



UNIVERSITY OF THE INCARNATE WORD®

2025-2026

Benefits Open Enrollment

Open Enrollment Agenda

- Welcome
- OE General Information
- Personify Health
- RxBenefits
- Asserta
- Proficient
- MetLife (vision and supplemental Insurance)
- Mutual Of Omaha

Insurance Benefits Committee Members

Sr. Walter Maher	VP for Mission & Ministry
Dr. Ronda Gottlieb	Director of Clinical Health
Dr. Jeff Copeland	Assistant Dean of Experiential Programs- Pharmacy
Dr. Rachell Booth	Professor – Biochemistry and Department Chair
Dr. Shandra Esparza	Associate Professor - Nursing & Health Professions
Scott LeBlanc	Director of Sports & Wellness
Ashley Wysong	Administrative Assistant to Sr. Director Military Affairs
Shannon Root	Associate Vice President – Human Resources
Patricia Sierra	Director Human Resources

Open Enrollment Period April 15 – April 30, 2025

- Open Enrollment is the time to enroll in insurance benefits (medical, dental, vision, life, flexible spending)
- **Enroll** or **waive** benefits online through Benefits Navigator via Cardinal Apps
- Benefits will not roll over from the previous year
- Benefit elections are effective June 1, 2025

What's staying the same

- UIW will maintain the current Bronze and Silver medical, dental, and vision benefits
- Medical subsidies will continue for those earning below \$48,000
- Proficient Flex Spending will continue
- Grandfather status will continue under the ACA
- Personify Health formerly known as (HealthComp) will continue to be UIW's third party administrator (TPA)
- RxBenefits will continue to be the pharmacy benefit manager(PBM)

What's staying the same (cont'd)

- Bronze plan premiums will remain the same.
- Dental plan premiums will remain the same.
- Mutual of Omaha will remain our life insurance and AD&D carrier. Employee's current life insurance and AD&D coverages will automatically stay the same with Mutual of Omaha.
- Zelis will still provide patient advocacy services and balance bill resolutions on the Bronze and Silver RBP plans.
- Employees will receive a letter from Personify Health to their home address regarding the dependent eligibility.

Benefit Changes

- New medical ID cards will arrive in the mail around June 1, 2025
- Unfortunately, due to the rise in the cost of healthcare, there will be a 5% increase in our Silver plan.
- Flexible Spending IRS limits increased to \$3,300 from \$3,200
- If you have Voluntary Life, you can increase it by \$10K with no EOI if you are not currently at the guaranteed rate or \$150,000.

Silver Medical	Old Premium	New Premium
Employee Only	\$499.24	\$524.20
Employee & Spouse	\$948.64	\$996.08
Employee & Child(ren)	\$811.28	\$851.84
Employee & Family	\$1,183.28	\$1,242.44

UIW Medical Insurance

- Insurance is for the unforeseen illnesses in your life.
- Insurance is to help keep these things from happening by providing you with preventive care at no cost.
- Insurance is to help offset any cost that might happen if you have an unforeseen illness.



2025-2026 Medical Benefit Options



2025-2026 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

Explanation of Benefits (EOB)

Present your new ID card to your provider

If your provider does not recognize your health plan ID card, have them contact the provider number on the back of your card for assistance.

Open your mail

When you receive a bill from a provider, please make sure the amount you are billed matches the Patient Responsibility shown on your Explanation of Benefits (EOB).

Next steps

In most cases, providers will submit claims on your behalf for processing. If you receive a bill for an amount higher than the patient responsibility noted on your Personify Health EOB, notify Personify Health Member Services at the number below.

personify
HEALTH
HealthComp
PO BOX 2947
Covington LA 70434-2947

Forwarding Service Requested

J103 1

MEMBER NAME
123 PERSONIFY RD
COVINGTON LA 70434

Explanation of Benefits

**RETAIN FOR TAX PURPOSES
THIS IS NOT A BILL**

Customer Service

For Customer Contact Center Call
Provider: 888-215-9841 Member: 888-472-4352

Group: Group Name

Group#: 123456 - 56789 - 000000

Check#: N/A

Paid Date: 01/01/2024

Claim #: 999999999

Patient: Patient Name

Insured ID: 999999999

Patient #: 999999999

Insured: Member Name

Line No.	Provider	Dates of Service	Description	Total Charges	Excluded Charges	Co-pay Amount	Deductible Amount	Covered Expense	Paid At	Payment Amount
001	Provider Name	01/01-01/01/2024	Service Name	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	0%	\$0.00
002	Provider Name	01/01-01/01/2024	Service Name	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	0%	\$0.00
Column Totals				\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	100%	\$0.00
Patient Responsibility:				\$0.00						
										Amount Recouped: \$0.00
										Total Payment: \$0.00

Your Appeal Rights

You may call HealthComp to obtain a copy, free of charge, of the diagnosis and treatment codes (and their meanings), internal rules, guidelines, protocols, criteria, or standards for determining medical necessity, experimental treatment or similar information, exclusions or limits which were relied upon for any adverse benefit determination. The Employee Retirement and Income Security Act (ERISA) provides you or your authorized representative the right to appeal any adverse benefit determination by sending a written request to HealthComp within 180 days of receipt of this notice. If you appeal, we will review our decision and provide you with a written determination. An appeal must be decided within 60 days of receipt of the request. If we continue to deny the payment, coverage, or service requested or you do not receive a timely decision, you may be able to request an external review of your claims by an independent third party, who will review the denial and issue a final decision. ERISA section 502(a) grants you the right to take civil action. The timeframe for filing suit may be as short as one year after the adverse determination. Although you have the right to bring suit under ERISA section 502(a), you must exhaust the Plan's appeals process first. Refer to your plan document for the information on specific time limitations for filing suit. For questions about your appeal rights, this notice, or for assistance, you can contact the Employee Benefits Security Administration at 1-866-444-EBSA (3272). Additionally, a consumer assistance program may be able to assist you at 225-219-4770 and 800-259-5301.

Appeals should be directed to: HealthComp, Attn: Appeals, P. O. Box 1590, Covington, Louisiana 70434.

Language Assistance

Para obtener asistencia en Español, llame al 1-888-472-4352.
Kung kailangan niyo ang tulong sa Tagalog tumawag sa 1-888-472-4352.
Dinek'ehgo shika a'otwol ninsingo, kwijigo holne' 1-888-472-4352.
可根据要求提供翻译服务 1-888-472-4352.

Explanation of Benefits



How to contact Personify?

- Should you have questions or need guidance during your open enrollment, call **Personify's Care Advocacy: 877-301-2988**.
- Our friendly and knowledgeable Care Advocates are available to you Monday through Friday from 7 am – 7 pm CST.



Phone: 877-301-2988

Email: customerserve@personifyhealth.com



New ID Card

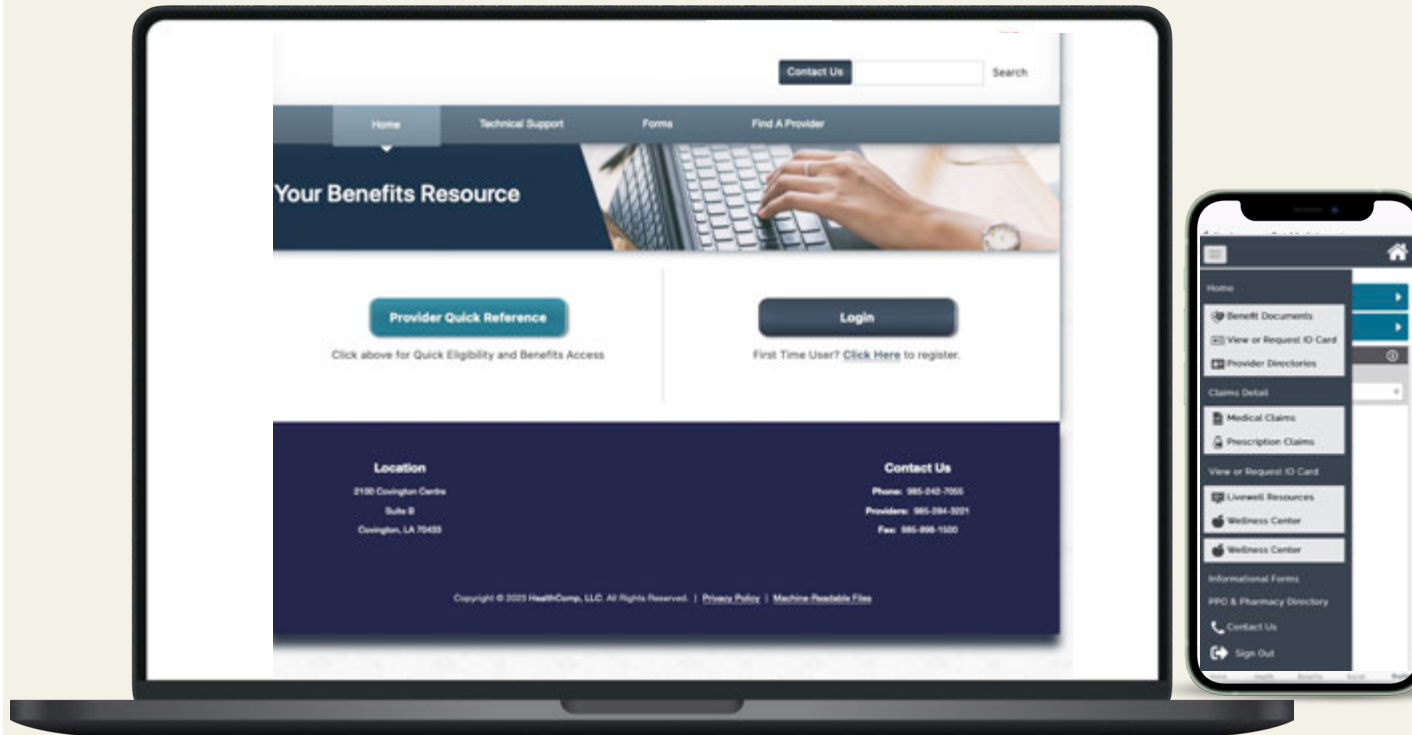
- Look for a new card in the mail around 6/1.
- All medical, pharmacy and dental are on one ID card.
- Present card to every provider/pharmacy.
- Primary Member's name on ID card. Each family will receive 2 copies. You can order as many as you like on www.HCHealthBenefits.com.
- Claims & Benefit information is listed on the back of ID card.
- Electronic copies of ID card can be pulled up online or on any mobile device.

HCHealthBenefits



Access Your Benefits Anywhere, Anytime

The HCHealthBenefits platform is designed to make your healthcare experience seamless and empower you to take an active role in managing your benefits. Whether you sign in on the web or through our mobile app, HCHealthBenefits provides a single point of access to your health plan.



HCHealthBenefits Features:

- View your **plan status** (deductible and out-of-pocket)
- Access **digital versions** of your ID cards and EOBs
- Review medical and dental **claims**
- Submit **claims** and **Other Insurance forms**

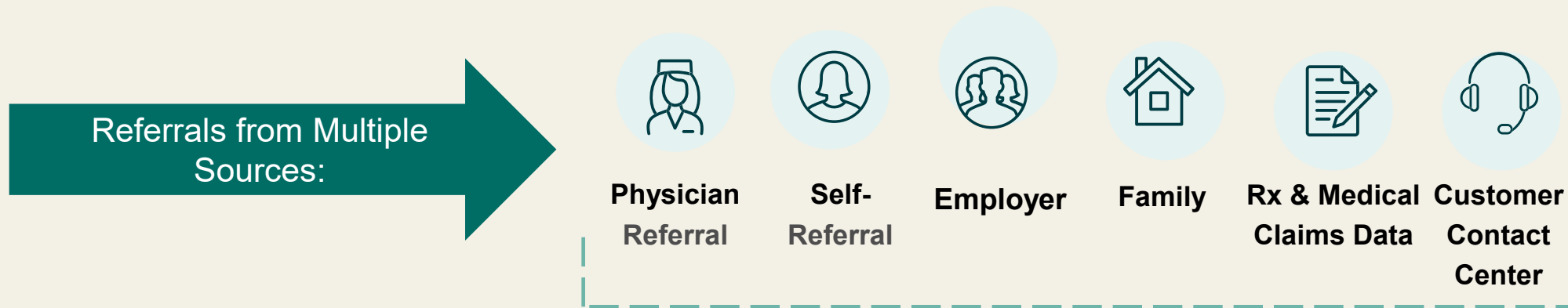


Manage Your Account

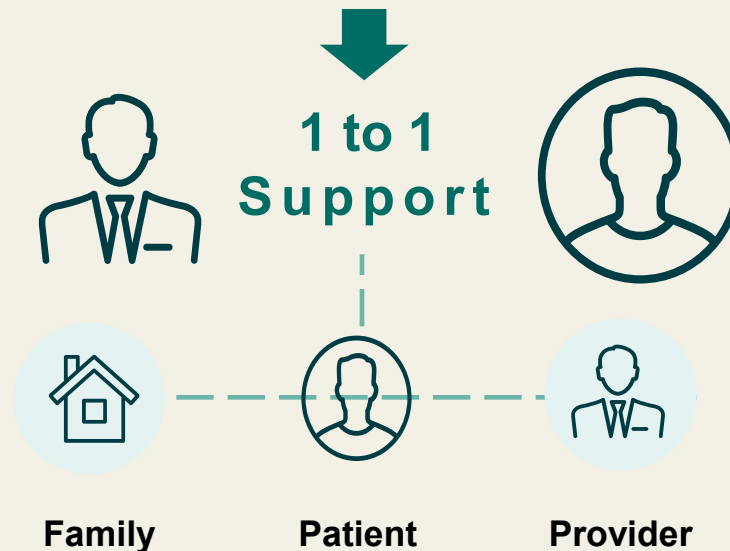


- If you are new to the plan - after June 1st, activate your account online or log in: visit www.HCHealthBenefits.com
- Register as a “First Time User” as a participant if you have never registered before.
- Complete the registration form, you will need:
 - Your group number: **S2855**
 - A valid, personal email address
 - The last four digits of your social security number
- You will receive an email confirmation, click the link within it to confirm your registration.

Case Management **How it works**



The Case Manager coordinates a health management plan to ensure optimal care.



The Case Manager works with patient, family and provider until services are no longer needed.



Who Is RxBenefits?

Welcome to the RxBenefits Family!


UIW has chosen to continue using **Express Scripts** and **RxBenefits** to administer and service our pharmacy benefits coverage for the upcoming plan year.

Function	RxBenefits
Role	We are your Pharmacy Benefits Optimizer. We have partnered with Express Scripts (ESI) to bring you greater discounts, better access, and improved member services.
Services	Our Member Services Representatives have access to the same system utilized by Express Scripts (ESI).

Your benefits are still being provided by Express Scripts, but **RxBenefits** administers the services for a more personal approach. You should contact **RxBenefits** at **800.334.8134** with any pharmacy-related questions.

How Can RxBenefits Help?

You have access to the **Member Services Team**, available Monday through Friday, 7:00 a.m. – 8:00 p.m. Central, at **800.334.8134**. Knowledgeable representatives can assist you with pharmacy-related questions such as:



Is my drug covered?
What will it cost?

Is my pharmacy
in the network?

Can you help
transition my mail
order scripts?

Can you assist me with
benefits questions?

Are there lower cost
alternatives?

Specialty Medications

Specialty medications include prescribed drugs that:

- Are generally high in cost, complexity, or touch
- Treat complex, chronic conditions such as cancer, rheumatoid arthritis, and multiple sclerosis
- Require frequent dosing adjustments or intensive clinical monitoring
- Limited distribution
- Require **Special** handling

Specialty medications are covered when purchased through Express Scripts' Specialty Pharmacy, known as Accredo

- Accredo can be contacted at **800.922.8279**. Members can also contact the RxBenefits Member Services team for assistance at **800.334.8134**

The logo for Accredo, featuring the word "accredo" in a lowercase, italicized, serif font, followed by a registered trademark symbol (®).

Manufacturers Assistance Program



- Enrolled members pay \$0.00 for targeted medications.
- Members who do not enroll will pay a 30% coinsurance for targeted medications.
- Plan specific specialty cost share applies to specialty medications not targeted by SaveOnSP (SOSP).
- Prescriptions filled through SOSP DO NOT accumulate towards the member deductible or maximum out of pocket.

PAY \$0 FOR SELECT SPECIALTY MEDICATIONS

Participate in the SaveOnSP program

Specialty medications can cost a lot of money. That's why your plan offers a program called SaveOnSP, to lower your out-of-pocket costs to \$0.

Participate in SaveOnSP and save.

Over 300 specialty medications are eligible for the SaveOnSP program.¹ If you're filling an eligible medication, a representative from SaveOnSP will contact you to discuss the program.

You'll pay \$0 for your medication when you participate in SaveOnSP. If you choose not to participate, you'll pay a higher cost share when you fill your medication.

Conditions covered by SaveOnSP include, but are not limited to:

- Hepatitis C
- Multiple Sclerosis
- Psoriasis
- Inflammatory Bowel Disease
- Rheumatoid Arthritis
- Cancer



Here's an example of how it works.²

John's taking a specialty medication that's eligible for the SaveOnSP program. His copay is currently \$70. His new cost share will be \$1,150.

- **When he participates in SaveOnSP, he won't pay anything (\$0) out-of-pocket.** He will work with SaveOnSP to enroll with the applicable manufacturer copay assistance program.
- **If he decides not to participate in SaveOnSP, he'll pay his full cost share of \$1,150 out-of-pocket.**

In both of these examples, John's cost share wouldn't count toward his deductible or out-of-pocket maximum.

Prior Authorizations – Making sure your Medicine is Right for You

When your doctor prescribes certain medications, your pharmacist may tell you it requires PA. That means we need information to make sure the medication will work well for your condition, and that it's covered by your pharmacy benefit. Your doctor has access to the required information to complete the PA.

If your medication requires a PA, the pharmacist will see a message in their system at the point of sale.

**PA REQ MD-
RXB.PROMPTPA.COM or
CALL 888-608-8851**

Start the PA Process

Your doctor's office will need to initiate a medication PA review.

The pharmacy may contact your doctor to deliver the claim's PA messaging, or you can contact your RxBenefits' Member Services Team to request an outreach.

Typical reviews take 24-72 hours, depending on the information sent and responsiveness of the physician's office

PAs are managed by the RxBenefits PA Review Team. Here is how to submit a PA:

Method 1

Utilize the online portal
at RxB.PromptPA.com

Initiate a review, complete the drug-specific question set and submit chart notes electronically, and check the coverage determination within the portal.



Method 2

Utilize the attached PA form and fax to 888.610.1180 or email to PA_Support@RxBenefits.com

For most PAs, the standard turnaround time is 1 - 3 business days. If for some reason, you need an expedited review, please contact the PART team.

Patient Information	
Name	
Address	
City	
State	
Zip	
Phone	
Physician Information	
Name	
Address	
City	
State	
Zip	
Phone	
Signature	

Prior Authorizations – Making sure your Medicine is Right for You

Prior Authorizations are designed to ensure that certain prescription drugs are used for appropriate medical purposes as approved by the FDA (Food and Drug Administration). This helps to make sure that your medications are safe, effective, and more affordable.

90-Day Supply: Home Delivery or Express Scripts Pharmacy

You can have a 90-day supply of prescription maintenance medication sent directly to your home or office by the Express Scripts Home Delivery. You also have the option to obtain a 90-day maintenance medication at your local Express Scripts Pharmacy.

Savings

- Lower copay for 90-day supply than three 30-day supply.

Convenience

- Delivered directly to you.
- Hassle-free switch: call RxB Member Services team to assist.
- One time sign-up.
- Automatic refill options.

Safety

- Reviewed by pharmacists to ensure order is accurate. Medications arrive in private, tamper-resistant and temperature-controlled packaging.
- Promotes better health and adherence.

Your doctor can CALL
the Express Scripts
Home Delivery at

1-877-834-4441

to submit your 90-day
prescription or
FAX it to

1-800-837-0959



**UNIVERSITY OF THE
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UIW partnered with

Asserta
HEALTH



to deliver real-time cash payment —

A Better Way to Pay for Healthcare



Want to save money
when you need
expensive health
care services?



We are here to help!

- Need a Procedure or Surgery?
- Are you having a baby?
- Do you want help navigating expensive care?
- Do you want to eliminate your Out-of-Pocket Costs?
- Do you want to avoid the hassle of bills and payment issues after you receive care?

All you have to do is **CALL ASSERTA HEALTH!**

As soon as you
know you need
expensive care...

Call Asserta Health and
receive a dedicated
concierge who will
support you throughout
the entire process by:

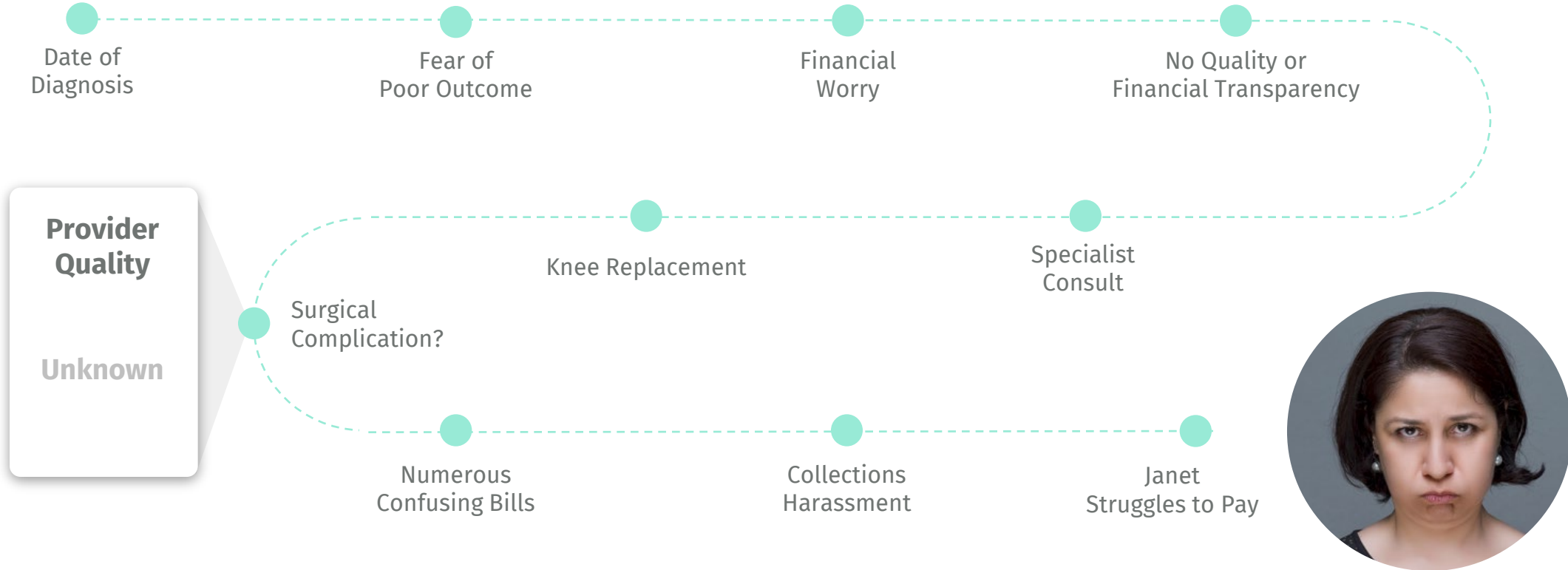
- ✓ Identifying high value providers who participate in the program
- ✓ Negotiating reduced prices within plan parameters
- ✓ Paying for your services in full when they are received
- ✓ Assisting you after you receive services with any issues or concerns **ELIMINATING** your out-of-pocket costs!

Call (844) 726-1452
to learn more!

Asserta
HEALTH



Janet had her left knee replaced using a traditional health plan



what it really cost:

Cost to Janet: **\$4,000**

Cost to Plan: **\$31,000**

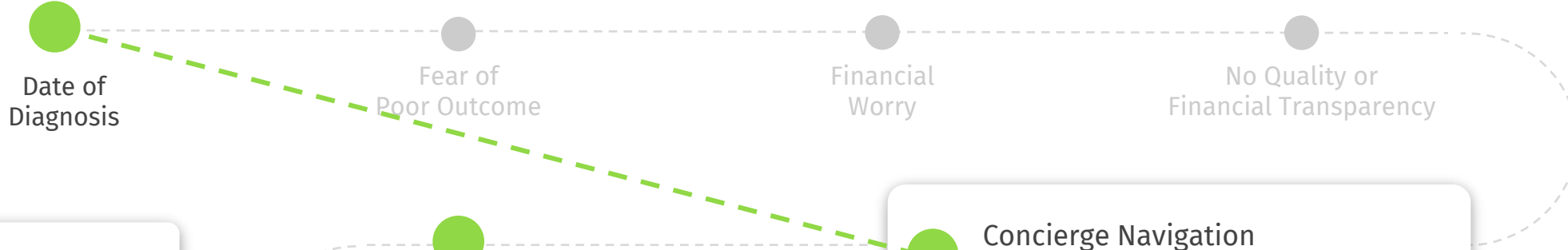
Time Required: **6 Months**





Janet had her right knee replaced using

med  **cash**



Date of Diagnosis

Fear of Poor Outcome

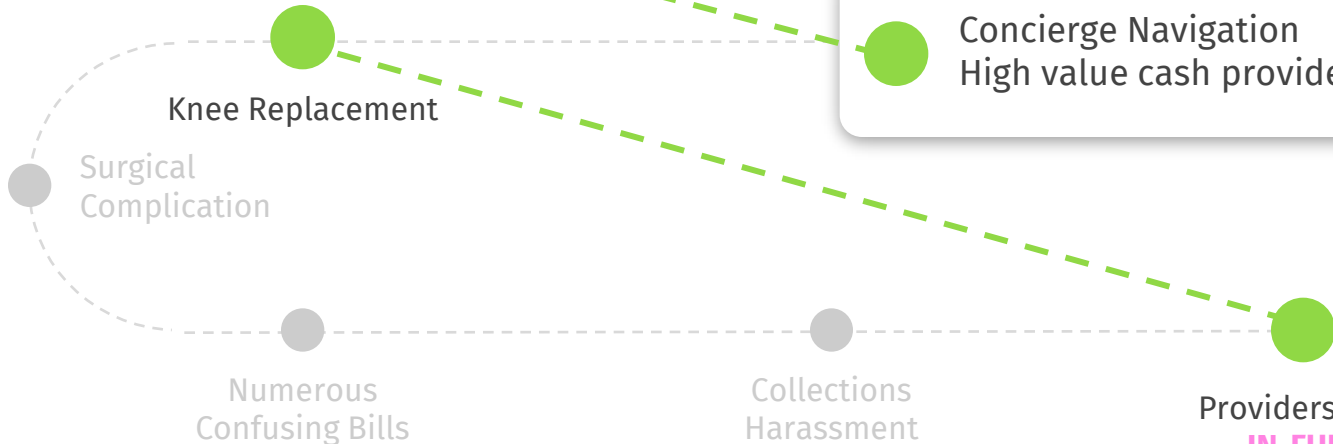
Financial Worry

No Quality or Financial Transparency

Provider Quality

Top Quartile

Concierge Navigation
High value cash providers



Knee Replacement

Surgical Complication

Numerous Confusing Bills

Collections Harassment

Providers Paid **IN-FULL**



what it cost with Asserta Health:

Cost to Janet: \$0

Cost to Plan: \$20,000

Time Required: 2 Weeks

The Member Experience

1

You find out you need a procedure or surgery and call Asserta Health, (ideally before selecting and seeing a specialist)

2

You speak to your dedicated Concierge who will work with you throughout your medical need

3

Asserta identifies high-value providers, and your Concierge will present you with the options for your care

4

You decide how you want to proceed, and register as self-pay with the providers you selected

5

Asserta Health requests approval from UIW and when approved receives the funding to pay the providers

6

Asserta Health pays the providers at or directly prior to the service and sends you a voucher as proof of payment

7

Your Concierge follow up with you about 2 days after you have your service

Why work with Asserta Health?

When you coordinate expensive care with Asserta Health you will:

1. **Save Money**
2. **Have Access to High-Value Care**
3. **Decrease the risk of Balance Bills**
4. **Navigation and Support throughout your care**
5. **Lower UIW's Health Care Spend**



**UNIVERSITY OF THE
INCARNATE WORD.**



Real Savings –

Example:

Labor and Delivery

Standard Price: \$12,000

Asserta Health Negotiated Cost of Service: \$5950

Member Responsibility	without Asserta Health	with Asserta Health	Savings
UIW Bronze Plan	*\$4,000	\$0	\$4,000
UIW Silver Plan	*\$1,000	\$0	\$1,000

*Without Asserta Health, providers can bill members for the difference between the amount they charge and the amount the plan paid. This is called Balance Billing and, in some cases, can be significant.



Real Savings –

Example:
Knee Replacement
Standard Price: \$27,925
Negotiated Cost of Service: \$19,275

Member Responsibility	without Asserta Health	with Asserta Health	Savings
UIW Bronze Plan	*\$4,000	\$0	\$4,000
UIW Silver Plan	*\$1,000	\$0	\$1,000

***Without Asserta Health, providers can bill members for the difference between the amount they charge and the amount the plan paid. This is called Balance Billing and, in some cases, can be significant.**



- Vison
- Supplemental Benefits Options

MetLife Vision Plan

Benefits	Frequency	Co-Payment	Network Doctor	Non-Network Doctor
Exam	12 months	\$10	Paid in full after a \$10 co-pay	Up to \$45
Lenses	12 months	\$25 (applies to lenses and/or frames)	Single Vision, Lined Bifocal And Lined Trifocal lenses. Polycarbonate for dependent children.	Single - \$30 Bifocal - \$50 Trifocal - \$65 Lenticular - \$100
Frame	12 months	\$25 (applies to lenses and/or frames)	\$130 retail allowance 20% off of the retail difference for frames outside of the allowance	Up to \$70
Contact Lenses Elective	In place of lenses and frames	Up to \$60 for the evaluation and fitting	\$130 allowance for contacts*	Up to \$105

Monthly Payroll

Deduction

Employee Only: 4.08

Employee/Family: 9.56

*If prefer contact lenses, the plan provides an allowance for contacts instead of lenses and frames

 **MetLife** | Short Term Disability Insurance



Help protect your income and lifestyle with Short Term Disability Insurance.

Coverage that can help protect your income when you are unable to work.

 **MetLife** | Critical Illness Insurance



Help protect yourself, your family and your budget from the financial impact of a critical illness.

 **MetLife** | Hospital Indemnity Insurance



Why hospital indemnity insurance matters

 **MetLife** | Accident Insurance



Why Accident Insurance matters

All premiums are 100% paid by the employee through payroll deduction with UIW



University of the Incarnate Word

Section 125 & FSA

Administered by PROFICIENT BENEFIT SOLUTIONS



Flexible Spending Account

Health FSA

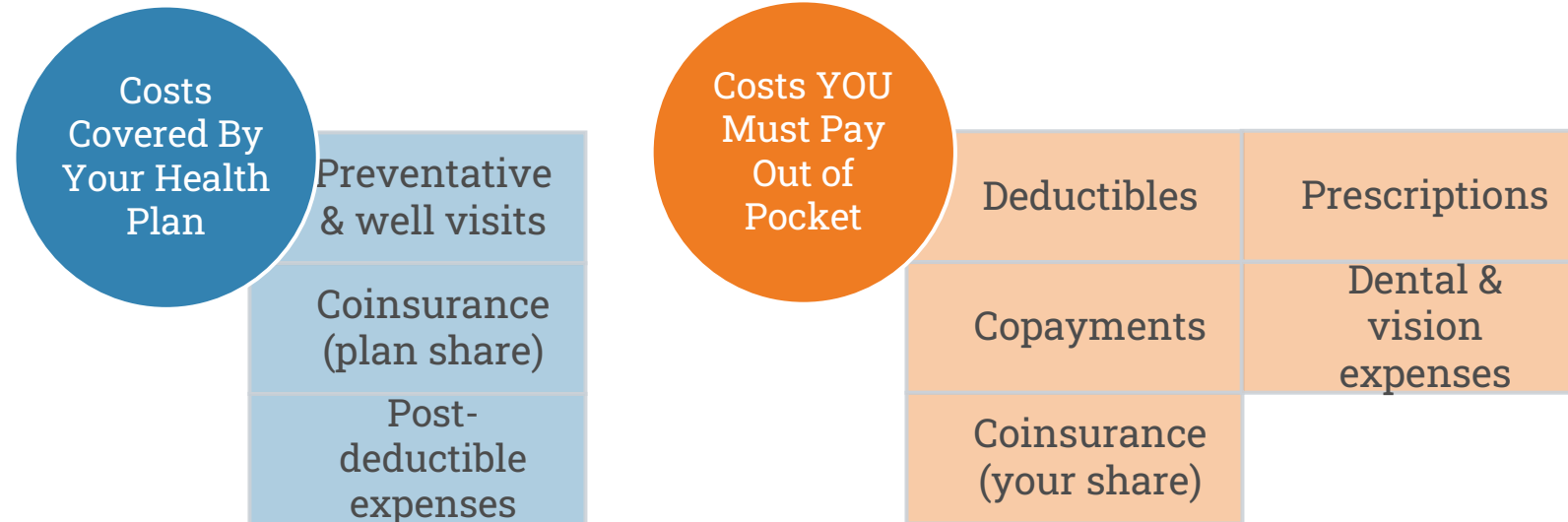
Healthcare Flexible Spending Account

- ▶ Allows you to set aside pre-tax dollars for eligible medical, dental, and vision expenses
- ▶ 2025 annual contribution limit: **\$3,300**
- ▶ Benefits of enrolling:
 - Money contributed is tax free and remains tax free when spent on eligible expenses
 - On average, participants enjoy a 30% tax savings on their annual contribution
 - Full election amount is available on the first day of the plan year
 - Grace period of 2 ½ months through August 15, 2026. Runout period (claims filing deadline) November 15, 2026
 - No requirement to be enrolled in any specific Health plan
 - Coverage includes expenses for your spouse and children (children must be 26 or under)
 - <https://proficientbenefits.com/products-and-services/flexible-spending-account-fsa/health-fsa>
- ▶ Eligible expenses include copays, deductible payments, coinsurance, doctor office visits, hospital charges, prescriptions, dental exams, vision exams, over-the-counter medications, medical supplies, and much more



Understanding Out-of-Pocket Healthcare Costs

Every health plan has out-of-pocket responsibilities, the degree of coverage varies by plan option





Example Short-Term Savings Potential

Let's look at how you can save money today – even if you are only contributing a small amount!

	Not Enrolled in an account	Enrolled in an account	Benefits
Before-Tax Annual Income:	\$38,000	\$38,000	
Account Contribution	\$0	-\$500	Account funded by pre-tax dollars
Taxable Annual Income:	\$38,000	\$37,500	
Taxes (24.65%)	-\$9,367	-\$9,244	Pay less in federal, state and FICA taxes
Out-of-Pocket Medical Expenses	-\$500	\$0	Out-of-pocket medical expenses paid using pre-tax dollars in your account
Take-Home Annual Income	\$28,133	\$28,256	Take-home income increases by \$123



Dependent Care Flexible Spending Account

DCA

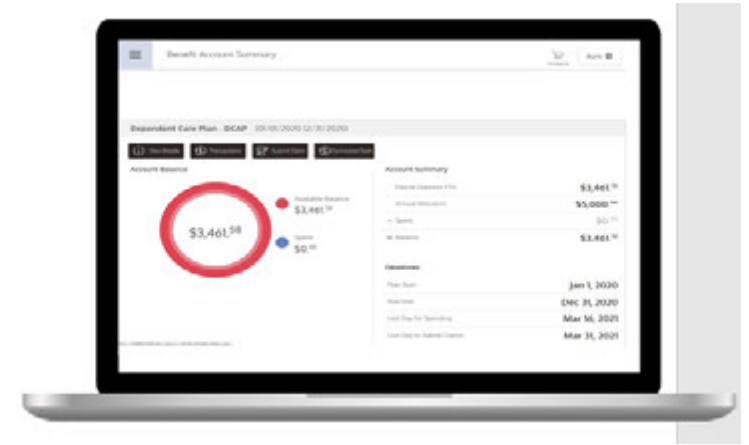
- ▶ Allows you to set aside pre-tax dollars for dependent care expenses, such as daycare, that allow you to work
- ▶ 2025 annual contribution limit: **\$5,000**
- ▶ Benefits of enrolling:
 - Helps you set aside money to pay for qualified dependent care
 - Money contributed is tax free and remains tax free when spent on eligible expenses
 - On average, participants enjoy a 30% tax savings on their annual contribution
 - No Grace Period
 - Runout period (claims filing deadline) August 31, 2026
 - <https://proficientbenefits.com/products-and-services/flexible-spending-account-fsa/dependent-care-fsa>
- ▶ Eligible expenses include before and after school care for children 12 and younger, custodial care for dependent adults, day care, preschool, and nanny services, among others



Online Banking Meets Healthcare

Our online portal offers easy access and powerful self-service tools

- ▶ **Full account details:** View your plan details and account history, including prior year activity
- ▶ **Multimedia education:** Access educational videos and interactive calculators to learn more about health benefit accounts and make critical spend/save decisions
- ▶ **Manage claims:** Submit new claims, upload receipts, and check claims status
- ▶ **Communications:** View a complete history of account communications and manage your personal preferences
- ▶ **Access savings:** Take advantage of retail discounts, coupons, and online shopping offers
- ▶ **Self-service:** Take advantage of expanded account servicing options to manage your debit cards, personal information, and security settings





Smart Account Mobile App

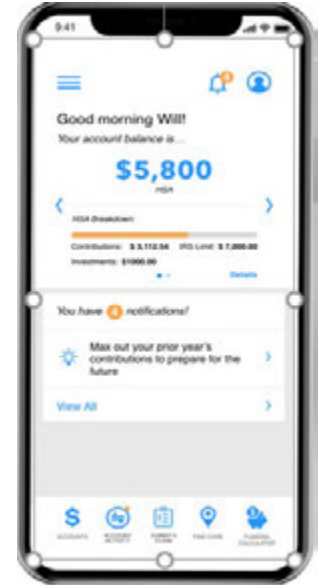
Learn how to make better healthcare spending and saving decisions

Get the most out of every healthcare dollar you spend or save

- ▶ **Virtual medicine cabinet** to help you find ways to save on your prescriptions
- ▶ **Find care** to help you search for providers or procedure and drug prices

While doing all the things you've come to expect from a mobile app

- ▶ **Access accounts:** Check balances, view transaction history, and more
- ▶ **Manage claims:** Submit new claims, upload receipts, and check claims status
- ▶ **Access cards:** Manage card details, replace lost/stolen cards
- ▶ **Receive alerts:** View real-time alerts and messages, edit your communication preferences
- ▶ **Update profile:** Update your personal information





IMPORTANT RULES & TIPS

- ▶ Receipts – Be sure to keep copies of all receipts; including those for services paid for with the Benefit MasterCard.
 - If you cannot locate or obtain an itemized statement, you can use the Explanation of Benefits (EOB) from the insurance carrier
 - Documentation must include date of service, description of service, who provided the service and how much you owe.
- ▶ Use or Lose Rule – any amount that is left in the account at the end of the runout period that is unclaimed is forfeited. Plan carefully and be conservative in your estimates.
- ▶ Ensure your email address is updated to receive important updates and reminders.

Mutual of Omaha Voluntary Supplemental Life and AD&D Benefits

Employee Minimum Benefit	\$10,000
Employee Additional Benefit	\$10,000 increments Lesser of 5X salary or \$500,000
Spouse Minimum Benefit	\$5,000
Spouse Additional Benefit	\$5,000 increments; 100% of employee amount to max of \$150,000)
Dependent Child Benefit	\$2,000 increments 100% of employee amount to max of
	\$150,000
Guarantee Issue to age 65 (excluding Late Entrants)	Employee—5X salary or \$150,000 Spouse—\$50,000 Child—\$2,000

Mutual of Omaha Voluntary Supplemental Life and AD&D Benefits

Voluntary Supplemental Life				
Employee Premium Table Per \$10,000			Spouse Premium Table Per \$5,000	
<i>*Rate is based on employee age</i>				
Age	Rate		Age	Rate
0 - 29	\$ 0.60		0 - 29	\$ 0.30
30 -34	\$ 0.80		30 -34	\$ 0.40
35 - 39	\$ 0.90		35 - 39	\$ 0.45
40 - 44	\$ 1.20		40 - 44	\$ 0.60
45 - 49	\$ 2.30		45 - 49	\$ 1.15
50 - 54	\$ 3.30		50 - 54	\$ 1.65
55 - 59	\$ 6.40		55 - 59	\$ 3.20
60 - 64	\$ 6.90		60 - 64	\$ 3.45
65 - 69	\$17.40		65 - 69	\$ 8.70
70 +	\$47.60		70 +	\$ 23.80
All Children Premium Table Per \$2,000				
Age	Rate			
<26	\$ 0.16			
Voluntary AD&D				
Employee per \$10,000		\$0.30		
Spouse per \$5,000		\$0.15		
All children per \$2,000		\$0.06		

Questions

- If you have questions or need assistance, you can contact the benefits office:
- Jaime Lopez – Benefits Specialist – j4lopez@uiwtx.edu (210) 829-6085
- Patricia Sierra – Director of Benefits – pcsierra@uiwtx.edu (210) 802-2815

