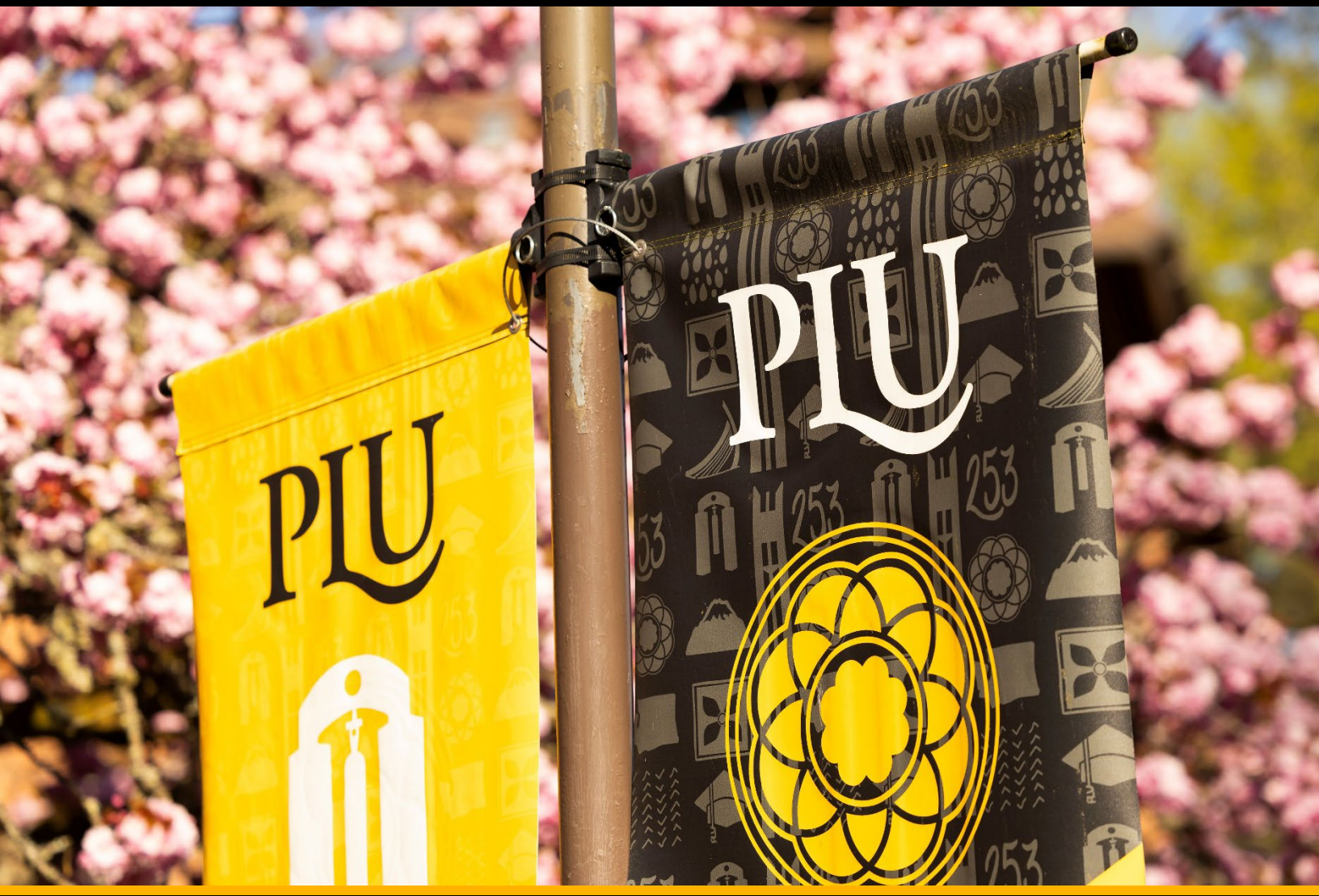
PLU



2027

Benefits Guidebook

Highlights for 2027

GOOD NEWS! There are no major plan design changes this year.

Each year, the university learns how much of a cost increase, if any, is needed to maintain various benefits. The benefits providers align their costs with industry increases and PLU's use of their service.

As the cost of employer-sponsored health insurance continues to rise, maintaining our health benefits has been challenging. For 2027, PLU's medical/vision and dental insurance premiums are increasing. With significant medical increases expected going forward for 2027, the university is looking into options that may include: plan review, providers, the cost-sharing of premiums between employees and the university.

Medical Plans – Effective January 1, 2027, the following changes will take place:

The medical insurance premiums are increasing January 2027. The increase will be paid by PLU.

The deductible and out-of-pocket levels on the High-Deductible Health Plan (HDHP) are set by the IRS annually. PLU must adhere to these levels set by the IRS and as a result, the deductibles on the HSA HMO plan are increasing.

Dental Plans - Dental insurance premiums are increasing January 2027. The increase will be paid for by PLU.

Flexible Spending Account- You can elect up to $3,400 to contribute, pre-tax, into a Flexible Savings Account for 2027.

Dependent Care Account - Maximum contribution into a Dependent Care Account for 2027 is $7,500 annually.

Health Savings Account - The maximum contribution into a Health Savings Account for 2027 is $4,500 (single) / $9,000 (family). This includes contributions into your account by PLU. If you are 55 or over, you can contribute an additional $1,000 on top of these limits.

Income Protection Plans, Employee Assistance Program and Reimbursement Plans – PLU's contribution, monthly premium rates and fees will stay the same.

New for March 1, 2027, we're expanding your financial protection options with Critical Illness, Accident, and Hospital Indemnity coverage. These employee-paid benefits, are designed to help offset out-of-pocket costs that can arise from unexpected health events—such as a serious illness, injury, or hospital stay—by providing cash benefits paid directly to you. Together, they can complement your medical plan and provide added peace of mind for you and your family.

Unum representatives will be at the Benefit Fair on November 10th with more detailed information, costs and can answer your questions.

Retirement Plan – TIAA

Single Sign On (SSO) is available. You can use your PLU access credentials to visit your retirement account. Use this link to access your account, transfer funds and change allocations. You can also review plan information and investment performance, as well as access interactive retirement planning tools and calculators. The 2027 Employee IRS 402(g) limit is $25,500 and the Catch-up Contribution for 50+ is $8,500.

The premiums and benefits that are outlined are in place effective January 1, 2027 - December 31, 2027.

Open enrollment is November 2 - November 16 for the 2027 plan year.



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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 30 days of employment. 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 life 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 life event means:

- Change in status (more details—including a list of qualifying life events—are on page 22).
- 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 your health and wellness needs. Review the details of each plan carefully before making your choice.

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.

Kaiser Permanente		
Access PPO Medical Plan		
Benefit Feature	**In-Network**	**Out-of-Network**
Deductible [Individual / Family]	$750 / $1,500	$1,500 / $3,000
Out-of-Pocket Limit [Individual / Family]	$3,000 / $6,000	No Out-of-Pocket Limit
Coinsurance—Plan Pays	90%	70%
Primary Care / Specialist Visits	No copay 90%, after deductible	No copay 70%, after deductible
Preventive Care	100%, not subject to deductible	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	90%, after deductible	70%, after deductible
Outpatient Surgery	90%, after deductible	70%, after deductible
Inpatient Surgery	90%, after deductible	70%, after deductible
Rehab Services	90%, 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 2027 Detail Benefit Summary for each plan.

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 your health and wellness needs. Review the details of each plan carefully before making your choice.

The Virtual Plus plan is in-network only with the exceptions of referrals to contracted provider or specialist.

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 Authorized visits not subject to deductible or coinsurance Self-directed or non-authorized visits subject to deductible or coinsurance
Preventive Care	100%, not subject to deductible
Diagnostic Test and Imaging [X-ray, blood work, CT scan, MRI]	80%, after deductible
Emergency Care	$200 copay, deductible and coinsurance apply
Emergency Transportation	80%, after deductible
Urgent Care	$20 copay primary / $40 copay specialist
Outpatient Surgery	80%, after deductible
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
Virtual Care	100%, not subject to deductible
Vision Benefit	
Eye Exam	$20 copay / once every 12 months (not subject to deductible / coinsurance)
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 2027 Detail Benefit Summary for each plan.

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 your health and wellness needs. Review the details of each plan carefully before making your choice.

The HSA HMO is in-network only with the exceptions of referrals to contracted provider or specialist.

Kaiser Permanente	
HSA HMO Medical Plan	
Benefit Feature	**In-Network Only**
Deductible [Individual / Family]	**$1,750 / $3,500** ***($1,700 / $3,400)*** Until the total family annual deductible is met, benefits will not be provided for any family members if there is more than one person enrolled. The deductible and out-of-pocket levels on the High Deductible Health Plan (HDHP) are set by the IRS annually. PLU must adhere to these levels set by the IRS and as a result, the deductibles on the HDHP plan are increasing this year per the IRS.
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%, not subject to deductible
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+

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.

Prescription Drug Plans

Prescription Drug Benefits

Kaiser Permanente			
Medical Plan Option	**Access PPO Plan**	**Virtual Plus Plan**	**HSA HMO Plan**
Retail (30-day supply)	**Not Subject to Deductible**	**Not Subject to Deductible**	**After Deductible**
Preferred Generic	$15 copay ($10 copay enhanced)	$15 copay	$15 copay
Preferred Brand	$25 copay ($20 copay enhanced)	$35 copay	$30 copay
Non-Preferred Generic / Brand	$45 copay ($40 copay enhanced)	Non-preferred generic / brand not covered $150 copay, specialty medications only	Applicable Preferred generic or Preferred brand cost shares apply.
Mail Order (90-day supply)	**Not Subject to Deductible**	**Not Subject to Deductible**	**After Deductible**
Preferred Generic	$20 copay	$5 copay	$45 copay
Preferred Brand	$40 copay	$70 copay	$90 copay
Non-Preferred Generic / Brand	$80 copay	Not covered- specialty and generic / brand	Not covered

NOTE: Compound medications are not covered by this plan.

Monthly Premiums—Medical / Vision / Prescription Drugs

Kaiser Permanente						
Coverage Election	**Access PPO Plan**		**Virtual Plus Plan**		**HSA HMO Plan**	
Monthly Premiums	**Employee**	**PLU**	**Employee**	**PLU**	**Employee**	**PLU**
Employee Only	$140.00	$1,017.68	$50.00	$773.38	$35.00	$709.04
Employee with Spouse/DP	$978.00	$1,337.36	$445.00	$1,205.72	$305.00	$1,186.56
Employee with Child(ren)	$530.00	$1,212.20	$147.00	$1,099.02	$70.00	$1,055.94
Employee with Spouse/DP and Child(ren)	$1,020.00	$1,318.18	$464.00	$1,204.58	$335.00	$1,172.70

Medical Plan Cost Comparison

The image below is a sample of the Medical Plan Cost Comparison Estimator for the 2027 plan year. You can access it here. It provides a step-by-step worksheet to help employees estimate their annual medical costs based on their coverage level, projected medical utilization, prescription drug needs, and out-of-pocket expenses. The estimator allows you to input expected doctor visits, hospital stays, and prescription fills for yourself and your covered family members, distinguishing between in-network and out-of-network services. At the bottom, it summarizes your projected annual cost for three different medical plan options—Kaiser HSA HMO, Kaiser Virtual Plus, and Access PPO—so you can compare and choose the plan that best fits your needs. Please note, the analysis is for illustrative purposes only, and actual costs may vary.

Pacific Lutheran University

PLU Medical Plan Cost Comparison Estimator: 2027 Plan Year

1) COVERAGE LEVEL

Choose the Coverage Tier from the Drop Down Menu: **Employee Only**

2) Projected MEDICAL Utilization

	Network	Employee	Spouse
a) Place an 'X' in the box to the right if you or your COVERED spouse will have a baby in the upcoming contract year	In-Network		

NOT INCLUDING MATERNITY RELATED VISITS, input the total combined expected visits that you and your family will have over the next 12 months and also CHOOSE WHETHER THE VISITS WILL BE IN-NETWORK or OUT-OF-NETWORK

	Network	Employee	Spouse	Child(ren)
b) Number of Annual Physicals	In-Network	0	0	0
c) Number of Primary Care Visits	In-Network	0	0	0
d) Number of Specialist Visits	In-Network	0	0	0
e) Number of Emergency Room Visits	In-Network	0	0	0
f) Number of Lab Tests	In-Network	0	0	0
g) Number of X-rays	In-Network	0	0	0
h) Number of CAT scans/MRIs, etc.	In-Network	0	0	0
i) Number of Outpatient Surgeries	In-Network	0	0	0
j) Number of Inpatient Hospital Admissions (excluding maternity w/delivery)	In-Network	0	0	0

3) Projected PRESCRIPTION Utilization

Input the total combined expected prescriptions by type that you and your covered family members will have over the next 12 months:

# of Prescriptions	Network	Total number of fills
a) Generic	In-Network	
b) Preferred Brand	In-Network	
c) Non-Preferred Brand	In-Network	

The calculation assumes a 30-day retail fill, so enter expected utilization based on this.
To estimate annual costs for mail-order prescriptions, enter 8 for each one for the year.
This equates to 4 - 90 day fills for the year at twice the retail copay.

4) Projected Out of Pocket Costs

	Kaiser HSA HMO	Kaiser Virtual Plus Plan	Kaiser Access PPO
a) Benefit Cost Sharing	$0	$0	$0
b) Annual Payroll Deductions	$420	$600	$1,680
c) Less Employer HSA Contribution	($780)	n/a	n/a
YOUR PROJECTED ANNUAL COST =	**($360)**	**$600**	**$1,680**

Benefit Cost Sharing + Annual Employee Premium Contribution - Employer HSA Contribution (if any)

Access PPO cost sharing assumes the member sees an enhanced provider and receives the 5% coinsurance benefit. A non-enhanced provider is 10% coinsurance.
This cost modeling tool is for a quick comparison only. It produces a projection for your annual out of pocket costs based on the coverage level and plan you select. For this comparison tool, out of pocket costs are defined as a combination of your payroll contribution toward premiums as well as your deductibles, copays, etc. throughout the year that are not reimbursed by insurance or your employer.

ABOVE PLAN COMPARISON ASSUMES THERE IS NO ADDITIONAL COVERAGE (e.g. - coverage through Medicare or a spouse)

THE ABOVE ANALYSIS IS FOR ILLUSTRATIVE PURPOSES ONLY. ACTUAL COSTS WILL VARY.

Kaiser Permanente News

Virtual Plus Health Plan—Connect Network

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.

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

Kaiser Permanente Washington service area
Virtual Plus™ for Large Group, Small Group, Individual & Family

Offered in the following counties:

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



KAISER PERMANENTE®

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 Connect network.

HOSPITALS NOT INCLUDED:

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

MEDICAL GROUPS NOT INCLUDED:

- Optum Care Washington
- Franciscan Medical Group
- UW Medical Group
- Overlake Medical Group
- MultiCare Rockwood
- Providence (excluded from primary care only; included for specialty)

Kaiser Permanente News

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.

Get care without leaving home	
Click	**Call**
E-visit: For common medical issues, answer a series of questions online and get appointment recommendations, self-care advice, or other guidance on what care is right for your situation. kp.org/wa/onlinecare	**Consulting Nurse:** When you need advice or help figuring out where to get care, our 24/7 consulting nurse service is here for you. Call 1-800-297-6877 or 206-630-2244 (TTY 711). We're available 24 hours a day, 365 days a year
Care Chat: Care Chat is an online messaging feature that lets you get real-time medical care from a Kaiser Permanente care provider. It's available 24/7. kp.org/wa/onlinecare	**Phone appointment:** For symptoms or health concerns that don't require an in-person visit, schedule a time to talk with your Kaiser Permanente doctor over the phone. Appointments are often available same day or next day. To schedule a phone appointment, sign in to your account at kp.org/wa or use the Kaiser Permanente Washington mobile app.
Email your doctor: You can email your Kaiser Permanente care team nonurgent questions whenever it's convenient for you. You'll get an answer within 2 business days and often that same day. Sign in at kp.org/wa	



Virtual Plus Maintenance Medication Refills

Virtual Plus plans offer a more integrated and affordable prescription drug experience for large groups in 2027.

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 News

What's the difference between urgent care and emergency care?

When a health issue comes up, it's important to make the right choice for your situation. Choosing the appropriate type of care can also mean lower out of pocket costs check out our helpful guide to learn more.

Urgent Care

Urgent care is for conditions that aren't an emergency but require medical attention soon, usually within 24 to 48 hours. Examples of issues that can be treated here include:

- Minor Injuries and cuts
- Backaches
- Sore Throats and earaches
- Frequent or severe coughs
- Frequent urination or a burning sensation when urinating





Emergency Care

Emergency care is for a medical or psychiatric condition that requires medical attention right away to prevent serious harm to your health. Examples include:

- Severe persistent bleeding
- Major broken bones and head injuries
- Severe stomach pain that comes on suddenly
- Decrease or loss of consciousness
- Severe shortness of breath

4 Reasons to go to urgent care

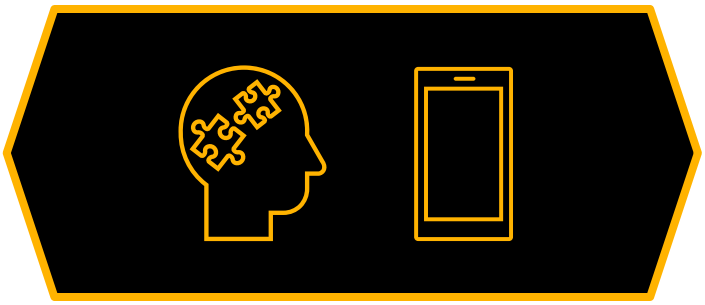
For minor injuries and illnesses, going to urgent care instead of the emergency room can help make sure you get the right care at the right time — and may also save you time and money. Here are 4 reasons why:

- The right care at the right time. Get the care you need for your illness or injury.
- Shorter wait times. You'll usually get care faster than in the emergency department, which treats seriously sick and injured patients first.
- Convenient hours. Many of our urgent care centers are open evenings, weekends, and holidays — walk-ins welcome.
- Lower out-of-pocket costs. You typically pay less for an urgent care visit than for an emergency department visit.

Kaiser Permanente News

Mental Health and Wellness with the Calm and Headspace Care apps

Kaiser Permanente has added mental health and wellness coaching with the **Calm app and Headspace Care**. These apps can help you build resilience, set goals, and take meaningful steps toward becoming healthier and happier. Choose the areas you want to focus on — including managing depression, reducing stress, improving sleep, and more.



What can employees do with Calm?

- Calm is an app for daily use that uses meditation and mindfulness to help lower stress, reduce anxiety, and improve sleep quality.
- With guided meditations, programs taught by world-renowned experts, sleep stories narrated by celebrities, mindful movement videos, and more, Calm offers something for everyone.

What can employees do with Headspace? Members can use the app at no cost, no referral needed.

- Headspace helps with sleep, stress, focus, and more. With hundreds of self-guided resources along with one-on-one coaching, Headspace can help you create healthy habits that support emotional wellness.
- Headspace is your personal guide to caring for your mind anytime, anywhere. Learn to manage stress, build healthy habits, and sleep better with hundreds of guided exercises, plus one-on-one emotional support coaching.



- Evidence-based and effective
- Hand-picked by Kaiser Permanente physicians
- Confidential and easy to use

- Employees can get these apps at: **kp.org/selfcareapps**

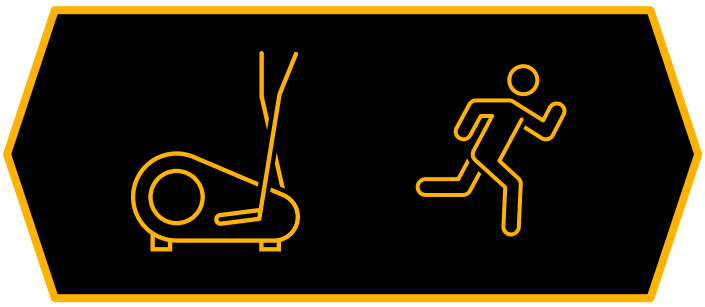
Not intended to replace treatment or advice. Calm and Headspace are not available to Kaiser Permanente Dental-only members. The services described above are not covered under your health plan benefits and are not subject to the terms set forth in your Evidence of Coverage or other plan documents. These services may be discontinued at any time without notice.

Kaiser Permanente News

Employee fitness and well-being support

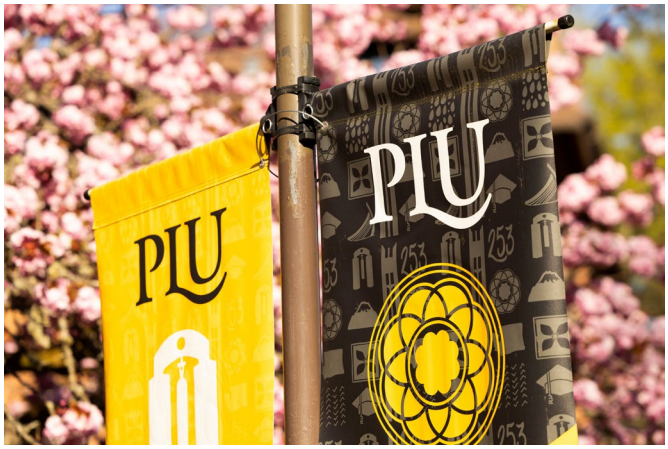
Kaiser Permanente has added One Pass Select Affinity through Optum. One Pass Select Affinity is a subscription-based fitness membership to help employees meet their health goals. On top of being one of the largest fitness networks in the industry, One Pass Select Affinity features extensive digital offerings, and home delivery services with most plans.

- Membership tiers — Choose the plan that fits your needs, with competitive pricing starting at $10 a month.
- Fitness networks — 19,000 gym locations and boutique studios with unlimited access to all locations within each selected tier.
- Digital solutions — 24,000+ on-demand and livestreamed fitness classes through web, app, and TV, plus an AI workout builder tool.
- Engagement — Digital challenges and communities, activity and progress tracking, and digital coaching that adapts to member feedback.
- Flexible memberships — No contracts, easy cancellation, family options, and the ability to change tiers monthly make signing up smooth for employees.
- Healthy meal delivery — Groceries and household essentials delivered directly to your employees' doors from Walmart+ and Shipt.



Optum's affinity musculoskeletal program is included if you sign up for One Pass Select Affinity. You can enjoy 20% off a variety of therapies within Optum's provider network — giving you more choices for care and improved quality of life.

- Chiropractors — A national network of credentialed clinicians to help with musculoskeletal issues, neck pain, arthritis, headaches, and more.
- Acupuncturists — Contracted clinicians use this technique to benefit overall wellness and help manage pain, anxiety, insomnia, migraines, and more.
- Massage therapists — Massage can help with soft tissue strains, sports injuries, nerve pain, muscle stiffness, and more.



Here for your total health

If you ever need help with your daily needs, it's good to know where you can turn. Kaiser Permanente's community resource directory is a convenient online tool to help you find services for healthy food, housing, childcare, financial assistance, transportation, and more.

To get started, visit kp.org/communityresources

The services described above are not covered under your health plan benefits and are not subject to the terms set forth in your Evidence of Coverage or other plan documents. These services may be discontinued at any time without notice.

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. 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		**$20 / $30**
Class I—Preventive Care	100%	90%	100% after $20 visit copay
Class II—Basic Care	80%	60%	100% after **$25** visit copay Fillings covered at 100% after applicable copays
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 $85 copay for surgical extractions
Class IV—Orthodontics	No coverage		$150 copay for pre-orthodontia treatment (applies to orthodontic copay if banded) $1,500 Orthodontic Copay

Monthly Premiums—Dental

Coverage Election	Delta Dental of WA		Willamette Dental of WA, Inc.	
Monthly Premiums	**Employee**	**PLU**	**Employee**	**PLU**
Employee Only	$9.24	$48.76	$2.88	$62.96
Employee with Spouse/DP	$61.26	$53.64	$60.78	$71.66
Employee with Child(ren)	$71.46	$54.58	$72.08	$73.38
Employee with Spouse/DP and Child(ren)	$123.48	$59.46	$129.68	$82.08

For detailed information, go to the HR/Benefits page at https://www.plu.edu/human-resources/benefits/ and review the 2027 Detail Benefit Summary for each plan.

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 $3,400 for 2027.

Dependent Care FSA

- Enables you to pay for work-related dependent day care expenses with tax-free dollars.
- Contribute up to $7,500 in 2027 (up to $3,750 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 their 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 2026, you must submit claims for reimbursement by March 31, 2027.

For the new plan year, January – December 2027, you must submit claims for reimbursement by March 31, 2027.

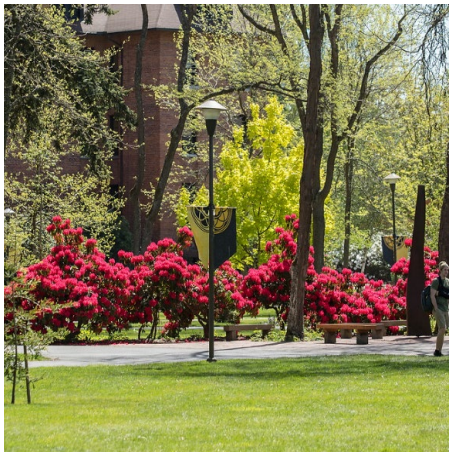
Health Savings Accounts

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 2027.
- 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 2027, 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:
  - $4,500 (including PLU contribution) annually for employee only coverage.
  - $9,000 (including PLU contribution) annually if you cover dependents.
  - Contribute an additional $1,000 annually as a catch-up contribution if you're age 55 or older.
- HSA funds can be used for a variety of qualified medical, dental and vision expenses.
- To be eligible for the HSA, you must enroll in the HSA HMO Medical Plan. The HSA is not available to employees who enroll in another medical plan.



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.

Password Authentication

- Download the HealthEquity Mobile App:
  - You'll need the HealthEquity Mobile app to authenticate—online or mobile. The app's also a faster, simpler way to access your benefits. If you haven't yet, download now.
- Start login and follow passkey setup prompts
  - Enter your credentials as usual. When you log in to the mobile app, you'll be prompted to set up your passkey. You may be asked to verify your identity.

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.

Preparing for the Future

Retirement Plan—403(b)

The University's 403b retirement plan contributions are invested with TIAA (Teachers Insurance and Annuity Association) 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, the University will contribute 3% of the employee's salary to their retirement account. The employee's elective deferrals of up to 4% 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 5% of pay. See chart for PLU contribution calculation

Employee Contribution	PLU's Contribution
0%	3%
1%	3% + .5% = 3.5%
2%	3% + 1% = 4%
3%	3% + 1.5% = 4.5%
4%	3% + 2% = 5%

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.

Retirement Plan – Roth Option

The university offers a Roth option for retirement contributions, which means the contributions are after-tax. The advantage of Roth contributions, and their earnings, is that they can be withdrawn tax-free in retirement.

Single Sign On (SSO) is now available. You can use your PLU access credentials to visit your retirement account. Use this link to access your account, transfer funds and change allocations. You can also review plan information and investment performance, as well as access interactive retirement planning tools and calculators.



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 If you previously declined coverage when you were hired .

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 open enrollment:

- **Enroll**—A new enrollment form must be submitted to Human Resources**.**
- **Child Reaching Age Limit of 26**—Please notify Human Resources if your covered child is no longer eligible.
- **Decrease/Cancel Coverage**—Submit a change form to Human Resources.

Reminder

For voluntary life insurance, enrollment forms are available on the open enrollment page **https://www.plu.edu/human-resources/summary-of-benefits-and-coverage-2027/**

Employee Assistance Program

Employee Assistance Program (EAP)

First Choice Health's EAP Provides the below services to you. This is provided by PLU to the below limits. To access the EAP Program, visit www.FirstChoiceEAP.com. With the username: pacific

First Choice Health can also be contacted by calling 1-800-777-4114.

Employee Assistance Program (EAP) Services Overview		
Service Provided	**Available Amount (at no charge)**	**Service Details**
Counseling Services	Up to 3 face-to-face assessment and referral sessions	A Licensed Behavioral Health Provider can assist or provide referrals for: ▸ Marital and family issues and concerns ▸ Depression and anxiety ▸ Problems w/ substance abuse ▸ Problems w/ gambling ▸ Balancing work and home
Legal Services	Up to 30 minutes session with an attorney	If retaining the attorney, 25% discount off the attorney's standard hourly fee (work-related issues are not covered)
Financial Services	Up to 30 minutes session with a financial counselor by phone	Issues may include debt management; credit card education / consultation; and budgeting advice (invest advice is not provided)
ID Theft and Fraud Resolution	Up to 60 minutes session with a Fraud Resolution Specialist by phone	Assistance with fraud related emergencies through a comprehensive, affordable, and expedient process; assisting members with restoring their identity and good credit. Members are provided a free 'ID Theft Emergency Response Kit' and coaching to assist with the efforts to dispute fraudulent debts that result from ID theft.
Childcare and Eldercare Consultation	One consultation by phone with either an Eldercare or Childcare consultant	Assistance with the following: ▸ Finding in-home care; discussing housing options and community resources; reviewing resources for socialization or serious illness ▸ Finding childcare programs or appropriate daycare; in-home nanny agencies; before- and after-school care; back-up and emergency drop-in care; schools (public, private, boarding); and special needs children's resources and referrals. ▸ Resources are available for older children, including helping prepare college applications; finding educational consultants; financial aid (grants and scholarships); and college referrals.
Talkspace	Messaging, Live Chat (scheduled), Live Phone (scheduled), Live Video (scheduled)	Talkspace offers private and convenient mental health support on your schedule. Engage in counseling and therapy, from the convenience of your device. All care is delivered virtually by a behavioral health clinician or medical professional. Talkspace's network includes thousands of licensed, insured, and verified therapists who can treat a variety of needs You can self-refer through direct link: www.talkspace.com/FirstChoiceHealthEAP. You may also the EAP at (800) 777-4114 or request a referral online at www.firstchoiceEAP.com.
Home Ownership	N/A	Programs and savings available to help buy, sell, renovate, or refinance homes

Other Benefits

YMCA Joining Fee Discount

To support your physical activity goals, we've partnered with YMCA of Pierce and Kitsap County to waive the join fee for PLU employees:

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 Office of Financial Services – Hauge Admin Building, Rm 102. A valid PLU ID card is required at the time of purchase or renewal.

The employee cost for June 2026 – May 2027 is $10.47. Visit Commute Smart for information or contact Human Resources at 253-535-7185 or Humr@plu.edu.





Dependent Tuition Remission

Dependent tuition remission applications for classes taken from June 1, 2027, through May 31, 2028, are due in Human Resources by January 31, 2027. Only one tuition remission application needs to be completed each year. If there is no current, approved remission form on file by January 31, 2027, 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 contact Human Resources at 253-535-7185 or Humr@plu.edu.

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 2027 – 2028—it is not too early to apply. In fact, we encourage you to make application a priority this fall, as the schools' 2027 – 2028 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 contact Human Resources at 253-535-7185 or Humr@plu.edu to help you through the process, answer questions, or to request a list of participating ELCA schools.

Other Benefits

TIAA's Student Loan Solution provided by Savi

The path to reducing your monthly student loan payment and working toward loan forgiveness could get much easier. That's because you now have access to a robust solution that helps find the best federal repayment and forgiveness programs for your financial situation. Brought to you through TIAA and Savi, this tool not only helps strengthen your financial footing in the short-term, it also positions you for student loan forgiveness. You don't need to be a TIAA participant to take advantage of this tool.

What is Savi?

You can think of Savi as an advocate and a concierge for your student debt journey. You can visit their site to get a better estimate of how much you can save. It takes about 20 minutes and you'll be asked to provide information about your income, taxes, family and student debt. Savi's calculator will take all that into account to show you a recommended course of action. Once you understand your options, you can decide if you want to proceed with any of the available programs.

To learn more, visit www.tiaa.org/plu/student.

Create or Update Your Will with FreeWill Today!

Do I need a will?

A will is important for everyone and can be useful regardless of estate size. It's a way to support the people and causes important to you. Having a will ensures that your wishes are known, saving your loved ones the stress and cost of intestate probate proceedings. Create a free will or trust to support the people and causes you care about most even after you're gone.

Why is FreeWill free?

Our mission is to enable you to do the most good by providing free access to will-making services. We've partnered with 1,500+ nonprofits and businesses who support our mission and help ensure you can create a will for free, while raising more than $10B+ in bequests to charities.

One in six people who use FreeWill choose to leave a bequest to charity. They believe, as we do, that leaving a bequest to nonprofit organizations in your will can be an incredibly powerful way to make an impact for the causes you support.

To learn more visit www.freewill.com/plu.



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.



Open Enrollment Instructions

Medical / Vision and Dental

- ❑ Reconsider your medical / vision plan, your family's healthcare 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, 2026.
- ❑ **Child reaching age limit of 26**—please notify Human Resources if your covered child is no longer eligible.
- ❑ No action is needed to continue current coverage (if applicable).

Section 125 Flexible Spending Account

- ❑ **Current and new participants**—submit a 2027 election form if you want to elect or continue using the program.

Health Savings Account (HSA)

- ❑ **New Participants–** Submit a 2027 election form.
- ❑ **Current participants –** make contribution changes anytime.

Retirement Plan

- ❑ Changes to contributions can be made anytime throughout the year.

Tuition Remission

- ❑ Submit dependent tuition remission applications for classes taken from June 2026 – May 2028 by January 31, 2027.

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
Voluntary Critical Illness	Unum	866.679.3054	www.unum.com
Voluntary Accident	Unum	866.679.3054	www.unum.com
Voluntary Hospital Indemnity	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

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PLU

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.