

## SUFFOLK UNIVERSITY HEALTH AND WELFARE BENEFIT PLAN

### Schedule A

#### Summary of Welfare Benefits

#### Part-Time Employees

As of January 1, 2019

#### Group Medical Coverage Feature

<i>Coverage Options</i>	<i>Welfare Benefit Contract Information</i>	<i>Eligibility requirements</i>	<i>Last Day of Coverage</i>	<i>Monthly Employee Premium Cost</i>	<i>For More Information</i>
<b>Harvard Pilgrim Health Care HMO</b>	072066	First of the month following Date of Hire. Date of Hire if hire date is first of the month. Spouses under age 65 of retirees are eligible on the date the retiree joins the Retiree Health Plan	Last Day of the Month of Termination	EE: \$274.36 EE+Chi: \$535.32 EE+SP: \$589.93 Family: \$730.45	<b>1600 Crown Colony Drive Quincy, MA 02169 1-888-333-4742 www.hphc.org</b>
<b>Harvard Pilgrim Health Care Best Buy HMO</b>	072065	First of the month following Date of Hire. Date of Hire if hire date is first of the month. Spouses under age 65 of retirees are eligible on the date the retiree joins the Retiree Health Plan	Last Day of the Month of Termination	EE: \$236.69 EE+Ch: \$462.85 EE+SP: \$508.86 Family: \$630.07	<b>1600 Crown Colony Drive Quincy, MA 02169 1-888-333-4742 www.hphc.org</b>

<b>Harvard Pilgrim Health Care PPO</b>	072067	First of the month following Date of Hire. Date of Hire if hire date is first of the month. Spouses under age 65 of retirees are eligible on the date the retiree joins the Retiree Health Plan	Last Day of the Month of Termination	EE: \$558.94 EE+Ch: \$1,089.92 EE+SP: \$1,201.69 Family: \$1,487.86	<b>1600 Crown Colony Drive Quincy, MA 02169 1-888-333-4742 www.hphc.org</b>
<b>Harvard Pilgrim Health Care HDHP PPO</b>	072068	<b>First of the month following Date of Hire. Date of Hire if hire date is first of the month. Spouses under age 65 of retirees are eligible on the date the retiree joins the Retiree Health Plan</b>	<b>Last Day of the Month of Termination</b>	<b>EE: \$163.23 EE+Ch: \$318.32 EE+SP: \$350.96 Family: \$434.52</b>	<b>1600 Crown Colony Drive Quincy, MA 02169 1-888-333-4742 www.hphc.org</b>

**Group Prescription Drug Coverage Feature**

<i>Coverage Options</i>	<i>Welfare Benefit Contract Information</i>	<i>Eligibility requirements</i>	<i>Last Day of Coverage</i>	<i>Monthly Employee Premium Cost</i>	<i>For More Information</i>
Optum RX		First of the month following Date of Hire. Date of Hire if hire date is first of the month.	Last Day of the Month of Termination	Included in the medical cost.	P.O. Box 42000 Hazelwood, MO 63042 800.788.4863 www.optumrx.com

**Group Dental Coverage Feature**

<i>Coverage Options</i>	<i>Welfare Benefit Contract Information</i>	<i>Eligibility requirements</i>	<i>Last Day of Coverage</i>	<i>Monthly Employee Premium Cost</i>	<i>For More Information</i>
Delta Dental PPO	004772	First of the month following Date of Hire. Date of Hire if hire date is first of the month.	Last Day of the Month of Termination	EE: \$23.74 EE+Ch: \$42.43 EE+SP: \$47.11 Family: \$74.42	465 Medford Street Boston, MA 02129 800.872.0500 www.deltadentalma.com

**Group LTD Coverage Feature**

<i>Coverage Options</i>	<i>Welfare Benefit Contract Information</i>	<i>Eligibility requirements</i>	<i>Last Day of Coverage</i>	<i>Monthly Employee Premium Cost</i>	<i>For More Information</i>
Standard Life Insurance Long Term Disability	162728	First of the month following 12 months from date of hire	Termination Date	No Employee Cost	P.O. Box 3789 Portland, OR 97208 800-937-4783 www.standard.com

**Group Life/ AD&D Coverage Feature**

<i>Coverage Options</i>	<i>Welfare Benefit Contract Information</i>	<i>Eligibility requirements</i>	<i>Last Day of Coverage</i>	<i>Monthly Employee Premium Cost</i>	<i>For More Information</i>
Standard Life Insurance Basic Life/AD&D Insurance	162728	First of the month following Date of Hire. Date of Hire if hire date is first of the month.	Termination Date	No Employee Cost	P.O. Box 3789 Portland, OR 97208 800-937-4783 www.standard.com

### Voluntary Life Coverage Feature

<i>Coverage Options</i>	<i>Welfare Benefit Contract Information</i>	<i>Eligibility requirements</i>	<i>Last Day of Coverage</i>	<i>Monthly Employee Premium Cost</i>	<i>For More Information</i>
Standard Life Insurance Voluntary Life Insurance	162728	First of the month following Date of Hire. Date of Hire if hire date is first of the month.	Termination Date	Cost is based on coverage amount elected and age at time of election	P.O. Box 3789 Portland, OR 97208 800-937-4783 www.standard.com

### Employee Assistance Program

<i>Coverage Options</i>	<i>Welfare Benefit Contract Information</i>	<i>Eligibility requirements</i>	<i>Last Day of Coverage</i>	<i>Monthly Employee Premium Cost</i>	<i>For More Information</i>
E4 Health, Inc.	None	Same day as date of hire	Last Day of the Month of Termination	No Employee Cost	105 Decker Ct., Suite 475 Irving, Texas 75062 800.828.6025 www.helloe4.com

### Health Savings Account Coverage Feature

<i>Coverage Options</i>	<i>Welfare Benefit Contract Information</i>	<i>Eligibility requirements</i>	<i>Last Day of Coverage</i>	<i>Monthly Employee Premium Cost</i>	<i>For More Information</i>
Discovery Benefits	None	First of the month following Date of Hire. Date of Hire if hire date is first of the month.	Termination Date	Elected Amount	P.O Box 2926 Fargo, ND 58108 866.451.3399 www.discoverybenefits.com

## Healthcare Flexible Spending Account Coverage Feature

<b><i>Coverage Options</i></b>	<b><i>Welfare Benefit Contract Information</i></b>	<b><i>Eligibility requirements</i></b>	<b><i>Last Day of Coverage</i></b>	<b><i>Monthly Employee Premium Cost</i></b>	<b><i>For More Information</i></b>
<b>Discovery Benefits</b>	<b>None</b>	<b>First of the month following Date of Hire. Date of Hire if hire date is first of the month.</b>	<b>Termination Date</b>	<b>Elected Amount</b>	<b>P.O Box 2926 Fargo, ND 58108 866.451.3399 <a href="http://www.discoverybenefits.com">www.discoverybenefits.com</a></b>