

2024 BENEFIT OPTIONS & ELIGIBILITY

For Candidates

Employee Eligibility

All faculty and staff employees who work an average of 40 hours per week are eligible to receive group health insurance and ancillary benefits. Faculty and staff employees who work on average 30 or more hours of service per week are eligible to receive ACA group health insurance benefits.

Dependent Eligibility

Dependent eligibility for coverage is available if an employee is insured. Eligible dependents may be your legal spouse and/or legal dependent children.

Spouses

A spouse is defined as an individual who is lawfully married to another individual. Spouses are subject to the working spouse rule, which mandates that if a spouse has access to employer subsidized (at least 50%) medical, prescription drug, and dental insurance they will need to enroll with their employer's plan for primary coverage. They can remain on the University's plan but will be covered for secondary insurance only. When making our plan selections for the coming calendar year, those enrolling their spouses will be required to complete a **Working Spouse- Primary Coverage Certification Form. This FORM needs to be returned to the Benefits Office within your 31-day new-hire period or within a 31-day life-event period.** It is recommended that you verify the coordination of benefits provisions of your spouse's primary plan to ensure secondary coverage is permissible. **Failure to turn in your documentation by the deadline will result in non-enrollment of your spouse. The form can be found at the end of this document.**

Children

Children include biological children, adopted children, stepchildren, and foster children under the age of 26. If the child is developmentally disabled or physically handicapped, insurance may be continued after age 26 under the circumstances described in the group policy. The University requires that employees certify eligibility of all new dependents. **Failure to turn in your documentation by the deadline will result in non-enrollment of your children.**

2024 Medical & Prescription Plan Information



Plan Type	Gold	Gold	Blue	Blue
	In-Network	Out-of-Network	In-Network	Out-of-Network
Deductibles	\$400 Single \$800 Family	\$800 Single \$1,600 Family	\$600 Single \$1,200 Family	\$1,200 Single \$2,400 Family
Employee Coinsurance	15%	35%	25%	45%
Out-of-Pocket Maximums (<i>Medical and RX Combined Limit</i>)	\$2,500 Single \$5,000 Family	\$5,000 Single \$10,000 Family	\$4,500 Single \$9,000 Family	\$9,000 Single \$18,000 Family
Employee Co-pays				
PCP	\$25	Subject to Deductible & 35% Coinsurance	\$30	Subject to Deductible & 45% Coinsurance
Specialist	\$35		\$45	
Urgent Care	\$50		\$70	
Emergency Room	\$100		\$140	
Prescription Drug Coverage				
<i>Retail</i>				
Generic	\$10	----	\$12	----
Preferred	25% up to \$70		30% up to \$85	
Non-Preferred	35% up to \$85		40% up to \$125	
Specialty	30% up to \$125		35% up to \$150	
<i>Mail Order</i>				
Generic	\$25		\$30	
Preferred	25% up to \$175		30% up to \$225	

2024 Medical & Prescription Employee Contribution Rates

GOLD PLAN – PPO 85/15% 2024					
ANNUAL PRE-TAX RATES *					
Salary Range	Employee Contribution Rate	Employee Coverage	Employee & Spouse Coverage	Employee & Child(ren) Coverage	Family Coverage
\$0 – \$33,999	15%	\$1,433	\$2,867	\$2,722	\$4,156
\$34,000 - \$40,999	17%	\$1,624	\$3,250	\$3,084	\$4,710
\$41,000 - \$54,999	18%	\$1,719	\$3,441	\$3,266	\$4,987
\$55,000 - \$74,999	19%	\$1,815	\$3,632	\$3,447	\$5,265
\$75,000 – \$100,999	20%	\$1,910	\$3,823	\$3,629	\$5,542
\$101,000 - \$135,999	21%	\$2,006	\$4,014	\$3,810	\$5,819
\$136,000+	23%	\$2,197	\$4,397	\$4,173	\$6,373

BLUE PLAN – PPO 75/25%					
2024 ANNUAL PRE-TAX RATES *					
Salary Range	Employee Contribution Rate	Employee Coverage	Employee & Spouse Coverage	Employee & Child(ren) Coverage	Family Coverage
\$0 – \$33,999	6%	\$557	\$1,115	\$1,054	\$1,600
\$34,000 - \$40,999	8%	\$748	\$1,498	\$1,416	\$2,154
\$41,000 - \$54,999	9%	\$843	\$1,689	\$1,598	\$2,431
\$55,000 - \$74,999	11%	\$939	\$1,880	\$1,779	\$2,709
\$75,000 – \$100,999	12%	\$1,034	\$2,071	\$1,961	\$2,986
\$101,000 - \$135,999	13%	\$1,130	\$2,262	\$2,142	\$3,263
\$136,000+	15%	\$1,321	\$2,645	\$2,505	\$3,817



* Annual Pre-Tax Rates

Employee contribution amounts are calculated based on a percentage of the plan rate. The rates listed above are annual rates.

For employees paid monthly, take the rate above and divide by the number of pays you have per year for your deduction per pay. i.e., 9 month divide by 9 pays per year.

For employees paid bi-weekly, divide by 24 to get your per pay deduction. Note for bi-weekly employees there are two pays per year that do not have benefits deducted.

2024 Dental / Vision Plan Information & Employee Contribution Rates

 DELTA DENTAL	PPO Dentist Plan Pays	Premier Dentist Plan Pays	Non-Participating Dentist (The nonparticipating dentist fee may be less than what your dentist charges and you are responsible for that difference.)
Delta Dental PPO (Point-of-Service)			
Diagnostic & Preventative	100%	100%	100%
Basic Services	70%	70%	70%
Major Services	50%	50%	50%
Orthodontic Services – Up to age 19, with \$1,000 lifetime maximum	50%	50%	50%
Balance Billing Protection	Yes	Yes	No
Deductible	\$50 Per person for basic and major services		
Annual Benefit Maximum	\$1,250 Per person for all services		
Dental rates are annual pre-tax contributions for full-time employees.			
	Employee	\$56.64	
	Employee + Spouse	\$116.64	
	Employee + Child(ren)	\$109.44	
	Family	\$168.60	
	VSP Signature Network	Other Providers Maximum Reimbursement	
Well Vision Exam (per plan year)	\$10 Copay every plan year	Up to \$35	
Prescription Glasses	\$15 Copay	--	
Lenses (every plan year)	Included in prescription glasses every plan year	Single vision: up to \$25 Lined bifocal: up to \$40 Lined trifocal: up to \$55	
Frames (every other plan year)	\$140 Allowance, 20% off amount over Allowance	Up to \$45	
Contact Lens (instead of glasses)	No copay. \$140 allowance for contacts. 15% off contact lens exam and fitting.	Up to \$105	
Laser Vision Correction	Average 15% off the regular price or 5% off the promotional price from contracted facilities.	None	
Vision rates are annual pre-tax contributions for full-time employees.			
	Employee	\$85.56	
	Employee +1	\$171.12	
	Family	\$250.32	

2024 Life & Disability Insurance Information



Life Insurance Benefit

Life and AD&D Insurance is provided by the University for two times your annual salary up to \$100,000. Employees may also purchase supplemental insurance up to five times their annual salary with a maximum of \$500,000 without an evidence of insurability medical exam or up to \$1,000,000 with a successful evidence of insurability medical exam. Costs vary by age and salary. Employees age 65 or older will have a reduced coverage level based on their age.

You may also wish to purchase Dependent Life insurance for your spouse and your child(ren) up to 26 years of age. You may select coverage for \$5,000 for a spouse and \$2,500 for child(ren) or \$10,000 for a spouse and \$5,000 for child(ren). The amount of dependent life insurance is limited to 50% of the employee's amount of life insurance.

Disability Insurance benefit

Disability Insurance provides financial protection for eligible employees by paying a percentage of weekly earnings in the event of a disability. Consider enrolling in a disability insurance plan if you have inadequate emergency funds set aside to pay for an unexpected accident or illness or if you have a limited sick leave balance.

The short-term disability plan provides 60% salary replacement up to a maximum weekly benefit of \$1,400. There is a waiting period for benefits to begin. For injury, the waiting period is 14 days and for illness (including pregnancy), the waiting period is 28 days. You must exhaust all accrued sick time before the policy pays benefits. The cost of short-term disability insurance is fully paid by employees with rates that vary based on age and salary. This plan is subject to a 12/12 pre-existing condition limitation.

The base long-term disability plan is funded by the University. This plan provides 60% salary replacement up to a monthly maximum of \$5,000. This plan requires a six-month waiting period and accrued sick time must be exhausted before the policy pays benefits. The buy-up plan provides 70% salary replacement up to a monthly maximum of \$6,000. This plan requires a six-month waiting period and accrued sick time must be exhausted before the policy pays benefits. For this option, employees must pay the difference in cost from the base plan. Rates vary by salary. This plan is subject to 3/12 pre-existing condition limitation.

2024 Flexible Spending Accounts



Flexible Spending Accounts

Flexible Spending Accounts allow employees to set aside money on a pre-tax basis to pay for eligible out-of-pocket medical and dependent care expenses, therefore possibly reducing taxable income. The monies set aside for these accounts must be used for medical expenses not reimbursed by other coverage.

Health Care Spending Account

The **Health Care Spending Account** allows you to be reimbursed for non-covered and medically necessary medical, dental or eye care expenses. Employees can contribute a maximum of \$3,050 into a health care flexible spending account (FSA). Participants will receive a debit card for easy FSA withdrawals for eligible items. If you have a Health Care Flexible Spending Account for 2023, you may roll over a maximum of \$610 into your 2024 account. The rollover is in addition to your 2024 election. Also, the Health Care FSA has a 90-day runout period. The runout period allows you to submit 2023 medical receipts for reimbursements until March 31, 2024.

Dependent Care Spending Account

The **Dependent Care Spending Account** allows you to be reimbursed for child (up to age 13) and dependent care expenses (e.g., daycare) that are required for you or your spouse to work. Employees can contribute a maximum of \$2,500 or \$5,000 if married and filing a joint tax return. (Note: Use of funds may not exceed payroll contributions to date during any given time.)

NOTE: Both Flexible Spending Accounts are subject to IRS-required discriminatory testing standards. Chard Snyder completes this testing in January. If it is found that our FSA plan did not meet acceptable limits, your election may need to be reduced.