2018 Benefits Guide

January 1 - December 31

American Public University System

AMU APU

This Benefits Guide highlights APUS' benefits programs. While we tried to be as accurate as possible in developing this information, the official plan documents govern in all cases. APUS intends to continue these programs, but reserves the right to change or end them at any time. Participation in the programs does not imply a contract of employment.

November, 2017

American Public University System

What's Inside...

Eligibility and Enrollment

Who's Eligible to Enroll?

You are eligible to elect employee benefits if you are a regular, full-time employee working at least 30 hours per week, consistently. Benefits are effective the first of the month following your date of hire. If you are a part-time employee, please reference the Part-Time Benefits Guide for benefits eligibility.

Dependent Eligibility

You may enroll your eligible dependents when you enroll yourself. Dependents who are eligible for benefit coverage include:

✓ Your legally married spouse

✓ Your dependent children

Included in the definition of dependent child(ren) are:

⇒ Your naturally born child(ren), legally adopted child(ren), step-child(ren) or court-ordered dependent child(ren) for whom you are the court-appointed legal guardian.

⇒ Your dependent child(ren) up to age 26 whether they are a full time student or not for all plans. Coverage ends at the end of the month following the date they turn 26 for medical. Dental and vision coverage will end on the date they turn 26.

⇒ Your continuously disabled dependent child(ren) [if disabled prior to age 26] who are incapable of self-sustaining employment and dependent upon you for support, regardless of age.

Qualified Life Events

The choices you make during your new hire eligibility period or during Open Enrollment will be in effect through December 31, 2018. During the year, you may only make changes if you experience a qualified status change, known as a "life event". Some examples of life events are:

✓ Birth or adoption of a child

✓ Marriage

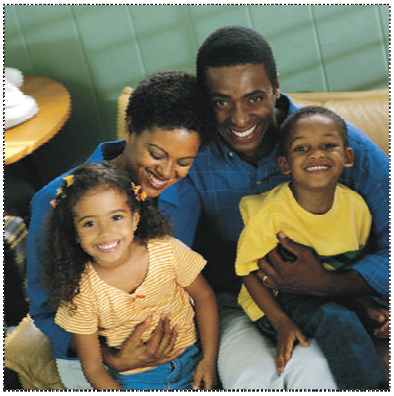
✓ Divorce and/or legal separation

✓ Death or loss of a dependent (including loss of dependent status)

✓ Change in your spouse's employment status causing loss or gain of benefits coverage

✓ Change in your own employment status causing a loss/ gain of benefits coverage

✓ Eligibility for Medicare



You must notify the Benefits Department of a change in status within 31 days of the event.

Medical Plans

Full-time employees are offered a choice of three medical plan options. Under each medical option, you will have access to the nationwide PPO network through Highmark West Virginia—one of the largest national networks of healthcare providers. To access the network, go to www.highmarkbcbswv.com.

To better meet the needs of you and your family, we offer three Preferred Provider Organization (PPO) Plans:

1. Highmark Basic PPO,
2. Highmark Core PPO, and
3. Highmark Enhanced PPO.

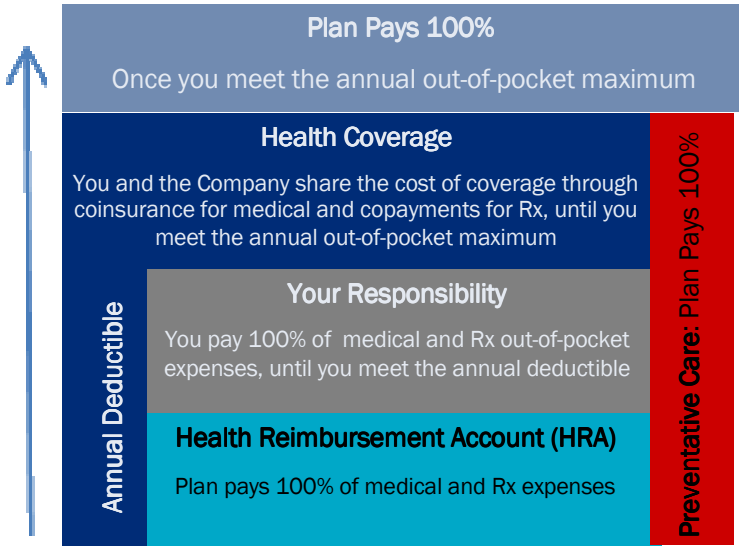
On the next page is an at-a-glance chart that highlights the medical benefit plans side-by-side.

When you access participating doctors and hospitals that have contracted with Highmark West Virginia, which is part of the nationwide Blue Cross and Blue Shield Association, your care is provided at a discounted rate. You pay less when you visit a doctor within the extensive PPO network, while still having the flexibility to use doctors, hospitals and specialists outside the network for an additional cost. You do NOT need to select a Primary Care Physician (PCP) or obtain referrals from a PCP at any time, when you wish to see a specialist. Pre-certification may be required for certain services.

Under the PPO plans, all medical and Rx prescription drugs go towards the deductible and after the deductible has been met, coinsurance applies to medical services and copayments apply to Rx prescription drugs.

In-network preventive care services are covered at 100% prior to the deductible.

How the PPO Plans work ...



Health Reimbursement Account (HRA)

A HRA is an employer-funded account that helps offset the medical and prescription drug Rx deductible. Whether you enroll in the Highmark Basic, Core or Enhanced PPO Plan, APUS will contribute $500 to an Employee HRA or $1,000 to an Employee + Spouse, Employee + Child and Employee + Family HRA. *(Please note, these amounts are prorated for employees enrolling in medical mid-year).*

When a claim is incurred, eligible HRA expenses that go towards the deductible are paid at 100% until the HRA is fully exhausted. After the HRA is exhausted, you are responsible for paying the remainder of the deductible before coinsurance applies.

You will receive a HRA debit card that can be used to pay for prescriptions expenses from the HRA. As long as there are dollars in the HRA account, the cost of the prescription expenses will be paid and you will not need to file a claim. When you go to the pharmacy, you should submit your Highmark West Virginia medical ID card first, then the HRA debit card. Once the HRA account funds are depleted, the HRA debit card will no longer work. However, keep your HRA debit card because it will be reloaded when the plan year starts over.

Women's Preventive Care

As a result of the Patient Protection and Affordable Care Act (commonly referred to as "healthcare reform"), additional women's preventive services are now covered at 100% when using in-network providers. Women's preventive services covered at 100% will include well-woman visits; gestational diabetes screening; HPV testing; sexually transmitted infection counseling; HIV testing and counseling; FDA-approved contraceptives and counseling; breastfeeding support, supplies and counseling; and domestic violence screening and counseling.

Medical Benefits

The chart below highlights the medical benefits under the Highmark West Virginia medical plans. This chart provides an overview of the differences in coinsurance levels when you use both in- and out-of-network providers. When you enroll in a Highmark West Virginia medical plan, you also receive prescription drug coverage through Highmark West Virginia and is detailed on page 4. This is not a comprehensive summary, only an overview of the plans.

Services	Highmark Basic Plan		Highmark Core Plan		Highmark Enhanced Plan	
	In-Network	Out-of-Network	In-Network	Out-of-Network	In-Network	Out-of-Network
Annual Deductible (Medical & Rx) Individual Family	$2,000 $4,000	$4,000 $7,500	$1,500 $3,000	$3,000 $6,000	$1,000 $2,000	$2,000 $4,000
Health Reimbursement Account Company Contribution to offset Deductible	Employee $500 Employee + Family $1,000		Employee $500 Employee + Family $1,000		Employee $500 Employee + Family $1,000	
Coinsurance Limit Individual Family	$3,000 $6,000	$3,500 $7,500	$1,500 $3,000	$4,500 $9,000	$1,000 $2,000	$3,000 $6,000
Lifetime Maximum	Unlimited					
PCP Co-insurance **Specialist Coinsurance**	30% after deductible 30% after deductible	40%, after deductible 40%, after deductible	20% after deductible 20% after deductible	40%, after deductible 40%, after deductible	20% after deductible 20% after deductible	30%, after deductible 30%, after deductible
Referral Requested	No	No	No	No	No	No
Diagnostic Procedures Diagnostic Lab Diagnostic X-ray	30% after deductible 30% after deductible	40%; after deductible 40%; after deductible	20% after deductible 20% after deductible	40%; after deductible 40%; after deductible	20% after deductible 20% after deductible	30%; after deductible 30%; after deductible
Preventive Care Copay Routine Physical Exam Routine GYN Exam Routine Mammogram (per schedule, age 40 and older) Well Baby/Child Care (through age 17, includes immunizations)	$0 $0 $0 $0	40%; after deductible 40%; after deductible 40%; after deductible $0	$0 $0 $0 $0	40%; after deductible 40%; after deductible 40%; after deductible $0	$0 $0 $0 $0	30%; after deductible 30%; after deductible 30%; after deductible $0
Hospital Care Inpatient Copay Outpatient Surgery Copay	30% after deductible 30% after deductible	40%; after deductible 40%; after deductible	20% after deductible 20% after deductible	40%; after deductible 40%; after deductible	20% after deductible 20% after deductible	30%; after deductible 30%; after deductible
Emergency Room	30%; after deductible	30%; after deductible	20% after deductible	20% after deductible	20% after deductible	20% after deductible
Durable Medical Equipment	30% after deductible	40%; after deductible	20% after deductible	40%; after deductible	20% after deductible	30%; after deductible
Therapy Services Occupational, Physical & Speech Each limited to 30 visits per calendar year Cardiac Rehab Limited to 36 visits per calendar year	30% after deductible 30% after deductible	40%; after deductible 40% after deductible	20% after deductible 20% after deductible	40%; after deductible 40% after deductible	20% after deductible 20% after deductible	30%; after deductible 30% after deductible
Routine Eye Exam (one exam per 24 months)	30%; after deductible	Not covered	20%; after deductible	Not covered	20%; after deductible	Not covered

Prescription Drug Coverage

When you enroll in one of the Highmark West Virginia PPO medical plans, you automatically receive prescription drug coverage through Highmark, West Virginia. You must meet your combined medical/Rx deductible before Rx copayments apply.

The prescription plan also includes a Mail Order Program, which allows you to purchase a 90-day supply of medications you take on an ongoing basis (known as maintenance drugs). When you order prescriptions through the mail, you pay two and one half copays, rather than three, for a 90-day supply. To access the Mail Order Program, call the customer service number on your Highmark West Virginia member ID card or access the Highmark West Virginia web site at www.highmarkbcbswv.com

All Highmark Medical Plans	Retail Copay (31-day supply)	Mail Order Copay (90-day supply)
Generic	$10 copay after deductible	$25 copay after deductible
Preferred Brand	$30 copay after deductible	$75 copay after deductible
Non-Preferred Brand	$50 copay after deductible	$125 copay after deductible

Please Note: Walgreens pharmacies are not included in the Highmark prescription drug network.

Prescription Drug Clinical Management Programs

Your health is important to us and proper use of prescription medications is important to your health.

Your prescription drug benefit plan uses a Care Management Program to encourage safe and effective use of specific medications.

- **Managed Rx Coverage -** drugs reviewed by this program are checked to see that they are safe and proven to work well for your condition. Highmark West Virginia may suggest lower cost brand and generic medications that work just as well. You may need to take certain steps to have these drugs covered by the benefit plan. When you follow this process, and the prescription if approved, you will be able to get your medication at the pharmacy.
- **Managed Prior Authorization -** a prescription for a medication managed by this program must be reviewed and approved before it is taken to the pharmacy to be filled. This is to be sure that it is the best drug for your condition and is being used in the right way. Your doctor must get this prior authorization before your pharmacy can give it to you. Otherwise, the cost will not be covered by the plan.
- **Quantity Level Limits -** drug prescriptions in this program have a set amount of pills or doses. These limits are based on the manufacturer's recommendation for daily dosage or other clinical research. In some cases, the benefit plan decides on a limit. Each time a prescription is ordered or refilled, the amount of pills is limited.

Use generic drugs whenever possible, even for over-the-counter medications.

Remember, the most expensive drug doesn't indicate it's the best. There are usually less expensive generic equivalents to the drugs you see advertised on TV. Before your physician writes you a prescription, ask about generic equivalents, lower-cost brand name drugs to treat the same condition, and even over-the-counter options.

Dental Plan

Dental benefits help you maintain good oral health, which has been linked in studies to good overall health. Dental benefits are provided through MetLife for the 2018 plan year.

Preferred Dentist Program (PDP)

The dental PDP allows you to access both in- or out-of-network providers. However, you will maximize your benefits and reduce your out-of-pocket costs by utilizing an in-network provider. If you decide to use a non-participating dentist, benefits will be paid using the Reasonable and Customary fee (R&C) dental allowance and you may be billed for amounts that exceed the R&C limit.

To find a participating dental provider near you, visit www.metlife.com/dental or call 800-275-4638.

Note: MetLife does not provide ID cards.

Feature/Services	MetLife PDP	
	In-Network	Out-of-Network
Individual Annual Deductible	$50	$50
Family Annual Deductible	$150	$150
Annual Maximum/Person	$1,500	
Preventive & Diagnostics	100%	100% of R&C
Basic Services	90%	80% of R&C
Major Services	60%	50% of R&C
Orthodontia	50%	50% of R&C
Orthodontia Lifetime Max (Adult and Child)	$2,000 per person	$2,000 per person

Vision Plan

The vision plan offered through VSP provides optional vision coverage for you and your eligible dependents. You may choose any vision provider for your care, but to keep your out-of-pocket costs down, consider an in-network provider. If you use an out-of-network provider, be sure to ask if your provider will accept VSP's allowance as full payment. If not, you will be responsible to pay any difference between the vision provider's charges and VSP's maximum allowance.

To find a participating vision provider near you, visit www.vsp.com or call 800-877-7195.

Note: VSP does not provide ID cards.

VSP		
Feature/Services	**In-Network**	**Out-of-Network**
Exams/Lenses/Frames Exam copay Frames copay	**12/12/24 months per calendar year** $0 $20	
Exam	100%	Up to $50
Lenses Single Vision Lined Bifocal Lined Trifocal Lenticular	$20 copay for all lenses	 Up to $50 Up to $75 Up to $100 Up to $125
Frames (Retail)	Covered up to $130 at VSP provider/up to $70 at Costco 20% discount amount over allowance (20% discount does not apply at Costco)	Up to $70
Necessary Contact Lenses	100% after $20 copay	Up to $210
Elective Contact Lenses	Lenses covered up to $130; Up to $60 copay for contact lens fitting and exam	Up to $105

Contributions

It is important to remember that you and APUS share the cost of most benefits (medical, dental, prescription, and vision coverage), with APUS contributing a much greater portion of the costs. Each year, we are faced with the challenge of maintaining the costs associated with health care. As a consumer of healthcare services, your behaviors and actions have a direct financial impact. We need to work together to manage our collective healthcare spending. One of the ways you can do that is to understand what services cost, what each plan offers, and which make the most sense for your needs and budget.

Below is a chart outlining your pre-tax contributions for the 2018 plan year. The chart below is based on per paycheck deductions.

Level of Coverage	Medical Highmark			Dental MetLife	Vision VSP
	Basic Plan	Core Plan	Enhanced Plan		
Single	$43.17	$64.27	$87.23	$3.88	$0.85
Employee & Child	$88.78	$123.14	$168.98	$20.33	$1.30
Employee & Children	$88.78	$123.14	$168.08	$20.33	$2.33
Employee & Spouse	$149.26	$197.56	$243.08	$19.35	$1.30
Family	$203.38	$268.90	$327.18	$32.27	$2.33

Medical, Dental and Vision Waivers

If you waive medical, dental and vision for 2018, you are eligible for a "Waive Insurance Credit" in the amount of $46.15 per pay period. Please note, you must provide substantiation of other medical coverage to receive the "Waive Insurance Credit".

Basic Life and AD&D Insurance

Life insurance provides critical financial protection. APUS provides all actively working employees with Basic Life and Accidental Death & Dismemberment (AD&D) insurance coverage through Prudential at no cost to you.

This benefit will be paid to your beneficiary in the amount 1 times your base annual earnings, rounded up to the nearest $1,000, up to a maximum of **$200,000**. For Directors and above, your benefit amount is equal to 2 times your base annual earnings, rounded up to the nearest $1,000, up to a maximum of **$1,000,000**. The minimum benefit is $50,000 and any amounts over $500,000 require that you complete a health questionnaire.

Also included is Accidental Death and Dismemberment (AD&D) coverage which is equal to your life insurance amount. Should you die as the result of an accident, the amount paid to your beneficiary will be doubled.

Basic Life and AD&D benefits reduce at age 65 to 65% and at age 70 to 50%.

Disability Insurance

Disability insurance is coverage that provides you with income protection, should you lose time on the job due to a non-work related injury or illness. With disability coverage, you are compensated for a portion of your lost income.

Short-Term Disability

APUS' Short-Term Disability (STD) program is provided through Prudential at no cost to you. Once you are deemed disabled, benefits begin day one for accident or on the 8th day of an illness (including pregnancy) and continue for a duration of up to 13 weeks. This benefit pays 60% of your total weekly earnings to a weekly maximum of $1,000. If you continue to be disabled, you may then apply for long-term disability benefits. You may elect to receive up to 40% of your pay in addition to disability payments by using accrued time off to supplement disability payments.

The first week of an illness disability is unpaid by Prudential. You will use accumulated sick and/or vacation if available to receive compensation.

For disability coverage during pregnancy, normal delivery is approved for six weeks; cesarean section is approved for eight weeks of disability coverage. The first week of unpaid disability is included in this approval. Employees will receive five or seven weeks of payments from Prudential based on the type of delivery.

The STD plan has a maximum duration of 13 weeks as long as you are disabled.

Disability Insurance (continued) and Family Medical Leave Act (FMLA)

Long-Term Disability

In addition to providing employees with a STD plan, APUS also provides Long-Term Disability (LTD) benefits through Prudential at no cost to you. The LTD plan provides income during an extended period of disability if you are disabled and unable to return to work after 90 consecutive days. The plan pays a monthly benefit of 60% of your monthly pre-disability pay to a maximum monthly benefit of $6,000, less deductible sources of income.

Long-Term Disability Buy-Up

You have the option to increase your maximum monthly LTD benefit up to 66$^{2/3}$% of your monthly pre-disability pay to a maximum monthly benefit of $12,000, less deductible sources of income. You pay the full cost of this option.

You may receive monthly LTD benefits to the later of your Normal Retirement Age or the period shown below, as long as the condition, in which your disability was approved for, continues to warrant coverage.

Age on Date of Your Disability	LTD Benefit Period
Less than 60	To age 65
60	60 months
61	48 months
62	42 months
63	36 months
64	30 months
65	24 months
66	21 months
67	18 months
68	15 months
69 and over	12 months

LTD Pre-Existing Conditions Notice

LTD benefits will not be paid for a disability that begins during the first 12 months of coverage and due to a pre-existing condition. A pre-existing condition is an injury or sickness for which you received medical treatment, consultation, diagnostic measures, prescribed drugs or medicines, or for which you followed treatment recommendations during the 3 months prior to your effective date of coverage. This provision also applies if you did not consult a physician when an ordinarily prudent person would have.

Your FMLA Benefits

As a full time employee of APUS, you may be entitled to utilize leave under The Family Medical Leave Act (FMLA) and/or accommodation(s) under The Americans with Disabilities Act (ADA) along with The Americans with Disabilities Act Amendments Act. These benefits are administered by CareWorks Absence Management, and must be certified by your health care provider.

Employees are required to notify APUS of their need for FMLA leave due to :

- Your own serious health condition that prevents you from being able to perform your job.
- Your, spouse, child or parent's serious health condition preventing you from being able to perform your job.
- The birth or adoption of your child.
- Care of a spouse, child, parent or next of kin with a serious injury or illness incurred within 5 years of active duty in the Armed Forces.
- Qualifying exigency arising out of the fact that spouse, child or parent is on active duty in the Armed Forces or is deployed to a foreign country.

If the need for medical leave or accommodation is foreseeable, please notify CareWorks Absence Management at least 30 days in advance. If the need is unforeseeable, please notify CareWorks Absence Management within two days of the date you become aware of the need for leave.

Filing a FMLA or ADA Claim

Follow these three steps when filing a FMLA or ADA claim:

1. Call your supervisor to report your absence. *Failure to do so may result in a policy violation.*
2. Contact CareWorks Absence Management, toll free, at **888-436-9530** immediately following step 1. *Failure to do so may result in a delay or denial of your claim*.
3. Complete and return information provided to you by CareWorks Absence Management as soon as possible.

Please note, FMLA will run concurrent with Workers' Compensation, Short Term Disability and accrued paid leave, per company policy.

FMLA and ADA Services Administered by:

CareWorks Absence Management™

888-436-9530

Employee Assistance Program

Guidance Resources

Guidance Resources is available at no cost to all benefit eligible employees and their eligible dependents. It provides confidential support, resources and information to get through life's challenges.

This service is offered through ComPsych and provides:

- Professional counselors via phone who are available 24 hours a day, 7 days a week
- Legal information, resources and consultation (face-to-face consultations up to 30 minutes)
- Financial information, resources and tools

You can reach Guidance Resources at
800-311-4327 or online at www.guidanceresources.com
Your company **Web ID: GEN311**

Estate Guidance

Benefit eligible employees have access to a secure online Will preparation generation service at no cost to you. Resources are available for you and your spouse to help overcome the legal, financial and emotional barriers to writing a Will.

This service is offered by ComPsych. Estate Guidance walks employees and their spouses through the documentation process and breaks down each step into easy-to-understand terms and a user-friendly online experience.

To prepare an online Will, go to
www.estateguidance.com
Your company **Web ID: EGP311**
If you have any questions, please contact ComPsych at
888-327-4260

Voluntary Life Insurance

You have the opportunity to purchase Voluntary Life insurance through Prudential for the 2018 plan year. Voluntary Life insurance is an additional layer of coverage you may purchase to help financially protect your family if you die.

Employee Voluntary Life

You may purchase for yourself in increments of $10,000 up to a maximum of $500,000. If you are newly eligible for coverage, you may elect coverage up to $200,000 without a health questionnaire. During Open Enrollment any election greater than $200,000 or an increase greater than $10,000 will require completion of an Evidence of Insurability (EOI) BEFORE your election is approved and premiums are withheld. Outside of Open Enrollment any increase to your voluntary life coverage will require an EOI.

Spouse Voluntary Life

If you purchase Employee Voluntary Life for yourself, you have the option to also purchase Spouse Voluntary life in increments of $5,000 up to a maximum $100,000. If you are newly eligible for coverage, you may elect spousal coverage up to $25,000 without a health questionnaire. Spouse Voluntary Life amount cannot exceed 50% of the employee's Voluntary Life amounts. Any election greater than $25,000 or an increase greater than $5,000 will require completion of an Evidence of Insurability (EOI) during Open Enrollment, BEFORE your election is approved and premiums are withheld. Outside of Open Enrollment, any increase to your spouse voluntary life coverage will require an EOI.

Dependent Child(ren) Voluntary Life

If you purchase Employee Voluntary Life for yourself, you have the option to also purchase Voluntary life for your child(ren), up to age 26, in flat amounts of $1,000, $2,000, $4,000, $5,000 or $10,000.

Voluntary Life Insurance Rates			
Bi-Weekly Employee & Spouse Voluntary Life Rates—based on units of $10,000			
Under Age 30	$0.30	Age 50-54	$1.55
Age 30-34	$0.41	Age 55-59	$2.74
Age 35-39	$0.52	Age 60-64	$3.85
Age 40-44	$0.63	Age 65-69	$6.18
Age 45-49	$0.94	Age 70 +	$11.69

Bi-Weekly Dependent Child(ren) Voluntary Life Rates	
$1,000	$0.11
$2,000	$0.22
$4,000	$0.44
$5,000	$0.55
$10,000	$1.11

A change in rates due to a change in the employee's age will become effective on the policy anniversary date coinciding with or following the employee's birthday.

Spouse rates are based on the employee's date of birth. A change in rates due to a change in the employee's age will become effective on the policy anniversary date coinciding with or following the employee's birthday.

Policy anniversary date coinciding with birthday means the rate will increase at time of birthday.

NOTE: If the employee should no longer carry Employee Voluntary Life, any Spouse and Dependent coverage will immediately cease.

Flexible Spending Accounts

An FSA is an easy and convenient way to get more out of your paycheck. It allows you to set aside a predetermined amount of your pre-tax dollars to cover certain out-of-pocket expenses as they occur throughout the plan year. As per IRS regulations, any flexible spending account contributions must be used within the plan year (January 1—December 31). Excess contributions may not be reimbursed. Two types of accounts are available—Medical Care Spending Account and Dependent Care Spending Account.

You must re-elect the FSA plan(s) each year.

Medical Care Flexible Spending Account

A Medical Care FSA can reimburse you for eligible medical, dental and vision expenses not covered by your insurance with pre-tax dollars, up to the amount you contribute for the plan year. The expenses must be primarily to alleviate a physical or mental defect or illness, and be adequately substantiated by a medical practitioner. For example, cash that you now spend on deductibles, copays or other out-of-pocket medical expenses can instead be paid for with the Medical Care FSA. The annual minimum contribution is $200 and the annual maximum contribution is $2,650.

KEY FACT: You must use the money in your Medical Care FSA account for expenses incurred during the plan year (January 1 – December 31). For Medical Care expenses incurred between January 1, 2018 and December 31, 2018, you will have until March 15, 2019 to submit claims for reimbursement. You may roll over up to $500 of unused Medial Care FSA funds for the immediately following Plan Year, any remaining balance over $500 will be forfeited. The amount rolled over will not count against the $2,650 annual limit for Medical Care FSA.

Dependent Care Flexible Spending Account

The Dependent Care FSA lets you use pre-tax dollars toward qualified dependent care. The annual minimum contribution is $200 and the maximum amount you may contribute is $5,000 per family (or $2,500 if married and filing separately) per plan year. If you elect to contribute to the Dependent Care FSA, you may be reimbursed for:

- ✓ The cost of child care up to age 13 or adult dependent care
- ✓ The cost for an individual to provide care either in or out of your house
- ✓ Nursery schools and preschools (excluding kindergarten)
- ✓ Before/after school care and summer camps

Ameriflex Convenience Card Offers Instant Access to FSA Funds

Accessing your FSA account funds is easy with the Ameriflex Convenience Card, which you may use at participating doctors, hospitals, dentists, vision care providers and pharmacies that accept MasterCard. Just present your card at the time of payment when you have qualified expenses. The amount of your purchase will be deducted from your Medical Care FSA, up to the maximum amount you have selected for the year.

Since this is an IRS approved program, make sure you keep all your receipts for purchases you make with your card for eligible health care expenses.

MyAmeriflex Mobile App Offers Instant Access to Your FSA Account Information

Key Features for FSA Members:

- ✓ View FSA balance information
- ✓ View recent FSA transactions
- ✓ Submit FSA claims for reimbursement by simply taking a photo of your EOB/receipt and uploading directly from your phone or tablet
- ✓ View email alerts
- ✓ Complete FSA substantiation requests

MyAmeriflex Mobile App is available for free through the App Store and Google Play!

FSA Store
THE FLEXIBLE SPENDING ACCOUNT SITE

The FSA Store is your one-stop destination for eligible Flexible Spending Account purchases. The FSA Store makes it easy to purchase what you need, when you want it. Access the FSA Store at https://fsastore.com/

Health & Wellness

Enjoy better health with online tools and resources powered by WebMD. Whether you want to stay healthy, get healthy or manage a condition, take advantage of these WebMD resources on the Highmark West Virginia member website. This resource is also available to Highmark Associate Members.

Wellness Profile

This comprehensive health risk assessment helps you understand your health and gives you personalized suggestions to improve or maintain your health.

Personal Health Record

With the secure online personal health record, you can store and access your health information at anytime from anywhere.

My Health Assistant

This self-guided program starts with a series of interactive questions to help you create your own customized wellness program based on your health focus and desired participation level.

Health Coaching

Blues on Call allows you to speak confidentially with specially trained health coaches who can help you make informed health decisions.

Health Trackers

Choose from 24 different trackers to record and view your progress in measures such as blood pressure, blood glucose, cholesterol, weight and exercise.

Symptom Checker

This unique interactive feature makes it easy to learn about medical symptoms, what to do about the symptom and when to contact a doctor.

Health Education and Information

You have access to news articles, a health library, health condition guides, videos and links relevant to health information.

How To Be Tobacco Free

This program lets you work with coaches who are trained in tobacco cessation.

Baby Blueprints

A maternity program and support program that gives pregnant women access to dedicated health coaching and pregnancy information.

If you are new to the Highmark West Virginia member website, just follow these directions to get started.

How to Register:

1. Go to the Highmark West Virginia member website: www.highmarkbcbswv.com.
2. Click on the "**Register**".

During registration you will be asked to provide:

- Your member ID number or your Associate member ID (enter numbers only, no space, no letters),
- Your first and last name,
- Your date of birth,
- Your relationship to the Policyholder,
- Your address,
- Choose your user login ID, and
- Choose a password then re-enter the password.

Once you're registered you can:

- Check the status of a claim,
- View your monthly plan activity statement,
- Request ID cards,
- Locate providers,
- Check Rx history, and
- Access health reference tools.

Membership Discounts

Member Discounts—Save on non-covered products and services.

The mind/body connection is important to the healing process. Your health care coverage includes access to a wide range of discounts on health and wellness-related products and services from national, well-known brands. Take a more active role in your health by using these discounts ... and save up to 30 percent.

Starting an Exercise Program?

Get discounts on fitness centers, personal trainers and running shoes.

Thinking About Improving Your Diet?

Save on nutrition counseling, diet programs and vitamin supplements.

Need to Relax?

Try yoga, tai chi or massage at discounted rates.

Interested in Complementary or Alternative Medicine?

Experience the benefits of acupuncture, mind/body therapies or holistic medicine.

Have Vision or Hearing Issues?

Buy hearing aids at discounted prices or explore eye surgery options.

Learn more. To search the member discounts available to you or to find a practitioner in the discount program, go to the Highmark West Virginia member website, choose "**Log In** or **Register**" and complete the login process by entering your login ID and password. Select **Member Discounts** and click on **Blue365 Discounts**.

When you visit a practitioner, just show your Highmark West Virginia ID card to get your discount. You are responsible for paying the practitioner directly at the time the product is purchased or the service is received.

The member discount program is separate and distinct from your health benefits plan.

Voluntary Benefits

Voluntary benefits give you an opportunity to choose additional benefits to supplement the benefit offerings currently available through our group benefit program. Each plan provides a unique set of benefits. You decide what plans, if any, you would like to choose to meet your needs.

Legal Services

MetLaw/Hyatt Legal Services provides you with telephone and office consultation for an unlimited number of matters with the attorney of your choice. During the consultation, the attorney will review the law, discuss your rights and responsibilities , explore your option and recommend a course of action. Trials for covered matters are covered from beginning to end, regardless of length, when you use a network attorney. Provides legal representation for:

- Estate Planning
- Financial Matters
- Real Estate Matters
- Elder Law Matters
- Family Law
- Traffic Offenses
- Consumer Protection
- Defense of Civil Lawsuits
- Personal Property Protections

You also have the option to choose an out-of-network attorney and will receive reimbursement according to a fee schedule.

The cost for Voluntary Legal Services is $8.31 per pay period.

For more information, visit www.info.legalplans.com and enter access code GETLAW or call the Customer Service Center at 800-821-6400.

Pet Insurance

Nationwide Pet Insurance offers comprehensive plans designed to protect you financially when the unexpected occurs. Affordable coverage from Nationwide Pet Insurance allows you to focus on providing optimal healthcare for your pet rather than worrying about the cost of treatment. You may be reimbursed for veterinary expenses such as surgeries, diagnostic tests, hospitalization, prescriptions, vaccinations and more.

For more information, visit www.petsnationwide.com and then enter American Public University System or call the Customer Service Center at 877-PETS-VPI (877-738-7874).

Educational Assistance

Full-time employees are eligible to take courses or pursue a degree at any of the APUS institutions at no cost. *Employees that are placed on academic probation may be denied the education benefit.* In addition, the fee for transfer credit evaluations and the graduation application fee is covered by APUS under the Continuing Education Benefit for full-time employees. The per course technology fee is also waived. Any amount covered by APUS in excess of $5,250 may be considered taxable.

- Full-time employees are eligible to take courses or pursue a degree at no cost
- Part-time employees are eligible for a 50% tuition reduction
- Spouses, partners, children & dependents of full-time APUS employees are eligible to enroll in AMU or APU courses at 50% tuition cost reduction (some restrictions may apply)
- APUS employees must complete the “Continuing Education Benefit” form that is available on the intranet

Aflac

AFLAC programs pay you CASH, above and beyond all other insurances, to make up for lost income and increased expenses caused by accidents and illnesses. This is not health insurance. Coverage is available to you and your family members.

- Accident Indemnity Advantage
- Hospital Confinement Indemnity
- Cancer Indemnity Plan
- Critical Care Protection
- Dental

For coverage information/rates or to enroll, contact Matt Evans (410) 394-9617 or Matthew.Evans@US.AFLAC.com

TransAmerica sponsors TransElite Universal Life Insurance with Long Term Care Rider

Universal Life builds cash value. It takes realistically a few years to see substantial cash value built. You can borrow against it with no penalty, but there is a 6% interest on the loan.

You can buy up each year, but might need to answer underwriting questions.

- 4% of Death Benefit can be used for Long Term Care.
- 2% of Death Benefit can be used for Home Health Care by licensed professional.
- Permanent insurance. Price doesn't go up when you get older or if you leave employment/retire.
- No reduction of benefits at age 65.
- 75% of the Death Benefit, not to exceed a $100,000, can be borrowed for a Terminal Illness.

For coverage information/rates or to enroll, contact Matt Evans (410) 394-9617 or Matthew.Evans@mwesolutions.net.

Time Off From Work

Full-Time employees accrue time off for each hour of regular pay on a bi-weekly basis. The rate of accrual is based on completed years of employment measured from the first day of work.

APUS's time off from work policy is designed to provide paid time off for such things as vacations, personal days, sickness, medical and dental care, family emergencies, and other personal reasons.

Vacation Accrual Schedule Years of Service	Vacation Days/Year
Less than 3	13 *(up to 4.0 hours per pay period)*
3 or more	18 *(up to 5.54 hours per pay period)*

Vacation Time

Full-time employees with fewer than three years of service accrue vacation time at the rate of 13 days per year; full-time employees with more than three years of service accrue vacation time at the rate of 18 days per year. Employees at the vice president level and above accrue an additional 5 days paid vacation a year.

An employee may accrue up to 80 hours (two weeks) of vacation time at the end of a leave year and carry that balance forward to the next leave year. **Any unused vacation time in excess of 80 hours at the end of a leave year will be forfeited**.*

Vacation Year: APUS's vacation year is the period from January 1 to December 31 of the same calendar year. The vacation year establishes key dates when "use or lose" vacation time is forfeited if not used.*
An employee who separates employment will be paid in full for any positive vacation balance. Payment for vacation time balance will be included in the final paycheck and will be subject to FICA and Federal and State income tax withholding.

*APUS complies with all applicable federal and state laws and regulations, including those related to vacation policies. This policy is subject to change without notice and new policies may be added in additional states in the event a change in law occurs.

Time Off From Work

Holidays

APUS recognizes 10 federal holidays. These include:

New Year's Day	Labor Day
Martin Luther King Jr. Day	Columbus Day
President's Day	Veteran's Day
Memorial Day	Thanksgiving Day
Independence Day	Christmas Day

In order to obtain compensation for this paid holiday, eligible APUS employees must be employed by APUS on the day of the holiday.

Full-time employees have these holidays off with pay. With advance approval from their manager, they may elect to work on a holiday and "bank" it by working on that day and "saving" a day off to be used on another normal workday.

Part-time employees, APUS temporary employees, and employees working on alternate shifts will be paid for the hours that they would have worked if the particular day was not a holiday. (Ex: if a Monday is a holiday and they would have worked 5 hours they will get paid for 5 hours. If they do not work on Mondays, they will not receive holiday pay).

Sick Time

Full-time employees, regardless of length of service, will accrue 1.33 hours per work week or 8.6 business days per year of paid sick leave. Unused paid sick leave may carry over from year-to-year; however, unused paid sick leave has no cash value and under no condition will be "paid out" to full-time employees upon separation or termination of employment.

Part-time employees will be provided 5 paid sick leave days per calendar year. Part time unused paid sick leave does *not* accrue and cannot be carried over from year-to-year unless specifically required by applicable law. Unused paid sick leave has no cash value and under no condition will be "paid out" to part-time employees upon separation or termination of employment.

APUS will comply with all applicable state and local laws to the extent that they provide broader protections.

Sick time may be used for the employee's physical, mental, or emotional illness, doctors' appointments, or when a family member is sick and the employee is required to assist the family member. These are examples of appropriate sick time use, and are not all-inclusive. A family member is defined as a spouse or domestic partner; anyone with whom the employee has shared a mutual residence within the past year and with whom the employee maintains a committed relationship; a sibling, including a step or half sibling; biological, step, adoptive, or foster child or grandchild; a legal ward; a child who lives with the employee and for whom the employee assumes permanent parental responsibility; parent or stepparent of the employee; and parent of an employee's spouse or domestic partner. Sick time may also be used for adoption related activities. Vacation time may be used in lieu of sick time, but sick time is not permitted to be used as vacation time off.

401(k) Retirement Savings

The 401(k) Retirement Savings Plan provides you with an excellent way to save money for your retirement or other long-term financial goals. You and the Company work together by building a solid foundation for your future financial security.

Building Your Account

Your 401(k) account can grow through your contributions and the Company's matching contributions. Most full and part-time employees are eligible to participate (you must be a U.S. Resident; Puerto Rico residents are unable to participate).

Your Contributions

When first eligible as a new hire, you will be automatically enrolled at 5% of your earnings and your contributions will be placed into the Freedom Fund that corresponds with your retirement age, unless you specify otherwise. You may contribute from 1% to 60% of your earnings (or up to 100% of your earnings if over age 50), in whole percentages, on a before-tax basis.

Before-Tax Contributions

Before-tax contributions are deducted from your paycheck before you pay federal and most state and local income taxes and before any before-tax benefit contributions. You not only save for your future, but you also save by paying less in taxes now.

If you are a Highly Compensated Employee (HCE) you may be limited in your employee contributions, after Plan testing is completed in the following year.

Annual Deferral Limits

Current laws set certain limits on the amounts you contribute to the plan each calendar year. In 2018, the total annual deferral maximum $18,500 (plus $6,000 in catch up contributions for those 50 and older).

Company Matching Contributions

To help you build your retirement savings, the Company, at its discretion, may choose to match your 401(k) contributions. The Company matches the first 3% of employee contributions on a dollar-for-dollar basis and the next 2% of employee contributions at a rate of 50 cents on the dollar.*

Example: An employee contributing 3% of pay will receive a 3% match. An employee contributing 4% of pay will receive a 3.5% match. An employee contributing 5% or more of pay will receive a 4% match.

The Company is not obligated to match the employee's 401(k) and may choose to forego that practice at any time.

Investment Options

Contributions can be invested in nearly 30 different mutual funds within the retirement savings plan. Fidelity Investments offers web and mobile platforms through which to manage your retirement account. To help you with investment decisions and retirement planning, Fidelity offers webinars, on-site workshops and other planning tools, in addition to customer support.

For More Information on the 401(k) Plan

You may access your account online through the Fidelity Investments website at www.401k.com or by calling at 800-835-5097.

Employee Stock Purchase Plan

Employees can purchase APEI stock at 15% below market price on the last trading day of the calendar quarter.

Plan Summary

Most full and part-time employees are eligible to participate (must be U.S. Resident).

- Participants may select after-tax contributions of between 1% and 99%.
- Lump sum contributions are not allowed and the total value of contributions may not exceed $21,000 annually.
- Holding Requirement: Participants are required to hold the shares for a minimum of 6 months.
- Transfer Restriction: Participants are restricted from transferring shares out of their TD Ameritrade account to another brokerage account for 24 months.
- There will be four purchase periods per year - January 1, April 1, July 1, and October 1.
- Stock purchases will be made on the last trading day of each quarter.

To start contributing to the ESPP through payroll deductions, you will need to create an account by visiting https://www.tdameritrade.com/dbs/ape.html .

Get Help Choosing Your Benefits With alex®

Picking the right benefit plans can be a challenge. Which medical plan is best for me? How much should I save in my flexible spending accounts? Should I get extra life insurance?

The decisions are important, and a lot goes into making the right choice. To make the process easier for you, APUS has brought in an easy-to-use online tool called ALEX.

How ALEX works is simple.

All you have to do is log on and respond to ALEX's questions. ALEX will prompt you for some basic information about you and your family, ask a few questions about your personal situation (everything you say remains confidential, of course*), and help you figure out what to choose based on your responses.

Talking with ALEX feels like having a conversation with a real person; and because ALEX uses simple language and avoids insurance jargon, its explanations and recommendations are easy to understand.

Also, because ALEX is available from any computer with an internet connection, you can use it with your family as you consider your options. And if you have any questions about how anything works, ALEX can walk you through them.

Start a conversation with ALEX today. Visit https://www.myalex.com/apei/2018.

* ALEX does not create, receive, maintain, transmit, collect, or store any identifiable end-user information.

Benefit Election Instructions

- Benefit enrollment elections are made online. You will have 31 days from your date of hire to make your new hire benefit elections.
- If you do not enroll within 31 days of your date of hire, you must wait until our 2018 Open Enrollment (which will occur during the fall of 2018) unless you have a qualifying event during the year.
- To make your benefit enrollment elections, log onto https://e31.ultipro.com/login.aspx . If you forgot your password, type in your login as first initial + last name@APUS and your password will be emailed to you.
- Questions? Email any questions to benefits@apus.edu .

Contact Information

Contact Information		
Benefit	**Vendor**	**Contact**
General Benefit Questions	APUS	855-731-9205 benefits@apus.edu
Medical	Highmark West Virginia	888-809-9121 www.highmarkbcbswv.com
Dental	MetLife	800-275-4638 www. metlife.com/dental
Vision	Vision Service Plan (VSP)	800-877-7195 www.vsp.com
Life Insurance	Prudential	800-524-0542 www.prudential.com
Disability Insurance (STD and LTD)	Prudential	800-842-1718 www.prudential.com
Family Medical Leave Act (FMLA)	CareWorks Absence Management	888-436-9530 http://www.careworksabsence.com/
Guidance Resources — Employee Assistance Program	ComPsych	800-311-4327 www.guidanceresources.com Web ID: GEN311
Flexible Spending Accounts (FSA's)	Ameriflex	888-868-3539 www.flex125.com Company Code: *AMFAPUNIV*
Voluntary Benefits — MetLaw Legal Services	Hyatt Legal	800-821-6400 www.legalplans.com Enter access code GETLAW
Voluntary Benefits — Universal Life with Long Term Care Rider	TransElite	410-737-1620 Matthew.Evans@mwesolutions.net
Voluntary Benefits — AFLAC	AFLAC	410-737-1620 Matthew.Evans@US.AFLAC.com
Voluntary Benefits — Pet Insurance	Nationwide	877-738-7874 www.petsnationwide.com
401(k) Retirement Savings	Fidelity Investments	800-835-5097 www.401k.com
Employee Stock Purchase Plan	TD Ameritrade	800-598-2635 www.tdameritrade.com
Educational Assistance	APUS	studentservices@apus.edu

This Benefits Guide highlights APUS' benefits programs. While we tried to be as accurate as possible in developing this information, the official plan documents govern in all cases. APUS intends to continue these programs, but reserves the right to change or end them at any time. Participation in the programs does not imply a contract of employment.

Important Regulations

Women's Health and Cancer Rights Act

On October 21, 1998, the Women's Health and Cancer Rights Act became effective. This law requires group health plans that provide coverage for mastectomies to also cover reconstructive surgery and prostheses following mastectomies. As the Act requires, we have included this notification to inform you about the law's provisions. The law mandates that a plan participant receiving benefits for a medically necessary mastectomy who elects breast reconstruction after the mastectomy will also receive coverage for:

- Reconstruction of the breast on which the mastectomy has been performed
- Surgery and reconstruction of the other breast to produce a symmetrical appearance
- Prostheses
- Treatment of physical complications of all stages of mastectomy, including lymphedema

This coverage will be provided in consultation with the attending physician and the patient, and will be subject to the same annual deductibles and coinsurance provisions that apply for the mastectomy.

Health Insurance Portability and Accountability Act (HIPAA) – State Children's Health Insurance Program (SCHIP)

Loss of other coverage: If you decline enrollment for yourself or for an eligible dependent (including your spouse) while other health insurance or group health plan coverage is in effect, 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 31 days after your or your dependents' other coverage ends (or after the employer stops contributing toward the other coverage).

Loss of Medicaid or SCHIP coverage: If you decline enrollment for yourself or for an eligible dependent (including your spouse) while Medicaid coverage or coverage under a state children's health insurance program is in effect, you may be able to enroll yourself and your dependents in this plan if you or your dependents lose eligibility for that other coverage. However, you must request enrollment within 60 days after you or your dependents' coverage ends under Medicaid or a state children's health insurance program.

New dependent: 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 new dependents. However, you must request enrollment within 31 days after the marriage, birth, adoption, or placement for adoption.

Eligibility for Medicaid or SCHIP premium assistance: If you or your dependents (including your spouse) become eligible for a state premium assistance subsidy from Medicaid or through a state children's health insurance program with respect to coverage under this plan, you may be able to enroll yourself and your dependents in this plan. However, you must request enrollment within 60 days after your or your dependents' determination of eligibility for such assistance.

Medicaid and the Children's Health Insurance Program (CHIP) Offer Free Or Low-Cost Coverage

CHIP is short for the Children's Health Insurance Program—a program to provide health insurance to all uninsured children and who are not eligible for or enrolled in Medical Assistance. CHIPRA is the reauthorization act of CHIP which was signed into law in February 2009. Under CHIPRA, a state CHIP program may elect to offer premium assistance to subsidize employer-provided coverage for eligible low-income children and families. All employers are required to provide employees notification regarding CHIPRA. Please refer to following pages for the full Notice.

Medicare Part D Creditable Coverage Notice

The Centers for Medicare and Medicaid (CMS) requires employers to notify their Medicare Part D-eligible individuals about their creditable coverage status prior to the start of the annual Medicare Part D election period that begins on October 15 of each year. Please refer to following pages for the full annual notice.

Health Care Reform in 2018

The Affordable Care Act (or ACA) continues to affect health insurance plans for employers, like American Public University System, and employees of American Public University System . For the company, it means we continue to:

- Comply with all applicable health plan coverage, administration, and tax reporting requirements of the ACA.
- Pay all applicable taxes and fees as required by the ACA.

For individual employees, the law requires most individuals to have health insurance or pay a tax penalty. If you enroll in an American Public University System medical plan, you will meet the ACA's requirement for health coverage. American Public University System pays the majority of the cost for this coverage.

If you do not enroll in an American Public University System medical plan, you have other options, as shown below. We encourage you to evaluate all your options and compare their costs to make the best choice for you and your family.

- Elect coverage through your spouse's employer.
- Participate in a federal or state program such as Medicare or Medicaid (if eligible).
- Elect coverage through a plan you purchase through the Health Insurance Marketplace (www.healthcare.gov).

It's important to note that because you are eligible for coverage through American Public University System , you may not qualify for any subsidies if you purchase a plan through the Marketplace—that means you would pay the full cost of that coverage.

If you do not obtain coverage through American Public University System or another source, you may be subject to a penalty on your taxes. For 2017 the annualized penalty is the **greater** of:

a. 2.5% of your yearly household income above the tax filing threshold (up to the national average premium for a bronze plan in the individual insurance marketplace ($3,264 for an individual and $16,320 for a family of 5)), OR
b. $695 per adult and $347.50 per child under age 18 (up to $2,085 per family).

For 2018, the fixed dollar amounts in a) above will be based on average 2018 marketplace premiums and the fixed dollar amounts in b) above will be adjusted for inflation.

Summary of Benefits and Coverage Notice

You can find the Summary of Benefits and Coverage (SBC) —the format required by the Affordable Care Act—for the American Public University System's medical plans on the intranet, Faculty Connect or in https://e31.ultipro/login.aspx . These summaries may be helpful to provide more information about American Public University System's medical plans, or to compare our plans to others, such as plans available to you through your spouse's employer. You may also request a paper copy by contacting the Benefits Department at benefits@apus.edu

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 August 10, 2017. Contact your State for more information on eligibility –

ALABAMA – Medicaid	**IOWA – Medicaid**
Website: http://myalhipp.com/ Phone: 1-855-692-5447	Website: http://dhs.iowa.gov/ime/members/medicaid-a-to-z/hipp Phone: 1-888-346-9562
ALASKA – Medicaid	**KANSAS – Medicaid**
The AK Health Insurance Premium Payment Program Website: http://myakhipp.com/ Phone: 1-866-251-4861 Email: CustomerService@MyAKHIPP.com Medicaid Eligibility:	Website: http://www.kdheks.gov/hcf/ Phone: 1-785-296-3512
	KENTUCKY – Medicaid
	Website: http://chfs.ky.gov/dms/default.htm Phone: 1-800-635-2570
ARKANSAS – Medicaid	**LOUISIANA – Medicaid**
Website: http://myarhipp.com/ Phone: 1-855-MyARHIPP (855-692-7447)	Website: http://dhh.louisiana.gov/index.cfm/subhome/1/n/331 Phone: 1-888-695-2447
COLORADO – Health First Colorado (Colorado's Medicaid Program) & Child Health Plan Plus (CHP+)	**MAINE – Medicaid**
Health First Colorado Website: https://www.healthfirstcolorado.com/ Health First Colorado Member Contact Center: 1-800-221-3943/ State Relay 711 CHP+: Colorado.gov/HCPF/Child-Health-Plan-Plus CHP+ Customer Service: 1-800-359-1991/State Relay 711	Website: http://www.maine.gov/dhhs/ofi/public- assistance/index.html Phone: 1-800-442-6003, TTY: Maine relay 711
	MASSACHUSETTS – Medicaid and CHIP
	Website: http://www.mass.gov/eohhs/gov/departments/masshealth/ Phone: 1-800-862-4840
FLORIDA – Medicaid	**MINNESOTA – Medicaid**
Website: http://flmedicaidtplrecovery.com/hipp/ Phone: 1-877-357-3268	Website: https://mn.gov/dhs/people-we-serve/seniors/health-care/health-care-programs/programs-and-services/medical-assistance.jsp Phone: 1-800-657-3739
GEORGIA – Medicaid	**MISSOURI – Medicaid**
Website: http://dch.georgia.gov/medicaid Click on Health Insurance Premium Payment (HIPP) Phone: 404-656-4507	Website: http://www.dss.mo.gov/mhd/participants/pages/hipp.htm Phone: 573-751-2005
INDIANA – Medicaid	**MONTANA – Medicaid**
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: http://www.indianamedicaid.com	Website: http://dphhs.mt.gov/MontanaHealthcarePrograms/HIPP Phone: 1-800-694-3084

NEBRASKA – Medicaid	SOUTH CAROLINA – Medicaid
Website: http://www.ACCESSNebraska.ne.gov Phone: (855) 632-7633 Lincoln: (402) 473-7000 Omaha: (402) 595-1178	Website: https://www.scdhhs.gov Phone: 1-888-549-0820
NEVADA – Medicaid	**SOUTH DAKOTA - Medicaid**
Medicaid Website: https://dwss.nv.gov/ Medicaid Phone: 1-800-992-0900	Website: http://dss.sd.gov Phone: 1-888-828-0059
NEW HAMPSHIRE – Medicaid	**TEXAS – Medicaid**
Website: http://www.dhhs.nh.gov/oii/documents/hippapp.pdf Phone: 603-271-5218	Website: http://gethipptexas.com/ Phone: 1-800-440-0493
NEW JERSEY – Medicaid and CHIP	**UTAH – Medicaid and CHIP**
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	Medicaid Website: https://medicaid.utah.gov/ CHIP Website: http://health.utah.gov/chip Phone: 1-877-543-7669
NEW YORK – Medicaid	**VERMONT– Medicaid**
Website: https://www.health.ny.gov/health_care/medicaid/ Phone: 1-800-541-2831	Website: http://www.greenmountaincare.org/ Phone: 1-800-250-8427
NORTH CAROLINA – Medicaid	**VIRGINIA – Medicaid and CHIP**
Website: https://dma.ncdhhs.gov/ Phone: 919-855-4100	Medicaid Website: http://www.coverva.org/programs_premium_assistance.cfm Medicaid Phone: 1-800-432-5924 CHIP Website: http://www.coverva.org/programs_premium_assistance.cfm CHIP Phone: 1-855-242-8282
NORTH DAKOTA – Medicaid	
Website: http://www.nd.gov/dhs/services/medicalserv/medicaid/ Phone: 1-844-854-4825	
OKLAHOMA – Medicaid and CHIP	**WASHINGTON – Medicaid**
Website: http://www.insureoklahoma.org Phone: 1-888-365-3742	Website: http://www.hca.wa.gov/free-or-low-cost-health-care/program-administration/premium-payment-program Phone: 1-800-562-3022 ext. 15473
OREGON – Medicaid	**WEST VIRGINIA – Medicaid**
Website: http://healthcare.oregon.gov/Pages/index.aspx http://www.oregonhealthcare.gov/index-es.html Phone: 1-800-699-9075	Website: http://mywvhipp.com/ Toll-free phone: 1-855-MyWVHIPP (1-855-699-8447)
PENNSYLVANIA – Medicaid	**WISCONSIN – Medicaid and CHIP**
Website:http://www.dhs.pa.gov/provider/medicalassistance/healthinsurancepremiumpaymenthippprogram/index.htm Phone: 1-800-692-7462	Website: https://www.dhs.wisconsin.gov/publications/p1/p10095.pdf Phone: 1-800-362-3002
RHODE ISLAND – Medicaid	**WYOMING – Medicaid**
Website: http://www.eohhs.ri.gov/ Phone: 855-697-4347	Website: https://wyequalitycare.acs-inc.com/ Phone: 307-777-7531

To see if any other states have added a premium assistance program since August 10, 2017, 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 12/31/2019)

Important Notice from American Public University System 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 American Public University System 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. American Public University System has determined that the prescription drug coverage offered by the Highmark 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 American Public University System coverage will not be affected. In addition, your current coverage pays for other health expenses, in addition to prescription drugs, and you will still be eligible to receive all of your current health and prescription drug benefits if you choose to enroll in a Medicare prescription drug plan.

If you do decide to join a Medicare drug plan and drop your current American Public University System coverage, be aware that you and your dependents may not be able to get this coverage back.

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 American Public University System 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.

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 Client 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).

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