



2026

EMPLOYEE BENEFITS ENROLLMENT GUIDE



CHCP

THE COLLEGE OF
HEALTH CARE PROFESSIONS

For the Career of Your Life

HOUSTON

2026 BENEFIT GUIDE



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Look for this icon to locate helpful tips throughout your benefit guide.

Benefits Guide Overview

We at The College of Health Care Professions are committed to providing our employees with a benefits program that is both comprehensive and competitive. Our program offers a broad range of plan options to meet the needs of our diverse workforce. We know that your benefits are important to you and your family. This program is designed to assist you in providing for the health, well-being and financial security of you and your covered dependents. Helping you understand the benefits The College of Health Care Professions offers is important to us and that is why we have created this Employee Benefits Guide.

This guide provides a general overview of your benefit choices to help you select the coverage that is right for you. Please take time to read about and understand the benefit plans, and enroll on time. Included in this guide are summary explanations of the benefits and costs, as well as contact information for each provider.

It is important to remember that only those benefit programs for which you are eligible and have enrolled in apply to you. We encourage you to review each section and to discuss your benefits with your family members. This guide is not an employee/employer contract. It is not intended to cover all provisions of all plans but rather is a quick reference to help answer most of your questions. Please see your Summary Plan Descriptions for complete details. This guide will help you better understand your benefit options and be prepared for the enrollment process.

Benefits Eligibility

When Benefits Begin

Benefits are available to you and your dependents the first of the month following 30 days of employment. To qualify you must work a minimum of 30 hours per week, and be considered a full-time, permanent faculty or staff member.

Eligible Dependents are:

- Your legal spouse
- Your children up to age 26 (including stepchildren, foster children, legally adopted children, and children placed with you for adoption)
- Your dependent children over age 26 who are physically or mentally unable to care for themselves as determined by SSA

Change in Status

Due to IRS regulations, once you have made your elections for 2026, you cannot change your benefits until the next Annual Enrollment Period. The only exception is if you have a qualified change in family status. Election changes must be consistent with your status change. If you experience one of the following qualified events, you will have the option of changing your benefits. You must notify the HR within 30 days of your qualifying event. You will also need to provide proof of the change, such as a marriage certificate or record of birth.

Qualifying Events:

- Marriage, legal separation or divorce
- Birth or adoption of a child
- Change in employment status for you or your spouse
- Change in a dependent's benefits eligibility status (e.g., a dependent child exceeding the maximum age for coverage)
- A significant change in the cost or coverage of your spouse's benefits
- Change in place of residence causing a loss of eligibility (e.g., moving outside of the service area)
- Loss of a dependent (death)

Checklist for a Successful Enrollment



KNOW YOUR NEEDS

Read this benefit guide and use the online resources and tools. The online vendor tools can help you find and compare providers, estimate costs, view ID cards and more.

Consider your and your family's benefits coverage needs for the upcoming year—for example, are you expecting a major medical expense, such as childbirth or an elective surgery? Is your family financially protected if you can't work due to an accident or illness?



PREPARE FOR ENROLLMENT

If you are adding dependents, gather the information you'll need including their full names, dates of birth and Social Security numbers.

Review all benefits and refer to the complete summary of benefits, coverage booklets, and summary plan descriptions to help make your decisions.



Benefit elections must be made via ProLiant self-service online or in the mobile app.

- Upon logging in you should receive a notification that you have an “Open Enrollment Event” to complete.
- From the Home Page, click **Start Your Enrollment** (if you do not see a button, contact HR)
- Complete each step
 - Employee (Personal Information)
 - Family (Family Information)
 - Enroll
 - Confirm



ENROLL WITH PROLIANT

- You must enroll this year if you wish to enroll in FSA, LFSA, Dependent Care FSA and HSA benefits during 2026. All other benefits will rollover automatically. Please note, you will want to enroll if you wish to make changes to your current elections.
- You must make an election each year during open enrollment if you plan to contribute to a tax advantaged spending account.
- Make sure all dependents are enrolled for each applicable benefit and that your beneficiary information is current..
- Review and submit your benefit elections to complete your enrollment. This is one of the most important purchases you'll make; invest the time to do it thoughtfully.

For additional assistance, or if you are unable to complete the enrollment via self-service please contact HR.

Medical Plan Options

The College of Health Care Professions offers medical plans administered through United Healthcare. Options include a traditional PPO Plan, a Consumer Driven Health Plan (CDHP) with a Health Savings Account (HSA) as well as Health Maintenance Organization (HMO) plans. It is important to understand the differences in these plan types to make the best choice for covering yourself and/or your family.

Preferred Provider Organization (PPO)

A PPO plan requires a co-pay for most services (office visits, lab & x-ray, prescription drugs and preventive care). Hospital services and other covered services are subject to co-pays and/or co-insurance once the deductible has been met. A PPO plan typically has a robust network of providers you may have access to.

Consumer Driven Health Plan (CDHP)

Like a PPO plan, a consumer driven health plan (CDHP) also has a robust network of providers you may have access to. However, a consumer driven health plan is different than a PPO in that the plan pays for services after a member meets a minimum deductible. Once you satisfy the deductible, the plan will pay 100% for in-network services. The deductible that you pay plus coinsurance adds up to your out-of-pocket maximum. Once you meet your in-network out-of-pocket maximum, the plan will pay 100% of your covered services for the remainder of the year.

Prescription drugs apply to the deductible and do not have any coinsurance until the deductible is met. Preventive care is covered at 100% if you go to an in-network provider. This plan allows participants to enroll in a tax-advantage Health Savings Account (HSA).

Health Maintenance Organization (HMO)

An HMO gives you access to certain doctors and hospitals within its network. Under an HMO plan offering, your medical care is only covered if you see a provider within that HMO's network. Plans may require you to select a primary care physician (PCP), or you may be required to obtain a referral in order to see a specialist or have a special test done.

Charter Kelsey-Seybold HMO Plan

The Charter Kelsey-Seybold HMO plan provides access to 400+ Kelsey-Seybold doctors including specialists. Kelsey-Seybold will manage all of your care, therefore, no referral is needed within the Kelsey-Seybold network. The plan has in-network benefits only. Preventive care is covered at 100% if you go to an in-network provider. Out-of-network care is not covered except for urgent care and emergency services.

Navigate HMO Plan

Each member enrolled in the Navigate HMO plan must select a primary care provider (PCP) from the network. The member must obtain a referral from their PCP prior to seeing another physician or specialist within the network. No coverage will be covered without a referral. The plan has in-network benefits only. Preventive care is covered at 100% if you go to an in-network provider. Out-of-network care is not covered except for emergency services.

Information presented here does not cover all details and limitations for the plans. Additional information is found in Summary Plan Booklets. The legal plan documents and master insurance policies are the final authority in determining benefits. The College of Health Care Professions reserves the right to amend its plans from time to time and has the right at any time to terminate any plan or benefit. Participation in the plan described does not constitute any contract of employment.

Healthcare Premium Overview

Below are the contribution rates for the 2026 plan year. For bi-weekly payroll, the benefits are based on 24 pay periods even though you are paid 26 times a year. The 2026 benefit election contributions will start being deducted in January.

Plan	EE Cost Per Pay Period	EE Monthly Cost
PPO Plan		
Employee Only	\$100.10	\$200.20
Employee + Spouse	\$355.24	\$710.48
Employee + Children	\$313.39	\$626.78
Employee + Family	\$658.95	\$1,317.90
CDHP Plan		
Employee Only	\$26.65	\$53.30
Employee + Spouse	\$269.74	\$539.48
Employee + Children	\$202.66	\$405.32
Employee + Family	\$508.47	\$1,016.94
Charter Kelsey-Seybold HMO Plan		
Employee Only	\$26.90	\$53.80
Employee + Spouse	\$299.50	\$599.00
Employee + Children	\$207.49	\$414.98
Employee + Family	\$534.65	\$1069.30
Navigate HMO Plan		
Employee Only	\$28.70	\$57.40
Employee + Spouse	\$319.51	\$639.02
Employee + Children	\$212.50	\$425.00
Employee + Family	\$547.55	\$1,095.10

United Healthcare - PPO & CDHP

Summary of Benefits (In-Network Services)	PPO Plan	CDHP
Calendar Year Deductible: All individual deductible amounts will count toward the family deductible		
Individual Deductible	\$4,000	\$5,000
Family Deductible	\$8,000	\$10,000
Out-of-Pocket Maximum (OOP Max): All individual Out-of-Pocket Maximum amounts will count toward the family Out-of-Pocket Maximum.		
Individual OOP Max In-Network	\$6,800	\$5,000
Family OOP Max In-Network	\$13,600	\$10,000
Hospital Services		
Inpatient Hospital Facility (Includes Inpatient Maternity Coverage)	Covered at 80% subject to calendar year deductible	Covered at 100% subject to calendar year deductible
Emergency Room / Medical Emergency	\$500 Copayment, subject to calendar year deductible	
Outpatient Procedures		
Outpatient Hospital Facility / Surgery	Covered at 80% subject to calendar year deductible	Covered at 100% subject to calendar year deductible
Diagnostic Test (X-ray, bloodwork), Major Diagnostic Imaging (CT / PET scans, MRIs)	Covered in Full \$500 Copayment	
Physician Office Visits		
Preventive Care	Covered at 100%	Covered at 100%
Office Visits to Non-Specialist	\$35 Copayment	Covered at 100% subject to calendar year deductible
Office Visits to Specialist	\$70 Copayment	
Urgent Care	\$75 Copayment	
Prescription Drugs: 30-day supply		
Generic	\$10 Copayment	Covered at 100% subject to calendar year deductible
Preferred Brand	\$35 Copayment	
Non-Preferred Brand	\$75 Copayment	
Specialty	\$200 Copayment	
Mail Order (90-day supply)	Obtain 90-day supply for 2.5X copay	



**Those enrolled in the CDHP
Plan are eligible for a
Health Savings Account !**

United Healthcare - Charter & Navigate HMO

Summary of Benefits (In-Network Services)	Charter HMO	Navigate HMO
Calendar Year Deductible: All individual deductible amounts will count toward the family deductible		
Individual Deductible	\$4,000	\$4,000
Family Deductible	\$8,000	\$8,000
Out-of-Pocket Maximum (OOP Max): All individual Out-of-Pocket Maximum amounts will count toward the family Out-of-Pocket Maximum.		
Individual OOP Max In-Network	\$6,800	\$6,800
Family OOP Max In-Network	\$13,600	\$13,600
Hospital Services		
Inpatient Hospital Facility (Includes Inpatient Maternity Coverage)	Covered at 80% subject to calendar year deductible	Covered at 80% subject to calendar year deductible
Emergency Room / Medical Emergency	\$500 Copayment, subject to calendar year deductible	\$500 Copayment, subject to calendar year deductible
Outpatient Procedures		
Outpatient Hospital Facility / Surgery	Covered at 80% subject to calendar year deductible	Covered at 80% subject to calendar year deductible
Diagnostic Test (X-ray, bloodwork), Major Diagnostic Imaging (CT / PET scans, MRIs)	Covered in Full \$500 Copayment	Covered in Full \$500 Copayment
Physician Office Visits		
Preventive Care	Covered at 100%	Covered at 100%
Office Visits to Non-Specialist	\$35 Copayment	\$35 Copayment
Office Visits to Specialist	\$70 Copayment	\$70 Copayment
Urgent Care	\$75 Copayment	\$75 Copayment
Prescription Drugs: 30-day supply		
Generic	\$10 Copayment	\$10 Copayment
Preferred Brand	\$35 Copayment	\$35 Copayment
Non-Preferred Brand	\$75 Copayment	\$75 Copayment
Specialty	\$200 Copayment	\$200 Copayment
Mail Order (90-day supply)	Obtain 90-day supply for 2.5X copay	Obtain 90-day supply for 2.5X copay



**Charter HMO is best suited
for employees residing in
Houston.**

**Navigate HMO is best suited
for employees residing in
Texas.**

Health Savings Accounts (HSA)

If you choose to enroll in the Consumer Driven Health Plan (CDHP), the College of Healthcare Professions will fund your HSA based on your coverage tier. Additionally, you can contribute to your HSA through pre-tax payroll deductions. The HSA is a tax-advantaged account that helps you pay for qualified health care expenses. You can use the money in the account to pay for medical expenses for yourself, your spouse or your dependent children (even if they are not covered by your CDHP medical plan).

Advantages to using an HSA include:

1) Receive CHCP Fund Contribution

CHCP funds your HSA based on the level of coverage tier you have elected.

2) Save Tax-Free

This is a great way to save money and budget for medical expenses. Contributions to your HSA are payroll deducted and are tax-free.

3) Pay Tax-Free

When you use your HSA to pay for eligible health expenses, you don't pay taxes.

4) Rollover Funds

You own your HSA, therefore funds rollover from year-to-year and you can take them with you, even if you retire or leave the company.

Health Savings Account			
Plan Tier	2026 IRS Annual Limit*	CHCP's Contribution	Max EE Contribution
Single	\$4,400	\$0	\$4,400
EE + Spouse	\$8,750	\$200 (monthly) \$2,400 (annually)	\$6,350
EE+Child(ren)	\$8,750	\$240 (monthly) \$2,880 (annually)	\$5,870
Family	\$8,750	\$417 (monthly) \$5,000 (annually)	\$3,750
HSA Holder 55+	HSA holders 55 and older are eligible to contribute an extra \$1,000 as a "catch-up" contribution - these contributions are 100% tax deductible from gross income.		

- You can use your HSA dollars immediately following your HSA account activation, once contributions have been made to your account. Unlike, a FSA account, funds must be in the HSA account before expenses can be reimbursed or paid.
- You may use HSA dollars to pay for qualified dental and vision expenses, however cosmetic procedures are not covered.
- For out-of-pocket expenses such as dental and vision you may also use the limited purpose Flexible Spending Account explained on page 12.
- The following expenses may not be reimbursed from an HSA: Premiums for Medicare supplemental policies; expenses covered by another insurance plan; expenses incurred prior to the date the HSA was established. Over-the-counter drugs purchased without a prescription no longer qualify as a medical expense (except insulin).
- Use the Optum Bank app or visit optumbank.com for a complete list of qualified expenses.



If you wish to have the Health Savings Account you must activate it! See page 25 of your Benefit Guide for instructions.

Virtual Visits

Virtual Visits provides you 24/7/365 access to U.S. board-certified physicians through phone and video consultations, as opposed to more expensive and less productive settings like urgent care or the emergency room. Virtual Visits allows you to resolve non-emergency medical issues at a fraction of the time and costs when your primary care physician is unavailable. Upon enrollment in one of the CHCP's Health plans you may access this benefit via the UnitedHealthcare mobile app or visit myuhc.com/virtualvisits. Once you set up your account, seeing the doctor is easy! Simply click "Get Started", complete a brief health profile and request a visit.

Virtual visits are free for those individuals enrolled in the PPO Plan or HMO plan options. Virtual visits are subject to a minimal cost for those individuals enrolled in the CDHP Plan. A typical visit may cost around \$49. After your deductible has been met on the CDHP Plan, virtual visits are free.

What Can Be Treated by Virtual Visits?

- | | | |
|---|--|---|
| <ul style="list-style-type: none">• Acne• Allergies• Asthma• Bronchitis• Cold & Flu | <ul style="list-style-type: none">• Diarrhea• Ear Infection• Fever• Headache• Insect Bites | <ul style="list-style-type: none">• Nausea• Rashes• Sinus Infection• Sore Throat• Urinary Tract Infection |
|---|--|---|



Flexible Spending Accounts (FSA)

About FSAs

A Flexible Spending Account (FSA) allows you to set aside pre-tax dollars to pay for certain qualified expenses. Each dollar you put into your General Purpose or Limited Purpose FSA or Dependent Care FSA is a dollar not taxed. See the below descriptions to understand more about FSAs and which FSA might best meet your needs.

- FSA elections must be made every year. Prior year elections cannot be rolled over from year to year.
- FSA dollars must be used within a specific timeframe or the dollars will be forfeited. It is in your best interest to plan carefully and estimate conservatively.

Claims Filing Period - Grace Period

CHCP graciously offers a grace period for their FSA plan participants. Once the plan year has ended, all participating employees are allowed a 2 1/2 month grace period. This allows individuals until March 15th to use available FSA funds before the funds are forfeited.

EXAMPLE: Susan has money remaining in her FSA on December 31st.

- If Susan incurs claims during the prior plan year (January 1st - December 31st) she has until March 15th to use her FSA for these expenses.
- If Susan incurs a new qualified medical expense between January 1st and March 15th of the following year, she has until March 15th to use her remaining FSA dollars from the previous year to cover these expenses.
- If Susan realizes she has forgotten to use her FSA dollars within the allowed timeframes, she will lose these funds.

General Purpose FSA (For those enrolled in the PPO or HMO Plans)

A General Purpose FSA is a healthcare spending account that can be used for eligible medical, prescription drug, dental and vision expenses. This plan is specifically for those employees participating in the PPO plan.

This benefit allows you to designate an amount up to \$3,400 annually to be deducted on a pre-tax basis from your paycheck for eligible out-of-pocket healthcare expenses. The amount you contribute to your FSA and the amount you are reimbursed from your FSA are income tax-free. This is a cost effective way to pay for such items as medical and dental plan deductibles, office visit co-pays, eyeglasses, contact lenses, orthodontics and other health-related expenses that may not be covered by insurance.

Limited Purpose FSA (For those enrolled in the CDHP)

A Limited Purpose FSA is a healthcare spending account that can only be used for eligible dental and vision expenses. This plan is specifically for those employees participating in the CDHP and HSA plans.

This benefit allows you to designate an amount up to \$3,400 annually to be deducted on a pre-tax basis from your paycheck for eligible out-of-pocket dental and vision expenses. By participating in both the HSA and Limited Purpose FSA, someone could shelter \$3,400* for dental/vision and then could shelter the additional (\$4,400 or \$8,750) HSA dollars for medical related expenses.

Dependent Care FSA



Dependent Care FSA

You can use the Dependent Care FSA to pay for dependent care expenses with income tax-free dollars up to \$7,500 per household, annually. If you are paying for day care expenses now, you are paying in taxable dollars and probably taking the Federal Tax Credit at the end of the year. If you use the Dependent Care FSA, you will pay these expenses in pre-tax dollars throughout the year, eliminating the need to use the tax credit at the end of the year.

Dependents are defined as children under 13 years of age or children 13 or over who are physically or mentally unable to care for themselves. Also a spouse or an elderly parent residing in your home that is physically or mentally unable to care for themselves also qualifies. For a detailed summary of eligible expenses, refer to plan documents.

NOTE: Two-parent households can only utilize the Dependent Care Reimbursement flexible spending account if both parents work outside of the home.

The Benefit Debit Card

A quick, easy way to pay for eligible expenses. If you are enrolled in an FSA account you can use the Optum Bank Benefits Debit Card to pay for eligible services and products. Payments are automatically withdrawn from your reimbursement account, so there are no out-of-pocket costs.



Hang on to receipts in case you are later asked for verification of the purchase.

Dental PPO Plan

The College of Health Care Professions offers dental coverage through MetLife to you and your eligible dependents. You will receive the maximum benefits under the plan and pay less out of your pocket when you seek care from an in-network provider. If a non-network provider is used, expenses are reimbursed based on the Maximum Allowable Charge (MAC). Out of Network dental providers are not required to accept United Healthcare's payment for services as payment in full. Many providers will bill the participant for any additional payment requirements. This is called Balance billing.

MetLife Dental Plan		
Summary of Benefits	1500 Plan Option	2500 Plan Option
Calendar Year Deductible Individual /Family	\$50 / \$150	\$50 / \$150
Preventive Care (exams, cleanings and X-rays)	100%	100%
Basic Services (fillings, oral surgery)	80% subject to deductible	80% subject to deductible
Major Services (crowns, dentures, bridges, root canals, endodontics)	50% subject to deductible	60% subject to deductible
Annual Maximum	\$1,500	\$2,500
Orthodontia	50%	50%
Ortho Lifetime Maximum	\$1,000	\$2,000

Dental Premiums

Plan	EE Cost Per Pay Period	EE Monthly Cost
1500 Plan		
Employee Only	\$13.95	\$27.89
Employee + Spouse	\$31.13	\$62.25
Employee + Children	\$30.02	\$60.03
Employee + Family	\$49.33	\$98.65
2500 Plan		
Employee Only	\$21.68	\$43.35
Employee + Spouse	\$47.22	\$94.43
Employee + Children	\$45.54	\$91.07
Employee + Family	\$74.83	\$149.65



Vision Plan

The College of Health Care Professions offers vision coverage through MetLife to you and your eligible dependents. The vision plan is a Preferred Provider Organization (PPO) plan, which includes a network of participating eye care providers. You receive the maximum benefits under the plan and pay less out of your pocket when you seek care from an in-network provider. You do have the option to seek care out-of-network, but you will pay more for those services.

MetLife Vision Plan		
Summary of Benefits	In-Network	Out-of-Network
Eye Exam (every 12 months)	\$15 copay	Up to \$45 allowance
Lenses (every 12 months)		
Single	\$15 copay	Up to \$30 allowance
Bifocal	\$15 copay	Up to \$50 allowance
Trifocal	\$15 copay	Up to \$65 allowance
Frames (every 24 months)	\$15 copay; up to \$140 allowance	Up to \$70 allowance
Contact Lenses (in lieu of lenses/frames)	\$15 copay; up to \$140 allowance	Up to \$105 allowance

Vision Premiums



Plan	EE Cost Per Pay Period	EE Monthly Cost
Vision Plan		
Employee Only	\$4.24	\$8.48
Employee + Spouse	\$8.50	\$16.99
Employee + Children	\$7.19	\$14.38
Employee + Family	\$11.86	\$23.72

Behavioral Health Benefits (UHC)

CHCP offers several benefits addressing the behavioral health needs of our employees and their families. Behavioral health is about more than just mental health: It includes addiction issues, anger management, coping with grief, dealing with stress and other challenges. It's an important part of your overall well-being — because how you feel matters, and caring support from behavioral health providers is available as a part of your benefits.

Resources available for those enrolled in a UHC medical plan:

Employee Assistance Program	Behavioral Health Provider Support	Substance Abuse Hotline
You and your family members are permitted up to three free counseling sessions, per incident, per calendar year. You can call to speak with a counselor or schedule an appointment 24/7/365. When you call, just select Option 2 to speak with an “EAP Specialist” when prompted.	Have a concern that needs long-term support from a licensed therapist? Connect virtually or in-person with a licensed therapist, counselor, psychologist or psychiatrist for ongoing support to help with: • Stress, anxiety and depression • Bipolar and neuro-development disorders • Compulsive habits and eating disorders • Substance abuse, medication management and more	Alcohol addiction is a condition that may affect millions of Americans each day. Many people think that alcohol can help bring anxiety down, when really, drinking tends to worsen mental health challenges — and may lead to other health problems. If you or someone you love is struggling with alcohol addiction, you're not alone.
Access Benefits: Call: 1-888-887-4114 Website: UHC.com • Navigate to “Member Resources” • Search Employee Assistance Program	Access Providers: Answer a few questions and find support at myuhc.com/mh-recommendations or call the number on the back of your health plan ID card	Substance Use Helpline: Call: 1-855-780-5955 Learn more: Visit myuhc.com/mh-recommendations or call the number on your health plan ID card for more information If you or someone you know is experiencing thoughts of suicide, call 911 or the National Suicide Prevention Lifeline at 988

Don't feel comfortable talking to a provider at this time? Access online resources at www.livewellworkwell.com

Employee Assistance Program (MetLife)

Whether managing everyday issues such as job pressures, relationships, retirement planning, finding child care, or faced with grief, loss, or the impact of disability, this program provides you the opportunity to speak to a professional counselor confidentially about any type of personal concern that may be affecting your work or personal life. MetLife LifeWorks offers you access to a wide range of healthcare, legal, financial and well-being information and resources seven days a week, 24 hours a day. Benefits eligible CHCP employees have access to the MetLife EAP.

MetLife EAP Services are confidential and free!

What Services are Offered:

- | | | |
|---|---|---|
| <ul style="list-style-type: none">• Marriage Counseling• Financial Counseling• Family Resources | <ul style="list-style-type: none">• Legal Counseling• Eldercare• Wellness | <ul style="list-style-type: none">• Community / resource / support groups |
|---|---|---|

MetLife EAP

You and your family members are permitted up to **five free counseling sessions**, per incident, per calendar year.

You can call to speak with a counselor or schedule an appointment 24/7/365.

When you call, just select *Employee Assistance Program* when prompted.

Access Services:

Call: 1-888-319-7819

Website:

[Metlifeeap.lifeworks.com](https://metlifeeap.lifeworks.com)

Username: metlifeeap

Password: eap

Mobile App:

LifeWorks

Username: metlifeeap

Password: eap



Basic Life and Accidental Death & Dismemberment

CHCP offers a basic Group Term Life and Accidental Death & Dismemberment (AD&D) plan for all eligible employees.

Coverage Type	Benefit Amount	Cost
Basic Life Insurance and AD&D Insurance	\$50,000	No Cost to You / Employer Paid

Voluntary Life and Accidental Death & Dismemberment

You may purchase additional life insurance at your expense to supplement the employer-sponsored group term life benefit through MetLife.

Amount of Voluntary Life & AD&D Coverage	Plan Maximums All rates round to the next higher multiple of \$10,000, \$5,000 or \$2,000	Guarantee Issue Any requested amount over amounts below will require evidence of insurability (not required for AD&D)
Employee \$10,000 increments	5x annual compensation or \$500,000	\$100,000
Spouse \$5,000 increments	No more than 50% of employee election	\$25,000
Child Options \$1,000, \$2,000, \$4,000,	\$10,000	\$10,000

Monthly Rates per \$1,000 Benefit										
Age	<30	30-34	35-39	40-44	45-49	50-54	55-59	60-64	65-69	70+
Employee & Spouse Life Rate	\$0.29	\$0.041	\$0.059	\$0.086	\$0.123	\$0.194	\$0.301	\$0.401	\$0.656	\$1.115
Employee & Spouse AD&D Rate	\$0.017									
Child Life Rate	\$0.247									
Child AD&D Rate	\$0.048									

Spouse rates are based off of employee's age.

To calculate your supplemental life premiums follow the below:

$$\frac{\text{Amount of Coverage}}{1,000} = \frac{\text{Units}}{\text{Rate}} \times \frac{\text{Units}}{\text{Rate}} = \frac{\text{Monthly Cost}}{2} = \text{Bi-weekly deduction}$$

Voluntary Short-Term Disability

Short-Term Disability (STD) coverage is a voluntary benefit that is paid for by the employee post-tax, so any benefit paid to you while you are disabled will not have taxes withheld. The STD plan is designed to help you meet your financial needs if you become unable to work due to illness or injury. There is a minimum 7 day waiting period required where unutilized paid-time-off will be used to offset this time before the STD benefit is payable. If you do not have any paid-time off to utilize during this time, you will not be paid during the waiting period.



Short-Term Disability Insurance - MetLife

	Elimination Period	Coverage Duration	Benefit Amount
Voluntary STD	7 calendar days minimum* for accident/illness	12 weeks (includes elimination period)	60% of weekly base pay** (up to \$1,500 per week)

Voluntary Short-Term Disability Rates*

Age	<24	25-29	30-34	35-39	40-44	45-49	50-54	55-59	60-64	65+
Rate		\$0.395	\$0.395	\$0.395	\$0.395	\$0.405	\$0.477	\$0.629	\$0.710	\$0.728

$$\frac{\text{Annual Salary}}{52} = \text{Weekly Salary} \times .60 = \text{Weekly Benefit}$$

$$\frac{\text{Weekly Benefit}}{\text{Age Rate}} \times 10 = \text{Your Monthly Cost}$$



*When you elect a coverage amount in Proliant, the system will calculate your rates for you.

Voluntary Long-Term Disability

Long-Term Disability (LTD) coverage is a voluntary benefit that is paid for by the employee post-tax. The LTD coverage provides salary continuation in the event your disability continues beyond the STD period. You may qualify for benefits after you have been continuously disabled for ninety (90) days, and may remain covered as long as the disability continues and you meet the eligibility requirements. The LTD premium is post-tax, so any benefit paid while you are disabled will NOT have taxes withheld.

Pre-Existing Limitations:

If you received medical treatment, consultation, care or services including diagnostic services, or took prescribed drugs or medications in the 3 months just prior to your effective date of coverage; and the disability begins in the first 12 months after your effective date of coverage, pre-existing limitations will apply.

Long-Term Disability Insurance			
	Elimination Period	Coverage Duration	Benefit Amount
Long-Term Disability	90 days	2 years own occupation to age 65	60% of monthly earnings (up to \$10,000 per month)

Voluntary Long-Term Disability Rates*											
Age	<25	25-29	30-34	35-39	40-44	45-49	50-54	55-59	60-64	65-69	70+
Rate	\$0.141	\$0.141	\$0.141	\$0.303	\$0.414	\$0.564	\$0.754	\$0.861	\$0.672	\$0.253	\$0.253

$$\frac{\text{Annual Salary}}{12} = \frac{\text{Monthly Salary}}{100} \times \text{Age Rate} = \text{Your Monthly Cost}$$



*When you elect a coverage amount in Proliant, the system will calculate your rates for you.



Critical Illness Insurance

The College of Healthcare Professions also offers stand-alone Critical Illness (CI) coverage through Met-Life to help our employees and their families maintain financial security during the lengthy recovery after a serious medical event including, but not limited to, events like a heart-attack or stroke.

Medical insurance doesn't cover every healthcare expense, leaving you to pay out-of-pocket expenses such as deductibles, prescriptions, and even transportation/lodging costs. Critical Illness insurance can provide extra coverage for all the costs related to caring for major medical events such as a heart attack or stroke.

Amount of coverage is up to you based on your individual needs. You can elect the payable Face Amounts of \$15,000 or \$30,000. If a spouse is or dependent child(ren) are covered under the employee's plan, their face amount is 50% of the employee's coverage.

Covered CI Conditions	Initial Benefit	Recurrence Benefit
Heart Attack	100% of Benefit Amount	50% of Benefit Amount
Stroke	100% of Benefit Amount	50% of Benefit Amount
Major Organ Transplant	100% of Benefit Amount	NONE
Full Benefit Cancer	100% of Benefit Amount	50% of Benefit Amount
Coronary Artery Bypass	100% of Benefit Amount	50% of Benefit Amount

Please note the following:

- After a covered condition occurs there is a 365 days benefit suspension period during which the plan does not pay recurrence benefits.
- If you receive a benefit for critical illness, and later you are diagnosed with a different critical illness, the original percentage of the face amount is payable for that particular critical illness.
- Rates vary based on issue age, tobacco use & coverage tier elected. Please see HR to see full rate schedule & calculate your monthly premium.



*When you elect a coverage amount in Proliant, the system will calculate your rates for you.

Accident Insurance

CHCP provides voluntary accident insurance through MetLife. With this coverage, you may not need to use your savings or secure a loan to help pay those unexpected out-of-pocket expenses associated with a covered accident that are not covered under your underlying medical plan (such as deductibles, copayments, and out-of-pocket maximums).

You may elect Plan Option 1 or 2 based the needs of you and your family. Plan 1 has slightly cheaper rates while Plan 2 has slightly richer benefits (see overview in table below). For a full comparison of benefits, see the summary plan description.

Accident Coverage Benefit Overview		
Covered Services due to Eligible Accident	Plan 1 (LOW)	Plan 2 (HIGH)
Emergency Treatment (4 visits per person per year)	\$75/visit	\$100/visit
Ambulance (Ground / Air)	\$300	\$400
X-Ray Benefit	\$150	\$200
Occupational or Physical Therapy (10 days max)	\$35/day	\$50/day
Fracture (Based on Bone Broken)	Open: \$200 - \$8,000 Closed: \$100 - \$4,000	Open: \$400 - \$10,000 Closed: \$200 - \$5,000
Burn (Based on Size & Degree; Skin Graft 50% of Ben.)	\$75 - \$10,000	\$100 - \$15,000
Concussion / Coma	\$250 / \$7,500	\$500 / \$10,000
Hospital (Admission)	\$1,000	\$1,500
Surgical Care (Based on Type of Surgery)	\$150 - \$1,500	\$200 - \$2,000
Catastrophic Accident (Employee & Spouse / Child)	\$20,000	\$40,000
Accidental Death (Employee & Spouse / Child)	\$25,000 / \$12,500 / \$5,000	\$50,000 / \$25,000 / \$10,000
Accidental Death due to Common Carrier	\$75,000 / \$35,000 / \$15,000	\$150,000 / \$75,000 / \$30,000

	Employee	EE + Spouse	EE + Child(ren)	Family
Plan 1 (LOW) Monthly Rates	\$7.77	\$15.29	\$17.19	\$21.32
Plan 2 (HIGH) Monthly Rates	\$10.48	\$20.49	\$22.94	\$28.47

Hospital Indemnity

In addition, CHCP offers a stand-alone voluntary Hospital Indemnity benefit through MetLife. MetLife Hospital Indemnity Insurance can complement existing medical coverage and help fill financial gaps caused by out-of-pocket expenses such as deductibles, co-payments, and non-covered medical services. Benefits are paid regardless of what is covered by medical insurance. Payments are made directly to covered employees to spend as they choose.

Amount of coverage is up to you based on your individual needs. You can elect between two plan options, both include on-and off-the job coverage.

Hospital Indemnity Benefit Overview		
Covered Services	Plan 1 (LOW)	Plan 2 (HIGH)
Admission Benefit— 1 time(s) per calendar year	\$500	\$1,000
ICU Supplemental Admission (paid concurrently with admission benefit)	\$500	\$1,000
Confinement Benefit—15 days per year	\$100	\$200
ICU Supplemental Admission (paid concurrently with admission benefit)	\$100	\$200
Other Benefits		
Health Screening—1 time(s) per calendar year per covered person	\$50	\$50

	Employee	EE + Spouse	EE + Child(ren)	Family
Plan 1 (LOW) Monthly Rates	\$16.58	\$30.53	\$27.44	\$41.39
Plan 2 (HIGH) Monthly Rates	\$28.05	\$51.29	\$46.28	\$69.52

Pet Benefits - United Healthcare / Figo Pet Insurance

CHCP is pleased to offer pet insurance for our employees who wish to have coverage for their furry family members. Figo insurance is available to cover cats and dogs. Coverage is available at several levels or may also be completely customizable to your needs! Rates are based on the coverage you select, your animal's breed, age and zip code.

For your convenience, Pet Insurance coverage elected will be paid for by the employee directly to Figo. Benefits will not be paid for through payroll deductions.

With this exciting benefit, every new enrollee obtains a welcome kit! Each insured pet receives a welcome package upon enrollment including a collapsible pet bowl and pet tag that connects to the pet profile on the cloud, should the pet get lost.

Benefit Highlights:

See any licensed veterinarian anywhere in the world!!!	
Virtual Vet Employees get direct access to a licensed veterinary professional via text or video chat — anytime, anywhere, within seconds.	Artificial intelligence (AI) claims Powered by chat bot Evie, which brings experience to the claim-filing process. Over 50% of claims paid with 24 hours. Overall average within 2.8 days.
Inbox and docs From medical notes to policy documents, keeping pet's records in one place is easier, with on-the-go access.	Community Resources Online pet community to connect with pet parents and find pet-friendly services. Curated lists of pet friendly locations: hotels, restaurants, pet parks and more.

Access Benefits:

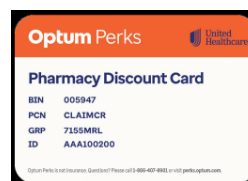
Call: 1-844-738-3446

Website:

www.figopetinsurance.com

- Navigate to "Get a Quote "

Get Discounts on Pet Prescriptions!



With this UnitedHealthcare Pet Health discount card, employees can get discounts on many of their pet's prescriptions at over 64,000 network pharmacies nationwide.



One Pass

CHCP is able to offer a valuable health and well-being benefit to our employees enrolled in a United Healthcare medical plan. United Healthcare provides access to a network of fitness facilities at a fraction of the cost of normal gym membership fees—especially for those members paying for multiple fitness memberships.

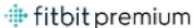
The One Pass benefit allows you to pay a one-time enrollment fee, and a monthly subscription fee to gain access to thousands of gyms nationwide and online classes.

- **No long-term contracts or annual gym registration fees**
- **Flexible fitness options and the ability to use locations nationwide (not limited to 1 gym)**
- **The ability to add up to 4 family members (ages 18+) at a 10% monthly discount**
- **The option to change tiers monthly**
- **Subscription also offers access to a grocery delivery subscription**  | 

A Variety of Membership Options:

Category	Digital	Classic	Standard	Premium	Elite
Monthly fee	\$10	\$29	\$64	\$99	\$144
One-time enrollment fee	\$10	\$29	\$29	\$29	\$29
Gym network size		11,000+	12,000+	14,000+	16,000+
Premium network			✓	✓	✓
Multi-location access		✓	✓	✓	✓
Digital classes	10,000+	10,000+	10,000+	10,000+	10,000+

Participating Fitness Brands:

Digital	Classic	Standard	Premium	Elite
				
				
				
				
				
				
				

Sign into your myuhc.com account to access One Pass.

401(k)

The College of Healthcare Professions provides a 401(k) retirement savings plan for individuals who are at least 21 years of age and have completed 6 months of service by the next plan entry date.

Tax Advantages

Pre-Tax Savings

- Savings pre-tax lowers your current taxable income allowing you to pay less in taxes now and take more income home.

Tax Advantage Savings with Roth 401(k)

- With a Roth your contributions are taxed now instead of when you retire.

Give Yourself a Raise This Year!

Employer Match

- Savings pre-tax lowers your current taxable income allowing you to pay less in taxes now and take more income home.

Vesting

- 100% vesting when you reach your three year anniversary.
- If you satisfy the three year service requirement, you are fully vested and qualify for full match.

How Much Can I Contribute?

- You can contribute from 1% to 90% of your pre-tax salary to the plan each year up to the annual maximum limits.
- Maximum contribution limits are set by the IRS and may change on annual basis.

Loan Provisions

- Loans are subject to the plan rules and ERISA regulations. You may Contact MyKPlan with questions on loans and loan eligibility.

For additional plan details and information on how you can elect to participate in the 401(k) offering, please contact Human Resources.



Additional Benefits

Holidays

CHCP observes the following holidays:

Holiday	Observed
New Year's Day	Thursday, January 1
Martin Luther King, Jr. Day	Monday, January 19
Memorial Day	Monday, May 25
Independence Day	Friday, July 4
Labor Day	Monday, September 7
Thanksgiving Day	Thursday, November 26
Day after Thanksgiving	Friday, November 27
Christmas Day Observed	Friday, December 25
Floating Holiday	One Optional Date

Volunteer Time Off

- CHCP allows 4 paid time off hours per calendar year for employees participating in volunteer activities.
 - Employees must be in good standing to earn this benefit
 - Time does not roll over

Paid Time Off

- CHCP understands the need for employees to take time away from work. We encourage employees to take accrued paid time off. CHCP's accrual for PTO is as follows:

Months of Service	Accrual Amount Per Pay Period	Annual PTO Accrual	Maximum Yearend Carryover
0 - 12 Months	3.08	80.08	100
13 – 36 Months	4.92	127.92	100
37 -60 Months	5.54	144.04	100
61-120 Months	6.46	167.96	100
121 Months	8	208	100

Using Your Benefits

ID Cards and Additional Access Information

Knowing the benefit cards in your wallet and benefit apps on your phone will simplify your life. You have two kinds of benefit cards with the CHCP plan; cards that identify you as a plan participant and debit cards to provide convenient payment options.

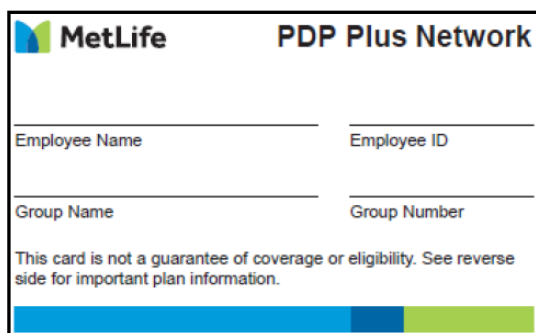


United Healthcare

United Healthcare administers the medical and prescription drug benefits for The College of Healthcare Professions. Present this card when you visit your doctor, hospitals, laboratories and others that provide you medical services. You can also access the mobile app for your card. Most providers will ask for your ID card with each visit so keep this card with you for all visits and emergencies.

Customer Service: 800-721-0627

Website: www.myunitedhealthcare.com



Met Life

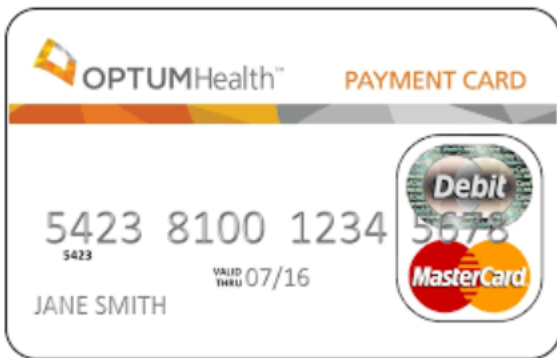
Met Life administers the dental and vision benefits for CHCP. You don't need an ID card to visit your dentist or vision provider. Simply tell your physician you receive benefits through the College of Healthcare Professions. You will provide your name, your date of birth, and your social security number. The provider should be able to locate your benefits with this information.

Customer Service: 800-638-5433

Website: www.metlife.com

Using Your Benefits

ID Cards and Additional Access Information



OPTUM HEALTH

Optum Bank administers the HSA and FSA benefits for CHCP. The Optum debit card is the fastest and most convenient way to pay for eligible expenses. Simply swipe your debit card to instantly pay for eligible expenses from your benefits accounts. Where you swipe your card will determine whether any steps are needed after that. You can use the card at your healthcare provider's office. You can also use the card at pharmacies or drug stores or retailers.

You may be required to provide documentation to verify that an expense paid for on your debit card is eligible.

You can submit documentation in seconds by using the Mobile App by Optum. This is the fastest and easiest way to submit documentation because the app allows your phone's camera to take pictures of your documents and upload them on the spot. You may also submit documentation through your online account or via fax or mail.



YOU MUST ACTIVATE YOUR ACCOUNT!

If you enrolled in the CDHP and wish to have a health savings account you must take action. CHCP cannot deposit funds into your account if you do not activate it.

Please follow the link below to enroll using your employer group's customized enrollment link. This link is for enrollment under Group ID: 919745 only:

<https://enrollhsa.optumbank.com/enrollment#/?group=919745>

After following the link, scroll down on the landing page and click on "NEXT" to complete your enrollment. If for any reason you require assistance with the Optum website, please call 1-866-234-8913.

NOTES

Contact Information

Benefit Provider Website and Toll-Free Numbers: Each of the carrier websites listed below contain valuable information regarding the benefit plan and an up-to-date list of participating providers. Also listed below is a toll-free number for each carrier in case you have a specific question regarding your benefit coverage.

Benefit	Plan/Provider	Web Site	Phone Number
Medical & Prescription Drug	UNITED HEALTHCARE Health Advisor 24-Hour Information Line	www.myunitedhealthcare.com	(800) 721-0627
Health Savings Account, Flexible Spending Accounts	Optum Bank	www.optumbank.com	800-243-5543
Dental	MetLife	www.metlife.com	800-638-5433
Vision	MetLife	www.metlife.com	800-638-5433
EAP MetLife EAP UHC	LifeWorks UHC	www.metlifeeap.lifeworks.com www.uhc.com *	888-319-7819 888-887-4114
Basic Life & AD&D, Vol Life and AD&D / Voluntary Short-Term Disability / Voluntary Long-Term Disability	MetLife	www.metlife.com	800-638-5433
Critical Illness, Accident, Hospital Indemnity	MetLife	www.metlife.com	800-638-5433
Pet Benefits	Figo	www.figopetinsurance.com	844-738-3446

*For access to UHC EAP visit UHC.com and navigate to Member Resources and search EAP.

Contact Human Resources

Please feel free to contact Human Resources should you have any questions pertaining to your benefit options.

Patricia Huerta - Payroll and Benefits Administrator

phuerta@chcp.edu

832-333-9044

