



**2026 OPEN ENROLLMENT**



# AGENDA

01 Who is eligible for benefits?

02 Medical coverage

03 Limited indemnity coverage

04 Best practices

05 Action items

# 2026 BENEFIT PACKAGE

## Short Plan Year: July 1, 2026 through December 31, 2026

**Why Short Plan Year?** National University is transitioning to a calendar-year benefits plan beginning January 1, 2027. This six-month plan year helps bridge the transition

## No benefit or rate changes for the new plan year



The benefits listed throughout this document are brief summaries only. They have been verified by the company's health insurance broker and do not fully disclose the benefits covered under your plan. For additional details, please refer to the plan's Evidence of Coverage booklet or Plan Summary. In all cases, if the benefit plan information herein differs from the details in the insurance plan summary, the insurance plan summary will prevail.

**Make Elections By:** June 26, 2026

**Passive Enrollment:** Your current benefit enrollment will **automatically carry over** to the new plan year unless you make changes.

**Next Open Enrollment:** If you do not enroll/make changes during this open enrollment, your next opportunity to enroll/make changes will be this fall for a benefit effective date of January 1, 2027.

**Qualifying Life Events (QLE):** You can make midyear changes if you experience a qualifying life event (QLE) during the year. Examples of QLE include loss of coverage, new coverage, marriage, or new child

**During Open Enrollment, you will be able to do the following:**

Add/remove  
dependent  
coverage

Enroll/update  
your benefit  
plan(s)

Update  
personal  
information

# WHO IS ELIGIBLE FOR BENEFITS?

## Eligibility:

All part-time faculty and staff

## Eligibility Dependents:

Spouse, domestic partner, and child(ren). You must enroll yourself in order to enroll your dependent(s).

## Eligibility requirements for children

Dependent biological child(ren), step-child(ren), adopted child(ren) or foster child(ren) of employees or their spouse or domestic partner are eligible to be added to your plan if they are under 26 years old.

## Important Reminder

If you miss the opportunity to enroll yourself and/or your dependents, you will not be able to do so until next year's Open Enrollment.

After Open Enrollment closes, the only exception to enroll during the plan year is with a qualifying life event.

## Qualifying Life Event:

A life event that allows you to change your benefit elections, or enroll if you had previously declined, outside of the Open Enrollment Period.

If you decide to change your election, you are required to notify **Benefit Harbor** within 30 days after the qualifying event.

If you do not notify **Benefit Harbor** within 30 days after the event, changes cannot be made to your elections until the next annual Open Enrollment.

## Some examples include:

- Birth or adoption of a child
- You or your spouse's or domestic partner's loss or gain of coverage through our organization or another employer
- Marriage, divorce or legal separation
- COBRA-qualifying event
- Judgement, decree or court order, such as a Qualified Medical Child Support Order (QMCSO)
- Change in residence affecting eligibility or access

# KEY TERMS

## **Deductible**

The amount you pay each year before your plan starts to pay for certain services.

## **Copay**

The fixed dollar amount you pay for certain services during the plan year.

## **Coinsurance**

The members cost share amount for certain services usually payable after meeting the deductible.

## **Out-of-pocket maximum**

The most you have to pay out of pocket each year for healthcare services.

## **Premium**

The monthly amount you pay for yourself and enrolled dependents, after the employer contribution is considered.



It's often forgotten that routine preventive care visits are included in medical benefits.\* This type of care includes:

- Early detection of health problems
- Testing, examinations, screenings and immunizations
- Fully covered visits when in network

\*Please refer to your carrier's preventive care services guidelines for a more in-depth list of services.



## What is an EPO?

An **Exclusive Provider Organization (EPO)** is a type of health plan that offers a moderate amount of freedom to choose your health care providers from a local network of doctors and hospitals.

An EPO plan is usually more affordable than a PPO plan, however, there is no coverage for out-of-network providers (except in an emergency).

EPO plans have a higher deductible but lower monthly premiums.

### PROS:



- Ability to self-refer in the network
- Lower premium cost than PPOs

### CONS:



- No out of network benefits, except in an emergency.



## All Apex-MEC plans provide

- Preventative care visit
- Telemedicine 24/7 (multilingual)
- Behavioral health services (multilingual)
- Pharmacy benefits



## Apex-MEC

### PREVENTIVE/WELLNESS BENEFITS\*

MEC benefits cover 100% of the cost of certain preventive health services, when delivered by a doctor or provider in your plan's network. Visit [www.HealthCare.gov/center/regulations/prevention.html](http://www.HealthCare.gov/center/regulations/prevention.html) for benefits.

### MDLive - TELEMEDICINE 24/7 (Multilingual)<sup>2</sup>

### MDLive - BEHAVIORAL HEALTH SERVICES (Multilingual)<sup>2</sup>

### PHCS - PPO NETWORK SERVICES<sup>2</sup>

Primary Care Physician Visits

Specialist Office Visits

Urgent Care

Diagnostic X-ray and Lab

CT Scan/MRI (outpatient only)

### Cigna Rx - PRESCRIPTION BENEFITS<sup>2</sup>

Tier 1 - Low Cost

Tier 2 - Generics

Tier 3 - Preferred

### MEC PLUS & GLOBE LIFE GLI<sup>1</sup>

Covered at 100%

FREE & Unlimited

FREE & Unlimited

\$20 Copay - 3 visits PPY

Network Discount

\$50 Copay - 3 visits PPY

See Globe Life GLI Benefits Below

\$1 Copay

10% Coinsurance

20% Coinsurance



Group limited indemnity insurance pays fixed benefits when a Certificate holder receives services covered by the plan. Benefits for each covered service are paid at a specified amount per day to a maximum number of days per year.

# GROUP LIMITED INDEMNITY BENEFITS



LIMITED INDEMNITY BENEFITS		GLI Underwritten by Globe Life
<b>Hospital Indemnity Benefits</b>		
<b>Hospital Confinement</b> For treatment in a hospital, due to sickness or injury for 23 or more continuous hours (i.e., not less than a day) Note: Maternity benefit is payable as any other illness for both mother and child		\$600 per day - 10 days PPY
<b>Hospital Intensive Care Unit</b> For intensive and comprehensive care, when confined in an area equipped with lifesaving equipment (ICU)		\$1,000 per day - 10 days PPY
<b>Hospital Admission</b> Lump sum benefit for a hospital admission, due to sickness or injury Note: Admission benefit for birth of a healthy child covers mother only. Benefit is payable for newborn if admitted to ICU		\$1,000 per day - 1 day PPY
<b>Surgery/Anesthesia Benefits</b>		
<b>Inpatient Surgery</b> For inpatient surgery in hospital due to sickness or injury		\$500 per day - 1 day PPY
<b>Outpatient Major Surgery</b> For outpatient major surgery in hospital or freestanding surgery center, due to sickness or injury		\$300 per day - 1 day PPY
<b>Outpatient Minor Surgery</b> For outpatient minor surgery in hospital or freestanding surgery center, due to sickness or injury		\$100 per day - 1 day PPY
<b>Anesthesia</b> For general anesthesia administered by an anesthesiologist or Certified Registered Nurse Anesthetist (payable with inpatient and outpatient major surgeries only)		\$300 per day - 1 day PPY
<b>Emergency Room Benefits</b>		
<b>Emergency Room for Sickness</b> For treatment in an ER due to sickness		\$50 per day - 2 days PPY
<b>Emergency Room for Injury</b> For treatment in an ER due to injury (treatment must occur within 72 hours of the accident)		\$200 per day - 2 days PPY
<b>Outpatient Benefits</b>		
<b>Outpatient Diagnostic Lab</b> For lab test, ordered by a physician		\$50 per day - 3 days PPY
<b>Outpatient Diagnostic X-ray</b> For X-ray, ordered by a physician		\$100 per day - 1 day PPY
<b>Outpatient Major Diagnostic Testing</b> For major diagnostic testing, ordered by a physician		\$300 per day - 1 day PPY

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# EMPLOYEE PREMIUMS



## MONTHLY PREMIUMS PAID BY EMPLOYEE

Employee only

**\$138.00**

Employee & Spouse only

**\$259.00**

Employee & Children only

**\$245.00**

Family

**\$386.00**



## Office visits

If services are necessary, schedule an appointment with your provider under your current plan prior to the new coverage effective date. If you're a current patient, and coverage has terminated, the provider may be willing to hold off on billing to avoid having to reprocess the claim. You may be able to sign a waiver at the provider's office to surrender payment if insurance coverage does not go through.



## Prescriptions

Try to refill maintenance prescriptions prior to the end date of the existing coverage. If you need to fill a prescription on or after the effective date for your new coverage and you do not have your new ID card or number, you can pay for the prescription at the pharmacy and then request reimbursement from the carrier once you receive your new ID number.



## Providers

We encourage you to be your own advocate. Confirm that your current provider is contracted **in network** for whichever plan type you choose.



## New ID cards

ID cards from your new carrier typically take 7 to 10 business days to receive after the coverage effective date. You may also be able to go online and print a temporary ID card.

## Get started

Take full advantage of the resources your plans have to offer. Review carriers' websites for detailed information. Use their nurse line services, and take advantage of free preventive services and wellness visits.

## Make the most of your medical visits

Before your visit, prepare questions to ask your doctor. Ask as many questions as you can. Whenever possible, use in-network physicians and hospitals. Take advantage of all your preventive care service which are covered 100%, in-network.

## Save money on medications

If you take a brand-name medication, ask your doctor if you are a good candidate for a lower-cost generic substitute. You may also want to consider the mail-order program for maintenance medications.

### Save money on doctor visits

If you need to see a doctor and it is after hours or you cannot get an appointment right away, you have a few options:

Coverage	Benefit
Walk-in clinic	For ailments that are bothersome but not life-threatening; also for vaccinations
Urgent care	For urgent, but not severe, problems that would otherwise warrant a trip to the hospital
Emergency room	For situations that involve serious trauma or other life-threatening conditions

- 1** Decide to enroll in a medical & Group limited indemnity plan.
- 2** Research your provider(s) to confirm that they are in network.
- 3** If you're not considering coverage, waive coverage for yourself or spouse/dependents.
- 4** Complete & submit online enrollment through EZ Enrollment as directed.

A woman with her hair in a bun, wearing a white shirt, is seen from behind with her right hand raised in a meeting room. Other people are visible in the background, some looking towards the front of the room. The scene is overlaid with a blue semi-transparent banner containing text.

# ANY QUESTIONS?

**Enrollment Questions**  
Contact Benefit Harbor  
888-575-0536

**Billing Questions**  
Contact PIOPAC  
808-792-5276

**ID Cards | Finding & Coordinating Care**  
Contact Loomis  
Website: [www.loomisco.com](http://www.loomisco.com)  
Phone: 877-959-9952