

Comprehensive Benefits Summary for Faculty

2017



2018

Regular Appointments of Half-Time (.5 FTE*) or More

Retirement

Employee/Employer Matching Contributions - The University's 403b retirement plan is one of the best offered by small private universities. Contributions are invested with TIAA (Teachers Insurance and Annuity Association) www.tiaa-cref.org/tcm/plu/. There is a one-year waiting period before new employees may participate in the retirement plan (unless they have participated in a qualified retirement plan within the past year).

Once an employee is eligible, the University will contribute 7.5% of the employee's salary to their retirement account. The employee's elective deferrals of up to 6% of pay will be matched by the University, in an amount equal to 50% of the amount the employee elects to defer with a maximum University matching contribution equal to 3% of pay. See chart for PLU contribution calculation.

Employee Voluntary Non-matched Contributions -This account provides employees with an opportunity to accumulate additional tax-deferred retirement savings on a voluntary basis. No waiting period is required. IRS

Employee's Contribution	PLU's Contribution
0%	7.5%
1%	7.5% + .5% = 8%
2%	7.5% + 1% = 8.5%
3%	7.5% + 1.5% = 9%
4%	7.5% + 2% = 9.5%
5%	7.5% + 2.5% = 10%
6%	7.5% + 3% = 10.5%

restrictions do apply in calculating the maximum amount that may be tax-deferred. Contributions are invested with TIAA.

Medical & Vision

There are three medical plan alternatives that give a variety of care options including HMO and community providers.

Kaiser Permanente Access PPO
 Kaiser Permanente Essentials/Core
 Kaiser Permanente HSA HMO

This year PLU's monthly contribution for employee-only-coverage for the base plan (Kaiser Permanente Access PPO) is \$598.98, or 92% of the monthly premium. For those who elect employee-only-coverage on the Kaiser Permanente Essentials/ Core Plan, PLU contributes \$483.06 per month towards premium and \$65 per month towards a Flexible Spending Account (FSA). For those who elect Kaiser Permanente HSA HMO, PLU contributes \$427.60 per month towards premium and \$75 per month for those who elect employee-only-coverage or \$150 per month for those who elect family coverage towards a Health Savings Account (HSA). Coverage for eligible dependents is available at the participant's expense. The employee portion of the premium is deducted monthly from your pay on a pre-tax basis. To provide a less costly option for employees with children, PLU will contribute more for dependent children's coverage on the Kaiser Permanente Essentials/Core Plan. The University's annual contribution per enrolled employee is approximately \$7,188.

Dental

The University contributes 95% of the premium for the base dental plan (Willamette Dental) towards the dental plan you select. This year's PLU monthly contribution is \$42.94. The employee portion of the premium is deducted monthly from your pay on a pre-tax basis. Dependent coverage is available at the participant's expense. You may enroll in a dental plan even if you do not enroll in a medical plan and vice versa. The annual value of the University's contribution towards the dental benefit is \$515 per enrolled employee. You may choose between two dental plan options:

- Delta Dental of Washington
- Willamette Dental of WA, Inc.

<u>NOTE: Effective date for medical/dental coverage</u> is the first day of your appointment. Employees who have group medical/dental insurance benefits from another source, whether through employment or otherwise, may not enroll on PLU's plans. (Example: individuals eligible for coverage under a spouse's plan elsewhere will need to decide if they want to enroll on that plan or on the PLU plan, but can't enroll on both).

Domestic Partner

The University provides benefits to eligible same sex and opposite sex domestic partners of "with benefits" employees on the same basis that benefits are extended to spouses. A signed affidavit is required. See the Domestic Partner Policy and Guidelines on the HR website for more information.

Employee Assistance Program (EAP)

The professional counselors at First Choice EAP provide a free problem assessment and referral service where employees and their immediate family members can go for help in solving a variety of emotional, behavioral, family, relationship, financial, elder care and mental health or chemical dependency concerns. Complete confidentiality is assured. The annual cost to the University of providing employees with this benefit is approximately \$15,169 in total fees. www.FirstChoiceEAP.com

Holidays/Vacation

The number of University-observed holidays varies slightly each year. During academic year 2017-2018, there will be 13 paid holidays from September 2017 through May 2018. Although faculty members do not accumulate vacation in the same sense as staff do, the number of days of released time due to breaks and recesses averages at least 12 for the nine-month school year.

Life Insurance/AD&D

The basic life insurance and accidental death and dismemberment program are carried by The Standard insurance company. The face value of both basic policies provided by the University is one times your annual salary. Employees age 65+ receive lower coverage. Annual cost to PLU is approximately \$111 for each employee insured. For new employees, the effective date for life insurance is the first of the month following 30 days of employment.

In addition to the basic coverage provided by the University, you are eligible to purchase <u>additional life insurance</u> for yourself, your spouse and/or children through The Standard insurance company at reasonable group rates.

Long-term Disability Insurance

After one year of employment, the University pays the premium for long-term disability (LTD) insurance through The Standard insurance company at a typical annual per person cost of approximately \$169. The one-year waiting period may be waived for new employees who have had prior group LTD coverage with no lapse in coverage and documentation of prior policy. In the event of long-term total or partial disability, the plan pays 60% of covered monthly salary to a maximum benefit of \$5,000 per month. Benefits commence on the first of the month following 90 days of documented total or partial disability. In addition, the plan will make a monthly premium contribution to your retirement plan. For more details, see summary available online.

Medical Leave

Any regular faculty member in a "with benefits" employment status who has completed at least one year of employment with PLU may request from the applicable academic administrator a Family/Medical Leave of Absence (which may be paid or unpaid) for up to one academic semester, or up to twelve weeks, whichever is greater. Eligibility for these medical leaves, and their terms and conditions are explained in the Faculty Family and Medical Leaves of Absence Policy.

Reimbursement Accounts

Employees may elect to participate in a Section 125 Flexible Spending Account (FSA). Expenditures for dependent care costs and some health care expenses not covered by insurance may be withheld from pay on a pre-tax basis. Employees save Social Security Tax in addition to federal income tax. Elections are made each during open enrollment for the following fiscal year and may not be changed unless there is an IRS-defined qualifying event. Employees who elect the KP Essentials Plan and who do not enroll dependents will receive a monthly contribution of \$65.00 towards a health care reimbursement account.

The **Good Fit** Benefit Book website outlines the eligible expenses. The annual cost to the University for providing program administration is approximately \$8,820 in total fees. www.afadvantage.com

Social Security and Medicare Benefit Program

The University matches your contribution each year with a contribution into your Social Security retirement account and Medicare program. A rough computation of the cost of these contributions for the calendar year 2017 can be made by multiplying 6.2% times your annual salary up to a limit of \$127,200 in earnings for Social Security, and 1.45% times your annual salary for Medicare with no limit.

Transportation Incentives

The University encourages employees to care for the environment and reduce traffic congestion by using alternative transportation to get to work. PLU and Commute Smart encourages the use of alternative transportation methods by offering an annual ORCA transit pass (a small portion of which is paid by the employee), preferential parking for carpoolers, and an Emergency Ride Home program, among other benefits. www.plu.edu/commute

Travel Insurance

Employees are covered for up to \$150,000 in accidental death and dismemberment insurance when traveling on University business. In addition there is a **24-hour Travel Insurance Program** that provides on-call professionals to assist employees with medical and travel emergencies, when they are 100 miles or more from home/campus on pre-approved travel related to the business and curriculum of the University.

Tuition Exchange and Tuition Remission

The University has a strong commitment to life-long learning which it supports through the following tuition assistance programs and by offering a number of additional on- and off-campus professional development programs. For complete information, refer to Tuition Benefits Policy.

Tuition Exchange - - The University participates in two programs which offer tuition exchange benefits for qualified dependent children of eligible University employees. Both programs have specific application deadlines, eligibility requirements, and both programs are competitive and not guaranteed.

- The Tuition Exchange, Inc., an association of over 660 institutions across the United States providing varying levels
 of tuition discounts. This benefit is available to full-time employees who have completed three years of service, and
 is based upon additional University criterion. Only a limited number of dependents typically receive the benefit
 each year. www.tuitionexchange.org
- The Evangelical Lutheran Church in America (ELCA) Tuition Plan Program includes 24 colleges and universities.
 These institutions provide tuition remission to qualified PLU dependents. This benefit is available to both full-time and part-time employees who have completed three years of service.

Tuition Remission - The waiting period for tuition remission benefits for PLU courses is the beginning of the school term following completion of one year of service. Once the applicable waiting period has been completed, an eligible employee and/or eligible dependents may apply for tuition remission. Tenured and tenure-track faculty are eligible for maximum tuition remission benefits for both themselves and eligible dependents as of their appointment date in a tenured or tenure-track position. Dependent eligibility is defined as a legal spouse, domestic partner (affidavit required), or a child who is under the age of 25, is unmarried, and is claimed as a dependent on the employee's IRS form 1040. The tuition remission benefit available at PLU is:

Employee Length of Service	Employee	Eligible Dependent
Less than 1 year	-0-	-0-
At least 1 year, and up to 2 full years	50%	-0-
Over 2 full year, and up to 3 full years	75%	50%
Over 3 full years of service or tenured or tenure-track faculty	90%	75%

Employees working at least half time (.5 FTE) but less than full-time (1.0 FTE) may multiply their full-time equivalence (FTE) by .50, .75 or .90, depending on their length of service, to determine the percentage of remission. Tuition remission is also prorated for eligible spouses, domestic partners, and dependent children. Master's level tuition remission is available to eligible employees, spouses, and domestic partners, and will be taxable income to the employee and will most likely increase taxes withheld and decrease net pay.

Workers Compensation

The University pays between 69% to 71% of the premium for your state industrial insurance which covers you in the event of on the job injury or work-related illness. At current rates the University will contribute between \$399-\$451 for the calendar year 2017 for each full-time salaried employee.

Miscellaneous

No attempt has been made to calculate the value of the University's payment for unemployment compensation, emergency death benefits, free parking, or the value an individual might receive from the use of a university identification card to obtain free or discounted admission to the various facilities, productions and events.

Note: The above descriptions provide only a summary of benefits. To obtain a more thorough explanation of these benefits, please refer to the **Good Fit** Benefit book website, the Faculty Handbook, the Personnel Manual, and Summary Plan Descriptions. Pacific Lutheran University reserves the right to amend or revise any and all benefits in order to comply with regulatory changes and/or to meet the University's objectives. In the event of any question, the plan document will prevail. www.plu.edu/human-resources/Benefits/home.php

PLU's Good Fit Medical Plan Options effective 6/1/2017

Kaiser Perma	Kaiser Permanente		
Access P	PO	Essentials (Core)	
In-Network Enhanced Benefit Provider: Kaiser Permanente doctors and clinicians Preferred Contracted providers, including Access PPO, First Choice Health and OptumRx pharmacies	Out-of-Network Any licensed provider	In-Network Kaiser Permanente doctors and clinicians in 25 locations in Washington. 9,000 affiliated primary and specialty physicians	
\$750 /individu	\$1,000/individual, \$2,000/family		
\$3,000/individual, \$6,000/family Includes all cost shares for covered services (deductible, coinsurance & copays)			
	Unlimited		
Deductible and coinsu No copay 95% (Enhanced Benefit Providers) 90% (Preferred Contracted Providers)	rance apply No copay 70%	Deductible and coinsurance apply \$30 copay 80%	
Deductible and coinsu	rance apply	Deductible and coinsurance apply	
\$150 90% 90%	70% 70%	\$150 80% 80%	
coinsurance		Not subject to deductible or coinsurance 100% (no copay)	
Not subject to deductible or coinsurance 1 per 12 months, 100%		Not subject to deductible or coinsurance 1 per 12 months, 100% \$30 copay	
Up to \$250 in 24-month period Deductible and coinsu 90%			
		Not subject to deductible	
\$25 copay/30-day supply		\$15 copay/30-day supply \$30 copay/30-day supply n/a	
		90-day supply for 2 copays	
Kaiser pharmacy; any of OptumRx's national network of 65,000 pharmacies Discount for Preferred & Non-Preferred prescriptions: \$5 less when obtained at a Kaiser pharmacy		Kaiser pharmacy	
\$1,000 per ear every 36 months (hardware)			
See Kais	ser Summary of Benefits for detai	ls	
Access PPO Essei		entials (Core)	
PLU's contribution - \$598.98		PLU's contribution	
\$50.10	\$15.00	\$483.06 plus \$65.00/mo (\$780/year) deposited to Flexible Spending Account	
\$676.28 \$302.32		\$696.22	
\$992.48 \$1,333.48	\$471.42 \$640.48	\$782.80 \$869.40	
	In-Network Enhanced Benefit Provider: Kaiser Permanente doctors and clinicians Preferred Contracted providers, including Access PPO, First Choice Health and OptumRx pharmacies Deductible combined, whether for i \$750 /individe \$1,500/fami Includes all cost shares fo Deductible and coinsu No copay 95% (Enhanced Benefit Providers) 90% (Preferred Contracted Providers) Deductible and coinsu \$150 90% 90% Not subject to deductible or coinsurance 100% Not subject to deductible 1 per 12 months, Not su Up to \$250 in 24-month period Deductible and coinsu 90% 15 visits per year combined for in- IN-NETWORK ONLY - Not su \$15 copay/30-day \$25 copay/30-day \$25 copay/30-day \$45 copay/30-day \$45 copay/30-day \$5 less when obtained at a \$1,000 p See Kais ACCCESS PPO PLU's contribution - \$598.98	In-Network Enhanced Benefit Provider: Kaiser Permanente doctors and clinicians Preferred Contracted providers, including Access PPO, First Choice Health and OptumRx pharmacies Deductible combined, whether for in or out-of-network care \$750 /individual, \$1,500/family \$3,000/individual, \$6,000/family Includes all cost shares for covered services (deductible, coin) Unlimited Deductible and coinsurance apply	

\$688.68

\$206.80

\$802.56

With 2 or more children

PLU's Good Fit Medical Plan Options effective 6/1/2017

	Kaiser Permanente			
	HSA HMO			
Providers	In-Network Kaiser Permanente doctors and clinicians in 25 locations in Washington. 9,000 affiliated primary and specialty physicians			
Deductible Deductible does not apply to preventive care. It does apply to all other services, including prescription drugs.	Single (Employee Only) \$1,500	Family (Employee + Any Dependents) \$3,000		
Out-of-Pocket (OOP) Limit	Single (Employee Only) \$3,500	Family (Employee + Any Dependents) \$7,000		
	Includes all cost shares for covered	vered services (deductible, coinsurance & copays)		
Lifetime Maximum	J	Inlimited		
Office Calls (Visits)		nd coinsurance apply copay; 80%		
Hospitalization		nd coinsurance apply		
Emergency Rm Copay Outpatient Inpatient	No copay; 80% 80% 80%			
Preventive Care	Not subject to deductible or coinsurance 100%			
Vision	Not subject to de	eductible or coinsurance		
Eye Exam	1 per 12 months, 100%			
Hardware	Not subject to deductible or coinsurance Up to \$250 in 12-month period for age 19+; (for age 18 & under, see Summary for details)			
Manipulative Therapy (Chiropractic)	Deductible and coinsurance apply 80% 10 visits per year			
Prescriptions		ys apply only after deductible is met)		
Preferred Generic	\$15 copay/30-day supply			
Preferred Brand	\$30 copa	ay/30-day supply		
Non-Preferred Generic/Brand		n/a		
Mail Order	90-day supply for 3 co	opays (no discount on copays)		
Pharmacy	Kais	er pharmacy		
Hearing Benefit	Not covered on HSA plan, however is an	eligible expense reimbursed by the HSA account		
Other Benefits	See Kaiser Summ	ary of Benefits for details		
Monthly Rates	H.	SA HMO		
	PLU's contribution - \$427.60 plus \$75.00/mo (\$900/year) for HSA Individual / \$150/mo (\$1,800/year) for HSA Family deposited into Health Savings Account			
Employee Only		\$10.00		
With a Spouse/ Domestic Partner		\$205.32		
With a Spouse/DP + 1 child		\$349.62		
With Spouse/DP + 2 or more children	\$493.84			
With 1 child	\$30.00			
With 2 or more children		\$108.76		

This is a brief comparison of the **Good Fit** medical plans' major benefit provisions. It is not intended to provide you with a full description. All benefits are subject to the terms and conditions of the group medical coverage agreement. If you have questions about a particular benefit, please contact PLU's Human Resources at x7185.

PLU's Good Fit Dental Plan Options effective 6/1/2017

	Delta De	ental of WA	Willamette Dental of WA, Inc.
Provider Network	In network Preferred Provider Go to www.del	Out of network Premier Provider (to limit your balance to PLU's coinsurance difference and ensure direct billing)	All care must be obtained from a Willamette Dental Clinic. There are 22 locations throughout Washington including: • Federal Way: 181 South 333 rd Street, Suite C-100 • Kent: 24722 104 th Ave SE, Suite 200 • Olympia: 3773-C Martin Way, Suite 105 • Puyallup: 702 South Hill Park Drive, Suite 201 • Seattle: 133 Dexter Avenue North • Silverdale: 3505 NW Anderson Hill Road, Suite 101 • Tacoma: 3866 South 74 th Street, Suite 200 • Tumwater: 6120 Capital Boulevard South SE Call 1-855-433-6825 for appointments or customer service
Deductible – Annual <i>calendar</i> year Waived for Class 1?	\$50/\$150 Yes	\$100/\$300 Yes	No deductible N/A
Office call copayments	None	None	\$15 copay (Missed appointment = \$30 fee) Specialist = \$30 copay ER during office hours = \$15 copay ER after office hours = \$15 + \$20 after hours copay
Class I – Preventive Care Cleanings, x-rays, fluoride treatments	100%	90%	100% after office visit copay
Class II – Basic Care Fillings, extractions	80%	60%	Benefits Paid at 100% after applicable copays 100% for fillings, routine extractions, osseous surgery and root planning
Class III – Major Care Inlays, onlays & dentures	50%	30%	Benefits Paid at 100% after applicable copays \$150 copay/tooth for bridges & crowns \$275 complete denture (upper or lower) \$75, \$90, \$125 copay for root canals \$50 copay for surgical extractions
Class IV – Orthodontics	No coverage		Benefits Paid at 100% after applicable copays • Pre-Orthodontic Treatment - Initial orthodontic exam \$25* • Pre-Orthodontic Treatment - Study models and X-rays \$125* • Case presentation \$0 Orthodontic service \$1,500 copay *Applies to Ortho co-pay if banded
Calendar Year Maximum Per covered individual	\$1,500	\$1,500	No annual maximum except for TMJ at \$1,000 per year to a lifetime maximum of \$5,000
Mon	thly Rates, af	ter PLU's contr	ibution of \$42.94
Employee only	\$	69.06	\$2.26
With a Spouse/Domestic Partner			\$48.06
With a Spouse/DP and Child or Children	\$121.06		\$102.50

\$57.00

\$70.06

With a Child or Children