

Full Time Faculty Benefits Summary

2027 Plan Year

January 1, 2027 - December 31, 2027

Core Benefits

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: Mutual of Omaha
- Benefit Amount: 1 times Annual Salary, Minimum of $50,000 Life Insurance Maximum of $400,000 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
- A Waiting 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
- $12,000 Monthly Maximum Benefit
- Benefit Begins Following 180 Days of Continuous Disability
- One-year services requirement may apply before you are eligible for this benefit.

HealthiestYou

- This telemedicine service provides medical plan participants and their dependents 24-hour, 7 day per week access via the telephone or internet to a U.S. trained Physician. Employees may enjoy medical care without the need to incur the cost of primary or urgent care visit co-pay.
- Other unlimited services available at no cost: Mental Health, Dermatology, Nutrition, Expert Medical Services (second opinion program) Neck and Back Care.
- Complete information about HealthiestYou is available at member.healthiestyou.com

Employee Assistance Program (EAP)

- Provider: Mutual of Omaha
- 24/7/365 access to EAP professionals for individual assessments
- Three calls per year (per household)
- Assistance with: family & relationships, emotional well-being, legal assistance, financial wellness, work & career, substance abuse & addiction.

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, Dental, Vision, and Flexible Spending Account (Health and Dependent Care) coverage begins on the 1st of the month following date of hire.

Medical Insurance | Highmark BlueShield

The University provides you with two medical plan options from which to choose – PPO Blue ($400 Deductible) and HDHP with HSA ($2,000 Deductible). Below is a chart that summarizes both options:

SERVICE	PPO Blue ($400 deductible)		HDHP HSA ($2,000 deductible)	
	In-Network	Out-of-Network	In-Network	Out-of-Network
Annual Deductible	$400 Single $1,200 Family	$800 Single $2,400 Family	$2,000 Single $4,000 Family	$4,000 Single $8,000 Family
Coinsurance	100%	80% / 20%	100%	80% / 20%
Coinsurance Maximum	N/A	$3,000 Single $9,000 Family	N/A	$3,500 Single $9,000 Family
Annual Out-of-Pocket Maximum	$7,150 / $14,300	Unlimited	$6,650 / $13,300	Unlimited
Office Visits Specialist	$25 copay $50 copay	80% after deductible	100% after deductible	80% after deductible
Emergency Room	$100 copay (waived if admitted)	$100 copay (waived if admitted)	100% after deductible	100% after in-network deductible
Urgent Care	$50 copay	80% after deductible	100% after deductible	80% after deductible
Impatient Hospital	100% after deductible	80% after deductible	100% after deductible	80% after deductible
Mental Health (inpatient)	100% after deductible	80%* after deductible	100% after deductible	80% after deductible
Mental Health (outpatient)	100% after deductible	80%* after deductible	100% after deductible	80% after deductible

Effective 1/1/2026, if your spouse/domestic partner is offered medical coverage elsewhere or through their employer, they are unable to enroll in the Wilkes medical plan. If you elected spousal coverage, you will receive an email from HR with a link to the spousal affidavit form to be signed and a letter for your spouse's employer (if applicable).

If you are enrolling your spouse, domestic partner, or dependents in benefits, you must submit proof of dependent status. You will also need to complete the Dependent Attestation form. This form, as well as acceptable forms of proof, may be found under the "Documents Library" in Maxwell Health.

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 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). If you have a married dependent, that dependent can still be covered under your plan to age 26 per the Affordable Care Act.

Prescription Insurance | Prime Therapeutics

Wilkes University offers prescription coverage through Prime Therapeutics.

	PPO Blue ($400 deductible)		HDHP HSA ($2,000 deductible)	
Prescription Deductible	$100 per person	In-network coverage only	Integrated with medical deductible	In-network coverage only
Retail pharmacy Copay (30-day supply)	$0 - low-cost generic $15 - formulary generic $15 - non-formulary generic $30 - formulary brand $50 - non-formulary brand		$0 - low-cost generic $15 - formulary generic $15 - non-formulary generic $30 - formulary brand $50 - non-formulary brand	
Mail order Copay (90-day supply)	$0 - low-cost generic $30 - formulary generic $30 - non-formulary generic $70 - formulary brand $150 - non-formulary brand		$0 - low-cost generic $30 - formulary generic $30 - non-formulary generic $70 - formulary brand $150 - non-formulary brand	

Specialty Drug Solution | RxManage

RxManage obtains medications from dispensing pharmacies in New Zealand, Australia, the United Kingdom, and Canada. With RxManage, employees have access to over 250 specialty and brand medications from FDA-approved international pharmacies at a $0 copay.

This program is voluntary. You may begin using RxManage by following these steps:

1. Check medication availability and create an RxManage account by visiting rxmanage.com/employee-request-form/ or by calling 1-800-883-8841
2. Acquire a prescription from your physician (valid for up to a 90-day supply)
3. Upload the prescription to your portal or fax it to 1-800-833-1814
4. Expect to receive your prescription within 10-15 days
5. Refill requests will be handled automatically

Dental Insurance | United Concordia

UNITED CONCORDIA®

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. Reimbursement is based on UCCI's schedule of maximum allowable charges (MACs). Network dentists agree to accept UCCI allowances as payment in full for covered services where the benefit is 100%. Non-network dentists may bill the member for any difference between our allowance and their fee (also known as balance billing). United Concordia Dental's standard exclusions and limitations apply. It is to your advantage to use a participating Network provider. Please visit: www.unitedconcordia.com

Below is a chart that summarizes the two available options:

Benefits / Services	Basic	Enhanced
Diagnostic & Preventative *routine examination, x-rays, routine prophylaxis*	100%	100%
Basic Services *fillings, simple extractions, basic restorative, endodontics*	100%	100%* after deductible
Major Services *Oral surgery, non-surgical peridontics, inlays, onlays, crowns*	Not covered	50%* after deductible
Orthodontics (dependent children to age 19) *diagnostic, active, retention treatment*	Not covered	Unlimited
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 Maximum (dental) **Plan Maximum (orthodontia)**	$1,000 / person / calendar year N/A	$1,200 / person / calendar year $1,000 / person / calendar year
Customer Service - For claim status, benefits, and plan questions, please call United Concordia at 1-800-332-0366		

** **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 the end of the 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.



Vision Insurance | National Vision Administration

Wilkes University offers vision coverage through National Vision Administrators (NVA) with matching benefits from the previous plan year. NVA is a U.S.-based full-service managed vision care organization, is headquartered in Clifton, New Jersey, with a represented workforce.

Each member is issued an NVA identification card and comprehensive summary of benefits. Members can view their claims via NVA's state-of-the-art web site, www.e-nva.com.

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

Frequency of Service (Eye exams, frames, lenses, contacts) - 12 months each			
Benefits		NVA Participating Doctor	Non-participating doctor
		Amount Covered	Amount Reimbursed
Eye exam (Optometrist or Ophthamologist)		100%	$40
Standard Lenses (Pair)	Single Vision	100%	$40
	Bifocal	100%	$60
	Blended bifocals	100%	$60
	Trifocal	100%	$80
	Progressive*	See below	$80
	Lenticular	100%	$120
	Scratch protection	100%	$10
	Polycarbonate***	100%	$25 & $30
Frames**		Covered up to $110 retail allowance	$50
Contacts (in lieu of glasses)	Material Allowance	$110	$110
	Fitting fee	%15	N/A
Medically required contacts		Covered 100%	$320

*Employee pays $50 for Standard Progressive and $100 for Premium Progressive

**Includes frames up to $43 Every Day Low Price-price point at Walmart/Sam's Club locations (if included in the network).

**NVA Retail Allowance Equal to up to $110

***Available In-Network at no charge for children under age 19.

Smart Buyer Look-Up Tool: The NVA Smart Buyer provider look up feature can be found on the NVA website. Please visit www.e-nva.com and create a login to start using. This tool allows NVA members to see how many frames
are in an in network providers office that are $0 out of pocket per your vision plan.

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 | Mutual of Omaha

In addition to the Core Life Insurance benefit provided by the University, you can 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. Please note: You may not elect this benefit for your spouse and dependents if you do not elect it for yourself as an employee.

Available Benefits

Employee Coverage – An amount between $10,000 and $500,000, in increments of $10,000, not to exceed 5x Basic Annual Earnings. Guaranteed Issue amount of $180,000 when first eligible for coverage.

Spouse Coverage – An amount between $10,000 and $100,000, in increments of $10,000. Guaranteed issue amount of $30,000 when first eligible for coverage. Spouse Optional Life coverage may not exceed 100% of the employee' amount of Basic and Optional Life insurance combined. Coverage ends when your spouse turns 70.

Dependent Child(ren) Coverage (to age 26) - An amount in one of the following options: $2,500, $5,000, $7,500 or $10,000; Guaranteed Issue for all Dependent Child(ren) when first eligible for coverage.

Employee and Spouse Coverage

Employee age as of January1, 2027	Rate per pay *(24 deductions)* per $1,000 of coverage
Under 30	$0.050
30-34	$0.060
35-39	$0.090
40-44	$0.100
45-49	$0.110
50-54	$0.160
55-59	$0.250
60-64	$0.460
65-69	$1.387
70+	$2.251

Dependent Children

Coverage Amount	Rate per pay *(24 deductions)* per $1,000 of coverage
$2,500 to $10,000	$0.200
Must be increments of $2,500	

To calculate your cost of employee or spouse coverage, follow this simple formula:

$$\frac{\$}{\text{Benefit Amount}} \div \$1{,}000 \times \frac{\$}{\text{Rate Per Pay For Employee or Spouse Age}} = \frac{\$}{\text{Cost per month for coverage}}$$

$$\frac{\$}{\text{monthly coverage cost}} \times 12 \div \frac{24}{\text{\# of pays in year}} = \frac{\$}{\text{Cost per pay for coverage (24 deductions)}}$$

Voluntary Accidental Death & Dismemberment (AD&D)

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 provides an accidental dismemberment and paralysis benefit.

If you wish to elect voluntary AD&D, you may not elect it without life coverage. Your voluntary AD&D election amount must match your voluntary life insurance amount. For example, if you wish to elect $100,000 in voluntary AD&D coverage, you must also elect $100,000 in voluntary life coverage. **Please note: You may not elect this benefit for your spouse and dependents if you do not elect it for yourself as an employee.**

Available Benefits

• **Employee Coverage –** An amount between $10,000 and $500,000, in increments of $10,000. Maximum employee coverage is 5 times your Basic Annual Earnings.

• **Spouse Coverage –** An amount between $10,000 and $100,000, in increments of $10,000.

• **Dependent Child(ren) Coverage –** An amount between $2,500 and $10,000, increments of $2,500 for each eligible dependent child to age 26.

Age as of January 1, 2027	Cost *(24 deductions per plan year)* per $1,000 of coverage
Employee	$0.036
Spouse	$0.028
Dependent child(ren)	$0.055

$\$$ _____ (*AD&D Benefit Amount*) ÷ *$1,000* x $\$$ _____ (*Rate Per Pay For Employee or Spouse Age*) = $\$$ _____ (*Cost per month for coverage*)

$\$$ _____ (*Monthly coverage cost*) x *12* ÷ 24 (*# of pays in year*) = $\$$ _____ (*Cost per pay for coverage (24 deductions)*)

Voluntary Cancer Insurance | Sun Life

This benefit provides you the opportunity to purchase Voluntary Cancer Indemnity Insurance for yourself and your family. This benefit provides fixed benefits for diagnoses of cancer and for many types of related expenses and treatments, such as cancer screenings, hospital confinement, surgery and anesthesia, radiation and chemotherapy, blood and plasma, and more.

Once your coverage goes into effect, you can file a claim for covered cancer treatments for cancer diagnoses that occur after your insurance's effective date. Unless otherwise specified, benefits are payable only once. The full list of benefits is listed here:

Covered Service		
Second Surgical Opinion	$200	
Surgery and General Anesthesia *Benefits vary based on the procedure performed. Combined maximum for any one surgery is $2,000 for Level 1. Surgery for skin cancer and reconstruction is not covered under this benefit.*	Anesthesia $50 to $1,815	Surgical $150 to $5,500[1]
Hospital Confinement *(limited to 90 days per period of confinement)*	$200 Daily	
In-hospital and Outpatient Blood and Plasma	$50 Daily	
Ambulance *(limited to 2 one-way trips per period of confinement per person)*	$250	
Cancer Screening *Includes colonoscopy, CA 125 test, chest x-ray, flexible sigmoidoscopy, mammogram, pap smear, biopsy, PSA,CT scans or MRI scans, BRCA testing, or Hemocult stool specimen. This benefit is limited to once per benefit year.*	$50	
In-hospital Doctor Visits *Limited to a maximum of 75 visits.*	$25 Daily	
Prosthesis *Lifetime maximum for surgically implanted prosthesis is $4,000 for Level 1.* *Lifetime maximum for other devices is $400 for Level 1.*	Surgically Implanted: $2,000	Other $200
Skin Cancer		
Biopsy Only	$100	
Reconstructive Surgery *(following previous excision of skin cancer)*	$250	
Excision of skin cancer without flap or graft	$375	
Excision of skin cancer with flap or graft	$600	
Radiation and Chemotherapy		
Injected Cytotoxic Medications	$300 weekly	
Pump Dispensed Cytotoxic Medications	$300 First Prescription and Per Refill	
Oral Cytotoxic Medications	$150 Per Prescription	
Cytotoxic Medications Administration by Any Other Method	$300 Weekly	
External Radiation Therapy	$400 Weekly	
Insertion of Interstitial or Intracavity Administration of Radioisotopes or Radium	$450 Weekly	
Oral or IV Radiation *These benefits are not payable for treatment planning, therapeutic devices, immunotherapy, laboratory tests, diagnostic x-rays, dosimetry or simulation associated with these procedures. Maximums apply: Oral Cytotoxic Medications are subject to a monthly maximum of $450 for Level 1, other listed treatments are subject to a yearly maximum of $4,000 for Level 1.*	$400 Weekly	
Radiation and Chemotherapy (continued)		
Extended-care Facility *This benefit is payable if the extended care confinement occurs within 30 days of a period of hospital confinement due to internal cancer and you have received a Hospital Confinement benefit. Limited to a maximum of 90 days per benefit year per covered person. This benefit is not payable for any day the Hospital Confinement benefit is payable.*	$200 Daily	
Hospice Limited to a maximum of 100 days during the covered person's lifetime. This benefit is not payable for any day the Extended-Care Facility benefit or the Hospital Confinement benefit is payable.	$100 Daily	

Voluntary Cancer Insurance Rates

Age	Employee Only	Employee + Spouse	Employee + Children	Family
Through 49	$6.27	$10.65	$6.88	$11.28
50-59	$7.72	$13.13	$8.34	$13.75
60-64	$12.32	$20.94	$12.94	$21.56
65+	$16.49	$28.03	$17.11	$28.64

Based on 24 pays

Flexible Spending Accounts

Medical Spending Account (FSA) – 1/1/27 to 12/31/27 Plan Year

The Medical Spending Account is a pre-tax savings account to be used for qualified medical, dental and vision expenses for you and your eligible dependents. Per the IRS, an employee may elect up to $3,400 for the 2027 calendar year. Per the IRS, you may roll over $680 into 2028 of your unused pre-tax 2027 FSA contributions. **Available for those enrolled in the PPO $400 or medical opt out.**

Dependent Care Spending Account (DCA) - 1/1/27 to 12/31/27 Plan Year

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 $7,500 each Plan Year. Per the IRS, an employee may elect up to $7,500 for the 2027 calendar year. **Available for those enrolled in the PPO $400, HDHP $2,000 and medical opt out.**

NOTE: DCA contains a Use It or Lose It provision – plan carefully!

Limited Purpose Spending Account (LPFSA) – 1/1/27 to 12/31/27 Plan Year

The Limited Purpose Flexible Spending Account is a pre-tax savings account to be used for qualified dental and vision expenses only for you and your eligible dependents. Per the IRS, an employee may elect up to $3,400 for the 2027 calendar year. **Available for those enrolled in the HDHP plan only.**

NOTE: LPFSA contains a Use It or Lose It provision – plan carefully!

Flexible Spending Accounts Continued

Health Savings Account (HSA) – 1/1/27 to 12/31/27 Plan Year

The Health Savings Account is a pre-tax savings account to be used for qualified medical, dental and vision expenses for you and your eligible dependents. Per the IRS, an employee may elect up to $4,500 single or $9,000 family for the 2027 calendar year. These limits include funds from Wilkes University and any employee contributions. Employee's 55 + can contribute an additional $1,000 catch up limit each calendar year. Your HSA balance can be carried over year after year. Interest earned on an HSA is not considered taxable income.

Important Notice: If you have secondary medical coverage (Medicare included) and your secondary plan is NOT another HDHP, you are ineligible to enroll in the Health Savings Account and receive funding (employer and employee). **Available for those enrolled in the HDHP plan only.**

NOTE: An HSA is not a Use-It-or-Lose-It account.

Tuition Remission

Wilkes University: Undergraduate and graduate credits to all full-time employees, spouses, same-gender domestic partners, and dependent sons and daughters upon date of hire. 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 Staff Policies Manual for a complete description of the tuition benefits and eligibility requirements.

Retirement Savings Plan

Provider: TIAA
Plan Type: 403(b) Defined Contribution Plan

Contributions: Effective August 16, 2026 the University contributes 6% of your base pay, provided you contribute a minimum of 5% (subject to change). For more information, please contact Kathy Malcolm, Human Resources Manager, Employee Benefits at 570-408-4644 or Katherine.Malcolm@wilkes.edu.

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 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: PPO Blue
Address: 19 North Main Street, Wilkes-Barre, PA 18711
Phone Number: 1-800-241-5704
Website: www.highmarkbcbs.com

Type: Dental Insurance
Provider Name: United Concordia
Address: P.O. Box 6942, Harrisburg, PA 17106-9421
Phone Number: 1-800-332-0366
Website: www.unitedconcordia.com

Provider Type: Vision Insurance
Provider Name: National Vision Administrators
Address: 1200 Route 46 West, Clifton, NJ 07013
Phone Number: 973-574-2400
Website: www.e-nva.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.myameriflex.com/participants

Provider Type: Telemedicine
Provider Name: HealthiestYou
Phone Number: 866-703-1259
Website: member.healthiestyou.com

Provider Type: Cancer Indemnity Insurance
Provider Name: Sun Life
Phone Number: 1-800-SUN-LIFE (247-6875)
Website: www.sunlife.com

Provider Type: Employee Assistance Program (EAP)
Provider Name: Mutual of Omaha
Phone Number: 1-800-316-2796
Website: www.mutualofomaha.com/EAP

Provider Type: Prescription Benefits
Provider Name: Prime Therapeutics
Phone Number: 866-554-2673
Website: www.PrimeTherapeutics.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.