



Full-Time Faculty

Benefits Summary

2009- 2010 Plan Year

(June 1, 2009 – May 31, 2010)

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:** \$50,000 Life Insurance Benefit and \$50,000 AD&D Insurance Benefit
- **Eligibility:** The first of the month coinciding with or next following hire date.

Long Term Disability Insurance

- Provides 60% Of Monthly Base Pay
- \$4,500 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

Budget

- \$2,700 Annual Budget (\$112.50 per pay)
- Budget amount is available on the first day of the month following your date of hire. If your hire date falls on the first day of the month, your budget amount is available on that date.

Benefit Choices form 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, Blue Care® HMO, and Blue Care® HMO Plus (formerly Blue Care POS)**. Below is a chart that summarizes all three options:

SERVICE	Blue Care® PPO		Blue Care® HMO	Blue Care® HMO PLUS	
	In Network	Out-of-Network		PCP Referred	Self Referred
Annual Deductible	\$300 Single \$900 Family	\$600 Single \$1800 Family	N/A	N/A	\$250 Single \$750 Family
Coinsurance	100%	80% / 20%	100%	100%	80% 20%
Coinsurance Maximum	N/A	\$2,000 Single \$6,000 Family	N/A	N/A	\$1,000 Single \$3,000 Family
Lifetime Maximum	Unlimited	\$500,000	Unlimited	Unlimited	\$1,000,000
Office Visits	\$15 co-pay PCP \$30 co-pay SP	80%* after deductible	\$15 co-pay PCP \$30 co-pay SP	\$15 co-pay PCP \$30 co-pay SP	80%* after deductible
Emergency Room	\$100 co-pay Waived if admitted	\$100 co-pay Waived if admitted	\$100 co-pay Waived if admitted	\$100 co-pay Waived if admitted	\$100 co-pay Waived if admitted
Inpatient Hospital	100%**	100%**	\$100 per admission	\$100 per admission	80%* after deductible
Mental Health • Inpatient Hospital • Outpatient Services	100%* after deductible - 30 days/benefit period 50% after deductible- 60 visits/benefit period	80%* - 30 days/benefit period 50% after deductible- 60 visits/benefit period	100% - 30 days/calendar year \$25 co-pay – 60 visits/calendar year	100% - 30 days/calendar year \$25 co-pay – 60 visits/calendar year	80% after deductible- 30 days/calendar year 50% after deductible– 60 visits/calendar year
Prescription Co-Pay • Retail Pharmacy (30 Day Supply) • Mail Order (90 Day Supply)	<u>Tier 0</u> - \$0 <u>Tier 1</u> - \$15 <u>Tier 2</u> - \$30 + (brand – generic) <u>Tier 3</u> - \$50 + brand – generic) <u>Tier 0</u> - \$0 <u>Tier 1</u> - \$30 <u>Tier 2</u> - \$70 + (brand – generic) <u>Tier 3</u> - \$150 + (brand–generic	In-Network Coverage Only	<u>Tier 0</u> - \$0 <u>Tier 1</u> - \$15 <u>Tier 2</u> - \$30 + (brand – generic) <u>Tier 3</u> - \$50 + brand – generic) <u>Tier 0</u> - \$0 <u>Tier 1</u> - \$30 <u>Tier 2</u> - \$70 + (brand – generic) <u>Tier 3</u> - \$150 + (brand–generic	<u>Tier 0</u> - \$0 <u>Tier 1</u> - \$15 <u>Tier 2</u> - \$30 + (brand – generic) <u>Tier 3</u> - \$50 + brand – generic) <u>Tier 0</u> - \$0 <u>Tier 1</u> - \$30 <u>Tier 2</u> - \$70 + (brand – generic) <u>Tier 3</u> - \$150 + (brand–generic	In-Network Coverage Only

* 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 19 (to end of month after 19th birthday) or age 23 if a full-time student (to end of graduation month or the end of the month after 23rd birthday, whichever comes first). Full-time student verification is required for payment to occur.

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:

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

Customer Service – For claim status, benefits, and plan questions, please call United Concordia at **1-800-332-0366**.

* 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 December 31st after 19th birthday) or age 23 if a full-time student (to end of graduation month or December 31st after 23rd birthday, whichever comes first). Full-time student verification is required for payment to occur.



VISION INSURANCE

Fashion Excellence Gold is a Preferred Provider program that uses the Vision Care Preferred Provider and Contracting Supplier network. Under the vision plan, you can use participating or non-participating providers and receive plan benefits. To find a Preferred Provider or Contracting Supplier, please call Davis Vision Inc. at 1-800-406-1324 or via the Internet at. http://www.bcnepa.com/ohp_dental_vision.aspx .

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

FREQUENCY OF SERVICE		
Eye Exams, Frames, Lenses, Contacts		12 Months Each
BENEFITS	IN-NETWORK	OUT-OF-NETWORK
	Amount Covered	Amount Reimbursed
Eye Exam (<i>Optometrist or Ophthalmologist</i>)	100%	\$40
Standard Lenses (Pair)		
– Single Vision	100%	\$30
– Bifocal	100%	\$40
– Trifocal	100%	\$60
– Lenticular / Aphakic	100%	\$80
Frames		
Fashion level	100%	Up to \$30
Designer Level	\$20	Up to \$40
Premier Level	\$40	Up to \$60
Retail Allowance	Up to \$100	Up to \$80
Contacts (<i>In lieu of glasses</i>)	100%	\$48
– Standard (Hard/Soft Daily Wear Spherical)	\$75 Off Provider Charge	\$48
– Specialty (e.g. Disposables, Gas Permeables)		



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

Employee Age as of June 1, 2009	Semi-Monthly Rates Per \$10,000 of Coverage
Under 30	\$ 0.25
30 - 34	\$ 0.30
35 – 39	\$ 0.45
40 – 44	\$ 0.50
45 – 49	\$ 0.55
50 – 54	\$ 0.80
55 – 59	\$ 1.25
60 – 64	\$ 2.30
65 – 69	\$ 3.55
70 – 74	\$ 6.85
75 – 79	\$11.10

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

$$\frac{\$ \text{ BENEFIT AMOUNT}}{\$10,000} \times \$ \text{ SEMI-MONTHLY RATE FOR EMPLOYEE OR SPOUSE AGE} = \$ \text{ SEMI-MONTHLY COST FOR COVERAGE}$$

Dependent Child(ren)

Coverage Amount	Semi-Monthly Rates
\$2,500	\$0.25
\$5,000	\$0.50
\$7,500	\$0.75
\$10,000	\$1.00

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

AGE AS OF JUNE 1, 2009	SEMI-MONTHLY RATES PER \$10,000 OF COVERAGE
Employee	\$ 0.18
Spouse	\$ 0.14
Dependant Child(ren)	\$ 0.28

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 **\$3,000** 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 after the employee has completed (90) ninety calendar days of service. **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.

RETIREMENT SAVINGS PLAN

- **Provider:** TIAA-CREF
- **Plan Type:** 403(b) Defined Contribution Plan
- **Contributions:** The University contributes 10% of your base pay, provided you contribute a minimum of 5%.
- **Eligibility:** The first of the month coinciding with or next following date of hire.

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 31 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 and HMO Plus
Address: 19 North Main Street, Wilkes-Barre, PA 18711
Phone Number: 1-800-822-8753
Website: 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



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



Provider Type: Vision Insurance
Provider Name: Davis Vision
Address: 159 Express Street, Plainview, New York 11803
Phone Number: 1-800-406-1324
Website: <https://idoc.davisvision.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

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.