

PACIFIC
LUTHERAN
UNIVERSITY



2019

Benefits Guidebook

What's Inside

PLU is committed to providing you with the most comprehensive benefits package focused on quality and choice.



Choices That Care for You and Your Family	3
Special Enrollment Periods	4
Medical / Vision Plans	5 – 7
Prescription Drug Plans	8
Monthly Premiums—Medical / Vision / Prescription Drugs	8
Dental Plans	9
Monthly Premiums—Dental	9
Flexible Spending and Health Savings Accounts	10
Flexible Spending Account	10
Health Savings Account	10
Income Protection	11
Life / AD&D and Disability	11
Other Benefits	12
Physical Activity	12
Employee Assistance Support	12
ORCA	12
Dependent Tuition Remission	12
Preparing for the Future	13
Retirement Plan—403(b)	13
Open Enrollment Instructions	14
Contact Information	15

Choices That Care for You and Your Family

Pacific Lutheran University (PLU) is proud to provide you a comprehensive benefits package to meet the needs of you and your family.

Who's Eligible

Eligible employees are active employees who are 0.5 full-time equivalent, FTE or more. For staff, coverage begins the first of the month following or coincident with your date of hire. For faculty, coverage begins first day of your appointment.

Your eligible dependents include:

- Spouse or domestic partner (same or opposite sex).
- You, your spouse's or your domestic partner's children from birth to age 26.
- You, your spouse's or your domestic partner's children of any age if they are mentally or physically disabled (the child must have become incapacitated before age 26 and have been covered by this plan immediately before reaching the maximum age for dependent coverage).

You are responsible for notifying Human Resources when your enrolled children reach the age limit of 26.

When Health Benefits Are Taxable

If you cover an eligible family member who does not qualify under IRS rules for tax-free benefits (such as a domestic partner), you may be required to pay their premiums after tax and the value of their coverage may be treated as taxable "imputed income" to you. (Imputed income is the value of a benefit or service that is considered income for the purposes of calculating your federal taxes.) This situation typically applies to domestic partners.

Choose Carefully

IRS rules place certain restrictions on when you can make changes outside the enrollment period. Once your elections go into effect, you may not make further changes for the calendar year unless you experience a qualifying event. Any change in coverage during the year must be in keeping with the type of change. If, for example, you are single and have medical coverage for yourself, then get married during the year, you can add your spouse to the medical plan. (You may not switch medical plans.) You'll need to fill out required enrollment forms and provide supporting documentation within the allowable time frame to add or drop dependents outside of Open Enrollment:

- Newborn or adopted child—within 30 days of the birth or adoption (switching plan is allowed).
- For most other qualifying events—within 31 days of the event date.

Medical, Vision, Dental and Health Care Flexible Spending Account (FSA) Changes

For your medical, vision and dental plans, as well as your Health Care FSA, a qualifying change of election event means:

- Change in status (more details—including a list of qualifying changes—are on page 4).
- Significant increases in health plan cost or coverage (doesn't apply to the Health Care FSA).

- Qualification under special enrollment rights.
- Leave of absence under the Family and Medical Leave Act of 1993.
- Judgment, decree or court order requiring health coverage for your child.
- Entitlement to Medicare or Medicaid.
- Significant change in health care attributable to your spouse's/ domestic partner's employment.

Dependent Care FSA Benefits

Do you have children who go to day care, or need before—or after—school care? Do you have an aging parent who lives with you and needs care while you're at work? Are you tired of writing checks to your day care provider? Using a Dependent Care FSA can knock 30% off the cost of day care by reimbursing you with money that isn't taxed.

FYI: A Dependent Care FSA can also be called a Dependent Day Care FSA, Dependent Care Reimbursement Account, Flex Reimbursement Account, etc. No matter what your company calls it, you get the same great savings!

The Dependent Care FSA is NOT for your dependent's health care expenses. It is for dependent DAY CARE needs. You can use this account to help pay for day care that lets you go to work. If you're married, your spouse must work, be looking for work, or go to school full time.

Special Enrollment Periods

The Health Insurance Portability and Accountability Act of 1996 (HIPAA) gives you special enrollment rights as described within this section.

Change in Status

If you decline group health coverage through PLU and later acquire a new dependent by marriage, birth, adoption or placement, you may be eligible to enroll yourself and your dependents into the group health plan if you request enrollment within 31 days after the marriage or 30 days after the birth, adoption or placement for adoption of a child. If you become eligible to participate in a premium assistance program under Medicaid or the Children's Health Insurance Program (CHIP) Reauthorization Act of 2009, you have 60 days to enroll in the plan.

In addition, a special enrollment period is available if a change in status occurs. A change in status includes:

- Legal marital status change; domestic partnership status change; beginning or ending employment; reduction or increase in hours of employment; a dependent satisfying or no longer satisfying eligibility requirements
- Significant increases in health plan cost or coverage (doesn't apply to the Health Care Spending Account)
- Leave of absence under the Family and Medical Leave Act of 1993
- Judgment, decree or court order required health coverage for your child
- Entitlement to Medicare or Medicaid
- Significant change in health care attributable to your spouse's/domestic partner's employment

Any changes made in elections must be consistent with the change in status.

If you enroll in group health coverage through PLU and you (and/or a covered dependent) become eligible for coverage from another source as the result of a change in status, you may drop coverage within 31 days of the event. If you or your dependent is terminating coverage due to eligibility of Medicare or Medicaid, you have 60 days to drop coverage.

Involuntary Loss of Other Coverage

You may enroll for coverage under this Plan outside of Open Enrollment when some of the following requirements are met:

- You waived coverage under this Plan at the time this coverage was previously offered because you were already covered under another plan. (A waiver of group health plan benefits is required at Open Enrollment or when you become eligible for enrollment in the benefit plan; forms are available from the Plan Administrator.)
- Your coverage under the other health plan was terminated as a result of:
 - Loss of eligibility for the coverage (including as a result of legal separation, divorce, death, termination of employment or the reduction in the number of hours of employment); or
 - Termination of employer contributions toward such coverage.
- You were covered under COBRA at the time coverage under this Plan was previously offered and your COBRA coverage has been exhausted.
- You, or your dependent(s), were covered under Medicaid or CHIP but have since lost eligibility for either program.



Medical / Vision Plans

Medical / Vision Benefits

Medical coverage is one of the most important benefits available to you. We have a plan to help you achieve all of your health and wellness needs. Review the details of each plan carefully before making your choice.

PLU offers three medical / vision plan choices that are administered by Kaiser Permanente. With each medical plan, you have the flexibility to see network or out-of-network providers. In most cases, you'll pay less when you receive services at a Kaiser Permanente facility.

REMINDER!
You pay less when services are rendered at within Kaiser Permanente Network.

Kaiser Permanente		
Access PPO Medical Plan		
Benefit Feature	In-Network	Out-of-Network
Deductible [Individual / Family]	\$750 / \$1,500	
Out-of-Pocket Limit [Individual / Family]	\$3,000 / \$6,000	
Coinsurance	95% Enhanced Provider / 90% PPO Provider	70%
Primary Care / Specialist Visits	No copay 95% Enhanced Provider / 90% PPO Provider, after deductible	70%, after deductible
Preventive Care	100%	70% after deductible
Diagnostic Test and Imaging [X-ray, blood work, CT scan, MRI]	90%, after deductible	70%, after deductible
Emergency Care	\$150 per visit; then 90%, after deductible	
Emergency Transportation	90%, after deductible	
Urgent Care	95% Enhanced Provider / 90% PPO Provider, after deductible	70%, after deductible
Outpatient Surgery	90%, after deductible	70%, after deductible
Inpatient Surgery	90%, after deductible	70%, after deductible
Rehab Services	95% Enhanced Provider / 90% PPO Provider, after deductible	70%, after deductible
Durable Medical Equipment	90%, after deductible	70%, after deductible
Home Health Care	90%, after deductible	70%, after deductible
Vision Benefit		
Eye Exam	100% / once per 12 month period	
Hardware	Up to \$250 per 24-month period for age 19+	

For detailed information, go to the HR/ Benefits page on <https://www.plu.edu/human-resources/benefits/> and review the 2019 Detail Benefit Summary for each plan.

Medical / Vision Plans

Kaiser Permanente	
Essentials Core HMO Medical Plan	
Benefit Feature	In-Network Only
Deductible [Individual / Family]	\$1,000 / \$2,000
Out-of-Pocket Limit [Individual / Family]	\$3,000 / \$6,000
Coinsurance	80%
Primary Care / Specialist Visits	\$30 per visit; then 80%, after deductible
Preventive Care	100%
Diagnostic Test and Imaging [X-ray, blood work, CT scan, MRI]	80%, after deductible
Emergency Care	\$150 per visit; then 80%, after deductible
Emergency Transportation	80%, after deductible
Urgent Care	\$30 per visit; then 80%, after deductible
Outpatient Surgery	\$30 per visit; then 80%, after deductible
Inpatient Surgery	80%, after deductible
Rehab Services	\$30 per visit; then 80%, after deductible
Durable Medical Equipment	50%, deductible waived
Home Health Care	No charge, deductible does not apply
Vision Benefit	
Eye Exam	\$30 copay, then 100% / once per 12 month period
Hardware	Up to \$250 per 24-month period for age 19+

For detailed information, go to the HR/ Benefits page on <https://www.plu.edu/human-resources/benefits/> and review the 2019 Detail Benefit Summary for each plan.

Medical / Vision Plans

Kaiser Permanente	
HSA HMO Medical Plan	
Benefit Feature	In-Network Only
Deductible [Individual / Family]	\$1,500 / \$3,000 Until the total family annual deductible is met, benefits will not be provided for any family members
Out-of-Pocket Limit [Individual / Family]	\$3,500 / \$7,000
Coinsurance	80%
Primary Care / Specialist Visits	No copay 80%, after deductible
Preventive Care	100%
Diagnostic Test and Imaging [X-ray, blood work, CT scan, MRI]	80%, after deductible
Emergency Care	80%, after deductible
Emergency Transportation	80%, after deductible
Urgent Care	80%, after deductible
Outpatient Surgery	80%, after deductible
Inpatient Surgery	80%, after deductible
Rehab Services	80%, after deductible
Durable Medical Equipment	50%, after deductible
Home Health Care	80%, after deductible
Vision Benefit	
Eye Exam	100% / once per 12 month period
Hardware	Up to \$250 per 12-month period for age 19+

For detailed information, go to the HR/ Benefits page on <https://www.plu.edu/human-resources/benefits/> and review the 2019 Detail Benefit Summary for each plan.

Prescription Drug Plans

Prescription Drug Benefits

Kaiser Permanente			
Medical Plan Option	Access PPO Plan	Essentials Core Plan	HSA HMO Plan
Retail (30-day supply)	Not Subject to Deductible	Not Subject to Deductible	After Deductible
Preferred Generic	\$15 copay	\$15 copay	\$15 copay
Preferred Brand	\$25 copay	\$30 copay	\$30 copay
Non-Preferred Generic / Brand	\$45 copay	Not covered	Not covered
Mail Order (90-day supply)	Not Subject to Deductible	Not Subject to Deductible	After Deductible
Preferred Generic	\$30 copay	\$30 copay	\$45 copay
Preferred Brand	\$50 copay	\$60 copay	\$90 copay
Non-Preferred Generic / Brand	\$90 copay	Not covered	Not covered

NOTE: Compound medications are not covered by this plan.

Monthly Premiums—Medical / Vision / Prescription Drugs

Kaiser Permanente						
Coverage Election	Access PPO Plan		Essentials Core Plan		HSA HMO Plan	
Monthly Premiums	Employee	PLU	Employee	PLU	Employee	PLU
Employee Only	\$64.00	\$751.40	\$22.00	\$577.42	\$17.00	\$508.60
Employee with Spouse/DP	\$762.00	\$868.82	\$325.00	\$876.74	\$225.00	\$828.70
Employee with Child(ren)	\$430.00	\$797.18	\$100.00	\$807.12	\$59.00	\$736.42
Employee with Spouse/DP and Child(ren)	\$850.00	\$796.96	\$500.00	\$714.76	\$400.00	\$664.14

Health Savings Account Contributions

For those who elect the Kaiser Permanente HSA HMO Plan, PLU contributes \$65 per month for those who elect Employee Only coverage or \$130 per month for those who elect Family coverage towards their HSA.

Dental Plans

Dental Benefits

PLU offers two dental plan choices that are administered by **Delta Dental of Washington** and **Willamette Dental of Washington, Inc.** The Delta Dental of WA plan allows you to receive care from a provider of your choice. However, you will have lower out-of-pocket expenses if you see a PPO dentist. If you choose the Willamette Dental of WA plan all of your dental care must be obtained from a Willamette Dental Clinic. PLU contributes 95% of the premium for the Willamette Dental of WA plan and 82% towards the Delta Dental of WA plan. 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.

Dental Plan Options	Delta Dental of WA		Willamette Dental of WA, Inc.
Provision	In-Network	Out-of-Network	In-Network Only
Deductible—Waived for Class I [annual calendar year]	\$50 Individual / \$150 Family	\$100 Individual / \$300 Family	No deductible
Calendar Year Maximum	\$1,500 per covered individual		No annual maximum except for TMJ at \$1,000 per year to a lifetime maximum of \$5,000
Services	In-Network	Out-of-Network	In-Network Only
Office / Specialist Visit Copay	None		\$15 / \$30
Class I—Preventive Care	100%	90%	100% after visit copay
Class II—Basic Care	80%	60%	100% after visit copay
Class III—Major Care	50%	30%	\$150 copay per tooth for bridges and crowns \$275 complete denture (upper or lower) \$75, \$90, \$125 copay for root canals \$50 copay for surgical extractions
Class IV—Orthodontics	No coverage		\$25 copay for initial orthodontic exam \$125 copay for study models and X-rays \$1,500 copay for orthodontic service

Monthly Premiums—Dental

Coverage Election	Delta Dental of WA		Willamette Dental of WA, Inc.	
Monthly Premiums	Employee	PLU	Employee	PLU
Employee Only	\$9.24	\$43.80	\$2.56	\$48.38
Employee with Spouse/DP	\$61.26	\$43.80	\$54.16	\$48.38
Employee with Child(ren)	\$71.46	\$43.80	\$64.22	\$48.38
Employee with Spouse/DP and Child(ren)	\$123.48	\$43.80	\$115.52	\$48.38

For detailed information, go to the HR/ Benefits page on <https://www.plu.edu/human-resources/benefits/> and review the 2019 Detail Benefit Summary for each plan.

Flexible Spending and Health Savings Accounts

Flexible Spending Accounts

HealthEquity's Flexible Spending Accounts (FSAs) allow you to set aside pre-tax dollars to pay for eligible expenses each year. This means your out-of-pocket cost for these expenses will be reduced by the amount of tax that would have been deducted from your gross salary.

PLU offers you two FSAs:

Health Care FSA

- Allows you to pay eligible health care expenses (including deductibles and copays) for yourself and your eligible dependents with tax-free dollars.
- Contribute up to \$2,700 in 2019.

Dependent Care FSA

- Enables you to pay for work-related dependent day care expenses with tax-free dollars.
- Contribute up to \$5,000 in 2019 (up to \$2,500 if you are married and filing separately).

How it Works

Your contributions will be deducted from your paycheck before your pay is taxed. You will not pay federal income or social security taxes on the amount you contribute.

Each year during Open Enrollment, you will need to enroll and determine the amount you want to contribute for the year.

If you are currently enrolled, you must re-elect, as your participation will not automatically roll over.

Important Eligibility Note

You may enroll in an FSA only if you are benefits eligible.

If you or your Spouse / DP are enrolled in an FSA, you cannot enroll in a Health Savings Account (HSA).

Health Savings Account

If you enroll in the HSA HMO Medical Plan, you will automatically be enrolled in an HSA through HealthEquity. An HSA is similar to a Health Care FSA, but with some important differences.

How an HSA Works

- It allows you to pay for eligible health care expenses with tax-free dollars, so you save money. In addition, PLU will contribute money into your account for 2019.
- With an HSA, you own the account and all contributions. Unlike an FSA, the entire HSA balance rolls over and remains yours even if you change health plans, retire or leave the university.
- For 2019, PLU will make the following contributions to your account:
 - \$65 monthly for employee only coverage.
 - \$130 monthly if you cover dependents.
- You can also have money automatically deducted from your paycheck and deposited into your HSA on a pre-tax basis:
 - Up to \$3,500 (including PLU contribution) annually for employee only coverage.
 - Up to \$7,000 (including PLU contribution) annually if you cover dependents.
 - Contribute an additional \$1,000 annually as a catch-up contribution if you're age 55 or older.
- HSA funds can be used for a variety of qualified medical, dental and vision expenses.
- To be eligible for the HSA, you must enroll in the HSA HMO Medical Plan. The HSA is not available to employees who enroll in another medical plan.

If you are currently enrolled, you must re-elect, as your participation will not automatically roll over.

HSA Eligibility

In order to establish and contribute to the Health Savings Account, you:

- Must be enrolled in the HSA HMO Medical Plan.
- Cannot simultaneously participate in the Health Care FSA. This applies to your spouse, even if you're not covering him/her on your plan.
- Cannot be on Medicare (you can be eligible for Medicare).
- Cannot be claimed as a dependent on someone else's tax return.

Income Protection

Life / AD&D and Disability

PLU provides eligible employees with Basic Term Life and Accidental Death & Dismemberment (AD&D) coverage. After one year of service, Long-Term Disability (LTD) coverage is provided. Additionally, Voluntary Term Life coverage is available for eligible employees to purchase. These plans are underwritten by Unum Life Insurance Company of America (Unum).

Basic Term Life and Accidental Death & Dismemberment (AD&D)

You are automatically insured for an amount equivalent to your annual base pay under the Basic Life Plan. The benefit is payable to your beneficiary(ies) upon your death while insured.

AD&D coverage pays a lump sum to you or your designated beneficiary if you die or suffer certain injuries as the result of an accident. In the event of your death, your beneficiary(ies) receive an amount equivalent to your base pay in AD&D coverage. The amount paid for injuries varies by the type of injury. See the plan document for details.

Long-Term Disability (LTD)

A long-term disability (LTD) benefit is provided to benefit eligible employees after one-year of employment. The one year waiting period may be waived for new employees who have had prior LTD coverage with no lapse in coverage and documentation from the prior carrier. Long-term disability benefits will begin for any qualified disability after 90 days. LTD payments may continue as long as you remain disabled or until you reach social security normal retirement age.

PLU covered benefits will be provided at the following levels:

- 60% of your monthly earnings up to a maximum benefit of \$6,000 per month.

Voluntary Term Life

Voluntary term life insurance is made available to eligible employees, their spouse/DP, and their dependent children. You choose the protection that is right for you and your family.

- **You:** Increments of \$10,000 to a maximum benefit of the lesser of 5 x your annual salary or \$500,000. You can get up to \$350,000 with no health questions, if you are currently enrolled.
- **Your Spouse/DP:** Increments of \$5,000 to a maximum of \$250,000, not to exceed 100% of your voluntary life benefit. Your spouse can get up to \$50,000 with no health questions, if you are currently enrolled.
- **Your Child(ren):** Increments of \$2,500 up to \$10,000.
- **New Enrollees:** Must complete an evidence of insurability (EOI) regardless of the amount.

Rates are determined by your age and the amount of supplemental insurance requested. All enrollments or increases outside of your initial new hire period are subject to a medical questionnaire.



Preparing for the Future

Retirement Plan—403(b)

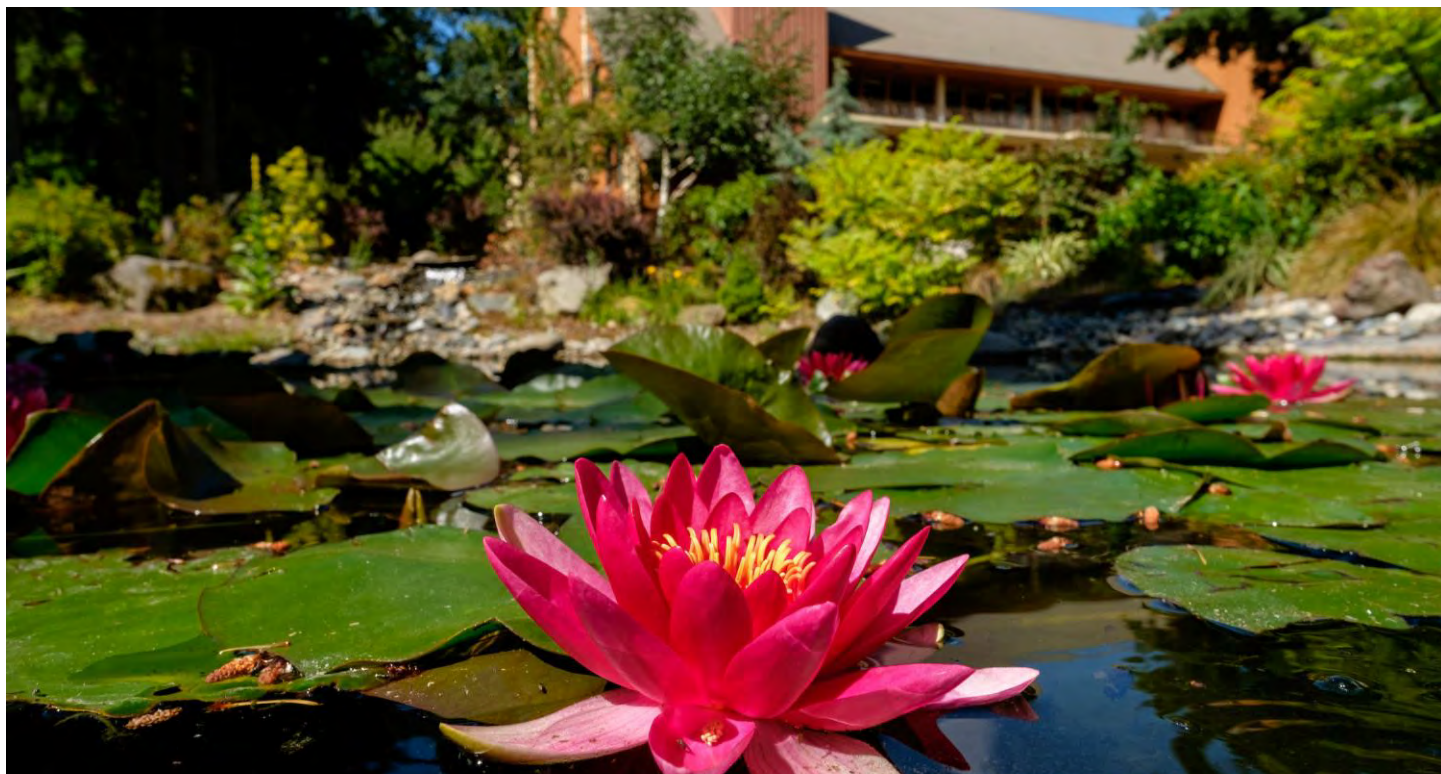
PLU's 403(b) retirement plan is one of the best offered by small private universities. Contributions are invested with Teachers Insurance and Annuity Association (TIAA) (www.tiaa.org/public/tcm/plu). There is a one-year waiting period before new employees may participate in the retirement plan (unless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

Once an employee is eligible, PLU 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 PLU's matching contribution equal to 3% of pay. See chart for PLU's contribution calculation.

Employee Voluntary Non-Matched Contributions

This account provides employees an opportunity to accumulate additional tax-deferred retirement savings on a voluntary basis. No waiting period is required. IRS restrictions do apply in calculating the maximum amount that may be tax-deferred. Contributions are invested with TIAA.

Contribution Schedule (deposited quarterly)	
Employee's Contribution	PLU's Contributions
0%	7.5%
1%	7.5% + 0.5% = 8%
2%	7.5% + 1.0% = 8.5%
3%	7.5% + 1.5% = 9%
4%	7.5% + 2.0% = 9.5%
5%	7.5% + 2.5% = 10%
6%	7.5% + 3.0% = 10.5%



Contact Information

Benefit	Carrier	Phone	Website
Medical / Prescription Drug / Vision	Kaiser Permanente	888.901.4636	www.kp.org/wa
Dental	Delta Dental of Washington	800.554.1907	www.deltadentalwa.com
Dental	Willamette Dental of Washington	855.433.6825	www.willamettedental.com
Health Savings Account	HealthEquity	866.346.5800	www.healthequity.com
Flexible Spending Accounts	HealthEquity	866.346.5800	www.healthequity.com
Basic Term Life / AD&D	Unum	866.679.3054	www.unum.com
Long-Term Disability	Unum	866.679.3054	www.unum.com
Voluntary Term Life	Unum	866.679.3054	www.unum.com
Employee Assistance	First Choice EAP	800.777.4114	www.firstchoicееap.com
Travel Accident Plan	Assist America	800.872.1414	www.assistamerica.com
Retirement	TIAA	800.842.2252 866.928.4221	www.tiaa.org/public/tcm/plu
Human Resources		253.535.8146	www.plu.edu/human-resources/benefits

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This brochure is a brief summary of your health care benefits. It is not intended as a complete description of the plans. More details are in your plan booklets. Although we've made every effort to ensure this brochure is accurate, provisions of the official plan documents and contracts will govern in the case of any discrepancy. The program is subject to review and may be modified or terminated at any time for any reason. This brochure does not create a contract of employment between Pacific Lutheran University and any employee.