

# BENEFITS 2025

## ANNUAL ENROLLMENT

WEDNESDAY, OCTOBER 23 THROUGH THURSDAY, NOVEMBER 7.

### What's changing?

- Change in dental providers to Humana Dental.
- HMO replaced with a PPO plan with a broader network of providers.

### Highlights:

- Annual Enrollment runs Oct. 23 through Nov. 7 at 11:59 p.m.
- Information Sessions: Oct. 23 in person & Oct. 30 virtually.
- **You MUST make elections** to have coverage for 2025
- **You MUST complete enrollment changes** by 11:59 p.m. on Nov. 7.
- Benefit elections are effective Jan. 1, 2025.

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Welcome to Northern Kentucky University's 2025 Benefits Bulletin, designed to provide awareness of the programs we offer and to help you make informed benefits decisions for you and your family. The health and wellness of our NKU community is a top priority and we are pleased to provide you comprehensive benefit offerings encompassing everything from health and wellness to disability insurance and retirement.

We have a couple changes for 2025. **A new PPO plan was added as a replacement for the HMO plan which was discontinued by participating health care providers. In addition, we have a new dental provider, Humana Dental.** Due to our significant investments in health and well-being initiatives, we have managed to keep premium rates the same as last year or with a slight increase. Dental premiums will actually be lower in 2025.

We will have an Annual Enrollment Information Session on October 23 (and virtually on October 30.) This is your opportunity to meet with the vendors and gather information to help you make informed decisions. **Throughout the open enrollment period, our benefits team will be available in person or by phone or email to guide you through the process.**

Your hard work, dedication, and many contributions play an important role in our mission to deliver an innovative, student-centered education. As part of Human Resources' commitment to foster a culture of health and wellness, we provide you with access to a variety of tools and resources which can be found on the NKU Benefits Website.



### What is Annual Enrollment?

**During annual enrollment must elect your benefits for the following plan year.** Changes are not permitted during the plan year unless you have a qualifying life event.

This year we are doing active enrollment which means that action is required. **You MUST enroll in medical, dental, vision, health savings accounts and flexible spending accounts to have coverage in 2025. Other elections will rollover to 2025 unless you make changes during the Annual Enrollment window.** You can view your current benefits enrollment by clicking on the My Benefits tab in MyNKU.

**YOU MUST ENROLL FOR MEDICAL, DENTAL, VISION AND SAVINGS ACCOUNTS OR RISK HAVING NO COVERAGE IN 2025.**

**The enrollment site will open beginning at 9 a.m. on Wednesday, October 23 through midnight on Thursday, November 7.**



## 24/7 doctor visits via phone or mobile app



Teladoc gives you round-the-clock access to U.S. board-certified doctors, from home or on the go. Call or connect online or using the Teladoc mobile app for affordable medical care, when you need it.



Talk to a doctor anytime, anywhere you happen to be



Receive quality care via phone, video or mobile app



Prompt treatment, median call back, in 10 minutes



A network of doctors that can treat every member of the family



Prescriptions sent to pharmacy of choice if medically necessary



Teladoc is less expensive than the ER or urgent care



### Get the care you need

Teladoc doctors can treat many medical conditions, including:

- Cold & flu symptoms
- Allergies
- Pink eye
- Respiratory infections
- Sinus problems
- Skin problems
- And more

With your consent, Teladoc is happy to provide information about your Teladoc visit to your primary care physician.



A UnitedHealthcare Company

# UNDERSTANDING YOUR HEALTH CARE PLAN

## POINT OF SERVICE (POS)

- A plan that offers care from both in-network and out-of-network providers. Predictable copays.

## PREFERRED PROVIDER ORGANIZATION (PPO)

- A plan that offers care from both in-network and out-of-network providers. Predictable copays.

## HIGH DEDUCTIBLE HEALTH PLAN (HDHP)

- A plan that offers lower premiums with higher deductible. Members pay 100% of service cost until deductible is met.

## TIPS FOR SELECTING A HEALTH PLAN

You may want to consider factors such as access to doctors, cost of benefits, prescription drug formulary and budget when selecting a plan.

### Other tips to keep in mind:

- Identify your needs and the needs of your family members.
- Understand the basics of how your health plan works.
- Consider your out-of-pocket costs, as well as copays for prescription drugs, office visits, lab tests and hospitalization.
- Review the plan networks.
- Review the plan covered benefits and exclusions.
- Consider any life changes that may occur in the coming year.

## HELPFUL DEFINITIONS:

- **In-network:** The vendor has agreed to a negotiated rate with the provider.
- **Out-of-network:** Provider has no agreement with vendor.
- **Deductible:** You pay 100% of services until you reach this number (not including co-payments.)
- **Co-Payments:** Fixed dollar amount for doctor visits and pharmacy.
- **Co-Insurance:** After deductible, the percent of cost shared between you and the plan.
- **Out-of-Pocket Maximum:** Your maximum annual financial responsibility for covered services (excluding premium.)

# NurseLine<sup>SM</sup>

For the right care at the right place.



UnitedHealthcare has a 24/7 NurseLine<sup>SM</sup>. You can talk to an experienced nurse, day or night. NurseLine can help you with a variety of concerns. A nurse can:

- Help you understand your illness or condition
- Give you advice for self-care
- Help you decide how quickly you need to see a doctor
- Advice on the best place to get care for your illness or injury

CALL ANYTIME. CALL NURSELINE 24/7 AT 1-855-575-0136, TTY 711.

# MEDICAL SERVICES (UMR/UHC)

## COVERAGE

**CHART #1** shows what you will pay when you use in-network medical services. For a full summary of benefits coverage, visit the [Benefits website](#).

## MONTHLY COST

All costs on **CHART #2** are deducted before tax. Biweekly employee costs are half of the monthly amount from the first two paychecks each month. Costs for extended family members can be obtained by request to: [benefits@nku.edu](mailto:benefits@nku.edu).

## SPOUSAL SURCHARGE

If your spouse has coverage available through their employer but chooses to be covered under the NKU plan, you must pay an additional \$35 per month (\$420 per year).

You **DO NOT** need to pay a spousal surcharge if:

- Your spouse is employed at NKU.
- Your spouse is self-employed.
- Your spouse is employed but not offered medical coverage through his/her employer.
- Your spouse is not externally employed.

**CHART #1: MEDICAL PLAN COMPARISON**

	PPO 2000	POS	HDHP 2500
<b>Network</b>	United Healthcare Choice Plus Network		
Preventive Care <sup>2</sup>	\$0	\$0	\$0
Office Visit Copayments Primary care <sup>3</sup> Specialist <sup>3</sup>	\$35 \$55	\$25 \$40	100% before deductible; 15% after deductible to OOP
Emergency Room	\$250/visit	\$200/visit	100% before deductible; 15% after deductible to OOP
Annual Deductible	\$2,000 individual \$4,000 family	\$1,000 individual \$2,000 family	\$2,500 individual <sup>4</sup> \$5,000 family <sup>4 and 5</sup>
Coinsurance	20%	20%	15%
Annual Out-of-pocket Maximum (OOP) <sup>6 and 8</sup>	\$4,500 individual <sup>7</sup> \$9,000 family <sup>7</sup>	\$4,000 individual <sup>7</sup> \$8,000 family <sup>7</sup>	\$3,425 employee only \$6,850 employee + one or more
Health Savings Account Employee Only Employee +1 or more	Not applicable	Not applicable	\$625/year \$1,250/year

<sup>2</sup> Preventive care is as recommended by the Centers for Disease Control (CDC). See option certificate for more detailed information.

<sup>3</sup> Primary care physician: family or general practitioner, internist, pediatrician. Specialist: all others.

<sup>4</sup> Prescription drug expense can be applied to the deductible.

<sup>5</sup> The family deductible must be met before services for any family member will be covered at coinsurance level.

<sup>6</sup> Deductible plus coinsurance maximum.

<sup>7</sup> Copayments can be applied to out-of-pocket maximum.

<sup>8</sup> Option out-of-pocket maximum could limit your medical only expenses, prescription drug only expenses or the combination of the two. Once you have met the option out-of-pocket maximum, coverage will be provided at 100 percent with no co-payment.

**CHART #2: MEDICAL MONTHLY PREMIUMS**

OPTION/LEVEL	PPO 2000	POS	HDHP 2500
EMPLOYEE ONLY	\$64	\$130	\$32
EMPLOYEE + SPOUSE	\$241	\$465	\$120
EMPLOYEE + CHILD(REN)	\$216	\$426	\$99
EMPLOYEE + FAMILY	\$380	\$810	\$187
NKU SPOUSES (EMPLOYEE + SPOUSE)	\$109	\$221	\$55
NKU SPOUSES (EMPLOYEE + FAMILY)	\$238	\$473	\$112
EMPLOYEE + SPOUSE W/SURCHARGE	\$276	\$500	\$155
EMPLOYEE + FAMILY W/SURCHARGE	\$415	\$845	\$222

# PRESCRIPTION DRUGS



**CHART #3: PRESCRIPTION DRUG COSTS**

	PPO and POS		HDHP 2500
	RETAIL (30-day supply)	MAIL ORDER (90-day supply through Express-Scripts)	RETAIL OR MAIL ORDER
Level 1	\$10 copayment	\$25 copayment	100% before deductible; 15% after deductible to OOP. 15% coinsurance up to deductible for specifically listed maintenance medications for chronic conditions.
Level 2	\$35 copayment	\$87.50 copayment	
Level 3	\$55 copayment	\$137.50 copayment	
Level 4 <sup>9</sup>	25% of required payment limited to \$300 per prescription filled		

	PPO 2000	POS	HDHP 2500
Option out-of-pocket Maximum <sup>8</sup>	\$4,500 individual \$9,000 family	\$4,000 individual \$8,000 family	Prescription drug deductible combined with medical deductible. Refer to medical section above.

<sup>9</sup> All specialty drugs must be obtained through Accredo Pharmacy to be covered.

## ALL OPTIONS:

Use **CHART #3** to estimate your 2025 prescription drug costs. All specialty prescriptions must be filled through Accredo to be covered. Specialty prescriptions filled through any other source will NOT be covered. A list of covered prescription drugs is available on the [Benefits Pharmacy website](#).

## HDHP OPTION ONLY:

Certain prescriptions, when taken on a regular basis, help control chronic conditions. These prescriptions will be covered with a 15% coinsurance up to the deductible. See list of the [preventative drugs](#) eligible for 15% coinsurance.

## PRESCRIPTION COVERAGE:

You are automatically enrolled in prescription coverage if you are enrolled in one of our health plans. Express Scripts, the company managing your prescription drug benefit, provides 24-hour customer service, web-based drug information, and an integrated mail/home pharmacy service.

Know Your Rx is a member of the Know Your Rx Coalition, which is staffed with consulting pharmacists to assist you with your NKU Prescription benefit. Services of Know Your Rx include:

- Identification of lower cost prescription alternatives.
- Direct contact with pharmacists.
- Contacting physician to facilitate seeking authorization for lower cost alternative therapies.
- Assistance working with Express Scripts to fill your prescriptions in a timely and easy manner.
- Drug interaction management.

Sometimes medicines can change categories (generic, preferred brand, non-preferred brand). It's always a good idea to check which category of your medicine. To view the current prescription drug formularies, visit the [NKU Pharmacy website](#). Questions? **Please call our pharmacists with the Know Your Rx Coalition at (855) 218-5979 for information specific to your medication, formulary and costs.**

## PHARMACY CONTACT INFORMATION

### EXPRESS SCRIPTS

Member Customer Service | (800) 298-6890

[www.express-scripts.com](http://www.express-scripts.com)

### KNOW YOUR Rx COALITION

Customer Service | (855) 218-5979

<http://www.kyrx.org/>

# HEALTH SAVINGS ACCOUNT

(CHARD SNYDER)

## 2025 MAXIMUM ANNUAL CONTRIBUTIONS

**CHART #4.** The IRS limit is the total of the NKU contribution and your maximum contribution. You can make changes to your HSA contributions at any time during the year. We've done the math for you!

### CONTRIBUTIONS

- You must enroll in the health savings account to receive the NKU contribution.
- You are not required to contribute to the account.
- NKU contributions are prorated and made over the entire year.
- If you contribute, your annual contribution is deducted before tax on a prorated basis throughout the year.

CHART #4: CONTRIBUTIONS

	HDHP 2500		
	NKU Annual Contribution	Your Annual Maximum Contribution	
		Under age 55*	Age 55 +**
EMPLOYEE ONLY	\$625	\$3675	\$4675
EMPLOYEE + 1 OR MORE***	\$1250	\$7300	\$8300

\*Based on IRS regulations \*\*Age as of 12/31/24 \*\*\*Employee plus spouse, employee plus child or employee plus family

## USING YOUR HEALTH SAVINGS ACCOUNT

- ✓ You can use your health savings account to pay for IRS-eligible medical, prescription drug, dental or vision expenses. Go to IRS Publication 502 at [www.irs.gov](http://www.irs.gov) to see a list of eligible expenses.
- ✓ If you do not use the money in your account, it rolls over to the next year. You cannot contribute more than the annual maximum, but there is no maximum account balance.
- ✓ Your health savings account is like a checking account (with a debit card). Before using the card to pay an expense, be sure you have money in your account, or, like your personal checking account, you could be charged overdraft fees.
- ✓ This is your account. You are responsible for providing receipts for eligible expenses should you be audited by the IRS.

## IMPORTANT ELIGIBILITY INFORMATION

Health savings accounts are possible as a result of IRS rules about who can enroll, how much can be contributed and how your account can be used. Under these rules you can enroll in a health savings account if you are:

- Enrolled in the high deductible health plan (HDHP) medical option.
- Not covered by another health care plan (for example, covered by your spouse's medical plan).
- Not covered by Medicare (Parts A, B, C or D).
- Not covered under another flexible spending account (for example, covered by your spouse's flexible spending account).
- Not eligible to be claimed as a dependent on another's tax return.

# FLEXIBLE SPENDING ACCOUNT

(CHARD SNYDER)

**CHART #5.** Chard Snyder will continue to administer the flexible spending accounts.

If you had a flexible spending account in 2024 and want an account in 2025:

- You must enroll and select your amount for 2025.
- Keep your Benny card (if applicable). It will be reloaded with your 2025 elected amount.

CHART #5: CONTRIBUTIONS

	ANNUAL	
	Minimum	Maximum
DAY CARE	\$60	\$5,000
HEALTH CARE		3,200
LIMITED HEALTH CARE (DENTAL/VISION ONLY IF IN HDHP MEDICAL)		

The IRS regulates these accounts using these rules:

- Your contributions can only be used for eligible expenses. Refer to the list of eligible expenses at [www.chard-snyder.com](http://www.chard-snyder.com).
- Each account is a separate election that must be made each year.
- Money in one account cannot be transferred to another account.
- Your contribution cannot be changed during the year unless you have a qualified change such as marriage, birth of a child, etc.
- There is no rollover of account balances at year end. If you do not use the money during the year, you lose it.
- You have access to funds on the effective date.

**CHART #6 HSA/FSA COMPARISON**

PAIRED WITH HEALTH PLAN OPTION	HEALTH SAVINGS ACCOUNT HDHP 2500	LIMITED FLEXIBLE SPENDING ACCOUNT HDHP 2500	FLEXIBLE SPENDING ACCOUNT POS & PPO
NKU contribution	\$625/year employee only* \$1250/year employee + 1 or more	not applicable	not applicable
Covered expenses	IRS qualified medical, dental and vision expenses**	IRS qualified dental and vision expenses**	IRS qualified medical, dental and vision expenses**
Employee Contributions Allowed	Yes, up to IRS limits**	Yes, up to IRS limits**	Yes, up to IRS limits**
Use to help pay for medical expenses	Yes	No, can only use for vision and dental expenses	Yes
Take balance with you if you leave NKU	Yes	No	No
Balance rolls over from year to year	Yes	No	No
Available to those enrolled in Medicare	No	Yes	Yes

\*Amount prorated for new hires

\*\* <https://www.irs.gov/pub/irs-pdf/p969.pdf>



## SUPPORTING LIVES THAT THRIVE

*University Wellness is dedicated to the health and well-being of NKU faculty and staff. Our mission is to build and support an overall campus culture that is not only conducive for promoting and encouraging healthy lifestyle behaviors, but also one that fosters employee engagement.*

### ONGOING SUPPORTS

- NKU Cares PCP Program.
- AETNA Employee Assistance Program
- Free and Confidential Personal, Virtual and In-Person Option Coaching
- Tobacco Cessation Support
- Ergonomic Work Station Assessments
- Healthy Monday Motivator Newsletter
- Personal and Professional Development for Health and Well-being in TalentED
- Lunch and Learns/Workshops
- Preventive Screenings with St. Elizabeth Mobile Mammography & Cardiovascular Mobile Unit
- TalkSpace Mental Health Counseling
- Breastfeeding/Pumping Rooms
- Beginner's Yoga Class for Faculty/Staff
- Pause in the Planetarium
- Airrosti Webinars and Workshops
- Alexander Technique Private Lessons

For more details on all supports, visit [inside.nku.edu/hr/current-employees](https://inside.nku.edu/hr/current-employees)



# DENTAL COVERAGE (HUMANA DENTAL)

## COVERAGE

**CHART #9** shows what you will pay when you obtain dental services.

## MONTHLY COSTS

**CHART #7.** NKU is continuing to subsidize the cost of coverage for full-time employees.

**CHART #8 & 9.** Eligible part-time employees will pay full premium. NKU spouses pricing does not apply, as this is an employee pay all option.

All costs are deducted before tax. Biweekly employee costs are half of the monthly amount from the first two paychecks each month. Costs for extended family members can be obtained by request to: [benefits@nku.edu](mailto:benefits@nku.edu).

**CHART #7: DENTAL PLAN COMPARISON**

	PREVENTIVE OPTION	BASIC OPTION		BUY UP OPTION <sup>1</sup>	
NETWORK	PPO, Out-of-network Providers <sup>2</sup>	PPO Providers <sup>2</sup>	Out-of- network Providers <sup>2</sup>	PPO Providers <sup>2</sup>	Out -of- network Providers <sup>2</sup>
Preventive <sup>3</sup> (oral exams, x-rays, teeth cleaning, fluoride)	Deductible does not apply. 0% of NNR				
Deductible <sup>3</sup>	None	\$50/ individual \$150/family <sup>4</sup>	\$50/ individual \$150/family <sup>4</sup>	\$50/ individual \$150/family <sup>4</sup>	\$50/ individual \$150/family <sup>4</sup>
Basic/Minor <sup>3</sup> (fillings, extractions, oral surgery, root canal, periodontics)	Fillings only for posterior teeth	20% NNR <sup>3</sup>	40% NNR <sup>3</sup>	20% NNR <sup>3</sup>	20% NNR <sup>3</sup>
Major <sup>3</sup> (crowns, bridges, dentures)	Not covered	50% NNR <sup>3</sup>	60% NNR <sup>3</sup>	50% NNR <sup>3</sup>	50% NNR <sup>3</sup>
Maximum per person annual benefit payable	Plan pays \$1,000	Plan pays up to \$1,500	Plan pays up to \$1,000	Plan pays up to \$2,000	
Orthodontia <sup>3</sup>	Not covered	Not covered		50% NNR <sup>5</sup>	
Lifetime per person ortho benefit payable	Not covered	Not covered		Plan pays up to \$2,000	

Detailed information about covered services can be located on the Benefits website under Dental coverage.

<sup>1</sup> Must remain enrolled in this option for two enrollment cycles

<sup>2</sup> In-network and out-of-network benefit calculated at Humana Dental network negotiated rates (NNR). Out-of-network providers may bill you for any difference between their billed charge and the NNR.

<sup>3</sup> Deductible does not apply to preventive services or orthodontia. Deductible applies to basic/minor and major services. After the deductible, you pay the percentage shown. The plan pays the difference.

<sup>4</sup> Three or more family members' expenses can be combined to meet the family deductible.

<sup>5</sup> Orthodontia only covered for dependents under age 19.

**CHART #8: DENTAL PREMIUMS FOR FULL-TIME EMPLOYEES**

	PREVENTIVE	BASIC	BUY UP
EMPLOYEE ONLY	\$3.22	\$13.25	\$32.14
EMPLOYEE + SPOUSE	\$16.44	\$39.97	\$77.77
EMPLOYEE + CHILDREN	\$15.12	\$37.28	\$88.91
EMPLOYEE + FAMILY	\$29.66	\$66.72	\$134.83
NKU SPOUSES - EMPLOYEE + SPOUSE	\$6.00	\$23.00	\$55.00
NKU SPOUSES - EMPLOYEE + FAMILY	\$16.00	\$43.00	\$103.00

**CHART #9: DENTAL PREMIUMS FOR PART-TIME EMPLOYEES**

	PREVENTIVE	BASIC	BUY UP
EMPLOYEE ONLY	\$13.22	\$26.75	\$45.64
EMPLOYEE + SPOUSE	\$26.44	\$53.47	\$91.27
EMPLOYEE + CHILDREN	\$25.12	\$50.78	\$102.41
EMPLOYEE + FAMILY	\$39.66	\$80.22	\$148.33

Refer to page 12 for dependent definitions.



# VISION COVERAGE (EYEMED)

## COVERAGE

**CHART #10** is the Vision Plan Comparison. It shows what you will pay when you obtain vision services. **There are no plan changes for 2025.**

## FREQUENCY

**CHART #11.** You can obtain glasses (lenses & frames) or contacts, but not both in a 12-month period.

## MONTHLY COSTS

**CHART #12.** We negotiated a multi-year rate guarantee directly with EyeMed. As in the past, NKU will pay 100 percent of the cost of the Basic option. Employees choosing the Buy Up option will pay all of the cost.

All costs are deducted before tax. Biweekly employee costs are half of the monthly amount from the first two paychecks each month. Costs for extended family members can be obtained by request to: [benefits@nku.edu](mailto:benefits@nku.edu).

**CHART #10: VISION PLAN COMPARISON**

	BASIC		BUY UP	
NETWORK NAME	ADVANTAGE		INSIGHT	
	IN NETWORK	OUT OF NETWORK <sup>1</sup>	IN NETWORK	OUT OF NETWORK <sup>1</sup>
VISION EXAM <sup>2</sup>	\$10 co-pay	Up to \$30	\$15 co-pay	Up to \$30
CONTACT LENS EXAM <sup>3</sup>				
Standard contact lens fit and follow-up	Not available	Not available	Up to \$40	Not available
Premium contact lens fit and follow-up	Not available	Not available	10% off retail price	Not available
RETINAL IMAGING	Up to \$39	Not available	Up to \$39	Not available
FRAMES <sup>3</sup>	35% off retail price	Not available	\$130 allowance plus 20% off balance over \$130	Up to \$65
STANDARD PLASTIC LENSES				
Single vision	\$55 co-pay	Not available	\$20 co-pay	Up to \$25
Bifocal vision	\$75 co-pay	Not available	\$20 co-pay	Up to \$40
Trifocal vision	\$85 co-pay	Not available	\$20 co-pay	Up to \$55
Lenticular	\$105 co-pay	Not available	\$20 co-pay	Up to \$55
Standard Progressive	\$135 co-pay	Not available	\$80 co-pay	Up to \$40
Premium Progressive	Not available	Not available	\$80 co-pay, 70% of charge less \$110 allowance	Up to \$40
LENS OPTIONS				
UV coating	\$12 co-pay	Not available	\$12 co-pay	Not available
Tint (solid and gradient)	\$12 co-pay	Not available	\$12 co-pay	Not available
Standard scratch-resistance	Not available	Not available	\$12 co-pay	Not available
Standard polycarbonate	\$35 co-pay	Not available	\$35 co-pay	Not available
Standard anti-reflective coating	\$40 co-pay	Not available	\$40 co-pay	Not available
Polarized	30% off retail	Not available	30% off retail	Not available
Other add-ons and services	30% off retail	Not available	30% off retail	Not available
CONTACT LENSES				
Conventional	15% off retail	Not available	15% off balance over \$130 allowance	Up to \$104
Disposable	Not available	Not available	\$130 allowance	Up to \$104
Medically necessary	Not available	Not available	\$0 co-pay	Up to \$200
LASER VISION CORRECTION <sup>4</sup>	15% off retail price or 5% off promotional price with U.S. Laser Network only.			
ADDITIONAL DISCOUNTS				
Complete pair-prescription eyeglasses	Not available	Not available	40% off	Not available
Non-prescription sunglasses	20% off	Not available	20% off	Not available
Remaining balance beyond plan coverage	30% off	Not available	30% off	Not available

<sup>1</sup> Services obtained from out-of-network providers must be submitted for reimbursement by filing a claim. Reimbursement will be at the amount shown.

<sup>2</sup> With dilation as necessary.

<sup>3</sup> Frame, lenses, and lens option discounts apply only when purchasing a complete pair of eyeglasses. If purchased separately, 20% discount off retail price applies. Discounts available on all frames except when prohibited by the manufacturer.

<sup>4</sup> LASIK or PRK from U. S. Laser Network

**CHART #11: VISION SERVICE FREQUENCY SCHEDULE**

	BASIC		BUY UP	
	IN NETWORK	OUT OF NETWORK	IN NETWORK	OUT OF NETWORK
EYE EXAM	Once every 12 months		Once every 12 months	
LENSES OR CONTACTS	Unlimited		Once every 12 months	
FRAMES	Unlimited		Once every 24 months	

**CHART #12: - VISION MONTHLY PREMIUMS**

	BASIC	BUY UP
EMPLOYEE ONLY	\$0	\$7.98
EMPLOYEE + SPOUSE	\$0	\$15.19
EMPLOYEE + CHILDREN	\$0	\$15.98
EMPLOYEE + FAMILY	\$0	\$23.72

**Refer to page 12 for dependent definitions.**

# BASIC & OPTIONAL LIFE

## and accidental death & dismemberment (ad&d) insurance (HARTFORD)

NKU provides **Basic Life and AD&D** insurance equal to your **Jan. 1** annual base pay rounded to the next thousand. Basic life pays a benefit to your selected beneficiaries upon your death from any cause. Basic AD&D pays an additional benefit to your selected beneficiaries upon your death as a result of an accident and a percentage to you in the event of loss of limb or sight.

You can purchase **Optional Life/AD&D** insurance coverage with after tax payroll deductions. This coverage is in addition to your NKU provided Basic Life/AD&D coverage. You can purchase coverage equal to an additional one, two, three, four or five times your basic life coverage. The value of your combined coverage (basic plus optional) cannot exceed \$250,000 without providing medical **Evidence of Insurability (EOI)**. If already enrolled, EEs & dependents must provide EOI for an increase of more than one level. If not already enrolled, they must submit EOI for any amount of coverage (including an initial amount). EOI is required for any amount over \$250,000.

The **cost** of coverage is based on the option you elect, your age and your salary as of **Jan. 1**. Your cost is fixed as of **Jan. 1**, and will not change during the year. **CHART #13** shows the monthly cost of coverage and how to estimate your cost. The annual cost for each option is also shown in the online enrollment process. Please note that this cost is an after-tax deduction.

CHART #13

OPTIONAL GROUP TERM LIFE (OGTL)	
AGE as of 1/1/25	RATE PER \$1,000 OF COVERAGE PER MONTH
Under 25	\$0.056
25-29	\$0.056
30-34	\$0.076
35-39	\$0.087
40-44	\$0.098
45-49	\$0.159
50-54	\$0.251
55-59	\$0.375
60-64	\$0.591
65-69	\$1.124
70 and over	\$2.006

During annual enrollment, you can change your coverage but may be subject to **Evidence of Insurability** requirements. **CHART #14** below shows those changes that require Evidence of Insurability.

CHART #14

2024 COVERAGE ELECTED	2025 COVERAGE ELECTED	EVIDENCE OF INSURABILITY
Any level of optional (up to \$250,000)	Increase of 1 level	NOT REQUIRED
Any level of optional	Increase of 2 levels or more	REQUIRED
Any level of optional	Decrease of any amount	NOT REQUIRED

*An EOI is required for any coverage exceeding \$250,000.*

## DEPENDENT LIFE: CHILD AND/OR SPOUSE

CHART #15

CHILD	
COVERAGE	MONTHLY COST
\$5,000	\$1.14
\$10,000	\$2.28

**CHART #15** shows the coverage options and costs to cover one or more of your **dependent children**. Cost is the same whether you are covering one child or several. There is no evidence of insurability required to obtain, increase or decrease dependent life – child coverage.

**NOTE:** If your spouse works for NKU in a benefit-eligible position, only one of you may elect dependent life child coverage.

CHART #16

SPOUSE	
COVERAGE	MONTHLY COST
\$10,000	\$2.76
\$25,000	\$6.90
\$50,000	\$13.80

**CHART #16** shows the coverage options and costs to cover your **spouse**. Evidence of insurability is required to obtain any level or any increase in dependent spouse coverage. Decreases in coverage do not require evidence of insurability.

**NOTE:** If your spouse works for NKU in a benefit-eligible position, you and your spouse may not elect dependent life spouse coverage.

*Refer to page 12 for dependent definitions.*

## BENEFICIARIES

Hartford does not retain the beneficiary information for you. You can obtain a beneficiary enrollment form from the benefits website to update the information. Keep the original and send a copy to the benefits team.

[Beneficiary Enrollment Form](#)

## FORMULA FOR CALCULATING TOTAL COST

Jan. 1 Annual Base Pay \_\_\_\_\_

Multiply by option you are electing 1x, 2x, 3x, 4x or 5x \_\_\_\_\_

Round to next higher \$1,000 \_\_\_\_\_

Divide by \$1,000 \_\_\_\_\_

Multiply by Monthly Cost Per \$1,000 Coverage (based on age from the chart) \_\_\_\_\_

**TOTAL MONTHLY COST** \_\_\_\_\_

# SHORT & LONG-TERM DISABILITY (HARTFORD)

Purchasing short-term disability coverage allows you to receive income benefits when you are unable to work after a 15- or 30-consecutive day absence. You choose if you want benefits to begin after 15 days or 30 days. You can receive this benefit until the earlier of:

- You recover and return to work.
- Six consecutive months of absence (when you are eligible to apply for long-term disability.)
- The Hartford considers you no longer disabled.

You can purchase coverage in \$100 units of weekly benefit, not to exceed the lesser of:

- 60% of your annual base pay (rounded down to the nearest \$100.)
- 25 units.
- NKU partners with The Hartford to provide Long Term Disability coverage to eligible employees. Long Term Disability provides monthly income should you become unable to return to your job after six consecutive months of absence as a result of a non-work related illness or injury.

## COST

- You pay for coverage with after-tax deductions.
- Short-term disability benefits are not taxable when paid to you.

### Step 1:

Determine the maximum number of \$100 units you can purchase using **CHART #16**.

### Step 2:

Number of \$100 units you wish to purchase \_\_\_\_\_  
multiplied by monthly cost - **CHART #18** x \_\_\_\_\_  
equals monthly cost of coverage = \_\_\_\_\_

## CHART #17

Age on Jan. 1, 2025	Monthly cost/\$100 weekly benefit for benefits available after:	
	15-day waiting period	30-day waiting period
Up to 44	\$3.78	\$2.17
45 - 49	\$3.92	\$2.27
50 - 54	\$4.59	\$2.67
55 - 59	\$5.81	\$3.40
60 - 64	\$6.75	\$4.00
65+	\$7.29	\$4.25

## EXAMPLE:

Weekly earnings.....\$480.76  
Maximum number of units that can be purchased..... 2  
Age as of Jan. 1 of next year.....46  
 $\$3.92 \times 2 = \$7.84$  per month (or \$94.08 per year) for a \$200 weekly short-term disability benefit (15-day waiting period option).

## CHART #19

2024 COVERAGE ELECTED	2025 COVERAGE ELECTED	EVIDENCE OF INSURABILITY
None	\$100 or 1 unit	NOT REQUIRED
Any amount	Increase by \$100/1 unit within same option*	NOT REQUIRED
None or any amount	Increase by \$200/2 units or more within same option*	REQUIRED
Any amount or option	Change from 15-day waiting period option to 30-day waiting period option with or without increase	NOT REQUIRED
Any amount or option	Change from 30-day waiting period option to 15-day waiting period option with or without increase	REQUIRED

\*Options are 15-day waiting period or 30-day waiting period.

## CHART #18

WEEKLY PAY BETWEEN		MAXIMUM \$100 UNITS
\$167	\$333	1
\$334	\$499	2
\$500	\$666	3
\$667	\$833	4
\$834	\$999	5
\$1,000	\$1,166	6
\$1,167	\$1,333	7
\$1,334	\$1,499	8
\$1,500	\$1,666	9
\$1,667	\$1,833	10
\$1,834	\$1,999	11
\$2,000	\$2,166	12
\$2,167	\$2,333	13
\$2,334	\$2,499	14
\$2,500	\$2,666	15
\$2,667	\$2,833	16
\$2,834	\$2,999	17
\$3,000	\$3,166	18
\$3,167	\$3,333	19
\$3,334	\$3,499	20
\$3,500	\$3,666	21
\$3,667	\$3,833	22
\$3,833	\$3,999	23
\$4,000	\$4,166	24
\$4,167 or more		25

# VOLUNTARY EMPLOYEE BENEFITS

	COVERAGE	ELIGIBLE	PROVIDER
<a href="#">ACCIDENT INSURANCE</a>	Accident-related expenses, medical treatment, hospitalization, diagnostic testing, follow-up care, transportation/lodging.	You, your spouse or children	AFLAC
<a href="#">CRITICAL ILLNESS INSURANCE</a>	Payable when diagnosed with covered critical illness (i.e. heart attack, stroke, cancer, coronary artery bypass graft.)		
<a href="#">LEGAL SERVICES</a>	Free basic services in-network/set fees out of network. Types of legal assistance: Family/personal law, financial, home and real estate civil lawsuits, future/estate planning, identity management, vehicle and driving, elder care issues.	You	ARAG
<a href="#">PET INSURANCE</a>	A pet insurance policy can help you plan for your pet's health care— and offset costs for routine care and unexpected illness or injury.	Dog, cat, avian or exotic pet	NATIONWIDE

## OTHER EMPLOYEE BENEFITS

### STAFF AND FACULTY RETIREMENT PLAN

All full-time faculty and staff regularly scheduled and working 20 hours per week or more are required to participate in the university's 403(b) plan. Participation begins after 90 days of employment. The employee contribution is 5% of regular base pay on a before-tax basis. NKU contributes 10%. The employee is 100% vested (owns) both their own and NKU contributions immediately. The 403(b) plan is offered through TIAA with a choice of 35 different investment options. Employees who previously participated in a TIAA account, may begin contributions immediately by providing a copy of their current TIAA account statement to Human Resources.

*As of 7/1/21, all current staff hired prior to 1/1/2014 will continue in the Kentucky Public Pension Authority plan (KPPA) as a Tier 1 or 2 participant until retirement with no changes in benefits.*

### OPTIONAL RETIREMENT PLANS

Eligible employees may choose to participate in several additional retirement savings plans offered through TIAA and the Kentucky Deferred Compensation Authority.

### VACATION LEAVE FOR STAFF & FACULTY

Vacation leave provides the opportunity for rest, recreation and relaxation necessary to maintain effective work performance. Vacation leave begins accruing on a pay-period basis from the initial date of employment. However, employees may not begin to use vacation until after successful completion of their initial 90-day probationary period.

For more information about vacation accruals, please visit the payroll website, <https://inside.nku.edu/hr/current-employees/payroll.html>

### SICK LEAVE FOR STAFF & FACULTY

Sick leave is designed to cover employees and their dependents for the occasional absences for short-term illnesses (flu, cold, etc.) as well as for an extended illness or incapacitation. Sick leave allowance begins accumulating on the date of hire, but is not available for use until the 90-day probationary period is completed. Unused sick leave will not be paid upon separation from the university.

Sick leave may be accumulated without limitation. Full-time staff members accrue one day of sick leave for each calendar month of employment. Part-time staff accrue sick hours based on actual hours worked.

### TUITION WAIVER

NKU provides a tuition waiver benefit to employees and their legal spouses and dependent(s) for undergraduate courses only. Employees can utilize the tuition waiver for undergraduate, graduate or law classes. The benefit allows for a maximum of six credit hours per semester for full-time employees and three credit hours for part-time employees.

Classes may not be taken during an employee's normal working hours without prior written approval. Employees may not receive the waiver if they have terminated employment—voluntarily or involuntarily—or submitted written notice of intent to terminate prior to the first day of classes for which the waiver is requested.

The tuition waiver also provides a benefit to the employee's spouse and eligible dependent(s). Spouses and eligible dependent(s) must meet admissions requirements to NKU and the college/program to which they are applying. Spouses and dependents of full-time employees can receive up to 6 credit hours per semester; part-time up to 3 credit hours per semester.

## HOLIDAYS

Nine legal holidays are observed by the university.

- New Year's Day
- Martin Luther King, Jr. Day
- Memorial Day
- Juneteenth
- Independence Day
- Labor Day
- Thanksgiving Day & Day After
- Christmas Eve & Christmas Day

The Board of Regents or the president may grant special holidays in addition to those listed above.

# ENROLLMENT INFORMATION

## WHO CAN YOU COVER?

You can cover the following dependents under medical, dental, vision and dependent life insurance:

**Your spouse.** Legally married couples, including same-sex couples.

**Your dependent children** including your children, step, children, foster children and children for whom you are the legal guardian.

**Your Extended Family Members** who meet the following criteria:

- Age 18 or older and mentally competent to consent, and either not related to the employee by blood, adoption or marriage, and is of the same or younger generation than you and;
- Not legally married, and;
- Must reside in your household for a minimum of 12 months, and;
- Must be financially interdependent for 12 months or longer.

You must be able to provide proof of financial interdependence through at least one of the following means:

- A joint mortgage, lease or other evidence of common residence such as utility bills in both of your names.
- Durable property or health care power of attorney.
- Joint ownership of a motor vehicle.
- Joint checking account or credit card in both of your names.
- Designation of each other as the primary beneficiary in a will, life insurance policy or retirement plan.

**PLEASE NOTE:** *You can elect coverage for your spouse or an extended family member but not both. Coverage for your dependents will continue for medical, dental, vision and dependent life until the earlier of the end of the month in which:*

- The individual no longer meets the definition as your dependent.
- Your dependent children or your extended family member's children attain age 26.

## ID Cards

PLAN	WHO WILL RECEIVE ID CARD	FROM
DENTAL	Because this is a new provider, everyone will get a new card.	Humana Dental
FLEXIBLE SPENDING ACCOUNTS	Only those enrolling in Medical FSA for the first time or whose card expired.	Chard Snyder
MEDICAL	Only those with changes for 2025.	UMR/UHC
VISION	No new cards issued	EyeMed

# HOW TO ENROLL

## Accessing the Fiori My Benefits Open Enrollment Portal

1. Click on **QUICK LINKS** on the NKU home page to access the **MyNKU** portal and log in.



The sign-on service allows you to enter your NKU ID and password to access multiple resources within the NKU network.

Click on **Sign in**



2. Select **EMPLOYEE** tab at the top of the page.

3. Select "**Benefits Enrollment & Overview**"

Select **OPEN ENROLLMENT** from the **Enrollment Event** list by clicking on the radio button.

Select Enrollment Event

>>

Select Benefits

>>

Review Selections and Enroll

Enrollment Event

☒ **Open Enrollment**

To review or edit your personal information, go to [My Profile](#).

To get an overview of all the enrolled benefits, go to [My Benefits](#).

4. A Terms and Conditions statement will appear relating to Open Enrollment. Read the statement and select **CONFIRM** to access Open Enrollment. Selecting **DECLINE** will return you to the Enrollment Event Menu (see step three).

### Terms and Conditions

By clicking Accept I understand and agree to all of the following:

1. I will only be enrolled in those benefits for which I am eligible
2. I agree to the terms and conditions of enrollment set forth
3. I agree that any misrepresentation or misstatement of a material fact made on an electronic or any form requesting benefits under the plan shall terminate my eligibility and that of my eligible dependents and may result in corrective action, including dismissal
4. I will be required to provide initial and periodic proof of my dependents' eligibility
5. I authorize Northern Kentucky University to deduct amounts due from my pay on a before-tax basis, as applicable, until further notice
6. I understand that I may not change my before-tax elections during the year unless I have a qualified change as defined by the IRS.

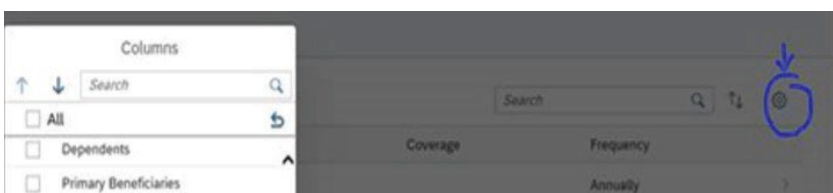
**ACCEPT**

**DECLINE**

5. A bar will appear at the bottom of the screen with a **NEXT** button in the lower right. Click **NEXT**.

6. You are now in the **SELECT BENEFITS** screen where benefit selections for the coming year can be made.

7. Click on the "Settings" icon (blue circle) and unselect Action:





# ANNUAL NOTICES

## Women's Health and Cancer Rights Act

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

- 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; and
- 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 the Northern Kentucky University medical plan. If you would like more information on WHCRA benefits, contact Benefits at (859) 572-5200.

## Statement of Rights Under Newborns' and Mothers' Health Protection Act

Group health plans and health insurance issuers generally may not, under federal law, restrict benefits for any hospital length of stay in connection with childbirth for the mother or newborn child to less than 48 hours following a vaginal delivery, or less than 96 hours following a cesarean section. However, federal law generally does not prohibit the mother's or newborn's attending provider, after consulting with the mother, from discharging the mother or her newborn earlier than 48 hours (or 96 hours as applicable). In any case, plans and issuers may not, under Federal law, require that a provider obtain authorization from the plan or the issuer for prescribing a length of stay not in excess of 48 hours (or 96 hours). However, to use certain providers of facilities, or to reduce your out-of-pocket

cost, you may be required to obtain precertification. For information on precertification, contact the Customer Service Unit telephone number on your medical identification card.

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

If you or your children are eligible for Medicaid or CHIP and you are eligible for health coverage from your employer, your state may have a premium assistance program that can help pay for coverage. These states use funds from their Medicaid or CHIP programs to help people who are eligible for these programs, but also have access to health insurance through their employer. If you or your children are not eligible for Medicaid or CHIP, you will not be eligible for these premium assistance programs.

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

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

Once it is determined that you or your dependents are eligible for premium assistance under Medicaid or CHIP, as well as eligible under your employer plan, your employer must permit you to enroll in your employer plan if you are not already enrolled. This is called a "special enrollment" opportunity, and you must request coverage within 60 days of being determined eligible for premium assistance. If you have questions about enrolling in your employer plan, you can contact the Department of Labor electronically at [www.askebsa.dol.gov](http://www.askebsa.dol.gov) or by calling toll free 1 (866) 444-EBSA (3272).

If you live in one of the states below, you may be eligible for assistance paying your employer health plan premiums. You should contact your state for further information and eligibility.

### KENTUCKY - MEDICAID

<https://www.chfs.ky.gov/agencies/dms/Pages/default.aspx>

1 (800) 635-2570

### INDIANA - MEDICAID

<http://www.in.gov/fssa>

1 (800) 889-9949

To see if any more states have added a premium assistance program since July 31, 2014, or for more information on special enrollment rights, you can contact either:

### U.S. DEPARTMENT OF LABOR EMPLOYEE BENEFITS SECURITY ADMINISTRATION

[www.dol.gov/ebsa](http://www.dol.gov/ebsa)

1 (866) 444-EBSA (3272)

### U.S. DEPARTMENT OF HEALTH AND HUMAN SERVICES CENTERS FOR MEDICARE & MEDICAID SERVICES

[www.cms.hhs.gov](http://www.cms.hhs.gov)

1 (877) 267-2323, menu option 4, ext. 61565

## Michelle's Law Notice – Extended Dependent Medical Coverage During Student Medical Leaves

The NKU plan may extend medical coverage for dependent children if they lose eligibility or coverage because of a medically necessary leave of absence from school. Coverage may continue for up to a year, unless your child's eligibility would end earlier for another reason.

Extended coverage is available if a child's leave of absence from school or change in school enrollment status (for example, switching from full-time to part-time status) starts while the child has a serious illness or injury, is medically necessary and otherwise causes eligibility for student coverage under the plan to end. Written certification from the child's physician stating that the child suffers from a serious illness or injury and the leave of absence is medically necessary may be required.

If your child will lose eligibility for coverage because of a medically necessary leave of absence from school and you want his or her coverage to be extended, call or email the Benefits team as soon as the need for the leave is recognized. In addition, contact your child's health plan to see if any state laws requiring extended coverage may apply to his or her benefits.



## Creditable Coverage Disclosure for Point of Service and Health Maintenance Organization and High Deductible Health Plan

### **Important Notice from Northern Kentucky University About Your Prescription Drug Coverage and Medicare**

Please read this notice carefully and keep it where you can find it. This notice has information about your current prescription drug coverage with Northern Kentucky 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, POS or HDHP) 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. Northern Kentucky University has determined that the prescription drug coverage offered by the Health Maintenance Organization (HMO) and Point of Service (POS) and High Deductible Health Plan (HDHP) 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 Oct. 15 to Dec. 7.

However, if you lose your current creditable prescription drug coverage, through no fault of your own, you will also be eligible for a 2-month Special Enrollment Period (SEP) to join a Medicare drug plan.

### **What happens to your current coverage if you decide to join a Medicare drug plan?**

If you decide to join a Medicare drug plan, your current Northern Kentucky University coverage will not be affected. You can keep your HMO, POS or HDHP coverage if you elect part D and this coverage will coordinate with Part D coverage.

If you do decide to join a Medicare drug plan and drop your current Northern Kentucky University coverage, be aware that you and your dependents will not be able to get this coverage back during the year unless you have a qualified status change.

### **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 Northern Kentucky University and don't join a Medicare drug plan within 63 continuous days after your current coverage ends, you may pay a higher premium (a penalty) to join a Medicare drug plan later.

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

### **For more information about this notice or your current prescription drug coverage....**

Contact the person listed below for further information. **NOTE:** You'll get this notice each year. You will also get it before the next period you can join a Medicare drug plan, and if this coverage

through Northern Kentucky University changes. You may also 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](http://www.medicare.gov).
- Call your State Health Insurance Assistance Program (see inside back coverage of your copy of the "Medicare & You" handbook for their telephone number) for personalized help.
- Call 1 (800) MEDICARE (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](http://www.socialsecurity.gov), or call them at 1 (800) 772-1213. TTY users should call 1 (800) 325-0778.

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

#### **DATE:**

Sept. 1, 2024

#### **NAME OF ENTITY:**

Northern Kentucky University

#### **CONTACT POSITION /OFFICE:**

Director of Benefits/Human Resources

#### **ADDRESS:**

Northern Kentucky University  
Lucas Administration Center 715  
Nunn Drive  
Highland Heights, Kentucky 41099

#### **PHONE NUMBER:**

(859) 572-5200

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