

BENEFITS GUIDE

The Health and Wellness Connection

2026



NSU
Florida
NOVA SOUTHEASTERN
UNIVERSITY

MEDICAL MEANS MORE



Your medical election includes value-based benefits from the best service providers in the country.

The Right Care at the Right Time

If you're experiencing a health-related issue, chances are ICUBA has a program that will help you get the care you need, when you need it.

We design value-based benefits, programs, and services to reduce your out-of-pocket expenses and help you identify chronic conditions before they become a problem. In this guide, you'll find user-friendly information about these great value-based benefits:

- For elective surgery, **Lantern Surgery Care** gives you access to an elite network of surgeons for eligible procedures covered at 100%!
- When you choose an **Embold Health** designated provider, you're seeing a top-rated provider that consistently delivers quality care.
- You have access to a dedicated cancer care team, nurse case manager, and behavioral health case manager for complex care from **BCBS**.
- Virtual musculoskeletal care and chronic pain management from **Hinge Health**.
- Dedicated pharmacist advocates from **ICUBAcares**.
- Telemedicine from **Teladoc**.
- Lifestyle management from **My Health Novel**.
- A comprehensive wellbeing incentive program from **Personify Health**.



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Employee Health & Welfare Benefits

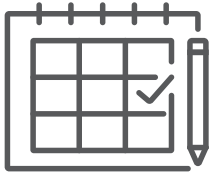
We appreciate your commitment to our success. We're equally committed to providing you with competitive, affordable, health and wellbeing benefits to help you take care of yourself and your family.

Please read this guide carefully as it includes a summary of your options and helpful tips for getting the most value from your benefit plans. We understand that you may have questions about your benefit enrollment, and we'll do our best to help you understand your options and guide you through the process.

This guide is not your only resource. Anytime you have questions about benefits or the enrollment process, you can contact your human resources representative or visit [**http://ICUBAbenefits.org**](http://ICUBAbenefits.org). Although this guide contains an overview of benefits, for complete information about the plans available to you, please see the summary plan description (SPD).

If you and your spouse or partner are both employed at an ICUBA school, please make sure you do not duplicate coverage for yourself or for any of your dependents. Duplicate coverage is not permissible under any plan or policy available through your employer or ICUBA.

ELIGIBILITY & SPECIAL ENROLLMENT



New Hire Enrollment

New Hire Enrollment is your first opportunity to enroll in benefits

for you and your eligible dependents. As a new employee, you must make your benefit elections within 30 days of your hire date. Once you have enrolled in benefits, your elections are binding for the remainder of the plan year, 4/1/26-3/31/27.

Mid-year changes to your benefits are permitted when you or a family member experiences a Qualifying Life Event, or during Annual Enrollment for benefits. Annual Enrollment is your opportunity to review your coverage and make changes to your benefits without a Qualifying Life Event. During annual enrollment, you can add or remove coverage and eligible dependents in your family to your benefits effective at the beginning of the next plan year.

Eligibility Requirements

EMPLOYEE

Full-time employees of your institution.

DEPENDENTS

Your eligible dependents include: your legally recognized spouse or qualified domestic partner and your legal child dependent(s) including natural child, legally adopted child, stepchild, child required to be covered pursuant to a Qualified Medical Child Support Order, child with proof of legal guardianship who resides with you, or a foster child. Dependent children may remain on the ICUBA plan until the end of the calendar year in which age 26 is attained.

WAITING PERIOD

Eligible on 1st of the month following or coinciding with the date of hire.

Qualifying Life Events

The Health Insurance Portability and Accountability Act 1996 (HIPAA), allows you to make certain changes to your benefits when you experience a Qualifying Life Event outside of your new hire or annual enrollment periods. Qualifying life events permit you to make changes to your benefits, provided you notify your employer, make your benefit elections online, and provide documentation to support the changes within 30 days of the event.

The following events are considered Qualifying Life Events that would enable you to make changes to your benefits:

- Marriage or divorce
- Birth, adoption or placement for adoption.
Eligible employees and other dependents who previously did not elect to be covered under the plan may also enroll at the time the new dependent is enrolled.
- Gain of other coverage and enrollment into another plan.
- Loss of other coverage.
- A court has ordered coverage be provided for a spouse or minor child under this plan.

For further information on eligible qualifying events, please refer to the ICUBA Plan Document or contact your Human Resources Department.

The Plan Document can be found in the Content Library at <http://ICUBAbenefits.org>.

A Section 125 plan, also known as a cafeteria plan, allows employees to pay for eligible benefits, such as health insurance, FSAs, and certain supplemental plan, using pre-tax dollars, reducing their taxable income and overall tax burden. Your employer must follow strict IRS rules governing mid-year election changes, eligibility, and plan administration. All permitted changes must align with the qualifying life events defined in the Section 125 plan document.

HOW TO ENROLL

Easy online enrollment at <http://ICUBAbenefits.org>.

1

REVIEW YOUR BENEFIT OPTIONS CAREFULLY

Read this guide carefully! It contains valuable information and helpful resources for you and your family members. Making decisions about healthcare can be challenging on your own. Including your family in the decision-making process may be helpful when choosing your benefits.

2

ACCESS YOUR BENEFITS ENROLLMENT ONLINE

Go to **Sharklink**, click on **Human Resources**, then click on **Manage My Benefits**. Or visit <http://ICUBAbenefits.org> to register for access and enroll in your benefits online. First time users will need to register for access using the instructions below:

Your username:

Your username is your first initial, your last name, and the last 4 digits of your Social Security Number. Example: John Doe 999-99-9999 *JDoe9999*

Your default password:

Your default password is your date of birth.

Example: 06/30/1989 *06301989*

Please note: you will be prompted to enter a new password after registration. Please save your password in a secure location.

3

MAKE YOUR BENEFIT ELECTIONS

Click the **Start Your Enrollment** button located on the home page to proceed through each available election and elect or waive coverage you do not want. Benefits you need to review will have **GREY** plan icons and benefits you have completed will have **GREEN** plan icons. Review each benefit category until all plan icons are **GREEN**.

You can click on the **View Plan Options** link under each benefit summary and view more information where applicable. Once completed, click the **ORANGE Continue** button on the right panel to review your elections and complete your enrollment.

4

REVIEW AND CONFIRM YOUR BENEFIT ELECTIONS

After reviewing your benefit elections, there is one more step to confirm your elections. Check the box labeled **I agree and I'm finished with my enrollment** before clicking the **Submit** button.

Make sure you save a copy of your confirmation statement in case there are any issues with your enrollment. **Remember, if you are not prompted to view or save your confirmation statement, you have NOT completed your enrollment.**

5

GET THE MOST FROM THE ICUBA BENEFITS PORTAL

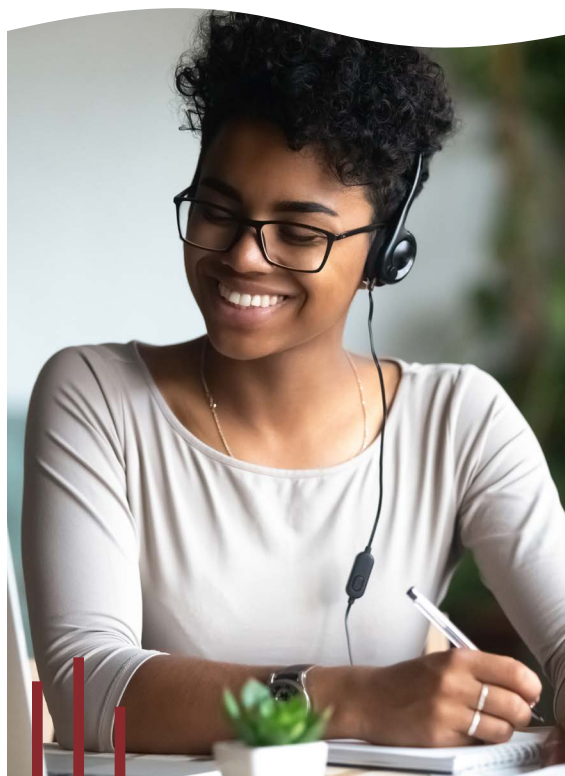
Once you enroll in benefits, you will be able to view benefits summaries, plan documents, and access Single Sign-On for all of your ICUBA benefits in one convenient location.

For Single Sign-On access to your benefits click on a benefit plan link under the **My Carrier Accounts** section of your homepage.

From the top task bar or side panel you can:

- Review your personal information and update your contact preferences. You will need to contact your Human Resources office to make changes to your address and other demographic information.
- Add dependents and confirm dependent eligibility for benefits. Please note, Social Security Numbers are required for all members covered under your benefits.
- Access your ICUBA benefits carrier portals to view claims, print temporary ID cards, and search for in-network providers. Single sign-on connections vary from benefit to benefit and may take up to 5 business days to connect. Some connections require you to register before your account is linked.

Make sure you save your account information at each carrier in case you need to access your profile outside of the ICUBA Benefits Portal.





**BlueCross
BlueShield**

ICUBA MEDICAL PLAN OPTIONS

Preferred EPO Plan

	Preferred EPO Plan	
	In-Network	Out-of-Network
	Employee Pays	
Deductible (Individual/Family)	\$3,000/\$6,000	Not covered
Coinsurance	20%	Not covered
Out-of-Pocket Maximum (Individual/Family) Includes all medical copays, deductibles & coinsurance	\$7,400/\$14,800	Not covered
Total Care (BDTC) (Family Practice, Internal Medicine, Pediatrics)	\$0	Not covered
Physician Office Visits	\$15 copay	Not covered
Specialist Office Visits	\$35 copay	Not covered
Convenient Care Clinics	\$10 copay	Not covered
Independent Clinical Labs** (free standing facilities & office visits)	0%**	Not covered
Preventive Care	0%	Not covered
Teladoc Visit	\$5 copay	Not covered
Urgent Care Center	\$30 copay	Not covered
Emergency Room Services	0% after \$500 copay (waived if admitted)	
Ambulance	\$250 copay	
Hospital Inpatient	20% after deductible	Not covered
Lantern Health	\$0	Not covered

****Quest Diagnostics** is the only laboratory provider considered in-network by BlueCross BlueShield of Florida.
Laboratory services performed by other providers may be considered out-of-network.

HRA funded by your Institution

An HRA account is funded through your Institution to help you pay for qualified expenses such as your deductible, copays, co-insurance and/or prescriptions. The Institution funds \$60 towards single/\$120 towards family coverage per month.

Medical Monthly Contributions

	Employer HRA Contribution	Employer Cost	Employee Premium
Employee	\$60.00	\$836.00	\$180.00
Employee + Spouse	\$120.00	\$1,234.00	\$933.00
Employee + Child(ren)	\$120.00	\$1,216.00	\$616.00
Employee + Family	\$120.00	\$1,698.00	\$1,155.00
Dual Enrolled Family	\$180.00	\$2,082.00	\$771.00



**BlueCross
BlueShield**

ICUBA MEDICAL PLAN OPTIONS

High Deductible EPO Plan

	High Deductible EPO Plan	
	In-Network	Out-of-Network
	Employee Pays	
Deductible (Individual/Family)	\$4,500/\$9,000	Not covered
Coinsurance	30%	Not covered
Out-of-Pocket Maximum (Individual/Family) Includes all medical copays, deductibles & coinsurance	\$8,600/\$17,200	Not covered
Total Care (BDTC) (Family Practice, Internal Medicine, Pediatrics)	\$0	Not covered
Physician Office Visits	\$15 copay	Not covered
Specialist Office Visits	\$35 copay	Not covered
Convenient Care Clinics	\$10 copay	Not covered
Independent Clinical Labs** (free standing facilities & office visits)	0%**	Not covered
Preventive Care	0%	Not covered
Teladoc Visit	\$5 copay	Not covered
Urgent Care Center	\$30 copay	Not covered
Emergency Room Services	0% after \$500 copay (waived if admitted)	
Ambulance	\$250 copay	
Hospital Inpatient	30% after deductible	Not covered
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HRA funded by your Institution

An HRA account is funded through your Institution to help you pay for qualified expenses such as your deductible, copays, co-insurance and/or prescriptions. The Institution funds \$60 towards single/\$120 towards family coverage per month.

Medical Monthly Contributions

	Employer HRA Contribution	Employer Cost	Employee Premium
Employee	\$60.00	\$863.00	\$146.00
Employee + Spouse	\$120.00	\$1,315.00	\$833.00
Employee + Child(ren)	\$120.00	\$1,160.00	\$298.00
Employee + Family	\$120.00	\$1,618.00	\$823.00
Dual Enrolled Family	\$180.00	\$2,012.00	\$429.00



BlueCross
BlueShield

INCLUDED WITH ICUBA'S MEDICAL PLAN

BEHAVIORAL HEALTH

Mental Health, Substance Use Benefits and Applied Behavioral Analysis (ABA) are provided by BlueCross BlueShield. These services are available to all members who are enrolled in the BlueCross BlueShield Medical Plan.

	Preferred EPO Plan	High Deductible EPO Plan
	In-Network ¹	In-Network ¹
	Employee Pays	
Inpatient²		
Mental Health/Substance Use Hospital Admission²	20% after deductible	30% after deductible
Residential² Focus on evaluating to learn effective ways to cope with the symptoms and impact of the illness.	20% after deductible	30% after deductible
Inpatient Detoxification² 24-hour treatment in a residential or hospital setting for patients who are abusing alcohol or other addictive drugs.	20% after deductible	30% after deductible

1. Out-of-network services are not covered except for Emergency Services required to be covered in accordance with applicable federal and state laws.

2. Services require prior-authorization.

Outpatient		
Professional Counseling Sessions Talk with a licensed clinician regarding anxiety, ADHD, depression, mood disorders, trauma, etc.	\$15 copay	\$15 copay
Psychiatric Medication Evaluation	\$15 copay	\$15 copay
Applied Behavioral Analysis Therapy² Behavioral health services related to Autism Spectrum Disorder (ASD) diagnosis.	\$15 copay	\$15 copay
Partial Hospitalization (PHP)² Physician and nursing services, group, individual, family or multi-family group and other services.	\$15 copay	\$15 copay
Outpatient Detoxification Monitor withdrawal from alcohol or another substance of abuse.	\$15 copay	\$15 copay
Intensive Outpatient Sessions (IOP)² Planned and structured programs may include group, individual, family and other services.	\$15 copay	\$15 copay

1. Out-of-network services are not covered except for Emergency Services required to be covered in accordance with applicable federal and state laws.

2. Services require prior-authorization.



Meru Health

Meet with licensed therapist for treatment of anxiety and depression via web-based, videoconferencing or by phone for a 12-week therapy program. Daily lessons including topics such as psychotherapy, self-regulatory skills, and lifestyle science. There is a \$0 copay for both plans in-network.

Note: Meru Health is not available out of network.

To learn more about
these benefits,
please call

855-258-9029



BlueCross
BlueShield

ICUBA PRESCRIPTION PLAN

INCLUDED WITH ICUBA'S MEDICAL PLAN

Prescription-Fill Copays by Drug Tier	Retail	90-day at Retail Program	Mail
	Up to a 30-day supply	Up to a 90-day supply	Up to a 90-day supply
Preferred generics at the Nova Southeastern University (NSU) pharmacy	\$0	\$0	N/A
Generic drugs to treat Chronic Conditions	\$0	\$0	\$0
Preferred generics at other network pharmacies	\$5	\$10	\$10
Non-Preferred generics	\$10	\$20	\$20
Preferred brands: brand-name medications on the Preferred Medication List (PML)	\$55	\$110	\$110
Non-Preferred brands: brand-name medications not on the Preferred Medication List	\$95	\$190	\$190
Preferred specialty at BCBS Specialty Pharmacy*	20% (max. of \$500 per prescription)	N/A	N/A
Non-Preferred specialty at BCBS Specialty Pharmacy	20% (max. of \$500 per prescription)	N/A	N/A

*Preferred Specialty medications are eligible for copay card usage.

Pharmacy Out-of-Pocket Maximum

In-Network Rx copays will be applied toward an individual maximum out-of-pocket of \$2,000/single and \$4,000/family. Once you reach your out-of-pocket maximum, your prescriptions will be paid for at 100% by the plan and no cost to you (\$0 copay). If you have a question about your pharmacy benefit, call the BlueCross BlueShield customer service number at **855-258-9029** or you can download the BCBS MyRxToolkit mobile app which is the same username and password you use for your BCBS MyHealthToolkit.

Free Over the Counter Items and Diabetic Supplies

With a prescription from your provider you can receive FREE prescribed diabetic supplies including meters, lancing devices, lancets, test strips, control solution, needles, and syringes. Other items include prescribed aspirin for adults, prescribed generic folic acid, and generic prenatal vitamins for pregnancy. Simply take the prescription to the pharmacy counter and your local pharmacist can assist you.

Tobacco Cessation Benefit

Tobacco cessation medications are covered—up to two cycles each year— **\$0 copay** when you participate in coaching or counseling options through local Area Health Education Centers, BCBS telephonic coaching or Resources for Living counseling.

To get started with the mail order program, call **855-811-2218** or go to <http://MyHealthToolkitFL.com> and click Prescription Drugs > Mail Service.

Please be aware there are some prescriptions that require Prior Authorizations, have Quantity Limits or require a Step Therapy Program. If you should have any issues with one of these programs, please contact ICUBAcares Pharmacist Advocate Program at **877-286-3967** for assistance.



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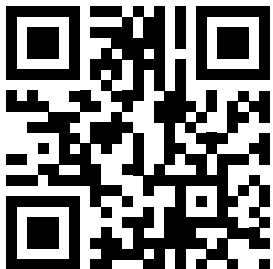
ICUBACARES PHARMACIST ADVOCATE PROGRAM

**Real Pharmacists.
Real Advocates. Real Solutions.**

ICUBAcares is your liaison between your doctor, the pharmacy, and the insurance company – taking the burden off you. Call ICUBAcares if you need assistance with a prior authorization, navigating the formulary, or with questions about one of your medications. Pharmacists are available Monday through Friday from 9AM to 5PM to help you get the right care at the right time.

Learn More

To learn more about how ICUBAcares can help save you time, money, and energy, visit ICUBAcares at <http://ICUBAcares.org>.



**Scan here to
get started!**



**The ICUBAcares team can
review your prescriptions
and answer questions.**

**Call for a free prescription
check-up at
877-286-3967.**



BlueCross
BlueShield

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CARE MANAGEMENT FOR COVERED ICUBA MEMBERS

About Care Management

This free program connects you with a care manager who knows about your situation and health concerns. Care managers are registered nurses, so they have insight and knowledge about a range of medical conditions. If you have questions about your condition and the treatments you are receiving, they can help you get answers. Also, as you deal with an illness or injury, you might need special equipment, transportation to medical appointments, or groceries from a local food bank.

Is Care Management for You?

Care management can be especially helpful for covered members who experience:

- An illness such as end-stage renal disease (ESRD that requires intensive, costly dialysis treatment or a kidney transplant).
- Frequent hospitalization.
- Long-term or life-threatening illnesses such as: diabetes, asthma, musculoskeletal, and obesity.
- Extensive home health care.
- Effects of traumatic injury.

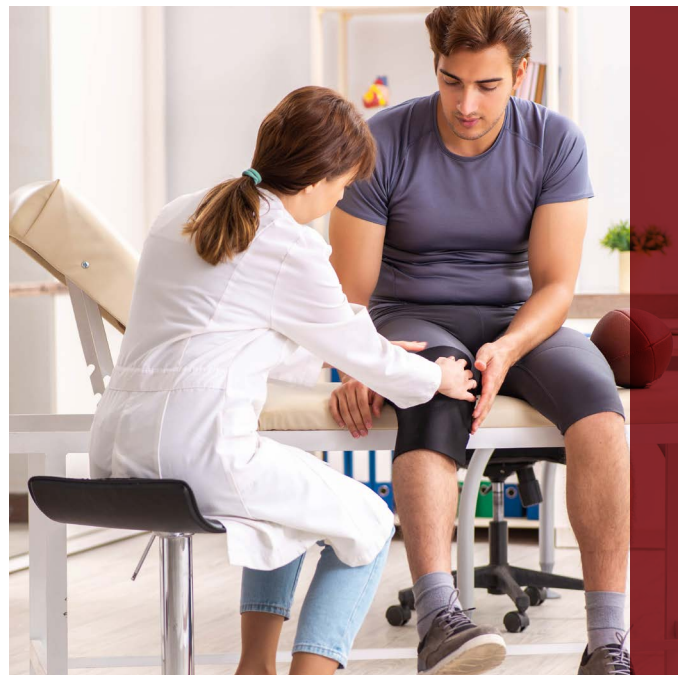
An Advocate Who's on Your Side

When a person is dealing with serious illness or injury, it can be stressful for the whole family. You might be uncertain about which health goals are realistic for you now, or how to make the most of your health insurance benefits. Care managers have experience connecting patients with the resources and information they need.

Do you think you might benefit
from care management services?

You don't have to go through
these challenging times alone.

Call a care manager at
855-263-0675, ext 40471





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EMBOLD PREFERRED PROVIDERS

Taking the guesswork out of finding top-quality doctors. Embold is a program offered by your employer that identifies top-performing providers in your area.

What's Different about Embold Doctors?

Doctors recognized as Embold Preferred Providers have been thoroughly evaluated based on appropriateness of care, effectiveness and cost.

Who Should Use an Embold Preferred Provider?

Anyone can choose an Embold Preferred Provider. Embold providers are available for Primary Care, Pediatrics, Cardiology, Dermatology, Endocrinology, Joint Care (Orthopedic), Gastroenterology, Neurology, Obstetrics and Gynecology, Podiatry, Pulmonology, and Spine Care (Orthopedic/Neurosurgical).

How Does Using an Embold Preferred Provider Benefit You?

- When you choose an Embold Health designated provider, you're seeing a top-rated provider that consistently delivers quality care.
- Seeing an Embold Preferred Provider can save you money and ensure that you receive top quality care, experience better health outcomes and potentially avoid unnecessary treatments or procedures.



How to Find Embold Preferred Providers

- Log in to My Health Toolkit at **<http://myhealthtoolkitfl.com>** and select the Providers & Services tab.
- Choose Find a Doctor or Hospital and select **Find a Preferred Provider**.
- Next, select a location and provider type to instantly see Embold Health designated providers.

Look for the Embold Health designation to find high-performing Providers to ensure you and your family have access to the best possible care.



Scan here to
get started →

<http://icuba.emboldhealth.com>





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mySanitas

Always by your side.



Connect to our doctors and care teams 24/7: on the phone, video or chat or use our state-of-the-art symptom checker



Get real-time support from Sanitas nurses and health coaches, plus personalized care programs to manage your conditions and health goals



Manage and book in-person or televisit appointments, at your convenience



Access personal health records, get visit details, medications, labs, tests, imaging, shots and more

Count on complete, convenient care when you use MySanitas for your primary care and urgent care needs. In-person or virtual primary care visits are covered 100% by your ICUBA medical plan – you pay \$0! Urgent care visits are covered with a \$30 copay.



Scan here to
find your Sanitas →
<https://qrcodes.pro/aZT9vl>





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TELADOC

Teladoc gives you 24/7/365 access to US board-certified doctors through the convenience of phone or video consults. It's an affordable alternative to costly urgent care and ER visits when you need care now! With your consent, Teladoc can provide information about your Teladoc consult to your primary care physician.

The Teladoc benefit is included with your election in an ICUBA Medical Plan.



TALK TO
A DOCTOR
ANYTIME!
\$5
COPAY

When can I use Teladoc?

- Teladoc does not replace your primary care physician. It is a convenient and affordable option for quality care.
- When you need care now.
- If you're considering the ER or urgent care for a non-emergency issue.
- On vacation, on a business trip, or away from home.
- For short-term prescription refills.

Get the care you need

Teladoc doctors can treat many medical conditions, including:

- Cold & Flu symptoms.
- Allergies.
- Bronchitis.
- Urinary tract infection.
- Respiratory Infection.
- Sinus Problems.
- And more!

Members must establish an account at www.teladoc.com prior to seeking treatment. For first time registration with Teladoc there is a single sign-on feature through BCBS MyHealthToolkit or dependents may visit www.teladoc.com directly. If you need further assistance, call **800-Teladoc**, and a customer representative can walk you through the account setup.



Scan here to set up
your account →
www.teladoc.com





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LANTERN

Lighting Your Path to the Right Surgical Care

What is Lantern?

Lantern can help you get the best care when you need planned, nonemergency surgery. This money-saving benefit is available at no additional cost to you as part of your benefits.

The best part is that Lantern is one of your medical benefits, so it is available whenever you need it.

The Care You Need: Lantern covers more than 1,500 planned, non-emergency surgeries. If you need a procedure, we can assist you with finding an excellent surgeon.

The Best Surgeons for You: Lantern surgeons are individually vetted and among the best in their field. Your Care Advocate will work to match you with a first-rate surgeon in the Lantern network.

Care Close to Home: Whenever possible, your Care Advocate will match you with a surgeon that's close to your home.

Here's What's Covered

We cover the most expensive costs associated with surgery, so you'll pay less for your procedure when you use your Lantern benefit. Your coverage includes:*

- Dedicated support and guidance
- Personalized matching with the best surgeon for your unique needs
- Consults and appointments with your Lantern surgeon
- Anesthesia, procedure and facility (hospital) fees

* Testing, scans, imaging, durable medical equipment, and physical therapy expenses may not be included. However,



Call Lantern to learn more:

855-200-2119

<https://my.lanterncare.com>

Let Us Guide You Back to Health! 3 Steps to the Best Care:



STEP 1

Call a Care Advocate to get started. They'll share more information about your benefits and ask about the care you're looking for.



STEP 2

Based on your needs, your Care Advocate will match you with a hand-picked list of excellent surgeons.



STEP 3

After you choose a surgeon, your Care Advocate will help set up appointments and guide you through every step of the experience.

Note some services may not be covered. Contact a Care Advocate to learn more.



INCLUDED WITH ICUBA'S MEDICAL PLAN

HINGE HEALTH

Virtual Physical Therapy

We provide members with personalized, expert-developed exercise therapy plans for lasting pain relief. Whether a new injury or ongoing aches, Hinge Health is for anyone living with joint or muscle pain.

What does my program include?

- Unlimited access to your personalized exercises and stretches developed by physical therapists.
- Convenient exercise sessions you can do anytime, anywhere with the Hinge Health app.
- Dedicated 1-on-1 support from a physical therapist and qualified health coach.
- **NEW** If you're considering surgery, you can also receive an expert medical opinion from Hinge Health's medical team to determine if surgery is the best course of action for you.

Specialized Care, Personalized For You

Reduce everyday joint and muscle aches. Recover from an injury.
Relieve pelvic pain and discomfort.

- A care plan designed for your everyday activities and long-term goals — and to treat multiple areas of your body at once.
- Access exercise therapy sessions you can do in as little as 15 minutes — anytime, anywhere with the Hinge Health app.
- Get 1-on-1 support from a physical therapist or health coach to tailor your sessions as needed and help you reach your goals.
- Access to Hinge Health Enso® a non-addictive, FDA-cleared wearable device to calm and soothe pain flare-ups in minutes to review their treatment plan to improve health literacy and make better informed decisions.

INTRODUCING MENOPAUSE CARE

Take control of your menopause symptoms

Joint pain, bone density changes, hot flashes, embarrassing leaks. Menopause symptoms are often overwhelming and unexpected.

As a benefit covered by ICUBA, Hinge Health can help you manage these symptoms at no additional cost to you.

What does menopause care include?

- A virtual care plan that features personalized exercises, guided breathing, and educational articles.
- Expert guidance from a physical therapist trained in menopause care.
- A convenient app where you can access all of the above — anytime, anywhere.



For questions, call Hinge Health at 855-902-2777 or send an email to hello@hingehealth.com.

➔ Get started today at <http://hinge.health/icuba-join>.



INCLUDED WITH ICUBA'S MEDICAL PLAN

MY HEALTH NOVEL

BlueCross BlueShield continues to support My Health Novel, designed to match you with helpful resources and tools based on your specific health needs. **These services are available to all members who are enrolled in the BCBS Medical Plan following completion of the My Health Novel assessment to determine the appropriate matching to the program.**

Programs Available	Description
Weight Management	The Weight Management program offers solutions tailored to those who are at higher risk of developing Type 2 Diabetes or need to improve their diet and achieve clinically meaningful weight loss. Additionally, this program also provides resources, and apps, even for those who are at a healthy weight and are interested in improving their lifestyle habits.
Women's Health	This program offers support and solutions for the health challenges women face at various stages of life. Members can choose to focus on specific issues such as pelvic pain, fertility, breastfeeding, and menopause.
Digestive Health	The Digestive Health program connects you with Health coaches and Registered Dietitians to provide solutions for common GI symptoms to more severe chronic GI symptoms
Behavioral Health	The Behavioral Health program connects you with digital resources and mental health providers, that can help you with anything from mindfulness, everyday stressors, to anxiety and depression.

Access health management mobile apps at no cost to you.

Whether you're interested in starting new healthy habits or maintaining your weight, My Health Novel gives you access to the best nutrition, physical activity and weight management tools, programs and apps available.

When you qualify and sign up, you'll get access to health coaching, nutrition guidance, digital tools, group support and more to keep you on track.

Enjoy access to in-person and virtual programs and specialists who can help you answer questions and support you on your health journey.

How it works:

1. Log in to **My Health Toolkit**.®
2. Select **Benefits**, then **My Health Novel**.
3. Take a quick, one-minute assessment.
4. You'll receive your recommended program and resources available to you.

Log in to your **My Health Toolkit** today to take your assessment and get matched with the best programs for you.



For more information on My Health Novel, log in to your My Health Toolkit account at <http://MyHealthToolkitFL.com>.





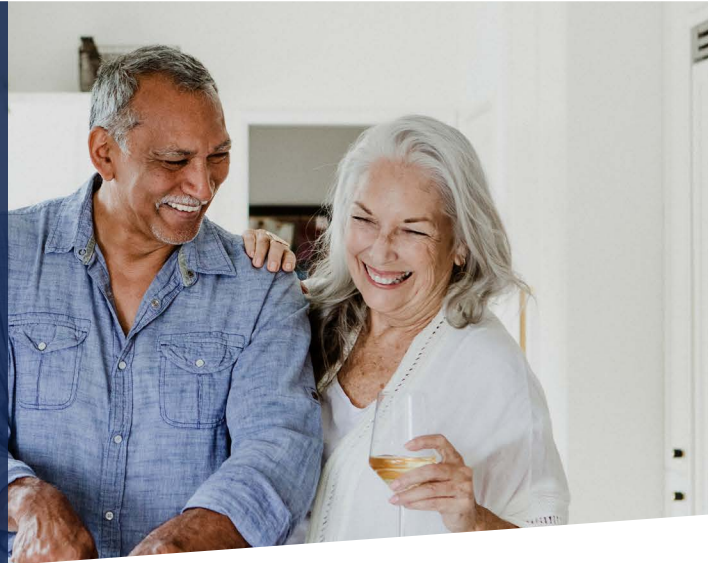
INCLUDED WITH ICUBA'S MEDICAL PLAN

PERSONIFY HEALTH

**EARN UP TO \$385 IN
REWARDS CASH**

BUILD A BETTER YOU

Personify Health helps you live better and achieve your health goals with a fun and engaging experience that delivers powerful resources right to your fingertips.



Who is Eligible to Participate?

Employees and spouses enrolled in the ICUBA medical plan.

How to Get Started

- Log in to your My Health Toolkit® account and select **Wellness**, then **Personify Health** to enroll in your account.
- If you are a new user, once you have registered your account, you will automatically **earn \$25 in Rewards Cash**.
- Be sure to download the Personify Health mobile app by searching “**Personify Health**” in the App Store or Google Play.

Personal Health Assessment

Once you are registered and signed in, begin by completing program activities such as the Personal Health Assessment, which asks questions about your current health status and well-being habits. Once completed, **you will automatically earn \$10 Rewards Cash** and your responses will be analyzed to generate a health score, show your health risk, and provide practical tips to help you improve. Complete the survey by visiting Personal Health Assessment under the Health Tab.

Additional Activities

Prioritize and personalize your experience by engaging in resources to help improve your well-being:

Daily Cards: Get helpful tips that are relevant to your current interests and goals.

Journeys®: Make simple changes to improve your health, one step at a time.

Challenges: Team up or go head to head to challenge your coworkers and track healthy habits.

Social Groups: Discuss your favorite hobbies and find a like-minded community to support your healthy changes.

Healthy Habits: Select healthy habits to work toward, and track your progress every day.



Priority Activities to Complete	Incentives
Register your Personify Account (New Users Only)	\$25 Rewards Cash
Personal Health Assessment	\$10 Rewards Cash-Required to earn incentives
Biometric Screening	\$100 Rewards Cash
Health Check-Up	\$50 Rewards Cash
Onsite/Campus Events & Activities (10 total)	\$100 Rewards Cash (\$10 each)
Incentive Total	\$285 Rewards Cash

Earn up to \$100 more in rewards!

You can participate in additional healthy activities throughout the year to earn points, move through the levels and earn Rewards Cash as you level up. Simply complete your priority activities to unlock these rewards.

	Level 1	Level 2	Level 3	Level 4	Additional rewards max
Points	7,000	26,000	40,000	60,000	
Rewards Cash	\$10	\$20	\$30	\$40	\$100
					+285 Total Rewards = \$385 Rewards Cash Annual Max

Examples of how you can earn points throughout the year:	Earnings
Complete Daily cards for ICUBA Resources (up to 4 cards)	4,000 points (1,000 points each)
Complete a Journey	Up to 450 points
Sync a device or tracker	200 points
Complete an ICUBA company-wide Challenge	10,000 points

How do I get credit for completing my biometrics in Personify Health?

You can complete your biometric screenings with your regular blood work at your annual wellness exam with a PCP or at an on-site screening event (if offered by your institution). The *Physician Results Form* allows ICUBA Medical Plan members and covered spouses to earn credit for biometrics in Personify Health by completing it as a part of your annual wellness visit. Screenings will include total cholesterol, HDL/LDL, triglycerides, blood sugar, blood pressure, and A1c.

- Employees and spouses enrolled in the ICUBA Medical Plan can visit your individual portal at <http://My.QuestForHealth.com> and download the *Physician Results Form*.
- If you have never registered before, please use:
 - Registration Key: **ICUBA**
 - Unique ID: **Your BCBS ICI#**
- The *Physician Results Form* contains a bar code specific to the employee or spouse and cannot be shared – it is unique to you!
- Pro Tip: If you have an established relationship with your physician, request your blood work ahead of your annual wellness exam to save time and check this off your list with one visit.
- When you visit your PCP for your annual physical, remember to take the form with you. It is important that both you and your doctor sign the Quest Physician Results Form; then, your doctor's office can fax it to the number found on the form.
- You are encouraged to request a copy for your records, and if necessary, upload/fax the form to your Quest portal.
- Members should allow at least 30 days after the form is uploaded/faxed to see credit in Personify Health.
- Remember, the final deadline for submission to Quest is no later than February 28, 2027.

Need help registering, downloading/uploading forms, etc.?
Contact Quest Customer Service at 855-623-9355.



Scan to access the physician
results form in the Quest portal →
<http://My.QuestForHealth.com>





SPENDING ACCOUNTS

Understanding Your Spending Accounts

The HRA is attached to medical and funded by your employer!

HCFSA Healthcare Flexible Spending Account	DCFSA Dependent Care Flexible Spending Account	HRA Healthcare Reimbursement Account
Funded by benefit eligible employees Note: A medical insurance election is not required to enroll in flex spending.		Funded and contributed by your employer; provided when you enroll in an ICUBA Medical Plan
Deducted pre-tax throughout the year	Deducted pre-tax throughout the year	No deductions; funded by employer
Available for immediate use on day one of the plan year	Deposited each pay period	Available at the end of each month
Can be used for healthcare expenses for you and eligible dependents	Can be used for the care of dependents under the age of 13	Can be used for eligible healthcare expenses for participants enrolled in an ICUBA medical plan
If enrolled in an ICUBA medical plan: HCFSA funds are used before HRA	Covered expenses include, but are not limited to: day care, after care, gap camps, household services where applicable, etc.	If you elect an HCFSA the Flex funds are used before the HRA funds
IRS annual individual limit: \$3,400	IRS calendar year household limit: \$7,500	Funds rollover every year; after 36 continuous months of enrollment in an ICUBA medical plan with HRA, you are considered vested and the funds remain available for your use
Use-it-or-lose-it, no annual carry over. Please plan wisely.		



Remember: Each time you use your Health Reimbursement Account (HRA) or Flexible Spending Account (FSA) debit card, you should keep your receipts. Each request for reimbursement must be substantiated either through receipts or EOB (Explanation of Benefits) before it can be reimbursed.

IMPORTANT NOTE: Healthcare and Dependent Care Flexible Spending Accounts require new elections every plan year and are subject to the "use-it-or-lose-it" rules set by the IRS.



To access your account, scan here or visit the employee Ameriflex portal at <https://participant.myameriflex.com/#/login>.



SPENDING ACCOUNTS

Understanding Your Spending Accounts

	FSA Healthcare Flexible Spending Account	HRA Healthcare Reimbursement Account
Funding Contribution	Funded by employee pre-tax dollars. The maximum amount you can contribute to the Healthcare Spending Account is \$3,400. The maximum amount you can contribute to the Dependent Care Spending Account is \$7,500. Flexible spending amounts are subject to discrimination testing. Highly compensated employees may be asked to adjust flexible spending dollars based on results.	Funded by your employer.
Tax Benefits for Employees	Employee contributions are exempt from federal and FICA tax as well as most state and local tax. Reimbursements are tax-free.	Reimbursements are tax-free.
Rollover of Funds	Have to spend funds by June 15 and claim by June 30 of the following plan year (Use-it-or-lose-it).	Funds roll over at the end of each plan year indefinitely.
Medical Plan Enrollment	Enrollment in medical plan not required.	Must be enrolled in ICUBA medical plan to be eligible.
Dependent Eligibility	All qualified dependents are eligible, even if not enrolled in medical plan.	Only if covered on medical plan.
Availability of Funds	Annual election amount available the 1st business day of the plan year for Healthcare Flex Spending Account; the amount available for the Dependent Care Spending Account is the balance of the account as it accumulates through payroll deduction throughout the year.	Can withdraw up to what has been deposited.
Portability	Available for remainder of plan year through COBRA.	Can continue after 36 months of continuous participation in an ICUBA medical plan. An administrative fee applies each month.

Reminder: Use your receipts and EOBs (Explanations of Benefits) to substantiate your charges.

FSA/HRA eligible items can be located on the Ameriflex website at <http://myameriflex.crunch.help/participants/eligible-expenses>.





DENTAL BENEFIT OPTIONS

Dental coverage is offered through Delta Dental. You can select from the Base PPO, Buy-Up PPO, or the DeltaCare DHMO plan options. If you select one of the PPO Plans, you can visit any licensed dentist to receive treatment under your plan, but you'll maximize your savings by visiting a dentist in one of Delta's nationwide networks.

Both PPO plans offer two dental networks:

- **Delta Dental PPO** dentists generally offer the lowest contracted rates and greatest cost savings.
- **Delta Dental Premier** dentists are your next best option, with contracted rates that help you save.



For additional information on the Delta Dental plans visit www.deltadentalins.com.

If you enroll in the DeltaCare DHMO plan you will select a primary care dentist from the DeltaCare USA network, who will then coordinate any needed referrals to a specialist. Covered services provided by your DeltaCare USA dentist have preset copayments (dollar amounts), which are listed in your plan booklet.

	Base PPO			Buy-Up PPO			DeltaCare DHMO
	PPO Network	Premier- Network	Out-of- Network	PPO Network	Premier- Network	Out-of- Network	Patient Pays Assigned Network Provider
Plan Year Maximum	\$1,500	\$1,500	\$1,500	\$2,000	\$2,000	\$2,000	Unlimited
Ortho Lifetime Maximum	\$1,500	\$1,500	\$1,500	\$2,000	\$2,000	\$2,000	No Maximum; member pays pre-set copay
Providers	In- and Out-of-network providers			In- and Out-of-network providers			Network providers/ Assignment Providers
Employee Pays							
Deductible - Individual	\$75	\$100	\$100	\$50	\$50	\$50	Not applicable
Deductible - Family	Not applicable; individual deductible applies to all covered members			\$150	\$150	\$150	Not applicable
Preventive Services	0%	50%	50%	0%	20%	20%	You pay a pre-set copay
Basic Services	20% after ded	70% after ded	70% after ded	20% after ded	50% after ded	50% after ded	You pay a pre-set copay
Major Services	70% after ded	80% after ded	80% after ded	50% after ded	70% after ded	70% after ded	You pay a pre-set copay
Orthodontia Eligibility	Child Only			Adult and/or Child			Adult and/or Child
Orthodontia Coverage	50%	50%	50%	50%	50%	50%	You pay a pre-set copay

Frequency limitations may apply. Please refer to your summary plan description for full plan benefits. Services are based on maximum contract allowance.

Employee Monthly Dental Contributions

	Base PPO	Buy-Up PPO	DeltaCare DHMO
Employee	\$23.80	\$41.69	\$11.83
Employee + 1	\$55.32	\$83.04	\$23.73
Employee + Family	\$91.59	\$139.65	\$36.85





VISION BENEFIT OPTIONS

ICUBA offers two voluntary vision plans through EyeMed. The Base Vision Plan allows you and your covered family members one routine exam every 12 months, plus lenses once every 12 months, and new frames every 24 months. The second option is the Buy-up Vision option that works the same as the basic plan but allows for new frames every 12 months and has an increased frame allowance of \$160.

To view the entire provider network, please visit www.eyemed.com or contact the Vision Service Center at **866-800-5457**. Please review the complete summary of benefits for full coverage details.

	Base Plan		Buy-Up Plan	
	In-Network	Out-of-Network Reimbursement	In-Network	Out-of-Network Reimbursement
Exam Once every 12 months	\$5 copay	\$35 allowance	\$5 copay	Up to \$35
Frames Base Plan Once every 24 months Buy up Plan Once every 12 months	\$0 copay; \$130 allowance; 20% off balance over \$130	\$65 allowance	\$0 copay; \$160 allowance; 20% off balance over \$160	\$80 allowance
Single Vision Lenses (in lieu of Contacts) Once every 12 months	\$15 copay	\$20 allowance	\$15 copay	\$20 allowance
Contacts - Conventional (in lieu of Lenses) Once every 12 months	\$0 copay; \$100 allowance; 15% off balance over \$100	\$80 allowance	\$0 copay; \$130 allowance; 15% off balance over \$130	\$104 allowance
Contacts - Disposable (in lieu of Lenses) Once every 12 months	\$0 copay; \$100 allowance; no further discount		\$0 copay; \$130 allowance; no further discount	

ContactsDirect: Save \$20 off your contacts (and free shipping) beyond your regular contact lens benefit! Just create an account at www.contactsdirect.com and an extra \$20 will be deducted at checkout.

Employee Monthly Vision Contributions

	Base Plan	Buy-Up Plan
Employee	\$4.98	\$7.75
Employee + Family	\$12.76	\$19.81



Download the EyeMed Members App

EyeMed gives you access to your benefit information on-the-go. Check your benefit details for eye exams, eyeglass frames, contacts, and lenses directly from your phone.



Scan here to
learn more →





For help, visit

www.resourcesforliving.com

(Username: ICUBA, Access Code: 8773985816)

EMPLOYEE ASSISTANCE PROGRAM (EAP)

EAP benefits from Resources for Living (RFL) are available to you, your family members, and anyone in your household including adult children up to the age of 26. Confidential services are available 24 hours a day, 7 days a week. The EAP includes eight free counseling sessions per issue per plan year.

Emotional Wellbeing Support

Visit with a counselor in person, virtually, or by phone for help with a wide variety of issues. If you need help emotional support, give the EAP a call for:

- Relationship & Family Issues
- Stress management
- Dealing with Grief, & Loss
- Depression & Anxiety
- Work/life balance, and more

Daily Life Assistance

Competing day-to-day needs can make it tough to know where to start. If you need help with anything from finding childcare resources to home repair and improvement, EAP can help. Call RFL for personalized guidance for any of life's issues – big or small!

Carekits are available at no cost for growing families, childcare, caregiving and more.

Legal Services

You can get a free 30-minute consultation with a participating attorney for a wide variety of legal issues. If you are having legal issues and have questions, give the EAP a call for:

- Criminal Law & General legal questions
- Family & Elder law
- Wills & Estate Planning
- Divorce & Mediation services
- Real estate transactions, and more

Financial Services

You can get a free 30-minute consultation for a wide variety of financial services. If you have financial questions and need guidance, give the EAP a call for:

- Budgeting & Financial Planning
- Mortgage & College Funding
- Credit & debt issues
- IRS issues & tax preparation
- Retirement planning, and more



Talkspace

Talkspace is an online therapy platform that makes it easy and convenient for you to connect with a network of 2,500+ licensed therapist — from anywhere, at any time. With Talkspace, you can send unlimited text, video, and audio messages to your dedicated therapist, via web browser or through the Talkspace mobile app.

To access, log onto the Resources for Living website with the credentials below:

■ Username: **ICUBA** • Access Code: **8773985816**

The *Connect to Therapy* widget or selecting the *Mental Well-Being* tab then selecting *Find Care* will lead you to the available counseling benefits. Or you can access Talkspace directly by going to **<http://talkspace.com/RFL>**.

Online Discount Center

The Discount Center offers a huge selection of savings for you and your family. Browse deals from national and local retailers from vacation packages to shopping, services and more. Simply log on today for discounts on:

- Computers and electronics
- Travel, car rentals and hotels
- Gifts and retail shopping
- Flowers
- Fitness centers
- Shoes and clothes
- Movie tickets and video rentals
- Media and streaming services
- Childcare discounts
- Theme parks
- Auto maintenance
- Restaurants and more

To access services

877-398-5816

www.resourcesforliving.com

Username: ICUBA

Password: 8773985816

Plan Year: April 1 through March 31



Scan here to access
Talkspace directly →

www.talkspace.com/RFL





INCOME PROTECTION

Basic Life Insurance and AD&D Plan

Employer Provided

Group life insurance in the amount of 1 x Salary will be provided at no cost to all active full-time, benefit eligible employees. Age reductions apply at ages 65 and 70.

Short-Term Disability

Employer Provided

The Short Term Disability program is sponsored by NSU and designed to provide reduced salary, i.e., 60%, to eligible employees who are disabled for seven (7) or more days. This benefit runs concurrent to Family Medical Leave and requires employees to have exhausted any available paid time off prior to receiving payments under the program. The Short-Term Disability program provides payments for a maximum period of 26 weeks as long as the disability continues. A disability continuing for more than 26 weeks will be transitioned to Long-Term Disability.

Long-Term Disability

Employer Provided

All benefit eligible employees are provided Long Term Disability Insurance. This plan provides a benefit of 60% of earnings, to a maximum of \$15,000 per month, at no cost. Employees are eligible for long-term disability coverage following 90 days of continuous employment.

Employee Voluntary Supplemental Life Insurance and AD&D Plan

You may purchase this coverage in increments of \$10,000 up to a maximum of \$500,000. Evidence of Insurability is required for amounts above \$300,000 and must be approved by Lincoln Financial Group. In addition, Late Entrants will require Evidence of Insurability. Age reductions apply at ages 65 and 70.

Dependent Voluntary Life Insurance

As a benefit eligible employee, you may purchase Dependent Life for: Spouse or Domestic Partner Only, Spouse or Domestic Partner and Children or Children only. The Spouse Benefit is \$30,000 and the Child coverage is equal to \$10,000 (for ages 14 days to 6 months \$500). Late Entrants will require Evidence of Insurability. Age reductions apply at ages 65 and 70.

This summary provides only a brief description of the coverage insured by Lincoln Financial. For a complete description, including all definitions, exclusions, limitations, and reductions in coverage, as well as information on termination of benefits, please refer to the Group Insurance Certificate you will receive when you become insured. LFG Supplemental Life coverage is not currently available for employees in the American Territories.



VOLUNTARY BENEFITS

The ICUBA BlueCross BlueShield medical plans provide great coverage for you and your family's general healthcare needs. Still, everyone's needs are slightly different. That's where the Aflac Voluntary Accident, Critical Illness and Hospital Indemnity options come in! These benefits are designed to protect your family's finances in case of an unforeseen injury or illness.

Accident Insurance

The Voluntary Accident Plan is designed to help cover the expenses associated with an accidental injury such as a medical plan deductible. The Voluntary Accident plan pays direct cash benefits for emergency treatment, hospitalizations, specific injury treatments, diagnostic exams and accidental death.

Accident Benefit Highlights

Plan Features	
Emergency Room	\$175
Accident follow-up with physician	\$50 per treatment, 6 per accident
X-ray	\$50
Dislocation and fractures	Up to \$6,000
Hospital Admission	\$1,000 per confinement, once per accident within 6 months after accident
Ground ambulance / Air	\$400 / \$1,200
Concussion	\$500 per accident, once per accident within 6 months after accident
Physical Therapy	\$50 per treatment, 10 per accident
Wellness / Health Screening Benefit (Employee and Spouse Only)*	\$50

* Qualifying routine tests include one of the tests performed each year: COVID-19 screening, annual physical exam, ultrasound, colonoscopy, mammogram, Pap Smear, and more.

Critical Illness Insurance

The Voluntary Critical Illness coverage is designed to pay cash in the event you or a covered family member is diagnosed with a critical illness such as cancer, heart attack, stroke, kidney failure, benign brain tumor, loss of hearing or sight due to a severe medical condition or Alzheimer's. The Critical Illness plan helps protect your income and personal assets when out of pocket expenses increase as a result of a specified critical illness.

Critical Illness Benefit Highlights

- \$10,000 – \$30,000 benefit (based on selected plan) for employees on a guaranteed issue basis.
- The ability to collect 100% of enrolled benefit amount for different diagnosed illnesses and recurrence of the same condition.
- Pays a lump sum benefit tax free regardless of any other insurance you may have.
- Employee, spouse and children up to the age of 26 are eligible for this plan.*
- Wellness / Health \$50 Screening Benefit (Employee and Spouse only) which includes one of the qualifying routine tests performed each year including: COVID-19 screening, annual physical exam, ultrasound, colonoscopy, mammogram, Pap Smear, and more.

* Children are automatically covered at 50%.

Coverage is available for you, your spouse and or child(ren). Your coverage is portable which means you can take the policy with you if you leave the institution.



Hospital Indemnity Insurance

An unexpected or even planned stay in the hospital can be expensive as you meet your deductible and out-of-pocket obligations under the medical plan. The Hospital Indemnity plan is designed to provide financial protection by paying you a direct benefit to meet out-of-pocket expenses and extra bills that can occur. Lump sum benefits are paid directly to you based on the type of facility and number of days of confinement.

Benefit Highlights

- Guarantee issue (no medical questions).
- No pre-existing condition limitation.
- Portability is included.

Plan Features	Low	High
Hospital Confinement / Admission	\$500 per confinement \$100 per day up to 31 days	\$1,000 per confinement \$100 per day up to 31 days
Daily Confinement	\$100 per day, to a maximum of 31 days per calendar year	
Hospital Intensive Care Unit Confinement	\$100 per day up to 10 days	



How to File a Claim with Aflac

Aflac helps pay expenses the medical plan doesn't cover. If you're sick or hurt, follow these instructions to file a claim:

1. Visit www.aflacgroupinsurance.com and click on "Customer Service" and then "File a claim."
2. Choose from accident, hospital, critical illness or wellness and follow the instructions.
3. Complete and upload your HIPAA authorization, claim details and documents, and direct deposit information.



To learn more, visit
www.aflacgroupinsurance.com.

Employees should reference ICUBA
Independent Colleges and Universities
Benefits Association.



OPTIONAL GAP INSURANCE

- Supplemental insurance that offsets in-patient and certain out-patient medical expenses.
- Must be covered under an NSU medical plan.
- Must elect the same tier as the NSU medical insurance plan — employee only, employee plus child(ren), employee plus spouse, and family.

For information,
call Joe Evans at
954-560-6000

How Gap Insurance Works

If you are **hospitalized**, Gap Insurance will pay any charges that would normally apply to your deductible and out-of-pocket maximum expenses.

For **out-patient hospital treatment**, Gap Insurance will pay up to \$300 per day for charges that would normally apply to your deductible and out-of-pocket maximum expenses.

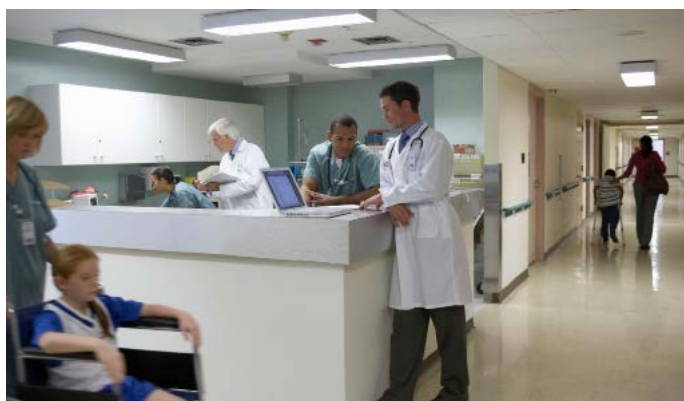


**Up to \$300 for
each ambulance trip**



Up to \$300 daily benefit
(urgent care, emergency room, MRIs, physical therapy, and durable medical equipment)

The annual Employee Only Gap Insurance premium is **\$436.32** for Preferred PPO Plan and **\$528.72** for the High Deductible Plan – TWO visits to the Emergency Room by ambulance will offset the cost of the Gap Insurance while providing the extra security you need to minimize your medical out-of-pocket maximum expenses.



- This coverage is guaranteed-issue (no underwriting required).
- All pre-existing conditions are waived from the first day of coverage.
- Pays a per confinement benefit when admitted to a hospital.



PET BENEFITS

These plans are not available for employees in the American territories. Pet Plus prescription service is not available outside the continental U.S.

Your pets are part of your family, and you'll do anything to keep them happy and healthy. But with the cost of pet care on the rise, it isn't always easy.

That's why we're offering Total Pet Plan, which makes pet care more affordable. Enroll in Total Pet and get the same high-quality products and services your pets are used to, just at a lower price!

\$11.75 / month for one pet or
\$18.50 / month for a family plan

For more details and how to enroll, visit
petbenefits.com/land/novaflorida.



Pet Benefit Solutions

petbenefits.com

customercare@petbenefits.com

800-891-2565

Total Pet Plan includes:

PetPlus

DISCOUNTS ON PRODUCT & RX

- Up to 40% off on products like prescriptions, preventatives, food, toys and more.
- Shipping is always free and same-day pickup is available for most human-grade prescriptions.

View available products and pricing at **petplusbenefit.com**.

PetAssure

DISCOUNTS ON VETERINARY CARE

- Instant 25% savings on all of your pet's in-house medical services at participating vets.
- No exclusions due to age, health, pre-existing conditions or type of pet.

Visit **petbenefits.com/search** to locate a participating vet.

AskVet

24/7 PET TELEHEALTH

- Access real-time vet support, even when your vet's office is closed.
- Unlimited support on your pet's health, wellness, behavior and more.

PetTag

LOST PET RECOVERY SERVICE

- Durable tag can be scanned from any smart phone to access your contact information, helping lost pets return home quicker than a microchip.
- Easily update your information online with no need to request a new tag.



Nationwide®

**ENROLL
ANYTIME!**

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.

Pet protection when it matters most

Nationwide's pet insurance plans cover:

- Accidents and injuries
- Common illnesses
- Serious illnesses
- Chronic illnesses
- Hereditary conditions
- Testing and diagnostics
- Procedures
- Holistic and alternative care
- And more!

Coverage includes emergency care and specialists. No networks, no pre-approval, no problem.

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

What makes My Pet Protection different?

Every My Pet Protection ChoiceSM policy includes guaranteed issuance, plus 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

vethelpline®

24/7 pet telehealth support

All Nationwide® pet insurance members enjoy unlimited access to VetHelpline® for round-the-clock telehealth with licensed veterinary professionals.

Nationwide
PetRxExpress™

Discounted pet medications

Save time and money when filling pet prescriptions at participating pharmacies with Nationwide PetRxExpress®.



Visit: <https://benefits.petinsurance.com/icuba>
Or Call: 877-738-7874.

Did you know? Nationwide is the first provider with coverage plans for birds and exotic pets.



CHUBB: LIFETIME BENEFIT TERM

CHUBB Life Insurance with a Long-Term Care benefit is a direct-bill policy, meaning premiums are paid directly to CHUBB rather than through payroll deductions. Enrollment in this coverage is only available during Annual Enrollment and cannot be added mid-year.

Life insurance – valuable protection for your loved ones

Lifetime Benefit Term helps protect you and your family in the event you were no longer able to provide for them. Your family can receive cash benefits paid directly to them upon your death that they can use to help cover expenses like mortgage payment, credit card debit, childcare, college tuition and other household expenses.

When you make the promise to protect your family with LifeTime Benefit Term, there are several ways it can work.

- As Life Insurance
- For Qualified Long-Term Care
- Restoration of Your Death Benefit

For more information on this benefit, contact Customer Service at **855-241-9891** x3 or email csmail@gotoservice.chubb.com.

Term Life Insurance Built for Today

- Life insurance premiums will never increase and are guaranteed to age 100.
- After age 70, the benefit is guaranteed to never be less than 50% of original death benefit.
- After 10 years, paid up benefits begin to accrue.
- If you need Long-Term Care (LTC), you can access your death benefit while you are living for home health care, assisted living, adult day care and nursing home care.
- Your contract contains a guarantee that if an increase to the LTC rider premium might cause you to lapse your coverage within 120 days, you'll have the option to retain LTC benefits of a reduced amount without any increase in premium.
- After your coverage has been in force for 2 years, you can receive 50% of your death benefit, up to \$100,000, if you are diagnosed as terminally ill.
- Additional Child Term (additional premium required) up to \$25,000 with guaranteed conversion to individual coverage at age 26 – up to 5 times the benefit amount.

How LifeTime Benefit Term Can Be Used

Three Options	Life Situation	Death Benefit	Long-Term Care	Total Benefit
1. Life insurance	You lead a full life and do not need Long-Term Care (LTC)	\$100,000	—	
2. Long-Term Care (LTC) insurance	You lead a full life and need assisted living or nursing home care	—	\$100,000	\$100,000
3. Split your Death Benefit for LTC & Life insurance	You lead a full life but also need some LTC funds (example: 4% of \$100,000 for 12 months)	\$52,000	\$48,000	
Additional Death Benefits				
Restore your Death Benefit	If you deplete your entire death benefit due to LTC, we will restore your death benefit to 50% of your original death benefit	\$50,000	—	\$50,000
Option 1, 2 or 3 + Restoration of Death Benefit = Total Coverage				\$150,000



CONTACTS

Benefit	Carrier	Phone Number	Website/Email Address
Medical	Blue Cross Blue Shield	Customer Service: 855-258-9029 24/7 Essential Advocate: 888-521-2583	www.myhealthtoolkitfl.com Group #: 716069435
Behavioral Health	Blue Cross Blue Shield	855-258-9029	www.myhealthtoolkitfl.com
Prescription	Blue Cross Blue Shield	855-811-2218	www.myhealthtoolkitfl.com
Pharmacist Advocate	ICUBACares	877-286-3967	www.ICUBAcares.org
Telemedicine / Virtual Visits	Teladoc	800-835-2362	www.teladoc.com
Surgical Care Advocate	Lantern	855-200-2119	https://my.lanterncare.com
Hinge Health	Hinge Health	855-902-2777	http://hinge.health/icuba-oe Email: hello@hingehealth.com
Spending Accounts	Ameriflex	888-868-3539 (be sure to identify yourself as an ICUBA member)	www.myameriflex.com Email: service@myameriflex.com
Dental	Delta Dental	PPO 800-521-2651 DHMO 800-422-4234	www.deltadentalins.com
Vision	Eyemed	866-800-5457	www.eyemed.com Network: Insight
Employee Assistance Program	Aetna	877-398-5816, Option 1	www.resourcesforliving.com Username: ICUBA Password: 8773985816
Income Protection	Lincoln Financial Group	800-291-0112	www.MyLincolnPortal.com
Voluntary Benefits	Aflac	800-433-3036	www.aflacgroupinsurance.com Group #: 26710
Pet Insurance	Nationwide	877-738-7874	https://benefits.petinsurance.com/icuba
Lifetime Term Benefit	Chubb	855-241-9891, ext. 3	N/A

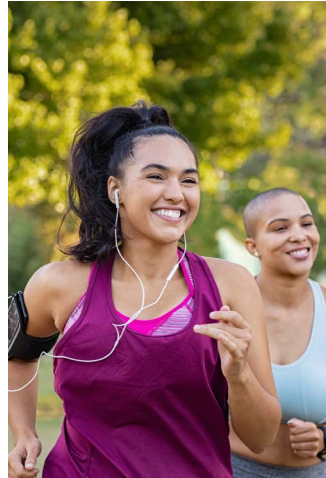
Visit <http://ICUBAbenefits.org> for a quick and easy Single Sign-On access to many of the Brand Partner websites listed above. After your initial set up, the SSO links will take you directly to each carrier with a connection.

ADDITIONAL RESOURCES

ICUBA members & their dependents have resources to help navigate every stage of their wellbeing journey. Scan the codes below to learn about specialty services designed specifically to support your individual health and wellness.



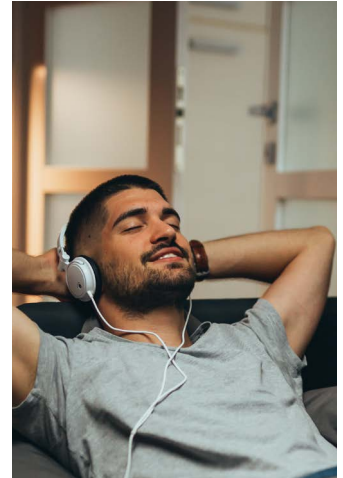
iHUB
(ICUBAbenefits.info)



Weight
Management
Guide



Cancer
Journey



Mental
Matters Guide



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To learn more about all of our benefits, visit

<http://ICUBAbenefits.org>



This summary of benefits does not create a contract between the Institute and any employee. Details of these plans can be found in official plan documents that govern the plans. In the event of a discrepancy between the plan documents and this document, the plan documents govern. While care has been taken to ensure the accuracy of this information, the plan documents and your employer policies will govern in all cases. Although it is our intention to continue the plans, we reserve the right to modify, amend or terminate the plans at any time. All rates are based on current participation and are subject to change.