



2021

**Benefits Guidebook** 

## What's New

For 2021 plan year, Pacific Lutheran University (PLU) will make no changes to plan designs for all medical (including vision) and dental plans. Ancillary plans will also be staying the same as the 2020 plan year. In addition, there will be no changes to PLU's contribution to your Health Savings Account (HSA).

For 2021, Kaiser Permanente has given PLU an overall reduction in medical with vision rates. In addition, PLU has reconsidered and adjusted the university's contribution strategy. This results in no contribution changes for the employee and employee with child(ren) tiers, a slight increase for employee with spouse/domestic partner tier, and a decrease for the employee with family tier. Please refer to the Medical Plan Options 2021 on HR Website to see contribution cost differences. There are no changes to both Delta Dental and Willamette Dental premiums

The premiums and benefits that are outlined in this guide are in place effective January 1, 2021 through December 31, 2021. Open enrollment will be starting November 2 through November 16 for the 2021 plan year. A virtual health benefits fair will be held on November 5. Please reconsider you and your family's health care needs, premium cost differences and update your 2021 enrollment accordingly.

Please visit our website (<a href="https://www.plu.edu/human-resources/benefits/">https://www.plu.edu/human-resources/benefits/</a>) for more information and forms that will need to be submitted.



## What's Inside

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







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## 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 15).
- 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 you call 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.

## 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. Under the Access PPO plan, you have the flexibility to see in-network or out-of-network providers. In most cases, you'll pay less when you receive services at a Kaiser Permanente facility. Both the Essentials Core HMO and HSA HMO are in-network only with the exceptions of referrals to contracted provider or specialist.

	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									
<b>Emergency Transportation</b>	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+									

# 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									
<b>Emergency Transportation</b>	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+									

# Medical / Vision Plans

Kaiser Permanente							
HSA HM	10 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						
<b>Emergency Transportation</b>	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+						

## **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 F	PPO Plan	Essentials	Core Plan	HSA HMO Plan								
Monthly Premiums	Employee	PLU	Employee	PLU	Employee	PLU							
Employee Only	\$64.00	\$732.32	\$22.00	\$563.40	\$17.00	\$496.30							
Employee with Spouse/DP	\$792.00	\$800.64	\$373.00	\$800.60	\$229.00	\$800.06							
Employee with Child(ren)	\$430.00	\$768.46	\$100.00	\$785.88	\$59.00	\$717.82							
Employee with Spouse/DP and Child(ren)	\$840.00	\$768.40	\$401.00	\$785.36	\$322.00	\$718.20							

#### **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.

## **Kaiser Permanente Washington Locations**

Get more information about each facility, including address, hours, staff, and more at kp.org/wa/locations.



## **Specialties at each Kaiser Permanente Location**

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	g	en.	erton		I Hill	Downtown Seattle	:t	ia	Federal Way	arbor				d)		Port Orchard				puo	u	Jale	Smokey Point	South Lake Union	Steele Street *	na	Tacoma Mall	Tacoma Sprague Ct	West Olympia	Kendall Yards	Lidgerwood				ale
	Ballard	Bellevue	Bremerton	Burien	Capitol Hill	Jown	Everett	Factoria	-eder	Gig Harbor	Kent	Lynnwood	Northgate	North	Olympia	ort C	Poulsbo	Puyallup	Rainier	Redmond	Renton	Silverdale	smoke	south	steele	Tacoma	Гасоп	Facon	Nest (	Kenda	idger-	North	Riverfront	South Hill	Veradale
Activity, Sports, Exercise Medicine		Ī			•		•		•	Ŭ		_	•	_	•	•					•	•	01	0,	_				_	Ť	-		•	0,	•
Allergy, Asthma		-			-		-								-	•										•									
Audiology		-			•		•								•													•							
Cancer Care		•			•		-								•							•				•									
Cardiology		-			•		-								-	•						•				•									
Chiropractic Care	-																							•											
Dermatology					•							•			-							•				•									
Endocrinology		•			•				•			•										•			•	•							•		
Eye Care		-		-	-	-	-		•				•		•	-		-			•	-	•					-					-		
Family Medicine		•		•	•	•	•	•	•	-1		•	•	•	•	•	•	•	•	-		•		•	•	•			•		•	•	•	•	•
Family Medicine with Obstetrics				-	-		-					•	-						-														•	-	
Gastroenterology					•																														
General Surgery					-		-								-							-				-									
Hematology					-										-											-									
Home Infusion Services		-																																	
Internal Medicine (Primary Care)																																			
Laboratory					-	-	-		-	-	•		-	-	_	-	-	-	-	-				-	_	-			-		-		-	-	
Mental Health																																			
Midwifery					-										-			-			-														
Nephrology																																			
Neurology					-				-						-						-														
Obstetrics / Gynecology	١.											_																							
Occupational Health	+-	-			-																i					_									
Occupational Therapy		ı		-					-																-										
Ophthalmology		i			-				-						i			-										-							
Orthopedics					-				-																			-							
					-																														
Otolaryngology (Ear, Nose, Throat)	١.																			_															
Pediatrics		i		-	-							-	-	-	•																				
Pharmacy	-	1		-	-	-	-	-	•		-	-	-	-		-	•	•	•	•		•	-		-	•			-		-			•	-
Physical Therapy	•	•		-	-	-	-		-			-	-		-	-		-		-1	-	-		-	-	-							-		
Podiatry					•																												•		
Psychiatry					-			-					-																						
Psychology			-		•			-					-		-												-								
Pulmonary / Sleep Medicine		•			•		-																			•									
Radiology (X-ray)	•	•		•	-		-	•	•		•	-	•	•	-	•	-	•	•	•	•	•	•		•	•			•		•		•		•
Rheumatology		-			•							•														-							•		
Social Work Services		•		•		•	•	•	•	•	•	-	•	•	•	•	-	•	-	•	•	•		•	•	•			•	•	-		•	-	•
Speech / Language / Learning Services		•			•		•								•						•	•					•								
Urgent Care		•			•										-							•				•									
Urology		-			•		•								•											•									
Walk-in Clinics							•								•			•								-									

<sup>\*</sup> Formerly named Tacoma South

### Make the most of your Kaiser Permanente Washington health plan

Find the care that fits your life. Come in, click, or call to get care. Learn more at kp.org/wa/getcare

- ➤ **Flu season is here** It's more important than ever to get your flu shot this year. Schedule a flu shot appointment online now or by calling your medical office.
- ➤ Recognize the differences between COVID-19, cold, and flu symptoms Because there are similarities between the symptoms of COVID-19, a seasonal cold, and the flu, mild cases of COVID-19 may go undetected. Learn more.
- ➤ **Keep your health on track** Staying healthy during the pandemic also means staying on top of your regular health needs. If you've put off appointments for chronic health conditions, preventive care screenings, or immunizations, don't wait get the care you need today.

#### Kaiser Permanente offers more ways for members to get flu shots

- · 31 Kaiser Permanente locations, extended hours, and weekend availability at select sites
- Drive-up locations (for adults only): Puyallup, Olympia, Federal Way, Port Orchard
- School-based health centers
- Provider offices, select retail stores, pharmacies, or various community locations

#### Getting a flu shot at a retail location

From <u>October 17 through December 31, 2020</u>, Kaiser Permanente members may get their flu shot at retail locations that include Albertsons, Costco, CVS, Fred Meyer, Haggen, Kroger, QFC, Rite Aid, Safeway, Save-on, Walgreens, and Walmart.

Kaiser Permanente has made arrangements with these retailers and pharmacies to provide flu shots at all of their locations at no cost to our members. Members who receive a flu shot from a designated retail location do not have to pay for the shot or file a claim. In addition, the member's medical record will be updated to show that they received a flu shot for this year.

Members will need to show a photo ID and either a physical or digital Kaiser Permanente member ID card to access this service. Just knowing their membership number will not be enough. This option is only for the flu shot. It is being offered due to the COVID-19 pandemic and the urgency of ensuring that everyone who can get a flu shot does so as soon as possible.

For more info: kp.org/wa/flu-shot



### Make the most of your Kaiser Permanente Washington health plan

Find the care that fits your life. Come in, click, or call to get care. Learn more at kp.org/wa/getcare

## Stay safe — get care from home first

To help protect yourself, your loved ones, and the Kaiser Permanente staff, please don't visit facilities without an appointment. You have many other ways to get quality care, including phone appointments and email. KP clinicians will determine if you need an in-person appointment or meet the criteria for a COVID-19 test.

If you're having a medical emergency, call 911 or go to the nearest hospital. Tell them if you have COVID-19 symptoms.

For more info: https://healthy.kaiserpermanente.org/washington/health-wellness/coronavirus-information

# COVID

### Pharmacy network optimization

Effective January 1, 2021, Kaiser Permanente is removing 51 Bartell pharmacies from their Core network in the Puget Sound region and 4 network pharmacies near the new Smokey Point Medical Center in Marysville. Kaiser Permanente is sending letters to affected members in late October notifying members of the changes and explaining how to transfer prescriptions to a Kaiser Permanente pharmacy, an in-network pharmacy, or mail-order service.

In addition, Kaiser Permanente is introducing new maintenance medication first-fill and refill policies as part of some of 2021 health plans. Members may fill their first supply of a maintenance drug at any in-network pharmacy or through mail order. Subsequent refills must be filled via mail order or at a Kaiser Permanente pharmacy.

For more info: https://wa-business.kaiserpermanente.org/pharmacy-network-optimization-takes-next-steps-2021/

RX

### **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 Den	ntal 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 cov	ered individual	<ul> <li>No annual maximum except</li> <li>TMJ at \$1,000 per year to a lifetime maximum of \$5,000</li> <li>Implant surgery at \$1,500 annual maximum to one implant per year</li> </ul>						
Services	In-Network	Out-of-Network	In-Network Only						
Office / Specialist Visit Copay	No	ne	\$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 cov	verage	\$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 Dei	ntal of WA	Willamette Dental of WA, In					
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				

## Flexible Spending 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 \$2,750 in 2021.

#### **Dependent Care FSA**

- ▶ Enables you to pay for work-related dependent day care expenses with tax-free dollars.
- Contribute up to \$5,000 in 2021 (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.

Don't forget to use your FSA funds before the end of the grace period. FSA follows the "use it or lose it" rule.

#### **Debit Cards**

Debit cards will be mailed to new participants' home addresses. Continuing participants will use the same card and member portal for their accounts. Cards are good for 3 years, so continuing participants will only be receiving a new card in the mail if debit card is approaching an expiration date.



#### **Important Notes Below...**



For the current plan year, June – December 2020, you must submit claims for reimbursement by March 31, 2021.

For the new plan year, January – December 2021, you must submit claims for reimbursement by March 31, 2022.

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 Accounts**

### **Health Savings Account (HSA)**

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 2021.
- 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 2021, 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:
  - > \$3,550 (including PLU contribution) annually for employee only coverage.
  - > \$7,100 (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.

#### **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 them 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.

#### **Debit Cards**

Debit cards will be mailed to new participants' home addresses. Continuing participants will use the same card and member portal for their accounts. Cards are good for 3 years, so continuing participants will only be receiving a new card in the mail if debit card is approaching an expiration date.



## **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

If already enrolled, a change in status above would also allow switching to a different plan. Any changes made in elections must be consistent with the change in status. In addition, once a change has been made, it cannot be reverted back until next open enrollment period.

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.



## **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 5x your annual salary or \$500,000.
- Your Spouse/DP—Increments of \$5,000 to a maximum of \$250,000, not to exceed 100% of your voluntary life benefit.
- 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.

Options during enrollment:

- Enroll—A new enrollment must be submitted to Human Resources or enroll online at <a href="https://www.plane.biz/Logons/PACIFICLUTHERANUNIV2021/default.htm">https://www.plane.biz/Logons/PACIFICLUTHERANUNIV2021/default.htm</a>.
- Child Reaching Age Limit of 26—Please notify Human Resources if your covered child is no longer eligible.

#### Reminder

For voluntary life insurance, generic enrollment forms will be available in the Human Resources office or online at Unum.

Employees will be required to create an account with the following personal information: >> Last name >> Last 4 Digits of SSN >> Date of birth

## Other Benefits

### **Physical Activity**

To support your physical activity goals, we've partnered with these fitness centers to offer discounts to PLU employees:

- Eastside Community Center
- Tacoma Star Center
- YMCA of Pierce and Kitsap County

More information can be found at: <a href="https://www.plu.edu/human-resources/wellness/">https://www.plu.edu/human-resources/wellness/</a>.

#### **ORCA**

PLU offers regional transit passes to benefits eligible employees. Faculty and staff receive their ORCA card preloaded with an annual pass. The majority of the pass cost is covered by PLU, with a small fee charged to employees. Purchase or renew your ORCA card at the Business Operations Office, AUC 207. A valid PLU ID card is required at the time of purchase or renewal.

The employee cost for August 2020 – May 2021 is \$10.11. Visit Commute Smart for information or contact Gretchen Howell in Human Resources at ext. 7329.



## **Employee Assistance Support**

To help get you over life's bumps, PLU offers the Employee Assistance Program (EAP) through First Choice Health. Whether you need help finding care for a loved one or help with a work-related or personal problem, confidential counseling and referrals are available 24/7.

Call 800.777.4114 or visit www.firstchoiceeap.com.

More information can be found at: <a href="https://www.plu.edu/human-resources/employee-assistance-program-eap/">https://www.plu.edu/human-resources/employee-assistance-program-eap/</a>.

### **Dependent Tuition Remission**

Dependent tuition remission applications for classes taken from June 1, 2021 through May 31, 2022 are due in Human Resources by January 31, 2021. Only one tuition remission application needs to be completed each year. If there is no current, approved remission form on file by January 31, 2021, the remission benefit may be denied.

Visit the Human Resources website for the tuition benefits policy and dependent tuition remission application. If you have questions, please call Gretchen Howell in Human Resources at ext. 7329.

### **Tuition Exchange**

**Attention: Parents of High School Seniors** 

A reminder to all faculty and staff with dependent high school seniors who are considering the Tuition Exchange or ELCA programs for 2021 – 2022—it is not too early to apply. In fact, we encourage you to make application a priority this fall, as the schools' 2021 – 2022 deadlines vary. Remember, these programs are highly competitive and this is not a guaranteed benefit.

For more information on the Tuition Exchange program, visit <a href="https://www.tuitionexchange.org">www.tuitionexchange.org</a>. If you are interested in applying for either program, you must complete an application. Please call Gretchen Howell in Human Resources at ext. 7329 to help you through the process, answer questions, or to request a list of participating ELCA schools.

## Preparing for the Future

### Retirement Plan—403(b)

PLU's 403(b) retirement plan 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 3% of the employee's salary to their retirement account.

#### **Employee Voluntary 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.

Employee voluntary contributions can be adjusted at any time including outside of the annual open enrollment period.



## **Open Enrollment Instructions**

#### **Medical / Vision and Dental**

- □ Reconsider your medical / vision plan, your family's health care needs and premium cost differences.
- Evaluate your dental plan.
- ☐ Add / drop coverage for dependent(s).
- Enroll / terminate your plan(s).
- No action is needed unless you are interested in exploring a change in medical/vision and/or dental plans.

### **Voluntary Term Life Insurance**

- Evaluate your insurance needs—complete an enrollment form to enroll. Open enrollment packets from Unum will be available on the HR website.
- Increase / decrease your coverage—a new application must be submitted to Human Resources. You will receive a confirmation letter once it's approved by the insurance company.
- □ Cancel coverage—a new application form must be submitted to Human Resources. There is a "decline" box on the form. Your current coverage will then terminate effective December 31, 2020.
- Child reaching age limit of 26—please notify Human Resources if your covered child is no longer eligible.

### **Section 125 Flexible Spending Account**

 Current and new participants—submit a new 2021 election form if you want to elect or continue using the program.

#### **Tuition Remission**

Submit dependent tuition remission applications for classes taken from June 2020—May 2021 by January 31, 2021.

#### Resources

Enrollment forms are available under "Documents and Forms" on the HR website:

https://www.plu.edu/human-resources/benefits/ https://www.plu.edu/humanresources/documents/







## **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.firstchoiceeap.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		253.535.7185	www.plu.edu/human- resources/benefits		

## **Benefits Committee Members**

Contact Name	Title	Email	Office Phone				
Misty Berlin	Instructional Technologies Team Manager	berlinma@plu.edu	253.535.7260				
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Marianne Taylor	Professor of Psychology	taylormg@plu.edu	253.535.7657				
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Aon	Health & Benefits Consultants	AskAonSeattle@aon.com					



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.