Office
Memorandum

MARQUETTE UNIVERSITY
Department of Human Resources

TO: Marquette University Colleagues
DATE: October 7, 2013
RE: Benefits Information and Wellness Day (Oct. 29, 2013)
     Annual Enrollment Period (Oct. 28 – Nov. 15, 2013)

Benefits information for 2014

Enclosed is information about the 2014 Marquette University benefit plans, including the benefits enrollment guide, premium rates and annual legal notifications.

The 2014 annual enrollment period is Monday, Oct. 28 through Friday, Nov. 15. There are important changes to the health insurance offerings in 2014 and you are encouraged to review the information in the benefits packet. Employees do not need to re-enroll in the Health, Dental, or Vision plans unless they are changing their plan options. Employees that would like to participate in either the Health Care and/or the Dependent Care Flexible Spending Account (FSA) for 2014 must complete the online FSA election form in MyJob.

Employees that would like to enroll in or change plans, change plan tiers, verify and/or update personal data, or verify emergency contacts can access their information and make changes using their online MyJob account at http://myjob.mu.edu. Employees will need to use their Marquette email username and password to access the MyJob website.

Each year, Marquette University makes a significant investment in the health and welfare of our employees and their family members by offering health, dental and vision insurance, which are a key component in the university’s overall compensation program. In anticipation of additional health care reform act requirements, greater utilization and increased costs of employee benefits, Marquette University has been proactive in its approach to health care. Despite local and national health care trends, the university’s benefits program will maintain the quality of services, choice of providers and plans, and depth of coverage that are valuable to Marquette employees, while optimizing costs shared by both the university and employees.

Benefits updates for 2014 include:

- A monthly employee insurance premium decrease of approximately 9 percent for both EPO and PPO plans.

- The EPO Plan is moving from first-dollar coverage to a Deductible and Coinsurance plan, and there will be Deductible and Out-of-Pocket Maximum increases to the PPO Plan. The EPO Plan Deductible is $500 for Single and $1,000 for Employee + 1 and Family levels, and the PPO Plan Deductible is $1,000 for Single and $2,000 for Employee + 1 and Family levels. The In-Network Coinsurance rate for both plans is 20 percent.

- The addition of a third health plan option, a High Deductible Health Plan (HDHP). Employees who choose this plan will see a substantial decrease in their monthly insurance premium, but will have a higher Deductible and Out-of-Pocket Maximum. The HDHP Deductible is $4,000 for Single and $8,000 for Employee + 1 and Family levels.
Features of the 2014 benefits program include, but are not limited to:

- A 10 percent discount on the employee portion of the 2014 health insurance premiums for employees that complete the two-part Health Risk Assessment.

- All three tiers, “Single”, “Employee + 1” and “Family” plan options are still available for all three health plans, as well as the dental and vision plans.

- A yearly employee Health Care FSA maximum of $2,500 and a Dependent Care FSA maximum of $5,000.

- Dental and vision plans remain the same, with no increase in premiums.

**Save money by completing the Health Risk Assessment**

In our continuing efforts to promote wellness and control health care costs, Health Risk Assessments (HRAs) will again be offered to all Marquette employees on a voluntary basis. Like last year, spouses and same-sex domestic partners can voluntarily participate in the HRA. Both parts of the HRA, the biometric screening and questionnaire, will be available to spouses and same-sex domestic partners. To receive the discount on the employee portion of the 2014 health insurance premium, only employee participation in the HRA is required. **Employees who participate in both parts of the HRA will receive a 10 percent discount toward their health insurance premium for 2014. To qualify for the discount, employees must complete both parts of the HRA: (1) biometric screening and (2) online questionnaire.** The biometric screening must be completed by Saturday, Nov. 23, and the online health questionnaire must be completed by Monday, Nov. 25. **There will be no extensions for these deadlines.**

The HRA includes two parts:

1. **Biometrics screening:** Free biometrics screenings will be available to employees, spouses and same-sex domestic partners on campus Oct. 28 through Nov. 23. **To schedule an on-campus appointment, contact Aurora Health Care at (877) 765-3213 (when prompted, choose option #1).** Employees may also schedule an on-campus appointment online via [www.marquette.edu/benefits](http://www.marquette.edu/benefits). Employees, spouses, and same-sex domestic partners can also choose to have their own primary care provider perform the screenings, using the form available on the Department of Human Resources benefits website. Employees can also submit biometric screenings results if they participate in a similar event sponsored by the employer of their spouse/same-sex domestic partner. Please keep a copy of the biometric results for your records, since this information is required for the online health questionnaire.

2. **Online health questionnaire:** Access to the online questionnaire will be available Oct. 28 through Nov. 25. The link to the online questionnaire will be available Oct. 28 at [www.marquette.edu/benefits](http://www.marquette.edu/benefits). Employees must keep a copy of the questionnaire as verification of completion.

Detailed information regarding the HRA process is included in this packet. Upon completion of both parts of the HRA, employees are encouraged to print a personalized report to help identify potential health concerns and lifestyle behaviors that may need to be changed. Marquette University will receive a summary report of combined employee data; employees’ specific results are confidential.

If you want to qualify for the 10 percent health insurance premium discount, start the HRA process early. If you are relying on your health care provider to supply the biometric results, make sure to contact your health care provider’s office as soon as possible. The deadline to have all biometric results completed and faxed to Aurora Total Health is Friday, Nov. 22. **All online health questionnaires must be completed by Monday, Nov. 25, 2013. There will be no exceptions to this deadline.**
Benefits Information and Wellness Day

The university encourages all employees to attend the annual Benefits Information and Wellness Day on Tuesday, Oct. 29, from 9 a.m. to 2 p.m. in the AMU, Monaghan Ballroom. Attendees will have access to valuable benefits information from provider representatives, as well as free wellness screenings.

What the university needs from you

- Please review the enclosed materials carefully. As indicated, you will need to access your MyJob account (http://myjob.mu.edu) to review your personal data, change plan elections or re-enroll in an FSA program.

- **If you wish to participate in either the Health Care and/or the Dependent Care FSA for 2014, you must complete the online FSA election.** (IRS rules require an annual FSA election, with no exceptions.) 2014 elections will automatically be loaded onto existing Benny™ Benefits (debit) cards (cards are good for five years; as the expiration date approaches, new cards are automatically sent to members). There is a $10 replacement fee for additional/lost cards. Per IRS regulations, FSA eligible receipts must be retained for up to one year after the benefit year ends.

- Employees must update and/or verify personal information, covered dependents and emergency contacts in MyJob. Federal regulations require employees to supply dependent social security numbers if they are enrolled in the Employee+1 or Family health plans.

- Per Federal regulations, an employer is mandated to report the after-tax benefit for same-sex domestic partners. The taxable benefit will be listed on the paystub of those utilizing this benefit.

The Annual Enrollment period is Monday, Oct. 28, through Friday, Nov. 15. Online enrollment must be completed by Friday, Nov. 15, to allow adequate time for processing of current and updated information. Assistance will be available at the Benefits Information and Wellness Day on Oct. 29, and from the employee benefits staff at three separate sessions in the AMU, from 11 a.m. to 2 p.m. Oct. 31, Nov. 6 and Nov. 14. Watch News Briefs for additional information about these sessions.

As always, your timely cooperation in this year’s benefits enrollment is appreciated. Thank you.

Cas Castro
Vice President of Human Resources
Marquette University

(Enclosures)
Marquette University continues to offer a variety of comprehensive benefit programs to support the physical, emotional, and financial needs of employees and their families. Below is a summary of the plan changes that will be made effective January 1, 2014.

Health Care Reform

- **Health Insurance Marketplace** – when key parts of the health care reform law take effect in 2014, there will be a new way to buy health insurance: the Health Insurance Marketplace (also known as exchanges).

  The Health Insurance Marketplace cover memo and notice included with your Annual Enrollment materials are being provided to assist you as you evaluate options for you and your family. Both pieces provide some basic information about the new Marketplace and about the health coverage offered through Marquette University.

  The cover memo and notice are also accessible on the benefits website at http://www.marquette.edu/hr/medicalinsurance.shtml.

- **Summary of Benefits and Coverage (SBC)** – introduced last year, the SBC and Uniform Glossary disclosures enable individuals to better understand their health coverage and more easily compare coverage options across different types of plans and insurance products.

  The SBCs and a link to the Uniform Glossary will be accessible on the benefits website at http://www.marquette.edu/hr/medicalinsurance.shtml. You may also request a paper copy of the SBCs be mailed to you free of charge by contacting Human Resources at (414) 288-7305.

Marquette University Health Plan

The following plan changes will be made to the Health Plan offering for 2014:

- The EPO Plan will now have a Deductible and Coinsurance, capped at an Out-of-Pocket Maximum, for In-Network services; correspondingly, Out-of-Network Deductibles and Out-of-Pocket Maximums will be increased.

- Marquette will be adding a third, High Deductible Health Plan (HDHP) option. Although it is not qualified for purposes of opening up and contributing to a Health Savings Account (HSA), this plan offers lower premium contributions in exchange for higher out-of-pocket costs when services are received.

- There will be Deductible and Out-of-Pocket Maximum increases to the PPO Plan.

All of these changes are being made in a proactive manner to relieve future health plan trend pressure and to put the university in a position to avoid the excise tax (a 40% tax on the value of health care coverage over government-regulated cost thresholds) that becomes effective in 2018. Current premium contributions will be reduced by 9% as a result of these plan changes.

- Marquette will retain the 3-tier premium structure (Single, Employee+1 and Family) for 2014. As a reminder, the Employee+1 tier will be reserved for employees enrolling only one eligible dependent, i.e., a spouse/same-sex domestic partner or one child. Employees enrolling more than one dependent (spouse/same-sex domestic partner and at least one child or two or more children) will continue to enroll in the Family tier. Employees who cover only one dependent and who do not actively elect the Employee+1 tier will automatically be defaulted to the Employee+1 tier.

  Note that this change will be made under the Dental and Vision plans as well.
• For those employees who participate in the Health Risk Assessment (HRA) program, which includes both a biometric screening and an online questionnaire, the premium contribution discount will remain at 10% (discounts apply for 2014 based on fall 2013 participation). Employees are also encouraged to be current on their recommended age- and gender-specific preventive screenings. Please see the HRA Summary section for an overview of the program. Your participation will continue to be voluntary and confidential.

• Spouses/same-sex domestic partners can also participate in the HRA program. Participation is voluntary and confidential. Spouse/same-sex domestic partner participation will not be a requirement of obtaining the 2014 premium contribution discount; only employee participation will result in the discount.

If you wish to make changes to your Health plan coverage for 2014, you must do so via MyJob!

Travel Assistance
• Through an arrangement with MetLife, all employees covered by Marquette's Basic Life/AD&D coverage will now have access to a travel assistance benefit provided by AXA Assistance USA, Inc. This service offers you and your dependents medical, travel, legal, financial and concierge services, 24 hours a day, 365 days a year, while traveling 100 or more miles away from home. Additional information is included in your packet.

Important Reminders
• The Health, Dental and Vision programs are stand alone plans and employees can make separate elections as necessary. That means, for example, that you can elect Employee+1 Health, Family Dental, and Single Vision coverage based on your family needs.

• Dependents under the age of 26 are eligible for the Health plan until the end of the month in which they turn age 26. However, under the Dental and Vision plans, dependents are eligible until the age of 19 or until age 25 if enrolled as a full-time student.

• While registered same-sex domestic partners are eligible to participate in the Health, Dental and Vision plans, most are not considered tax dependents of an employee and, therefore, do not receive preferential tax treatment when it comes to benefit program participation. Employees enrolling same-sex domestic partners will have the value of their coverage included on their pay stub as part of their income and will be taxed accordingly. Additionally, non-tax dependents cannot participate in any of the tax-favored Flexible Spending Accounts.

• You must re-elect any Flexible Spending Accounts (FSAs) – Health Care and/or Dependent Care – for 2014. Employees who are currently participating in the Health Care FSA and who re-enroll in the program will have their 2014 election automatically loaded onto their existing Benny™ Benefits (debit) card.

• MetLaw Group Legal elections do not carry forward and you must complete the enrollment form included in your packet if you wish to participate in the program for 2014. Note that the monthly cost is increasing from $18.00 to $19.50 for 2014.

Benefits Assistance
Members of the benefits staff will be available on the following dates and times to help you navigate the online enrollment process, answer benefits questions and clarify various aspects of Marquette’s benefit offerings:

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<thead>
<tr>
<th>Date</th>
<th>Time</th>
<th>Location</th>
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<tbody>
<tr>
<td>Tuesday, October 29, 2013*</td>
<td>9:00 a.m. – 2:00 p.m.</td>
<td>(AMU, Monaghan Ballroom)</td>
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<tr>
<td>Thursday, October 31, 2013</td>
<td>11:00 a.m. – 2:00 p.m.</td>
<td>(AMU, 252)</td>
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<tr>
<td>Wednesday, November 6, 2013</td>
<td>11:00 a.m. – 2:00 p.m.</td>
<td>(AMU, 252)</td>
</tr>
<tr>
<td>Thursday, November 14, 2013</td>
<td>11:00 a.m. – 2:00 p.m.</td>
<td>(AMU, 252)</td>
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* Benefits Information and Wellness Day

October 2013
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<thead>
<tr>
<th>Component</th>
<th>Description</th>
<th>Dates</th>
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</thead>
<tbody>
<tr>
<td>Biometric Screening</td>
<td>Can be completed through your primary care provider, through your spouse's employer or on campus (on-site); includes height, weight, blood pressure, cholesterol, and glucose; a 12-hour fast is required prior to your on-campus screening.</td>
<td>July 1, 2013 – November 22, 2013</td>
</tr>
<tr>
<td>Option One: Primary Care Provider</td>
<td>Primary care office visits are subject to a co-pay; lab results must be completed after July 1, 2013 and on or before November 22, 2013; visit <a href="http://www.marquette.edu/benefits">www.marquette.edu/benefits</a> to print off the form; your primary care provider must fax the completed form directly to Aurora Healthcare (Attention: Justin) at (414) 525-2580.</td>
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<tr>
<td>Option Two: Spouse's Employer</td>
<td>If the employer of your spouse/same-sex domestic partner sponsors a biometric screening event and you are able to participate, you may use those results provided they are comparable to the screenings offered at Marquette; please fax screening results to Aurora Healthcare (Attention: Justin) at (414) 525-2580.</td>
<td>October 28, 2013 – November 22, 2013</td>
</tr>
<tr>
<td>Option Three: On Campus</td>
<td>To schedule an on-site appointment go to <a href="http://www.marquette.edu/benefits">www.marquette.edu/benefits</a> on or after October 1, 2013 and follow the appropriate link; you may also contact Aurora Wellness at (877) 765-3213 (when prompted, choose Option #1).</td>
<td>October 28, 2013 – November 23, 2013</td>
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*Please keep a copy of the biometric results for your records as this information is required for the online health questionnaire.*
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<thead>
<tr>
<th>Component</th>
<th>Description</th>
<th>Dates</th>
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<tbody>
<tr>
<td>Health Questionnaire</td>
<td>The online health questionnaire must be completed after the biometric screening is performed; upon completion of the questionnaire, you are strongly encouraged to print your personalized report that helps to identify potential health concerns and lifestyle behaviors that may need to be changed; <strong>your specific results are 100% confidential.</strong></td>
<td>October 28, 2013 – November 25, 2013</td>
</tr>
<tr>
<td>Preventive Screening Compliance</td>
<td>Exams and screenings are to be completed after November 1, 2013 and on or before October 31, 2014; the verification form is included in your materials and is also available by visiting <a href="http://www.marquette.edu/benefits">www.marquette.edu/benefits</a>; employees are required to complete Section I and have their primary care provider complete Section II; your provider must then email, fax or mail the completed form directly to Aurora Health Care Total Health Department (Attention: Joan) at (414) 525-2580.</td>
<td>November 1, 2013 – October 31, 2014</td>
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</table>

*It is important for you to retain a copy of this information for your records.*
TO: All Benefit-Eligible and Non Benefit-Eligible Employees of Marquette University
FROM: Department of Human Resources
DATE: October 1, 2013
SUBJECT: Health Insurance Marketplace Notice

On the page that follows (or on the back of this page for certain hard copies) is a notice employers are required to provide regarding the new Health Insurance Marketplace (also known as exchanges) under Health Care Reform.

What is the health insurance marketplace or exchange?
An exchange is an online marketplace that will provide multiple health insurance options to consumers. The exchange will allow consumers (individuals and small businesses initially) to compare what plans cover, what providers are covered, how deductibles and copayments are different across plans and how plans compare on key quality measures. The Health Insurance Marketplace is available at www.healthcare.gov.

Why am I receiving this notice?
Health Care Reform will require most individuals to have health insurance effective January 1, 2014 or possibly pay a fee on their 2014 tax filing; however, the law does not specify how an individual must obtain coverage. Marquette employees will be able to choose to:
- Enroll in the Marquette health plan provided eligibility requirements are met,
- Enroll in a plan offered by another family member’s employer,
- Enroll in a plan through the exchange,
- Purchase an individual plan directly through an insurer or through an agent or broker, or
- Have coverage through Medicare, Medicaid, etc.

Will I be able to purchase less expensive health coverage on the exchange?
Everyone will have access to the exchange, but the costs are not available until after October 1, 2013. For those eligible to participate in Marquette’s health plan, while you will have the option of selecting an exchange plan, the cost is not likely to be less expensive than the university’s coverage because insurance purchased on the exchange:
- Is paid with after-tax dollars (whereas premium contributions through the university are made on a pre-tax basis),
- Would not include any Marquette contributions; employees would be responsible for 100% of the premium cost (whereas current health plan enrollees generally pay 20%), and
- Is available as a single plan only, so if you need coverage for a family, you will need to purchase coverage individually for each family member.

Additionally, with respect to full-time employees, Marquette meets the affordability and minimum value standards as defined by Health Care Reform. Therefore, full-time employees and their family members who are eligible for the Marquette health plan will not be eligible for a premium tax credit through the exchange. Other employees may be eligible for a premium tax credit through the exchange if they do not have access to coverage that meets these standards.

Where can I get more information on the exchanges?
Go to www.healthcare.gov or call the Marketplace at 1-800-318-2596.
New Health Insurance Marketplace Coverage Options and Your Health Coverage

General Information
When key parts of the health care law take effect in 2014, there will be a new way to buy health insurance: the Health Insurance Marketplace. To assist you as you evaluate options for you and your family, this notice provides some basic information about the new Marketplace and employer-based health coverage offered by your employer.

What is the Health Insurance Marketplace?
The Marketplace is designed to help you find health insurance that meets your needs and fits your budget. The Marketplace offers “one-stop shopping” to find and compare private health insurance options. You may also be eligible for a new kind of tax credit that lowers your monthly premium right away. Open enrollment for health insurance coverage through the Marketplace begins in October 2013 for coverage starting as early as January 1, 2014.

Can I Save Money on my Health Insurance Premiums in the Marketplace?
You may qualify to save money and lower your monthly premium, but only if your employer does not offer coverage, or offers coverage that doesn’t meet certain standards. The savings on your premium that you’re eligible for depends on your household income.

Does Employer Health Coverage Affect Eligibility for Premium Savings through the Marketplace?
Yes. If you have an offer of health coverage from your employer that meets certain standards, you will not be eligible for a tax credit through the Marketplace and may wish to enroll in your employer’s health plan. However, you may be eligible for a tax credit that lowers your monthly premium, or a reduction in certain cost-sharing if your employer does not offer coverage to you at all or does not offer coverage that meets certain standards. If the cost of a plan from your employer that would cover you (and not any other members of your family) is more than 9.5% of your household income for the year, or if the coverage your employer provides does not meet the "minimum value" standard set by the Affordable Care Act, you may be eligible for a tax credit.¹

Note: If you purchase a health plan through the Marketplace instead of accepting health coverage offered by your employer, then you may lose the employer contribution (if any) to the employer-offered coverage. Also, this employer contribution - as well as your employee contribution to employer-offered coverage - is often excluded from income for Federal and State income tax purposes. Your payments for coverage through the Marketplace are made on an after-tax basis.

How Can I Get More Information?
For more information about your coverage offered by your employer, please check your summary plan description or contact Marquette University, Human Resources, 915 West Wisconsin Avenue, Straz Tower #185, Milwaukee, WI 53233, (414) 288-7305.

The Marketplace can help you evaluate your coverage options, including your eligibility for coverage through the Marketplace and its cost. Please visit HealthCare.gov for more information, including an online application for health insurance coverage and contact information for a Health Insurance Marketplace in your area.

¹ An employer-sponsored health plan meets the "minimum value standard" if the plan’s share of the total allowed benefit costs covered by the plan is no less than 60 percent of such costs (Section 36B(c)(2)(C)(ii) of the Internal Revenue Code of 1986).
Q. How do I login to MyJob?
A. MyJob can be used from any computer with internet access by using the link http://myjob.mu.edu. MyJob uses the same username and password as eMarq.

Q. What do I do if I don’t know my username or password?
A. You can change your own password at http://reset.mu.edu or by clicking the password reset link on the MyJob login page. If you have forgotten your username or are having difficulties resetting your password, please contact the IT Services Help Desk at 8-7799. The help desk can provide assistance with your username or password after verifying personal information.

Q. Where and when can I access MyJob and Self-Service?
A. The MyJob and Self-Service applications for benefits Annual Enrollment can be accessed from work and home. Computers will be available during the Benefits Information and Wellness Day (October 29th), specified days throughout the Annual Enrollment period (October 31st, November 6th and November 14th) in the AMU, and during business hours outside of Human Resources. These are certified to work on Windows PC’s using Internet Explorer or Mac’s using Safari browser. However, issues may arise by browser plug-ins (i.e. Google “search” browser plug-in), spyware, viruses, pop-up blockers, or individual browser security setups. Turn off pop-up blockers! If you are still having difficulties accessing MyJob, please contact the IT Services Help Desk at 8-7799.

Q. If I don’t plan on making any changes during Annual Enrollment, do I still need to login to MyJob?
A. Yes! Even if you’re not enrolled in the Health Plan and do not wish to make any changes to your existing benefits, you will need to add, confirm, update, and/or change your dependent and beneficiary information. Please note that you must enter a contribution amount (per pay period) for the Health Care FSA and/or Dependent Care FSA, if you wish to enroll in either of these benefits for 2014.

Q. How can I be sure that my elections, dependents, and beneficiaries have been successfully updated?
A. During the online enrollment process, you will reach a Confirmation Page for each of the two programs you successfully navigate through. Please print a copy for your records. You may also access the “View Benefits” link via the Employee Self-Service at any time. Be sure to select the correct year when viewing. You will have access to the benefits Annual Enrollment application during the three-week enrollment period — October 28th through November 15th. Once saved, your selections will be displayed upon reentry into MyJob.

Q. I’m having trouble entering an address for a contact. How should I proceed?
A. First, be sure to turn off any pop-up blockers! Use the flashlight search button to search for a city name, and then select the correct combinations from the list of values. The city, state, and zip code values must be correct or you will not be able to enter them into the fields. If you still continue to experience difficulty, you can check the “Shared Residence” box to bypass entering the address information. However, incorrect addresses for beneficiaries or dependents can delay claim processing in the future, so accurate information is important.

Q. I just want to exit out of the program. What do I do?
A. Each page contains a link to return to your MyJob Home or to logout. These links are located in the upper right-hand and bottom center of the page. Either link will exit you from benefits Annual Enrollment. If you have not reached the Confirmation page before exiting, any changes you have made will not be saved, and you must retry the enrollment process at a later time.

October 2013
# Health, Dental and Vision Insurance

2014 Monthly Rate Information  
(Effective 1/1/2014 – 12/31/2014)

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</tr>
<tr>
<td>Family</td>
<td>$3.80</td>
<td>$15.20</td>
<td>$19.00</td>
</tr>
</tbody>
</table>

**NOTES:**  
1. If you are in a less than 12-month paid status, your monthly contributions will be pro-rated from above (Jan. – May).  
2. Health Risk Assessment (HRA) includes both a biometric screening and online questionnaire.  
3. COBRA rates will be based on the above "Total" columns plus a 2% administrative load.
A Plan Designed For Your Needs

Our Commitment to You

To remain a stellar example of Catholic, Jesuit higher education, Marquette needs to offer a benefit package that attracts and maintains a qualified, talented work force committed to the values of the university. This package is comprehensive in scope and sensitive to the health and welfare of employees and their family members, as well as competitive and as affordable as possible within the financial means of the university.

The Marquette University benefits package is designed to meet the diverse needs of our faculty, administrators, and staff by providing competitive and comprehensive benefit options that allow you to choose the plan that best meets your individual and family needs.

We encourage you to review all of your options before making your benefit elections. Only you can determine which benefits are the best fit for you and/or your family. We want you to understand all of your options and make informed decisions.

Benefit Basics

Once you elect your benefits, your elections remain in effect for the plan year (January 1st through December 31st). You may only change coverage due to a qualified “life event” (see page 3) and must do so within 30 calendar days of the event. Marquette University encourages you to review all of your benefits and make your selections wisely.

Eligibility

You are eligible to build benefit plans that meet your and/or your family’s needs, described here, if you are a full-time regular, full-time temporary (minimum of 1-year contract, either academic or calendar), or part-time regular employee (working a minimum of 20, but less than 37.5 hours per week). Marquette University is committed to providing a range of benefits from which you can choose. These benefits include:

- Health
- Vision
- Basic Life Insurance
- Long-Term Disability (full-time only)
- Employee Assistance Program (EAP)
- Dental
- Flexible Spending Accounts
- Optional Life Insurance
- MetLaw Group Legal
- TIAA CREF - 403(b) Retirement Plan
A Plan Designed
For Your Needs

Our Commitment to You

Dependent Eligibility
You may obtain coverage for your eligible dependents under the Health, Dental and Vision plans. Eligible members include:

- Your legal spouse or registered same-sex domestic partner
- Each child until the end of the month in which the child turns age 26*
- Each child until the end of the month in which the child turns age 19**
- A covered dependent child who is attending high school or an accredited institution of higher-education as a full-time student will continue to be eligible until the end of the month in which the child turns 25 or graduates, whichever is earlier**
- A dependent child must legally qualify to be claimed as a tax exemption on the employee’s or spouse’s federal income tax return**
- Unmarried, disabled children of any age who are incapable of supporting themselves due to a mental or physical disability that began while they met the definition of a dependent child

Life Events
Qualifying life events which would allow you to change your coverage (within 30 calendar days) include:

- Change in status, which may include: marital, number of dependents, employment, change in residence that impacts Health Plan eligibility, dependent satisfying or ceasing to satisfy eligibility requirements
- HIPAA special enrollment rights
- FMLA special requirements
- Changes due to a judgment, decree, or court order
- Entitlement to Medicare or Medicaid

*Applies to Health plan only.
**Applies to Dental and Vision plans only.
Highlights for 2014

Health Plan

- Marquette has made plan design changes to the existing EPO and PPO Plans and is adding a third, High Deductible Health Plan (HDHP) for 2014. These changes are being made in an effort to relieve future health plan trend pressure, and to put the university in a position to avoid the excise tax that becomes effective in 2018. As a result of these plan changes, current premium contributions will be reduced. Please refer to the Health Benefits section of this guide and to other materials included in your packet for more details.

- The 3-tier premium structure (Single, Employee +1 and Family) will remain in place for 2014. Please note that employees who cover only one dependent and who do not actively elect the Employee +1 tier will automatically be defaulted to the (lower cost) Employee +1 tier. This holds true for the Dental and Vision plans as well.

- The premium contribution discount for participating in the HRA program will remain at 10% (discounts applied in 2014 based on fall 2013 participation). Spouses/Same-sex domestic partners can also participate in the program, but their participation is not required for the discount (only employee participation). Employees are also encouraged to be current on their recommended age- and gender-specific preventive screenings.

If you wish to make changes to your Health plan coverage for 2014, you must do so via MyJob!
Dental and Vision Plans
There will be no plan design or premium contribution changes to the Dental or Vision plans for 2014.

Flexible Spending Accounts
You must re-elect any Flexible Spending Accounts (FSAs) – Health Care and/or Dependent Care – for 2014. Employee contributions to the Health Care FSA are limited to $2,500 for the 2014 plan year. Employees who are currently participating in the Health Care FSA and who re-enroll in the program will have their 2014 election automatically loaded onto their existing Benny™ Benefits (debit) card (cards are good for five years; as the expiration date approaches, new cards are automatically sent to members). All new participants will receive a new card. Please remember that over-the-counter medications are not eligible for Health Care FSA reimbursement unless prescribed by a doctor.

Other Benefits
• Through an arrangement with MetLife, all employees covered by Marquette's Basic Life/AD&D coverage will now have access to a travel assistance benefit provided by AXA Assistance USA, Inc. Additional information is included in your packet.
• The voluntary Group Legal benefit will again be offered through MetLaw for 2014, although the cost is increasing. Please note that existing elections do not carry forward. If you are interested in participating in the program for 2014, you must complete the enrollment form included in your packet.
Who pays for what?

Your Benefits and Your Contributions

Marquette University provides a variety of benefits to help protect your health, income, and well-being. The university provides some benefits at no cost to you; other benefit costs are split between the university and you; and some of the voluntary benefits are paid entirely by the employee. This affords you the flexibility to choose the benefits that best meet your needs and lifestyle.

<table>
<thead>
<tr>
<th>BENEFIT</th>
<th>WHO PAYS?</th>
<th>TAX BENEFIT</th>
</tr>
</thead>
<tbody>
<tr>
<td>Health</td>
<td>Marquette University &amp; You*</td>
<td>Pre-Tax</td>
</tr>
<tr>
<td>Dental</td>
<td>Marquette University &amp; You*</td>
<td>Pre-Tax</td>
</tr>
<tr>
<td>Vision</td>
<td>Marquette University &amp; You*</td>
<td>Pre-Tax</td>
</tr>
<tr>
<td>FSA</td>
<td>You</td>
<td>Pre-Tax</td>
</tr>
<tr>
<td>Basic Life and Accidental Death</td>
<td>Marquette University*</td>
<td>N/A</td>
</tr>
<tr>
<td>&amp; Dismemberment (AD&amp;D) Insurance</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Optional Life Insurance</td>
<td>You</td>
<td>After Tax</td>
</tr>
<tr>
<td>Short-Term Disability</td>
<td>Marquette University</td>
<td>N/A</td>
</tr>
<tr>
<td>Long-Term Disability (Full-time only)</td>
<td>Marquette University &amp; You</td>
<td>Pre-Tax and After Tax</td>
</tr>
<tr>
<td>MetLaw Group Legal</td>
<td>You</td>
<td>After Tax</td>
</tr>
<tr>
<td>EAP</td>
<td>Marquette University</td>
<td>N/A</td>
</tr>
<tr>
<td>Marquette University Retirement Plan</td>
<td>Marquette University &amp; You</td>
<td>Tax-deferred</td>
</tr>
</tbody>
</table>

* Regular part-time employees pay 100% of the rates.

Benefits for Eligible Employees

Marquette University offers the following benefits to all eligible employees:

**Business Travel Accident Insurance**

- Provides 24-hour worldwide business travel protection.
- Payable benefit determined by annual base earnings and type of loss.

**Basic Life Insurance** (Full-time employees are enrolled at no cost)

- Guaranteed coverage equal to your annual salary, rounded to the next $1,000.
Who pays for what?

Your Benefits

Short-Term Disability Insurance**
- Exempt employees accrue one short-term disability day at 100% pay for each full month they work. When the benefit is eligible to be used, the employee can use all short-term disability pay available. For a leave period exceeding the number of short-term disability days the employee accrued, the benefit is reduced to 75% short-term disability pay.
- Non-exempt employees accrue two short-term disability days at 100% pay for each full month they work. The benefit can be used on the 61st working day of a medical leave of absence. For a leave period exceeding the number of short-term disability days the employee accrued, the employee's pay will be suspended.

EAP**
- Employees can connect with a professional EAP counselor who will link you with specialized services for stress, work issues, relationships, financial problems, alcohol or drug abuse, and/or balancing work and family. Counseling and support services are available 24/7.

Voluntary Benefits
- Personal property and casualty insurance, group legal services, and long-term care are some of the voluntary benefits conveniently available for payroll deduction. Employee discounts such as discounted car rentals, computers and software, Internet service, floral services, hotel rates and vacation spots are available at www.marquette.edu/purchasing.

**Upon meeting eligibility requirements, these benefits are provided at no cost.
### Health Benefits Comparison

The cost of quality health coverage has increased significantly over the past few years. At the same time, we need health care that protects our physical and mental health as much as health care that protects our financial well-being. Marquette University believes it is important to offer a choice of quality plans and thus provides the following options (while out-of-network benefits are available, only in-network benefits are illustrated below):

<table>
<thead>
<tr>
<th>Plan Type</th>
<th>EPO Plan</th>
<th>PPO Plan</th>
<th>HDHP</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Your Deductible</strong></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Single</td>
<td>$500</td>
<td>$1,000</td>
<td>$4,000</td>
</tr>
<tr>
<td>Employee+1 or Family</td>
<td>$1,000</td>
<td>$2,000</td>
<td>$8,000</td>
</tr>
<tr>
<td><strong>Your Coinsurance Percentage</strong></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Single</td>
<td>20%</td>
<td>20%</td>
<td>20%</td>
</tr>
<tr>
<td>Employee+1 or Family</td>
<td>20%</td>
<td>20%</td>
<td>20%</td>
</tr>
<tr>
<td><strong>Your Coinsurance</strong></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Single</td>
<td>$750</td>
<td>$1,500</td>
<td>$500</td>
</tr>
<tr>
<td>Employee+1 or Family</td>
<td>$1,500</td>
<td>$3,000</td>
<td>$1,000</td>
</tr>
<tr>
<td><strong>Your Out-of-Pocket Maximum</strong></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Single</td>
<td>$1,250</td>
<td>$2,500</td>
<td>$4,500</td>
</tr>
<tr>
<td>Employee+1 or Family</td>
<td>$2,500</td>
<td>$5,000</td>
<td>$9,000</td>
</tr>
<tr>
<td><strong>Preventive Care</strong></td>
<td>Plan pays</td>
<td>Plan pays</td>
<td>Plan pays</td>
</tr>
<tr>
<td>(Wellness Schedule Applies)</td>
<td>100%</td>
<td>100%</td>
<td>100%</td>
</tr>
<tr>
<td><strong>Well-Child Care</strong></td>
<td>Plan pays</td>
<td>Plan pays</td>
<td>Plan pays</td>
</tr>
<tr>
<td>(Immunizations, Check-ups)</td>
<td>100%</td>
<td>100%</td>
<td>100%</td>
</tr>
<tr>
<td><strong>Office Visit Co-Pay</strong></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Primary Care</td>
<td>$25</td>
<td>$25</td>
<td>$25</td>
</tr>
<tr>
<td>Specialist</td>
<td>$50</td>
<td>$50</td>
<td>$50</td>
</tr>
<tr>
<td><strong>Emergency Room Co-Pay</strong></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>(Life and Limb threatening)</td>
<td>$150</td>
<td>$150</td>
<td>$150</td>
</tr>
<tr>
<td><strong>Hospital Inpatient</strong></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>(Room and Board)</td>
<td>20% after Deductible</td>
<td>20% after Deductible</td>
<td>20% after Deductible</td>
</tr>
<tr>
<td><strong>Prescription Drug</strong></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Retail Pharmacy</td>
<td>30-day supply 90-day supply</td>
<td>30-day supply 90-day supply</td>
<td>30-day supply 90-day supply</td>
</tr>
<tr>
<td>Mail Order Pharmacy</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Your Deductible</strong></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Single</td>
<td>$75</td>
<td>$75</td>
<td>$75</td>
</tr>
<tr>
<td>Employee+1 or Family</td>
<td>$150</td>
<td>$150</td>
<td>$300</td>
</tr>
<tr>
<td><strong>Your Coinsurance</strong></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Generic</td>
<td>10%</td>
<td>10%</td>
<td>10%</td>
</tr>
<tr>
<td>Formulary Brand</td>
<td>30%</td>
<td>30%</td>
<td>30%</td>
</tr>
<tr>
<td>Non-formulary Brand</td>
<td>40%</td>
<td>40%</td>
<td>40%</td>
</tr>
<tr>
<td><strong>Your Out-of-Pocket Maximum</strong></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Single</td>
<td>$1,500</td>
<td>$1,500</td>
<td>$1,500</td>
</tr>
<tr>
<td>Employee+1 or Family</td>
<td>$3,000</td>
<td>$3,000</td>
<td>$3,000</td>
</tr>
</tbody>
</table>

*Separate from Medical Deductible and Out-of-Pocket Maximum amounts.

All Medical out-of-pocket expenses included: (Medical) Out-of-Pocket Maximum (Deductible, Coinsurance and Co-Pays).

All Prescription Drug out-of-pocket expenses included: (Prescription Drug) Out-of-Pocket Maximum (Deductible and Coinsurance).
Important Notes: All plan options (EPO Plan, PPO Plan, HDHP) will utilize the UnitedHealthcare Choice Plus network and will allow covered participants to receive care from the provider of their choice. All plans will pay a higher level of benefits if an In-Network provider is used; if an Out-of-Network provider is used, the plans will pay a lower level of benefits.

Care Management Programs: The university has contracted with UMR to assist participants in managing heart disease, depression, diabetes, chronic obstructive lung disease, asthma, and hypertension.

- Members with these conditions will be contacted by UMR.

Care management programs help people better understand their conditions and learn how to manage them based on approved clinical treatment guidelines. The programs also help individuals become more active partners with their health care providers. These programs are completely confidential and voluntary.

Utilization Review Program: Utilization review programs (also known as pre-notification or care management programs) require notification prior to being admitted to a hospital or receiving certain procedures/surgeries. In an emergency situation, timely and reasonable contact to UMR Care Management is required. A $500 penalty may be deducted from your benefit if you fail to call.

- EPO Plan, PPO Plan and HDHP participants need to contact UMR Care Management for precertification at 1-800-808-4424.

Health Risk Assessments (HRAs) will be offered again this year. Employees have the opportunity to earn a 10% discount on 2014 Health plan premium contributions by participating in the HRA. To qualify for the discount, employees need to complete two phases of the HRA: a biometric screening (including glucose, blood pressure, and body mass) and a health questionnaire.
### Dental & Vision Summaries

<table>
<thead>
<tr>
<th>Dental Benefit</th>
<th>Delta Premier or PPO Dentist</th>
<th>Marquette Dental School Faculty</th>
<th>Marquette Dental School Student</th>
</tr>
</thead>
<tbody>
<tr>
<td>Individual Annual Maximum</td>
<td>$2,500</td>
<td>$2,500</td>
<td>$2,500</td>
</tr>
<tr>
<td><strong>Deductible</strong></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Single</td>
<td>$50</td>
<td>$0</td>
<td>$0</td>
</tr>
<tr>
<td>Employee+1</td>
<td>$100</td>
<td>$0</td>
<td>$0</td>
</tr>
<tr>
<td>Family</td>
<td>$150</td>
<td>$0</td>
<td>$0</td>
</tr>
<tr>
<td><strong>Diagnostic &amp; Preventive Services</strong></td>
<td></td>
<td>100%</td>
<td>100%</td>
</tr>
<tr>
<td><strong>Basic &amp; Major Services</strong></td>
<td></td>
<td>80% - 90%</td>
<td>100%</td>
</tr>
<tr>
<td><strong>Orthodontic</strong></td>
<td>Lifetime Maximum: $2,000</td>
<td>60%</td>
<td>60%</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Vision Benefit</th>
<th>VSP &amp; Affiliate Provider</th>
<th>Non-VSP Provider</th>
</tr>
</thead>
<tbody>
<tr>
<td>Routine Exam</td>
<td>Paid in Full</td>
<td>Paid up to $44</td>
</tr>
<tr>
<td>(Every Plan Year)</td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Lenses (In Lieu of Contacts)</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Single</td>
<td>Paid in Full</td>
<td>Up to $32 Retail</td>
</tr>
<tr>
<td>Lined Bifocal</td>
<td>Paid in Full</td>
<td>Up to $48 Retail</td>
</tr>
<tr>
<td>Lined Trifocal</td>
<td>Paid in Full</td>
<td>Up to $64 Retail</td>
</tr>
<tr>
<td>Average of 20%-25% savings on all non-covered lens options</td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Frames (In Lieu of Contacts)</strong></td>
<td>$130 Retail Allowance</td>
<td>Up to $38.25 Retail</td>
</tr>
<tr>
<td>(Every Other Plan Year)</td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Contact Lenses (In Lieu of Lenses/ Frames)</strong></td>
<td>$130 Retail Allowance</td>
<td>Up to $100 Retail</td>
</tr>
<tr>
<td>(Every Plan Year)</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

---

**Use MyJob to Enroll**

Go to [http://myjob.mu.edu](http://myjob.mu.edu)

- All employees should access MyJob to update and/or verify personal information, covered dependents, and emergency contacts.
- You MUST go online to elect an FSA for 2014; IRS regulations require an annual FSA election.
- Due to a government regulation, employees that cover dependents (defined as spouses, same-sex domestic partners, and children) will be required to input their dependent's Social Security Numbers in MyJob.
- Benefit elections or modifications during the Annual Enrollment period (October 28 – November 15, 2013) must be completed online through the MyJob website to be effective January 1, 2014.

**Employees hired during the 2014 Calendar Year must submit paper enrollment forms. Online enrollment is only available during the annual enrollment period.**
Need Additional Information?

Have a question about one of your benefits? Keep this guide handy for a quick reference for all your benefit needs. If you still have questions, please contact the Marquette University Human Resources Department at (414) 288-7305.

<table>
<thead>
<tr>
<th>Plan</th>
<th>Administrator</th>
<th>Website</th>
<th>Phone</th>
</tr>
</thead>
<tbody>
<tr>
<td>Medical</td>
<td>UMR</td>
<td><a href="http://www.umr.com">www.umr.com</a></td>
<td>1-800-826-9781</td>
</tr>
<tr>
<td>* Coverage questions</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>* Customer service</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>* ID card request</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>* Claim information</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>* Network information</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>* Pre-certification</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Prescription Drug</td>
<td>Express Scripts (formerly Medco) <a href="http://www.express-scripts.com">www.express-scripts.com</a></td>
<td>1-800-711-0917</td>
<td></td>
</tr>
<tr>
<td>Dental</td>
<td>Delta Dental</td>
<td><a href="http://www.deltadentalwi.com">www.deltadentalwi.com</a></td>
<td>1-800-236-3713</td>
</tr>
<tr>
<td>Vision</td>
<td>Vision Service Plan (VSP) <a href="http://www.vsp.com">www.vsp.com</a></td>
<td>1-800-877-7195</td>
<td></td>
</tr>
<tr>
<td>FSA</td>
<td>EBC</td>
<td><a href="http://www.ebcflex.com">www.ebcflex.com</a></td>
<td>1-800-346-2126</td>
</tr>
<tr>
<td>Life/AD&amp;D Insurance</td>
<td>MetLife</td>
<td><a href="http://www.metlife.com">www.metlife.com</a></td>
<td>1-800-638-6420</td>
</tr>
<tr>
<td>Short-Term Disability</td>
<td>Marquette University</td>
<td><a href="http://www.maruette.edu/hr/benefits">www.maruette.edu/hr/benefits</a></td>
<td>1-414-288-7305</td>
</tr>
<tr>
<td>Long-Term Disability</td>
<td>Northwestern Mutual Life <a href="http://www.nml">www.nml</a></td>
<td>1-414-271-3242</td>
<td></td>
</tr>
<tr>
<td>MetLaw Group Legal</td>
<td>Hyatt Legal Plans</td>
<td><a href="http://www.legalplans.com">www.legalplans.com</a></td>
<td>1-800-821-8400</td>
</tr>
<tr>
<td>EAP</td>
<td>Aurora Behavioral Health <a href="http://www.aurora.org/eap">www.aurora.org/eap</a></td>
<td>1-800-236-3231</td>
<td></td>
</tr>
<tr>
<td>403(b) Retirement Plan</td>
<td>TIAA CREF</td>
<td><a href="http://www.tiaa-cref.org">www.tiaa-cref.org</a></td>
<td>1-800-842-2776</td>
</tr>
</tbody>
</table>

About this Guide

This guide describes the benefit plans available to you as an employee of Marquette University. The details of these plans are contained in the official plan documents, including some insurance contracts. This guide is meant only to cover the major points of each plan. It does not contain all of the details that are included in your Summary Plan Description (SPD) (as described by the Employee Retirement Income Security Act).

If there is ever a question about one of these plans, or if there is a conflict between the information in this guide and the formal language of the plan documents, the formal wording in the plan documents will govern.

Please note that the benefits described in this guide may be changed at any time and do not represent a contractual obligation on the part of Marquette University.
Your Dental Benefits
Specially Prepared for the Employees of Marquette University

The summary below does not cover all plan details. Further information can be found in the summary plan description or dental benefit handbook. That document provides a thorough explanation of your dental plan, including any limitations or exclusions that might apply. If there are any discrepancies between information found here and the group contract, the group contract shall govern.

### Benefit Plan Design

<table>
<thead>
<tr>
<th></th>
<th>When you see any Delta Dental PPO or Premier dentist</th>
<th>When you see a Marquette University Dental School Faculty Practice provider*</th>
<th>When you see a Marquette University Dental School Student or satellite clinic*</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Individual Annual Maximum</strong></td>
<td>$2,500</td>
<td>$2,500</td>
<td>$2,500</td>
</tr>
<tr>
<td><strong>Deductible</strong></td>
<td><strong>Individual</strong> $50</td>
<td>$0</td>
<td>$0</td>
</tr>
<tr>
<td></td>
<td><strong>Employee + 1</strong> $100</td>
<td>$0</td>
<td>$0</td>
</tr>
<tr>
<td></td>
<td><strong>Family</strong> $150</td>
<td>$0</td>
<td>$0</td>
</tr>
</tbody>
</table>

### Dependents Eligibility
Dependents are eligible through the end of the month in which they attain age 19 and full-time students are eligible through the end of the month in which they attain age 25, except as noted for orthodontics.

### Diagnostic & Preventive Services

<table>
<thead>
<tr>
<th>Service</th>
<th>When you see any Delta Dental PPO or Premier dentist</th>
<th>When you see a Marquette University Dental School Faculty Practice provider*</th>
<th>When you see a Marquette University Dental School Student or satellite clinic*</th>
</tr>
</thead>
<tbody>
<tr>
<td>Exams</td>
<td>100%</td>
<td>100%</td>
<td>100%</td>
</tr>
<tr>
<td>Cleanings</td>
<td>100%</td>
<td>100%</td>
<td>100%</td>
</tr>
<tr>
<td>Fluoride treatments</td>
<td>100%</td>
<td>100%</td>
<td>100%</td>
</tr>
<tr>
<td>X-rays</td>
<td>100%</td>
<td>100%</td>
<td>100%</td>
</tr>
<tr>
<td>Space maintainers</td>
<td>100%</td>
<td>100%</td>
<td>100%</td>
</tr>
<tr>
<td>Sealants</td>
<td>100%</td>
<td>100%</td>
<td>100%</td>
</tr>
<tr>
<td>Emergency treatment to relieve pain</td>
<td>100%</td>
<td>No</td>
<td>No</td>
</tr>
<tr>
<td>Deductible applies</td>
<td>No</td>
<td>No</td>
<td>No</td>
</tr>
</tbody>
</table>

### Basic & Major Services

<table>
<thead>
<tr>
<th>Service</th>
<th>When you see any Delta Dental PPO or Premier dentist</th>
<th>When you see a Marquette University Dental School Faculty Practice provider*</th>
<th>When you see a Marquette University Dental School Student or satellite clinic*</th>
</tr>
</thead>
<tbody>
<tr>
<td>Fillings</td>
<td>80%</td>
<td>90%</td>
<td>100%</td>
</tr>
<tr>
<td>Endodontics – nonsurgical</td>
<td>80%</td>
<td>90%</td>
<td>100%</td>
</tr>
<tr>
<td>Endodontics – surgical</td>
<td>80%</td>
<td>90%</td>
<td>100%</td>
</tr>
<tr>
<td>Periodontics – nonsurgical</td>
<td>80%</td>
<td>90%</td>
<td>100%</td>
</tr>
<tr>
<td>Periodontics – surgical</td>
<td>80%</td>
<td>90%</td>
<td>100%</td>
</tr>
<tr>
<td>Extractions - nonsurgical</td>
<td>80%</td>
<td>90%</td>
<td>100%</td>
</tr>
<tr>
<td>Extractions - surgical and other oral surgery</td>
<td>80%</td>
<td>90%</td>
<td>100%</td>
</tr>
<tr>
<td>Crowns, inlays, onlays</td>
<td>60%</td>
<td>80%</td>
<td>100%</td>
</tr>
<tr>
<td>Bridges and dentures</td>
<td>60%</td>
<td>80%</td>
<td>100%</td>
</tr>
<tr>
<td>Repairs and adjustments to bridges and dentures</td>
<td>80%</td>
<td>90%</td>
<td>100%</td>
</tr>
<tr>
<td>Implants</td>
<td>60%</td>
<td>80%</td>
<td>100%</td>
</tr>
<tr>
<td>Deductible applies</td>
<td>Yes</td>
<td>No</td>
<td>No</td>
</tr>
</tbody>
</table>

### Orthodontic Services

<table>
<thead>
<tr>
<th>Coverage copayment</th>
<th>When you see any Delta Dental PPO or Premier dentist</th>
<th>When you see a Marquette University Dental School Faculty Practice provider*</th>
<th>When you see a Marquette University Dental School Student or satellite clinic*</th>
</tr>
</thead>
<tbody>
<tr>
<td>Individual lifetime maximum</td>
<td>$2,000</td>
<td>$2,000</td>
<td>$2,000</td>
</tr>
<tr>
<td>Dependents eligible to age</td>
<td>19</td>
<td>19</td>
<td>19</td>
</tr>
<tr>
<td>Full-time students eligible to age</td>
<td>25</td>
<td>25</td>
<td>25</td>
</tr>
<tr>
<td>Adult ortho Deductible applies</td>
<td>Yes</td>
<td>Yes</td>
<td>Yes</td>
</tr>
</tbody>
</table>

### Special Plan Provisions
(see back page for more information)

<table>
<thead>
<tr>
<th>Evidence-Based Integrated Care Plan</th>
<th>When you see any Delta Dental PPO or Premier dentist</th>
<th>When you see a Marquette University Dental School Faculty Practice provider*</th>
<th>When you see a Marquette University Dental School Student or satellite clinic*</th>
</tr>
</thead>
<tbody>
<tr>
<td>Check-up Plus</td>
<td>Yes</td>
<td>Yes</td>
<td>Yes</td>
</tr>
</tbody>
</table>

Dental benefits are not payable for disease or injury covered by Worker's compensation.

*Special Condition: The deductible does not apply when services are rendered by a Faculty Practice provider; Deductible and coinsurance are waived when services are rendered by Marquette University Dental School or satellite clinic. Plan limitations still apply.*
Specially prepared for the employees of Marquette University

A Better PPO from Delta Dental

With some PPO plans, you don’t get much choice of providers. And if you go out of network, you face a stiff penalty from balance-billing by the provider. But your Delta Dental PPO plan is different. Our PPO network, which includes more than 141,000 dentist locations nationwide, is backed by our Premier network, which includes more than 220,000 dentist locations nationwide – more than 75% of the nation’s dentists. Your lowest out-of-pocket costs will come from seeing a Delta Dental PPO dentist, but you’ll also enjoy cost advantages if you see a Premier dentist. That means savings on out-of-pocket costs and better choice. Here’s an example:

<table>
<thead>
<tr>
<th>Advantages of Delta Dental Network Dentists</th>
<th>Delta PPO Network Dentists</th>
<th>Delta Premier Network Dentists</th>
</tr>
</thead>
<tbody>
<tr>
<td>Agreed-to fee ceilings (no balance-billing): Dentist agrees to fee ceilings, if his/her normal charge is higher than the fee ceiling, he/she can’t pass the balance on to you.</td>
<td>✔️</td>
<td>✔️</td>
</tr>
<tr>
<td>Additional fee schedule savings: Dentist agrees to a reduced fee schedule. Saves out-of-pocket expense for you.</td>
<td>✔️</td>
<td>✔️</td>
</tr>
<tr>
<td>Convenient claims processing: Dentist is required to file claims on your behalf, saving you the hassle of doing so yourself. Claims payments go directly to the dentist.</td>
<td>✔️</td>
<td>✔️</td>
</tr>
<tr>
<td>Treatment guarantees: Examples – Repair or replace dental restorations should they fail within 24 months.</td>
<td>✔️</td>
<td>✔️</td>
</tr>
</tbody>
</table>

Confirming Your Coverage Before scheduling appointments for extensive dental care, you may ask your dentist to send the treatment plan to Delta Dental. The plan will be reviewed by Delta and a Predetermination of Benefits form will be returned to you and your dentist. You and your dentist may then discuss the treatment and your out-of-pocket costs. Delta encourages you to be informed about your dental care, please call Delta at 800-236-3712 before you have any dental work done.

Delta’s Website Delta’s website has a lot to offer. You can use it to obtain information about, check the status of your claims, find a network dentist, and learn ways to improve and protect your oral health.

For eligibility, claims or dentist information, visit our website at: www.deltadentalwi.com

Our Benefit Advisors are available weekdays from 7:30 a.m.-5:00 p.m. (CST). Call us at 800-236-3712.

Special Plan Provisions Your group dental plan from Delta Dental of Wisconsin includes one or more special features designed to encourage good oral health and promote overall health as well. Details of these provision(s) are addressed in the policy amendments provided with your dental plan handbook. Below is a brief summary.

Evidence-Based Integrated Care Plan: Expanded benefits for persons with medical conditions that have oral health implications

- Delta Dental of Wisconsin’s Evidence-Based Integrated Care Plan (EBICP) option is included in your plan. It provides additional benefits for persons with medical conditions that have oral health implications. Conditions include:
  - Diabetes, Pregnancy, Specific heart conditions that pose a risk of certain types of infection,
  - Kidney failure or dialysis, Suppressed immune system, Cancer therapy, Periodontal disease.
- EBICP’s unique enrollment mechanism requires no medical claims be filed.
- EBICP requires self-enrollment by the patient or his/her dentist at Delta Dental’s website, or by calling 800-236-3712. Learn more at www.deltadentalwi.com/EBICP.

Check-up Plus: Promoting wellness

- With Check-up Plus, you can obtain diagnostic and preventive services without the costs of those services applying to your individual annual maximum. (Diagnostic and preventive services include examinations, x-rays, regular cleanings and other related treatments).
- The full value of your annual maximum is applied to the benefits you receive for basic and major restorative services.

Check-up Plus promotes regular visits to the dentist for exams and cleanings, which can improve your oral health and overall health.
Keep your eyes healthy with MARQUETTE UNIVERSITY and VSP® Vision Care.

Why enroll in VSP? Your eyes deserve the best care to keep them healthy year after year. Plus with VSP, you'll get a great value on your eyecare and eyewear.

**You'll like what you see with VSP.**

- **Value and Savings.** You'll get great benefits on your exam and eyewear at an affordable price.
- **Personalized Care.** You'll get quality care that focuses on your eyes and overall wellness with VSP. Plus, your satisfaction is guaranteed when you see a VSP doctor.
- **Great Eyewear.** Choose the eyewear that's right for you and your budget.
- **Choice of Providers.** You can choose any eyecare provider—your local VSP doctor, a retail chain affiliate, or any other provider. Once your benefit is effective, visit vsp.com for your complete benefit description.

Using your VSP benefit is easy.

- **Find an eyecare provider who's right for you.**
  To find a VSP doctor or retail chain affiliate, visit vsp.com or call 800.877.7195.
- **Review your benefit information.**
  Visit vsp.com to review your plan coverage before your appointment.
- **At your appointment, tell them you have VSP.**
  There's no ID card necessary.

That's it! We'll handle the rest—there are no claim forms to complete when you see a VSP doctor or retail chain affiliate.

**Choice in Eyewear**

From classic styles to the latest designer frames, you'll find hundreds of options for you and your family. Choose from great brands, like bebe®, Calvin Klein, Disney, FENDI, Nike, and Tommy Bahama®.

Enroll in VSP today.
You'll be glad you did.

Contact us.
vsp.com
800.877.7195
# Your VSP Vision Benefits Summary

**MARQUETTE UNIVERSITY** and VSP provide you with an affordable eyecare plan.

**VSP Coverage Effective Date:** 01/01/2014  
**VSP Doctor Network:** VSP Choice

Visit vsp.com for more details on your vision benefit and for exclusive savings and promotions for VSP members.

<table>
<thead>
<tr>
<th>Benefit</th>
<th>Description</th>
<th>Copay</th>
<th>Frequency</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>WellVision Exam</strong></td>
<td><em>Focuses on your eyes and overall wellness</em></td>
<td><strong>$0</strong></td>
<td>Every calendar year</td>
</tr>
<tr>
<td><strong>Prescription Glasses</strong></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
| Frame | *$130 allowance for a wide selection of frames*  
*20% off amount over your allowance* | **$0** | Every other calendar year |
| Lenses | *Single vision, lined bifocal, and lined trifocal lenses*  
*Poly carbonate lenses for dependent children* | **$0** | Every calendar year |
| **Lens Options** | *Standard progressive lenses*  
*Premium progressive lenses*  
*Custom progressive lenses*  
*Average 20-25% off other lens options* | **$55**  
**$95 - $105**  
**$150 - $175** | Every calendar year |
| **Contacts (instead of glasses)** | *$130 allowance for contacts and contact lens exam (fitting and evaluation)*  
*15% off contact lens exam (fitting and evaluation)* | **$0** | Every calendar year |
| **Primary Eyecare** | *Treatment and diagnosis of eye conditions like pink eye, vision loss and monitoring of cataracts, glaucoma and diabetic retinopathy. Limitations and coordination with medical coverage may apply. Ask your VSP doctor for details.* | **$20** | As needed |

**Glasses and Sunglasses**  
*20% off additional glasses and sunglasses, including lens options, from any VSP doctor within 12 months of your last WellVision Exam.*

**Extra Savings and Discounts**  
*Laser Vision Correction*  
*Average 15% off the regular price or 5% off the promotional price; discounts only available from contracted facilities*

---

**Your Coverage with Other Providers**

Visit vsp.com for details, if you plan to see a provider other than a VSP doctor.

**Exam** | up to $44  
**Single Vision Lenses** | up to $32  
**Lined Bifocal Lenses** | up to $48  
**Lined Trifocal Lenses** | up to $64  
**Progressive Lenses** | up to $48  
**Contacts** | up to $100  
**Frame** | up to **$38.25**

*Coverage with a retail chain affiliate may be different. Once your benefit is effective, visit vsp.com for details.  
Coverage information is subject to change. In the event of a conflict between this information and your organization's contract with VSP, the terms of the contract will prevail.*

---

Enroll in VSP today.  
You'll be glad you did.  
Contact us, vsp.com  
800.877.7195
Travel Assistance

MetLife

Protection When You Travel

If I’m traveling and...

- Forget my prescription medication while traveling?
- Become sick or injured while I’m traveling?
- Lose my luggage?
- Become a victim of identity theft?

Travel Assistance can help!

What is Travel Assistance?¹

Travel Assistance is a valuable benefit that is provided and administered by AXA Assistance USA, Inc. through an arrangement with MetLife. This service offers you and your dependents medical, travel, legal, financial and concierge services, 24 hours a day, 365 days a year, while traveling internationally or domestically.² With one quick toll-free phone call to the alarm center, you will receive assistance in obtaining the help you need through more than 600,000 pre-qualified providers worldwide. Best of all, you are automatically eligible for the Travel Assistance services with your MetLife Accidental Death & Dismemberment coverage.

Travel and Financial Services Include:

- General travel information about visa, passport, inoculation requirements and local customs
- Telephone interpretation
- 24-hour pre-departure information (weather, currency, holidays)
- Emergency cash/bail assistance/legal referrals
- Lost document and luggage assistance

Medical Assistance Services Include:

- Physician/hospital/dental referrals
- Hospital admission validation
- Evacuation and repatriation
- Prescription transfer
- Transportation to join patient
- Return of mortal remains

How Do I Access Travel Assistance?

When your AD&D coverage becomes effective, you will be provided with a travel assistance identification card, along with an informative brochure that highlights the available services. If you become sick or injured, require travel or financial assistance when traveling 100 miles or more from home, call the number on the identification card to access services. You will promptly be connected to a multilingual assistance coordinator who will be happy to assist you, 24 hours a day, 365 days a year. It’s that easy!

Before you travel, you can obtain information about your visa, passport, inoculation requirements and local customs. You can also obtain 24-hour pre-departure information on weather, currency or holidays through the toll free number or by visiting the AXA website: http://webcorp.axa-assistance.com
Identity Theft Solutions Provides You and Your Dependents With:

- **Education and Protection including:** The identity theft risk & prevention tool kit and resolution guide.
- **Personal Guidance including:** Filing and obtaining police and credit reports, contacting creditor fraud departments, taking inventory of lost or stolen items and more. You do not have to be traveling to take advantage of this benefit; you can access it whether you are home or away.

**Concierge Services**

Travel Assistance includes concierge assistance designed to fulfill various travel and entertainment requests as well as arrangements for business related services. Concierge Services for upcoming and current travel include:

- Restaurant, shopping, hotel and airline recommendations/reservations
- Destination transport (rental car/limousine, etc.) information and reservations
- Destination Information
- Sporting, theater, night life and event information, recommendations and information
- Golf course information, referrals, recommendations and tee times
- City Calendar and Event Schedules
- Private Drivers and Guides
- Driving Directions

**Exclusions**

The AXA Travel Assistance Program is available for participants in traveling status. Whenever a trip exceeds 120 days, the participant is no longer considered to be in traveling status and is therefore no longer eligible for our services. Also, AXA Assistance USA will not evacuate or repatriate participants without medical authorization; with mild lesions, simple injuries such as sprains, simple fractures or mild sickness which can be treated by local doctors and do not prevent the member from continuing his/her trip or returning home; or with infections under treatment and not yet healed, AXA Assistance will not pay benefits for any loss or injury that is caused by or is the result from: intentionally self-inflicted injury; suicide or attempted suicide; war or any act of war whether declared or not; a Covered Accident that occurs while participating in maneuvers or training exercises of an armed service, except while participating in weekend or summer training for the reserve forces of the United States, including the National Guard; piloting or serving as a crewmember in any aircraft; commission of or attempt to commit a felony; pregnancy and childbirth except for complications of pregnancy; mental and nervous disorders unless hospitalized; participation in or practice for professional sports. Reimbursements for non-medical services such as hotel, restaurant, taxi expenses or baggage loss while traveling are not covered. The maximum benefit per person for costs associated with evacuations, repatriations or the return of mortal remains is US$200,000 for each incident. Treatment must be authorized and arranged by AXA's designated personnel to be eligible for benefits under this program. All services must be provided and arranged by AXA Assistance USA, Inc. No claims for reimbursement will be accepted.

---

1 Travel Assistance and Identity Theft Solutions services are administered by AXA Assistance USA, Inc. Certain benefits provided under the Travel Assistance program are underwritten by the United States Fire Insurance Company, a member of the Crum & Forster group of insurers. AXA Assistance and the Crum & Forster group are not affiliated with MetLife, and the services and benefits they provide are separate and apart from the insurance provided by MetLife.

2 Traveling more than 100 miles from home.
CALL TRAVEL ASSISTANCE IF:
You are planning a trip and need general travel information
You require medical assistance while traveling
You lose documents, credit cards or luggage while traveling
You require medical evacuation
You experience local language problems
You would like to request your travel and resolution guide
You are a victim of identity theft and need personal assistance

MetLife selected AXA Assistance USA, Inc. to be the administrator for Travel Assistance services because they are an industry leader. AXA is best known for providing medical evacuations in foreign countries. In addition, AXA administers assistance services when a covered employee or dependent becomes ill or injured while traveling 100 miles or more away from home. AXA is an independently owned company and is not associated with any affiliate of MetLife.

All services must be arranged by AXA Assistance USA, Inc.
No claims for reimbursement will be accepted.

Next time you or your family members are traveling and need assistance, remember to use the phone number on the back of your Travel Assistance ID card. Be sure to carry the card with you at all times. One simple phone call to the Alarm Center puts you in touch with highly trained staff who will help ensure your travel is handled promptly and will even coordinate with your local medical insurance carrier in the event of a medical emergency.

If you have any questions about the services, please call Travel Assistance at (800) 454-3679 or (112) 933-3781 (collect)
http://webcorp.axa-assistance.com
Login: axa
Password: travelas

AXA ASSISTANCE USA, INC.
122 Michigan Avenue, Suite 1700
Chicago, IL 60603

MetLife

Travel Assistance
Protection You Can Take With You.

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Metropolitan Life Insurance Company
200 Park Avenue
New York, NY 10166
www.metlife.com

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www.metlife.com

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A Unique Advantage

Congratulations! To complement your Metlife Insurance coverage, you now have access to "Travel Assistance" a special travel service administered by AXA Assistance USA, Inc. (AXA) through a marketing arrangement with Metlife. Travel Assistance offers you and your dependents worldwide medical, travel, concierge and legal and financial assistance services. 24 hours a day, 365 days a year.

While traveling internationally or domestically, participants have access to medical assistance if faced with an emergency. With one simple phone call, you and your dependents will have access to:

- Over 600,000 pre-qualified providers worldwide
- Air and ground ambulance service
- Trained multilingual personnel who can advise and assist you quickly and professionally in a travel emergency.

You and your dependents also have access to Identity Theft Solutions, a benefit accessible while you are home or traveling. This service provides:

- Education & Protection: An identity theft risk & prevention toolkit and resolution guide
- Personal Guidance: Assistance with filling and obtaining police and credit reports, contacting creditors for fraud notifications, taking inventory of lost or stolen items and more.

Also included are concierge services designed to fulfill various travel and entertainment requests as well as arrangements for business-related services such as flights, hotel and dining reservations, general deactivation and transportation information, city guides and much more.

Before you travel, you can visit the AXA Assistance website to obtain information about travel advice, passports, immigration requirements and local customs as well as 24-hour pre-departure information on weather, currency and much more.

Additional Key Features

Your call to the Alarm Center enables you to be referred to English-speaking doctors and/or hospitals, dentists and specialists. In the event that a hospital does not recognize your medical insurance, this service will assist in validating you and your dependents’ health coverage and/or advancing funds.

Whenever medical facilities are not available locally, necessary transportation, equipment and personnel will be available to transport you and your dependents to the nearest medical facility.

Arrangements will be made for repatriation on political grounds for all covered travelers based on their government’s decision that such evacuation is necessary.

A team of doctors, nurses and other medically trained personnel will stay in regular communication with the attending physician and/or hospital to help ensure you or your dependents receiving proper care at all times.

If you or your dependents are ready to be discharged from the hospital but still require medical assistance, this service will repatriate you or your dependents to a rehabilitation facility or home, provided the necessary staff and facilities are available.

If you or a dependant forgets or loses a prescribed medication, assistance in the arrangement for replacement medicine (when possible and legally permissible) will be provided.

The Alarm Center will receive and transmit emergency messages on your behalf.

If you or your dependents are traveling alone and will be hospitalized for more than seven days, round-trip common carrier transportation to the place of hospitalization for a designated family member or personal friend will be provided.

If a minor child is left hospitalized as a result of an accident or illness, one-way transportation, with attendant if required, to the place of residence will be provided.

Provides assistance with pet-friendly hotel accommodations, boarding facilities and travel home for pets.

If a participant or family member dies while traveling, this service will arrange and offer every reasonable assistance in legal formalities, for the return of mortal remains.

Provides referrals for you or your dependents to an interpreter or legal personnel, as necessary.

Provides assistance in locating lost luggage once a claim has been filed. This is not an insurance policy for lost/stolen luggage and does not reimburse for a permanent loss. Also provides assistance in the coordination of replacing lost documents or passports.

If your wallet is lost or stolen, you can receive an advance for personal emergency cash and assistance in obtaining a replacement card, where available. Emergency cash can be transferred from a friend, family member or business account.
MetLaw®
Smart. Simple. Affordable.

Telephone and Office Consultations

MetLaw provides you with telephone and office consultations for an unlimited number of matters with the attorney of your choice. During the consultation, the attorney will review the law, discuss your rights and responsibilities, explore your options and recommend a course of action.

Legal Representation

Estate Planning Documents
- Simple Wills
- Complex Wills
- Revocable Trusts
- Irrevocable Trusts
- Powers of Attorney
  (Healthcare, Financial, Childcare)
- Healthcare Proxies
- Living Wills
- Codicils

Financial Matters
- Personal Bankruptcy/Wage Earner Plan
- Debt Collection Defense
- Foreclosure Defense
- Repossession Defense
- Garnishment Defense
- Identity Theft Defense
- Tax Collection Defense
- Negotiations with Creditors
- Tax Audit Representation
  (Municipal, State, Federal)

Real Estate Matters
- Sale, Purchase or Refinancing
  of your Primary, Second or
  Vacation Home
- Home Equity Loans for your
  Primary, Second or Vacation
  Home
- Tenant Negotiations
  (Tenant Only)
- Eviction Defense
- Security Deposit Assistance
  (Tenant Only)
- Boundary or Title Disputes
- Property Tax Assessments
- Zoning Applications

Elder Law Matters
- Consultation and Document
  Review for Issues Related to your
  Parents:
  - Medicare
  - Medicaid
  - Prescription Plans
  - Nursing Home Agreements
  - Leases
  - Notes
  - Deeds
  - Wills
  - Powers of Attorney

Family Law
- Adoption
- Guardianship
- Conservatorship
- Name Change
- Prenuptial Agreement
- Protection from Domestic
  Violence

Traffic Offenses*
- Defense of Traffic Tickets
  (Excludes DUI)
- Driving Privileges Restoration
  (Includes License Suspension
due to DUI)

Document Preparation
- Affidavits
- Deeds
- Demand Letters
- Mortgages
- Notes
- Review of Any Personal Legal
  Document

Immigration Assistance
- Advice and Consultation
- Review of Immigration
  Documents
- Preparation of Affidavits
- Preparation of Powers of
  Attorney

Juvenile Matters
- Juvenile Court Defense
  (Including Criminal Matters)
- Parental Responsibility Matters

Consumer Protection
- Disputes over Consumer Goods
  and Services
- Small Claims Assistance

Defence of Civil Lawsuits
- Civil Litigation Defense
- Incompetency Defense
- Administrative Hearings
- School Hearings
- Pet Liabilities

Personal Property Protection
- Consultation and Document
  Review for Personal Property
  Issues
- Assistance for Disputes over
  Goods and Services

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MetLaw®
Enrollment Form for
Marquette University

Name:

Social Security Number:

Home Zip Code:

☐ Yes, I wish to enroll in MetLaw® and understand there will be a payroll deduction of $19.50 per month for this benefit. I understand this election will remain in effect for the entire benefit plan year, as long as I maintain payroll deduction status or until I am no longer an eligible employee of Marquette University. I authorize Marquette University to take the appropriate after-tax payroll deductions needed to maintain this program.

Signature ____________________________ Date ____________________________

Everyone wishing to enroll, even if you are currently enrolled in MetLaw for 2013, must complete and return this form to the Benefits Department. The deadline for submitting this form is November 15, 2013 for coverage in 2014.

Please email completed forms to benefits@marquette.edu or fax to (414) 288-7425.

In certain states provided through insurance coverage underwritten by Metropolitan Property and Casualty Insurance Company and affiliates, Warwick, RI and in Florida provided by Hyatt Legal Plans of Florida, Inc.
Dear Provider,

In an effort to improve awareness of the importance of preventive health practices, Marquette University is asking their employees to verify their annual exam and preventive screening status. Your patient is an employee of Marquette University and requires your assistance to verify that he/she: 1) had an annual physical exam between November 1, 2013 and October 31, 2014, and 2) will be up-to-date on his/her recommended age- and gender-specific cancer screenings as of October 31, 2014, or that these tests are not warranted at this time. Please verify the status of these tests by completing the attached form and returning it to the employee or submitting it directly to Aurora per the instructions on the bottom of the form.

Thank you in advance for your cooperation with this health promotion effort of Marquette University. If you have any questions please feel free to contact the Aurora Total Health Department at 877-765-3213, Option #1.
2013/14 Marquette University Preventive Care Verification Form

SECTION I: TO BE COMPLETED BY MARQUETTE UNIVERSITY EMPLOYEE (please print)

Date: __________ Company Name: Marquette University

First Name: ___________________ Last Name: ___________________ Date of Birth: __________

Address: _____________________ City: ______________ State: _______ Zip: _________

Home Phone: ( )________________ Work Phone ( )__________________________

Sex: □ Male □ Female Employee (ID# __________________________)

Employee signature to release information to Aurora: ____________________________________________

SECTION II: TO BE COMPLETED BY PRIMARY CARE PROVIDER (please check one box for each exam/test)

Annual Physical Exam (Men and Women)
My patient is (check one):
□ Up-to-date as of October 31, 2014. Date of last physical exam: __/__/____
□ Not applicable. Note reason: __________________________
□ Not up-to-date

Cervical Cancer Screening - Pap or Screening Test (Women)
My patient is (check one):
□ Up-to-date as of October 31, 2014. Date of last cervical screening: __/__/____
□ Not applicable. Note reason: __________________________
□ Not up-to-date

Breast Cancer Screening – Mammogram (Women)
My patient is (check one):
□ Up-to-date as of October 31, 2014. Date of last mammogram: __/__/____
□ Not applicable. Note reason: __________________________
□ Not up-to-date

Colorectal Cancer Screening – Colonoscopy or Screening Test (Men and Women)
My patient is (check one):
□ Up-to-date as of October 31, 2014. Date of last colorectal screening: __/__/____
□ Not applicable. Note reason: __________________________
□ Not up-to-date

Primary Care Provider’s Signature: ____________________________________________

Primary Care Provider’s Name (please print): ________________________________

Primary Care Provider’s Address: ____________________________________________

Primary Care Provider’s Phone Number: ________________________________

Please email/fax/mail this form no later than October 31, 2014 to:
Email: joan.stigler@aurora.org   Fax: (262) 860-7940
Mail: Aurora Health Care Total Health Department, 2801 S Moorland Rd, New Berlin, WI 53151
**IMPORTANT NOTE**

This notice concerns the Medicare Part D prescription drug benefit for 2014. The information in this notice is for those eligible to enroll in Medicare Part D in 2014. If you will not be eligible for the Medicare Part D program during 2014, you may disregard this notice.

Medicare Part D CREDITABLE Coverage Disclosure Notice for 2014

Important Notice from Marquette University About Your Prescription Drug Coverage and Medicare for the:

- UHC Choice Plus EPO Plan
- UHC Choice Plus PPO Plan
- UHC Choice Plus High Deductible Plan

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

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

1. Medicare prescription drug coverage became available in 2006 to everyone with Medicare. You can get this coverage if you join a Medicare Prescription Drug Plan or join a Medicare Advantage Plan (like an HMO or PPO) that offers prescription drug coverage. All Medicare drug plans provide at least a standard level of coverage set by Medicare. Some plans may also offer more coverage for a higher monthly premium.

2. Marquette University has determined that the prescription drug coverage offered by any above-mentioned plan is, on average for all plan participants, expected to pay out as much as standard Medicare prescription drug coverage pays and is therefore considered Creditable Coverage. Because your existing coverage is Creditable Coverage, you can keep this coverage and not pay a higher premium (a penalty) if you later decide to join a Medicare drug plan.

When Can You Join A Medicare Drug Plan?

You can join a Medicare drug plan when you first become eligible for Medicare and each year from October 15th through December 7th.

However, if you lose your current creditable prescription drug coverage, through no fault of your own, you will also be eligible for a two (2) month Special Enrollment Period (SEP) to join a Medicare drug plan.
What Happens To Your Current Coverage If You Decide to Join A Medicare Drug Plan?

If you decide to join a Medicare drug plan, your current Marquette University coverage will not be affected. You can keep your Marquette University coverage and it will coordinate with Part D coverage according to Medicare Secondary Payer Rules.

If you decide to join a Medicare drug plan and drop your current Marquette University coverage, be aware that you and your dependents will not be able to get this coverage back.

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

You should also know that if you drop or lose your current coverage with Marquette University and don’t join a Medicare drug plan within 63 continuous days after your current coverage ends, you may pay a higher premium (a penalty) to join a Medicare drug plan later.

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

For more information about this notice or your current prescription drug coverage:

Contact the person listed below for further information.

NOTE: You’ll get this notice each year. You will also get it before the next period you can join a Medicare drug plan, and if this coverage through Marquette University changes. You also may request a copy of this notice at any time.

For more information about your options under Medicare prescription drug coverage:

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

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

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

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

Date: October 2013
Name of Entity/Sender: Marquette University
Contact Position/Office: Human Resources Department
Address: 915 West Wisconsin Avenue, Straz Tower #185, Milwaukee, WI 53233
Phone Number: (414) 288-7305
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 are eligible for health coverage from your employer, your State may have a premium assistance program that can help pay for coverage. These States use funds from their Medicaid or CHIP programs to help people who are eligible for these programs, but also have access to health insurance through their employer. If you or your children are not eligible for Medicaid or CHIP, you will not be eligible for these premium assistance programs.

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

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

Once it is determined that you or your dependents are eligible for premium assistance under Medicaid or CHIP, as well as eligible under your employer plan, your employer must permit you to enroll in your employer plan if you are not 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, you can contact the Department of Labor electronically at www.askebsa.dol.gov or by calling toll-free 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 July 31, 2013. You should contact your State for further information on eligibility.

<table>
<thead>
<tr>
<th>State</th>
<th>Medicaid Website</th>
<th>Medicaid Phone (Outside of Denver)</th>
</tr>
</thead>
<tbody>
<tr>
<td>ALASKA – Medicaid</td>
<td><a href="http://dhss.alaska.gov/dpa/Pages/medicaid/default.aspx">http://dhss.alaska.gov/dpa/Pages/medicaid/default.aspx</a></td>
<td>907-269-6529</td>
</tr>
<tr>
<td>COLORADO – Medicaid</td>
<td><a href="http://www.colorado.gov/">http://www.colorado.gov/</a></td>
<td>1-800-221-3943</td>
</tr>
<tr>
<td>FLORIDA – Medicaid</td>
<td><a href="http://www.fldhcs.state.fl.us/Medicaid/">http://www.fldhcs.state.fl.us/Medicaid/</a></td>
<td>1-877-357-3268</td>
</tr>
<tr>
<td>State</td>
<td>Program</td>
<td>Website</td>
</tr>
<tr>
<td>---------------</td>
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<td>----------------------------------------------</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Click on Programs, then Medicaid, then Health Insurance Premium Payment (HIPP)</td>
</tr>
<tr>
<td>IDAHO</td>
<td>Medicaid and CHIP</td>
<td><a href="http://www.accesshealthinsurance.idaho.gov/">www.accesshealthinsurance.idaho.gov</a></td>
</tr>
<tr>
<td></td>
<td></td>
<td>Medicaid Phone: 1-800-926-2588</td>
</tr>
<tr>
<td></td>
<td></td>
<td>CHIP Website: <a href="http://www.medicaid.idaho.gov/">www.medicaid.idaho.gov</a></td>
</tr>
<tr>
<td></td>
<td></td>
<td>CHIP Phone: 1-800-926-2588</td>
</tr>
<tr>
<td>INDIANA</td>
<td>Medicaid</td>
<td><a href="http://www.in.gov/issa">http://www.in.gov/issa</a></td>
</tr>
<tr>
<td>IOWA</td>
<td>Medicaid</td>
<td><a href="http://www.dhs.state.ia.us/hipp/">www.dhs.state.ia.us/hipp/</a></td>
</tr>
<tr>
<td>KENTUCKY</td>
<td>Medicaid</td>
<td><a href="http://chfs.ky.gov/dms/default.htm">http://chfs.ky.gov/dms/default.htm</a></td>
</tr>
<tr>
<td></td>
<td></td>
<td>TTY 1-800-977-6741</td>
</tr>
<tr>
<td>MASSACHUSETTS</td>
<td>Medicaid and CHIP</td>
<td><a href="http://www.mass.gov/MassHealth">http://www.mass.gov/MassHealth</a></td>
</tr>
<tr>
<td>MINNESOTA</td>
<td>Medicaid</td>
<td><a href="http://www.dhs.state.mn.us/">http://www.dhs.state.mn.us/</a></td>
</tr>
<tr>
<td>MISSOURI</td>
<td>Medicaid</td>
<td><a href="http://www.dss.mo.gov/mhd/participants/pages/hipp.htm">http://www.dss.mo.gov/mhd/participants/pages/hipp.htm</a></td>
</tr>
<tr>
<td>State</td>
<td>Medicaid Type</td>
<td>Website/Phone Information</td>
</tr>
<tr>
<td>-------</td>
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</tr>
</tbody>
</table>
| NEBRASKA | Medicaid | Website: [www.ACCESSNebraska.ne.gov](http://www.ACCESSNebraska.ne.gov)  
Phone: 1-800-383-4278 |
| NEVADA | Medicaid | Medicaid Website: [http://dwss.nv.gov/](http://dwss.nv.gov/)  
Medicaid Phone: 1-800-992-0900 |
Phone: 603-271-5218 |
| NEW JERSEY | Medicaid and CHIP | Medicaid Website: [http://www.state.nj.us/humanservices/dmhs/clients/medicaid/](http://www.state.nj.us/humanservices/dmhs/clients/medicaid/)  
Medicaid Phone: 1-800-356-1561  
CHIP Website: [http://www.njfamilycare.org/index.html](http://www.njfamilycare.org/index.html)  
CHIP Phone: 1-800-701-0710 |
| NEW YORK | Medicaid | Website: [http://www.nyhealth.gov/health_care/medicaid/](http://www.nyhealth.gov/health_care/medicaid/)  
Phone: 1-800-541-2831 |
| NORTH CAROLINA | Medicaid | Website: [http://www.nedhhs.gov/dma](http://www.nedhhs.gov/dma)  
Phone: 919-855-4100 |
| NORTH DAKOTA | Medicaid | Website: [http://www.nd.gov/dhs/services/medicalserv/medicaid/](http://www.nd.gov/dhs/services/medicalserv/medicaid/)  
Phone: 1- (800) 472-2622 |
| OKLAHOMA | Medicaid and CHIP | Website: [http://www.insureoklahoma.org](http://www.insureoklahoma.org)  
Phone: 1-888-365-3742 |
| OREGON | Medicaid and CHIP | Website: [http://www.oregonhealthkids.gov](http://www.oregonhealthkids.gov)  
Phone: 1-877-314-5678 |
| PENNSYLVANIA | Medicaid | Website: [http://www.dpw.state.pa.us/hipp](http://www.dpw.state.pa.us/hipp)  
Phone: 1-800-692-7462 |
| RHODE ISLAND | Medicaid | Website: [www.ohhs.ri.gov](http://www.ohhs.ri.gov)  
Phone: 401-462-5300 |
| SOUTH CAROLINA | Medicaid | Website: [http://www.scdhhs.gov](http://www.scdhhs.gov)  
Phone: 1-888-549-0820 |
| SOUTH DAKOTA | Medicaid | Website: [http://dss.sd.gov](http://dss.sd.gov)  
Phone: 1-888-828-0059 |
| TEXAS | Medicaid | Website: [http://www.hlsc.state.tx.us/medicaid/](http://www.hlsc.state.tx.us/medicaid/)  
Phone: 1-800-440-0493 |
<table>
<thead>
<tr>
<th>State</th>
<th>Medicaid or CHIP</th>
<th>Website</th>
<th>Phone</th>
</tr>
</thead>
<tbody>
<tr>
<td>VERMONT – Medicaid</td>
<td>Website: <a href="http://www.greenmountaincare.org/">http://www.greenmountaincare.org/</a></td>
<td>Phone: 1-800-250-8427</td>
<td></td>
</tr>
<tr>
<td></td>
<td>CHIP Website: <a href="http://www.famis.org/">http://www.famis.org/</a></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>CHIP Phone: 1-866-873-2647</td>
<td></td>
<td></td>
</tr>
<tr>
<td>WASHINGTON – Medicaid</td>
<td>Website: <a href="http://hrsa.dshs.wa.gov/premiumymp/Appl_shtm">http://hrsa.dshs.wa.gov/premiumymp/Appl_shtm</a></td>
<td>Phone: 1-800-562-3022 ext. 15473</td>
<td></td>
</tr>
<tr>
<td>WEST VIRGINIA – Medicaid</td>
<td>Website: <a href="http://www.dhhr.wv.gov/bs/">www.dhhr.wv.gov/bs/</a></td>
<td>Phone: 1-877-598-5820, HMS Third Party Liability</td>
<td></td>
</tr>
<tr>
<td>WISCONSIN – Medicaid</td>
<td>Website: <a href="http://www.badgercareplus.org/pubs/p-10095.htm">http://www.badgercareplus.org/pubs/p-10095.htm</a></td>
<td>Phone: 1-800-362-3002</td>
<td></td>
</tr>
</tbody>
</table>

To see if any more States have added a premium assistance program since July 31, 2013, or for more information on special enrollment rights, you can contact either:

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

U.S. Department of Health and Human Services  
Centers for Medicare & Medicaid Services  
[www.cms.hhs.gov](http://www.cms.hhs.gov)  
1-877-267-2323, Ext. 61565

OMB Control Number 1210-0137 (expires 09/30/2013)
Important Enrollment Notices

SUMMARY OF MATERIAL MODIFICATION FOR MARQUETTE UNIVERSITY
Medical Plan, Dental Plan, Vision Plan, Flexible Benefits Plan, and Employee Assistance Program

Effective January 1, 2014

Revised Privacy Practices Notice

Effective September 23, 2013, our group health plan(s) revised its Privacy Practices notice in accordance with updates to privacy regulations. The notice is posted on the benefits website at http://www.marquette.edu/hr/employeebenefits.shtml. You can view the privacy notice online, or you can request a paper copy by contacting the Marquette University Human Resources Department.

Notice of Special Enrollment Rights

The Annual Enrollment plan choices are available only once a year. The choices you make will remain in effect until the next Annual Enrollment, unless you experience a qualifying event or lose eligibility under another plan. If you decline enrollment for yourself or your dependents (spouse or children) because of other health insurance or group health plan coverage, you may be able to enroll yourself and your dependents in this plan or switch to another plan option for which you are eligible if:

- You or your dependents lose eligibility for that other coverage; or
- The employer stops contributing towards your or your dependents’ other coverage.

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

The plan will also allow a special enrollment opportunity if you or your eligible dependent(s) either:

- Lose Medicaid or Children’s Health Insurance Program (CHIP) coverage because you are no longer eligible; or
- Become eligible for a state’s premium assistance program under Medicaid or CHIP.

For these enrollment opportunities, you will have 60 days from the date of the Medicaid/CHIP eligibility change to request enrollment in the group health plan. This new 60-day period does not apply to any other special enrollment situations. To request Special Enrollment or obtain more information, contact the Marquette University Human Resources Department.

Annual Notice of Women’s Health Rights

Do you know that your plan, as required by the Women’s Health and Cancer Rights Act of 1998, provides benefits for mastectomy-related services including all stages of reconstruction and surgery to achieve symmetry between the breasts, prostheses, and complications resulting from a mastectomy, including lymphedema? Call your Plan Administrator at (414) 288-7305 for more information.

** Initial Notice of COBRA Continuation Coverage Rights **

Introduction

You are receiving this notice because you may become covered under one or more group health plan(s) (singly or collectively, the Plan). If you become covered under the Plan, this notice contains important information about your right to COBRA continuation coverage, which is a temporary extension of coverage under the Plan. This notice generally explains COBRA continuation coverage, when it may become available to you and your family, and what you need to do to protect the right to receive it. Failing to follow the requirements of this notice can result in you losing your COBRA rights.
The right to COBRA continuation coverage was created by a federal law, the Consolidated Omnibus Budget Reconciliation Act of 1985 (COBRA). COBRA continuation coverage can become available to you when you would otherwise lose your group health coverage. It can also become available to other members of your family who are covered under the Plan when they would otherwise lose their group health coverage. For additional information about your rights and obligations under the Plan and under federal law, you should review the Plan’s Summary Plan Description or contact the Plan Administrator listed in the below Notice Procedures box.

This notice applies to your federal rights. You may have additional rights under state law. Check your insurance certificate or policy to determine if additional rights apply to you.

What is COBRA Continuation Coverage?

COBRA continuation coverage is a continuation of Plan coverage when coverage would otherwise end because of a life event known as a "qualifying event." Specific qualifying events are listed later in this notice. After a qualifying event, COBRA continuation coverage must be offered to each person who is a "qualified beneficiary." You, your spouse (does not include domestic partner or same-sex spouse), and your dependent children could become qualified beneficiaries if coverage under the Plan is lost because of the qualifying event. Under the Plan, qualified beneficiaries who elect COBRA continuation coverage must pay for COBRA continuation coverage.

If you are an employee, you will become a qualified beneficiary if you lose your coverage under the Plan because either one of the following qualifying events happens:

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

If you are the spouse of an employee, you will become a qualified beneficiary if you lose your coverage under the Plan because any of the following qualifying events happens:

- Your spouse dies;
- Your spouse’s hours of employment are reduced;
- Your spouse’s employment ends for any reason other than his or her gross misconduct; or
- You become divorced or legally separated from your spouse.

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

- The parent-employee dies;
- The parent-employee’s hours of employment are reduced;
- The parent-employee’s employment ends for any reason other than his or her gross misconduct;
- The parents become divorced or legally separated; or
- The child stops being eligible for coverage under the Plan as a “dependent child.”

Sometimes, filing a proceeding in bankruptcy under Title 11 of the United States Code can be a qualifying event. If a proceeding in bankruptcy is filed with respect to Marquette University, and that bankruptcy results in the loss of coverage of any retired employee covered under the Plan, the retired employee will become a qualified beneficiary with respect to the bankruptcy. The retired employee’s spouse, surviving spouse, and dependent children will also become qualified beneficiaries if bankruptcy results in the loss of their coverage under the Plan. If commencement of a proceeding in bankruptcy with respect to the employer occurs, the employer must notify the COBRA Administrator of the qualifying event.

When is COBRA Coverage Available?

The Plan will offer COBRA continuation coverage to qualified beneficiaries only after the Plan Administrator has been notified that a qualifying event has occurred. When the qualifying event is the end of employment, reduction of hours of employment or death of the employee, the employer must notify the COBRA Administrator of the qualifying event.
You Must Give Notice of Some Qualifying Events

For the other qualifying events (divorce or legal separation of the employee and spouse or a dependent child's losing eligibility for coverage as a dependent child), you must notify the Plan Administrator in writing within 60 days after the later of: 1) the date of the qualifying event; or 2) the date on which the qualified beneficiary loses (or would lose) coverage under the Plan as a result of the qualifying event. If these procedures are not followed, or if the notice is not provided in writing to the Plan Administrator during the required notice period, any spouse or dependent child who loses coverage will NOT BE OFFERED THE OPTION TO ELECT CONTINUATION COVERAGE.

** Notice Procedures **

Section 1 – Notice to the Plan Administrator

While you are an active employee, if you experience divorce or legal separation or a dependent child's losing eligibility for coverage as a dependent child, notice must be provided in writing on the available form to the Plan Administrator and sent either by U.S. Mail or messenger service. Please see Human Resources for this form. Oral notice, including notice by telephone, is not acceptable. Notice to anyone other than the Plan Administrator is not a valid notice and will not be accepted as a valid notice.

This applies to:

Medical Plan • Dental Plan • Vision Plan • Flexible Benefits Plan • Employee Assistance Program

The Plan Administrator is:
Marquette University
Attn: Human Resources
915 W. Wisconsin Avenue
Straz Tower #185 - HR
Milwaukee, WI 53233
Telephone: (414) 288-7305

Section 2 – Notice to the COBRA Administrator

All other notices must be provided to the COBRA Administrator and must be in writing and sent either by U.S. Mail or facsimile. Oral notice, including notice by telephone, is not acceptable. Notice to anyone other than the COBRA Administrator is not a valid notice and will not be accepted as a valid notice.

The COBRA Administrator is:
Employee Benefits Corporation
Attn: Client Liaison
1350 Deming Way, Suite 200
Middleton, WI 53562-3536
Fax: (806) 831-4790
Customer Service Telephone: (800) 346-2126
Web site: www.ebcflex.com

If mailed, your notice must be postmarked no later than the last day of the required notice period. You must provide the nature of the event, the name the person(s) losing coverage, and a mailing address for the person(s) losing coverage. If additional information is needed, you will be notified.

Your notice of disability must include the name of the disabled qualified beneficiary, the date when the qualified beneficiary became disabled and the date the Social Security Administration made its determination. Your notice of disability must include a copy of the Social Security Administration’s determination.
How is COBRA Coverage Provided?

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

COBRA continuation coverage is a temporary continuation of coverage. When the qualifying event is the death of the employee, the covered employee’s divorce or legal separation, or a dependent child’s losing eligibility as a dependent child, COBRA continuation coverage lasts for up to a total of 36 months. When the qualifying event is the end of employment or reduction of the employee’s hours of employment, and the employee became entitled to Medicare benefits less than 18 months before the qualifying event, COBRA continuation coverage for qualified beneficiaries other than the employee lasts until 36 months after the date of Medicare entitlement. For example, if a covered employee becomes entitled to Medicare 8 months before the date on which his employment terminates, COBRA continuation coverage for his spouse and children can last up to 36 months after the date of Medicare entitlement, which is equal to 28 months after the date of the qualifying event (36 months minus 8 months). Otherwise, when the qualifying event is the end of employment or reduction of the employee’s hours of employment, COBRA continuation coverage generally lasts for only up to a total of 18 months. There are two ways in which this 18-month period of COBRA continuation coverage can be extended.

Disability extension of 18-month period of continuation coverage

If a qualified beneficiary is determined by the Social Security Administration to be disabled and you notify the COBRA Administrator in a timely fashion according to the Notice Procedures, you and your entire family may be entitled to receive up to an additional 11 months of COBRA continuation coverage, for a total maximum of 29 months. This extension is available only for qualified beneficiaries who are receiving COBRA coverage because of a qualifying event that was the covered employee’s termination of employment or reduction of hours. The disability would have to have started at some time before the 61st day after the covered employee’s termination of employment or reduction in hours and must last at least until the end of the 18-month period of continuation coverage.

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

If your family experiences another qualifying event while receiving 18 months of COBRA continuation coverage, the spouse and dependent children in your family can get up to 18 additional months of COBRA continuation coverage, for a maximum of 36 months, if notice of the second qualifying event is properly given to the COBRA Administrator by following the above Notice Procedures. Such notice must be provided within 60 days of the date of the second qualifying event. This extension may be available to the spouse and any dependent children receiving continuation coverage if the employee or former employee dies, gets divorced or legally separated, or if the dependent child stops being eligible under the Plan as a dependent child, but only if the event would have caused the spouse or dependent child to lose coverage under the Plan had the first qualifying event not occurred.

Shorter maximum coverage period for Health FSAs

The maximum COBRA coverage period for a Health Flexible Spending Account (Health FSA) maintained by the employer ends on the last day of the Plan year in which the qualifying event occurred.
**Children born to or placed for adoption with the covered employee during COBRA period**

A child born to, adopted by or placed for adoption with a covered employee during a period of continuation coverage is considered to be a qualified beneficiary provided that, if the covered employee is a qualified beneficiary, the covered employee has elected continuation coverage for himself or herself. The child’s COBRA coverage begins when the child is enrolled in the Plan, whether through Special Enrollment or Annual Enrollment, and it lasts for as long as COBRA coverage lasts for other family members of the employee. To be enrolled in the Plan, the child must satisfy the otherwise applicable Plan eligibility requirements (for example, regarding age).

**Alternate recipients under QMCSOs**

A child of the covered employee who is receiving benefits under the Plan pursuant to a Qualified Medical Child Support Order (QMCSO) received by the Plan Administrator during the covered employee’s period of employment with the employer is entitled to the same rights under COBRA as a dependent child of the covered employee, regardless of whether that child would otherwise be considered a dependent.

**If You Have Questions**

Questions concerning your Plan or your COBRA continuation coverage rights should be addressed to the Plan Administrator. For more information about your rights under ERISA, including COBRA, the Health Insurance Portability and Accountability Act (HIPAA), and other laws affecting group health plans, contact the nearest Regional or District Office of the U.S. Department of Labor’s Employee Benefits Security Administration (EBSA) in your area or visit the EBSA website at www.dol.gov/ebsa (addresses and phone numbers of Regional and District EBSA Offices are available through EBSA’s website).

**Keep Your Plan Informed of Address Changes**

In order to protect your family’s rights, you should keep the Plan Administrator informed of any changes in the addresses of family members. You should also keep a copy, for your records, of any notices you send to the Plan Administrator or COBRA Administrator.

**Contact Information**

Contact information for the Plan and COBRA Administrators is listed in the above Notice Procedures section.