



CREATORS OF INCREDIBLE FUTURES

2026-2027

COTTEY COLLEGE

EMPLOYEE BENEFITS GUIDE



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BENEFIT TERMS DEFINED

Allowable charge — sometimes known as the allowed amount, maximum allowable or usual, customary and reasonable (UCR) charge, this is the dollar amount considered by a health insurance company to be a reasonable charge for medical services or supplies based on the rates in your area.

Benefit — the amount payable by the insurance company to a plan member for medical costs.

Benefit level — the maximum amount that a health insurance company has agreed to pay for a covered benefit.

Benefit year — the 12-month period for which health insurance benefits are calculated, not necessarily coinciding with the calendar year. Health insurance companies may update plan benefits and rates at the beginning of the benefit year.

Claim — a request by a plan member, or a plan member's health care provider, for the insurance company to pay for medical services.

Coinsurance — the amount you pay to share the cost of covered services after your deductible has been paid. The coinsurance rate is usually a percentage. For example, if the insurance company pays 80 percent of the claim, you pay 20 percent.

Coordination of benefits — a system used in group health plans to eliminate duplication of benefits when you are covered under more than one group plan. Benefits under the two plans usually are limited to no more than 100 percent of the claim.

Copayment — one of the ways you share in your medical costs. You pay a flat fee for certain medical expenses (e.g., \$10 for every visit to the doctor), while your insurance company pays the rest.

Deductible—the amount of money you must pay each year to cover eligible medical expenses before your insurance policy starts paying.

Dependent — any individual, either spouse or child, that is covered by the primary insured member's plan.

Drug formulary — a list of prescription medications covered by your plan.

Effective date — the date on which a policyholder's coverage begins.

Exclusion or limitation — any specific situation, condition, or treatment that a health insurance plan does not cover.

Explanation of benefits (EOB) — the health insurance company's written explanation of how a medical claim was paid. It contains detailed information about what the company paid and what portion of the costs you are responsible for.

Flexible spending account (FSA) - an employer-sponsored, tax-advantaged account that allows employees to set aside pre-tax income from paychecks to pay for qualified medical or dependent care expenses. Funds generally must be spent within the plan year. FSAs are owned by the employer, meaning funds usually do not follow you if you leave the job.

Group health insurance — a coverage plan offered by an employer or other organization that covers the individuals in that group and their dependents under a single policy.

Health savings account (HSA) — a personal savings account that allows participants to pay for medical expenses with pre-tax dollars. HSAs are designed to complement a special type of health insurance called an HSA-qualified high-deductible health plan (HDHP). HDHPs typically offer lower monthly premiums than traditional health plans. With an HSA-qualified HDHP, members can take the money they save on premiums and invest it in the HSA to pay for future qualified medical expenses.

BENEFIT TERMS DEFINED

In-network provider — a health care professional, hospital, or pharmacy that is part of a health plan's network of preferred providers. You will generally pay less for services received from in-network providers because they have negotiated a discount for their services in exchange for the insurance company sending more patients their way.

Individual health insurance — health insurance plans purchased by individuals to cover themselves and their families. Different from group plans, which are offered by employers to cover all of their employees.

Network — the group of doctors, hospitals, and other health care providers that insurance companies contract with to provide services at discounted rates. You will generally pay less for services received from providers in your network.

Out-of-network provider — a health care professional, hospital, or pharmacy that is not part of a health plan's network of preferred providers. You will generally pay more for services received from out-of-network providers.

Out-of-pocket maximum — the most money you will pay during a year for coverage. It includes deductibles, copayments, and coinsurance, but is in addition to your regular premiums. Beyond this amount, the insurance company will pay all expenses for the remainder of the year.

Payer — the health insurance company whose plan pays to help cover the cost of your care. Also known as a carrier.

Pre-existing condition — a health problem that has been diagnosed, or for which you have been treated, before buying a health insurance plan.

Preferred provider organization (PPO) — a health insurance plan that offers greater freedom of choice than HMO (health maintenance organization) plans. Members of PPOs are free to receive care from both in-network or out-of-network (non-preferred) providers but will receive the highest level of benefits when they use providers inside the network.

Premium — the amount you or your employer pays each month in exchange for insurance coverage.

Provider — any person (i.e., doctor, nurse, dentist) or institution (i.e., hospital or clinic) that provides medical care.

Third-party administrator (TPA) - A company, often licensed by the state, that handles the "back-office" services of a health plan, such as enrollment, claims administration, premium billing, and utilization review.

Utilization review - a structured evaluation process used by payers and providers to ensure medical services are necessary, appropriate, and efficient. It assesses the quality, cost-effectiveness, and medical necessity of care—before, during, or after treatment—to align patient care with evidence-based standards

Waiting period — the period of time that an employer makes a new employee wait before he or she becomes eligible for coverage under the company's health plan.

BENEFITS DESIGNED TO SUPPORT YOU

At Cottey College, we know our dedicated employees—YOU—are key to our overall success. Offering a comprehensive benefits package is an important part of your overall compensation. Each year we review our benefits package to ensure that we are providing you and your family with quality plan options at an affordable cost.

This Benefits Guide is designed to help you:

1. Better understand the benefits we offer so that you can choose the plans that are right for you and your family.
2. Know what to expect when you use your benefits (i.e., what your plan covers, how much you will pay, etc.).

Please take time to carefully review your plan options and be sure to share this guide with your family members if they are or will be covered by any of the plans.

ELIGIBILITY

You are eligible to enroll in the Cottey College benefits if you are a full-time employee working at least 30 hours per week. Your benefits are effective your date of hire.

Covering Your Family Members

Many of the plans offer coverage for your eligible family members, including:

- Your spouse.
- Your children to age 26, regardless of student, marital, or tax-dependent status (including a stepchild, legally-adopted child, a child placed with you for adoption, or a child for whom you are the legal guardian).
- Your dependent children of any age who are physically or mentally unable to care for themselves.

Your benefits begin on your date of hire.



ENROLLING AND MAKING CHANGES

When to Sign Up for Benefits

New Employees

As a new employee, you must enroll in benefits within 30 days of your date of hire. If you do not enroll within 30 days, you will need to wait until the next open enrollment period to enroll.

Current Employees

Open enrollment is the only time during the year that you can change your benefits unless you experience a qualifying life event. During the open enrollment period, you can newly-enroll in coverage or make changes to your current elections.

If you wish to contribute pre-tax dollars to a flexible spending account in 2026, you must make a new election during open enrollment. FSA elections do not carry over from year to year.

At Cottey College, open enrollment is normally held in May. Any changes you make during open enrollment become effective July 1.

Enroll Online

Benefits enrollment is completed online through the Employee Navigator benefits enrollment portal. The enrollment is passive, so only employees who elect an HSA or FSA, or want to make changes to other plans, will need to login to enroll.

Enrollment website: <http://gibson.employeenavigator.com> Company ID: **Cottey**

Instructions: https://issuu.com/docs/b0fedd8451cfc5145192efc2238e5e72?fr=xIAEoAT3_MzMz

To complete your enrollment, you will need:

- Dates of birth and social security numbers for yourself as well as any family members you are enrolling.
- Proof of eligibility for your spouse and dependent children (e.g., marriage license, birth certificate).

Changing Your Benefits During the Year

As stated above, you cannot change your benefits during the year unless you experience a qualifying life event. The most common qualifying life events are:

- Marriage, legal separation, or divorce.
- Birth of a child (including adoption).
- Loss of other coverage (e.g., child turns 26 and loses coverage through parent's plan).

There are other, less common life events that allow you to change your benefits. Please visit <https://www.healthcare.gov/glossary/qualifying-life-event/> for a complete list of qualifying life events.

To request a benefits change, notify human resources within 30 days of the qualifying life event. Change requests submitted after 30 days cannot be accepted. Please note: You may need to provide proof of the event, such as a marriage certificate or record of birth.

CONTRIBUTIONS

MEDICAL

| Employee Monthly Premium | Base Plan | Buy-Up Plan | Preferred HSA Plan |
|--------------------------|-----------|-------------|--------------------|
| Employee Only | \$75.00 | \$150.00 | \$0 |
| Employee + Spouse | \$642.44 | \$700.49 | \$391.80 |
| Employee + Children | \$509.86 | \$562.34 | \$283.09 |
| Employee + Family | \$740.04 | \$802.14 | \$471.83 |

DENTAL

| Employee Monthly Premium | Dental Plan |
|--------------------------|-------------|
| Employee | \$0 |
| Employee + spouse | \$61.59 |
| Employee + child(ren) | \$72.27 |
| Employee + family | \$108.91 |

VISION

| Employee Monthly Premium | Vision Plan |
|--------------------------|-------------|
| Employee | \$0 |
| Employee + spouse | \$11.77 |
| Employee + child(ren) | \$13.87 |
| Employee + family | \$21.25 |

Cost information for the supplemental life, critical illness, accident, and hospital insurance plans is included in the enrollment portal.

MEDICAL

Cottey College offers three medical insurance plans through Auxiant. Please take the time to understand the features and differences of each plan so that you choose the coverage that is best for you and your family.

Choosing a Medical Plan

As you review your plan options, it may be helpful to consider the following questions:

- What is the cost to enroll in the plan? This is the amount you pay out of your paycheck.
- How much will you pay out of your pocket when you see your doctor or need other health care services?
- Do you prefer to pay more out of your paycheck each week, but less when you need health care? Or do you prefer to pay less out of your paycheck each week, but more when you need health care?
- Who are you covering, and what are their current medical needs, including prescription drugs taken regularly?



**What is the cost to enroll?
How much will I pay?
Who am I covering?**

MEDICAL



You will pay less out of your pocket when you choose a network provider. Locate a network provider at www.aetna.com. Select the **ASA** network.

The table below summarizes the key features of the medical plans. The coinsurance amounts listed reflect the amount you pay for services. Please refer to the official plan documents for additional information on coverage and exclusions.

| Summary of Covered Benefits | PPO Base Plan | | PPO Buy-Up Plan | |
|---------------------------------------|-------------------|------------------------|-------------------|------------------------|
| | IN-NETWORK | OUT-OF-NETWORK | IN-NETWORK | OUT-OF-NETWORK |
| Deductible (Individual/Family) | \$1,500/ \$3,000 | \$3,000/ \$6,000 | \$750/ \$1,500 | \$1,500/ \$3,000 |
| Coinsurance (You pay) | 20% | 40% | 20% | 40% |
| Out-of-Pocket Max (Individual/Family) | \$3,500/ \$7,000 | \$7,000/\$14,000 | \$2,000/ \$4,000 | \$4,000/ \$8,000 |
| Preventive Care | Covered in full | 40% after Ded. | Covered in full | 40% after Ded. |
| Physician Services | | | | |
| Primary Care Physician | \$35 Copay | 40% after Ded. | \$30 Copay | 40% after Ded. |
| Specialist | \$35 Copay | 40% after Ded. | \$30 Copay | 40% after Ded. |
| Urgent Care | \$35 Copay | 40% after Ded. | \$30 Copay | 40% after Ded. |
| Lab/X-Ray | | | | |
| Diagnostic Lab/X-Ray | 20% after Ded. | 40% after Ded. | 20% after Ded. | 40% after Ded. |
| High-Tech Services (MRI, CT, PET) | 20% after Ded. | 40% after Ded. | 20% after Ded. | 40% after Ded. |
| Hospital Services | | | | |
| Inpatient | 20% after Ded. | 40% after Ded. | 20% after Ded. | 40% after Ded. |
| Outpatient | 20% after Ded. | 40% after Ded. | 20% after Ded. | 40% after Ded. |
| Emergency Room | \$200 Copay + 20% | 40% after Ded. | \$200 Copay + 20% | 40% after Ded. |
| Prescription Drugs | | | | |
| Generic | \$12 Copay | \$12 Copay + 50% | \$12 Copay | \$12 Copay + 50% |
| Preferred Brand | \$35 Copay | \$35 Copay + 50% | \$35 Copay | \$35 Copay + 50% |
| Non-Preferred Brand | \$60 Copay | \$60 Copay + 50% | \$60 Copay | \$60 Copay + 50% |
| Specialty | \$200 Copay | \$200 Copay + 50% | \$200 Copay | \$200 Copay + 50% |
| Mail Order (Up to a 90-Day Supply) | \$36/\$105/\$180 | \$36/\$105/\$180 + 50% | \$36/\$105/\$180 | \$36/\$105/\$180 + 50% |

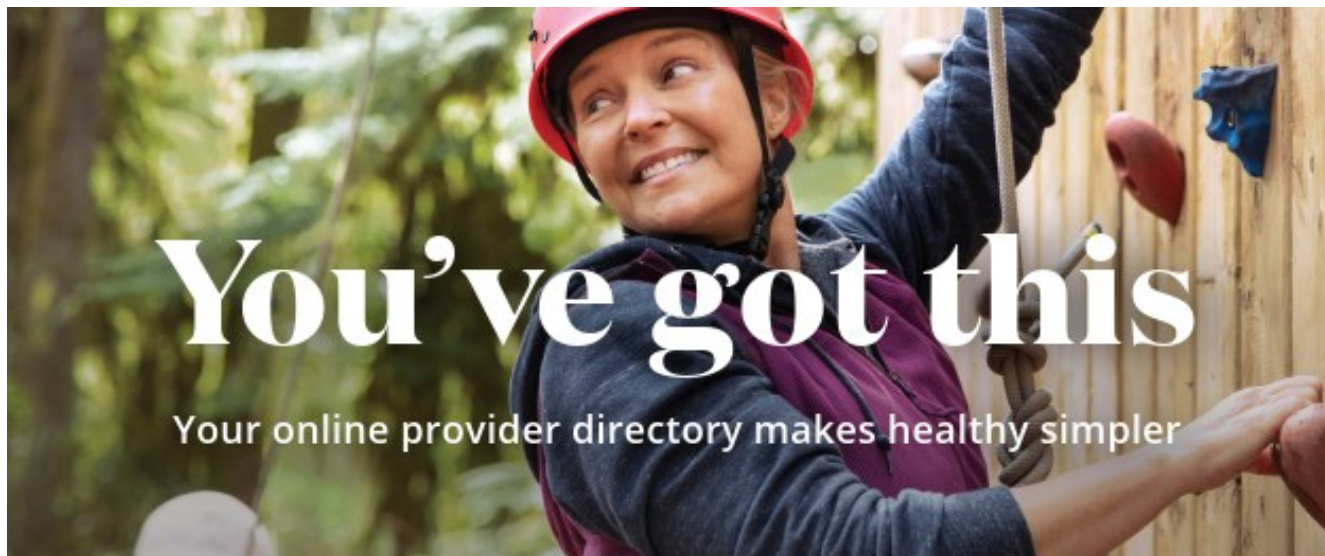
MEDICAL



You will pay less out of your pocket when you choose a network provider. Locate a network provider at www.aetna.com. Select the **ASA** network.

The table below summarizes the key features of the medical High-Deductible Health (HDHP) plan. The coinsurance amounts listed reflect the amount you pay for services. Please refer to the official plan documents for additional information on coverage and exclusions.

| Summary of Covered Benefits | Preferred 3,400 High Deductible – HSA Eligible Plan | |
|---------------------------------------|---|-----------------------------------|
| | IN-NETWORK | OUT-OF-NETWORK |
| Deductible (Individual/Family) | \$3,400 / \$6,800 | \$6,800/ \$13,400 |
| Coinsurance (You pay) | 20% | 40% |
| Out-of-Pocket Max (Individual/Family) | \$5,000/ \$10,000 | \$10,000/ \$20,000 |
| Preventive Care | Covered in full | 40% after Ded. |
| Physician Services | | |
| Primary Care Physician | \$60 Copay after Ded. | 40% after Ded. |
| Specialist | \$60 Copay after Ded. | 40% after Ded. |
| Urgent Care | \$60 Copay after Ded. | 40% after Ded. |
| Lab/X-Ray | | |
| Diagnostic Lab/X-Ray | 20% after Ded. | 40% after Ded. |
| High-Tech Services (MRI, CT, PET) | 20% after Ded. | 40% after Ded. |
| Hospital Services | | |
| Inpatient | 20% after Ded. | 40% after Ded. |
| Outpatient | 20% after Ded. | 40% after Ded. |
| Emergency Room | 20% after Ded. | 40% after Ded. |
| Prescription Drugs | | |
| Generic | \$12 Copay after Ded. | \$12 Copay + 50% after Ded. |
| Preferred Brand | \$35 Copay after Ded. | \$35 Copay + 50% after Ded. |
| Non-Preferred Brand | \$60 Copay after Ded. | \$60 Copay + 50% after Ded. |
| Specialty | \$200 Copay after Ded. | \$200 Copay + 50% after Ded. |
| Mail Order (Up to a 90-Day Supply) | \$36/\$105/\$180 after Ded. | \$36/\$105/\$180 + 50% after Ded. |



Finding a doctor or other health care professional is an important part of staying healthy. Our online directory helps make it simpler. It offers you up-to-date information about providers — and it's available online, anytime.

Provider details

To visit our online directory, simply go to aetna.com/asa. Begin searching for a doctor using your location — ZIP, city, county or state. You can use either the general or category search to see provider details that typically include:

- Board certification
- Hospital affiliation
- Medical school/year of graduation
- Gender
- Website address (if available)
- Specialties
- Languages spoken

You can also see additional provider information that can include: participation information*, other office locations, whether they're accepting new patients, maps, driving directions and more.

Additional features

You'll be able to find specialty care, too. Like a list of transplant facilities or pediatric congenital heart surgery facilities that are part of our Institutes of Excellence™ network.

Narrowing your search

Want to refine your search even further? Multiple options are available. You can easily:

- Filter by provider characteristics — such as:
 - Specialty
 - Languages spoken
 - Gender
 - Board certification
 - Hospital affiliation
 - Accepting new patients
 - Performance — such as Aexcel** providers or Institutes of Excellence and Institutes of Quality® facilities
- Expand or reduce the geographic radius of your results
- Sort by best matched or distance
- View a map to see the locations of results and get driving directions
- Print results

If you wish to view additional information about providers, detail pages are available (on selected providers).

**Aetna Signature
Administrators®**

aetna.com/asa



Welcome Employees of Cottey College!

We would like to take this opportunity to welcome you to Auxiant. We are your new Third Party Administrator (TPA) effective July 1, 2026. In this letter, we will address questions that are commonly asked when changing insurance companies or third-party administrator.

What is a Third-Party Administrator (TPA)?

A TPA is the entity (such as Auxiant) contracted to set up and provide administration to the health plan, such as Cottey College. A TPA is not an insurance company. Auxiant's primary role is to process and pay claims (funded by the group and stop loss insurance) as instructed to by the group via the Plan Document, which outlines all medical benefits.

What do I need to know about my new ID cards?

New ID cards will be provided as soon as possible after Open Enrollment and will identify all information needed on the network providers, pharmacy benefits information, claim flow and contact information.

Important Note:

Present your new ID card to all your providers. All providers include the pharmacy, physicians/clinics and hospitals. Use of the new Auxiant ID card will ensure prompt claims payment when going to a medical or pharmacy provider.

How do I find healthcare providers in the Network?

Your plan has partnered with Aetna Signature Administrators (ASA). This partnership will give you access to a network of doctors and facilities with great savings. You can get the most out of your benefits by using providers that belong to the Aetna ASA network. Providers that belong to the Aetna ASA network have agreed to provide a discounted fee making your benefits go further.

It is very easy to find an Aetna ASA network provider by using the online provider directory at www.aetna.com/asa. The online directory includes the most detailed provider information available.

Important Note:

It is very important that you verify prior to any scheduled visit that your professional providers are in the network.

Where can I go to get my prescription filled?

TrueRx will be managing your prescription benefits. Please be sure to present the new Auxiant ID card to your pharmacist. To find a retail pharmacy in your area please call TrueRx at 866-921-4047 or visit them on the web at <https://www.rxsense.com/networksearch>.

Present your new ID card to all your providers. All providers include the pharmacy, physicians/clinics and hospitals. Use of the new Auxiant ID card will ensure prompt claims payment when going to a medical or pharmacy provider.



What happens to my claims incurred prior to July 1, 2026, that have not been processed yet?

If you have any outstanding medical bills with dates of service prior to July 1, 2026, those will continue to be processed by your current insurance company. Claims incurred starting July 1, 2026, will be processed by Auxiant.

Present your new ID card to all your providers. All providers include the pharmacy, physicians/clinics and hospitals. Use of the new Auxiant ID card will ensure prompt claims payment when going to a medical or pharmacy provider.

Who do I call to pre-certify my hospital stay?

Admission Notification is required for inpatient hospitalizations. For pre-certification call the number on the back of your ID card. It is recommended that you or your doctor call at least 48 hours in advance of a scheduled Inpatient Hospitalization or within 48 hours or the first business day following an emergency admission.

How can I contact Auxiant?

Auxiant can be reached by phone at 800.475.2232 or online at www.auxiant.com. You will have access to your claim and benefit information via our website.

We look forward to servicing you in the future; please contact us at any time.

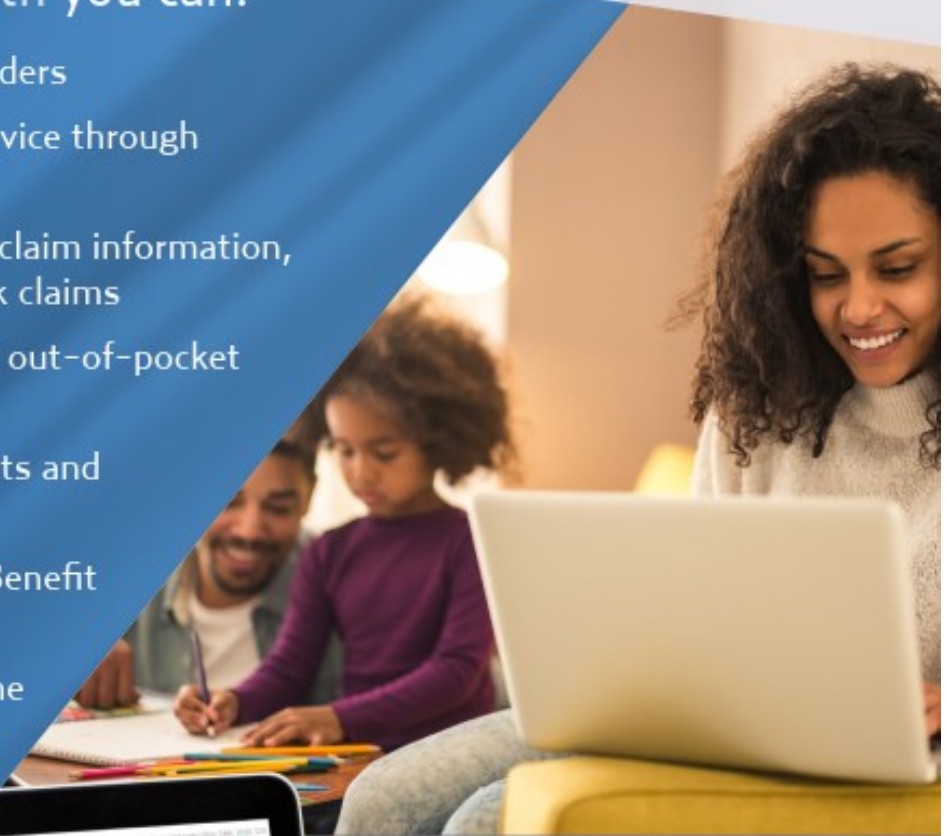
AUXIANT ONLINE

Auxiant®

VISIT US ON THE WEB
auxiant.com

With AuxiantHealth you can:

- Link to network providers
- Contact customer service through Auxiant Live Chat
- View enrollment and claim information, print EOB's, and track claims
- View deductibles and out-of-pocket amounts
- Access plan documents and amendments
- Link to Prescription Benefit Manager
- Get information on the go via our mobile app



At Auxiant.com you have 24/7 access to your personal health care account information

Questions? Contact Auxiant at **1.800.279.6772**



Live chat with Auxiant customer service, click Online Chat to begin

Auxiant®

AUXIANT MOBILE APP

Auxiant Mobile App

AUXIANT MOBILE APPLICATION

Features and Benefits:

- Claim tracking with real time notification
- Electronic or printable ID cards
- Live Chat with Customer Service
- Access to enrollment, claims, benefits and benefit accumulators
- Links to PPO networks, PBM and other plan vendors
- Flexible spending and/or Health Reimbursement balances if administered through Auxiant



Visit the app store and download our mobile app today!



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Auxiant[®]

Independent Solutions > Real Results

WHERE TO GO WHEN YOU NEED CARE

Know where to go for your health care.

Where you go for medical services can make a big difference in how much you pay and how long you wait to see a health care provider. Use the chart below to help you choose where to go for care.

| Medical Services | Cost | Wait Time | Appropriate For |
|---------------------|-------------------|-------------------|---|
| Emergency Room | Highest \$\$\$ | Longest | Serious, life-threatening conditions and issues requiring immediate attention |
| Urgent Care | Medium \$\$ | Moderate | Non-life-threatening but urgent situations |
| Telemedicine | Lower \$ | Shortest | Non-emergency conditions like allergies, flu, rash, or pink eye |
| Doctor's Office/PCP | Variable \$ | Appointment based | Preventive care, routine check-ups, managing chronic conditions |

Save money and time by choosing the right place to go for your health care.



PREVENTIVE CARE

The Cottey College medical plans pay 100% of the cost of preventive care when it is provided by a network provider. Preventive care helps detect or prevent serious diseases and medical problems before they can become major.

Examples of preventive health services:

- Annual check-up (1 per year).
- Flu shot (1 per year)
- Mammogram (1 per calendar year, usually after age 40).
- Colonoscopy (1 per 10 years, usually after age 50).
- Vaccinations.

Top 5 reasons to prioritize preventive care:

- 1. Early detection:** Preventive care allows for the early detection of health issues before they become serious. Regular screenings can identify diseases like cancer, diabetes, and heart disease in their early stages when they are more manageable, and treatment outcomes are often more successful.
- 2. Better health outcomes:** With routine preventive care, you are likely to experience better overall health outcomes. Regular check-ups can help maintain good health and prevent the onset of chronic diseases.
- 3. Cost savings:** Preventive care can save you money in the long run. By catching health issues early, you can avoid the high costs associated with treating advanced diseases. It's often less expensive to prevent a disease than to treat it.
- 4. Improved quality of life:** Regular preventive care can contribute to an improved quality of life. By maintaining good health and preventing disease, you can enjoy life more fully with less interruption due to illness.
- 5. Increased lifespan:** Preventive care can lead to a longer, healthier life. By focusing on prevention, you can reduce the risk of premature death from preventable diseases.



Staying up to date on preventive care can save you money and help keep you feeling your best.

SHARx ADVOCATES

What is SHARx?

Your employer has elected to provide access to a prescription advocacy program through SHARx for members enrolled in your company's health plan. SHARx supports employees and their families by providing affordable solutions for high-cost and specialty medications.

As part of this program, SHARx works directly with members to navigate the complexities of prescription drug access. Our role is to streamline the process of obtaining your medications quickly through various sourcing solutions. Our team works to ensure timely and seamless access to necessary treatments.



Who is Eligible?

Your medication may no longer be covered, and you will need to work with SHARx for assistance. If you have been identified as having a high-cost or specialty medication, you will receive a welcome email from SHARx with next steps. If you have any questions, call us at 314.451.3555, option 1.

What is a High-Cost Medication?

A high-cost medication is a prescription drug that is significantly more expensive than standard medications. These can include specialty medications for complex or chronic conditions, brand-name drugs without generic alternatives, biologics, and limited distribution drugs available only through specific pharmacies.

What is a Specialty Medication?

A specialty medication is a prescription drug used to treat complex, chronic, or rare conditions. Specialty drugs are typically high-cost, may have limited distribution through specialty pharmacies, and often require prior authorization or additional patient support services.

SHARx ADVOCATES

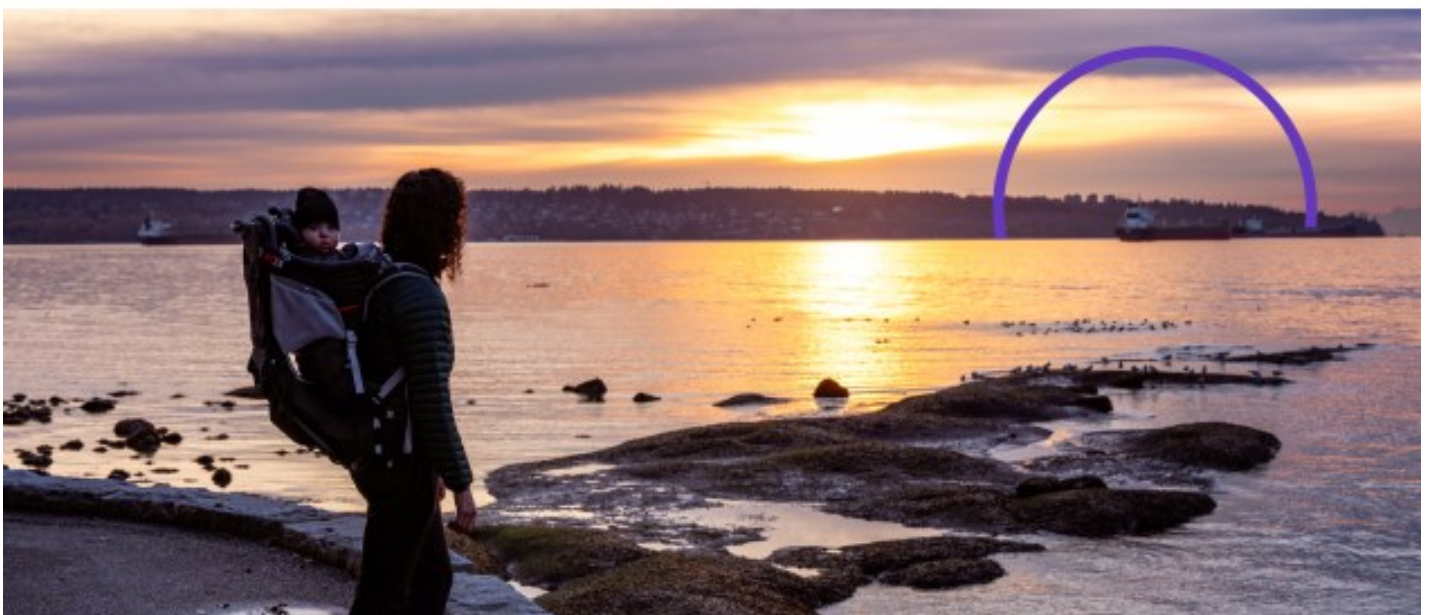


What are the Costs?

The SHARx program is fully employer-funded, meaning there is no cost to you or your family while enrolled in your employer's health plan. While many medications obtained through the program are available at minimal to no cost, some prescriptions may require a co-pay or out-of-pocket expense. However, these costs are typically significantly lower than current prescription expenses.

What Can I Expect?

Our team of advocates will be in touch to guide and support you through the SHARx process. They will work to find the best sourcing solution for you. To avoid delays, please be sure to respond to our messages. While SHARx handles most of the work, your assistance may be needed to complete the process.

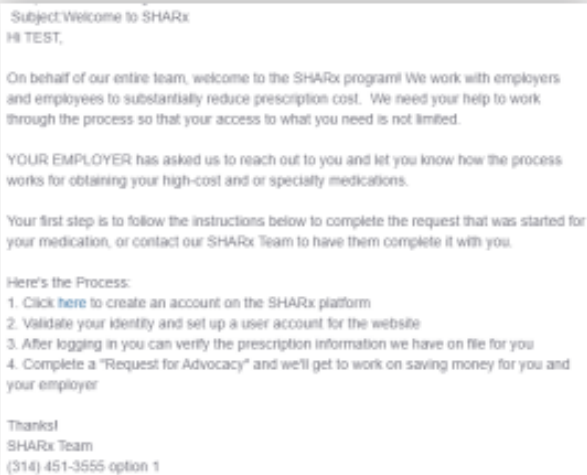


SHARx ADVOCATES



Understanding Your SHARx Advocacy Process

- 1** Once SHARx is notified of the attempted fill of your medication, your SHARx Advocacy Journey will begin.
- 2** Our team of advocates will be in touch to guide you and support you through the SHARx process!
 - Be on the lookout for communication via text, email, or phone calls



- 3** Set up your SHARx Account
 - Log In to the SHARx portal to set up your account
 - Verify contact information
 - Complete HIPAA allowing SHARx to assist

- 4** SHARx will work to determine the best sourcing solution for you.

To prevent delays, maintain communication with your advocate via the **portal, phone, or email** and promptly provide requested documents like **ID, proof of income, insurance, and physician contact information.**

Regularly check your SHARx accounts for updates and action items.

IF AT ANY POINT IN THE PROCESS YOU HAVE QUESTIONS OR CONCERNS PLEASE CONTACT OUR TEAM AT 314-451-3555 OPTION 1.

Turning Pharmacy Investments into *Healthier Employees*



Experience a New Choice in *Pharmacy Benefits*

At True Rx Health Strategists, we believe the future of health care is patient-centered, and we're here to make it a reality. Frustrated by an industry that prioritizes profits over people, we've created a new category of pharmacy benefits management: **Health Strategists**.

We offer personalized care, clear pricing, and clinical programs that help keep employees healthy while employers save.



Privately Held by Generational Pharmacists

Privately held by generational pharmacists, we prioritize patients over profits, ensuring your employees' health comes first.



Patient-Centric Approach

Our patient-centric approach means we listen and understand each patient's health story, tailoring solutions to their unique needs.



High-Touch Clinical Support

With high-touch clinician support, our 1:10 clinician-to-employee ratio ensures personalized care and timely guidance, helping your employees better manage their health and make informed medication decisions.

It's time for a new kind of health care: *one that works for everyone.*

FAQ for Patients

True Rx Health Strategists is launching True Rx+, an enhanced patient mobile app and portal that will replace the current app and portal. This program FAQ answers common questions with four main sections: general information, outcomes and benefits, the patient experience, and additional support and resources.

General Information

Q: What is True Rx+?

A: True Rx+ is a new enhanced mobile app and portal designed to deliver the True Experience. True Rx+ makes it easier than ever for you to stay informed, save money, and get the expert support you need right when you need it.

Q: Why are we launching True Rx+?

A: True Rx+ includes additional features that support a best-in-class patient experience.

Outcomes and Benefits

Q: What features are included?

A: True Rx+ includes:

- Personalized savings alerts
- Real-time prior authorization tracking
- Live two-way chat with an in-house True Rx Health Strategist
- Real-time medication price checker
- GPS-enabled pharmacy locator
- View benefits and claim history
- Refill reminders
- And more!

The Patient Experience

Q: Will True Rx+ cost me anything?

A: No, True Rx+ is completely free to use.

Q: How do I get True Rx+?

A: Simply search True Rx+ in your app store or go to member.myplantruerx.com to register.

Q: Can my family members share a True Rx+ account?

A: Dependents over 13 years of age will need to create their own account.

Q: When savings are available in the Savings Center will there be a pop-up notification within the app?

A: Yes, there will be a notification within the True Rx+ app as well as a push notification to your phone.

Support and Resources

Q: Need True Rx+ app help?

A: Visit truerx.com/members/true-rx-mobile-app for additional resources.

Q: Have questions about your benefits?

A: You can contact a Health Strategist through the True Rx+ app or portal using two-way chat or call us at 866-921-4047.



Say *hello* to True Rx+, an Enhanced App and Portal

True Rx+ is more than just a pharmacy app. It's your personalized digital pharmacy experience designed to help you stay informed, save money, and get support when you need it the most.

What You Can Do With True Rx+



View your insurance card and plan details



See your active prescriptions, deductible, and out-of-pocket status



Compare medication prices at local pharmacies



Track prior authorizations in real time



Set refill reminders



Chat with a live True Rx Health Strategist

Download True Rx+ *today!*



HEALTH SAVINGS ACCOUNT

An HSA is a tax-advantaged account that can be used to pay for [qualified medical expenses](#), including copays, prescriptions, dental care, contacts and eyeglasses, bandages, X-rays, and a lot more. It's "tax-advantaged" because your contributions reduce your taxable income, and the money isn't taxed while it's in the account—even if it earns interest or investment returns. Bonus: If you use your HSA funds for qualified medical expenses, you won't owe taxes when you take money out of the account. These 3 reasons are why HSAs are considered "[triple-tax advantaged](#)."¹

HSA Eligibility

From https://www.irs.gov/publications/p969#en_US_2025_publink1000204025:

To be an eligible individual and qualify for an HSA contribution, you must meet the following requirements:

- You are covered under a [high-deductible health plan \(HDHP\)](#) on the first day of the month.
- You have no other health coverage except what is permitted under [Other health coverage](#).
- You aren't enrolled in Medicare.
- You can't be claimed as a dependent on someone else's 2025 tax return.

If you enroll in the Cottey College HDHP, you may be eligible to open and fund a health savings account (HSA) through the bank of your choice or our **preferred HSA bank, Fidelity**.

If you'd like to open your account with Fidelity, visit <https://www.fidelity.com/go/hsa/why-hsa> - when you get there, click "Open an Account" at the top right-hand side of the page.

Cottey College Annual HSA Contribution

If you enroll in the Cottey College HDHP (Preferred HSA Plan), Cottey College will help you save by contributing to your account. **NOTE: This is not guaranteed after this plan year.**

- Employee-only: **\$600 + dollar-for-dollar match to an additional \$600**
- All other coverage levels: **\$900 + dollar-for-dollar match to an additional \$900**

The annual amounts are divided by the number of paychecks and deposited to your HSA account each paycheck cycle. These amounts are prorated if your employment is terminated for any reason.

2026 IRS HSA Contribution Limits

Contributions to an HSA cannot exceed the IRS allowed annual maximums. **(includes both employee and employer contributions).**

- Employee-only: **\$4,400**
- All other coverage levels: **\$8,750**

If you are age 55+ by December 31, 2026, you may contribute an additional \$1,000.

Maximize your savings!

- Money you put into your HSA is not taxed.
- Tax-free spending when HSA funds are used to pay for eligible health care expenses.
- HSA contributions grow tax free, which means you don't pay taxes on the interest or investment earnings.
- HSA funds roll over from year to year (no use it or lose it policy).
- The money you put into your HSA is yours to keep—even if you change plans or jobs in the future.
- After you reach age 65, your HSA dollars can be spent without penalty on any expense, but they would be subject to typical income taxes.

1. With respect to federal taxation only. Contributions, investment earnings, and distributions may or may not be subject to state taxation.

FLEXIBLE SPENDING ACCOUNTS



Cottey College offers three flexible spending account (FSA) options through Lively. The money you put into an FSA is deducted from your paycheck before taxes are taken out, meaning you pay less in taxes because your taxable income is lower.

Plan carefully!

Any funds left in the account after the plan year grace period will be forfeited. Thus, while an FSA can save you money on taxes and health care and dependent care costs, it's important to not contribute more than you think you'll spend on eligible expenses in a single year.

Total amount for the year is available on July 1, 2026.

FSA Plan Options:

| Description | Qualified Expenses | 2026 Contribution Limits |
|--|--|--|
| Healthcare Flexible Spending Account | | |
| Covers eligible medical, dental and vision expenses not covered by insurance | <ul style="list-style-type: none">• Copayments• Deductibles• Prescriptions | \$3,400 |
| Dependent Care Flexible Spending Account | | |
| Covers eligible childcare or adult care expenses for qualifying dependents | <ul style="list-style-type: none">• Daycare• Preschool• Summer Camps• Adult Day Care Services | \$7,500 for individuals or married couples filing jointly \$3,750 for married individuals filing separately |

Dependent care flexible spending account (DCFSA) - Eligible Dependents

- Children under 13 years of age;
- A child over 13, a spouse, or an elderly parent residing in your house who is physically or mentally unable to care for himself or herself.

Important Note:

IRS regulations prohibit individuals from having a Health Savings Account (HSA) and a Flexible Spending Account (FSA).

DENTAL



Cotley College offers dental insurance through Mutual of Omaha. This plan includes in- and out-of-network benefits, which means you can choose any dentist that you would like. However, you will pay less out of your pocket when you choose a Mutual of Omaha network dentist. Locate an in-network dentist at <https://www.mutualofomaha.com/dental>.

The table below summarizes the key features of the dental plan. The coinsurance amounts listed reflect the amount you pay for services. Please refer to the official plan documents for additional information on coverage and exclusions.

| Type of Service | In Network | Out of Network |
|---|-----------------|-----------------|
| Calendar Year Deductible | | |
| Single | \$50 | \$50 |
| Family | \$150 | \$150 |
| Annual Dental Maximum per Person | | |
| | \$1,500 | \$1,500 |
| Preventive Services | | |
| <ul style="list-style-type: none"> Oral exams, cleanings – 2 per 12 months Bitewing x-rays – 4 per 12 months Fluoride treatment – 1 per 12 months, dependent children to age 16 | Covered in full | Covered in full |
| Basic Services | | |
| <ul style="list-style-type: none"> Full-mouth x-rays – 1 per 36 months Sealants – dependent children to age 16 Space maintainers – dependent children to age 14 Stainless steel crowns – dependent children to age 16 Emergency palliative treatment Fillings | 20% | 20% |
| Major Services | | |
| <ul style="list-style-type: none"> Extractions – simple and surgical Oral surgery Crowns, bridges, dentures | 50% | 50% |
| Orthodontia | | |
| Children to Age 19 | 50% | 50% |
| Harmful Habit Appliances | | |
| Lifetime Max per Individual | \$1,000 | \$1,000 |
| Employee Monthly Premium | | |
| Employee | \$0 | |
| Employee + spouse | \$61.59 | |
| Employee + child(ren) | \$72.27 | |
| Employee + family | \$108.91 | |

VISION



Cotley College offers vision insurance through Mutual of Omaha. This plan allows you to choose any eye care provider. However, you will maximize the plan benefits when you choose a network provider. Locate a network provider at <https://eyedoclocator.eyemedvisioncare.com/member/en-us>. Select the **Insight** Network.

The table below summarizes the key features of the vision plan. Please refer to the official plan documents for additional information on coverage and exclusions.

| Vision Benefits | | In-Network Cost | Out-of-Network Reimbursement |
|--------------------------|--|-------------------------------------|--|
| Well Vision Exam | <ul style="list-style-type: none"> • One every 12 months | \$10 copay | Up to \$37 |
| Materials | | \$25 copay | See below |
| Frames | <ul style="list-style-type: none"> • \$150 allowance + 20% off amount over your allowance • One set every 12 months | Included in materials copay | See below |
| Lenses | <ul style="list-style-type: none"> • Single vision • Bifocal • Trifocal • Lenticular • One set every 12 months | Included in materials copay | Up to \$20 Up to \$36 Up to \$64 Up to \$64 |
| Lens Enhancements | <ul style="list-style-type: none"> • Standard progressive lenses • Premium progressive lenses • Custom progressive lenses • Discount off other lens enhancements | \$65 copay \$85-120 Up to 20% | Up to \$36 Up to \$36 Not covered |
| Contacts | <ul style="list-style-type: none"> • Contact lens exam (fitting and evaluation) • Medically necessary (paid in full) • Conventional (\$150 allowance + 15% discount) • Disposable (\$150 allowance) • One set every 12 months | \$0 copay \$0 copay \$0 copay | Up to \$210 Up to \$102 Up to \$120 |

| Employee Monthly Premium | |
|--------------------------|---------|
| Employee | \$0 |
| Employee + spouse | \$11.77 |
| Employee + child(ren) | \$13.87 |
| Employee + family | \$21.25 |

EMPLOYEE
ASSISTANCE
PROGRAM

Available Services When You Need Help the Most



Life isn't always easy. Sometimes a personal or professional issue can affect your work, health and general well-being. During these tough times, it's important to have someone to talk with to let you know you're not alone.

With Mutual of Omaha's Employee Assistance Program, you can get the help you need so you spend less time worrying about the challenges in your life and can get back to being the productive worker your employer counts on to get the job done.

Learn more about the Employee Assistance Program services available to you.

We are here for you

Visit the Employee Assistance Program website to view timely articles and resources on a variety of financial, well-being, behavioral and mental health topics.

mutualofomaha.com/eap
or call us: 1-800-316-2796

Enhanced EAP Services

| Features | Value to Company and Employees |
|--|---|
| Employee Family Clinical Services | <ul style="list-style-type: none"> An in-house team of Master's level EAP professionals who are available 24/7/365 to provide individual assessments Outstanding customer service from a team dedicated to ongoing training and education in employee assistance matters Access to subject matter experts in the field of EAP service delivery |
| Counseling Options | <ul style="list-style-type: none"> Three sessions per year (per household) conducted by face-to-face* counseling or telehealth (text, chat, phone or video) via a secure, HIPAA compliant portal |

EMPLOYEE ASSISTANCE PROGRAM



| Features | Value to Company and Employees |
|---|---|
| Exclusive Provider Network | <ul style="list-style-type: none"> National network of more than 10,000 licensed clinical providers for face-to-face counseling National network of more than 30,000 licensed clinical providers for telehealth counseling Network continually expanding to meet customer needs Flexibility to meet individual client/member needs |
| Access | <ul style="list-style-type: none"> 1-800 hotline with direct access to a Master's level EAP professional 24/7/365 services available Telephone support available in more than 120 languages Online submission form available for EAP service requests EAP professionals will help members develop a plan and identify resources to meet their individual needs |
| Employee Family Legal Services | <ul style="list-style-type: none"> Valuable resources — legal libraries, tools and forms — available on EAP website A counseling session may be substituted for one legal consultation (up to 30 minutes) with an attorney 25% discount for ongoing legal services for same issue |
| Employee Family Financial Services | <ul style="list-style-type: none"> Inclusive financial platform powered by Enrich that includes financial assessment tools, personalized courses, articles and resources, and ongoing progress reports to help members monitor their financial health A counseling session may be substituted for one financial consultation (up to 30 minutes) with an attorney |
| Employee Family Work/Life Services | <ul style="list-style-type: none"> Child care resources and referrals Elder care resources and referrals |
| Online Services | <ul style="list-style-type: none"> An inclusive website with resources and links for additional assistance, including: <ul style="list-style-type: none"> Current events and resources Family and relationships Emotional well-being Financial wellness Substance abuse and addiction Legal assistance Physical well-being Work and career Bilingual article library |
| Employee Communication | <ul style="list-style-type: none"> All materials available in English and Spanish |
| Eligibility | <ul style="list-style-type: none"> Full-time employees and their immediate family members; including the employee, spouse and dependent children (unmarried and under 26) who reside with the employee |
| Coordination with Health Plan(s) | <ul style="list-style-type: none"> EAP professionals will coordinate services with treatment resources/providers within the employee's health insurance network to provide counseling services covered by health insurance benefits, whenever possible |

LIFE INSURANCE



Life and accidental death and dismemberment (AD&D) insurance provides financial protection for those who depend on you for financial support. Cottey College provides you with basic Life and AD&D insurance at no cost to you.



Help Protect What Matters – You, Your Family & Your Future

We understand you've worked hard to get where you are today. Ensuring your loved ones can maintain financial stability if an unexpected death should occur is something to consider when planning for the future.

We've Got You Covered

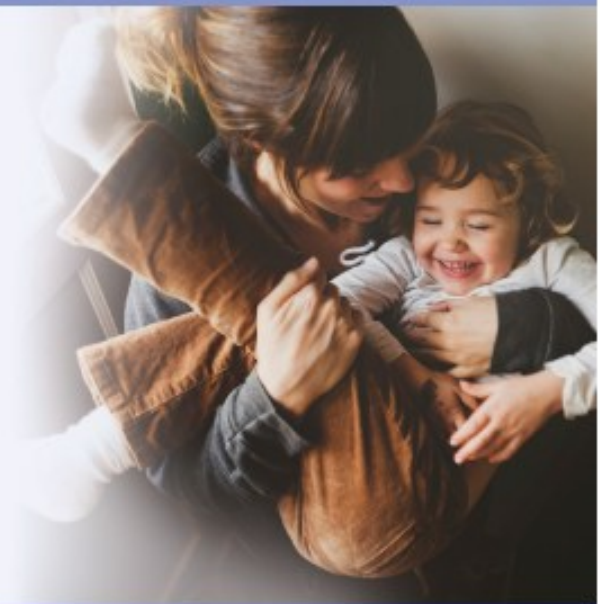
As an active employee of Cottey College, you have access to a life insurance policy from United of Omaha Life Insurance Company.

It replaces the income you would have provided, and helps pay funeral costs, manage debt and cover ongoing expenses.

How much insurance is enough?

When determining how much life insurance you need, think about the expenses you may encounter now and through every stage of your life.

Coverage guidelines and benefits are outlined in the chart below.



| ELIGIBILITY - ALL ELIGIBLE EMPLOYEES | |
|---|--|
| Eligibility Requirement | You must be actively working a minimum of 30 hours per week to be eligible for coverage. |
| Premium Payment | The premiums for this insurance are paid in full by the policyholder. There is no cost to you for this insurance. |
| BENEFITS | |
| Life Insurance Benefit Amount | For You: \$20,000 In the event of death, the benefit paid will be equal to the benefit amount after any age reductions less any living care/accelerated death benefits previously paid under this plan. |
| Accidental Death & Dismemberment (AD&D) Benefit Amount | For You: The Principal Sum amount is equal to the amount of your life insurance benefit. |
| FEATURES | |
| Living Care/ Accelerated Death Benefit | 75% of the amount of the life insurance benefit is available to you if terminally ill, not to exceed \$15,000. |

SUPPLEMENTAL LIFE INSURANCE



Life and accidental death and dismemberment (AD&D) insurance provides financial protection for those who depend on you for financial support.

Supplemental Life and AD&D Insurance

Depending on your personal situation, basic life and AD&D insurance might not be enough coverage for your needs. Cottey College provides you the option to purchase additional life and AD&D insurance at group rates through Mutual of Omaha. You may also purchase coverage for your spouse and eligible children. You must purchase additional coverage for yourself to purchase coverage for your spouse and/or child(ren).

Use the calculator at <https://www.mutualofomaha.com/life-insurance/calculator> to determine how much coverage you might need.

| | Increments | Minimum | Guarantee Issue | Maximum |
|------------|------------|----------|--|---|
| Employee | \$10,000 | \$10,000 | \$150,000 | \$500,000 |
| Spouse | \$5,000 | \$5,000 | 100% of employee's benefit, up to \$25,000 | 100% of employee's benefit, up to \$100,000 |
| Child(ren) | \$1,000 | \$2,000 | \$10,000 | 100% of employee's benefit, up to \$10,000 |

NOTE:

- **If you purchase life and AD&D insurance when you are first eligible to enroll**, you may purchase up to the guaranteed issue amounts without completing statement of health (evidence of insurability).
- **If you waived coverage when you are first eligible, and enroll later**, all amounts are subject to Evidence of Insurability.
- This plan gives you the option to increase your coverage at the next open enrollment by up to \$10,000 provided the total amount does not exceed the guaranteed issue.
- Spouse rates are based on the employee's age.

LONG-TERM DISABILITY INSURANCE



Long-term disability (LTD) insurance protects your most valuable asset—your ability to earn an income—if a serious illness or injury prevents you from working for an extended period. Cottey College automatically provides long-term disability (LTD) insurance through Mutual of Omaha to all benefits-eligible employees at no cost. This plan is designed to help if your disability extends for several months.

Benefits

Monthly Benefit Amount 60% of your base salary

Elimination Period Benefits begin on the 181st day of disability

Minimum Monthly Benefit \$100

Maximum Monthly Benefit \$5,000

Benefit Duration Benefits last until your Social Security normal retirement age (see chart below)

Own Occupation Definition For the first 24 months of disability, you are considered disabled if you are unable to perform the material and substantial duties of your specific job at the time of injury or illness

Any Occupation Definition After the first 24 months of disability, you are considered disabled if you are unable to perform the duties of *any* gainful job suited to your education, training, and experience, rather than just your previous job.

VOLUNTARY SHORT-TERM DISABILITY INSURANCE



How would you pay your bills if you were sick or injured temporarily?

Even a short illness or injury could seriously impact your paycheck. Sick time will get you by while it lasts, but what happens when it runs out? A short-term disability policy can help provide security when you need it, plus give you peace of mind so you can recover faster and get back on the job sooner.

Cottey College provides the option to purchase short-term disability (STD) insurance through Mutual of Omaha to all benefits-eligible employees.

Benefits

Monthly Benefit Amount 60% of your base salary

Elimination Period Benefits begin on the 15th day of disability due to illness or injury

Minimum Weekly Benefit \$25

Maximum Weekly Benefit \$5,000

Benefit Duration Benefits last for up to 24 weeks.

Waiver of Premium Premiums are waived while you are receiving benefits.

SUPPLEMENTAL INSURANCE PLANS



You have the option to enroll in critical illness, accident, and hospital insurance through Mutual of Omaha. These plans provide financial protection to you and your family members in cases of unexpected illness or injury—and can fill in gaps not covered by health insurance. If you purchase coverage for yourself, you can also purchase coverage for your spouse, and your dependent children under the age of 26.

All three plans pay cash benefits that can be used for any expenses, including copays and deductibles, mortgage payments, groceries, utility bills, and day care. The money is yours to use—however you would like.

Voluntary Critical Illness Insurance

- Pays you a cash benefit if you or a covered family member are diagnosed with a specific critical illnesses.
- Examples of a critical illness: heart attack, coronary artery disease, stroke, major organ failure, and cancer.
- Learn more using the QR code or weblink here:



<https://isu.pub/0VHYqAY>

Voluntary Accident Insurance

- Pays you a cash benefit if you or a covered family member is injured in an accident.
- Learn more using the QR code or weblink here:



<https://isu.pub/BJXCRmW>

Voluntary Hospital Insurance

- Pays you a set amount for a hospital admission.
- Learn more using the QR code or weblink here:



<https://isu.pub/yaCicEZ>



RETIREMENT PLAN



The Cottey College Retirement Plan is a Defined Contribution Plan. Benefits are provided by fixed-dollar annuities issued by the Teachers Insurance and Annuity Association (TIAA) and by variable annuities offered by its companion organization, the College Retirement Equities Fund (CREF). Employee participation is mandatory.

An employee is eligible for participation provided he or she is 23 years of age and meets one of the following criteria:

1. He/she has been employed by Cottey College for 12 consecutive calendar months commencing with his/her date of employment during which he/she has worked 1,000 hours or more. An employee's "service date" will be used for calculation of time worked.
2. He/she has been a faculty member for Cottey College who has taught 16 credit hours or more during the preceding contract year.
3. He/she has been employed with any institution of higher education during the 12-month period immediately preceding his/her date of employment with Cottey College and either worked 1,000 hours or more, or in the case of faculty, has taught 16 credit hours or more.

TIAA-CREF enrollment dates are the first day of each month. Employees will be enrolled on the first day following after meeting eligibility requirements. Each participating employee is provided a brochure summarizing the retirement plan at the time of employment. A variety of other pertinent information is provided to employees throughout the year by the director of human resources and/or TIAA-CREF.

Under the Plan the College will contribute an amount equal to 4.5% of the base salary earned by the employee during the fiscal year. The College's contributions toward the retirement plan of the employee are solely for the benefit of the employee. The College retains no interest in the funds it contributes to the employee's retirement plan. The participating employee is required to contribute 3.5% of his/her base salary toward his/her retirement plan.

Tax-Deferred Annuity

Employees eligible to participate in the retirement plan may authorize the College to deduct a specific amount from his/her earnings for the purpose of establishing a tax-deferred (supplemental) annuity with TIAA-CREF. Participation in the plan is optional. Information concerning plan provisions is contained in a brochure provided to eligible employees.

Additional and Supplemental Annuities

All employees of the College have the opportunity to purchase an additional annuity or a supplemental annuity in amounts based on federally regulated maximums. Purchase of an additional or supplemental annuity is optional. Information concerning these options will be provided upon request from the Office of Human Resources to employees.





Your new job comes with benefits

Enroll in your retirement plan today

Enrolling with TIAA is a smart move

Your financial well-being is important every day. Even if your retirement is years away, the sooner you start the more time your money has to work for you. Enrolling in your plan can help put you on a path toward a more secure financial future.

More than a savings plan

When you choose us for your retirement plan, you'll get more than just a way to save for retirement. A TIAA plan is your gateway to building a solid financial foundation for the years ahead.

Once you enroll, you'll have:



Financial advice, regardless of how much you have invested



A wide range of investments to help build a diverse portfolio



Online interactive tools and insights to help you set goals and track how you're doing



24/7 access to your account online and through TIAA mobile

Enrolling is easy. Go to TIAA.org/enroll.

1. Search for your employer to access the plans available to you.
2. Follow the prompts to enroll. It's that simple.

If you're a **first-time user**, click *Register with TIAA* to create your user ID and password. If you're a **returning user**, enter your TIAA user ID and click *Log In*.

BUILT TO PERFORM.

CREATED TO SERVE.

RETIREMENT PLAN

Take advantage of your retirement plan with TIAA

The benefits of starting now

The sooner one starts to save, the more time their money has to potentially grow through the power of compounding interest. As you can see below, even if someone has less to contribute now, they may end up with more in the long run just by giving it more time.



Hypothetical illustration only. Not intended to represent the past or future performance of any investment. Assumes contributions are made monthly at a 6% annual effective rate, compounded monthly. Actual performance will vary with market conditions.

Get started
today at
[TIAA.org/enroll](https://www.tiaa.org/enroll)

It only takes a few minutes to take control of your financial future with help from TIAA.

Tax-deferred savings

Your contributions are pretax (as allowed by your plan), which can reduce your current year taxable income. This helps you build savings for the long term while reducing your taxes in the short term. No taxes are owed on your contributions or any earnings until you take money out of the plan at retirement.*

Diverse investments

You can choose from a wide variety of funds to build a portfolio of investments suited to your personal goals and risk tolerance.

Convenience

Once you've enrolled, your contributions are automatically deducted from your paycheck and applied to your account.

*Does not apply to Roth contributions (if allowed in your plan). All withdrawals are subject to ordinary income tax. Withdrawals prior to age 59½ may be subject to an additional 10% penalty.

RETIREMENT PLAN

Take advantage of your retirement plan with TIAA

Your quick start online resources

Once you've enrolled in your plan, you'll have access to a wide range of resources to help you manage your account, learn about investing and much more.

Manage your retirement account online

In addition to updating personal information and signing up for eDelivery, you can also manage your investments online. Under "ACTIONS," you can:



Change how your contributions are invested

Go to [Change your investments](#)



Roll over money into your plan

Go to [Move funds into your plan](#)



Name your beneficiaries

Go to [Add/edit beneficiaries](#)

Learn about investing and planning

Interested in learning more about retirement planning or improving your overall financial well-being? Start here.



Retirement Advisor

Go to [TIAA.org/retirementadvisor](#) to plan for your retirement



Webinars

Go to [TIAA.org/webinars](#) to view and participate in events

Set goals and track your progress at [TIAA.org/tools](#)

Find more tools that can show you how your saving habits will impact your future and help you set realistic goals to get you where you want to be.

Be ready for what's ahead. Go to [TIAA.org/enroll](#).

A few clicks can help put you on a path to a more secure future.

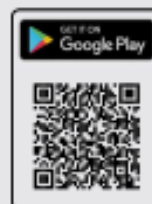


Go mobile to access your account from anywhere

Check balances, monitor your investments, talk to TIAA and more.

Download the Apple or Android app

Scan the code with your phone.



RETIREMENT PLAN

Take advantage of your retirement plan with TIAA

TIAA is here for you

Our mission is to help you meet your personal vision of financial success at every stage in life. Choosing TIAA gives you an ally in planning your financial future in a way that's right for you. We put your goals first, supported by the people, tools and expertise you need to help you succeed.



We provide advice for all

Whether you have \$500 or \$5 million, our financial consultants are here to help you make informed decisions about investing and planning that are right for you.



We seek to share profits¹

With TIAA Traditional, our "sharing the profits" approach seeks to reward participants with additional growth and income.



We invest responsibly

We incorporate environmental, social and governance (ESG) factors across all funds and asset classes, making us a leader in responsible investing.



We provide lifetime income

We offer a range of annuities, which, other than Social Security and pensions, are the only retirement option capable of providing income that's guaranteed for as long as you live.²



¹ TIAA may share profits with TIAA Traditional retirement annuity owners through declared additional amounts of interest and through increases in annuity income throughout retirement. These additional amounts are not guaranteed other than for the period for which they were declared.

² Any guarantees under annuities issued by TIAA are subject to TIAA's claims-paying ability.

The TIAA group of companies does not provide legal or tax advice. Please consult your legal or tax advisor.

This material is for informational or educational purposes only and does not constitute fiduciary investment advice under ERISA, a securities recommendation under all securities laws, or an insurance product recommendation under state insurance laws or regulations. This material does not take into account any specific objectives or circumstances of any particular investor, or suggest any specific course of action. Investment decisions should be made based on the investor's own objectives and circumstances.

Investment, insurance and annuity products are not FDIC insured, are not bank guaranteed, are not deposits, are not insured by any federal government agency, are not a condition to any banking service or activity, and may lose value.

You should consider the investment objectives, risks, charges and expenses carefully before investing. Please call 877-518-9161 or go to [TIAA.org/prospectuses](https://www.tiaa.org/prospectuses) for current product and fund prospectuses that contain this and other information. Please read the prospectuses carefully before investing.

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IMPORTANT CONTACT INFORMATION

| CARRIER CONTACT INFO | PHONE NUMBER | WEBSITE |
|---|--------------|--|
| Medical—Auxiant | 800-475-2232 | www.Auxiant.com |
| SHARx Advocates | 314-451-3555 | n/a |
| TrueRx | 866-921-4047 | https://member.myplantruerox.com/login https://www.rxsense.com/networksearch |
| Health Savings Account— Bank of Your Choice or Fidelity | n/a | n/a https://www.fidelity.com/go/hsa/why-hsa |
| Flexible Spending Accounts— Lively | 888-576-4837 | https://livelyme.com/fsa |
| Dental— Mutual of Omaha | 800-927-9197 | www.mutualofomaha.com/dental |
| Vision— Mutual of Omaha | 833-279-4358 | www.mutualofomaha.com/vision |
| Employee Assistance Program— Mutual of Omaha | 800-316-2796 | www.mutualofomaha.com/eap |
| Life Insurance— Mutual of Omaha | 800-775-8805 | www.mutualofomaha.com |
| Disability Insurance— Mutual of Omaha | 800-877-5176 | www.mutualofomaha.com |
| Supplemental Insurance Plans— Mutual of Omaha | 800-775-8805 | www.mutualofomaha.com |
| Retirement Plan—TIAA | 800-842-2252 | www.tiaa.org |

Cotley College Human Resources | P 417-667-8181

Use the QR code or weblink here to review the 2026 Compliance Guide with required notices.



<https://isu.pub/9d6NFjU>



Please refer to the official plan documents for more complete descriptions of the benefit plans. In the event of any inconsistencies or discrepancies between the information provided in this guide and the official plan documents, the official plan documents will prevail. Cottey College reserves the right to amend, suspend or terminate any benefit plan, in whole or in part, at any time without notice, including making changes to comply with and exercise its options under applicable laws. The authority to make such changes rests with the Plan Administrator. You may request a no-cost printed copy of the summary plan description and other official plan or program documents from Human Resources at 417-667-8181.



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