CARDINALS®

University of the Incarnate Word
2026-2027
Employee Benefits Overview

The information in this Enrollment Guide is presented for illustrative purposes and is based on information provided by the Employer. The text contained in this Guide was taken from various summary plan descriptions and benefit information. While every effort was taken to accurately report your benefits, discrepancies or errors are always possible. In case of discrepancy between the Guide and the actual plan documents the actual plan documents will prevail. All information is confidential, pursuant to the Health Insurance Portability and Accountability Act of 1996. If you have any questions about your Guide, contact Human Resources.



This publication is available in alternate format by request. To request an alternate format, please contact the UIW Human Resources office at (210) 829-6019.

Contact Information | UIW 2026-2027

Refer to this list when you need to contact one of your benefit vendors.

MEDICAL UIW Bronze & Silver (Aither Health #10056)
Customer Service: (866) 776-4270
Web Address: www.aitherhealth.com

TELEHEALTH (Christus)
Web Address:
https://www.christushealth.org/get-care/virtual-care

THE HIVE
Customer Service: (866) 776-4270

DENTAL
(Aither Health #10056)
Customer Service: (866) 776-4270
Web Address: www.aitherhealth.com

PHARMACY RxBenefits
Customer Service: (800) 334-8134
Web Address:
www.express-scripts.com

VISION (Metlife #268100)
Customer Service: (855) 638-3931
Web Address:
www.mybenefits.metlife.com

LONG TERM DISABILITY
(Mutual of Omaha)
Customer Service: (800) 877-5176
Email:
newdisabilityclaim@mutualofomaha.com
Web Address: www.mutualofomaha.com

LIFE INSURANCE & AD&D
(Mutual of Omaha)
Customer Service: (800)655-5142
Email: dfw.service@mutualofomaha.com
Web Address: www.mutualofomaha.com

RETIREMENT (TIAA)
Customer Service: (800) 842-2252
Web Address:
www.tiaa.org/public/tcm/uiw

FLEXIBLE SPENDING Medical & Dependent Care Reimbursement (Proficient #SASUICW)
Customer Service: (210) 659-8100
Web Address:
https://one.proficientbenefits.com

SUPPLEMENTAL BENEFITS
(MetLife)
Customer Service: (800) 438-6388
Web Address: www.metlife.com

EMPLOYEE ASSISTANCE PROGRAM
(Mutual of Omaha)
Customer Service: (800) 316-2796
Web Address:
mutualofomaha.com/eap

This summary is not intended to be used as a policy, but as an illustrative comparison only. Please refer to your policy for a complete description of benefits, exclusions, and limitations. The Deductible is the amount that the member must pay before the plan will pay benefits (except for copayments and prescription drugs). The Out-of-Pocket Payment Limit is the maximum coinsurance the member pays before the plan pays at 100% (excludes: deductibles, co-pays, and penalty amounts).

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Employee Eligibility

You are in an Eligible Class if you are a regular full-time employee who works an average of 30 hours per week, or a full-time faculty member who teaches a course load of at least 75%.

Dependent Eligibility

You may enroll your eligible dependents for coverage once you are eligible. Proof of eligibility is required for dependent participation. Your eligible dependents include:

- Your legal spouse, or qualified common law marriage
- Children under the age of 26, regardless of student, dependency or martial status
- Children who are fully dependent on you for support due to a mental or physical disability may continue coverage past age 26

Qualified Life Events

Generally, you may only change your benefit elections during open enrollment period. However, you may change your benefit elections during the year if you experience a qualified life event, including:

- Marriage
- Divorce or legal separation
- Birth of your child
- Death of your spouse or dependent child
- Adoption of or placement for adoption of your child
- Change of employment status by you or your spouse
- A significant change in yours or your spouse's health coverage due to your spouse's employment
- Qualification by the plan administrator of a medical child support order

Employee Navigator Benefits Portal

Make your benefits selections on our online benefits portal, Employee Navigator. You can use the following link, or you can find the Benefits Navigator icon in Cardinal Apps.

Employee Navigator Link: https://www.employeenavigator.com/benefits/account/login.
The company Identifier is UIWBenefits.

YOUR BENEFITS

UIW PROVIDED HEALTH INSURANCE SUBSIDY

UIW provides a subsidy for employees making less than $48,000 who enroll in UIW Employee Health Insurance. The subsidy varies according to annual salary and the level of coverage selected, i.e., Employee Only, Employee & Spouse, Employee & Children, or Family. The same subsidy applies whether enrolled in Bronze or Silver Insurance Plans. The following chart is for general information. Contact the Benefits Specialist for specific salary and subsidy information.

Annual Salary	Employee Only	Employee & Spouse	Employee & Child	Employee & Family
$25,000.00	$119.70	$227.42	$192.20	$283.67
$30,000.00	$93.68	$177.98	$150.42	$222.00
$35,000.00	$67.65	$128.54	$108.64	$160.33
$40,000.00	$41.63	$79.10	$66.85	$98.67
$45,000.00	$15.61	$29.66	$25.70	$37.00
$46,000.00	$10.41	$19.78	$16.71	$24.67
$47,000.00	$5.20	$9.89	$8.36	$12.33

Examples: Employee annual salary is $25,000

Bronze Plan
If employee enrolls in Employee Only level in UIW's Bronze plan, the monthly payroll deduction will be as follows:

$ 249.80 Cost of plan per month
$ 119.70 Monthly subsidy
$ 130.10 Employee cost of Bronze Employee Only/Month

If employee enrolls in Employee & Children level in UIW's Bronze plan, the monthly payroll deduction will be as follows:

$ 401.12 Cost of plan per month
$ 192.20 Monthly subsidy
$ 208.92 Employee cost of Bronze Employee & Child/Month

Silver Plan
If employee enrolls in Employee Only level in UIW's Silver Plan the monthly payroll deduction will be as follows:

$524.20 Cost of plan per month
$119.70 Monthly subsidy
$404.50 Employee cost of Silver Employee Only/Month

If employee enrolls in Employee & Children level in UIW's Silver plan the monthly payroll deduction will be as follows:

$ 851.84 Cost of plan per month
$ 192.20 Monthly subsidy
$ 659.64 Employee cost of Silver Employee & Child/Month

THE HIVE

CASH PAY OPTION FOR IMAGING OR SURGICAL PROCEDURES

CALL THE HIVE
Call **866.776.4270** and let us know you have imaging or a procedure coming up and you'd like to explore a cash pay option.

WE NEGOTIATE
The HIVE will negotiate a cash price directly with the provider on your behalf.

WE PAY
If a cash price is agreed upon, the HIVE will pay the provider on your behalf.

YOU FOCUS ON RECOVERY
You receive the care you need while we help you save more.

READY TO GET STARTED?
CALL THE HIVE TODAY - 866.776.4270
SMARTER OPTIONS. BETTER VALUE. WE'RE HERE FOR YOU.

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MEDICAL PLAN COMPARISON

All health, dental, and vision premiums are withheld on a pre-tax basis

2026-2027 BENEFIT PLAN CHOICES	UIW BRONZE	UIW SILVER
Deductible (per calendar year)		
Individual	$1,500	$1,000
Family	$3,000	$2,000
Co-Insurance		
	70% after deductible	100% after deductible
Health Fund (per calendar year)		
Individual	N/A	$500 per member
Out of Pocket Maximums (per calendar year)		
Individual	$4,000	$1,000
Family	$12,000	$2,000
Typical Medical Services		
Primary Care Visit	$25 co-pay per visit	100% after deductible
Specialist Office Visit	$45 co-pay per visit	100% after deductible
Preventative Services	100% deductible & co-pay waived	100% deductible waived
Hospital – Facility Inpatient	$250 co-pay per day up to 5 days, then 70% after deductible	100% after deductible
Hospital – Facility Outpatient	70% after deductible	100% after deductible
Emergency Room	100% after $150 co-pay per visit	100% after deductible
Urgent Care	100% after $50 co-pay	100% after deductible
Pharmacy - Retail RX (up to 30 day Supply)		
Generic	$10	$10
Preferred	$25	$25
Non-Preferred	$50	$50
Mail Order (90 day supply)	1.5X	1.5X

Cost of Coverage	Employee Cost per Month	UIW Cost per Month
UIW Bronze		
Employee Only	$249.80	$249.80
Employee & Spouse	$474.62	$474.62
Employee & Child(ren)	$401.12	$401.12
Employee & Family	$592.00	$592.00
UIW Silver		
Employee Only	$524.20	$524.20
Employee & Spouse	$996.08	$996.08
Employee & Child(ren)	$851.84	$851.84
Employee & Family	$1,242.44	$1,242.44

Subsidies will be applied to your monthly premium if your salary is below $48,000. Please see page 3 for more information.

DENTAL BENEFITS

All health, dental, and vision premiums are withheld on a pre-tax basis

You may elect dental coverage despite waiving medical coverage.

Deductible (per calendar year)			
Individual	$50		
Family	$150		
Preventive Care	**Percentage Payable**	**Maximum Benefit**	**Benefit Limits for Late Enrollees**
Exams, Cleanings, X-rays, Fluoride Treatments	100%, no deductible	$1,500 Per Participant	None
Basic Services			
Fillings, Crowns (stainless steel), Sealants, Extractions, Splinting, Oral surgery, Periodontics, Endodontics	80% after deductible	$1,500 Per Participant	No benefits for the first 12 months of coverage
Major Procedures			
Crowns (other than stainless steel), Pontics, Bridgework, Denture, Inlay/Onlay, Veneers	80% after deductible	$1,500 Per Participant	No benefits for the first 12 months of coverage
Orthodontia			
Orthodontics are covered only for dependent Children up to age 20.	50%, no deductible	$1,500 Lifetime maximum	No benefits for the first 12 months of coverage

Late Enrollee is a participant who enrolls in the Plan other than during the first period in which the individual is eligible to enroll under the Plan.

UIW Dental Cost of Coverage	Employee Cost per Month	UIW Cost per Month
Employee Only	$24.72	$24.72
Employee & Spouse	$52.36	$52.36
Employee & Child(ren)	$55.64	$55.64
Employee & Family	$83.84	$83.84



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VISION PLAN
METLIFE

All health, dental, and vision premiums are withheld on a pre-tax basis

Benefits	In-Network	Out-of-Network
Eye Exam/Refraction	$10 copay	Reimbursed up to $45
Single Vision Eyeglass Lenses	$25 copay	Reimbursed up to $30
Bifocal Eyeglass Lenses	$25 copay	Reimbursed up to $50
Trifocal Eyeglasses Lenses	$25 copay	Reimbursed up to $65
Standard Frames	Up to $130 retail allowance	Reimbursed up to $70
Standard Contact Lenses (hard/soft) (in lieu of glasses)	$130 allowance (standard/ premium fit covered up to $60 copay	Reimbursed up to $105 (includes service and materials)
Frequency of Services		
Exams	12 months	12 months
Lenses	12 months	12 months
Frames	12 months	12 months
Contact Lenses	In lieu of glasses	In lieu of glasses
Other Features		
Laser Vision Correction	15% average discount (or 5% off promotional price)	Not Covered

Vision Cost of Coverage	Employee Cost per Month	UIW Cost per Month
Employee Only	$4.08	$4.08
Employee & Family	$9.56	$9.56

COVERAGE COST EXAMPLE

John is over the age of 40 and his annual salary is $33,600. John has enrolled himself in the UIW Silver, Dental and Vision plans. He is also contributing $50.00 per month to an FSA account.

Coverage	John's Cost $2,800 monthly salary	UIW's Cost
UIW Silver	$524.20	$524.20
Medical Subsidy	$(74.94)	$(74.94)
UIW Dental	$24.72	$24.72
Vision	$4.08	$4.08
Basic Life & AD&D Insurance	$0.00	$5.50
Long Term Disability	$0.00	$11.90
Flexible Spending Account	$50.00	$5.50
Retiree Healthcare	$0.00	$100.00
Total:	$528.06	$600.96

BASIC LIFE AND AD&D BENEFITS

MUTUAL OF OMAHA

Life and AD&D coverage helps protect your loved one in the event of your death or serious injury. Even if you are single, your beneficiary can use your Life insurance benefits to pay off your debt, such as credit, mortgages, and other final expenses

Basic Life insurance and AD&D coverage are provided at no cost to you, and you are not required to enroll in any other health protection program. You are automatically covered at 1 times your annual salary up to $250,000 maximum and have the option to purchase Dependent Life insurance for your spouse and dependent children.

AD&D coverage provides a benefit to help protect you and your family from the financial hardship caused by accidental death or dismemberment. AD&D insurance provides you specified benefits for a covered accidental bodily injury that directly caused dismemberment (i.e., the loss of a hand, foot or eye). In the event that death occurs from an accident, 100% of the AD&D benefit would be payable to your beneficiary(ies).

Covered Services	Percentage Payable
Basic Life & AD&D	1X basic annual salary (maximum of $250,000)
Premium	Waived
Accelerated Death Benefit	6 months; 80% up to $250,000 maximum
Age Reduction Schedule	
Age 65	65%
Age 70	40%
Age 75	25%

Portability: When employees end employment with UIW, portability allows you to convert the group term life insurance policy to a personal term life insurance policy. Employees can have continued coverage and submit premium payments directly to the carrier. For more information or to complete an application, contact Mutual of Omaha toll free at 877-466-8367 or a UIW Human Resources.

Life Conversion: Your group life insurance has been valuable protection for you and your family. Now that it will be terminated, you may wish to convert this important coverage to an individual policy. This information has been prepared to help you take advantage of your right to continue your protection.

Life Conversion Coverage is individual permanent life insurance issued without evidence of insurability.

Life Conversion Coverage can be obtained when your life insurance under the group policy ends. Your group certificate will describe when conversion coverage is available to you, and will show the amount of coverage you can convert.

For additional information or premium rates on conversion coverage, please write or call at:

Attn: Group Policy Services, Group Conversion
United of Omaha Life Insurance Company
Mutual of Omaha Plaza
Omaha, Nebraska 68175
Phone: 1-800-826-8054

Cost of Coverage	Employee Cost per Month	UIW Cost per Month
Employee Only	No cost to employee	$0.081 per $1,000

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VOLUNTARY SUPPLEMENTAL LIFE AND AD&D BENEFITS

MUTUAL OF OMAHA

	Benefits	Coverage
Employee		
	Minimum Additional Benefit	$10,000 Increments
	Maximum Additional Benefit	Lesser of 5x salary or max of $500,000
Spouse		
	Minimum Additional Benefit	$5,000 Increments
	Maximum Additional Benefit	100% of employee amount to max of $150,000
Dependent Child Benefit		
	Minimum Additional Benefit	$2,000 Increments
	Minimum Additional Benefit	100% of employee amount to max of $10,000
Guarantee Issue to age 65 (excluding Late Entrants)		
	Employee	5x salary or max of $150,000
	Spouse	$50,000
	Child	$2,000

EMPLOYEE PREMIUM TABLE (12 PAYROLL DEDUCTIONS PER YEAR)

Age	$10,000	$20,000	$30,000	$40,000	$50,000	$60,000	$70,000	$80,000	$90,000	$100,000
0 - 29	$0.60	$1.20	$1.80	$2.40	$3.00	$3.60	$4.20	$4.80	$5.40	$6.00
30 - 34	$0.80	$1.60	$2.40	$3.20	$4.00	$4.80	$5.60	$6.40	$7.20	$8.00
34 - 39	$0.90	$1.80	$2.70	$3.60	$4.50	$5.40	$6.30	$7.20	$8.10	$9.00
40 - 44	$1.20	$2.40	$3.60	$4.80	$6.00	$7.20	$8.40	$9.60	$10.80	$12.00
45 - 49	$2.30	$4.60	$6.90	$9.20	$11.50	$13.80	$16.10	$18.40	$20.70	$23.00
50 - 54	$3.30	$6.60	$9.90	$13.20	$16.50	$19.80	$23.10	$26.40	$29.70	$33.00
55 - 59	$6.40	$12.80	$19.20	$25.60	$32.00	$38.40	$44.80	$51.20	$57.60	$64.00
60 - 64	$6.90	$13.80	$20.70	$27.60	$34.50	$41.40	$48.30	$55.20	$62.10	$69.00
65 - 69	$17.40	$34.80	$52.50	$69.60	$87.00	$104.40	$121.80	$139.20	$156.60	$174.00
70+	$47.60	$95.20	$142.80	$190.40	$238.00	$285.60	$333.20	$380.80	$428.40	$476.00

LONG-TERM DISABILITY BENEFITS
MUTUAL OF OMAHA

Benefit	Coverage
Minimum Monthly Benefit	**10% or $100**
Maximum Monthly Benefit	**$10,000**
Maximum Benefit Duration	**RBD to SSNRA**
Benefit Percentage	**60%**
Elimination Period	**90 days**
Service Waiting Period	**180 days**
Social Security Integration	**Direct w/Family Social Security offset**
Disability Definition	**2 years own occupation**
Plan Limitations	
Mental/Substance Coverage	**24 Month Outpatient**
Pre-Existing Condition	**Medical conditions incurred 3 months prior to effective date are excluded for 12 months**
Other Features	
Survivor Benefit	**3x last gross monthly benefit**
Premium	**Waived**

All FTE at least 30 hours or FT Faculty course load of at least 75%.

Cost of Coverage	Employee Cost per Month	UIW Cost per Month
Employee Only	No cost to employee	$0.260 per $100

ADDITIONAL BENEFITS

METLIFE SUPPLEMENTAL BENEFITS

Short Term Disability	If you're suddenly unable to earn a paycheck due to illness or an accident, short-term disability insurance can replace a portion of your income during the initial weeks of your disability. The Benefit amount is 60% of your predisability weekly earnings; subject to the plan's maximum weekly benefit of $2,000.
Accident Plan	An accident can impact your health, but it can also damage your finances and affect how you live. MetLife Accident Insurance can help with your finances so you can focus on healing. You could suffer an accidental injury while you are at work, working around the house or driving to get groceries. Your child may get injured during football or volleyball games, or at basketball practice. Accident insurance can provide funds to help you pay for unexpected expenses after an accidental injury like a fracture or concussion.

Continued on next page

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ADDITIONAL BENEFITS

METLIFE SUPPLEMENTAL BENEFITS *continued*

Hospital Indemnity	If you're admitted to the hospital for a planned or unexpected visit, MetLife's Hospital Indemnity Insurance provides a lump-sum payment to use however you see fit. Hospital Indemnity insurance pays regardless of what your medical insurance covers, reducing the financial burden of a hospital stay. Even with medical insurance, a hospital stay can be costly. Plan deductibles, copays, and out-of-network costs can add up fast, not to mention costs outside of medical needs, like your mortgage, childcare expenses, transportation and more. Hospital indemnity insurance can help with out-of-pocket costs while you're in the hospital and recovering to help reduce the financial impact while you heal.
Critical Illness	Handling the emotions that come up when experiencing illnesses such as a cancer diagnosis, heart attack, or stroke is difficult enough. Worrying about your financial stability on top of this can obviously be overwhelming. With Critical Illness Insurance, MetLife can help you and your family have the financial stability necessary to completely focus on healing during a difficult time. You will receive a lump sum benefit upon the first verified diagnosis of a covered condition.

TRAVEL ASSISTANCE (MUTUAL OF OMAHA)

Take comfort in knowing that Travel Assistance travels with you worldwide, offering access to a network of professionals who can help you with local medical referrals or provide other emergency assistance services in foreign locations. Travel Assistance can help you avoid unexpected bumps in the road anywhere in the world. For you, your spouse and dependent children on any single trip, up to 120 days in length, more than 100 miles from home. Services available for business and person travel. For inquiries within the U.S. call toll free: 1-800-856-9947. Outside the U.S. call collect: (312) 935-3568. Travel assistance is available 24/7.

HEARING DISCOUNT PROGRAM (MUTUAL OF OMAHA)

This program benefit includes custom hearing solutions, risk-free 60-day trial, hearing aid low price guarantee, and continuous care. To access your benefits call Amplifon at 1-888-534-1747 and a Patient Care Advocate will assist you in finding a hearing care provider near you.

WILL PREPARATION SERVICES (MUTUAL OF OMAHA)

Creating a will is an important investment in your future. It specifies how you want your possessions to be distributed after you die. Whether you're single, married, have children or are a grandparent, your will should be tailored for your life situation. Easy, Free and Secure…

Epoq offers a secure account space that allows you to prepare wills and other legal documents. Create a will that's tailored to your unique needs from the comforts of your own home.

Epoq provides the following FREE documents:

- Last Will and Testament
- Power of Attorney
- Healthcare Directive
- Living Trust

PET INSURANCE (SPOT INSURANCE)

All employees are eligible to enroll in this great benefit and receive up to a 20% discount. Spot gives a 10% discount on the first pet plus another 10% off any additional pet.

Employees can fully customize their plans to fit their budgets. Below is a link to a webinar to help everyone get started. This webinar will give you information about how the insurance works, what it covers, educational material, and how to sign up.

ADDITIONAL BENEFITS

EMPLOYEE ASSISTANCE PROGRAM

UIW employees and their household members have access to Mutual of Omaha's Employee Assistance Program to help with the everyday challenges of life that may affect employee's health, family life, and desire to excel at work.

Convenient and confidential

Your program includes up to 5 in-person, phone or video consultations with licensed counselors for you and your eligible household members, per issue, per calendar year. You can call (800) 316-2796 to speak with a counselor or schedule an appointment, 24/7/365. When you call just select "Employee Assistance Program" when prompted. You'll immediately be connected to a counselor. If you're simply looking for information, the program offers easy to use educational tools and resources, online and through a mobile app.

Log on to mutualofomaha.com/eap.

TELEHEALTH

CHRISTUS On Demand Care is available FREE of cost. Access trusted virtual care wherever you need it between 7 a.m. and 11 p.m. every day, right at your fingertips. Find care for common health issues like allergies, cough, urinary tract infections, fever, sinus infections and more.

WHEN CAN I USE TELEHEALTH?

When you need care and:

- You are considering the Emergency Room or Urgent Care Clinic for a non-emergency issue
- You are on vacation, on a business trip, or away from home
- Short-term prescription refills
- To visit with a primary care physician

WAYS TO CONNECT

You can easily activate your account or connect with a Telehealth doctor by using one of the following methods:

- Website: https://www.christushealth.org/getcare/virtual-care

CHRISTUS SANTA ROSA HEALTH CARE SYSTEM

In partnership with Christus Santa Rosa, staff members who have UIW medical insurance can receive medical services with $0 patient responsibility if the facility and the health care provider are affiliated with Christus Santa Rosa. We encourage you to verify provider affiliation prior to receiving services.

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PROFICIENT BENEFIT SOLUTIONS

A FSA provides you with an important tax advantage that can help you pay health care and dependent care expenses on a pre-tax basis. By anticipating your family's health care and dependent care costs for the next year, you can actually lower your taxable income.

Medical Spending Account

This program allows eligible UIW employees to pay for certain IRS-approved medical care expenses not covered by their insurance plan with pre-tax dollars. Some examples include:

- Hearing services, including: exams, hearing aids, and batteries
- Vision services, including: contact lenses, contact lens solution, eye examinations, and eyeglasses
- Dental services and orthodontia
- Chiropractic services
- Acupuncture
- Prescription contraceptives

The annual maximum amount you may contribute to the Medical Spending Account is $3,400 per calendar year.

How It Works

You are able to have pre-tax dollars subtracted from your gross wages. Under Section 125 of the internal Revenue Code, you save FICA and federal income tax while having tax-free money to pay for services not covered by insurance or out-of-pocket expenses. Take into consideration that this money is "use it or lose it" at the end of the plan year.

When you purchase items not covered by insurance, but eligible under the Flexible Spending Account, you can use your employee flex card to pay for item(s) at the point of service. You can also file your expenses directly to Proficient Benefit Solutions.

Dependent Care

When you participate in a Dependent Care Spending Account you can contribute pre-tax dollars through payroll deduction to pay yourself back for dependent care expenses, such as:

- Daycare
- Nursery
- Before-and After- School Care
- Adult Daycare (person must qualify as a dependent under IRS guidelines)

The annual maximum amount you may contribute to the Dependent Care Reimbursement is $7,500 per calendar year (or $3,750 if married but filing single).

Eligible Expenses and Conditions

The need for dependent care expenses must be work related. You and your spouse must be gainfully employed or a full-time student. A child must be under the age of 13, or a dependent over the age of 13 who is unable to care for himself/herself.

How It Works

To determine how much to fund your Dependent Care Account, check with your day care center or home care provider to find out if your cost will be changing during the plan year. Then determine how many weeks you will require day care. Be sure to subtract time you will spend on vacation, holidays, and other days you will not need day care. Multiply your weekly cost by the number of weeks you need day care. Add the total for eligible dependents to get your estimated dependent care expenses. You may want to put a little less in your account to reduce your risk of forfeiture.

To receive reimbursement from this account, you can go online to https://one.proficientbenefits.com to print a copy of the claim form. Complete the form, then mail or fax the form and your receipts to Proficient Benefit Solutions.

Please note: Participants cannot receive funds from the dependent care account until their contribution equals the amount of their reimbursement.

Cost of Coverage	Employee Cost per Month	UIW Cost per Month
Employee Only	No cost to employee	$5.50 per participant

RETIREMENT

TIAA
RETIREMENT PLANNING



The University of the Incarnate Word offers a retirement plan available to all regular full-time employees. To participate in the Teachers Insurance Annuity Association (TIAA), eligible employees must complete the Salary Reduction Agreement Form found on the Human Resources Website.

UIW Retirement Plan (TIAA)
Employees may begin participating after one year of eligible service. Enrollment in the program requires employees to contribute a minimum of 3% of their gross monthly salary and UIW will contribute an additional 7% of the gross monthly salary. UIW matching contributions are subject to change. Participation in the plan is voluntary for the first 10 years of employment. After 10 years, all eligible employees are required to participate in the Plan.

UIW Supplemental Retirement Annuity
TIAA also offers a tax-deferred or Supplemental Retirement (SRA) and an after-tax Roth 403(b). Participation in these funds does not include an employer match and there is no prior service required.

Catch Up Contributions (For Age 50 and over)
For employees who are age 50 or over at the end of the calendar year, catch up contributions are permitted in accordance with, and subject to, the limitations of section 414(v) of the IRS code. These contributions will be made to the UIW Supplemental Retirement Annuity monthly.

Eligibility
1 year of service with the University OR previous employment with another accredited learning institution.

RETIREMENT HEALTH PLAN

UIW is proud to provide Retirement Health Plan, which is a practical and comprehensive solution to providing retiree health benefits.

Employer Contributions
UIW will make contributions beginning at age 40 with one year of service. The University will cease making contributions on the earliest of the following: the date UIW made 25 years of contributions to your account, the date you cease employment at the University, or death. The amount of contribution is determined by UIW. Employees are fully vested when they have completed 5 continuous years of service and are a Retiree or are no longer an Employee.

Voluntary Employee Contributions
Employees can make voluntary contributions to the Retirement Health Plan.
Contact the Human Resources Office for more information.

Retirement Health Plan Cost of Coverage	Employee Cost per Month	UIW Cost per Month
Employee over the age of 40 with at least 1 year of service	No cost to employee	$100.00 per month

This summary is not intended to be used as a policy, but as an illustrative comparison only. Please refer to your policy for a complete description of benefits, exclusions, and limitations.

GLOSSARY OF TERMS

Coordination of Benefits – A way to figure out who pays first when 2 or more health insurance plans are responsible for paying the same medical claim.

Copay – This is the amount you may have to pay for your share of services. It is usually a set amount. For example, your copay could be $10 for a prescription drug or $25 for a doctor's visit.

Coinsurance – Coinsurance is the share that the insured and the plan both pay toward the costs of covered health services, after you have met your deductible. For example, if you have a 80/20 plan, this means that the health plan pays 80% of covered expenses and you pay 20% of covered expenses. So, after your deductible is met, if you incur covered medical expenses of $10,000, the plan's coinsurance responsibility is 80% ($8,000) and your coinsurance responsibility is 20% ($2,000).

Deductible – It is the amount that you owe for covered healthcare services before the health plan begins to pay. For example, if your health plan deductible is $1,500, then each plan year you must pay the first $1,500 of covered medical expenses incurred, and then insurance will begin to pay.

Balance Billing – When a provider bills you for the difference between the provider's charge and the allowed amount. For example, if the provider's charge is $100 and the allowed amount is $70, the provider may bill you for the remaining $30.

Emergency Medical Condition – An illness or injury so serious that an individual would seek immediate medical treatment. This is often when a trip to the Emergency Room is necessary. Routine doctor visits, immunizations, minor illness, physical exams, and other non-emergency medical treatment do not require an ER visit and may cost the healthcare plan and the insured member unnecessary out of pocket expenses.

Flexible Spending Account (FSA) – An arrangement through your employer that lets you pay for many out-of-pocket medical expenses with tax free dollars.

Health Reimbursement Account (HRA) – Health Reimbursement Accounts (HRAs) are employer-funded group health plans from which employees are reimbursed tax-free for qualified medical expenses up to a fixed dollar amount per year.

Medically Necessary – Healthcare services or supplies needed to prevent, diagnose or treat an illness, injury, condition, disease or its symptoms and that meets accepted standards of medicine.

Monthly Premium – The money paid monthly to keep your medical insurance.

Out-of-Pocket Maximum – The most you have to pay for covered services in a plan year. After you spend this amount on deductibles, copayments, and coinsurance, your health plan pays 100% of the costs of covered benefits. The out-of-pocket maximum does not include your monthly premiums. It also does not include anything you spend for services your plan doesn't cover.

Preauthorization – A decision by your healthcare plan that services, treatment, prescription drugs, or medical equipment is medically necessary. Sometimes this is called prior approval or precertification. Preauthorization is not a promise your healthcare plan will cover the cost. Preauthorization occurs when the medical provider calls the insurance plan administrator.

Preferred Provider Organization (PPO) – A type of health plan that contracts with medical providers, such as hospitals and doctors, to create a network of participating providers. You pay less if you use providers that belong to the plan's network. You can use doctors, hospitals, and providers outside of the network for an additional cost.

Preventive Services – Routine health care that includes screenings, check-ups, and patient counseling to prevent illnesses, disease, or other health problems.

Primary Care Physician (PCP) – Your PCP will help you by getting to know your medical history, help you to learn about your health needs and will send you to another doctor if you need special medical attention.

Reference Based Pricing – Instead of paying providers based off a PPO Network discount, these plans base payments to facilities and professional providers on the Medicare fee schedule, plus 20%. In some instances, payments could be even greater than 20% above Medicare.

Self-Funded Plan – Type of plan where the employer itself collects premiums from enrollees and takes on the responsibility of paying employees' and dependents' medical claims. These employers can contract for insurance services such as enrollment, claims processing, and provider networks with a third-party administrator, or they can be self-administered.

Third Party Administrator – A company that manages the receipt and payment of claims on behalf of a self-funded insurance plan.

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