Full-Time Faculty

Benefits Summary

2014- 2015 Plan Year

(June 1, 2014 – May 31, 2015)
CORE BENEFITS are provided by Wilkes University at no cost to the employee. The following Core Benefits take effect the day that an employee meets the eligibility requirements.

Core Life Insurance/ Core Accidental Death and Dismemberment (AD&D) Insurance

- **Provider:** SunLife Financial
- **Benefit Amount:** 1 times Annual Salary, Minimum of $50,000 Life Insurance Maximum of $200,000 Benefit and $50,000 AD&D Insurance Benefit
- **Eligibility:** The first of the month coinciding with or next following hire date.

Short Term Disability Insurance

- Provides 100% Of Weekly Base Pay
- Benefit Duration Of Up To Six (6) Months
- An Elimination Period Applies
- A 90-day service requirement applies before you are eligible for this benefit.

Long Term Disability Insurance

- Provides 60% Of Monthly Base Pay
- $10,000 Monthly Maximum Benefit
- Benefit Begins Following 180 Days of Continuous Disability
- *One-year services requirement may apply before you are eligible for this benefit.*

Employee Assistance Program (EAP)

- **Provider:** Family Service Association of Wyoming Valley
- **Location:** 31 West Market Street, Wilkes-Barre, PA 18701-1304
- **Contact Information:** (570) 823-5144
- Confidential Telephone Assessment And Referral Services – Available 24 Hours / 7 Days
- Professional Help For Personal Difficulties
**Benefit Choices** from a list of benefit options that you can choose from based on your needs and those of your family for a full or partial employee contribution.

## MEDICAL INSURANCE

The University provides you with three medical plan options from which to choose – **Blue Care® PPO ($300 Deductible)**, **Blue Care® HMO**, and **Blue Care® PPO ($1,000 Deductible)**. Below is a chart that summarizes all three options:

<table>
<thead>
<tr>
<th>SERVICE</th>
<th>Blue Care® PPO ($300 Deductible)</th>
<th>Blue Care® HMO</th>
<th>Blue Care® PPO ($1,000 Deductible)</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>In Network</td>
<td>Out-of-Network</td>
<td>In Network</td>
</tr>
<tr>
<td>Annual Deductible</td>
<td>$300 Single $900 Family</td>
<td>$600 Single $1,800 Family</td>
<td>N/A $1,000 Single $3,000 Family</td>
</tr>
<tr>
<td>Coinsurance</td>
<td>100%</td>
<td>80% / 20%</td>
<td>100%</td>
</tr>
<tr>
<td>Coinsurance Maximum</td>
<td>N/A</td>
<td>$2,000 Single $6,000 Family</td>
<td>N/A $1,500 Single $4,500 Family</td>
</tr>
<tr>
<td>Lifetime Maximum</td>
<td>Unlimited</td>
<td>Unlimited</td>
<td>Unlimited</td>
</tr>
<tr>
<td>Office Visits</td>
<td>$20 co-pay PCP $40 co-pay SP</td>
<td>$20 co-pay PCP $40 co-pay SP</td>
<td>$25 co-pay PCP $50 co-pay SP</td>
</tr>
<tr>
<td>Emergency Room</td>
<td>$100 co-pay Waived if admitted</td>
<td>$100 co-pay Waived if admitted</td>
<td>$100 co-pay Waived if admitted</td>
</tr>
<tr>
<td>Urgent Care</td>
<td>$40 co-pay SP</td>
<td>$40 co-pay SP</td>
<td>$50 co-pay SP</td>
</tr>
<tr>
<td>Inpatient Hospital</td>
<td>100%** after deductible</td>
<td>80% after deductible</td>
<td>$100 per admission</td>
</tr>
<tr>
<td>Mental Health</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>• Inpatient Hospital</td>
<td>100%* after deductible</td>
<td>80%* after deductible</td>
<td>$100 per admission</td>
</tr>
<tr>
<td>• Outpatient Services</td>
<td>100%* after deductible</td>
<td>80%* after deductable</td>
<td>No Charge</td>
</tr>
<tr>
<td>Co-Pay</td>
<td>Tier 1 - $15 Tier 2 - $30 + Tier 3 - $50 + (brand – generic)</td>
<td>In-Network Coverage Only</td>
<td>Tier 1 - $15 Tier 2 - $30 + Tier 3 - $50 + (brand – generic)</td>
</tr>
<tr>
<td>• Retail Pharmacy (30 Day Supply)</td>
<td>Tier 1 - $30 Tier 2 - $70 + Tier 3 - $150 + (brand – generic)</td>
<td></td>
<td>Tier 1 - $30 Tier 2 - $70 + Tier 3 - $150 + (brand – generic)</td>
</tr>
<tr>
<td>• Mail Order (90 Day Supply)</td>
<td>Tier 1 - $30 Tier 2 - $70 + Tier 3 - $150 + (brand – generic)</td>
<td></td>
<td>Tier 1 - $30 Tier 2 - $70 + Tier 3 - $150 + (brand – generic)</td>
</tr>
</tbody>
</table>

* of reasonable and equitable fee   ** Precertification required. Precertification penalty of $500 (Out-of-Network only).

The above information highlights the Medical Plan benefits. More specific information is available in the Summary Plan Description.

**Eligible dependents** include your legal spouse and unmarried natural, step, and adopted children for whom you are legally responsible. Dependent children are covered to age 26 (to end of month of 26th birthday).
**Dental Insurance**

Wilkes University offers the choice of two dental plans, Basic and Enhanced, for eligible employees and their dependents through United Concordia Companies, Inc. (a wholly owned subsidiary of Highmark Blue Shield).

Under this plan, you have the flexibility of selecting any licensed dentist to provide your dental services. (In Pennsylvania, dentists who participate in the United Concordia “Parent” Network will accept the MAC that has been established by United Concordia as payment in full.) After you satisfy your deductible (if applicable), eligible expenses will be considered for payment according to the Maximum Allowable Charge (MAC) allowance.

Below is a chart that summarizes the two available options:

<table>
<thead>
<tr>
<th>Benefits/Services</th>
<th>Basic</th>
<th>Enhanced</th>
</tr>
</thead>
<tbody>
<tr>
<td>Diagnostic &amp; Preventive – Routine Examination, X-Rays, Routine Prophylaxis</td>
<td>100% MAC*</td>
<td>100% MAC*</td>
</tr>
<tr>
<td>Basic Services – Fillings, Simple Extractions, Basic Restorative, Endodontics</td>
<td>100% MAC*</td>
<td>100% MAC* After Deductible</td>
</tr>
<tr>
<td>Major Services – Oral Surgery, Non-Surgical Periodontics, Inlays, Onlays, Crowns</td>
<td>Not Covered</td>
<td>50% MAC* After Deductible</td>
</tr>
<tr>
<td>Orthodontics (Dependent Children To Age 19) – Diagnostic, Active, Retention Treatment</td>
<td>Not Covered</td>
<td>50% MAC* After Deductible</td>
</tr>
<tr>
<td>Deductible **</td>
<td>N/A</td>
<td>$50 Individual/$150 Family</td>
</tr>
<tr>
<td>Predetermination</td>
<td>Required for treatment plans of $150 or more, or the extraction of six or more teeth</td>
<td></td>
</tr>
<tr>
<td>Plan Maximums - Dental Orthodontia</td>
<td>$1,000/Person/Calendar Year N/A</td>
<td>$1,200/Person/Calendar Year $1,000/Child/Lifetime</td>
</tr>
</tbody>
</table>

*MAC = Maximum Allowable Charge allowance  ** Basic Option – Deductible does not apply to Diagnostic & Preventive and Basic Services  ** Enhanced Option – Deductible does not apply to Diagnostic & Preventive, but does apply to Basic Services.

**Eligible dependents** include your legal spouse and unmarried natural, step, and adopted children for whom you are legally responsible. Dependent children are covered to age 19 (to end of the month after 19th birthday) or age 23 if a full-time student (to end of graduation month or end of the month after 23rd birthday, whichever comes first). Full-time student verification is required for payment to occur.
Vision Insurance

Vision Benefits of America proudly represents one of the most comprehensive networks of eye care providers in the country. Under the vision plan, a member can choose to utilize a Participating doctor or a Non-participating doctor, and still receive plan benefits. To find a VBA participating doctor, visit https://www.visionbenefits.com/docsearch.aspx.

Below is a summary of the benefits offered under the plan:

<table>
<thead>
<tr>
<th>FREQUENCY OF SERVICE</th>
<th>VBA PARTICIPATING DOCTOR (15,000 NATIONWIDE)</th>
<th>NON-PARTICIPATING DOCTOR</th>
</tr>
</thead>
<tbody>
<tr>
<td>Benefits</td>
<td>Amount Covered</td>
<td>Amount Reimbursed</td>
</tr>
<tr>
<td>Eye Exam (Optometrist or Ophthalmologist)</td>
<td>100%</td>
<td>$40</td>
</tr>
<tr>
<td>Standard Lenses (Pair)</td>
<td>100%</td>
<td>$40</td>
</tr>
<tr>
<td>- Single Vision</td>
<td>100%</td>
<td>$60</td>
</tr>
<tr>
<td>- Bifocal</td>
<td>100%</td>
<td>$80</td>
</tr>
<tr>
<td>- Trifocal</td>
<td>100%</td>
<td>$80</td>
</tr>
<tr>
<td>- Progressives***</td>
<td>Controlled Cost</td>
<td>$80</td>
</tr>
<tr>
<td>- Lenticular</td>
<td>100%</td>
<td>$120</td>
</tr>
<tr>
<td>Frames</td>
<td>100%*</td>
<td>$50</td>
</tr>
<tr>
<td>Contacts (In lieu of glasses)****</td>
<td>$160</td>
<td>$160</td>
</tr>
<tr>
<td>Medically Necessary</td>
<td>UCR**</td>
<td>$320</td>
</tr>
</tbody>
</table>

*Within the program's $50 wholesale allowance (approximately $125 to $150 retail).

** Usual, Customary and Reasonable as determined by VBA.

*** Progressive Lenses typically retail from $150 to $400, depending on lens options. VBA’s controlled costs generally range from $45 to $175.

**** The contact allowance is applied to all services/materials associated with contact lenses. This includes, but not limited to, contact exam, fitting, dispensing, cost of lenses, etc. No guarantee the contact allowance will cover entire contact cost (materials/services).

Eligible dependents include your legal spouse and unmarried natural, step, and adopted children for whom you are legally responsible. Dependent children are covered to age 19 or age 25 if a full-time student.
VOLUNTARY TERM LIFE INSURANCE

In addition to the Core Life Insurance benefit provided by the University, you have the opportunity to purchase Voluntary Term Life Insurance for yourself, your spouse, and dependent children. Your cost for this coverage is based on the amount of coverage you elect and your age.

Available Benefits

♦ Employee Coverage – Increments of $10,000 to the lesser of 5 times salary or $300,000. Minimum of $20,000. Guaranteed Issue amount of $150,000 when first eligible for coverage.

♦ Spouse Coverage – Increments of $5,000 to the lesser of 50% of the Employee’s benefit or $100,000. Minimum of $10,000. Guaranteed Issue amount of $30,000 when first eligible for coverage.

♦ Dependent Child(ren) Coverage (Age 6 months to 19 years, 25 if full-time student) – Increments of $2,500 up to a maximum benefit of $10,000, not to exceed the employee’s benefit. All Dependant Child(ren) coverage is a guarantee issue.

Costs

Employee and Spouse Coverage

<table>
<thead>
<tr>
<th>Employee Age as of June 1, 2014</th>
<th>Semi-Monthly Rates Per $10,000 of Coverage</th>
</tr>
</thead>
<tbody>
<tr>
<td>Under 30</td>
<td>$0.25</td>
</tr>
<tr>
<td>30 - 34</td>
<td>$0.30</td>
</tr>
<tr>
<td>35 – 39</td>
<td>$0.45</td>
</tr>
<tr>
<td>40 – 44</td>
<td>$0.50</td>
</tr>
<tr>
<td>45 – 49</td>
<td>$0.55</td>
</tr>
<tr>
<td>50 – 54</td>
<td>$0.80</td>
</tr>
<tr>
<td>55 – 59</td>
<td>$1.25</td>
</tr>
<tr>
<td>60 – 64</td>
<td>$2.30</td>
</tr>
<tr>
<td>65 – 69</td>
<td>$6.93</td>
</tr>
<tr>
<td>70 +</td>
<td>$11.26</td>
</tr>
</tbody>
</table>

Dependent Child(ren)

<table>
<thead>
<tr>
<th>Coverage Amount</th>
<th>Semi-Monthly Rates</th>
</tr>
</thead>
<tbody>
<tr>
<td>$2,500</td>
<td>$0.25</td>
</tr>
<tr>
<td>$5,000</td>
<td>$0.50</td>
</tr>
<tr>
<td>$7,500</td>
<td>$0.75</td>
</tr>
<tr>
<td>$10,000</td>
<td>$1.00</td>
</tr>
</tbody>
</table>

To calculate your cost of Employee or Spouse coverage, follow this simple formula:

\[
\frac{\text{Benefit Amount}}{10,000} \times \frac{\text{Semi-Monthly Rate for Employee or Spouse Age}}{\text{Semi-Monthly Cost for Coverage}} = \text{Semi-Monthly Cost for Coverage}
\]
VOLUNTARY ACCIDENTAL DEATH & DISMEMBERMENT (AD&D) INSURANCE

This benefit provides you the opportunity to purchase Voluntary Accidental Death and Dismemberment (AD&D) Insurance for yourself and your family. This program provides benefits when death is caused by an accident and also provides an accidental dismemberment and paralysis benefit. Your cost for this coverage is based on the amount you elect and the Voluntary AD&D Options you select.

Available Benefits

♦ Employee Coverage – Increments of $10,000 up to a maximum benefit of $500,000.

♦ Spouse Coverage – Increments of $10,000 up to a maximum benefit of $250,000.

♦ Dependent Child(ren) Coverage – Increments of $2,000 up to a maximum benefit of $50,000.

Costs

<table>
<thead>
<tr>
<th>Age As Of June 1, 2014</th>
<th>Semi-Monthly Rates Per $10,000 Of Coverage</th>
</tr>
</thead>
<tbody>
<tr>
<td>Employee</td>
<td>$0.18</td>
</tr>
<tr>
<td>Spouse</td>
<td>$0.14</td>
</tr>
<tr>
<td>Dependant Child(ren)</td>
<td>$0.28</td>
</tr>
</tbody>
</table>

Cost Examples

EXAMPLE #1
Employee Benefit Amount $100,000.00 $ 1.80
Spouse $ 60,000.00 $ 0.84
Total Semi-Monthly Cost $ 2.64

EXAMPLE #2
Employee Benefit Amount $100,000.00 $ 1.80
Dependant Child $ 15,000.00 $ 0.42
Total Semi-Monthly Cost $ 2.22

EXAMPLE #3
Employee Benefit Amount $100,000.00 $ 1.80
$ 60,000.00 $ 0.84
Dependant $ 15,000.00 $ 0.42
Total Semi-Monthly Cost $ 3.06
**FLEXIBLE SPENDING ACCOUNTS**

**Medical Spending Account**
The Medical Spending Account is a pre-tax savings account to be used for unreimbursed medical expenses for you and your eligible dependents. The maximum amount that you may contribute to your Medical Spending Account is **$2,500** each Plan Year. (Remember, the University’s Flexible Benefits Plan Year is June 1 through May 31). Plan contains a *Use It Or Lose It* provision – plan carefully! A list of eligible expenses can be found on the Wilkes website (Benefits Information and Forms).

**Dependent Care Spending Account**
The Dependent Care Spending Account is a pre-tax savings account for elder care and child care expenses. You must be using daycare services so that you and your spouse can work. In addition, your provider of care must furnish you with his/her Social Security Number or Tax Identification Number. By law, the maximum amount that you may contribute to any Dependent Care Spending Account for your family is **$5,000** each calendar year. Plan contains a *Use It Or Lose It* provision – plan carefully!

**TUITION REMISSION**

*Wilkes University:* Undergraduate and graduate credits to all full-time employees, spouses, same-gender domestic partners, and dependent sons and daughters. **The tuition benefit covers 100% of the actual tuition cost.** The employee is responsible for applicable fees and textbook costs.

**Other Tuition Programs:** King’s College, Misericordia University, and Tuition Exchange/CIC.

Please refer to the Faculty Handbook for a complete description of the tuition benefits and eligibility requirements.

**RETIREDGE SAVINGS PLAN**

- **Provider:** TIAA-CREF
- **Plan Type:** 403(b) Defined Contribution Plan
- **Contributions:** Effective June 1, 2013 the University contributes 8% of your base pay, provided you contribute a minimum of 5% (subject to change).
- **Eligibility:** Employees hired on or after September 1, 2012, one (1) year of Eligibility of Service shall be required (subject to change). Employees hired before September 1, 2012 the first of the month coinciding with or next following date of hire (subject to change).
- **University Matching Contributions Vesting:** Employees hired on or after September 1, 2012, shall be vested according to the following schedule: 0% vesting for less than one (1) year of service, 20% vesting for at least one (1) year of service, 40% vesting for at least two (2) years of service, 60% vesting for at least three (3) years of service, 80% vesting for at least four (4) years of service, and 100% vesting for five (5) or more years of service (subject to change). Employees hired prior to 9/1/12 shall be 100% and immediately vested.
GENERAL INFORMATION

LIFE EVENTS

You may modify your Benefit Choices at any time during the year, provided you do so within the required time frame and submit the required documentation, if you experience any of the following Life Events:

- **Change In Status** – includes change in marital status, change in number of dependents, change in employment status of the employee, spouse or dependent, change in residence, dependent satisfying or ceasing to satisfy Plan’s eligibility requirements

- **Spouse’s Or Dependent’s Open Enrollment**

- **Dependent Care Changes** – includes change in Dependent Care provider, cost changes imposed by a non-relative provider, change in number of eligible dependents

- **Cost Or Coverage Changes Within The Employer’s Plan** – can result in contribution changes or an alternative election (if the change is significant)

- **HIPAA Special Enrollment Rights** – permits changes if other coverage is lost due to exhaustion of COBRA period, loss of eligibility, or if the employer contributions to the other plan end. In addition HIPAA grants rights upon marriage or new dependent child to add coverage if previously waived.

- **Judgment, Decree Or Court Order**

- **Enrollment/Ceasing To Be Enrolled In Medicare Or Medicaid** *(does not apply to CHIP)*

- **Family Medical Leave Act (FMLA) Special Requirements**

Please Note: The benefit change must be consistent with the Life Event. You may add or delete dependents during the plan year, when you experience a Life Event. You must contact the Human Resources Department at (570) 408-4644 within 30 days of the Life Event, and provide the required documentation, or the change will not take place until the next Open Enrollment.
**IMPORTANT CONTACT INFORMATION**

**Provider Type:** Medical Insurance  
**Provider Name:** BlueCare HMO  
**Address:** 19 North Main Street, Wilkes-Barre, PA 18711  
**Phone Number:** 1-800-822-8753  
**Website:** [www.bcnepa.com](http://www.bcnepa.com)

**Provider Type:** Medical Insurance  
**Provider Name:** BlueCare PPO  
**Address:** 19 North Main Street, Wilkes-Barre, PA 18711  
**Phone Number:** 1-888-338-2211  
**Website:** [www.bcnepa.com](http://www.bcnepa.com)

**Provider Type:** Dental Insurance  
**Provider Name:** United Concordia  
**Address:** P.O. Box 6942, Harrisburg, PA 17106-9421  
**Phone Number:** 1-800-332-0366  
**Website:** [www.ucci.com](http://www.ucci.com)

**Provider Type:** Vision Insurance  
**Provider Name:** Vision Benefits of America  
**Address:** 300 Weyman Plaza, Suite 400, Pittsburgh, PA 15236-1588  
**Phone Number:** 1-800-432-4966  
**Website:** [www.visionbenefits.com](http://www.visionbenefits.com)

**Provider Type:** Flexible Spending Accounts  
**Provider Name:** AmeriFlex  
**Address:** 700 East Gate Drive, Suite 501, Mount Laurel, NJ 08054  
**Phone Number:** 1-888-868-FLEX (3539)  
**Website:** [www.flex125.com](http://www.flex125.com)
YOUR BENEFITS AND THIS SUMMARY

This benefit overview describes the highlights of the medical, prescription, vision, and dental coverage in non-technical language. Your specific rights to benefits under the plan are governed solely, and in every respect, by the official documents and not the information in this packet.

If there is any discrepancy between the descriptions of the programs as contained in the materials and the official plan documents, the language of the official plan documents shall govern. You should be aware that any of the benefits may be modified in the future to meet Internal Revenue Service rules or otherwise as decided by Wilkes University.