



VILLANOVA
UNIVERSITY

2025-2026

Pathways

The Villanova University Benefits Guide

A letter from the Assistant Vice President

The Villanova University Benefits Program is a key component of the NOVArewards! total compensation strategy. It is designed to meet the needs of faculty and staff and to become an employer of choice.

Villanova believes at the core of every successful benefit program lies a culture of health and wellness. We hope to forge a partnership with you for healthy living.

In order to assist faculty and staff with securing financial health, the University offers programs to address your financial needs today and in the future.

Work/life balance is a key component of our community. It is for this reason that we offer programs that provide the opportunity for faculty and staff to enjoy time away from the University.

Please take the time to evaluate your needs and learn about the benefits available to you.

If you have any questions regarding your benefits or how to enroll in the Villanova University Benefits Program, please visit the [Human Resources Website](#) or email benefitssupport@villanova.edu.

Sincerely,



Michele Mocarsky
Assistant Vice President, Human Resources

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Eligibility and Plan Changes

Note: The benefits outlined in this guide are effective from June 1, 2025 through May 31, 2026.

Who is eligible to enroll?

Full-time employees in benefit-eligible positions are entitled to enroll in the Villanova University benefits program. Benefits become effective the first of the month following the date of hire or the change from part-time to full-time status.

In addition, the following dependents are eligible for coverage:

- Your legal spouse (The term “legal spouse” used throughout this Section means a spouse recognized under Pennsylvania law.)
- Your children born to, under legal guardianship of, or legally adopted by you and/or legal spouse who are:
 - Age 26 or younger (Medical, Dental, Prescription and Dependent Life).

Please note: If your child has a disability and is older than the above ages, please contact the carrier to determine if benefit coverage is available. For Dependent Life coverage, your dependent must be unmarried in addition to meeting the age requirement.

Loss of Dependent Status

Dependents are covered until the end of the month in which they turn age 26. COBRA notifications will be mailed to the dependent after the last day of coverage.

Making changes during the plan year: Qualifying Life Events

The elections you make during new hire enrollment are in effect until the next open enrollment period. The open enrollment period is the only time you can enroll in or make changes to your benefits, unless you experience a qualifying life event. All benefit changes are effective the first of the month following the life event except a birth/adoption or death.

[Qualifying life events](#) are defined by the IRS and include:

- [Marriage](#) or [divorce](#)
- [Birth or adoption of a child](#)
- [Death of a spouse or child](#)
- Judgment, decree, or order
- Change in employment/benefit status of you or your spouse, or [change in residence](#)
- [Gaining](#) or [losing](#) benefits coverage
- Medicare entitlement
- [Termination of Medicaid or CHIP coverage](#)
[\(notification must be made within 60 days\)](#)

You must notify Human Resources within 31 days of experiencing a Qualifying Life Event in order to make changes to your benefits. If you do not enroll and/or contact Human Resources within 31 days, you will not be able to enroll in benefits until the next Annual Enrollment period. All Life Event changes are effective the first of the month following the event with the exception of birth or adoption of a child and death.

How to Enroll in Benefits

Villanova has many portals that employees utilize to enroll in benefits or access benefit programs.

Benefits Enrollment Portal

The [Benefits Portal](#) will be used to enroll in health & welfare and voluntary benefits and to make changes due to life events. Please ensure that the Social Security Numbers for yourself and your dependents are listed correctly. This will be required annually when the University completes the Form 1095-C documents for your tax returns.

NOVAfit! Website

For access to the wellness program, visit the [NOVAfit! Portal](#). For more information about this program, see page 11.

Wellbeats Portal

Access the Wellbeats portal by [clicking here](#).

eMLife Portal

Access the eMLife portal by [clicking here](#).

403(b) Retirement Savings Plan Enrollment Portal

The [TIAA/Villanova microsite](#) is used to enroll, designate a beneficiary, and make changes to investments and salary deferrals in the Villanova University 403(b) Retirement Savings Plan.



Medical Benefits

Administered by Independence Blue Cross (IBX)

Villanova University understands that each person's healthcare needs are different. That's why we have partnered with Independence Blue Cross (IBX) to offer three different types of plans that allow you to choose the appropriate coverage for your personal needs.

Your medical plan choices are: a Health Maintenance Organization (HMO), Preferred Provider Organization (PPO) and a Consumer Driven Health Plan (CDHP).

Included with your enrollment in any of the medical plan options is prescription and vision coverage.

Prescription coverage is administered by Express Scripts and vision coverage is administered through Davis Vision. [Click here](#) for the medical and dental premium rates.

Keystone Health Maintenance Organization (HMO)

An HMO is a managed care program that provides a wide range of healthcare services through an organized network of physicians and hospitals. You are required to select a primary care physician (PCP), from the Keystone network to guide your care. Referrals from the PCP are required for specialist visits. Under the HMO plan, most services are paid at 100% with no deductibles or 100% after a small co-payment for physician visits.

For more details, please review the [Summary of Benefits and Coverage \(SBC\)](#) for the HMO plan.

Preferred Provider Organization (PPO)

The PPO plan provides you in and out of network benefits and allows you to select your own doctors and hospitals. You do not need to select a Primary Care Physician and referrals are not required. By staying in the Blue Cross network you will maximize your benefits. However, if you choose to see an out-of-network provider, you will incur higher out-of-pocket costs. Premium costs in the PPO plan will be higher than the HMO but network flexibility will be greater.

For more details, please review the [Summary of Benefits and Coverage \(SBC\)](#) for the PPO plan.

Consumer Driven Health Plan (CDHP)

The CDHP plan is similar to the PPO plan in that it provides you in and out of network benefits and allows you to select your own doctors and hospitals. You do not need to select a Primary Care Physician and referrals are not required. By staying in the Blue Cross network you will maximize your benefits. However, if you choose to see an out-of-network provider, you will incur higher out-of-pocket costs. The CDHP with Health Savings Account (HSA) is a different approach to how you pay for today's health care and save for your future. It is a lower-premium, high-deductible health insurance plan, which means you pay less out of your paycheck for premiums and more out of pocket at the point of service—before the plan pays for services that are not considered preventive. Villanova's CDHP meets the minimum federal requirements that allow an enrollee to also qualify for a tax-advantaged HSA. **You must be enrolled in the CDHP plan to be eligible to enroll in the HSA.**

For more details, please review the [Summary of Benefits and Coverage](#) for the CDHP plan.

Medical Benefits

Administered by Independence Blue Cross (IBX)



CDHP PLAN

HMO PLAN ³

BENEFIT	IN-NETWORK	OUT-OF-NETWORK	IN-NETWORK ONLY	
Deductible (Individual/Family)	\$1,650 / \$3,300 ¹	\$5,000 / \$10,000 ¹	\$250 / \$500	
Out-of-Pocket Maximum (Individual/Family)	\$3,300 / \$6,600 ²	\$10,000 / \$20,000 ²	\$3,300 / \$6,600	
Preventive Care Services	Covered 100%	You pay 50%, no deductible	Covered 100%	
PCP Office Visit	You pay 20% after deductible	You pay 50% after deductible	\$20 copay	
Specialist Visit	You pay 20% after deductible	You pay 50% after deductible	\$40 copay (referral required)	
Telemedicine	\$10 copay after deductible	Not covered	\$10 copay	
Maternity/Newborn Care	You pay 20% after deductible	You pay 50% after deductible	Hospital: \$250 copay/admission; Physician: \$20 copay (first visit)	You pay 10% after deductible
Inpatient Hospital	You pay 20% after deductible	You pay 50% after deductible	\$250 copay/admission after deductible	You pay 10% after deductible
Outpatient Surgery	You pay 20% after deductible	You pay 50% after deductible	\$100 copay after deductible	You pay 10% after deductible
Laboratory Services	You pay 20% after deductible	You pay 50% after deductible	Freestanding: Covered 100% Outpatient: \$40 copay	You pay 10% after deductible
Routine Radiology	You pay 20% after deductible	You pay 50% after deductible	\$20 copay	
MRI/CT/PET Scans	You pay 20% after deductible	You pay 50% after deductible	\$40 copay	
Chemotherapy/Radiation Therapy	You pay 20% after deductible	You pay 50% after deductible	Covered 100%	
Urgent Care	You pay 20% after deductible	You pay 50% after deductible	\$50 copay	
Emergency Room	You pay 20% after deductible		\$200 copay (waived if admitted)	
Physical Therapy	You pay 20% after deductible	You pay 50% after deductible	\$40 copay (up to 30 visits per benefit period)	
Hospice and Home Healthcare	You pay 20% after deductible	You pay 50% after deductible	Covered 100% after deductible	You pay 10% after deductible
Mental Health Care (Inpatient/Outpatient)	You pay 20% after deductible	You pay 50% after deductible	\$250 copay/admission / \$20 copay	You pay 10% after deductible
Substance Abuse (Inpatient/Outpatient)	You pay 20% after deductible	You pay 50% after deductible	\$250 copay/admission / \$20 copay	You pay 10% after deductible

¹ For family coverage, the full family deductible must be met before plan (Villanova) coverage begins.

² For family coverage, the full family out-of-pocket maximum must be met before 100% plan (Villanova) coverage begins.

³ Medical and prescription co-payments will apply to the Out of Pocket Maximum. This is required by the Affordable Care Act.

⁴ In-network out-of-pocket maximum includes deductible, medical & Rx copays and coinsurance. Out-of-network out-of-pocket maximum includes deductible and coinsurance.

If you enroll in one of the Villanova plans, you will receive prescription coverage through Davis Vision. See pages 8 and 9 for more details.



IBX Resources

Online Resources

Visit www.ibx.com for 24/7 instant access to your health benefit information.

Customer Self Service

Securely check a claim status, download forms, request a replacement ID card, by visiting

www.ibx.com or contact Customer Service at **1-800-ASK-BLUE** (275-2583).

Find a Doctor

IBX's [online provider directory](#) is the most up-to-date resource for finding a healthcare professional or facility that participates in the IBX network.

ID Cards

ID Cards for the IBX Medical Plan that you choose will be mailed to you within two (2) weeks of enrollment. There is a separate ID card for prescription drug. You will receive an email from Express Scripts with instructions on how to register your digital prescription card and obtain your membership information

OB/GYN Preauthorization

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

For a list of participating health care professionals who specialize in obstetrics or gynecology, contact Independence Blue Cross at the number found on the back of your ID card.

PPO PLAN ⁴

IN-NETWORK	OUT-OF-NETWORK
\$500 / \$1,200	\$1,500 / \$4,500
\$3,300 / \$9,900	\$6,000 / \$18,000
Covered 100%	You pay 30% after deductible
\$30 copay, no deductible	You pay 30% after deductible
\$50 copay, no deductible	You pay 30% after deductible
\$10 copay	N/A
You pay 10% after deductible (Hospital)	You pay 30% after deductible (Hospital)
You pay 10% after deductible	You pay 30% after deductible
You pay 10% after deductible	You pay 30% after deductible
Preexisting: Covered 100% New: You pay 10% after deductible	You pay 30% after deductible
\$30 copay, no deductible	You pay 30% after deductible
\$50 copay, no deductible	You pay 30% after deductible
Covered 100%	You pay 30% after deductible
\$50 copay	You pay 30% after deductible
\$200 copay, no deductible (waived if admitted)	
\$50 copay, no deductible	You pay 30% after deductible
You pay 10% after deductible	You pay 30% after deductible
After deductible / \$30 copay, no deductible	You pay 30% after deductible
After deductible / \$30 copay, no deductible	You pay 30% after deductible

On medical plans, you will automatically receive Express Scripts and basic vision coverage and 19 for more info.

Prescription Benefits

Administered by Express Scripts

If you enroll in one of the medical plans, you are automatically enrolled in the corresponding prescription drug coverage, outlined below.

HMO & PPO PLANS

CDHP PLAN

RETAIL PHARMACY (UP TO A 30-DAY SUPPLY)		
Generic	\$15 copay	\$15 copay*
Brand Preferred	\$35 copay	\$35 copay*
Brand Non-Preferred	\$55 copay	\$55 copay*
Specialty	\$75 copay	\$75 copay*
MAIL-ORDER (UP TO A 90-DAY SUPPLY) RETAIL 90-DAY SUPPLY AVAILABLE AT CVS AND WALGREENS		
Generic	\$37.50 copay	\$37.50 copay*
Brand Preferred	\$87.50 copay	\$87.50 copay*
Brand Non-Preferred	\$137.50 copay	\$137.50 copay*
Specialty	Not available for mail order program	Not available for mail order program

* After deductible has been satisfied

About the Express Scripts Formulary

Your prescription coverage uses the formulary that parallels the below three-tier program used by Express Scripts. A formulary is a list of prescription drugs covered by a particular drug benefit plan.

- GENERIC:** Purchasing generic drugs allows you to pay a lower out-of-pocket cost than if you purchase formulary or non-formulary brand name drugs. Generic drugs are chemically identical to their brand-name counterparts.
- BRAND PREFERRED:** The brand formulary is an approved, recommended list of brand-name medications. Drugs on this list are available to you at a lower cost than drugs that do not appear on this preferred list.
- BRAND NON-PREFERRED:** You may purchase brand-name medications that do not appear on the recommended list, but at a significantly higher out-of-pocket cost.
- SPECIALTY:** A specialty drug is a type of medication that is typically used to treat complex or rare conditions at a significantly higher cost than brand preferred and non-preferred drugs.

Incentivized Mail Order Program

Members that utilize maintenance medications will receive a financial incentive to have their medication filled through the Express Scripts Mail Order program, CVS, or Walgreens.

Preferred Drug Step Therapy (PDST)

Step Therapy allows those with medical conditions that require taking prescription drugs regularly to receive the treatment they need in an affordable way. Members will be required to try a generic drug before utilizing a brand name drug. In most cases, the generic alternative is chemically equivalent. In the event that you have tried the generic in the past and it does not work for you, your physician has the ability to contact Express Scripts with a prior authorization.

For more information, contact Express Scripts at **800.711.0917** or visit www.express-scripts.com.

Omada Health and Encircle Rx

Add healthy habits to medication for lasting results with Omada!

About Omada

Omada is a virtual health program that helps members create healthier habits to achieve long-lasting results, at no additional cost to you. Though, filling your medication requires prior authorization from your doctor to confirm eligibility criteria is met.

Omada will help you on your journey by complementing the impact of your medication.

- Support from a personal health coach
- Easy monitoring with smart devices
- Motivation from a peer group and online communities
- Tools to guide and support you with achieving long-term goals

Get started today!

Register or log in to www.express-scripts.com/ login to get your access code and sign up at go.omadahealth.com/esi or download the Omada mobile application.



About Encircle Rx

To further support your health and well-being, the University is offering EncircleRx which is a weight management program that includes coverages for select prescription weight management medications.

Some medications that are included are:

- Saxenda
- Wegovy
- Zepbound

These medications are approved by the U.S. Food and Drug Administration (FDA) for weight management. These medications, along with healthy behaviors, including a reduced-calorie diet and increased physical activity, help address chronic weight management issues.

Telemedicine

Administered by Teladoc

Whether it's the weekend or you're traveling out of town, with Teladoc, medical plan participants have access to 24/7 medical care via phone or video consultation – anytime, anywhere.

What is Teladoc?

Teladoc provides whole-person virtual care. With Teladoc, Villanova employees get 24/7 access to low-cost, high-quality virtual health care for common health concerns like cough, sore throat, fever, rashes, allergies, asthma, ear infections, pink eye, nausea, and more.

Teladoc includes:

- Access to one of the largest virtual care networks in the country, with board-certified doctors who are available by phone, web, or the Teladoc mobile app.
- Interpreters who know your language, including American Sign Language (ASL).
- Prescription requests sent to your pharmacy of choice.
- A caregiving option, which allows a babysitter to schedule a visit on your behalf if your child gets sick while in their care.

Using Teladoc is a convenient option when it's not possible to visit your doctor's office. Services are completely confidential. It is quality care when you need it most.

Note: No employer code is needed to access services through Teladoc.



In addition to telehealth services, the following services are available:

Telebehavioral Health

Talk to a behavioral health care professional for conditions such as anxiety, depression, and panic disorders.

Teledermatology

Talk to a board-certified dermatologist and receive a diagnosis, treatment, and prescription (as needed) for conditions such as acne, rosacea, or psoriasis.

Getting Started

Your cost for this service differs depending on if you are enrolled in the CDHP or the HMO/PPO plans. Please see the summary charts on BenePortal for information regarding costs. To contact Teladoc, call **800.835.2362**, visit **www.teladochealth.com**, or download the Teladoc mobile app.

Wellness Programs and Resources



NOVAfit! Wellness Program

Villanova University is interested in all aspects of employee health and wellbeing. Guided by the “Six Pillars”, NOVAfit! programming provides a holistic approach to employee health and wellbeing. Statistically, having a healthier workforce results in increased morale, productivity, decreases in absenteeism and ultimately, in reductions in overall costs of benefits and savings for both the employee and University.

Our program includes access to a [website](#) with a variety of support tools and resources.

While participation is completely voluntary and your privacy is protected, we strongly encourage everyone to participate and take advantage of the benefits the program has to offer. Together, we can work towards making Villanova a healthier community.

Wellbeats

Villanova employees have access to Wellbeats, a virtual wellness offering to help you live a healthier life. Wellbeats has 1,000+ fitness, nutrition, and mindfulness classes for all ages, levels, interests, and abilities. Whether you're an expert at yoga, new to running, looking for ways to eat healthy or only have 5 minutes to unwind, Wellbeats is for everyone.

[Access the Wellbeats portal by clicking here.](#)

eMLife

eMLife is a live and on-demand mindfulness solution to help you build skills to manage stress and anxiety, improve focus, and enhance your overall wellbeing. eMLife can help you:

- Relieve stress and build resilience
- Sharpen your focus to boost performance
- Enhance creativity
- Improve your mood and strengthen relationships
- And more!

eMLife is available to you, your spouse, and your dependents. [Sign up for eMLife by clicking here](#) or download the **eMLife mobile app** and use the company code, **NOVAfit**.

Know your numbers and save!

Faculty and staff need to receive a biometric screening during the University's on-site event, or complete a physicians affidavit form in order to be eligible for the **\$150 annual medical plan contribution**.

In addition, spouses that are enrolled in the University medical plans qualify for a **\$75 annual medical plan contribution** if they complete the physicians affidavit form as well. **The total annual medical plan contribution can be \$225!**

Physician Health Screening forms must have a Date of Service before 12/31 to be accepted for the current plan year. A Physician Health Screening form submitted with a date after 12/31 will be accepted for the following plan year.

If you are enrolled in either the HMO or PPO plans, this contribution will be applied as a premium discount. If you are enrolled in the CDHP plan, this contribution will be made into your HSA account.

Wellness Programs and Resources

Health Coaching

Available for free to IBX medical plan members

Sometimes, you just need a quick answer to a health-related question that doesn't require immediate medical treatment or a physician visit. Health Coaches are registered nurses who are available 24/7 to answer your health-related questions and address your concerns.

Health Coaches can help you:

- Understand your diagnosis
- Educate yourself about your condition
- Learn to actively manage your health
- Make lifestyle choices that can reduce your health risks
- Learn self-care skills and how to follow your treatment plan
- Prepare for visits and discussions with your doctor
- Address everyday health concerns

To reach a Health Coach, call **1.800.ASK.BLUE** (1.800.275.2583).

Additional Wellness Resources

Did you know that as an employee of Villanova University, you have the following resources available to you:

- Free fitness centers and classes (Davis Center, Stanford Hall, Farley Hall, Canon Hall and Arch Hall)
- Discounted rates on personal training and fitness classes
- Intramural activities

Did you know that as a member of an IBX Medical Plan, you have the following resources available to you in addition to many others:

- Nutrition Counseling
- Fitness Reimbursements
- Smoking Cessation

Visit the [NOVAfit! page](#) to see all that IBX has to offer.

Sword Thrive Digital Physical Therapy

Are you tired of experiencing chronic pain or loss of mobility? Struggling with discomfort? Try Sword Thrive, your new digital physical therapy program designed to help you overcome joint, back, and muscle pain - all from home.

How to engage:

- Visit sword.health/thrive/IBX/go
- Pick your Physical Therapist (PT)
- Get your Thrive kit
- Stay connected and chat 1:1 with your PT any time
- Complete exercise sessions whenever most convenient for you



Health Savings Account

Administered by HealthEquity

What is a Health Savings Account (HSA)?

If you participate in the Villanova CDHP plan you may be eligible to participate in a Health Savings Account (HSA). An HSA is a great way to save money by allowing you to set aside pre-tax dollars, via payroll deductions, to efficiently pay for qualified healthcare, dental and vision expenses.

The funds in your HSA **never expire**; you may utilize the money you accumulate in your account for future healthcare expenses, even if you change jobs or retire.

To make changes to your HSA please log into the Benefits Portal. You can make changes to your HSA anytime during the year.

Once the balance* in your HSA reaches \$1,000, your funds will be automatically directed into the investment you select — helping you build savings for the future. When used to pay for qualified medical expenses, distributions from your HSA are tax-free.

Note: BNY Mellon will charge a \$2 per month fee for any individual that has an account balance of less than \$5,000.

HSA Eligibility

In order to qualify for an HSA, you must be an adult who meets the following qualifications:

- You have coverage under an HSA-qualified, high deductible health plan (HDHP)
- You (or your spouse, if applicable) have no other health coverage (excluding other types of insurance, such as dental, vision, disability or long-term care coverage)
- Are not enrolled in Medicare
- You cannot be claimed as a dependent on someone else's tax return

HSA-Qualified Healthcare Expenses

You can use the funds in your HSA to pay for [qualified healthcare expenses](#) such as:

- Doctor visits
- Dental care, including extractions and braces
- Vision care, including contact lenses, prescription sunglasses and LASIK surgery
- Prescription medications
- Chiropractic services and acupuncture
- Hearing aids and batteries
- Over-the-counter (OTC) medications and menstrual care products

HSA Contribution Limits

The maximum amount that can be contributed to the HSA in a tax year is established by the IRS and is dependent on your medical coverage level (individual or family). Individuals age 55+ are able to make an additional \$1,000 catch-up contribution annually.

COVERAGE LEVEL *	HSA CONTRIBUTION (UNDER AGE 55)	HSA CONTRIBUTION (AGE 55+ CATCH-UP)
Individual	\$4,300 (\$3,700 employee contribution + \$600 Villanova contribution)	\$5,300 (\$3,700 employee contribution + \$1,000 catch-up + \$600 Villanova contribution)
Family	\$8,550 (\$7,350 employee contribution + \$1,200 Villanova contribution)	\$9,550 (\$7,350 employee contribution + \$1,000 catch-up + \$1,200 Villanova contribution)

* For illustrative purposes, the chart assumes that an individual did not participate in the annual NOVAfit! Program. If you participated, HSA contributions could increase to \$750 individual and \$1,425 family. Please note that this will reduce the amount of employee contributions accordingly. You are permitted to make changes to your HSA account throughout the year. You must do so in the benefits enrollment system. For IRS calendar year limits, [click here](#).

Flexible Spending Accounts

Administered by HealthEquity

Flexible spending accounts (FSA) provide you with accounts that can help you pay health and dependent care expenses on a pre-tax basis. By anticipating your family's health and dependent care costs for the next plan year, you can lower your taxable income.

Healthcare FSA

The Healthcare FSA allows you to set aside pre-tax dollars via payroll deductions to pay for qualified healthcare expenses for you and your dependents. For the 2025–2026 plan year, the annual maximum amount you may contribute is **\$3,300**.

The Healthcare FSA can be used for:

- Doctor office copays
- Non-cosmetic dental procedures (crowns, dentures, orthodontics)
- Prescription contact lenses, glasses and sunglasses
- LASIK eye surgery

The Healthcare FSA plan is not available to individuals that enroll in the CDHP medical plan. Those individuals may enroll in an HSA and a limited purpose FSA.

Limited Purpose FSA

If you are enrolling in the CDHP medical plan and elect the HSA, the IRS rules prohibit you from participating in the Healthcare FSA. However, you may elect up to **\$3,300** in a Limited Purpose FSA, which can be used for dental and vision expenses only.

Dependent Care FSA

The Dependent Care FSA lets you use pre-tax dollars toward qualified dependent care expenses. The annual maximum amount you may contribute is \$5,000* (or \$2,500 if married and filing separately) per calendar year.

The Dependent Care FSA can be used for:

- The cost of child or adult dependent care
- The cost for an individual to provide care either in or out of your house
- Nursery schools and preschools (excluding kindergarten)

* Child Care Subsidy Plan

You have the option to participate in the Child Care Subsidy Plan, an employer-funded pre-tax plan which requires an annual election. The University provides an annual contribution of up to \$1,000 pro-rated over each pay period, which can be used for qualifying child care expenses for eligible tax dependent children up to the earlier of age 6 or the start of kindergarten. **The \$1,000 is contributed directly into the Dependent Care FSA and reduces the \$5,000 maximum contribution.**



Flexible Spending Accounts

Administered by HealthEquity

Flexible Spending Account Details

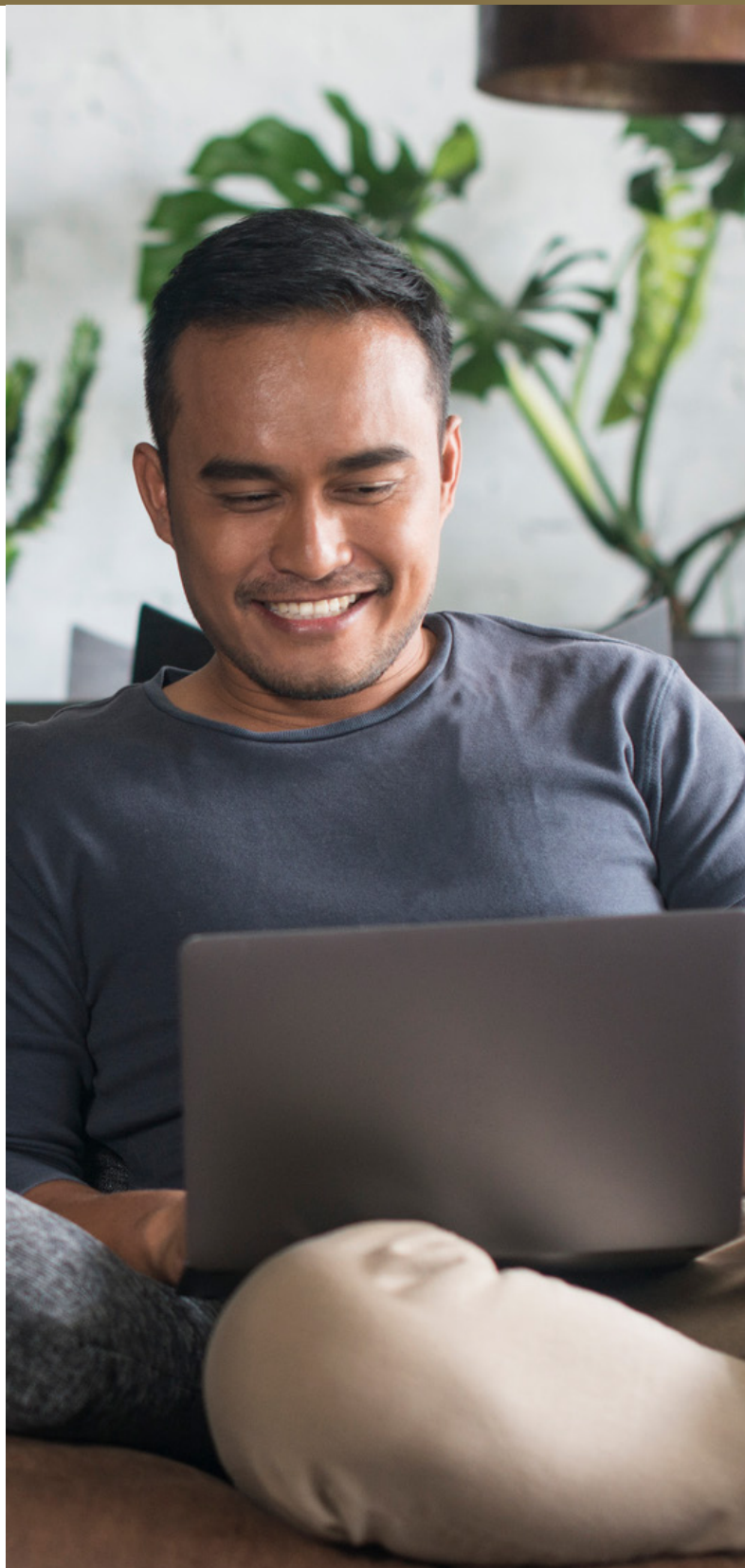
- Each year you decide how much to set aside for healthcare and/or dependent care expenses.
- The minimum annual contribution under the Healthcare and Dependent care FSA plans is \$200.
- Your contributions are deducted from your paycheck on a before-tax basis in equal installments throughout the plan year (June 1 through May 31).
- As you incur healthcare or dependent care expenses throughout the year, submit a claim form for reimbursement. Your claim will be processed and you will be reimbursed from your account.
- You will also receive a healthcare debit card that can be used (at the point of sale) to pay for medical copays and eligible prescription drug expenses.
 - **Please note:** When using the healthcare debit card, you will not be paying out of pocket, so there's no need to fill out a claim form and wait for reimbursement. However, receipts may be required to demonstrate proof of purchase and medical necessity.

Use-It-or-Lose-It and Claim Submission

Flexible Spending Accounts operate under a use-it-or-lose-it rule, meaning that money not used by the end of the plan year **does not rollover and must be forfeited**, per IRS regulations.

Please remember that all FSA claims must be incurred by August 15th and submitted to HealthEquity by Oct 31st following the end of the plan year.

Visit www.healthequity.com for a complete list of covered healthcare and dependent care FSA expenses.



Commuter Benefits

Administered by HealthEquity

Commuter Benefits allow you to pay for eligible work-related transit and parking expenses through pre-tax payroll deductions from your paycheck.

If you ride public transportation to work, this plan can save you both money and time. Commuting to work by public transportation is also beneficial to the environment. We hope that is benefit plan will provide our employees with an additional incentive to consider using public transportation.

How does it work?

You are able to make changes to your pre-tax election amount on a month to month basis. For the 2025–2026 plan year, you may contribute:

- **TRANSIT:** up to \$325 per month for transportation (mass transit, train, subway, bus fares, ferry rides).

Commuter Benefits Carryover

There is no annual “use-it-or-lose-it” rule for Commuter Benefits. While unused amounts cannot be cashed out, they can be carried over to provide transit benefits in subsequent years.

Getting Started

In order to enroll in this plan, please contact HealthEquity directly at **877.924.3967** or visit their website at my.healthequity.com.



Hearing Benefit

Administered by TruHearing

TruHearing covers you and your family for exams and offers discounts on hearing aids and hardware.

About TruHearing

TruHearing consultants will help you schedule an exam, fitting, and follow-up care with a licensed provider.

Members will receive:

- Access to a large provider network
- Risk-free 60-day trial period
- One year of follow-up visits
- 80 free batteries per non-rechargeable hearing aid
- Full three-year manufacturer warranty

See below for a list of benefits.

SERVICE	YOUR COST	AVERAGE RETAIL COST
Hearing Exam (1 exam per year)	\$0	\$59–\$95
Hearing Aid (1 aid per ear, every 3 years)		
Basic	\$495	\$1,850
Standard	\$895	\$2,000
Advanced	\$1,295	\$2,450
Premium	\$1,695	\$3,100

Getting Started

Call **1-888-933-7861**, Monday – Friday, 8:00 am – 8:00 pm to speak with a TruHearing consultant, or visit www.truhearing.com for more information.



Dental Benefits

Administered by Delta Dental

To find a participating dentist, please visit
[www1.deltadentalins.com/individuals-and-families/
find-a-dentist.html](http://www1.deltadentalins.com/individuals-and-families/find-a-dentist.html)

The University's dental plan focuses on the importance of regular and preventative dental care. It is administered through [Delta Dental](#). The plan offers dental coverage through a network of participating dentists both locally and nationwide.

DELTA DENTAL PPO

BENEFIT	IN-NETWORK BENEFITS
Plan Year Deductible (Per patient)	\$50 per individual; maximum 3 per family
Plan Year Maximum (Per patient)	Delta Dental PPO Dentists: \$1,750 Non-Delta Dental PPO Dentists: \$1,500
Preventive & Diagnostic Services <ul style="list-style-type: none">Exams, Cleanings, Bitewing X-Rays (Each twice in a calendar year)Fluoride Treatment (once in a 6-month period, children to age 19)	Covered 100%
Basic Services <ul style="list-style-type: none">Fillings, ExtractionsEndodontics (Root Canal)Periodontics, Oral SurgerySealants	You pay 20% after deductible
Major Services <ul style="list-style-type: none">Crowns, Gold RestorationsBridgeworkFull and Partial Dentures	You pay 40% after deductible
Orthodontia Benefits (Children age 19 and below)	You pay 50% after deductible
Orthodontia Lifetime Maximum (Per patient)	\$1,500

Save by using In-Network dentists!

You may choose a dentist from the Premier Network or the PPO Network. Delta Dental payments to dentists or reimbursements to subscribers are based on the Delta Dental network allowance. If you use a dentist who is not a member of the Delta Dental network, you may be subject to a balance bill in addition to any deductible and co-payments required. When you utilize a participating dentist, your out-of-pocket costs are reduced and no claim forms are necessary.



Vision Benefits

Administered by Davis Vision

Basic vision coverage **is included with your medical plan election**. Please use your medical ID card you receive from Independence Blue Cross for your basic vision needs. Details of your specific coverage is outlined below. Visit www.davisvision.com for details on participating providers, eligibility, and claim forms.

BASIC VISION PLAN

BENEFIT	IN-NETWORK	OUT-OF-NETWORK
Routine Eye Exam	HMO: \$20 copay at Davis Vision provider PPO: \$0 copay at Davis Vision provider	Subject to reimbursement
Lenses (Single Vision, Bifocal, Trifocal, Lenticular)	Covered 100%	Subject to reimbursement
Lens Enhancements	Standard progressive lenses: \$50 copay Premium progressive lenses: \$90 copay	Not covered
Contact Lenses (in lieu of eyeglasses)	\$100 allowance for contacts; 15% discount on overage Medically necessary contacts covered with prior approval	Subject to reimbursement
Frames	Davis Collection Frames: Covered 100% Non-Davis Collection: \$65 allowance; 20% discount on overage	Non-Davis Collection Frames: Subject to reimbursement
Frequency Routine Eye Exam, Lenses Contact Lenses, Frames	Once every 12 months	Once every 12 months

If you wish to purchase additional vision coverage, you may be interested in the **Voluntary Enhanced Vision Plan**. The Voluntary Enhanced Vision Plan is for employees and their families who need more comprehensive vision benefits. The current vision program through your medical coverage will continue to be offered without changes, however the voluntary enhanced plan provides more robust benefits (outlined below). Keep in mind, you can maximize your benefits and reduce your out-of-pocket costs when you receive care from a Davis Vision network provider. Please use the vision card you receive from Independence Blue Cross for your vision needs.

DAVIS VOLUNTARY ENHANCED VISION PLAN

BENEFIT	IN-NETWORK	OUT-OF-NETWORK
Routine Eye Exam	Covered 100%	Up to \$45 reimbursement
Lenses (Single Vision, Bifocal, Trifocal, Lenticular)	\$20 copay	Subject to reimbursement
Lens Enhancements	Standard progressive lenses: No charge Premium progressive lenses: \$40 copay	Up to \$60 reimbursement
Contact Lenses (in lieu of eyeglasses)	\$250 allowance for contacts; Up to \$60 allowance for evaluation; 15% discount on overage. Medically necessary contact lenses covered with prior approval	Subject to reimbursement
Frames	Davis Collection / Visionworks Frames: No charge Non-Davis Collection Frames: Up to \$270 allowance; 20% discount on overage	Non-Davis Collection Frames: Up to \$70 reimbursement
Frequency Routine Eye Exam, Lenses Contact Lenses, Frames, Lens Enhancements	Once every 12 months	Once every 12 months
Hearing Exam	Covered 100% For more information on the hearing benefits included with the enhanced vision plan, please visit davisvision.yourhearing.com or call 1.888.809.0044	Not applicable

Disability Insurance

Administered by Lincoln Financial/Unum

Short-Term Disability (STD)

STD is a type of disability insurance coverage that can help you remain financially stable should you become injured or ill and cannot work. Sick and vacation time, if available, can be used to offset the other 30% of salary. After this period, long-term disability becomes available, if you qualify. **This coverage is paid for by the University and administered by Lincoln Financial.**

SHORT-TERM DISABILITY INSURANCE	
Weekly Benefit	70% of regular salary
Duration of Benefits	180 days
Elimination Period (Accident/Sickness)	10 days

Long-Term Disability (LTD)

LTD provides you with income continuation in the event your illness or injury lasts beyond 180 days. **This coverage is paid for by the University and administered by Lincoln Financial.** Should your monthly maximum exceed \$11,500, you will be contacted directly to secure individual coverage that is paid by the University's long-term disability plan; continued coverage for medical and dental is available under COBRA. Under the group life insurance policy, the employee may be eligible for waiver of premium.

LONG-TERM DISABILITY INSURANCE	
Monthly Benefit	60% of pre-disability earnings
Duration of Benefits	24 months own occupation
Maximum Monthly Benefit	\$11,500

Voluntary Individual Disability Insurance

The University provides an annual opportunity for individuals earning \$60,000 a year or more to purchase up to an additional 15% of individual disability coverage on top of the 60% group Long Term Disability coverage that is currently offered. **This coverage is administered by Unum.** These premiums are rate-locked until you turn 65 and the policy belongs to you even if you should leave Villanova University. If you are eligible for this program, Unum will contact you during the annual enrollment period with the opportunity to enroll.

For more information on the disability benefits available to you, please visit www1.villanova.edu/university/human-resources/benefits/leaves-absence.html.

What if I am absent from work on the date my coverage would normally begin?

If you are absent from work due to injury, sickness, temporary layoff or leave of absence, your coverage will begin on the date you return to active employment.



Life and AD&D Insurance

Administered by Lincoln Financial

Basic Life and AD&D Insurance

Life and AD&D insurance can help provide for your loved ones if something were to happen to you. The University provides full-time employees with group life and accidental death and dismemberment (AD&D) insurance, outlined below. **The University pays for the full cost of this benefit.**

BASIC LIFE AND AD&D	
Basic Life Benefit	The greater of \$50,000 or 1x salary
Basic Life Maximum Guaranteed Issue	\$250,000
Benefit Reduction	Reduces by 50% at age 70
Accidental Death Benefit	Equal to basic life benefit
Loss of Limb or Eyesight (As a result of a covered accident)	Equal to 100% or 50% of the AD&D benefit, depending on extent of loss

Please note: Imputed Income applies on any amount above \$50,000 and therefore, you have the opportunity to select a flat \$50,000 instead of 1 x salary to avoid paying imputed income.

Please visit www1.villanova.edu/university/human-resources/benefits/life-insurance.html for more information.



Supplemental Life Insurance

Administered by Lincoln Financial

While the University offers basic life insurance, you may be interested in additional coverage based on your personal circumstances. Depending on your needs, you may want to consider buying supplemental coverage. With supplemental life insurance, you are responsible for paying the full cost of coverage through payroll deductions. You can purchase coverage for yourself and your eligible dependents.

Employee Supplemental Life

You may purchase supplemental life for yourself as outlined below.

EMPLOYEE SUPPLEMENTAL LIFE	
Benefit Amount	Up to \$1,250,000 in \$10,000 increments
New Hire Guaranteed Issue	\$300,000

Evidence of Insurability (EOI)

Please be aware that EOI will be required on any amount above \$300,000. **For the 2025–2026 open enrollment period and any new hires can elect up to the guaranteed issue amount of \$300,000 without submitting EOI.**

About Imputed Income

If the amount of basic life insurance is \$50,000, imputed income taxes do not apply. If this amount is greater than \$50,000, the IRS will assess imputed income taxes according to a sliding scale based on your age and income. The imputed income tax on basic life insurance is generally not a significant amount, but it does increase with your age and income.

Spousal/Child(ren) Supplemental Life

You may purchase supplemental life for your spouse or dependent child(ren) as outlined below. **If both employee and spouse are actively employed by the University, the purchase of dependent life insurance is not permitted for the spouse.**

Please note: EOI will be required for a future spousal election if you do not select this benefit as a new hire or during the 2025–2026 open enrollment period.

SPOUSAL SUPPLEMENTAL LIFE	
Benefit Amount	Option of \$25,000 or \$50,000

CHILD(REN) SUPPLEMENTAL LIFE	
Benefit Amount (Birth to 6 months)	\$500 per child
Benefit Amount (6 months or older)	\$10,000 per child

Visit www1.villanova.edu/university/human-resources/benefits/life-insurance.html for more information on the Life Insurance benefits available to you.

Supplemental Health Benefits

Administered by Lincoln Financial

The University is offering supplemental health benefits to employees – these benefits are 100 percent employee paid through convenient payroll deductions.

Wellbeing Benefit: All Supplemental Health Plans include a cash benefit per covered person per year for completing a preventive care exam.

Accident Insurance

Accidents happen and they can affect more than just your physical health. With Accident Insurance, you get a benefit to help pay for costs associated with a covered accident or injury. You may utilize the payments as you best see fit.

Accident Insurance covers:

- Initial/emergency care
- Hospitalization
- Fractures & Dislocation
- Follow-up care
- Organized child's sports benefit rider

Critical Illness Insurance

We know that everyone has different needs when coping with a critical illness. With Critical Illness insurance, you get a benefit paid directly to the covered person, unless otherwise assigned, if they are diagnosed with a covered critical illness, such as cancer, heart attack, or stroke.

It can be used for expenses, such as:

- Paying for child care or help around the house
- Travel costs to see a specialist
- Medical treatment and doctor visits
- Copays and deductibles
- Prescription drug costs

Hospital Indemnity

A hospital stay can happen at any time, and it can be costly. Hospital Indemnity insurance helps you and your loved ones have additional financial protection. With hospital indemnity insurance, a benefit is paid directly to the covered person, unless otherwise assigned, after a covered hospitalization resulting from a covered injury or illness.

It can be used for expenses, such as:

- Copays
- Deductibles
- Coinsurance
- Unexpected costs
- Child care
- Follow-up services
- Help for the home

Getting Started

Register for these benefits at [LincolnFinancial.com](https://www.lincolffinancial.com).



Employee Assistance and Advocacy

Administered by Health Advocate

Health Advocate, the nation's leading healthcare advocacy and assistance company, offers two valuable services:

The **Healthcare Help** service features personalized help to resolve clinical and insurance-related issues, and the **Employee Assistance Plan (EAP) + Work/Life program** offers short-term counseling and support for personal, family and work issues. Health Advocate is available 24/7, and ensures that all personal information is kept confidential and private.

Feature 1: Healthcare Help

You have unlimited access to a highly-trained Personal Health Advocate, who can help you navigate the healthcare and insurance systems efficiently and dependably. The Personal Health Advocate can assist you with finding the right providers, negotiate fees on uncovered medical bills, locate second opinions, provide cost comparisons for medical procedures and more.

Feature 2: EAP + Work/Life

A licensed EAP professional can provide short-term counseling by phone or email to help you better cope with personal, family and work issues. The Work/Life specialists can assist you with locating the right support services, from childcare and eldercare to legal help.

Who is Eligible?

The Health Advocate services cover full-time, benefits eligible faculty and staff along with their spouses, dependent children, parents and parents-in-law.

Getting Started

You can reach Health Advocate's Healthcare Help and EAP + Work/Life services by visiting **members.healthadvocate.com** or calling the toll-free number at **866.799.2728**.



Additional Voluntary Benefits

Auto and Home Insurance

Administered through Liberty Mutual

Employees receive a group discount on auto and home insurance with Liberty Mutual. To learn more, please contact **John Mullarkey** by phone at [610.205.5984](tel:610.205.5984). For further details, refer to the HR website.

Business Travel Accident Insurance

All active faculty and staff employees working full-time or part-time (a minimum of 20 hours per week) are automatically covered in the event of death or injury that occurs while traveling on University business. University business includes any travel on behalf of Villanova University, regardless of location, period of time or form of travel (air, train, etc.). This benefit will be provided to your beneficiary in the event of accidental death during business travel which occurs anywhere in the world. The policy also covers injury resulting from an accident during business travel. Please see the schedule of benefits within the policy. This coverage excludes travel to and from work.

Banking Options

Villanova University has partnered with American Heritage Credit Union and JPMorgan Chase to provide convenient banking options to our employees. For further details, refer to the [American Heritage](#) website.

Child Care Assistance Program

Two childcare options are offered to all full-time permanent faculty and staff. These programs include the Back Up Reimbursement Plan and Child Care Subsidy Plan.

Back Up Reimbursement Plan

The Back Up Reimbursement Plan, administered through HealthAdvocate, provides a reimbursement of \$75 per day up to 10 days per year (maximum of \$750 annually). This is available for eligible dependents in the event that emergency back up care is needed.

Child Care Subsidy Plan

The Child Care Subsidy Plan, administered by HealthEquity, is an employer-funded pre-tax plan **which requires an annual election**. The University provides an annual contribution of \$1,000 pro-rated over each pay period, which can be used for qualifying childcare expenses for eligible tax dependent children up to the earlier of age 6 or the start of kindergarten. The \$1,000 is contributed directly into the Dependent Care FSA and reduces the \$5,000 maximum contribution.



Additional Voluntary Benefits

Identity Theft Plan

Administered through ID Theft Assist

ID Theft Assist is a full service plan that will not only prevent but also handle all aspects of restoring and recovering the credit and identity of a victim of ID Theft. Employees receive a group discount and payments can be taken through payroll deductions. For further details, refer to the [HR Website](#).

Legal Services

Administered through MetLife Legal Plans

Through MetLife Legal Plans, you will be able to select from a network of qualified attorneys to assist with a range of services including wills and estate planning, real estate matters, and adoption. Benefits also include Identity Management Services and 4 hours of attorney services for non-covered matters that aren't excluded under the plan. Employees receive a group discount and payments can be taken through payroll deductions. For further details, refer to the [HR Website](#).

Pet Insurance

Administered through Nationwide

Employees receive a group discount for Nationwide pet insurance and payments can be taken through payroll deductions. There are several policy options for dogs, cats and other pets as well. Premiums are developed based on species, age and plan type selected. Please be aware that certain pre-existing conditions apply. For further details, refer to the [HR website](#).



Employee Discount Programs

Villanova University provides a number of discount programs for faculty and staff. Visit the [Employee Discount](#) section of the [HR website](#) for further details.

Benefit Hub Discount Marketplace

[BenefitHub](#) is a members-only discount marketplace that provides you with access to hundreds of brand name retailers and local merchants – all in one online marketplace.

You'll find exclusive discounts and offers not available anywhere else on movie tickets, electronics, apparel, vacations, and more.

First time users should visit the link above then follow these directions to create their account:

- **COMPLETE:** "CREATE AN ACCOUNT"
- **ENTER REFERRAL CODE:** 7K8N4A
- **ENTER:** Your Email Address
- **CLICK ON:** Create Account
- **COMPLETE:** Account Registration

Questions?

Contact BenefitHub at [866.664.4621](tel:866.664.4621) or email customercare@benefithub.com.

Cell Phones

Villanova University currently provides discounts on cell phone services. Visit the [Employee Discount section](#) of the HR Website for further details.

Ford College Partner Recognition Program

Villanova University has partnered with the Ford Motor Company to provide discounts on automobile purchases. Participating in College Partner Recognition is easy. Faculty and staff members interested in taking advantage of this opportunity, log on to www.fordpartner.com to obtain a Personal Identification Number (PIN) and visit a participating dealer. To enter the Ford Partner website, you must use the Villanova University access code, **VILLA**. It's that simple.

Gradfin

Through the University's partnership with Independence, Gradfin, a student debt refinance & forgiveness program, is available to all members of the Independence Blue Cross plans at no additional cost.



Employee Discount Programs

Villanova University provides a number of discount programs for faculty and staff. Visit the Employee Discount section of the HR website for further details.

Discounted Gym Memberships

Villanova University currently offers a discount through [HUSK Wellness](#).

Health and Wellness Perks through Independence Blue Cross (IBX)

[Click here](#) for for a variety of discount programs offered through IBX.

Other Employee Discount/ Convenience Services include:

- Villanova Alumni Association Benefits:
Life and Disability Insurance, Credit Card, Travel
- Employee personal computer purchase
- Microsoft@Home: Discounted Office suite software for home use
- Payroll deductions for United Way donations
- Use of Wildcard as a debit card at many on and off campus locations
- Discounts on Villanova theater tickets
- Discounts at Great Wolf Lodge
- Access to Athletic Facilities: Fitness centers, exercise classes, tracks, pools



Tuition Remission and Exchange

Tuition Remission for Full-Time Faculty and Staff

For the faculty and staff member's own attendance at Villanova University, tuition remission will be provided at the start of the semester or term following the completion of six (6) months of service. Faculty and staff members are limited to taking no more than six (6) graduate, or nine (9) undergraduate credits in a semester. Classes must be taken outside of normal working hours unless both the department head and the Associate Vice President of Human Resources approve an exception.

Tuition remission includes undergraduate, graduate, and all non-credit programs (campus and on-line). The Executive MBA and any and all Study Abroad Courses are not covered under Tuition Remission. Employees enrolled in graduate courses will be taxed on any tuition you receive that is over the IRS annual limit of \$5,250.

Tuition Remission for Spouses and Children of Full-Time Faculty & Staff Members

Eligibility

An employee's spouse and biological or legally adopted children who are claimed as tax dependents are eligible for tuition remission. All students must meet normal admission requirements and filing deadlines. Tuition remission is available for courses taken on the University's campus as well as online courses and for which tuition charges are billed by the Bursar. Non-credit Continuing Studies courses (with the exception of VU United Scholars and the Paralegal Program), study abroad, and other credit work at locations away from the main campus are not covered by the tuition remission program. Charges for the application fee, the general fee, the health and wellness fee, room & board, as well as other fees and costs associated with being a student at the University are not covered by the tuition remission program. Years of service at other institutions of higher education, immediately prior to employment with Villanova without a break in service will also count towards the three-year eligibility requirement. Please contact the Office of Human Resources for further information.

[Click here for the Prior Certification for Tuition Form.](#)

Benefit

Eligible spouses and dependent children, following the completion of three years of full time service are provided full (100%) tuition remission for courses taken at Villanova University.



Tuition Remission and Exchange

Tuition Exchange

The University is a member of a national consortium of over 600 colleges and universities called the Tuition Exchange (TE). This program allows the dependent children of full-time employees to apply for scholarships not available to the general public at other member institutions. The value of these scholarships varies from institution to institution, but the consortium annually sets a minimum scholarship value. Member institutions whose tuition is greater than the minimum are required to offer at least that minimum for consortium membership; schools whose tuition is less than the set minimum generally offer full tuition, although some choose to include room and/or board as an incentive for students to apply. Years of service at other institutions of higher education, immediately prior to employment with Villanova University without a break in service, will also count towards the three-year eligibility requirement. Please contact the Office of Human Resources for more information.

Under this program applications are due by the October 1st prior to the Fall semester of anticipated entry. Full details on the parameters of the program and the eligibility and application criteria are available from the office of Human Resources at extension 9-7900.

Please note: Part-time employees should visit the details on the Tuition Remission section of the [HR website](#) for eligibility. Part-time employees are not eligible for Tuition Exchange.

For more information, visit www.tuitionexchange.org.



Paid Time Off Benefits

Paid Time Off

Villanova University understands the importance of balancing personal needs with the daily requirements of your position. This is why the University has established a generous vacation plan, sick leave plan, and holiday schedule. Available days differ by position and years of service. For further details, refer to the HR website under Paid Time Off.

Summer Hours

At the discretion of the President, a decision will be made annually to provide an adjusted schedule for full time staff employees during the summer months. If the President approves Summer Hours, employees will be notified in advance of the schedule.

In all cases, the needs of our students and internal and external campus communities must continue to be served in an exemplary fashion.

Summer Hours Office Coverage

Should operational requirements necessitate coverage, staff must provide coverage as directed by the supervisor. Those employees may be able to take off alternative hours, at a time designated by their supervisor. However, if operational demands require that the employee be present, there is no guarantee that alternative time will be offered.

For the University's 24/7 operations, such as Public Safety, Facilities and Conference Services, where summer hours may not be feasible relative to shift coverage or seasonal requirements, the summer hours, if not in conflict with operational needs, may be provided to the employee at another time within the calendar year. Supervisors should arrange for coverage for their offices as necessary in a way that does not result in overtime expenses.



Retirement Benefits

Administered through TIAA

Faculty and staff may contribute to the Villanova University 403(b) Retirement Savings Plan upon date of hire.

Getting Started

Pre-tax and after-tax Roth contributions may be made to the plan. Enrollment is completed online at www.tiaa.org/villanova. After one year of full-time service and attainment of age 21, eligible full time faculty and staff may receive University contributions.

The University selected TIAA as the single record keeper for the plan. Investment funds are available with TIAA and/or The Vanguard Group. If the new employee was employed by a non-profit institution, university, or governmental employer for at least one year immediately prior to employment at Villanova University, and the new employee participated in an employer-funded retirement plan for all or a portion of this employment, the one year requirement will be waived upon providing satisfactory proof to the University of the prior employment and participation by completing the [Prior Employer Certification Form](#).

Employment Changes

If you move from a part-time to a full-time position, HR will calculate an adjusted date of hire, where appropriate, that will be used for tuition, retirement eligibility and vacation entitlement. If you previously worked for Villanova and were rehired, previous service may be applied to retirement plan eligibility.

Contributions

Employees who are not eligible for University contributions may contribute to the plan at any time. Employee contributions that are not matched are considered “supplemental” contributions. If an employee makes supplemental contributions to the plan and then satisfies the service and age requirements, TIAA will automatically change the supplemental contributions to “basic” contributions so the employee receives the appropriate University base and matching contribution. Employees who are eligible to receive University base and matching contributions may contribute more than 5% to the plan. These contributions are considered “supplemental” contributions because they are not eligible for University base and matching contributions. Pre-tax contributions and earnings thereon are subject to federal tax upon distribution. Roth after-tax contributions and earnings thereon are not subject to federal tax if certain requirements are met.

The University increases the base university contribution to 5% after 10 years of service. Vesting is full and immediate for both employee and University contributions.

Investments

The University has designated the Vanguard® Target Retirement Fund as the default investment fund for the plan. If an eligible employee fails to submit investment instructions before the eligibility date, or the instructions given are inadequate, the employee will be enrolled in the Target Retirement Fund based on the employee's projected retirement date (age 65).

Retirement Benefits

Administered through TIAA

University Contributions are made based on the following schedule:

EMPLOYEE CONTRIBUTION	BASE UNIVERSITY CONTRIBUTION	MATCHING CONTRIBUTIONS	TOTAL UNIVERSITY CONTRIBUTION
0%	3.5%	0%	3.5%
1%	3.5%	1%	4.5%
2%	3.5%	2%	5.5%
3%	3.5%	3%	6.5%
4%	3.5%	4%	7.5%
5%	3.5%	5%	8.5%

Loans

The minimum loan amount is \$1,000 and the maximum loan amount is the lesser of 50% of the employee's account balance or \$50,000. New loans are processed directly through TIAA. An employee may have 2 loans outstanding at any given time. To request a loan, participants may apply online at www.tiaa.org/villanova, or call **800.842.2776**.

Faculty Note:

The Office of Academic Affairs advises Human Resources as to the classification of a faculty member. Faculty members who are not eligible to receive University base and matching contributions include faculty on temporary status, visiting professors with less than three (3) consecutive years of full time service, and adjunct faculty members. Faculty members who are not eligible to receive University contributions may make supplemental contributions to the plan.

Regular Part-Time Eligibility

Part-time Basic (regular) Employees are required to complete one calendar year of 1,000 hours or more as their service requirement before they are eligible for employer contributions into the Villanova University Retirement Savings Plan. Once the service requirement is met, in subsequent calendar years with 1,000 hours or more the employee will be eligible to receive the University basic and match (if applicable) contribution. These contributions will be calculated during the annual True-Up process which takes place in the first quarter of the following calendar year.



Benefits Member Advocacy Center

Conner Strong and Buckelew

Do you need help resolving a benefits issue?

The Benefits Member Advocacy Center (“Benefits MAC”), provided by Conner Strong & Buckelew, allows you to speak to a specially trained Member Advocate who can help you get the most out of your benefits.

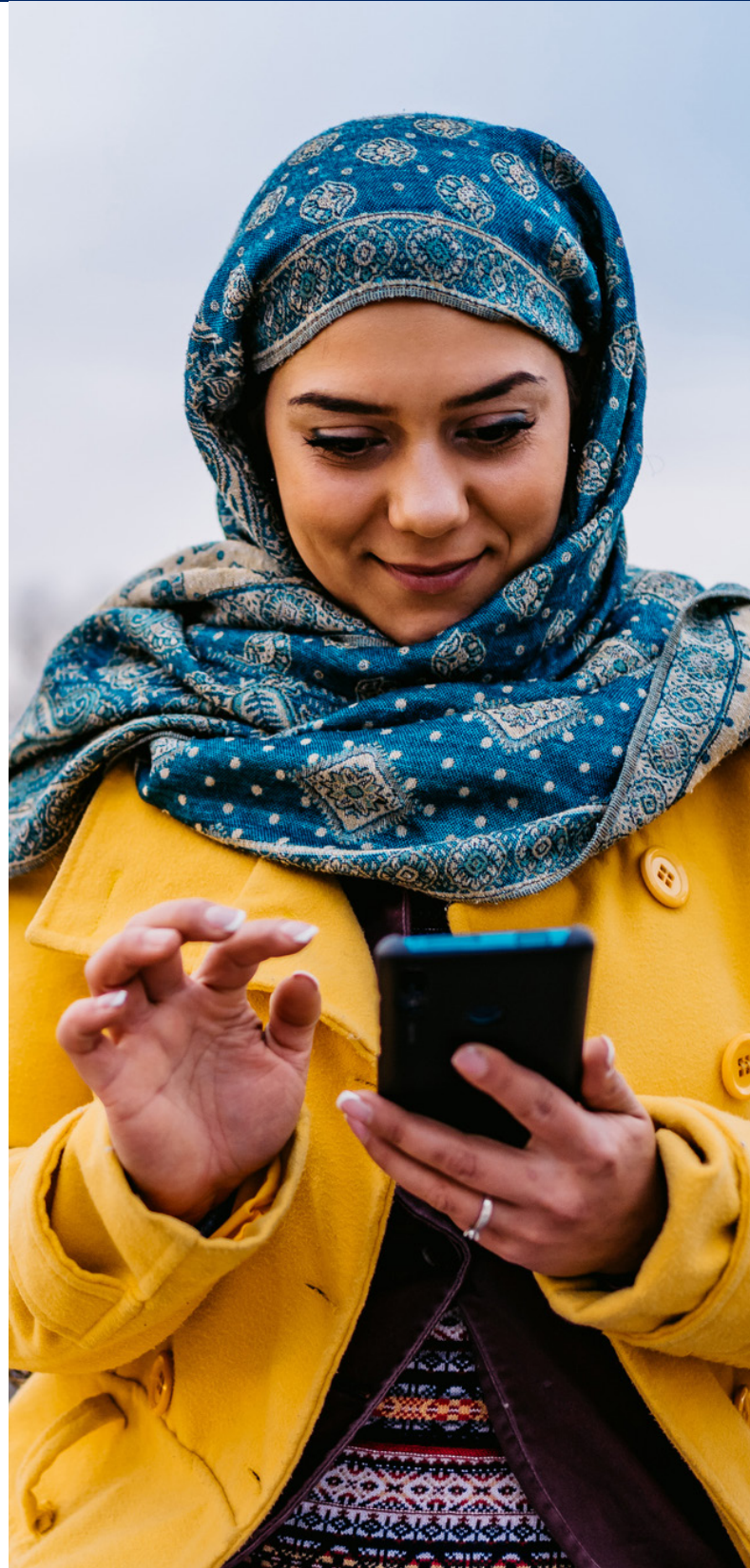
You can contact the Benefits MAC for assistance if you:

- Believe your claim was not paid properly
- Need clarification on information from the insurance company
- Have a question regarding a medical bill
- Are unclear on how your benefits work
- Need information about adding or removing a dependent
- Need help resolving a benefits problem you’ve been working on

You can contact the Benefits MAC in any of the following ways:

- Via phone: **800.563.9929**,
Monday through Friday, 8:30 am to 5:00 pm
- Via the web:
www.connerstrong.com/memberadvocacy
- Via e-mail: cssteam@connerstrong.com

Member Advocates are available Monday through Friday, 8:30 am to 5:00 pm (Eastern Time). After hours, you will be able to leave a message with a live representative and receive a response by phone or email during business hours within 24 to 48 hours of your inquiry.



BenePortal

Your online benefits resource

Your Benefits Information — All in One Place!

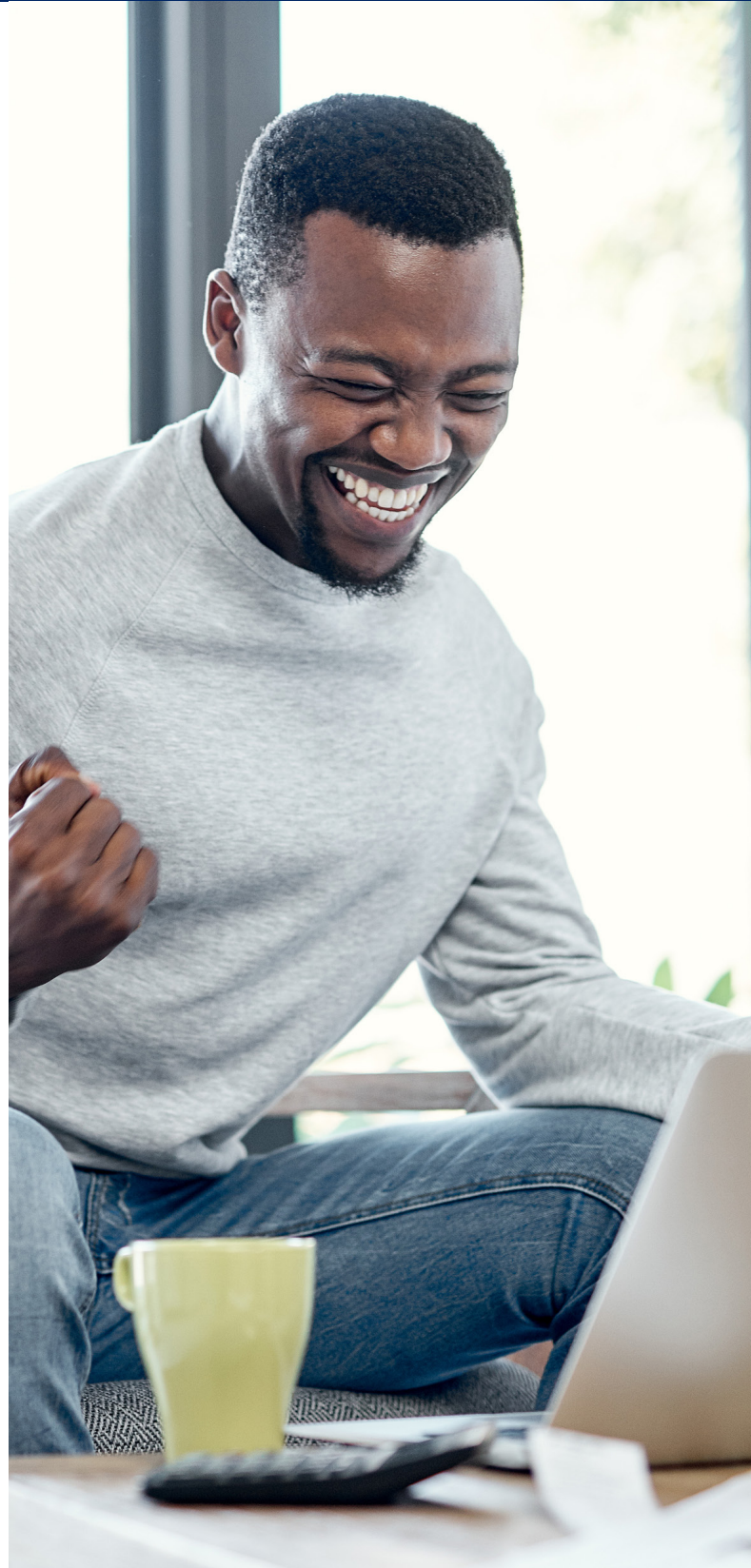
At Villanova employees have access to a full-range of valuable employee benefit programs. With BenePortal, you and your dependents can review your current employee benefit plan options online, 24/7!

Use BenePortal to access benefit plan documents, insurance carrier contacts, forms, guides, links and other applicable benefit materials. BenePortal is mobile-optimized, making it easy to view your benefits on-the-go. Simply bookmark the site in your phone's browser or save it to your home screen for quick access.

BenePortal features include:

- Secure online access - with NO login required!
- Direct links to benefits enrollment sites
- Plan summaries
- Wellness resources
- Carrier contacts
- Downloadable forms
- GoodRx
- Benefit Perks Discount Program
- And more!

Simply go to www.villanovabenefits.com to access your benefits information today!



Benefit Carrier Contacts

Are you aware of the many valuable resources available to assist with your benefit and claim inquiries? While you are always welcome to contact the Human Resources Department with your general benefits questions (ext. 9-7900), the following is a list of key benefit contacts, by plan, for specific benefit information.

BENEFIT	CARRIER	PHONE	WEBSITE / EMAIL
Medical Benefits (CDHP, HMO, PPO)	Independence Blue Cross (IBX)	1-800-ASK-BLUE (275-2583)	www.ibx.com
Prescription Benefits	Express Scripts	1-800-711-0917	www.express-scripts.com
Dental Benefits	Delta Dental (Group #: 2257)	1-800-932-0783	www.deltadental.com
Vision Benefits	Davis Vision	1-888-393-2583	www.davisvision.com
Flexible Spending Accounts, Health Savings Account, Child Care Subsidy Plan, Commuter Benefits	Health Equity	1-866-346-5800	www.healthequity.com
Short-Term/Long-Term Disability, Life and AD&D Insurance, and Supplemental Health Benefits	Lincoln Financial	1-800-713-7384	www.mylincolnportal.com
403(b) Retirement Plan	TIAA CREF	1-800-842-2776	www.tiaa-cref.org/villanova
Auto and Home Insurance	John Mullarkey, Liberty Mutual	610-205-5984	john.mullarkey@libertymutual.com
ID Theft Plan	ID Theft Assist	1-866-262-5844	ids.idandcredit.com/idtheftassist
Health Advocate and Back Up Reimbursement	Health Advocate	1-866-799-2728	www.HealthAdvocate.com/villanovastaff
Pet Insurance	Nationwide	1-800-540-2016	benefits.petinsurance.com/villanova
Legal Services	MetLife Legal Plans	1-800-821-6400	www.legalplans.com
Hearing Benefit	TruHearing	1-888-933-7861	www.truhearing.com
American Heritage Federal Credit Union	N/A	1-215-435-7910	info.americanheritagecu.org/welcome-villanova-employees
Ford College Partner Recognition Program	N/A	N/A	www.fordpartner.com
Benefits Member Advocacy Team	Conner Strong & Buckelew	1-800-563-9929	www.connerstrong.com/memberadvocacy

Human Resources

Benefits Contacts

CONTACT	QUESTIONS REGARDING	EXTENSION	EMAIL / WEBSITE
Michele Mocarsky Assistant Vice President, Human Resources	Management of Employee Benefit and Wellness Programs	9-5136	michele.mocarsky@villanova.edu
Patti McHugh, M.S.M. Benefits Manager	Retirement / 403(b) Life Insurance Supplemental Programs (Accident, Hospital, Critical Illness)	9-7954	p.mchugh@villanova.edu
Rose Clinton, M.S.,SHRM-CP Benefits Manager	Voluntary Benefit Programs (Auto & Home, Legal, ID Theft, Pet Insurance) Medical and Dental Plan Enrollment Health Advocate; Eligibility and Health Plan Continuation (COBRA) Tuition Remission and Tuition Exchange Flexible Spending Accounts Child Care Assistance Commuter Plan	9-4598	rose.clinton@villanova.edu
Tim April Benefits Analyst for Leave Administration	Family and Medical Leave Act (FMLA) Disability; Workers' Compensation Workplace Accommodations Parental Leave	9-5753	timothy.april@villanova.edu
Patrick Valentine Well-Being Program Specialist	NOVAfit! Annual campus biometric screenings Wellness Fair Walk@Lunch Physician Affidavit form	9-6823	Patrick.Valentine@villanova.edu
Human Resources	General Benefits Information	HR Main Number: 9-7900 HR Fax: 9-6667	Email: benefitssupport@villanova.edu Human Resources on the Internet: www1.villanova.edu/university/ human-resources.html

Legal Notices

Important Notice from Villanova University About Your Prescription Drug Coverage and Medicare

We are required by the Centers for Medicare and Medicaid Services (CMS) to provide this notice to all Medicare Part D eligible employees and dependents who are covered under the University's Medical Plans. If you or your dependents are not eligible for Medicare, this notice does not pertain to you.

Please read this notice carefully and keep it where you can find it. This notice has information about your current prescription drug coverage with Villanova 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. Villanova University has determined that the prescription drug coverage offered by the University's plans 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, you and your eligible dependents will still be able to receive benefits under the Villanova University medical plan. The prescription drug benefits you receive through the Medicare prescription drug plan will be coordinated with the prescription drug coverage you have with the Villanova University medical plan according to federal law.

If you do decide to join a Medicare drug plan and drop your current Villanova University medical coverage, be aware that you and your dependents may not be able to get this coverage back until the next Villanova University annual open enrollment period. You should compare your current coverage, including which drugs are covered, with the coverage and cost of the plans offering Medicare prescription drug coverage in your area.

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 Villanova 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 or call Human Resources at 610- 519- 7900. 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 Villanova 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 notice. If you enroll in a Medicare prescription drug plan after your applicable Medicare enrollment period ends, you may need to provide a copy of this notice when you join a Part D plan to show that you are not required to pay a higher Part D premium amount.

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

Name of Entity/Sender: Villanova University
Contact-Position/Office: Michele Mocarsky, Assistant Vice President, Human Resources
Address: 800 Lancaster Ave, Villanova PA 19085
Phone number: 610-519-7900
Date: April 1, 2025

Newborns' and Mothers' Health Protection Act Notice

Under federal law, group health plans and health insurance issuers offering group health insurance generally may not restrict benefits for any hospital length of stay in connection with childbirth for the mother or the newborn child to less than 48 hours following a vaginal delivery, or less than 96 hours following a cesarean section. However, the plan or issuer may pay for a shorter stay if the attending physician (e.g., your physician, nurse, or midwife, or a physician assistant), after consultation with the mother, discharges the mother or newborn earlier.

Also, under federal law, plans and insurers may not set the level of benefits or out-of- pocket costs so that any later portion of the 48-hour (or 96-hour) stay is treated in a manner less favorable to the mother or newborn than any earlier portion of the stay.

In addition, a plan or issuer may not, under federal law, require that a physician or other health care provider obtain authorization for prescribing a length of stay of up to 48 hours (or 96 hours). However, to use certain providers or facilities, or to reduce your out-of- pocket costs, you may be required to obtain precertification. For information on precertification, contact your plan administrator.

Health Insurance Portability and Accountability Act Special Enrollment Rights Notice

As you know, if you have declined enrollment in Villanova University's health plan for you or your dependents (including your spouse) because of other health insurance or group health plan coverage, you or your dependents may be able to enroll in some coverages under this plan without waiting for the next open enrollment period, provided that you request enrollment within 30 days after your other coverage ends. In addition, if you have a new dependent as a result of marriage, birth, adoption or placement for adoption, you may be able to enroll yourself and your eligible dependents, provided that you request enrollment within 30 days after the marriage, birth, adoption or placement for adoption.

Villanova University will also allow a special enrollment opportunity if you or your eligible dependents 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.

Legal Notices

For these enrollment opportunities, you will have 60 days – instead of 30 – from the date of the Medicaid/CHIP eligibility change to request enrollment in the Villanova University group health plan. Note that this 60-day extension doesn't apply to enrollment opportunities other than due to the Medicaid/CHIP eligibility change.

Note: If your dependent becomes eligible for a special enrollment right, you may add the dependent to your current coverage or change to another health plan. Any other currently covered dependents may also switch to the new plan in which you enroll.

Health Insurance Portability and Accountability Act Privacy Notice Reminder

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

To obtain a copy of the Privacy Notice, contact Rose Clinton, Benefits Analyst at 610- 519-4598. You may also view the Privacy Notice under State and Federal Notices and Employment Posters on the Faculty and Staff Resources section of the Human Resources website <http://www1.villanova.edu/villanova/hr/resources/posters.html>.

You may also contact the Plan's Privacy Official, Michele Mocarsky at 610-519-5136, michele.mocarsky@villanova.edu for more information on the Plan's privacy policies or your rights under HIPAA.

Women's Health and Cancer Rights Act

The Women's Health and Cancer Rights Act of 1998 (WHCRA) requires group health plans to make certain benefits available to participants who have undergone a mastectomy. For individuals receiving Mastectomy-related benefits, coverage will be provided in a manner determined in consultation with the attending physician and the patient for:

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

These benefits will be provided subject to the same deductibles and coinsurance applicable to other medical and surgical benefits provided under this plan. If you would like more information on WHCRA benefits, please contact your plan vendor directly.

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

If you or your children are eligible for Medicaid or CHIP and you're eligible for health coverage from your employer, your

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

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

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

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

If you live in one of the following states, you may be eligible for assistance paying your employer health plan premiums. The following list of states is current as of July 31, 2024. Contact your State for more information on eligibility –

ALABAMA – Medicaid
Website: <http://myalhipp.com/>
Phone: 1-855-692-5447

ALASKA – Medicaid
The AK Health Insurance Premium Payment Program
Website: <http://myakhipp.com/>
Phone: 1-866-251-4861
Email: CustomerService@MyAKHIPP.com
Medicaid Eligibility: <https://health.alaska.gov/dpa/Pages/default.aspx>

ARKANSAS – Medicaid
Website: <http://myarhipp.com/>
Phone: 1-855-MyARHIPP (855-692-7447)

CALIFORNIA – MEDICAID
Health Insurance Premium Payment (HIPP) Program
<http://dhcs.ca.gov/hipp>
Phone: 916-445-8322
Fax: 916-440-5676
Email: hipp@dhcs.ca.gov

COLORADO – Health First Colorado (Colorado's Medicaid Program) & Child Health Plan Plus (CHP+)
Health First Colorado Website: <https://www.healthfirstcolorado.com/>
Health First Colorado Member Contact Center:
1-800-221-3943/State Relay 711
CHP+: <https://hcpf.colorado.gov/child-health-plan-plus>
CHP+ Customer Service: 1-800-359-1991/State Relay 711
Health Insurance Buy-In Program (HIBI): <https://www.mycohibi.com/>
HIBI Customer Service: 1-855-692-6442

FLORIDA – Medicaid
Website: <https://www.flmedicaidprecovery.com/flmedicaidprecovery.com/hipp/index.html>
Phone: 1-877-357-3268

GEORGIA – Medicaid
GA HIPP Website: <https://medicaid.georgia.gov/health-insurance-premium-payment-program-hipp>
Phone: 678-564-1162, Press 1
GA CHIPRA Website: <https://medicaid.georgia.gov/programs/third-party-liability/childrens-health-insurance-program-reauthorization-act-2009-chipra>
Phone: 678-564-1162, Press 2

INDIANA – Medicaid
Health Insurance Premium Payment Program
All other Medicaid Website: <https://www.in.gov/medicaid/http://www.in.gov/fss/dfr/>
Family and Social Services Administration
Phone: 1-800-403-0864
Member Services Phone: 1-800-457-4584

IOWA – Medicaid and CHIP (Hawki)
Medicaid Website: <https://dhs.iowa.gov/ime/members>
Medicaid Phone: 1-800-338-8366
Hawki Website: <http://dhs.iowa.gov/Hawki>
Hawki Phone: 1-800-257-8563
HIPP Website: <https://dhs.iowa.gov/ime/members/medicaid-a-to-z/hipp>
HIPP Phone: 1-888-346-9562

KANSAS – Medicaid
Website: <https://www.kancare.ks.gov/>
Phone: 1-800-792-4884
HIPP Phone: 1-800-967-4660

KENTUCKY – Medicaid
Kentucky Integrated Health Insurance Premium Payment Program (KI-HIPP) Website: <https://chfs.ky.gov/agencies/dms/member/Pages/kihipp.aspx>
Phone: 1-855-459-6328
Email: KIHIPPPROGRAM@ky.gov
KCHIP Website: <https://kynect.ky.gov>
Phone: 1-877-524-4718
Kentucky Medicaid Website: <https://chfs.ky.gov/agencies/dms>
LOUISIANA – Medicaid
Website: www.medicaid.la.gov or www.idh.la.gov/lahipp
Phone: 1-888-342-6207 (Medicaid hotline) or 1-855-618-5488 (LaHIPP)

Legal Notices

MAINE – Medicaid

Enrollment Website: www.mymaineconnection.gov/benefits/s/?language=en_US

Phone: 1-800-442-6003 TTY: Maine relay 711

Private Health Insurance Premium Webpage:

<https://www.maine.gov/dhhs/ofi/applications-forms>

Phone: 800-977-6740 TTY: Maine relay 711

MASSACHUSETTS – Medicaid and CHIP

Website: <https://www.mass.gov/masshealth/pa>

Phone: 1-800-862-4840 TTY: 711

Email: masspremassistance@accenture.com

MINNESOTA – Medicaid

Website: <https://mn.gov/dhs/health-care-coverage/>

Phone: 1-800-657-3672

MISSOURI – Medicaid

Website: <http://www.dss.mo.gov/mhd/participants/pages/hipp.htm>

Phone: 1-573-751-2005

MONTANA – Medicaid

Website: <http://dphhs.mt.gov/MontanaHealthcarePrograms/HIPP>

Phone: 1-800-694-3084

Email: HHSHIPProgram@mt.gov

NEBRASKA – Medicaid

Website: <http://www.ACCESSNebraska.ne.gov>

Phone: 855-632-7633

Lincoln: 402-473-7000

Omaha: 402-495-1178

NEVADA – Medicaid

Medicaid Website: <http://dhcfp.nv.gov>

Medicaid Phone: 1-800-992-0900

NEW HAMPSHIRE – Medicaid

Website: <https://www.dhhs.nh.gov/programs-services/medicaid/>

health-insurance-premium-program

Phone: 603-271-5218

Toll free number for the HIPP program: 1-800-852-3345, ext 15218

Email: DHHS.ThirdPartyLiabi@dhhs.nh.gov

NEW JERSEY – Medicaid and CHIP

Medicaid Website: <http://www.state.nj.us/humanservices/dmahs/clients/medicaid/>

Phone: 800-356-1561

CHIP Premium Assistance Phone: 609-631-2392

CHIP Website: <http://www.njfamilycare.org/index.html>

CHIP Phone: 1-800-701-0710 (TTY: 711)

NEW YORK – Medicaid

Website: https://www.health.ny.gov/health_care/medicaid/

Phone: 1-800-541-2831

NORTH CAROLINA – Medicaid

Website: <https://medicaid.ncdhhs.gov/>

Phone: 919-855-4100

NORTH DAKOTA – Medicaid

Website: <https://www.hhs.nd.gov/healthcare>

Phone: 1-844-854-4825

OKLAHOMA – Medicaid and CHIP

Website: <http://www.insureoklahoma.org>

Phone: 1-888-365-3742

OREGON – Medicaid and CHIP

Website: <http://healthcare.oregon.gov/Pages/index.aspx>

Phone: 1-800-699-9075

PENNSYLVANIA – Medicaid and CHIP

Website: <https://www.pa.gov/en/services/dhs/apply-for-medicaid-health-insurance-premium-payment-program-hipp.html>

Phone: 1-800-692-7462

CHIP Website: <https://www.pa.gov/en/agencies/dhs/resources/chip.html>

chip.html

CHIP Phone: 1-800-986-KIDS (5437)

RHODE ISLAND – Medicaid and CHIP

Website: <http://www.eohhs.ri.gov/>

Phone: 1-855-697-4347, or 401-462-0311 (Direct Rite Share Line)

SOUTH CAROLINA – Medicaid

Website: <https://www.scdhhs.gov>

Phone: 1-888-549-0820

SOUTH DAKOTA – Medicaid

Website: <http://dss.sd.gov>

Phone: 1-888-828-0059

TEXAS – Medicaid

Website: <https://www.hhs.texas.gov/services/financial/health-insurance-premium-payment-program>

Phone: 1-800-440-0493

UTAH – Medicaid and CHIP

Utah's Premium Partnership for Health Insurance (UPP)

Website: <https://medicaid.utah.gov/upp/>

Email: upp@utah.gov

Phone: 1-888-222-2542

Adult Expansion Website: <https://medicaid.utah.gov/expansion/>

Utah Medicaid Buyout Program Website: <https://medicaid.utah.gov/buyout-program/>

buyout-program/

CHIP Website: <https://chip.utah.gov/>

VERMONT – Medicaid

Website: <https://dvha.vermont.gov/members/medicaid/hipp-program>

program

Phone: 1-800-562-3022

VIRGINIA – Medicaid and CHIP

Website: <https://coverva.dmas.virginia.gov/learn/premium-assistance/famis-select>

https://coverva.dmas.virginia.gov/learn/premium-assistance/

health-insurance-premium-payment-hipp-programs

Phone: 1-800-432-5924

WASHINGTON – Medicaid

Website: <https://www.hca.wa.gov/>

Phone: 1-800-562-3022

WEST VIRGINIA – Medicaid and CHIP

Website: <http://mywvhipp.com/> and <https://dhhr.wv.gov/bms/>

Medicaid Phone: 304-558-1700

CHIP Toll-free phone: 1-855-MyWVHIPP (1-855-699-8447)

WISCONSIN – Medicaid and CHIP

Website: <https://www.dhs.wisconsin.gov/badgercareplus/p-10095.htm>

Phone: 1-800-362-3002

WYOMING – Medicaid

Website: <https://health.wyo.gov/healthcarefin/medicaid/programs-and-eligibility/>

Phone: 800-251-1269

To see if any other states have added a premium assistance program since July 31, 2024, or for more information on special enrollment rights, contact either:

U.S. Department of Labor

Employee Benefits Security Administration

www.dol.gov/agencies/ebsa

1-866-444-EBSA (3272)

U.S. Department of Health and Human Services

Centers for Medicare & Medicaid Services

www.cms.hhs.gov

1-877-267-2323, Menu Option 4, Ext. 61565

Genetic Information Non-Discrimination Act (GINA)

GINA broadly prohibits covered employers from discriminating against an employee, individual, or member because of the employee's "genetic information", which broadly is defined in GINA to mean (1) genetic tests of the individual, (2) genetic tests of family members of the individual, (3) the manifestation of a disease in family members of such individual.

GINA also prohibits employers from requesting, requiring, or purchasing an employee's genetic information. This prohibition does not extend to information that is requested or required to comply with the certification requirements of family and medical leave laws, or to information inadvertently obtained through inquiries under, for example, the Americans with Disabilities Act, provided the employer does not use the information in any discriminatory manner. In the event a covered employer lawfully (or inadvertently) acquires genetic information, the information must be kept in a separate file and treated as a confidential medical record, and may be disclosed to third parties only in very limited circumstances.

No Surprises Act Notice

Your Rights and Protections Against Surprise Medical Bills

When you get emergency care or get treated by an out-of-network provider at an in-network hospital or ambulatory surgical center, you are protected from surprise billing or balance billing.

What is "balance billing" (sometimes called "surprise billing")?

When you see a doctor or other health care provider, you may owe certain out-of-pocket costs, such as a copayment, coinsurance, and/or a deductible. You may have other costs or have to pay the entire bill if you see a provider or visit a health care facility that isn't in your health plan's network.

Legal Notices

“Out-of-network” describes providers and facilities that haven’t signed a contract with your health plan. Out-of-network providers may be permitted to bill you for the difference between what your plan agreed to pay and the full amount charged for a service. This is called “balance billing.” This amount is likely more than in-network costs for the same service and might not count toward your annual out-of-pocket limit.

“Surprise billing” is an unexpected balance bill. This can happen when you can’t control who is involved in your care—like when you have an emergency or when you schedule a visit at an in-network facility but are unexpectedly treated by an out-of-network provider.

You are protected from balance billing for:

Emergency services

If you have an emergency medical condition and get emergency services from an out-of-network provider or facility, the most the provider or facility may bill you is your plan’s in-network cost-sharing amount (such as copayments and coinsurance). You can’t be balance billed for these emergency services. This includes services you may get after you’re in stable condition, unless you give written consent and give up your protections not to be balance billed for these post-stabilization services.

Certain services at an in-network hospital or ambulatory surgical center

When you get services from an in-network hospital or ambulatory surgical center, certain providers there may be out-of-network. In these cases, the most those providers may bill you is your plan’s in-network cost-sharing amount. This applies to emergency medicine, anesthesia, pathology, radiology, laboratory, neonatology, assistant surgeon, hospitalist, or intensivist services. These providers can’t balance bill you and may not ask you to give up your protections not to be balance billed.

If you get other services at these in-network facilities, out-of-network providers can’t balance bill you, unless you give written consent and give up your protections.

You’re never required to give up your protections from balance billing. You also aren’t required to get care out-of-network. You can choose a provider or facility in your plan’s network.

When balance billing isn’t allowed, you also have the following protections:

- You are only responsible for paying your share of the cost (like the copayments, coinsurance, and deductibles that you would pay if the provider or facility was in-network). Your health plan will pay out-of-network providers and facilities directly.
- Your health plan generally must:
 - Cover emergency services without requiring you to get approval for services in advance (prior authorization).

- Cover emergency services by out-of-network providers.
- Base what you owe the provider or facility (cost-sharing) on what it would pay an in-network provider or facility and show that amount in your explanation of benefits.
- Count any amount you pay for emergency services or out-of-network services toward your deductible and out-of-pocket limit.

If you believe you’ve been wrongly billed, you may contact the Pennsylvania Insurance Department at <https://www.insurance.pa.gov/Coverage/health-insurance/no-surprises-act/Pages/default.aspx> or by phone at 1-877-881-6388 or TTY/TTD: 717-783-3898.

Visit <https://www.insurance.pa.gov/Coverage/health-insurance/no-surprises-act/Pages/default.aspx> for more information about your rights under federal law and state law. You may also visit <https://www.insurance.pa.gov/Coverage/health-insurance/no-surprises-act/Pages/default.aspx> for information from the federal government.

Provider-Choice Rights Notice

The Villanova University Keystone HMO generally requires the designation of a primary care provider. You have the right to designate any primary care provider who participates in our network and who is available to accept you or your family members.

For children, you may designate a pediatrician as the primary care provider.

You do not need prior authorization from Keystone HMO or from any other person (including a primary care provider) in order to obtain access to obstetrical or gynecological care from a health care professional in our network who specializes in obstetrics or gynecology. The health care professional, however, may be required to comply with certain procedures, including obtaining prior authorization for certain services, following a pre-approved treatment plan, or procedures for making referrals. For a list of participating health care professionals who specialize in obstetrics or gynecology, contact Independence Blue Cross at 1-800-275-2583, or, online at www.ibx.com.

Notice Regarding NOVAfit! Wellness Program

NOVAfit! is a voluntary wellness program available to all employees. The program is administered according to federal rules permitting employer-sponsored wellness programs that seek to improve employee health or prevent disease, including the Americans with Disabilities Act of 1990, the Genetic Information Nondiscrimination Act of 2008, and the Health Insurance Portability and Accountability Act, as applicable, among others.

The wellness program is completely voluntary. However, employees who choose to participate in the biometric on

campus screenings or have a physician complete the physician affidavit form, will receive a \$150.00 medical premium discount annually. If you are unable to participate in any of the health-related activities or achieve any of the health outcomes required to earn an incentive, you may be entitled to a reasonable accommodation or an alternative standard. You may request a reasonable accommodation or an alternative standard by contacting Patrick Valentine at patrick.valentine@villanova.edu

Protections from Disclosure of Medical Information

We are required by law to maintain the privacy and security of your personally identifiable health information. Although the wellness program and Villanova University may use aggregate information it collects to design a program based on identified health risks in the workplace, NOVAfit! will never disclose any of your personal information either publicly or to the employer, except as necessary to respond to a request from you for a reasonable accommodation needed to participate in the wellness program, or as expressly permitted by law. Medical information that personally identifies you that is provided in connection with the wellness program will not be provided to your supervisors or managers and may never be used to make decisions regarding your employment.

Your health information will not be sold, exchanged, transferred, or otherwise disclosed except to the extent permitted by law to carry out specific activities related to the wellness program, and you will not be asked or required to waive the confidentiality of your health information as a condition of participating in the wellness program or receiving an incentive. Anyone who receives your information for purposes of providing you services as part of the wellness program will abide by the same confidentiality requirements.

In addition, all medical information obtained through the wellness program will be maintained separate from your personnel records, information stored electronically will be encrypted, and no information you provide as part of the wellness program will be used in making any employment decision. Appropriate precautions will be taken to avoid any data breach, and in the event a data breach occurs involving information you provide in connection with the wellness program, we will notify you immediately.

You may not be discriminated against in employment because of the medical information you provide as part of participating in the wellness program, nor may you be subjected to retaliation if you choose not to participate.

If you have questions or concerns regarding this notice, or about protections against discrimination and retaliation, please contact Michele Mocarsky at michele.mocarsky@villanova.edu.

Summary Annual Report For the Villanova University Health and Welfare Plan

This is a summary of the annual report of the Villanova University Health and Welfare Plan, Plan Number 501, Employer Identification Number 23-1352688, for the plan year period beginning June 1, 2023 and ending May 31, 2024. The annual report has been filed with the Employee Benefits Security Administration, as required under the Employee Retirement Income Security Act of 1974 (ERISA).

UNINSURED COMPONENTS

The plan sponsor, Villanova University, has committed itself to pay certain medical (telemedicine), prescription drug, vision, dental, short-term disability and healthcare flexible spending account claims under the terms of the plan.

INSURED COMPONENTS - INSURANCE INFORMATION

The plan had contracts with insurance carriers to pay certain claims incurred under the terms of the plan. The type of benefit provided, name of the insurer, and premiums paid for each component are set forth in the table below. The total amount of premiums paid for contract years that ended during the 2023 plan year were \$2,153,396.

BENEFIT	NAME OF INSURER	PREMIUMS PAID
Long-Term Disability	Lincoln National Life Insurance Company	\$533,489
Business travel Accident	Life Insurance Company of North America	\$8,780
Life Insurance Accidental Death and Dismemberment	Metropolitan Life Insurance Company	\$1,307,766
Employee Assistance Program	Health Advocate Solutions, Inc.	\$65,576
Prepaid Legal	MetLife Legal Plans	\$58,896
Long-Term Disability	Provident Life and Accident Insurance Company	\$140,431
Short-Term Disability Permanent Total Disability	Lloyds of London	\$38,458

Because all components of the plan are unfunded and insured, the plan did not have any reportable plan assets and did not earn any income during the plan year.

YOUR RIGHTS TO ADDITIONAL INFORMATION

You have the right to receive a copy of the full annual report, or any part thereof, on request. Insurance information, including sales commissions paid by insurance carriers, is included in that report.

To obtain a copy of the full annual report, or any part thereof, write or call the office of Michele Mocarsky, who is a representative of the plan administrator, Villanova University, 800 East Lancaster Avenue, Villanova, PA 19085, 610-519-7900. The charge to cover copying costs will be \$.25 per page for any part thereof.

You also have the legally protected right to examine the annual report at the main office of the plan: Villanova University, 800 East Lancaster Avenue, Villanova, PA 19085 (or at any other location where the report is available for examination), and at the U.S. Department of Labor in Washington, D.C. or to obtain a copy from the U.S. Department of Labor upon payment of copying costs. Requests to the Department should be addressed to: Public Disclosure Room, Room N-1513, Employee Benefits Security Administration, U.S. Department of Labor, 200 Constitution Avenue, N.W., Washington, D.C. 20210.



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This Guide is intended to provide you with the information you need to choose your 2025–2026 benefits, including details about your benefits options and the actions you need to take during this year's Enrollment period. It also outlines additional sources of information to help you make your enrollment choices. If you have questions about your 2025–2026 benefits or the enrollment process, contact Human Resources. The information presented in this Guide is not intended to be construed to create a contract between Villanova and any one of Villanova's employees or former employees. In the event that the content of this Guide or any oral representations made by any person regarding the plan conflict with or are inconsistent with the provisions of the plan document, the provisions of the plan document are controlling. Villanova reserves the right to amend, modify, suspend, replace or terminate any of its plans, policies or programs, in whole or in part, including any level or form of coverage by appropriate company action, without your consent or concurrence.