

2026

Benefits Guide



About This Guide

This benefit summary provides selected highlights of the Meredith College employee benefits program. It is not a legal document and shall not be construed as a guarantee of benefits nor of continued employment at the company. All benefit plans are governed by master policies, contracts and plan documents. Any discrepancies between any information provided through this summary and the actual terms of such policies, contracts and plan documents shall be governed by the terms of such policies, contracts and plan documents. Meredith College reserves the right to amend, suspend or terminate any benefit plan, in whole or in part, at any time. The authority to make such changes rests with the Plan Administrator.



Full-Time Employees

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Benefit Basics

QUALIFYING LIFE EVENTS

You may change your benefit elections during the year if you experience a qualifying life event, such as:

- Marriage, divorce or legal separation
- Birth of your child or your domestic partner's child
- Adoption of or placement for adoption of your child
- Death of your spouse, domestic partner or dependent child
- Change in employment status of employee, spouse/domestic partner or dependent child
- Change in health care coverages due to change in eligibility (job-based, new entitlement, student plans, age)
- New entitlement to Medicare or Medicaid
- Change in residence
- Qualification by the Plan Administrator of a child support order for medical coverage

You must notify Human Resources within 30 days of a qualifying life event. Depending on the type of event, you may need to provide proof of the event, such as a marriage license. Human Resources will let you know what documentation you should provide. If you do not contact Human Resources within 30 days of the qualified event, you will have to wait until the next open enrollment window to make changes (unless you experience another qualifying life event).

ELIGIBILITY

You are eligible for benefits if you work 1,000+ hours per year. Eligibility options vary depending on full-time or part-time employment status.

Most of your benefits are effective on the first day of the month following your date of hire, or on your date of hire if you were hired on the first of the month. Retirement benefits are effective the first date of employment.



Your dependents can also enroll for coverage, including:

- Your legal spouse
- Your domestic partner
- Your children up to age 26

Remember that you may only change coverage during the year if you experience a qualifying life event. However, you can change your individual retirement contribution at any time.

PRE-TAX vs. POST-TAX

Meredith College offers benefits on either a pre-tax or post-tax basis. Medical, Dental and Vision premiums, along with contributions to your HSA, HCFSA, DCFSA, LFSA, and retirement are all deducted pre-tax. These deductions are taken off your gross income before taxes are paid, which saves you money by lowering your taxable income.

The remaining benefits offered by Meredith College, long-term disability, accident, critical illness, and identity theft are all post-tax. The advantage of having these benefit deductions on a post-tax basis is that when you have a claim, the benefit payment will be tax-free.

Your Health Care Coverage

Your Medical Plan

Meredith College offers its valued employees' coverage through Blue Cross Blue Shield of North Carolina.

You have four medical plan options:

- Choice PPO
- Select HDHP
- Limited HDHP
- Limited PPO

In/Out-of-Network Coverage

The Choice PPO and Select HDHP medical plans feature in- and out-of-network coverage; individual and family deductibles; coinsurance; and out-of-pocket maximums. The Choice PPO costs more each month but offers a lower deductible as well as features copays. Meanwhile, the Select HDHP offers a lower monthly cost and a higher deductible. If you would like to view a description of some of these terms, please refer to the Glossary.

On the Choice PPO and Select HDHP, you may use in- or out-of-network providers; however, you will always pay less if you see a doctor or receive services from in-network providers because the plan pays more for “in-network services.”

The Limited HDHP and Limited PPO plans only offer in-network coverage through a carefully selected network of doctors and hospitals that provide great care at lower costs. This network is the **BlueHighPerformanceNetwork** or **BlueHPN**. Only emergencies are covered out-of-network.

You are eligible to enroll in the Limited HDHP and Limited PPO plans only if you live or work in one of the below counties within a **BlueHPN** service area. **If you live or work outside these counties, you will not be able to enroll in either of the Limited plans. You can look up in-network providers at: BlueCrossNC.com/HPNdoctors.**



Raleigh, Durham, Chapel Hill

- Caswell
- Chatham
- Durham
- Granville
- Orange
- Person
- Wake



Winston Salem, Greensboro, High Point

- Davidson
- Davie
- Forsyth
- Guilford
- Randolph
- Stokes
- Wilkes
- Yadkin



Charlotte, Concord, Gastonia, York SC

- Anson
- Cabarrus
- Cleveland
- Gaston
- Lincoln
- Mecklenburg
- Rowan
- Stanly
- Union



Hickory Statesville

- Alexander
- Catawba
- Iredell

Your Health Care Coverage

Deductible

With the Select HDHP and Limited HDHP, you must meet a deductible before the medical plan begins to cover a portion of your costs; however, your HSA can pay for some of those eligible medical expenses. Once the deductible is met, the medical plan begins to pay for a percentage of covered expenses (this is called coinsurance).

Note that with the Choice PPO and Limited PPO, prescriptions are subject to copayments. With the Select HDHP and Limited HDHP, prescriptions are subject to the deductible and coinsurance.

Out-of-Pocket Maximums

Out-of-pocket maximums apply to all plans. This is the maximum amount you will pay for health care costs in a calendar year. Once you have reached the out-of-pocket maximum, the plan will fully cover eligible medical expenses for the rest of the benefits plan year. If you see an out-of-network provider, you may be responsible for out-of-pocket costs that are considered above the “reasonable and customary” fees.

Health Savings Account (HSA)

If you are enrolled for family coverage in a plan with a Health Savings Account (HSA), you must meet the full family deductible before coinsurance would apply. One member of the family can satisfy the family deductible before the plan begins to pay coinsurance. The family's medical costs may be combined to meet the out-of-pocket maximum. (NOTE: an individual in a family will not pay more than \$5,400 in-network or \$10,800 out-of-network)

You decide which medical plan will work best for you and your family based on the monthly cost of coverage, the annual deductible, the out-of-pocket maximum, and the funding account you will use.



Your Health Care Coverage

Preventive Care

Preventive care is covered 100% on all four medical plans when you visit an in-network provider. Preventive care is routine health care that includes screenings, services and counseling to help prevent illness, disease or other health problems. Preventive care that is 100% covered includes many important services like the ones listed below. This list is not complete, so please see the full list of preventive care services and any limitations at www.bcbsnc.com/preventive.

- Well-baby and well-child visits
- Immunizations, like the flu shot
- Screenings and tests
 - Cancer screenings, such as colon, breast, and cervical
 - Blood pressure
 - Cholesterol
 - Diabetes
- Counseling and support
 - Nutrition
 - Tobacco cessation
 - Alcohol misuse
 - Sexually transmitted infections

Important: to be covered with no out-of-pocket costs, the service must be:

- At an in-network doctor or facility (urgent care facility, outpatient clinic or ambulatory surgery center)
- Filed by your doctor as a preventive care visit
- Identified as preventive care under the Affordable Care Act (ACA)

Below are examples of common services your doctor may do that are considered diagnostic and not preventive care by the ACA. If your provider files them as preventive, they will be denied as not covered; these services should be filed as diagnostic and will pay in accordance with your diagnostic benefit:

- Urine tests
- Hormone tests (i.e., testosterone)
- Vitamin B and D tests
- Chest X-rays
- Thyroid Tests
- EKGs (electrocardiograms)
- Iron level testing

What is the difference between a preventive screening and a diagnostic test?

Preventive screenings are given when you are symptom free and have no reason to think you are sick. Diagnostic tests are given when you have symptoms or risk factors that indicate you may have an abnormality or problem. For example, a preventive colorectal cancer screening is a routine test that checks for cancer in people of a certain age. If your preventive colorectal cancer screening is abnormal or you have rectal bleeding, a doctor may order diagnostic tests to find out what is wrong. Preventive screenings that are recommended by the US Preventive Services Task Force have no extra costs, but diagnostic tests may have some out-of-pocket costs.

Preventive care services are covered once per calendar year, not every 12 months.

Medical Plan Options

Your Benefits	Choice PPO		Limited PPO	Select HDHP with HSA		Limited HDHP with HSA
	In Network	Out of Network	In Network Only	In Network	Out of Network	In Network Only
Deductibles						
Individual	\$2,000	\$4,000	\$2,000	\$2,600	\$5,200	\$2,500
Family	\$6,000	\$12,000	\$6,000	\$5,200	\$10,400	\$5,000
Coinsurance	20%	40%	20%	20%	50%	20%
Out of Pocket Maximums						
Individual	\$6,850	\$13,700	\$6,850	\$5,400	\$10,800	\$5,400
Family Member	N/A	N/A	N/A	\$5,400	\$10,800	\$5,400
Family	\$13,700	\$27,400	\$13,700	\$10,800	\$21,600	\$10,800
Lifetime Maximum	Unlimited		Unlimited	Unlimited		Unlimited
Physician Services and Preventive Care						
Primary Care Office Visits	\$30 Copay (copay waived for first 3 visits to designated PCP)	40% after deductible	\$30 Copay (copay waived for first 3 visits to designated PCP)	20% after deductible	50% after deductible	20% after deductible
Primary360 – Virtual PCP	\$0 Copay	Not Covered	Not Covered	0% after Deductible	Not Covered	Not Covered
Specialist Office Visits	\$45 Copay	40% after deductible	\$50 Copay	20% after deductible	50% after deductible	20% after deductible
Urgent Care Visits	\$75 Copay	\$150 Copay	\$75 Copay	20% after deductible	50% after deductible	20% after deductible
Virtual Visit (Telemedicine)	\$0 Copay	Not Covered	\$0 Copay	0% after deductible	Not Covered	0% after deductible
Preventive Care	0%, no deductible	30% after deductible	0%, no deductible	0%, no deductible	30% after deductible	0%, no deductible
Therapy Visits*	PCP or Specialist Copay	40% after deductible	PCP or Specialist Copay	20% after deductible	50% after deductible	20% after deductible
Hospital Services						
Emergency Room	\$150 Copay		\$300 Copay	20% after deductible		20% after deductible
Inpatient Facility	\$250 per admission, then 20% after deductible	\$500 per admission, then 40% after deductible	20% after deductible	20% after deductible	50% after deductible	20% after deductible
Outpatient Facility	20% after deductible	40% after deductible	20% after deductible			
Lab and Radiology Services						
Advanced Radiological Imaging (MRI, MRA, CAT, PET)						
Prescription Drugs – Essential Formulary						
Retail (30 Day Supply)	In Network	Out of Network	In Network Only	In Network	Out of Network	In Network Only
Tier 1	\$10 Copay		\$10 Copay	20% after deductible		20% after deductible
Tier 2	\$10 Copay		\$10 Copay			
Tier 3	\$35 Copay		\$35 Copay			
Tier 4	\$60 Copay		\$60 Copay			
Tier 5	25% to \$100		25% to \$100			
Home Delivery (90 Day Supply)	3x the Retail Copay		3x the Retail Copay	20% after deductible		20% after deductible

*Therapy Visits - Chiro/OT/PT - 60 combined visits per year; Speech Therapy - 60 visits per year; Cognitive Therapy - unlimited visits per year

Non-Wellness Medical Rates

Your Medical Contributions as are outlined below. Remember that your contributions are deducted on a pre-tax basis. If you partake in the Wellness Initiative, you will see those rates on the next page.

Monthly Rates	Total Cost	MC Contribution	Employee Share
Choice PPO Rates (Non-Wellness)			
Employee Only	\$1,004.36	\$721.73	\$282.63
Employee + Spouse	\$2,132.15	\$819.69	\$1,312.46
Employee + Child(ren)	\$1,927.04	\$995.02	\$932.02
Employee + Family	\$3,054.82	\$1,066.96	\$1,987.86
Limited PPO Rates (Non-Wellness)			
Employee Only	\$823.57	\$591.82	\$231.75
Employee + Spouse	\$1,748.36	\$672.15	\$1,076.21
Employee + Child(ren)	\$1,580.18	\$815.93	\$764.25
Employee + Family	\$2,504.96	\$874.91	\$1,630.05
Select HDHP Rates (Non-Wellness)			
Employee Only	\$921.03	\$856.23	\$64.80
Employee + Spouse	\$1,957.99	\$993.79	\$964.20
Employee + Child(ren)	\$1,769.44	\$1,240.40	\$529.04
Employee + Family	\$2,806.34	\$1,350.34	\$1,456.00
Limited HDHP Rates (Non-Wellness)			
Employee Only	\$746.05	\$726.37	\$19.68
Employee + Spouse	\$1,585.97	\$804.96	\$781.01
Employee + Child(ren)	\$1,433.25	\$1,055.15	\$378.11
Employee + Family	\$2,273.13	\$1,093.77	\$1,179.36



Wellness Medical Rates

Below are the medical rates if you participate in Meredith's wellness initiative. Discounted medical premium incentives are reflected the year after completion of Tier 1 of the Wellness Program.

Monthly Rates	Total Cost	MC Contribution	Employee Share
Choice PPO Rates (Wellness)			
Employee Only	\$1,004.36	\$739.40	\$264.96
Employee + Spouse	\$2,132.15	\$857.20	\$1,274.95
Employee + Child(ren)	\$1,927.04	\$1,028.92	\$898.12
Employee + Family	\$3,054.82	\$1,120.68	\$1,934.14
Limited PPO Rates (Wellness)			
Employee Only	\$823.57	\$606.30	\$217.27
Employee + Spouse	\$1,748.36	\$702.90	\$1,045.46
Employee + Child(ren)	\$1,580.18	\$843.71	\$736.47
Employee + Family	\$2,504.96	\$918.97	\$1,585.99
Select HDHP Rates (Wellness)			
Employee Only	\$921.03	\$872.43	\$48.60
Employee + Spouse	\$1,957.99	\$1,028.22	\$929.77
Employee + Child(ren)	\$1,769.44	\$1,271.53	\$497.91
Employee + Family	\$2,806.34	\$1,399.70	\$1,406.64
Limited HDHP Rates (Wellness)			
Employee Only	\$746.05	\$746.05	\$0.00
Employee + Spouse	\$1,585.97	\$832.86	\$753.11
Employee + Child(ren)	\$1,433.25	\$1,080.35	\$352.90
Employee + Family	\$2,273.13	\$1,133.75	\$1,139.38

Opt-Out Benefit Option

If you are covered under your spouse, parent, former employer's health care plan, or Medicare, you may elect to opt-out of your Meredith health plan and receive a monthly contribution of \$50 to a Health Reimbursement Account (HRA). To take advantage of this program, you must present proof of other insurance coverage. Recertification must be done annually at open enrollment.

Please note: An employee can be covered under an HDHP/HSA and still have the HRA. However, it will be a limited purpose HRA and will only be eligible for non-medical expenses (i.e., dental and vision).

Health Savings Account

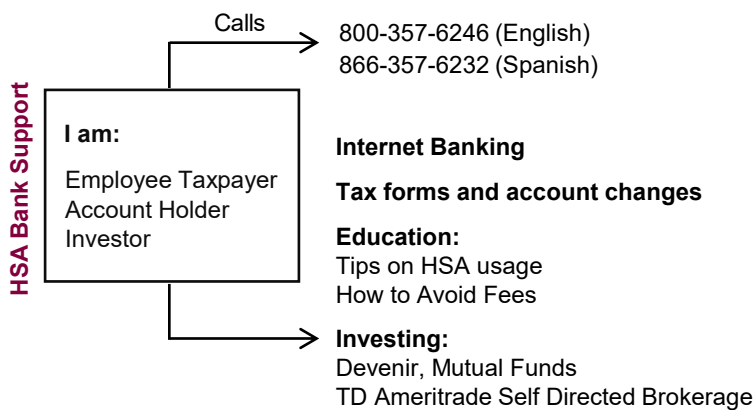
If you enroll in the Select HDHP or the Limited HDHP, you are eligible to contribute to a Health Savings Account. Once the HSA bank account is established, it is yours to keep. The account is “portable,” meaning the account goes with you if you terminate employment with Meredith College or if you switch to the Choice PPO. As a U.S. taxpayer, you follow rules regarding HSA eligible expenses and you report your HSA information at tax time. You can choose to be an investor as well once you reach a certain balance.

If you enroll in the HSA and contribute a minimum of **\$25** per month, Meredith College will also contribute **\$25** per month into your HSA account. You can also earn additional funds into your HSA by participating in the wellness program.

2026 Contribution Limits

\$4,400 Individual | \$8,750 Family
(these limits include both employee and employer contributions)

\$1,000 annual “catch up” contribution allowed if over age 55



HSA Bank Customer Service Hours

24 hours, 7 days a week
Client Assistance Center

800-357-6246 (English)
866-357-6232 (Spanish)

You are provided with a toll-free number to contact HSA Bank for support. The greatest experience comes from utilizing the HSA Bank web portal and signing up for Internet Banking. You can self-direct all of your activities just like you do with other non-HSA on-line banking relationships. Federal banking regulations do not allow HSA Bank to share your account information with your employer or Flores & Associates. If you contact your employer or Flores about your HSA, the employer or Flores will be able to point you to the HSA Bank telephone number or recommend the website for your needs. Get to know your HSA support options and become familiar with your capabilities at www.hsabank.com.

Tips

- Sign-up for Internet Banking and open the door to all the convenient do-it-yourself activities.
- While it is called a debit card...treat it as a credit card. Always run your card as a credit card and sign for the transaction. Debit transactions require a Personal Identification Number (PIN) and PIN transactions cost \$2.00 each. If a medical provider only accepts debit cards, you have the option to pay out-of-pocket.
- Know that if you pay for eligible expenses out-of-pocket that you can always reimburse yourself. It is convenient to transfer funds from your HSA Bank account to your other non-HSA accounts at other banks.
- Learn about the potential Banking fees and how to avoid the fees at www.hsabank.com.
- Keep your receipts. You may be asked by the IRS one day to support your transactions and distributions from your HSA.

BlueConnect™

Register today. It's this easy:

- Go to BlueConnectNC.com and select “**Register Now**”
- Have your BCBSNC ID card handy to register.
- If you don't have your BCBSNC ID card, you can still register by having a code sent to your phone.
- Create a user ID and password.
- Choose security questions.
- Enter email address and click “OK”.

Once registered, you'll be able to:

- See your deductible, claims and benefits
- Get Health tips, articles and videos on everything from weight loss to prescription costs
- Access digital ID cards
- Get policy information
- Pay your bill
- You can even link additional BCBSNC policies to your Blue Connect account.

Download the Blue Connect mobile app

- **Search** Blue Connect Mobile NC in the app store
- See Detailed Benefits information, Explanations of Benefits (EOB), and access to claims.

Headway

Get mental health care that works for you. Effective and high quality mental health care from providers who are in-network with BCBSNC. Appointments are available within 48 hours, choose from virtual or in-person appointments. Headway provides personalized matching support and instant booking.

How it works:

1. Scan the QR code or go to headway.co/BlueCrossNC
2. Tell them what you're looking for
Choose your concerns and/or preferences for therapy to filter results to find the best provider match for you.
3. Use your BCBSNC plan
They'll use your plan details to calculate the exact cost before your session.
4. Start therapy
Choose a therapist from your matches and book your first appointment right on Headway.



BCBSNC is expanding their telehealth services through Teladoc Health with Primary360*. With Primary360, members can connect regularly, by phone or video, with a U.S. board certified doctor and a dedicated Care Team of nurses and medical assistants. Together, they will create a personalized care plan to help you meet your long-term health goals, coordinate care across a range of services and provide ongoing support.

Members enrolled the Choice PPO or Select HDHP plan have access to Primary360, which includes the below:



Virtual Primary Care – annual checkups, overall health management and care plans provided by a U.S. board certified doctor and dedicated Care Team.



Acute Care – treatment available 24/7 for non-emergency and common conditions through same-day appointments.



Mental Health Counseling – phone or video visits with licensed therapists or psychiatrists



Dermatology – online review, diagnosis and treatment plan provided by a dermatologist with 24 hours



Nutrition Counseling – personalized support and tips for healthy eating and overall well-being offered by registered dietitians.

*If you are enrolled in either of the Limited plans, Primary360 is not available, but you still have access to acute care and mental health counseling visits through Teladoc.

Pay \$0!

Members on the Choice and Limited PPO plans will have a \$0 copay for virtual visits. Members on the Select and Limited HDHP plans will pay 0% coinsurance after the deductible is met.

3 ways to sign up today So it's ready when you need it!



Download the Teladoc mobile app
(iOS- / Android™-supported)



Go to TeladocHealth.com
and click “**Sign in/Register**”



Call 1-855-549-2214

Wellness Program



WELCOME TO THE 2026 WELLNESS PROGRAM

POWERED BY ASSET HEALTH

By participating in Meredith College's voluntary wellness program, all full-time, benefit eligible employees hired before 9/1/2026 can **earn up to \$500** towards their HRA or HSA in 2026 and a health insurance premium discount in 2027!

All full-time, benefit eligible employees hired between 9/1/2026 and 10/1/2026 can earn up to \$200 towards their HRA or HSA in 2026 and a health insurance premium discount in 2027!

WHY IS MEREDITH COLLEGE OFFERING THIS PROGRAM?

Sometimes we all need a little extra motivation to prioritize our health. If you're working on improving or maintaining your health, why not get rewarded for it? We know that "healthy" isn't one-size-fits-all. Don't worry if the program requirements feel out of reach — **alternatives make the reward accessible to anyone.**

DOES IT COST MONEY TO PARTICIPATE IN THE PROGRAM?

Screening with your doctor is free of cost if it's coded as an annual physical. Preventive care services are covered at 100% as well. All resources on the wellness portal are free for you to use. You will be responsible for any medical expenses tied to the completion of an alternative.

WHAT IF I DON'T WANT TO PARTICIPATE?

The program is completely voluntary. It is simply an opportunity to take steps to improve your health while earning a reward. The program and its discount are in compliance with the Affordable Care Act (ACA). Employees under age 18 are not eligible to participate.

WILL MEREDITH COLLEGE SEE MY HEALTH INFORMATION?

Absolutely not! Asset Health takes your privacy very seriously. Meredith College will never see your screening results. When needed to administer your reward, we will only see your total points earned.

HOW DO I EARN THE REWARD?

First, create your account on the wellness portal.

Next, complete both the online health assessment and biometric screening. Both of these tasks are required to unlock your reward!

Then, continue to complete activities throughout the program to earn up to \$500 towards your HRA or HSA and a health insurance premium discount.

WHEN WILL I RECEIVE MY REWARD?

Your HRA/HSA reward will be distributed the month following the completion. Remember both the health assessment and biometric screening are required to unlock your reward and earn the premium discount. The health insurance premium discount will be applied in 2027.

DIDN'T EARN THE FULL REWARD?

You will receive an email letting you know your results are available on the wellness portal. Make sure to review your results as soon as you can. If you didn't earn the full reward, you may be able to earn it by filing an alternative.

WHAT'S AN "IMPROVEMENT GOAL"?

You will have the opportunity to meet a personal improvement goal after your screening. See the Human Resources for details or call Asset Health to determine your personal improvement goals.

HOW DO I KNOW IF ASSET HEALTH RECEIVED THE FORM I SUBMITTED?

Once your form goes through the first stage of processing, you will receive an automated email letting you know that Asset Health received it. This can take up to 10 business days, so don't worry if you don't receive an email right away. Once your form is fully processed, you will receive another email letting you know that your account has been updated on the wellness portal.

Welcome to your 2026 Employee Wellness Program



Earn Your Wellness Incentives

For employees hired before September 1, 2026

All full-time benefit-eligible employees will have opportunities to participate in various wellness activities to earn an incentive. Your new program requirements are listed below.

REQUIREMENTS

REWARDS

Tier 1: Complete the Health Assessment and Biometric Screening by 10/31/2026 to earn 200 Points & Unlock Rewards*

Health Insurance Premium Discount (2027) & \$200 Wellness Incentive (2026)

**Completion of Tier 1 is required to unlock additional tiers*

Tier 2: Earn 300 Total Points

Additional \$100 Wellness Incentive

Tier 3: Earn 400 Total Points

Additional \$100 Wellness Incentive

Tier 4: Earn 500 Total Points

Additional \$100 Wellness Incentive

Please Note: Funds are deposited to your HSA or HRA the month following the completion of each tier.

Total Max Wellness Incentive Earning = \$500



New Hire Program

For employees hired between September 1, 2026, and October 1, 2026

All full-time benefit eligible employees hired between September 1, 2026, and October 1, 2026, can earn points by completing Tier 1 by November 30, 2026. *Please Note: New Hires are only eligible for Tier 1 incentive.*

TIER 1 REQUIREMENTS

Complete the Health Assessment and Biometric Screening by 11/30/2026

Dental Plan

It's important to have regular dental exams and cleanings so problems are detected before they become painful - and expensive. You have a choice of two dental plans offered by Delta Dental of North Carolina, outlined below:

	Low Plan	High Plan
	In / Out of Network	In / Out of Network
Deductible - Individual	\$50	\$0
Deductible - Family	\$150	\$0
Individual Annual Maximum	\$750	\$1,500
Diagnostic / Preventive	100%	100%
Covered Services	Includes Oral Exams, Prophylaxis/Cleanings, Fluoride, Space Maintainers, Sealants, Emergency Palliative Care, Brush Biopsies, Bitewing X-Rays, etc.	
Basic Services	80%	80%
Covered Services	Includes all other X-Rays, Simple Extractions, Fillings & Crown Repair, Non-Surgical & Surgical Endodontics and Periodontics and Root Canals	
Waiting Period	None	None
Major Services	25%	50%
Covered Services	Includes Oral Surgery, Major Restorative Services, Relines & Repairs, Crowns, Bridges, Implants, Dentures and Inlays & Onlays	
TMJ	Not Included	Not Included
Waiting Period	12 months	12 months
Orthodontics	50%	50%
Deductible	\$0	\$0
Lifetime Maximum	\$500	\$1,500
Age Limit	Up to age 19	Up to age 19
Waiting Period	12 months	12 months

Your Monthly Dental Rates

Monthly Premium		
Tiers	Low Plan	High Plan
Employee Only	\$37.45	\$55.09
Employee + Spouse	\$74.57	\$110.15
Employee + Child(ren)	\$91.88	\$132.10
Employee + Family	\$139.14	\$199.37

Note: When you receive services from a Nonparticipating Dentist, the percentages indicate the portion of Delta Dental's Nonparticipating Dentist Fee that will be paid for those services. The Nonparticipating Dentist Fee may be less than what your dentist charges and you are responsible for that difference. To find a participating dentist, please visit

www.deltadentalnc.com.

Vision Plan

Your vision plan is provided through Superior Vision. It provides coverage for routine eye exams and pays for all or a portion of the cost of glasses or contact lenses. You can find a provider on www.superiorvision.com. You can see in- or out-of-network providers; however, you always save money if you stay in network!

Benefit	Material Only		Full Service	
	In-Network	Out-of-Network	In-Network	Out-of-Network
Exam	Not Covered	Not Covered	Covered 100% after \$20 copay	Up to \$44 MD/\$39 OD after \$20 copay
Hardware	\$20 copay	\$20 copay	\$20 copay	\$20 copay
Contact Lens Fitting	\$25 copay	Not Covered	\$25 copay	Not Covered
Frequency • Exam • Lenses • Frames	N/A Every 12 months Every 12 months		Every 12 months Every 12 months Every 12 months	
Frames • Retail Allowance Overage • Discount	\$130 allowance 20% off coverage	Up to \$64 N/A	\$130 allowance 20% off coverage	Up to \$64 N/A
Lenses • Single vision lenses • Bifocal lenses • Trifocal Lenses	Covered 100% Covered 100% Covered 100%	Up to \$34 Up to \$48 Up to \$64	Covered 100% Covered 100% Covered 100%	Up to \$34 Up to \$48 Up to \$64
Contacts • Medically Necessary • Selective (in lieu of glasses)	Covered 100% \$120 Allowance	Up to \$210 Up to \$100	Covered 100% \$120 Allowance	Up to \$210 Up to \$100



Your Monthly Vision Rates

Monthly Premium	Materials Only	Full Service
Employee Only	\$4.69	\$7.34
Employee + One Dependent	\$9.15	\$14.27
Employee + Family	\$13.40	\$20.96

Flexible Spending Accounts

A Flexible Spending Account (FSA) is a program that helps you pay for health care and dependent care costs using tax-free dollars. Each pay period, you decide how much money you would like to contribute to one or both of your accounts. Your contribution is deducted from your paycheck on a pre-tax basis and is put into the Health Care Full Purpose FSA, Limited Purpose FSA (if you have an HSA account), the Dependent Care FSA, or both. When you incur expenses, you can access the funds in your account to pay for eligible health care or dependent care expenses. To obtain account details and submit a claim, you may contact WEX Health at: 1-866-451-3399 or benefitslogin.wexhealth.com.

	Full Purpose FSA	Limited Purpose FSA	Dependent Care FSA
Maximum Contribution	\$3,400 per year	\$3,400 per year	\$7,500 per year \$3,750 if married and filing separate tax returns
HSA Compatible?	No	Yes	Yes
Benefits?	Save on eligible expenses not covered by insurance + Reduces taxable income	Save on eligible expenses not covered by insurance + Reduces taxable income	Reduces taxable income
Covered Expenses?	Most Medical, Dental and Vision Care Expenses that are not covered by your health plan, including copayments, coinsurance, deductibles, eyeglasses and doctor-prescribed over the counter medications	Dental Expenses (exams, dentures, crowns, orthodontia, etc.) and Vision Expenses (glasses, lenses, contacts, etc.)	Babysitting, Preschool, Nursery School, Before or After School Care, Day Camps for your eligible dependent children (under age 13) and/or a Dependent of Any Age who is mentally/physically incapable of self care and you claim as a dependent on your federal tax return

Important Information About FSAs

- Your FSA elections are effective through December 31, 2026.
- The FSA has a grace period which allows for services to be incurred until March 15th and claims to be filed by March 31st of the following year. Please plan your contributions carefully.
- Any money remaining in your account as of March 31st will be forfeited. This is known as the “use it or lose it” rule and it is governed by Internal Revenue Service regulations.

Note that FSA elections do not automatically continue year to year; you must actively enroll each year.

If...	Then...
I am enrolled in a Full Purpose FSA...	I CANNOT contribute to an HSA
My spouse is enrolled in a Full Purpose FSA...	I CANNOT contribute to an HSA
I have a Debit Card associated with my Limited Purpose FSA...	I can only use my card at Dental and Vision Providers



Basic Life Insurance Plan

Basic Life and AD&D Insurance

Life insurance is an important part of your financial security, especially if you support a family. Accidental Death & Dismemberment (AD&D) insurance is designed to provide a benefit in the event of accidental death or dismemberment. Meredith College offers Basic Life and AD&D coverage to you at no cost through The Hartford.

The college provides two options for Basic Life insurance, which is made available to all eligible employees:

- 1) The benefit is equal to 2.5 times your annual salary / wage in increments of \$1,000, up to a maximum benefit of \$450,000.
- 2) The benefit is equal to 2.5 times your annual salary / wage, up to a maximum benefit of \$50,000

Benefit reduces to 50% at age 70.

Please note if you elect option 2 with the \$50,000 plan maximum as your benefit, you may have to provide Evidence of Insurability if you elect option 1 in the future.

Note: Current federal tax law requires that you pay taxes on the value of basic life insurance coverage over \$50,000. Coverage amounts for company provided life insurance over \$50,000 are considered to be taxable income per IRS regulations and will be reported as imputed income on your W-2.

Coverage	Benefit
Basic Life and AD&D Benefit Example	If your annual salary equals \$45,000, your basic life insurance would equal \$112,500 (2.5 x \$45,000)

Excess Life Insurance Tax / Imputed Income Tax on Life Insurance over 50K	
Age	Cost
Under 25	\$0.05
25-29	\$0.06
30-34	\$0.08
35-39	\$0.09
40-44	\$0.10
45-49	\$0.15
50-54	\$0.23
55-59	\$0.43
60-64	\$0.66
65-69	\$1.27
70 and older	\$2.06



Long Term Disability Plan



Long Term Disability insurance offered through The Hartford provides income replacement should you become disabled and unable to work due to a non-work-related illness or injury. This coverage is both employee and employer paid, both equally share in the contribution requirements.

Long Term Disability Benefits
Covers 60% of your base annual earnings, up to a \$10,000 maximum per month
Benefit begins after 90 days of disability
New hires have a waiting period of 12 months of continuous employment before coverage can be elected.
Benefits may be payable for up to 2 years as long as you cannot perform the duties of your own occupation. After 2 years, you may continue to receive benefits as long as you cannot perform the duties of any occupation
A pre-existing condition is a sickness, injury or physical condition that led to medical treatment, consultation, care or services (including diagnostic measures) during the 3-month period before your coverage effective date. Benefits are not payable if your disability begins in the first 12 months after your coverage effective date, and your disability is caused by, contributed by, or the result of a pre-existing condition.

Please note: If an election is not made during your initial eligibility period, evidence of insurability may be required for future enrollments.





Employee Assistance Program

Life presents complex challenges. If the unexpected happens, you should have simple solutions to help cope with the stress and life changes that may result. That's why The Hartford's Ability Assist Counseling Services, offered by ComPsych, can play such an important role. The EAP is available to all full-time benefit eligible employees and part-time employees who are enrolled in a Hartford benefit (i.e., voluntary life insurance, accident, or critical illness).

Compassionate Solutions for Common Challenges

From everyday issues like job pressures, relationships and retirement planning to highly impactful issues like grief, loss, or a disability, Ability Assist is your resource for professional support.

You and your family, including spouse and dependents, can access Ability Assist at any time at no cost to you.

Service Features

The service includes up to three (3) face-to-face emotional or work-life counseling sessions per occurrence per year. This means you and your family members won't have to share visits. You can each get counseling help for your own unique needs. Counseling for your legal, financial, medical and benefit-related concerns is also available by phone.





Voluntary Accident Coverage

Accident insurance provides a benefit payment after a covered accident that results in the specific injuries and treatments covered under the plan. To be eligible, the accident must happen outside of work. Some of the most common treatments and conditions covered are ER treatment, X-rays, physical therapy, stitches, and follow-up doctor treatment(s). If one of these events happens to you, and your claim is approved, you will receive a benefit payment to use however you'd like.

	Low Plan	High Plan
Coverage	24 hour coverage (on/off job)	24 hour coverage (on/off job)
HSA Compatible	Yes	Yes
Portable	Yes	Yes
Pre-existing Condition Limitation	None	None
Waiting Period	None	None
Accidental Death Benefit		
Employee	\$50,000	\$100,000
Spouse	\$25,000	\$50,000
Child(ren)	\$12,500	\$25,000
Accidental Dismemberment Benefit		
Loss of both hands or both feet or sight in both eyes	\$50,000	\$100,000
Loss of one hand or one foot AND sight in one eye	\$50,000	\$100,000
Loss of one hand AND one foot	\$50,000	\$100,000
Loss of one hand OR one foot	\$25,000	\$50,000
Plan Details		
Hospital Admissions	\$1,150	\$2,000
Hospital Confinement	\$250 per day; 365 day maximum	\$300 per day; 365 day maximum
Intensive Care Unit Admission	\$1,150	\$2,000
Intensive Care Unit Confinement	\$400 per day; 30 day maximum	\$500 per day; 30 day maximum
Rehabilitation Facility Confinement	\$150 per day; 15 day maximum	\$200 per day; 15 day maximum
Emergency Room	\$200	\$250
Accident Physician's Treatment	\$75	\$100
Stitches (for lacerations, up to 6")	\$200	\$500
Physical Therapy	\$50 per session (up to 10 per accident within 90 days)	\$100 per session (up to 10 per accident within 90 days)
X-Ray	\$100	\$150
Fractures	Up to \$2,800 (non-surgical) Up to \$5,600 (surgical)	Up to \$5,000 (non-surgical) Up to \$10,000 (surgical)
Dislocations	Up to \$3,200 (non-surgical) Up to \$6,400 (surgical)	Up to \$5,000 (non-surgical) Up to \$10,000 (surgical)



Voluntary Accident Coverage

	Low Plan	High Plan
Injuries Requiring Surgery		
Tendons / Ligaments / Rotator Cuff	Up to \$2,000	Up to \$3,000
Ruptured Discs	\$700	\$2,000
Torn Knee Cartilage	Up to \$650	Up to \$2,000
Exploratory Surgery (w/o repair)	\$200	\$500
Lacerations	Up to \$400	Up to \$1,000
Coma duration of 7 or more days	\$14,500	\$20,000
Concussion	\$200	\$300
Dental Injury	\$300 for Crown \$100 for Extraction	\$600 for Crown \$300 for Extraction
Paralysis	Paraplegia: \$13,500 Quadriplegia: \$27,000	Paraplegia: \$37,500 Quadriplegia: \$75,000
Burns		
Second Degree	\$1,500	\$2,000
Third Degree	Up to \$12,500	Up to \$20,000
Skin Graft	50% of burn benefit	50% of burn benefit
Services		
Ambulance	Ground: \$300 Air: \$1,250	Ground: \$500 Air: \$2,000
Blood/Plasma/Platelets	\$500	\$500
Transportation	\$650 (per trip up to 3 per accident)	\$800 (per trip up to 3 per accident)
Accident Follow-Up Treatment	\$75	\$100
Family Member Lodging	\$150 per day up to 30 days	\$200 per day up to 30 days
Riders		
Sports Accident Benefit	Additional 25%	Additional 25%

Voluntary Accident Rates

Monthly Rates		
	Low Plan	High Plan
Employee Only	\$6.41	\$10.72
Employee + Spouse	\$10.12	\$16.90
Employee + Child(ren)	\$11.17	\$18.76
Employee + Family	\$17.39	\$29.13



Voluntary Critical Illness Coverage

There are more than just medical bills to pay after a heart attack, stroke, or other unexpected covered medical condition. Critical illness insurance provides a benefit payment that can help. The most common covered conditions are heart attack, kidney failure, stroke, coronary artery bypass, and cancer. If a covered condition happens on or after your coverage effective date, and your claim is approved, benefits are payable at a certain percentage of the benefit amount, based on the condition. The below table lists some of the conditions covered, but it is not an exhaustive list. Please refer to the benefit summary for a complete list of covered conditions.

- Benefits are paid directly to you.
- Coverage does not replace other group medical benefits. It is designed to supplement your medical plan coverage.
- This coverage includes a wellness benefit that pays \$50 per covered person per year for proof of a qualified health screening, such as a chest x-ray, colonoscopy, mammogram, pap smear, lipid panel and more.
- This coverage is HSA compatible.

Coverage	
Employee	Choice of: \$10,000, \$20,000, or \$30,000
Spouse	100% of Employee Amount
Children	50% of Employee Amount
Covered Conditions	
Heart Attack (STEMI)	100%
Coronary Artery Disease – Major (open repair)	100%
Severe Stroke	100%
Major Organ Transplant	100%
Invasive Cancer	100%
Carcinoma in Situ (non-invasive)	25%
Advanced dementia, including Alzheimer's disease	100%
Benign Brain Tumor	100%
ALS/Lou Gehrig's Disease	100%
Type I Diabetes	100%
Huntington's disease	100%
Muscular sclerosis	100%
Infectious disease (hospitalization required)	25%
End Stage Renal Disease	100%
Parkinson's Disease	100%
Permanent paralysis	100%
Sever Burn > 36% TBSA	100%
Coma	100%
Loss of speech, hearing or sight	100%



Voluntary Critical Illness Coverage

Child Conditions	
Cerebral Palsy (Advanced Diagnosis)	100%
Congenital Metabolic Disorder	100%
Congenital Heart Disease	100%
Genetic Disorder	100%
Structural Congenital Defect	100%
Additional Features	
Wellness Benefit	\$50
Waiting Period	None
Lifetime Maximum Benefit	500% for each covered person
Recurrence Benefit Separation Period	180 Days
Pre-Existing Limitation	None
Portability	Included
Eligibility	
Employee Attained Ages	Minimum Age: 18 / No Maximum Age
Spouse Eligibility	Minimum Age: 18 / No Maximum Age
Child Eligibility	Birth to age 26





Voluntary Critical Illness Monthly Rates

Age Band	\$10,000		\$20,000	
	Employee Only or Employee + Child(ren)	Employee + Spouse or Employee + Family	Employee Only or Employee + Child(ren)	Employee + Spouse or Employee + Family
<25	\$3.20	\$5.30	\$6.40	\$10.60
25-29	\$3.90	\$6.80	\$7.80	\$13.60
30-34	\$4.80	\$8.50	\$9.60	\$17.00
35-39	\$6.10	\$10.80	\$12.20	\$21.60
40-44	\$7.90	\$14.30	\$15.80	\$28.60
45-49	\$11.60	\$21.40	\$23.20	\$42.80
50-54	\$14.80	\$28.70	\$29.60	\$57.40
55-59	\$18.60	\$37.30	\$37.20	\$74.60
60-64	\$24.70	\$50.70	\$49.40	\$101.40
65-69	\$32.80	\$68.60	\$65.60	\$137.20
70-74	\$43.40	\$90.00	\$86.80	\$180.00
75-79	\$55.30	\$114.60	\$110.60	\$229.20
80+	\$66.90	\$138.70	\$133.80	\$277.40

Age Band	\$30,000	
	Employee Only or Employee + Child(ren)	Employee + Spouse or Employee + Family
<25	\$9.60	\$15.90
25-29	\$11.70	\$20.40
30-34	\$14.40	\$25.50
35-39	\$18.30	\$32.40
40-44	\$23.70	\$42.90
45-49	\$34.80	\$64.20
50-54	\$44.40	\$86.10
55-59	\$55.80	\$111.90
60-64	\$74.10	\$152.10
65-69	\$98.40	\$205.80
70-74	\$130.20	\$270.00
75-79	\$165.90	\$343.80
80+	\$200.70	\$416.10

Identity Theft Protection

About LifeLock

Norton LifeLock is a global leader in consumer Cyber Safety. Their technology is powered by a team of experts dedicated to staying a step ahead of what's next. Their solutions and services are developed from consumer insights, creating real solutions to real problems.

Plan Features	Benefit Essential	Benefit Premier
Identity Lock	•	•
Home Tile Monitoring		•
Social Media Monitoring	•	•
Credit, Bank & Utility Account Freezes	•	•
Dark Web Monitoring	•	•
Court Records Scanning		•
USPS Address Change Verification	•	•
Stolen Wallet Protection	•	•
Reduced Pre-Approved Credit Card Offers	•	•
Fictitious Identity Monitoring	•	•
Phone Takeover Monitoring	•	•
Data Breach Notifications	•	•
Unusual Charge Alerts	•	•
Recurring Charge Alerts	•	•
Checking & Savings Account Application Alerts		•
Bank Account Takeover Alerts		•
401k & Investment Account Activity Alerts	•	•
Credit Monitoring	One Bureau	Three Bureau
Norton Device Security	Up to 3 devices (family gets 6 devices)	Up to 5 devices (family gets 10 devices)
Cloud Backup	10 GB	50 GB
Online Privacy	•	•

Monthly Rates	Benefit Essential	Benefit Premier
Employee Only (18+)	\$8.49	\$25.49
Employee + Family	\$16.98	\$50.98



Pet Insurance

Pet-loving employees can fetch the best health coverage for their pets with My Pet Protection ChoiceSM, available only through workplace benefit programs.

Nationwide offers two ready-made employee plans, plus the ability to customize a coverage plan for individual pets and their specific care needs.

Every My Pet Protection ChoiceSM policy includes guaranteed issuance and these additional benefits to support pet families:





- Emergency boarding and kenneling fees
- Lost pet due to theft or straying
- Lost pet advertising and reward
- Mortality benefit

Easy to use, easy to understand

Using a Nationwide pet insurance plan is easy:

- Visit any vet, anywhere
- Submit a claim from any device
- Get reimbursed for eligible expenses once the deductible is met



My Pet Protection Choice SM	Accident & Illness	Accident, Illness & Wellness	Customizable
Annual deductible options	\$250	\$250	\$100 to \$500
Reimbursement level	80%	80%	50%, 70% or 80%
 Accident coverage	✓	✓	✓
Annual maximum	\$5,000	\$5,000	\$2,500 or \$5,000
Broken bones, animal attack, hit by car, poisoning, heatstroke, and more	✓	✓	✓
 Illness coverage	✓	✓	Optional
Annual maximum	\$5,000	\$5,000	\$2,500 or \$5,000
Ear infections, diabetes, vomiting, allergies, cancer, and more	✓	✓	✓
 Hereditary & congenital coverage	✓	✓	Optional when purchased with illness coverage
Annual maximum	\$5,000	\$5,000	\$2,500 or \$5,000
Hip dysplasia, cherry eye, elbow dysplasia, umbilical hernia, brachycephalic syndrome, and more	✓	✓	✓
 Wellness coverage (for dogs & cats)		✓	Optional
Annual maximum		\$450	\$450 or \$800
Vaccination or titer, fecal test, deworming, microchip, health certificate, heartworm or FeLV/FIV test, flea control or heartworm prevention, and more		✓	✓
Spay/neuter or dental ² and one additional test ³			✓



Retirement Savings Plan

Meredith College's Retirement Savings Plan is offered through TIAA - Teachers Insurance and Annuity Association of America

Meredith College Contributions

Employer contributions for employees who work 1,000+ hours per year are effective the first day of employment. The College contributes 5% into the employee's retirement account, and the employee is vested in the retirement plan after one year.

Employee Contributions

All employees, full-time and part-time, are eligible to participate in the Meredith College Retirement Plan. To participate or make changes, an employee completes a Salary Reduction Agreement to designate a retirement contribution. Employee contributions are vested from the first day of participation. Employees may make contributions on an after-tax or pre-tax basis. Pre-tax dollars will be vested in a 403(b) while after-tax dollars will be vested in a Roth 403(b).

2026 Annual Employee Contribution Limits: 403(b) - \$24,500 / Catch-up \$8,000 (catch-up contributions are allowed for individuals age 50 or older at any time during the tax year). If you are age 60-63 by the end of 2026, you may contribute an additional \$11,250 above the IRS limit (this amount includes the regular catch-up for those that are 50+ of \$8,000, it is not in addition to it). Individuals who have FICA wages exceeding \$145,000 in the previous year must have their catch-up contributions made on a Roth basis.

Retirement Plan Enrollment

Employees are enrolled when the first employer or employee contribution is processed by TIAA.

Separation of Employment

Upon separation from employment, if a retirement account balance is below \$7,000 funds will be rolled into an IRA with Inspira Financial unless the individual moves the funds themselves to an IRA provider of choice. The account holder will receive notification from TIAA prior to funds being moved.

One-on-One Sessions with Verity

Meredith has partnered with Verity to provide one-on-one advice and education sessions for all employees at no cost.

If you participated in another retirement plan during the calendar year prior to joining Meredith College, you will need to take your contributions under that plan into consideration in determining the amount you may be eligible to defer during this year under Meredith's retirement plan.

Programs & Policies

Medical Hardship Payroll Loans

Are you considering the Select HDHP or Limited HDHP Plan with an HSA? Unsure about what might happen during the first few months while you are building your account balance? If you or a covered dependent experience an unplanned medical need in the first six months of becoming eligible for the HSA plan, you have the option of applying for a Medical Hardship Payroll loan to help with those unexpected costs. You may request up to \$100 be deducted from your pay each month and can receive up to \$1,000 in total.

Domestic Partner Benefit Policy

The purpose of this policy is to allow benefit-eligible employees to cover their domestic partner and any children of the partnership in applicable Meredith College benefits. Domestic partners may be of the same gender or opposite gender.

Tuition Exchange

Meredith College participates in two exchange programs. The first program, the Tuition Exchange, is a reciprocal scholarship program for children and other family members of faculty and staff. Employees are eligible to apply to the program on behalf of their dependents but there is no assurance of approval. The second program, the Council of Independent Colleges (CIC), is an international membership of colleges and universities in several countries dedicated to assisting faculty and staff with the costs of higher education. Both employees and their dependents can apply to the CIC program but there is no assurance of approval.

Tuition Remission

Eligible employees are a faculty or staff member employed a minimum of six continuous months in a position eligible for full benefits. Eligible dependents must be a legal dependent (child or spouse) of an eligible employee. For graduate school enrollment, tuition remission is available to male or female dependents, and for undergraduate enrollment, it is available to female dependents. Multiple dependents may participate. Graduate tuition remission subject to taxation.

Note: Provided in this Benefits Guide are brief descriptions of identified programs and policies.



Programs & Policies

Catastrophic Leave Program

The Catastrophic Leave Bank assists staff employees during times of serious illness or injury when all available leave has been exhausted. All employees who earn leave benefits tracked by HR have the option to participate. The employee must have at a minimum (a) completed one year of benefit eligible service; (b) accumulated 80 hours of sick and/or vacation leave; and (c) donated eight hours of leave time to the bank. Enrollment in the bank is optional. A maximum of 24 hours total may be donated by each participant. Once an employee makes a donation, they are considered a member of the bank and need not reenroll in following years.

Employee Emergency Assistance Fund

The Employee Emergency Assistance Fund assists eligible employees who are experiencing a personal financial crisis and who have exhausted all other avenues for obtaining assistance. All regular full-time and part-time employees of Meredith College (faculty and staff) who have been employed a minimum of one year are eligible to apply for emergency funds. Examples of emergencies could include fire, natural disaster such as flood or hurricane, theft or loss of essential property or primary residence, death within the immediate family, accident, illness, disability, etc.

Public Service Loan Forgiveness Program

Meredith College qualifies as a non-profit for the Public Service Loan Forgiveness (PSLF) Program. The PSLF Program forgives the remaining balance on student loans after 120 qualifying monthly payments have been made under a qualifying repayment plan while working full-time for a qualifying employer. Access <https://studentaid.gov/manage-loans/forgiveness-cancellation/public-service> to learn more.



Holiday Schedule

Meredith College will be closed on the following dates:

New Years 2026

December 22, 2025, to January 2, 2026
(Return to work Monday, January 5, 2026)

Martin Luther King Day

Monday, January 19

Spring Break

Friday, March 20 (Spring Break, March 16-22)

Memorial Day

Monday, May 25

Juneteenth

Friday, June 19

Summer Break / Independence Day

Monday, June 29 – Friday, July 3

Labor Day

Monday, September 7

Thanksgiving

Wednesday, Thursday and Friday, November 25, 26 & 27

Winter Break 2026 / New Year's 2027

Monday, December 21, 2026 – Friday, January 1, 2027
(Return to campus Monday, January 4, 2027)

Personal Holiday: *One Day of Employee's Choice*

Full-time/part-time staff and administrative positions are awarded one day of personal leave per year to be used for birthday or a personal or religious holiday. Must be scheduled in advance with supervisor, and all hours must be taken on one date during current calendar year. (Time is to be noted as personal day on timecard under "Other.")

Leave Benefits

Annual Leave: Full-time staff and administrative positions earn 96 hours (12 days) of annual leave beginning with their date of employment (prorated in the first calendar year of hire) and the amount is then increased by one day every other calendar year. Full-time staff employees may carry over a total of 40 hours of accrued but unused annual leave to the following calendar year. Part-time staff employees (working 1000+ hours) earn and may carry forward leave amounts on a prorated basis.

Sick Leave: Full-time staff and administrative positions will earn 96 hours (12 days) of sick leave per calendar year. Any accrued and unused sick time will be carried forward (up to 404 hours) for a maximum balance of hours. Part-time staff employees (working 1000+ hours) earn sick hours proportioned to the amount of hours worked. Faculty may request up to 90 days of leave due to an illness or injury.

Reduced Summer Schedules: Most departments on campus also offer reduced summer schedules with offices closing at noon on Fridays. This policy is to be reviewed and approved on an annual basis. If approved, staff members count this time as "Other" on their timecard.

Parental Leave: employees who meet the requirements of FMLA are eligible for paternal leave and may take up to 12 weeks of leave for pregnancy/birth or adoption. During this time, employees may be paid with sick or vacation leave earned under the College's sick and vacation leave policies. In addition, they may qualify for supplemental leave benefits under one of the parental leave provisions.

Glossary of Medical Plan Terms

Brand Name Drugs—Drugs that have trade names and are protected by patents. Brand name drugs are generally the most costly choice.

Coinsurance—The percentage of a covered charge paid by the plan.

Consumer Driven Health Plan (CDHP)—A medical plan used in conjunction with a health reimbursement account (HRA) or a health savings account (HSA).

Copayment (Copay)—A flat dollar amount you pay for medical or prescription drug services regardless of the actual amount charged by your doctor or health care provider.

Deductible—The annual amount you and your family must pay each year before the plan pays benefits.

Generic Drugs—Generic drugs are less expensive versions of brand name drugs that have the same intended use, dosage, effects, risks, safety and strength. The strength and purity of generic medications are strictly regulated by the Federal Food and Drug Administration.

High Deductible Health Plan (HDHP)—A medical plan that may be used in conjunction with a health reimbursement account (HRA) or a health savings account (HSA).

Health Reimbursement Account (HRA)—A fund you can use to help pay for eligible medical costs not covered by medical plan. Funds are contributed to the HRA by employer.

Health Savings Account (HSA)—A fund you can use to help pay for eligible medical costs not covered by your medical plan. Both employers and employees may contribute to this fund; employees do so through pre-tax payroll deductions. Equity partners can have monthly contributions charged against their monthly draw account.



In-Network—Use of a health care provider that participates in the plan's network. When you use providers in the network, you lower your out-of-pocket expenses because the plan pays a higher percentage of covered expenses.

Out-of-Network—Use of a health care provider that does not participate in a plan's network.

Mail Order Pharmacy—Mail order pharmacies generally provide a 90-day supply of a prescription medication for the same cost as a 60-day supply at a retail pharmacy. Plus, mail order pharmacies offer the convenience of shipping directly to your door.

Inpatient—Services provided to an individual during an overnight hospital stay.

Outpatient—Services provided to an individual at a hospital facility without an overnight hospital stay.

Out-of-Pocket Maximum—The maximum amount you and your family must pay for eligible expenses each plan year. Once your expenses reach the out-of-pocket maximum, the plan pays benefits at 100% of eligible expenses for the remainder of the year.

Primary Care Physician (PCP)—physician who provides ongoing medical care. A primary care physician treats a wide variety of health-related conditions.

Specialist—A physician who has specialized training in a particular branch of medicine (e.g., a surgeon, gastroenterologist or neurologist).

Legislative Information

THE WOMEN'S HEALTH CANCER RIGHTS ACT OF 1998 (WHCRA)

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 this plan.

NEWBORNS ACT DISCLOSURE - FEDERAL

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 insurance issuer for prescribing a length of stay not in excess of 48 hours (or 96 hours).

NOTICE OF SPECIAL ENROLLMENT RIGHTS

If you are declining enrollment for yourself or your dependents (including your spouse) because of other health insurance or group health plan coverage, you may be able to enroll yourself and your dependents in this plan if you or your dependents lose eligibility for that other coverage (or if the employer stops contributing toward your or your dependents' other coverage). However, you must request enrollment within 30 days after your or your dependents' other coverage ends (or after the employer stops contributing toward the other coverage).

In addition, if you have a new dependent as a result of marriage, birth, adoption, or placement for adoption, you may be able to enroll yourself and your dependents. However, you must request enrollment within 30 days after the marriage, birth, adoption, or placement for adoption.

Further, if you decline enrollment for yourself or eligible dependents (including your spouse) while Medicaid coverage or coverage under a State CHIP program is in effect, you may be able to enroll yourself and your dependents in this plan if:

- coverage is lost under Medicaid or a State CHIP program; or
- you or your dependents become eligible for a premium assistance subsidy from the State.

In either case, you must request enrollment within 60 days from the loss of coverage or the date you become eligible for premium assistance.

To request special enrollment or obtain more information, contact the person listed at the end of this summary.

CONTACT INFORMATION

Questions regarding any of this information can be directed to:

Alana Etter
3800 Hillsborough St
Raleigh, NC 27607
919-760-8907
ettera@meredith.edu

Legislative Information

PATIENT PROTECTION MODEL DISCLOSURE

Blue Cross Blue Shield of North Carolina generally allows the designation of a primary care provider. You have the right to designate any primary care provider who participates in our network and who is available to accept you or your family members. For information on how to select a primary care provider, and for a list of the participating primary care providers, contact Blue Cross Blue Shield of North Carolina at www.BlueConnectNC.com.

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

STATEMENT OF ERISA RIGHTS

As a participant in the Plan, you are entitled to certain rights and protections under the Employee Retirement Income Security Act of 1974 ("ERISA"). ERISA provides that all participants shall be entitled to:

Receive Information about Your Plan and Benefits

- Examine, without charge, at the Plan Administrator's office and at other specified locations, the Plan and Plan documents, including the insurance contract and copies of all documents filed by the Plan with the U.S. Department of Labor, if any, such as annual reports and Plan descriptions.
- Obtain copies of the Plan documents and other Plan information upon written request to the Plan Administrator. The Plan Administrator may make a reasonable charge for the copies.
- Receive a summary of the Plan's annual financial report, if required to be furnished under ERISA. The Plan Administrator is required by law to furnish each participant with a copy of this summary annual report, if any.

Continue Group Health Plan Coverage

If applicable, you may continue health care coverage for yourself, spouse or dependents if there is a loss of coverage under the plan as a result of a qualifying event. You and your dependents may have to pay for such coverage. Review the summary plan description and the documents governing the Plan for the rules on COBRA continuation of coverage rights.

Prudent Actions by Plan Fiduciaries

In addition to creating rights for participants, ERISA imposes duties upon the people who are responsible for operation of the Plan. These people, called "fiduciaries" of the Plan, have a duty to operate the Plan prudently and in the interest of you and other Plan participants.

No one, including the Company or any other person, may fire you or discriminate against you in any way to prevent you from obtaining welfare benefits or exercising your rights under ERISA.

Enforce your Rights

If your claim for a welfare benefit is denied in whole or in part, you must receive a written explanation of the reason for the denial. You have a right to have the Plan review and reconsider your claim.

Under ERISA, there are steps you can take to enforce these rights. For instance, if you request materials from the Plan Administrator and do not receive them within 30 days, you may file suit in federal court. In such a case, the court may require the Plan Administrator to provide the materials and pay you up to \$110 per day, until you receive the materials, unless the materials were not sent due to reasons beyond the control of the Plan Administrator. If you have a claim for benefits which is denied or ignored, in whole or in part, and you have exhausted the available claims procedures under the Plan, you may file suit in a state or federal court. If it should happen that Plan fiduciaries misuse the Plan's money, or if you are discriminated against for asserting your rights, you may seek assistance from the U.S. Department of Labor, or you may file suit in a federal court. The court will decide who should pay court costs and legal fees. If you are successful, the court may order the person you have sued to pay these costs and fees. If you lose (for example, if the court finds your claim is frivolous) the court may order you to pay these costs and fees.

Assistance with your Questions

If you have any questions about your Plan, this statement, or your rights under ERISA, you should contact the nearest office of the Employee Benefits and Security Administration, U.S. Department of Labor, listed in your telephone directory or the Division of Technical Assistance and Inquiries, Employee Benefits and Security Administration, U.S. Department of Labor, 200 Constitution Avenue N.W., Washington, D.C. 20210.

Legislative Information

Your Information. Your Rights. Our Responsibilities.

Recipients of the notice are encouraged to read the entire notice. Contact information for questions or complaints is available at the end of the notice.

Your Rights

You have the right to:

- Get a copy of your health and claims records
- Correct your health and claims records
- Request confidential communication
- Ask us to limit the information we share
- Get a list of those with whom we've shared your information
- Get a copy of this privacy notice
- Choose someone to act for you
- File a complaint if you believe your privacy rights have been violated

Your Choices

You have some choices in the way that we use and share information as we:

- Answer coverage questions from your family and friends
- Provide disaster relief
- Market our services and sell your information

Our Uses and Disclosures

We may use and share your information as we:

- Help manage the health care treatment you receive
- Run our organization
- Pay for your health services
- Administer your health plan
- Help with public health and safety issues
- Do research
- Comply with the law
- Respond to organ and tissue donation requests and work with a medical examiner or funeral director
- Address workers' compensation, law enforcement, and other government requests
- Respond to lawsuits and legal actions

Your Rights

When it comes to your health information, you have certain rights. This section explains your rights and some of our responsibilities to help you.

Get a copy of health and claims records

- You can ask to see or get a copy of your health and claims records and other health information we have about you. Ask us how to do this.
- We will provide a copy or a summary of your health and claims records, usually within 30 days of your request. We may charge a reasonable, cost-based fee.

Ask us to correct health and claims records

- You can ask us to correct your health and claims records if you think they are incorrect or incomplete. Ask us how to do this.
- We may say "no" to your request, but we'll tell you why in writing, usually within 60 days.

Legislative Information

Request confidential communications

- You can ask us to contact you in a specific way (for example, home or office phone) or to send mail to a different address.
- We will consider all reasonable requests, and must say “yes” if you tell us, you would be in danger if we do not.

Ask us to limit what we use or share

- You can ask us not to use or share certain health information for treatment, payment, or our operations.
- We are not required to agree to your request.

Get a list of those with whom we've shared information

- You can ask for a list (accounting) of the times we've shared your health information for up to six years prior to the date you ask, who we shared it with, and why.
- We will include all the disclosures except for those about treatment, payment, and health care operations, and certain other disclosures (such as any you asked us to make). We'll provide one accounting a year for free but will charge a reasonable, cost-based fee if you ask for another one within 12 months.

Get a copy of this privacy notice

You can ask for a paper copy of this notice at any time, even if you have agreed to receive the notice electronically. We will provide you with a paper copy promptly.

Choose someone to act for you

- If you have given someone medical power of attorney or if someone is your legal guardian, that person can exercise your rights and make choices about your health information.
- We will make sure the person has this authority and can act for you before we take any action.

File a complaint if you feel your rights are violated

- You can complain if you feel we have violated your rights by contacting us using the information at the end of this notice.
- You can file a complaint with the U.S. Department of Health and Human Services Office for Civil Rights by sending a letter to 200 Independence Avenue, S.W., Washington, D.C. 20201, calling 1-877-696-6775, or visiting www.hhs.gov/ocr/privacy/hipaa/complaints/.
- We will not retaliate against you for filing a complaint.

Your Choices

For certain health information, you can tell us your choices about what we share. If you have a clear preference for how we share your information in the situations described below, talk to us. Tell us what you want us to do, and we will follow your instructions.

In these cases, you have both the right and choice to tell us to:

- Share information with your family, close friends, or others involved in payment for your care
- Share information in a disaster relief situation

If you are not able to tell us your preference, for example if you are unconscious, we may go ahead and share your information if we believe it is in your best interest. We may also share your information when needed to lessen a serious and imminent threat to health or safety.

- In these cases, we never share your information unless you give us written permission:
 - Marketing purposes
 - Sale of your information

Legislative Information

Our Uses and Disclosures

How do we typically use or share your health information?

We typically use or share your health information in the following ways.

Help manage the health care treatment you receive

We can use your health information and share it with professionals who are treating you.

Example: A doctor sends us information about your diagnosis and treatment plan so we can arrange additional services.

Pay for your health services

We can use and disclose your health information as we pay for your health services.

Example: We share information about you with your dental plan to coordinate payment for your dental work.

Administer your plan

We may disclose your health information to your health plan sponsor for plan administration.

Example: Your company contracts with us to provide a health plan, and we provide your company with certain statistics to explain the premiums we charge.

Run our organization

- We can use and disclose your information to run our organization and contact you when necessary.
- We are not allowed to use genetic information to decide whether we will give you coverage and the price of that coverage. This does not apply to long term care plans.

Example: We use health information about you to develop better services for you.

How else can we use or share your health information?

We are allowed or required to share your information in other ways – usually in ways that contribute to the public good, such as public health and research. We have to meet many conditions in the law before we can share your information for these purposes. For more information see:

www.hhs.gov/ocr/privacy/hipaa/understanding/consumers/index.html.

Help with public health and safety issues

We can share health information about you for certain situations such as:

- Preventing disease
- Helping with product recalls
- Reporting adverse reactions to medications
- Reporting suspected abuse, neglect, or domestic violence
- Preventing or reducing a serious threat to anyone's health or safety

Do research

We can use or share your information for health research.

Comply with the law

We will share information about you if state or federal laws require it, including with the Department of Health and Human Services if it wants to see that we're complying with federal privacy law.

Respond to organ and tissue donation requests and work with a medical examiner or funeral director

- We can share health information about you with organ procurement organizations.
- We can share health information with a coroner, medical examiner, or funeral director when an individual dies.

Legislative Information

Address workers' compensation, law enforcement, and other government requests

We can use or share health information about you:

- For workers' compensation claims
- For law enforcement purposes or with a law enforcement official
- With health oversight agencies for activities authorized by law
- For special government functions such as military, national security, and presidential protective services

Respond to lawsuits and legal actions

We can share health information about you in response to a court or administrative order, or in response to a subpoena.

Uses and Disclosures of Substance Use Disorder (SUD) Treatment Information

If we receive or maintain records about you from a SUD treatment program subject to 42 CFR part 2 (a "Part 2 Program") through consent you provide the Part 2 Program to use or disclose the records, or testimony relating the content of such records, they are given extra protection. These records shall not be used or disclosed in civil, criminal, administrative, or legislative proceedings against you unless you provide written consent, or a court order is issued after notice and an opportunity to be heard is provided by you or the holder of the records.

Our Responsibilities

- We are required by law to maintain the privacy and security of your protected health information.
- We will let you know promptly if a breach occurs that may have compromised the privacy or security of your information.
- We must follow the duties and privacy practices described in this notice and give you a copy of it.
- We will not use or share your information other than as described here unless you tell us we can in writing. If you tell us we can, you may change your mind at any time. Let us know in writing if you change your mind.

For more information see: www.hhs.gov/ocr/privacy/hipaa/understanding/consumers/noticepp.html.

Changes to the Terms of this Notice

We can change the terms of this notice, and the changes will apply to all information we have about you. The new notice will be available upon request, on our web site (if applicable), and we will mail a copy to you.

PAPERWORK BURDEN REDUCTION ACT (H.R. 3797)

This Act provides an alternative furnishing method for Forms 1095-C and 1095-B, offering additional flexibility to employers and carriers responsible for sending these Forms to covered individuals.

Currently, most large employers are required to furnish a Form 1095-C to full-time employees. In most cases, these Forms are mailed to the home address of the employee or furnished electronically with appropriate notice and consent.

The new law provides that Form 1095-C or Form 1095-B may be furnished to individuals only upon request. In other words, employers are no longer required to furnish these Forms to covered individuals unless the individual requests it.

Employers take advantage of this relief must:

- Ensure any request for an applicable Form is fulfilled by the later of January 31 or 30 days after the request is made; and
- Provide timely notice of the option.

Legislative Information

Important Notice from Meredith College 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 Meredith College and about your options under Medicare's prescription drug coverage. This information can help you decide whether or not you want to join a Medicare drug plan. If you are considering joining, you should compare your current coverage, including which drugs are covered at what cost, with the coverage and costs of the plans offering Medicare prescription drug coverage in your area. Information about where you can get help to make decisions about your prescription drug coverage is at the end of this notice.

There are two important things you need to know about your current coverage and Medicare's prescription drug coverage:

1. Medicare prescription drug coverage became available in 2006 to everyone with Medicare. You can get this coverage if you join a Medicare Prescription Drug Plan or join a Medicare Advantage Plan (like an HMO or PPO) that offers prescription drug coverage. All Medicare drug plans provide at least a standard level of coverage set by Medicare. Some plans may also offer more coverage for a higher monthly premium.
2. Meredith College has determined that the prescription drug coverage offered by the Meredith College Health Plan is, on average for all plan participants, expected to pay out as much as standard Medicare prescription drug coverage pays and is therefore considered Creditable Coverage. Because your existing coverage is Creditable Coverage, you can keep this coverage and not pay a higher premium (a penalty) if you later decide to join a Medicare drug plan.

When Can You Join A Medicare Drug Plan?

You can join a Medicare drug plan when you first become eligible for Medicare and each year from October 15th to December 7th.

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

What Happens To Your Current Coverage If You Decide to Join A Medicare Drug Plan?

If you decide to join a Medicare drug plan, your current Meredith College coverage will not be affected. You can keep this coverage and it will coordinate with Part D coverage.

If you do decide to join a Medicare drug plan and drop your current Meredith College coverage, be aware that you and your dependents will only be able to get this coverage back during open enrollment or in the case of a special enrollment opportunity.

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 Meredith College 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.

Legislative Information

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 Meredith College changes. You also may request a copy of this notice at any time.

For More Information About Your Options Under Medicare Prescription Drug Coverage...

More detailed information about Medicare plans that offer prescription drug coverage is in the "Medicare & You" handbook. You'll get a copy of the handbook in the mail every year from Medicare. You may also be contacted directly by Medicare drug plans.

For more information about Medicare prescription drug coverage:

- Visit www.medicare.gov
- Call your State Health Insurance Assistance Program (see the inside back cover of your copy of the "Medicare & You" handbook for their telephone number) for personalized help
- Call 1-800-MEDICARE (1-800-633-4227). TTY users should call 1-877-486-2048.

If you have limited income and resources, extra help paying for Medicare prescription drug coverage is available. For information about this extra help, visit Social Security on the web at www.socialsecurity.gov, or call them at 1-800-772-1213 (TTY 1-800-325-0778).

Remember: Keep this 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:	January 1, 2026
Name of Entity/Sender:	Alana Etter
Contact--Position/Office:	Assistant Director of Human Resources
Address:	3800 Hillsborough Street, Raleigh, NC 27607
Phone Number:	919-760-8898

Legislative Information

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

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

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

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

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

If you live in one of the following states, you may be eligible for assistance paying your employer health plan premiums. The following list of states is current as of July 31, 2023. Contact your State for more information on eligibility –

ALABAMA – Medicaid	ALASKA – Medicaid
Website: http://myalhipp.com/ Phone: 1-855-692-5447	The AK Health Insurance Premium Payment Program Website: http://myakhipp.com/ Phone: 1-866-251-4861 Email: CustomerService@MyAKHIPP.com Medicaid Eligibility: https://health.alaska.gov/dpa/Pages/default.aspx
ARKANSAS – Medicaid	CALIFORNIA – Medicaid
Website: http://myarhipp.com/ Phone: 1-855-MyARHIPP (855-692-7447)	Health Insurance Premium Payment (HIPP) Program Website: http://dhcs.ca.gov/hipp Phone: 916-445-8322 Fax: 916-440-5676 Email: hipp@dhcs.ca.gov
COLORADO – Health First Colorado (Colorado’s Medicaid Program) & Child Health Plan Plus (CHP+)	FLORIDA – Medicaid
Health First Colorado Website: https://www.healthfirstcolorado.com/ Health First Colorado Member Contact Center: 1-800-221-3943/State Relay 711 CHP+: https://hcpf.colorado.gov/child-health-plan-plus CHP+ Customer Service: 1-800-359-1991/State Relay 711 Health Insurance Buy-In Program (HIBI): https://www.mycohibi.com/ HIBI Customer Service: 1-855-692-6442	Website: https://www.flmedicaidtplrecovery.com/flmedicaidtplrecovery.com/hipp/index.html Phone: 1-877-357-3268

Legislative Information

GEORGIA – Medicaid	INDIANA – Medicaid
<p>GA HIPP Website: https://medicaid.georgia.gov/health-insurance-premium-payment-program-hipp Phone: 678-564-1162, Press 1 GA CHIPRA Website: https://medicaid.georgia.gov/programs/third-party-liability/childrens-health-insurance-program-reauthorization-act-2009-chipra Phone: 678-564-1162, Press 2</p>	<p>Healthy Indiana Plan for low-income adults 19-64 Website: http://www.in.gov/fssa/hip/ Phone: 1-877-438-4479 All other Medicaid Website: https://www.in.gov/medicaid/ Phone: 1-800-457-4584</p>
IOWA – Medicaid and CHIP (Hawki)	KANSAS – Medicaid
<p>Medicaid Website: https://dhs.iowa.gov/ime/members Medicaid Phone: 1-800-338-8366 Hawki Website: http://dhs.iowa.gov/Hawki Hawki Phone: 1-800-257-8563 HIPP Website: https://dhs.iowa.gov/ime/members/medicaid-a-to-z/hipp HIPP Phone: 1-888-346-9562</p>	<p>Website: https://www.kancare.ks.gov/ Phone: 1-800-792-4884 HIPP Phone: 1-800-967-4660</p>
KENTUCKY – Medicaid	LOUISIANA – Medicaid
<p>Kentucky Integrated Health Insurance Premium Payment Program (KI-HIPP) Website: https://chfs.ky.gov/agencies/dms/member/Pages/kihipp.aspx Phone: 1-855-459-6328 Email: KIHIPPPROGRAM@ky.gov KCHIP Website: https://kidshealth.ky.gov/Pages/index.aspx Phone: 1-877-524-4718 Kentucky Medicaid Website: https://chfs.ky.gov/agencies/dms</p>	<p>Website: www.medicaid.la.gov or www.ldh.la.gov/lahipp Phone: 1-888-342-6207 (Medicaid hotline) or 1-855-618-5488 (LaHIPP)</p>
MAINE – Medicaid	MASSACHUSETTS – Medicaid and CHIP
<p>Enrollment Website: https://www.mymaineconnection.gov/benefits/s/?language=en_US Phone: 1-800-442-6003 TTY: Maine relay 711 Private Health Insurance Premium Webpage: https://www.maine.gov/dhhs/ofi/applications-forms Phone: 1-800-977-6740 TTY: Maine relay 711</p>	<p>Website: https://www.mass.gov/masshealth/pa Phone: 1-800-862-4840 TTY: 711 Email: masspremassistance@accenture.com</p>
MINNESOTA – Medicaid	MISSOURI – Medicaid
<p>Website: https://mn.gov/dhs/people-we-serve/children-and-families/health-care/health-care-programs/programs-and-services/other-insurance.jsp Phone: 1-800-657-3739</p>	<p>Website: http://www.dss.mo.gov/mhd/participants/pages/hipp.htm Phone: 573-751-2005</p>
MONTANA – Medicaid	NEBRASKA – Medicaid
<p>Website: http://dphhs.mt.gov/MontanaHealthcarePrograms/HIPP Phone: 1-800-694-3084 Email: HSHIPPPProgram@mt.gov</p>	<p>Website: http://www.ACCESSNebraska.ne.gov Phone: 1-855-632-7633 Lincoln: 402-473-7000 Omaha: 402-595-1178</p>

Legislative Information

<p align="center">NEVADA – Medicaid</p> <p>Medicaid Website: http://dhcfnv.gov Medicaid Phone: 1-800-992-0900</p>	<p align="center">NEW HAMPSHIRE – Medicaid</p> <p>Website: https://www.dhhs.nh.gov/programs-services/medicaid/health-insurance-premium-program Phone: 603-271-5218 Toll free number for the HIPP program: 1-800-852-3345, ext. 5218</p>
<p align="center">NEW JERSEY – Medicaid and CHIP</p> <p>Medicaid Website: http://www.state.nj.us/humanservices/dmahs/clients/medicaid/ Medicaid Phone: 609-631-2392 CHIP Website: http://www.njfamilycare.org/index.html CHIP Phone: 1-800-701-0710</p>	<p align="center">NEW YORK – Medicaid</p> <p>Website: https://www.health.ny.gov/health_care/medicaid/ Phone: 1-800-541-2831</p>
<p align="center">NORTH CAROLINA – Medicaid</p> <p>Website: https://medicaid.ncdhhs.gov/ Phone: 919-855-4100</p>	<p align="center">NORTH DAKOTA – Medicaid</p> <p>Website: https://www.hhs.nd.gov/healthcare Phone: 1-844-854-4825</p>
<p align="center">OKLAHOMA – Medicaid and CHIP</p> <p>Website: http://www.insureoklahoma.org Phone: 1-888-365-3742</p>	<p align="center">OREGON – Medicaid</p> <p>Website: http://healthcare.oregon.gov/Pages/index.aspx Phone: 1-800-699-9075</p>
<p align="center">PENNSYLVANIA – Medicaid and CHIP</p> <p>Website: https://www.dhs.pa.gov/Services/Assistance/Pages/HIPP-Program.aspx Phone: 1-800-692-7462 CHIP Website: Children's Health Insurance Program (CHIP) (pa.gov) CHIP Phone: 1-800-986-KIDS (5437)</p>	<p align="center">RHODE ISLAND – Medicaid and CHIP</p> <p>Website: http://www.eohhs.ri.gov/ Phone: 1-855-697-4347, or 401-462-0311 (Direct Rlte Share Line)</p>
<p align="center">SOUTH CAROLINA – Medicaid</p> <p>Website: https://www.scdhhs.gov Phone: 1-888-549-0820</p>	<p align="center">SOUTH DAKOTA - Medicaid</p> <p>Website: http://dss.sd.gov Phone: 1-888-828-0059</p>
<p align="center">TEXAS – Medicaid</p> <p>Website: Health Insurance Premium Payment (HIPP) Program Texas Health and Human Services Phone: 1-800-440-0493</p>	<p align="center">UTAH – Medicaid and CHIP</p> <p>Medicaid Website: https://medicaid.utah.gov/ CHIP Website: http://health.utah.gov/chip Phone: 1-877-543-7669</p>
<p align="center">VERMONT– Medicaid</p> <p>Website: Health Insurance Premium Payment (HIPP) Program Department of Vermont Health Access Phone: 1-800-250-8427</p>	<p align="center">VIRGINIA – Medicaid and CHIP</p> <p>Website: https://coverva.dmas.virginia.gov/learn/premium-assistance/famis-select https://coverva.dmas.virginia.gov/learn/premium-assistance/health-insurance-premium-payment-hipp-programs Medicaid/CHIP Phone: 1-800-432-5924</p>
<p align="center">WASHINGTON – Medicaid</p> <p>Website: https://www.hca.wa.gov/ Phone: 1-800-562-3022</p>	<p align="center">WEST VIRGINIA – Medicaid and CHIP</p> <p>Website: https://dhhr.wv.gov/bms/ http://mywvhipp.com/ Medicaid Phone: 304-558-1700 CHIP Toll-free phone: 1-855-MyWVHIPP (1-855-699-8447)</p>
<p align="center">WISCONSIN – Medicaid and CHIP</p> <p>Website: https://www.dhs.wisconsin.gov/badgercareplus/p-10095.htm Phone: 1-800-362-3002</p>	<p align="center">WYOMING – Medicaid</p> <p>Website: https://health.wyo.gov/healthcarefin/medicaid/programs-and-eligibility/ Phone: 1-800-251-1269</p>

Legislative Information

To see if any other states have added a premium assistance program since July 31, 2023, or for more information on special enrollment rights, contact either:

U.S. Department of Labor
Employee Benefits Security Administration
www.dol.gov/agencies/ebsa
1-866-444-EBSA (3272)

U.S. Department of Health and Human Services
Centers for Medicare & Medicaid Services
www.cms.hhs.gov
1-877-267-2323, Menu Option 4, Ext. 61565

Paperwork Reduction Act Statement

According to the Paperwork Reduction Act of 1995 (Pub. L. 104-13) (PRA), no persons are required to respond to a collection of information unless such collection displays a valid Office of Management and Budget (OMB) control number. The Department notes that a Federal agency cannot conduct or sponsor a collection of information unless it is approved by OMB under the PRA, and displays a currently valid OMB control number, and the public is not required to respond to a collection of information unless it displays a currently valid OMB control number. See 44 U.S.C. 3507. Also, notwithstanding any other provisions of law, no person shall be subject to penalty for failing to comply with a collection of information if the collection of information does not display a currently valid OMB control number. See 44 U.S.C. 3512.

The public reporting burden for this collection of information is estimated to average approximately seven minutes per respondent. Interested parties are encouraged to send comments regarding the burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden, to the U.S. Department of Labor, Employee Benefits Security Administration, Office of Policy and Research, Attention: PRA Clearance Officer, 200 Constitution Avenue, N.W., Room N-5718, Washington, DC 20210 or email ebsa.opr@dol.gov and reference the OMB Control Number 1210-0137.

OMB Control Number 1210-0137 (expires 1/31/2026)

Legislative Information

Notice Regarding Wellness Program

Meredith College Wellness Program is a voluntary wellness program available to all employees of your organization. The program is administered according to federal rules permitting employer-sponsored wellness programs that seek to improve employee health or prevent disease, including the Americans with Disabilities Act of 1990, the Genetic Information Nondiscrimination Act of 2008, and the Health Insurance Portability and Accountability Act, as applicable, among others. If you choose to participate in the wellness program you will be asked to complete a voluntary health risk assessment or "HRA" that asks a series of questions about your health-related activities and behaviors and whether you have or had certain medical conditions (e.g., cancer, diabetes, or heart disease). You will also be asked to complete a biometric health screening, which will include a blood test for **lipid panel, total cholesterol, and blood glucose**. You are not required to complete the HRA or to participate in the blood test or other medical examinations.

However, employees who choose to participate in the wellness program will receive an incentive of up to \$500 toward their HRA or HSA fund for completion of the health assessment, biometric screenings, and other additional activities. Although you are not required to complete the HRA or participate in the biometric health screening, only employees who do so will receive \$200 toward their HRA or HSA.

Additional incentives of up to \$300 may be available for employees who participate in certain health-related activities including online health challenges and activities, learning modules, and lifestyle coaching or achieve certain health outcomes like becoming tobacco free. If you are unable to participate in any of the health-related activities or achieve any of the health outcomes required to earn an incentive, you may be entitled to a reasonable accommodation or an alternative standard. You may request a reasonable accommodation or an alternative standard by contacting the Meredith College Office of Human Resources at hr@meredith.edu or calling 919-760-8898.

The information from your HRA and the results from your biometric health screening will be used to provide you with information to help you understand your current health and potential risks and may also be used to offer you services through the wellness program, such as health and lifestyle coaching. You also are encouraged to share your results or concerns with your own doctor. **Your health information is never shared with your employer, your health insurance medical providers, or others outside of Asset Health.**

Protections from Disclosure of Medical Information

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

Your health information will not be sold, exchanged, transferred, or otherwise disclosed except to the extent permitted by law to carry out specific activities related to the wellness program, and you will not be asked or required to waive the confidentiality of your health information as a condition of participating in the wellness program or receiving an incentive. Anyone who receives your information for purposes of providing you services as part of the wellness program will abide by the same confidentiality requirements. The only individual(s) who will receive your personally identifiable health information is (are) your biometric screener and health coach in order to provide you with services within the wellness program.

In addition, all medical information obtained through the wellness program will be maintained separate from your personnel records, information stored electronically will be encrypted, and no information you provide as part of the wellness program will be used in making any employment decision.

Appropriate precautions will be taken to avoid any data breach, and in the event a data breach occurs involving information you provide in connection with the wellness program, we will notify you immediately.

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

If you have questions or concerns regarding this notice, or about protections against discrimination and retaliation, please contact the Meredith College Office of Human Resources at hr@meredith.edu or calling 919-760-8898.

Meredith College Retirement Plan 403(b) Notice of Universal Availability

Employer and Plan Sponsor: Meredith College

Plan Administrator: Office of Human Resources
3800 Hillsborough Street
Raleigh, NC 27607
919-760-8898

The Meredith College Retirement Plan (“Plan”) is a defined contribution plan designed to meet the requirements of IRS Code § 403(b). The Plan was established to provide retirement benefits and savings opportunities to eligible Employees and to provide benefits to their Beneficiaries in the event of their death.

Elective Deferral Eligibility

Eligible Employees can defer a portion of their compensation (elective deferrals) to the Plan. All employees are eligible to participate in the Plan except for:

- Student Employees
- Leased Employee

Participation

Whether you want to enroll in the plan, or you are already enrolled but wish to change the amount of your deferral, you can obtain a copy of the salary reduction agreement and information on the plan by contacting the Human Resources Office. Review the plan information before enrolling. Once you have enrolled you can change the amount of your contributions and your investment allocations at any time.

In 2026 the elective deferral limit is \$24,500. If you are age 50 or older (beginning the year you turn age 50), you can contribute an additional \$8,000. The Super Catch-up is \$11,250 for those age 60-63 by the end of the taxable year. Please contact the Administrator for more information.

The law also imposes a limit on the amount of contributions that may be made to your accounts in total (employee and employer contributions) during a year. For 2026, this total cannot exceed the lesser of \$72,000 or 100% of your includible compensation (generally your compensation for the prior 12-month period) for employees under age 50, \$80,000 for employees over 50.

The above limit may also need to be applied by taking into account contributions made to other retirement plans in which you are a participant. If you have more than 50% control of a corporation, partnership, and/or sole proprietorship, then the above limit is based on contributions made in this Plan as well as contributions made to any 403(b) or qualified plans maintained by the businesses you control. If you control another business that maintains a plan in which you participate, then you are responsible for providing the Plan Administrator with information necessary to apply the annual contribution limits. If you fail to provide necessary and correct information to the Plan Administrator, it could result in adverse tax consequences to you, including the inability to exclude contributions to the Plan from your gross income for tax purposes.

More Information

Enrollment forms and information, a salary reduction agreement, a copy of the Summary Plan Description (SPD), and a list of investment options are available from the Human Resources Office or on MyMeredith.

<https://my.meredith.edu/CampusSites/HumanResources/Pages/Retirement-Benefits.aspx>

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