active employee or family member of an active employee, you may also continue your employer coverage. In this case, the USD plan will continue to pay primary or secondary as it had before you enrolled in a Medicare prescription drug plan. If you waive or drop USD's coverage, Medicare will be your only payer. You can re-enroll in the employer plan at annual enrollment or if you have a special enrollment event for the USD's plan, assuming you remain eligible.

You should know that if you waive or leave coverage with USD and you go 63 days or longer without creditable prescription drug coverage (once your applicable Medicare enrollment period ends), your monthly Part D premium will go up at least 1% per month for every month that you did not have creditable coverage. For example, if you go 19 months without coverage, your Medicare prescription drug plan premium will always be at least 19% higher than what most other people pay. You'll have to pay this higher premium as long as you have Medicare prescription drug coverage. In addition, you may have to wait until the following October to enroll in Part D.

You may receive this notice at other times in the future – such as before the next period you can enroll in Medicare prescription drug coverage, if this USD coverage changes, or upon your request.



The purpose of this notice is to advise you that the prescription drug coverage under the USD medical plans is expected to pay out, on average, at least as much as the standard Medicare prescription drug coverage will pay in 2021. This is known as "creditable coverage."

Why this is important. If you or your covered dependent(s) are enrolled in any prescription drug coverage during 2021 listed in this notice and are or become covered by Medicare, you may decide to enroll in a Medicare

prescription drug plan later and not be subject to a late enrollment penalty – as long as you had creditable coverage within 63 days of your Medicare prescription drug plan enrollment. You should keep this notice with your important records.

If you or your family members aren't currently covered by Medicare and won't become covered by Medicare in the next 12 months, this notice doesn't apply to you.



Notices

For more information about your options under Medicare prescription drug coverage

More detailed information about Medicare plans that offer prescription drug coverage is in the Medicare & You handbook. Medicare participants will get a copy of the handbook in the mail every year from Medicare. You may also be contacted directly by Medicare prescription drug plans. Here's how to get more information about Medicare prescription drug plans:

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

For people with limited income and resources, extra help paying for a Medicare prescription drug plan is available. Information about this extra help is available from the Social Security Administration (SSA). For more information about this extra help, visit SSA online at www.socialsecurity.gov or call 800-772-1213 (TTY 800-325-0778).

Remember: Keep this notice. If you enroll in a Medicare prescription drug plan after your applicable Medicare enrollment period ends, you may need to provide a copy of this notice when you join a Part D plan to show that you are not required to pay a higher Part D premium amount.

For more information about this notice or your prescription drug coverage, contact: call Cigna at 800-244-6224 or Kaiser Permanente at 800-464-4000.

Notice of Special Enrollment Rights for Health Plan Coverage

As you know, if you have declined enrollment in USD's health plan for you or your dependents (including your spouse) because of other health insurance coverage, you or your dependents may be able to enroll in some coverages under this plan without waiting for the next open enrollment period, provided that you request enrollment within 31 days after your other coverage ends. In addition, if you have a new dependent as a result of marriage, birth, adoption or placement for adoption, you may be able to enroll yourself and your eligible dependents, provided that you request enrollment within 31 days after the marriage, birth, adoption or placement for adoption.

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

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

For these enrollment opportunities, you will have 60 days – instead of 31 – from the date of the Medicaid/CHIP eligibility change to request enrollment in the USD group health plan.

Note that this new 60-day extension doesn't apply to enrollment opportunities other than due to the Medicaid/CHIP eligibility change.

Note: If your dependent becomes eligible for a special enrollment right, you may add the dependent to your current coverage or change to another health plan.

Women's Health and Cancer Rights Act Notice

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

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

These benefits will be provided subject to the same deductibles and coinsurance applicable to other medical and surgical benefits provided under this plan. If you would like more information on WHCRA benefits, call your plan administrator at member services: call Cigna at 800-244-6224 or Kaiser Permanente at 800-464-4000.



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Newborns' and Mothers' Health Protection Act Notice

Group health plans and health insurance issuers generally may not, under Federal law, restrict benefits for any hospital length of stay in connection with childbirth for the mother or newborn child to less than 48 hours following a vaginal delivery, or less than 96 hours following a cesarean section. However, Federal law generally does not prohibit the mother's or newborn's attending provider, after consulting with the mother, from discharging the mother or her newborn earlier than 48 hours (or 96 hours as applicable). In any case, plans and issuers may not, under Federal law, require that a provider obtain authorization from the plan or the insurance issuer for prescribing a length of stay not in excess of 48 hours (or 96 hours). If you would like more information on maternity benefits, call your plan administrator at member services: call Cigna at 800-244-6224 or Kaiser Permanente at 800-464-4000.

Provider-Choice Rights Notice

The Cigna and Kaiser HMO plans generally require the designation of a primary care provider. You have the right to designate any primary care provider who participates in our network and who is available to accept you or your family members. Until you make this designation, Cigna and Kaiser designates one for you.

For children, you may designate a pediatrician as the primary care provider. You do not need prior authorization from the Cigna or Kaiser plan, or from any other person (including a primary care provider) in order to obtain access to obstetrical or gynecological care from a health care professional in our network who specializes in obstetrics or gynecology. The health care professional, however, may be required to comply with certain procedures, including obtaining prior authorization for certain services, following a pre-approved treatment plan, or procedures for making referrals.

For information on how to select a primary care provider, and for a list of the participating primary care providers and health care professionals who specialize in obstetrics or gynecology, contact member services: call Cigna at 800-244-6224 or Kaiser Permanente at 800-464-4000.

HIPAA Privacy Notice reminder

The privacy rules under the Health Insurance Portability and Accountability Act (HIPAA) require the USD Health Flexible Spending Account Program (the "Plan") to periodically send a reminder to participants about the availability of the Plan's Privacy Notice and how to obtain that notice. The Privacy Notice explains participants' rights and the Plan's legal duties with respect to protected health information (PHI) and how the Plan may use and disclose PHI.

To obtain a copy of the Privacy Notice contact:

Claire Weatherford, Director, Benefits, Human Resources

**University of San Diego, 5998 Alcala Park, Maher Hall 101,
San Diego, CA 92110**

Phone: 619-260-2719

CHIP/MEDICAID NOTICE

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

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

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

If you or your dependents are NOT currently enrolled in Medicaid or CHIP, and you think you or any of your dependents might be eligible for either of these programs, contact your State Medicaid or CHIP office or dial 1-877-KIDS NOW or www.insurekidsnow.gov to find out how to apply. If

you qualify, ask your state if it has a program that might help you pay the premiums for an employer-sponsored plan.

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

If you live in one of the following states, you may be eligible for assistance paying your employer health plan premiums. The following list of states is current as of January 31, 2020. Contact your State for more information on eligibility:

ALABAMA – Medicaid	COLORADO – Health First Colorado (Colorado's Medicaid Program) & Child Health Plan Plus (CHP+)
Website: http://myalhipp.com/ Phone: 1-855-692-5447	Health First Colorado Website: https://www.healthfirstcolorado.com/ Health First Colorado Member Contact Center: 1-800-221-3943/ State Relay 711 CHP+: https://www.colorado.gov/pacific/hcpf/child-health-plan-plus CHP+ Customer Service: 1-800-359-1991/ State Relay 711
ALASKA – Medicaid	FLORIDA – Medicaid
The AK Health Insurance Premium Payment Program Website: http://myakhipp.com/ Phone: 1-866-251-4861 Email: CustomerService@MyAKHIPP.com Medicaid Eligibility: http://dhss.alaska.gov/dpa/Pages/medicaid/default.aspx	Website: http://flmedicaidtprecovery.com/hipp/ Phone: 1-877-357-3268
ARKANSAS – Medicaid	GEORGIA – Medicaid
Website: http://myarhipp.com/ Phone: 1-855-MyARHIPP (855-692-7447)	Website: https://medicaid.georgia.gov/health-insurance-premium-payment-program-hipp Phone: 678-564-1162 ext 2131

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CALIFORNIA – Medicaid	INDIANA – Medicaid
<p>Website: https://www.dhcs.ca.gov/services/Pages/TPLRD_CAU_cont.aspx Phone: 1-800-541-5555 or (916) 636-1980 Email: HIPP@dhcs.ca.gov</p>	<p>Healthy Indiana Plan for low-income adults 19-64 Website: http://www.in.gov/fssa/hip/ Phone: 1-877-438-4479 All other Medicaid Website: http://www.indianamedicaid.com Phone 1-800-403-0864</p>
IOWA – Medicaid and CHIP (Hawki)	MONTANA – Medicaid
<p>Medicaid Website: https://dhs.iowa.gov/ime/members Medicaid Phone: 1-800-338-8366 Hawki Website: http://dhs.iowa.gov/Hawki Hawki Phone: 1-800-257-8563</p>	<p>Website: http://dphhs.mt.gov/MontanaHealthcarePrograms/HIPP Phone: 1-800-694-3084</p>
KANSAS – Medicaid	NEBRASKA – Medicaid
<p>Website: http://www.kdheks.gov/hcf/default.htm Phone: 1-800-792-4884</p>	<p>Website: http://www.ACCESSNebraska.ne.gov Phone: 1-855-632-7633 Lincoln: 402-473-7000 Omaha: 402-595-1178</p>
KENTUCKY – Medicaid	NEVADA – Medicaid
<p>Kentucky Integrated Health Insurance Premium Payment Program (KI-HIPP) Website: https://chfs.ky.gov/agencies/dms/member/Pages/kihipp.aspx Phone: 1-855-459-6328 Email: KIHIP.PPROGRAM@ky.gov KCHIP Website: https://kidshealth.ky.gov/Pages/index.aspx Phone: 1-877-524-4718 Kentucky Medicaid Website: https://chfs.ky.gov</p>	<p>Medicaid Website: http://dhcfp.nv.gov Medicaid Phone: 1-800-992-0900</p>
LOUISIANA – Medicaid	NEW HAMPSHIRE – Medicaid
<p>Website: www.medicaid.la.gov or www.ldh.la.gov/la hipp Phone: 1-888-342-6207 (Medicaid hotline) or 1-855-618-5488 (LaHIPP)</p>	<p>Website: https://www.dhhs.nh.gov/oii/hipp.htm Phone: 603-271-5218 Toll free number for the HIPP program: 1-800-852-3345, ext 5218</p>
MAINE – Medicaid	NEW JERSEY – Medicaid and CHIP
<p>Website: http://www.maine.gov/dhhs/of/public-assistance/index.html Phone: 1-800-442-6003 TTY: Maine relay 711</p>	<p>Medicaid Website: http://www.state.nj.us/humanservices/dmahs/clients/medicaid/ Medicaid Phone: 609-631-2392 CHIP Website: http://www.njfamilycare.org/index.html CHIP Phone: 1-800-701-0710</p>
MASSACHUSETTS – Medicaid and CHIP	NEW YORK – Medicaid
<p>Website: http://www.mass.gov/eohhs/gov/departments/masshealth/ Phone: 1-800-862-4840</p>	<p>Website: https://www.health.ny.gov/health_care/medicaid/ Phone: 1-800-541-2831</p>

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MINNESOTA – Medicaid Website: https://mn.gov/dhs/people-we-serve/children-and-families/health-care/health-care-programs/programs-and-services/medical-assistance.jsp [Under ELIGIBILITY tab, see “what if I have other health insurance?”] Phone: 1-800-657-3739	NORTH CAROLINA – Medicaid Website: https://medicaid.ncdhhs.gov/ Phone: 919-855-4100 NC Medicaid Contact Center Phone: 888-245-0179
MISSOURI – Medicaid Website: http://www.dss.mo.gov/mhd/participants/pages/hipp.htm Phone: 573-751-2005	NORTH DAKOTA – Medicaid Website: http://www.nd.gov/dhs/services/medicalsev/medicaid/ Phone: 1-844-854-4825
OKLAHOMA – Medicaid and CHIP Website: http://www.insureoklahoma.org Phone: 1-888-365-3742	UTAH – Medicaid and CHIP Medicaid Website: https://medicaid.utah.gov/ CHIP Website: http://health.utah.gov/chip Phone: 1-877-543-7669 Email chip@utah.gov
OREGON – Medicaid Website: http://healthcare.oregon.gov/Pages/index.aspx http://www.oregonhealthcare.gov/index-es.html Phone: 1-800-699-9075	VERMONT– Medicaid Website: http://www.greenmountaincare.org/ Phone: 1-800-250-8427
PENNSYLVANIA – Medicaid Website: https://www.dhs.pa.gov/providers/Providers/Pages/Medical/HIPP-Program.aspx Phone: 1-800-692-7462	VIRGINIA – Medicaid and CHIP Website: https://www.coverva.org/hipp/ Medicaid Phone: 1-800-432-5924 CHIP Phone: 1-855-242-8282
RHODE ISLAND – Medicaid and CHIP Website: http://www.eohhs.ri.gov/ Phone: 1-855-697-4347, or 401-462-0311 (Direct Rlte Share Line)	WASHINGTON – Medicaid Website: https://www.hca.wa.gov/ Phone: 1-800-562-3022
SOUTH CAROLINA – Medicaid Website: https://www.scdhhs.gov Phone: 1-888-549-0820	WEST VIRGINIA – Medicaid Website: http://mywvhipp.com/ Toll-free phone: 1-855-MyWVHIPP (1-855-699-8447)
SOUTH DAKOTA - Medicaid Website: http://dss.sd.gov Phone: 1-888-828-0059	WISCONSIN – Medicaid and CHIP Website: https://www.dhs.wisconsin.gov/publications/p1/p10095.pdf Phone: 1-800-362-3002
TEXAS – Medicaid Website: http://gethipptexas.com/ Phone: 1-800-440-0493	WYOMING – Medicaid Website: https://wyequalitycare.acs-inc.com/ Phone: 307-777-7531

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To see if any other states have added a premium assistance program since July 31, 2019, or for more information on special enrollment rights, contact either:

U.S. Department of Labor

Employee Benefits Security Administration

www.dol.gov/agencies/ebsa

(866) 444-EBSA (3272)

U.S. Department of Health and Human Services

Centers for Medicare & Medicaid Services

www.cms.hhs.gov

(877) 267-2323, Menu Option 4, Ext. 61565

Your Benefit Contacts

Coverage	Contact	Policy Number	Phone	Website	Mobile App
General Information	Department of Human Resources	N/A	619-260-4594	Employee tab of the MySanDiego portal	N/A
Medical	Kaiser	104229	800-464-4000	www.kp.org	Kaiser Permanente™
	Cigna	3336240	800-244-6224	www.mycigna.com	myCigna™
	SIMNSA	710250	800-424-4652	www.simnsa.com	N/A
Telemedicine	Kaiser	104229	833-574-2273	www.kp.org	Kaiser Permanente™
	MDLIVE (Cigna)	3336240	888-726-3171	N/A	MDLIVE for Cigna
	SIMNSA	710250	664-231-4747 800-424-4652 (US)	N/A	N/A
Health Savings Account	Cigna HSA Bank	N/A	800-244-6224 800-357-6246	www.mycigna.com www.hsabank.com	N/A
Employee Assistance Program	Aetna Resources for Living	USD	800-342-8111	www.resourcesforliving.com (Login: USD; Password: eap)	Aetna Resources for Living
403(b) Plan	TIAA	USD	800-842-2776	www.tiaa.org/usd	TIAA
	Fidelity	69679	800-343-0860	www.netbenefits.com/atwork	Fidelity Investments™
	USD Retirement@Work	N/A	844-567-9090	Employee Resources tab of the MySanDiego portal	N/A
Workers' Compensation	Report all injuries to USD's Public Safety Department	N/A	Public Safety Extension: 7777	www.sandiego.edu/safety	N/A

This communication highlights some of your USD benefit plans. Your actual rights and benefits are governed by the official plan documents. If any discrepancy exists between this communication and the official plan documents, the plan documents will prevail. USD reserves the right to change any benefit plan without notice. Benefits are not a guarantee of employment.