



Comprehensive Benefits Summary for Faculty



2024

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

Retirement

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

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

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

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

Healthcare

• Medical & Vision

There are three medical plan options:

- Kaiser Permanente Access PPO
- Kaiser Permanente Virtual Plus
- Kaiser Permanente HSA HMO

PLU's monthly contribution for employee-only-coverage on the Kaiser Permanente (KP) Access PPO is \$791.70 toward the premium. For those who elect employee-only-coverage on the KP Virtual Plus Plan, PLU contributes \$601.44 per month toward the premium. For those who elect KP HSA HMO, PLU contributes \$534 per month toward the premium and \$65 per month for those who elect employee-only-coverage or \$130 per month for those who elect family coverage toward a Health Savings Account (HSA). Coverage for spouses/domestic partners and dependent children is available. The employee portion of the premium is deducted monthly from salary on a pre-tax basis.

• Dental

The University's monthly contribution for employee-only-coverage on the Willamette Plan is \$54.32. For those who elect employee-only-coverage on the Delta Dental plan, PLU contributes \$43.80 per month toward the premium. Coverage for spouses/domestic partners and dependent children is available at the employee's expense. The employee portion of the premium is deducted monthly from salary on a pre-tax basis. You may enroll in a dental plan even if you do not enroll in a medical plan, and vice versa. You may choose between two dental plan options:

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

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

Flexible Spending and Health Savings Accounts

• Healthcare Flexible Spending Account

This benefit program enables employees to deduct pre-tax dollars from their paychecks to pay for qualified healthcare expenses for themselves and their dependents. The total election amount is available on the first day of the plan year. Employees must incur expenses within the plan year. Funds are not rolled over year to year. All benefits eligible employees can participate, including employees not covered under the University's healthcare plan. Visit <https://healthequity.com/> for more information.

• Dependent Care Flexible Spending Account

Employees are able to make pre-tax payroll contributions to pay for qualified dependent care services such as daycare, preschool, elderly care or other dependent care. Funds are only accessible as they are deposited with each payroll deduction.

Visit <https://healthequity.com/dcra/> for more information.

• Health Savings Account

This benefit program is only available to those employees who are enrolled on the HSA HMO medical plan. Employees are able to make pre-tax payroll contributions from their paychecks to pay for qualified healthcare expenses for themselves and their dependents. PLU contributes \$65 per month for those who elect employee-only-coverage or \$130 per month for those who elect family coverage. Funds are only accessible as they are deposited with each payroll deduction. Balances roll over from year to year and never expire.

Visit <https://healthequity.com/> for more information.

The annual cost to the University for providing program administration is approximately \$6,569 in total fees.

Income Protection

• Life Insurance/AD&D

The term life insurance and accidental death and dismemberment program are carried by Unum insurance company. The face value of both basic policies provided by the University is equal to your annual salary. Employees age 70+ receive lower coverage. Annual cost to PLU is approximately \$123 for each employee insured. For a new benefits eligible employee, the effective date for these benefits is the first day of appointment.

In addition to the term life coverage provided by the University, you are eligible to purchase voluntary term life insurance for yourself, your spouse and/or children through Unum insurance company at reasonable group rates.

• Long-term Disability Insurance

After one year of employment, the University pays the premium for long-term disability (LTD) insurance through Unum insurance company at a typical annual per person cost of approximately \$229. In the event of long-term total or partial disability, the plan pays 60% of covered monthly salary to a maximum benefit of \$6,000 per month. Any deductible sources of income are subtracted from this payment. Benefits commence on the first of the month following 90 days of documented total or partial disability.

Paid Leave

• Holidays/Vacation

The number of University-observed holidays varies slightly each year. During calendar year 2024, there will be 14 paid holidays. Although faculty members do not accumulate vacation in the same sense as staff do, the number of days of released time due to breaks and recesses averages at least 14 for the nine-month school year.

• Medical Leave

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

• WA Paid Family & Medical Leave

Washington's Paid Family and Medical Leave Program is a State insurance program with the cost of premiums shared between employers and employees. The premium is .74% of an employee's gross wages. Visit <https://paidleave.wa.gov/> for the most up-to-date information.

Tuition Benefits

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

• Tuition Exchange

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

- The Tuition Exchange, Inc., an association of over 700 institutions all across the United States providing varying levels of tuition discounts. This benefit is available to full-time employees who have completed three years of service, and is based upon additional University criterion. Only a limited number of dependents typically receive the benefit each year. www.tuitionexchange.org
- The Evangelical Lutheran Church in America (ELCA) Tuition Plan Program includes 24 colleges and universities. These institutions provide tuition remission to qualified PLU dependents. This benefit is available to both full-time and part-time employees who have completed three years of service.

• Tuition Remission

The waiting period for tuition remission benefits for PLU courses is the beginning of the school term following completion of one year of service. Once the applicable waiting period has been completed, an eligible employee and/or eligible dependents may apply for tuition remission. Dependent eligibility is defined as a legal spouse, domestic partner (affidavit required), or a child who is under the age of 25, is unmarried, and is claimed as a dependent on the employee's IRS form 1040.

The tuition remission benefit available at PLU is:

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

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

Other Benefits

• Domestic Partner

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

• Employee Assistance Program (EAP)

The professional counselors at First Choice EAP provide a free problem assessment and referral service where employees and their immediate family members can go for help in solving a variety of emotional, behavioral, family, relationship, financial, elder care, and mental health or chemical dependency concerns. Complete confidentiality is assured. The annual cost to the University of providing employees with this benefit is approximately \$13,436 in total fees. www.FirstChoiceEAP.com

• Social Security and Medicare Benefit Program

The University matches your contribution each year with a contribution into your Social Security retirement account and Medicare program. A rough computation of the cost of these contributions can be made by multiplying 6.2% times your annual salary up to a limit of \$168,600 in earnings for Social Security, and 1.45% times your annual salary for Medicare with no limit.

• Transportation Incentives

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

• Travel Insurance

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

• Workers Compensation

The University pays between 68% to 71% of the premium for your state industrial insurance which covers you in the event of on the job injury or work-related illness. At current rates, the University contributes between \$200 to \$500 for each full-time employee.

• Miscellaneous

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

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

PLU's Medical Plan Options effective 1/1/2024

		Kaiser Permanente Access PPO	
Providers		In-Network Kaiser Permanente doctors and clinicians and contracted providers. See Kaiser website for locations and providers	Out-of-Network Any licensed provider
Deductible	Deductible does not apply to preventive care, prescription drugs or vision exams/ hardware unless specified otherwise.	\$750/individual, \$1,500/family	\$1,500/individual, \$3,000/family
Out-of-Pocket (OOP) Limit		\$3,000/individual, \$6,000/family Includes all cost shares for covered services (deductible, coinsurance & copays)	No Out-of-Pocket Limit
Lifetime Maximum		Unlimited	
Office Calls (Visits)		Deductible and coinsurance apply	
		No copay 90%	No copay 70%
Hospitalization		Deductible and coinsurance apply	
	Emergency Rm Copay	\$150 per visit, then 90% after deductible	
	Outpatient	90%	70%
	Inpatient	90%	70%
Preventive Care		Not subject to deductible or coinsurance 100%	Deductible and Coinsurance apply 70%
Vision		Not subject to deductible or coinsurance	
	Eye Exam	No copay 1 per 12 months, 100%	
	Hardware	Up to \$250 in 24-month period for age 19+; (for age 18 & under, see Summary for details)	Shared with preferred provider network (PPN)
Manipulative Therapy (Chiropractic)		Deductible and coinsurance apply	
		90%	70%
		15 visits per year	Visit limits shared with PPN
Prescriptions		IN-NETWORK ONLY - Not subject to deductible	
	Supply Amount	Retail (30-day supply)	Mail Order (90-day supply)
	Preferred Generic	\$15 copay (\$10 enhanced)	\$20 copay
	Preferred Brand	\$25 copay (\$20 enhanced)	\$40 copay
	Non-Preferred Generic/Brand	\$45 copay (\$40 enhanced)	\$80 copay
	Pharmacy	Kaiser pharmacy Any of OptumRx's national network of 65,000 pharmacies Discount for Preferred & Non-Preferred prescriptions: \$5 less when obtained at a Kaiser pharmacy	
Hearing		Deductible and coinsurance apply	
	Routine Exam	No copay	
	Hardware	\$3,000 per ear every 36 months	Benefit shared with PPN
Other Benefits		See Kaiser Summary of Benefits for details	
Monthly Rates		Access PPO	
		Employee's contribution	PLU's contribution
Employee Only		\$75.00 (was \$64.00)	\$791.70 (was \$732.32)
Employee with a Spouse/DP		\$892.00 (was \$792.00)	\$841.38 (was \$800.64)
Employee with Child(ren)		\$484.00 (was \$430.00)	\$820.28 (was \$768.46)
Employee with Spouse/DP & Child(ren)		\$930.00 (was \$840.00)	\$820.46 (was \$768.40)

PLU's Medical Plan Options effective 1/1/2024

	Kaiser Permanente Virtual Plus Plan	
Providers	Connect Network See Kaiser Permanente website for locations and providers	
Deductible and Coinsurance	\$500/individual \$1,000/family Plan pays 80%	
Out-of-Pocket (OOP) Limit	\$3,000/individual, \$6,000/family Includes all cost shares for covered services (deductible, coinsurance & copays)	
Lifetime Maximum	Unlimited	
Office Calls (Visits)		
Copay	\$20 primary / \$40 specialty	
Authorized visits	Not subject to deductible or coinsurance	
Self-directed or Non-authorized visits	Subject to deductible or coinsurance	
Hospitalization		
Emergency Services Copay (copay waived if admitted)	\$200 designated facility / \$200 non-designated facility	
Inpatient services/Outpatient surgery	Deductible and Coinsurance apply	
Preventive Care	Not subject to deductible or coinsurance 100%	
Vision	Not subject to deductible or coinsurance	
Eye Exam	\$20 copay 1 per 12 months, 100%	
Hardware	Up to \$150 in 12-month period for age 19+; (for age 18 & under, see Summary for details)	
Prescriptions	IN-NETWORK ONLY - Not subject to deductible After 1st fill, maintenance drugs must be filled through KPWA mail order	
Supply Amount	Retail (30-day supply)	Mail Order (90-day supply)
Preferred Generic	\$15 copay	\$5 copay
Preferred Brand	\$35 copay	\$70 copay
Preferred Specialty	Non-preferred generic/ brand not covered. \$150 copay, specialty medications only	Not covered – specialty and generic/ brand
Pharmacy	Kaiser pharmacy	
Virtual Care	Covered in Full	
Other Benefits	See Kaiser Summary of Benefits for details	
Monthly Rates	Virtual Plus Plan	
	Employee's contribution	PLU's contribution
Employee Only	\$15.00 (was \$10.00)	\$601.44 (was \$551.92)
Employee with a Spouse/DP	\$410.00 (was \$349.00)	\$825.82 (was \$777.54)
Employee with Child(ren)	\$112.00 (was \$82.00)	\$820.84 (was \$768.36)
Employee with Spouse/DP & Child(ren)	\$429.00 (was \$377.00)	\$820.20 (was \$761.78)

PLU's Medical Plan Options effective 1/1/2024

	Kaiser Permanente HSA HMO	
Providers	In-Network See Kaiser website for locations and providers	
Deductible Deductible does not apply to preventive care. It does apply to all other services, including prescription drugs.	Single (Employee Only) \$1,600	Family (Employee + Any Dependents) \$3,200
Out-of-Pocket (OOP) Limit	Single (Employee Only) \$3,500	Family (Employee + Any Dependents) \$7,000
	Includes all cost shares for covered services (deductible, coinsurance & copays)	
Lifetime Maximum	Unlimited	
Office Calls (Visits)	Deductible and coinsurance apply No copay; 80%	
Hospitalization Emergency Rm Copay Outpatient Inpatient	Deductible and coinsurance apply No copay; 80% 80% 80%	
Preventive Care	Not subject to deductible or coinsurance 100%	
Vision Eye Exam Hardware	Not subject to deductible or coinsurance 1 per 12 months, 100% Not subject to deductible or coinsurance Up to \$250 in 12-month period for age 19+; (for age 18 & under, see Summary for details)	
Manipulative Therapy (Chiropractic)	Deductible and coinsurance apply 80% 10 visits per year	
Prescriptions	IN-NETWORK ONLY Subject to deductible (Copays apply only after deductible is met)	
Supply Amount	Retail (30-day supply)	Mail Order (90-day supply)
Preferred Generic	\$15 copay	\$45 copay
Preferred Brand	\$30 copay	\$90 copay
Non-Preferred Generic/Brand	Not covered	
Pharmacy	Kaiser pharmacy	
Hearing Benefit	Not covered on HSA plan, however, is an eligible expense reimbursed by the HSA account	
Other Benefits	See Kaiser Summary of Benefits for details	
Monthly Rates	HSA HMO	
	Employee's contribution	PLU's contribution (plus \$65.00/mo (\$780/yr) for HSA Individual \$130/mo (\$1,560/yr) for HSA Family deposited into Health Savings Account)
Employee Only	\$25.00 (was \$17.00)	\$534.00 (was \$496.30)
Employee with a Spouse/DP	\$295.00 (was \$229.00)	\$825.62 (was \$800.06)
Employee with Child(ren)	\$60.00 (was \$59.00)	\$785.92 (was \$717.82)
Employee with Spouse/DP & Child(ren)	\$325.00 (was \$322.00)	\$807.74 (was \$718.20)

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

PLU's Dental Plan Options effective 1/1/2024

	Delta Dental of WA		Willamette Dental of WA, Inc.
Provider Network	<i>In network</i>	<i>Out of network</i>	All care must be obtained from a Willamette Dental Clinic. There are locations throughout Washington including: <ul style="list-style-type: none"> • Bellevue: 626 120th Avenue Northeast, Suite B210 • Kent: 510 Washington Avenue North • Lacey: 4550 SE 3rd Ave • Puyallup: 702 South Hill Park Drive, Suite 201 • Seattle: 133 Dexter Avenue North • Silverdale: 3505 NW Anderson Hill Road, Suite 101 • Tacoma: 3866 South 74th Street, Suite 200 • Tumwater: 6120 Capital Boulevard South SE <i>Call 1-855-433-6825 for appointments or customer service</i>
	Preferred Provider	Premier Provider (to limit your balance to PLU's coinsurance difference and ensure direct billing) <i>Go to www.deltadentalwa.com or call 1-800-554-1907</i>	
Deductible – Annual <i>calendar</i> year Waived for Class 1?	\$50/\$150 <i>Yes</i>	\$100/\$300 <i>Yes</i>	No deductible N/A
Office call copayments	None	None	Office visit = \$20 copay Specialist = \$30 copay ER during office hours = \$20 copay ER after office hours = \$20 + \$20 after hours copay
Class I – Preventive Care Cleanings, x-rays, fluoride treatments	100%	90%	100% after office visit copay
Class II – Basic Care Fillings, extractions	80%	60%	Benefits Paid at 100% after applicable copays \$25 copay for fillings and routine extractions \$20 for osseous surgery and root planning (per quadrant)
Class III – Major Care Inlays, onlays & dentures	50%	30%	Benefits Paid at 100% after applicable copays \$150 copay/tooth for bridges & crowns \$275 complete denture (upper or lower) \$75, \$90, \$125 copay for root canals \$85 copay for surgical extractions
Class IV – Orthodontics	No coverage		Benefits Paid at 100% after applicable copays <ul style="list-style-type: none"> • Pre-Orthodontic Treatment \$150 (Applies to Ortho co-pay if banded) • Case presentation \$0 Orthodontic service \$1,500 copay
Calendar Year Maximum Per covered individual	\$1,500		No annual maximum except for <ul style="list-style-type: none"> • TMJ at \$1,000 per year to a lifetime maximum of \$5,000 • Implant surgery at \$1,500 annual maximum to one implant per year

Monthly Rates	Delta Dental of WA <i>(no change)</i>		Willamette Dental of WA, Inc. <i>(change)</i>	
	Employee's Contribution	PLU's Contribution	Employee's Contribution	PLU's Contribution
Employee Only	\$9.24	\$43.80	\$2.88 <i>(was \$2.70)</i>	\$54.32 <i>(was \$51.30)</i>
Employee with a Spouse/DP	\$61.26	\$43.80	\$60.78 <i>(was \$58.40)</i>	\$54.32 <i>(was \$51.30)</i>
Employee with Child(ren)	\$71.46	\$43.80	\$72.08 <i>(was \$68.06)</i>	\$54.32 <i>(was \$51.30)</i>
Employee with Spouse/DP & Child(ren)	\$123.48	\$43.80	\$129.68 <i>(was \$122.46)</i>	\$54.32 <i>(was \$51.30)</i>

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