



2022

Benefits Guidebook

What's New

For the 2022 plan year, Pacific Lutheran University (PLU) will make no changes to plan designs and premiums for the medical PPO plan and medical HSA HMO plan. There are no changes to both Delta Dental and Willamette Dental plan designs and premiums. Ancillary plans will also be staying the same. In addition, there will be no changes to PLU's funding to your Health Savings Account (HSA).

New change, effective 1/1/2022, is the replacement of the Essentials Core plan with the Virtual Plus plan. This new plan has lower deductibles, lower copays, and lower monthly premiums. If you are currently on the Essentials Core plan, the last day of coverage under this plan is December 31, 2021. You must choose a new medical plan for calendar year 2022. Additional plan details can be found on pages 8 through 11. Please refer to the Medical Plan Options 2022 on the HR Website to see contribution cost differences.

The premiums and benefits that are outlined in this guide are in place effective January 1, 2022 through December 31, 2022.

Please visit our website (<https://www.plu.edu/human-resources/benefits/>) 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—Plan Pays	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 at <https://www.plu.edu/human-resources/benefits/> and review the 2022 Detail Benefit Summary for each plan.

Kaiser Permanente	
Virtual Plus Medical Plan	
Benefit Feature	In-Network Only
Deductible [Individual / Family]	\$500 / \$1,000
Out-of-Pocket Limit [Individual / Family]	\$3,000 / \$6,000
Coinsurance—Plan Pays	80%
Primary Care / Specialist Visits	\$20 copay primary / \$40 copay specialist
Preventive Care	100%
Diagnostic Test and Imaging [X-ray, blood work, CT scan, MRI]	80%, after deductible
Emergency Care	\$200 copay per visit (designated facility) / \$200 copay, deductible and coinsurance apply (non-designated facility)
Emergency Transportation	\$200 copay per visit (designated facility) / \$200 copay, deductible and coinsurance apply (non-designated facility)
Urgent Care	80%, after deductible
Outpatient Surgery	\$20 copay primary / \$40 copay specialist
Inpatient Surgery	80%, after deductible
Rehab Services	Inpatient: 80%, after deductible (30 visits per calendar year) Outpatient: \$20 copay / \$40 copay for specialist (45 visits per calendar year)
Durable Medical Equipment	80%, after deductible
Home Health Care	No charge, deductible does not apply
Vision Benefit	
Eye Exam	\$20 copay / once every 12 months (deductible / coinsurance waived)
Hardware	\$150 per 12 months (not subject to deductible / coinsurance)

For detailed information, go to the HR/Benefits page at <https://www.plu.edu/human-resources/benefits/> and review the 2022 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—Plan Pays	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 at <https://www.plu.edu/human-resources/benefits/> and review the 2022 Detail Benefit Summary for each plan.

Prescription Drug Plans

Prescription Drug Benefits

Kaiser Permanente			
Medical Plan Option	Access PPO Plan	NEW Virtual Plus 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	\$35 copay	\$30 copay
Non-Preferred Generic / Brand	\$45 copay	\$150 copay	Not covered
Mail Order (90-day supply)	Not Subject to Deductible	Not Subject to Deductible	After Deductible
Preferred Generic	\$30 copay	\$5 copay	\$45 copay
Preferred Brand	\$50 copay	\$5 copay	\$90 copay
Non-Preferred Generic / Brand	\$90 copay	\$5 copay	Not covered

NOTE: Compound medications are not covered by this plan.

Monthly Premiums—Medical / Vision / Prescription Drugs

Kaiser Permanente						
Coverage Election	Access PPO Plan		NEW Virtual Plus Plan		HSA HMO Plan	
Monthly Premiums	Employee	PLU	Employee	PLU	Employee	PLU
Employee Only	\$64.00	\$732.32	\$10.00	\$551.92	\$17.00	\$561.30
Employee with Spouse/DP	\$792.00	\$800.64	\$349.00	\$777.54	\$229.00	\$930.06
Employee with Child(ren)	\$430.00	\$768.46	\$82.00	\$768.36	\$59.00	\$847.82
Employee with Spouse/DP and Child(ren)	\$840.00	\$768.40	\$377.00	\$761.78	\$322.00	\$848.20

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.

NEW Virtual Plus Medical Plan Compared to Former Essentials Core HMO Plan

PLAN FEATURE THAT WILL CHANGE	NEW	FORMER	DIFFERENCE
	Virtual Plus Plan	Essentials—Core HMO Plan	Positive, Negative, Neutral
Plan Deductible	\$500 / \$1,000	\$1,000 / \$2,000	Positive
Prescription Drugs	Retail: Specialty drugs now covered Mail Order: Generic: \$5 copay Formulary: \$5 copay Non-Formulary: \$5 copay Specialty: \$5 copay	Retail: Specialty drugs NOT covered Mail Order: Generic: \$15 copay Formulary: \$30 copay Non-Formulary: Not covered Specialty: Not covered	Positive
Acupuncture	\$20 copay (deductible / coinsurance waived)	\$30 copay + coinsurance after deductible	Positive
Chemical Dependency	Inpatient: deductible / coinsurance apply Outpatient: \$20 copay	Inpatient: deductible / coinsurance apply Outpatient: \$30 copay + coinsurance after deductible	Positive
Devices, equipment and supplies	20% coinsurance	50% coinsurance	Positive
Hearing Exam (routine)	\$20 copay	\$30 copay + coinsurance after deductible	Positive
Organ Transplant	Inpatient: deductible / coinsurance apply Outpatient: \$20 copay	Inpatient: deductible / coinsurance apply Outpatient: \$30 copay + coinsurance after deductible	Positive
TMJ	Inpatient: deductible / coinsurance apply Outpatient: \$20 copay	Inpatient: deductible / coinsurance apply Outpatient: \$30 copay + coinsurance after deductible	Positive
Routine Vision	1 visit every 12 months; \$20 copay (deductible / coinsurance waived)	1 visit every 12 months; \$30 copay (deductible / coinsurance waived)	Positive
Optical Hardware	\$150 per 12 months (not subject to deductible / coinsurance)	\$250 every 24 months (equates to \$125 per year)	Positive ¹
Emergency Services	\$200 copay; deductible / coinsurance apply	\$150 copay; deductible / coinsurance apply	Negative
Hearing Hardware (hearing aids)	Not covered	\$1,000 limit every 36 months	Negative
Bariatric Surgery	Not covered	Deductible / coinsurance apply	Negative
Rehabilitation Services	Inpatient: 30 visits per calendar year; deductible / coinsurance apply Outpatient: 45 visits per calendar year; \$20 copay / \$40 copay for specialist	Inpatient: deductible / coinsurance apply Outpatient: \$30 copay + coinsurance after deductible (60 visit combined limit for inpatient and outpatient visits)	Neutral

¹ Benefit could go either way; if you only need glasses every 2 years, the current option is better)

NEW Virtual Plus Medical Plan Compared to Former Essentials Core HMO Plan

PLAN FEATURE THAT WILL CHANGE	NEW	FORMER	DIFFERENCE
	Virtual Plus Plan	Essentials—Core HMO Plan	Positive, Negative, Neutral
Mail Order Maintenance Medications	<p>Any maintenance medications must be filled through the KPWA mail order pharmacy. Kaiser will allow the 1st fill to be filled at any contracted Connect network pharmacy but after that it would need to be transferred to the KP Mail order pharmacy. This provides a cost saving to the member—they get the lower copay and only pay 2 copays for a 90-day supply.</p> <p>Non-maintenance and medications that cannot be mailed due to regulations are exempt from this policy.</p>	<p>Both maintenance and non-maintenance medications can be filled at any in-network pharmacy. Mail order maintenance medications provide a cost savings to the member—they get a lower copay and only pay 2 copays for a 90-day supply.</p>	Neutral
Narrowed Specialty Network	<p>The below medical groups will be excluded from the Virtual Plus network: The Everett Clinic / Franciscan Medical Group / UW Medical Group / Overlake Medical Group / Multi-Care Rockwood (in Spokane)</p> <p>If a member is in the middle of care in a hospital setting when the plan changes and the hospital is not in the Connect network—they would offer continuation of care in that setting until the patient is discharged. Once discharged the member would need to use a Connect Care hospital in the future, obtained through referral with their Kaiser Physician.</p> <p>If they are using a provider that is not in the Connect network, they would need to change providers at open enrollment or move to the Access PPO plan if they do not want to give up that provider.</p>	<p>Contracted provider groups considered in-network today; include: The Everett Clinic / Franciscan Medical Group / UW Medical Group / Overlake Medical Group / Multi-Care Rockwood (in Spokane)</p> <p>Faculty and Staff must seek a referral from their Kaiser physician to seek care at one of the contracted providers.</p>	Negative ¹

¹ Rating as a negative due to the narrow network. Ultimately this should affect very few faculty and staff just because of the nature of an HMO. Members would need to be referred to an outside of the Kaiser network Provider to be billed at in-network benefits. This change limits the number of provider systems that a Kaiser Physician can refer out to.

Virtual Plus Health Plan—Connect Network

Offered in the following counties:

- ▶ King
- ▶ Kitsap
- ▶ Pierce
- ▶ Snohomish
- ▶ Spokane
- ▶ Thurston



The Virtual Plus product is designed to fully leverage the differentiation of KPWA's integrated care model and digital front door to create a low-cost virtual plan option to address the economic hardships created by the COVID -19 Pandemic.

Providing the highest quality and most affordable care through a network design that focuses toward KPWA's integrated KPcare delivery model.

PRIMARY CARE NETWORK INCLUDES:

- ▶ King, Kitsap, Pierce, Snohomish, Spokane, and Thurston counties
- ▶ All Kaiser Permanente medical facilities

SPECIALTY CARE NETWORK INCLUDES:

- ▶ All specialty care at Kaiser Permanente medical facilities
- ▶ Providence Medical Group including Spokane practices
- ▶ Western Washington Medical Group
- ▶ Seattle Children's Medical Group

There are some medical groups available in Kaiser's current Core HMO network that will not be included in the new Connect network.

HOSPITALS NOT INCLUDED:

- ▶ Harborview Medical Center in Seattle
- ▶ University of Washington Medical Center in Seattle
- ▶ MultiCare Valley Hospital in Spokane
- ▶ Shriners' Hospital for Children in Spokane

MEDICAL GROUPS NOT INCLUDED:

- ▶ The Everett Clinic
- ▶ Franciscan Medical Group
- ▶ UW Medical Group
- ▶ Overlake Medical Group
- ▶ MultiCare Rockwood
- ▶ Providence (excluded from primary care only; included for specialty)

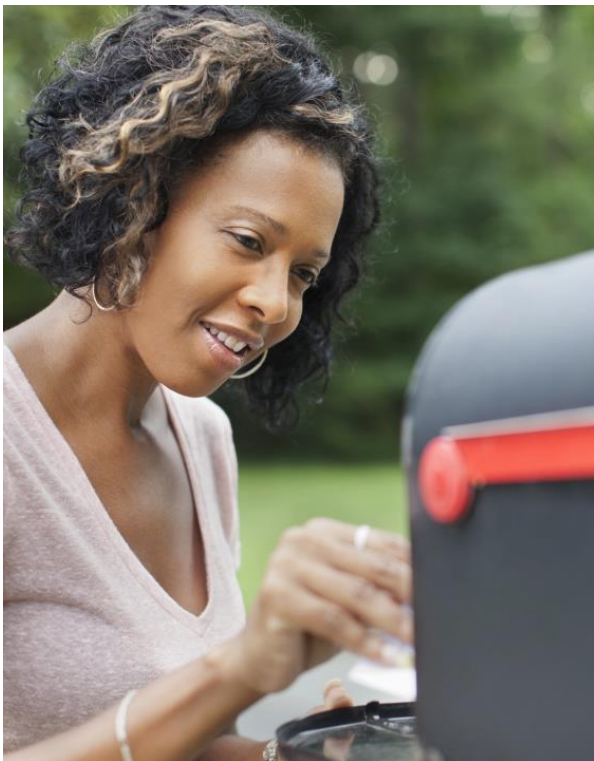
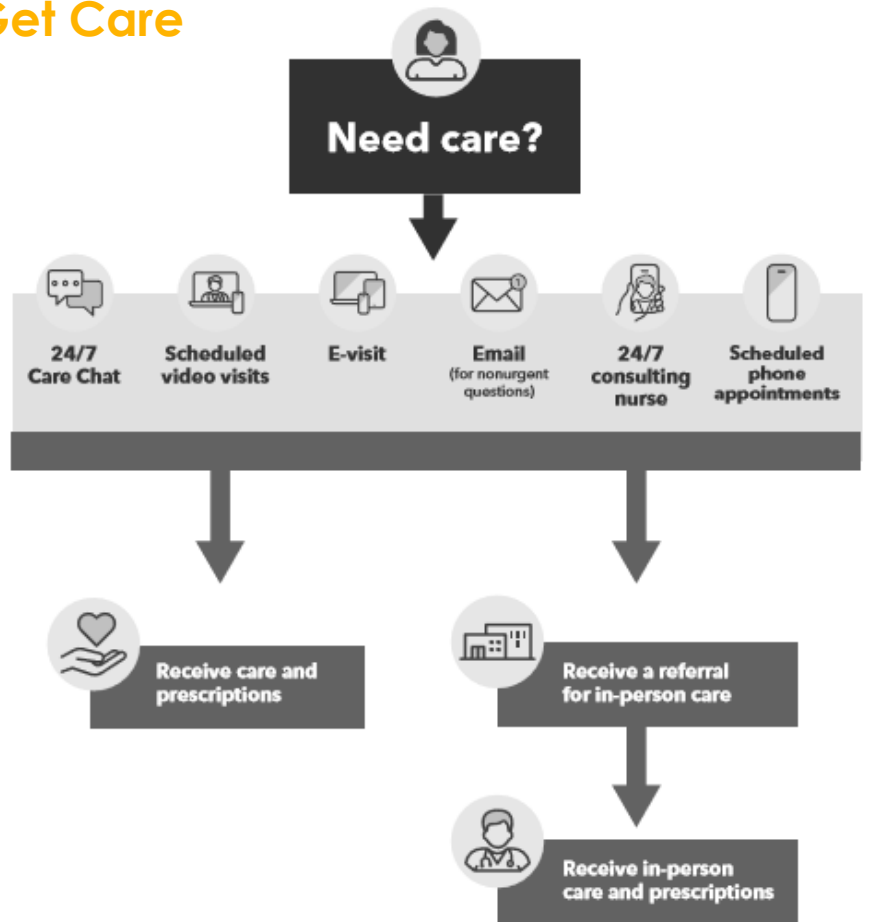
Virtual Plus Health Plan—Get Care

Getting care with the Virtual Plus Health Plan is easy and affordable.

Simply visit kp.org/wa/getcare to start with a virtual visit.

Kaiser Permanente providers will work with you to determine appropriate next steps; whether that's care and a prescription or an in-person visit.

NOTE: Starting with an in-person visit without a referral may result in higher out-of-pocket costs.



Virtual Plus Maintenance Medication Refills

Virtual Plus plans offer a more integrated and affordable prescription drug experience for large groups in 2021.

These new maintenance medication first-fill and refill rules are standard to the plan include:

- ▶ Members may fill up to a 30-day supply of a new 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.

NOTE: Non-maintenance medications and those we cannot mail are not subject to these guidelines and may be filled at any in-network retail pharmacy, anytime.

Kaiser Permanente Washington Locations

We operate 32 medical facilities with multiple services in our Washington region, plus 5 smaller medical offices that offer limited specialty services.

We have urgent care centers at 5 locations: Bellevue, Capitol Hill, Olympia, Silverdale, Tacoma.

Visit:

Get more information about each facility, including address, hours, staff, and more at <https://healthy.kaiserpermanente.org/washington/doctors-locations#/search-form>

Quality of Care

One of the top-ranked medical groups in Washington state 5 years in a row.*



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 ▶ TMJ—\$1,000 per year to a lifetime maximum of \$5,000 ▶ Implant surgery—\$1,500 annual maximum to one implant per year
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 at <https://www.plu.edu/human-resources/benefits/> and review the 2022 Detail Benefit Summary for each plan.

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 \$2,850 in 2022.

Dependent Care FSA

- ▶ Enables you to pay for work-related dependent day care expenses with tax-free dollars.
- ▶ Contribute up to \$5,000 in 2022 (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...

Eligibility

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).

Reimbursement Deadlines

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

For the new plan year, January – December 2022, you must submit claims for reimbursement by March 31, 2023.

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 2022.
- ▶ 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 2022, 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:
 - ▶ \$3,650 (including PLU contribution) annually for employee only coverage.
 - ▶ \$7,300 (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.

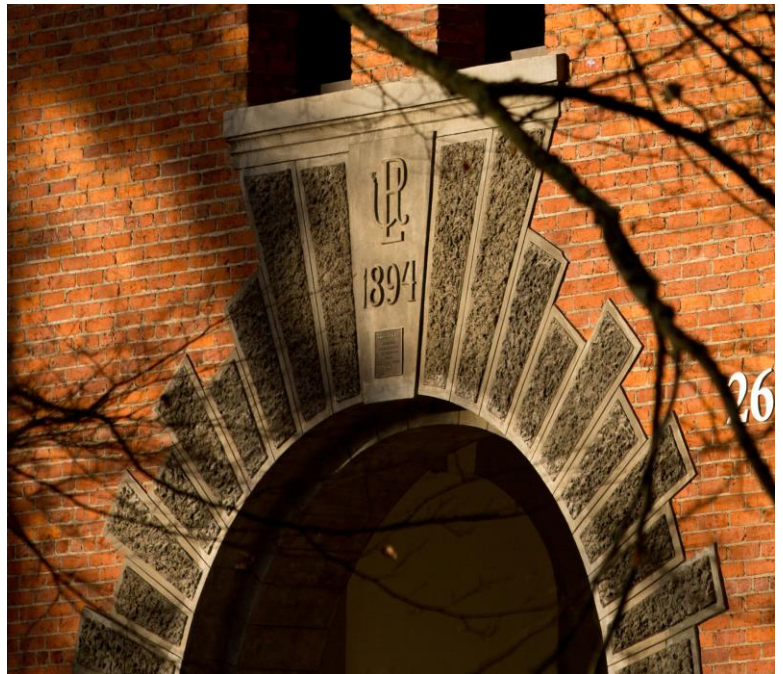
HSA Eligibility

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. 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.

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:
<https://www.plu.edu/human-resources/wellness/>.

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 June 2021 – May 2022 is \$12.63. 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.firstchoicееap.com.

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

Dependent Tuition Remission

Dependent tuition remission applications for classes taken from June 1, 2022 through May 31, 2023, are due in Human Resources by January 31, 2022. Only one tuition remission application needs to be completed each year. If there is no current, approved remission form on file by January 31, 2022, 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 2022 – 2023—it is not too early to apply. In fact, we encourage you to make application a priority this fall, as the schools' 2022 – 2023 deadlines vary. Remember, these programs are highly competitive and this is not a guaranteed benefit.

For more information on the Tuition Exchange program, visit www.tuitionexchange.org. 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 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 maximum amount that may be tax-deferred. Contributions are invested with TIAA.

Contributions	
Employee's	PLU's
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		253.535.7185	www.plu.edu/human-resources/benefits

Benefits Committee Members

Contact Name	Title	Email	Office Phone
Gretchen Howell	Director of Human Resources	crosgrgm@plu.edu	253.535.7329
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Aon	Health & Benefits Consultants	AskAonSeattle@aon.com	



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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.