



# 2014 Employee Benefits



## IMPORTANT INFORMATION AND REMINDERS

- Medical, Dental, and Vision Benefits are available for qualified domestic partners.
- If your child (up to age 26) is not on your medical coverage, you may add them during this Open Enrollment for coverage beginning January 1, 2014.
- Maximum 2014 HSA Contributions

Employee Only	\$3,300
Employee & Spouse	\$6,550
Employee & Children	\$6,550
Employee & Family	\$6,550

## EMPLOYEE BENEFITS MID-YEAR PLAN CHANGES

The Following events may allow certain changes in benefits mid-year, as permitted by the Internal Revenue Service.

- Change in legal marital status (e.g., marriage, divorce/legal separation, death).
- Change in number or status of dependents (e.g., birth, adoption, death).
- Change in employee/spouse/dependent's employment status, work schedule, or residence that affects their eligibility for benefits.
- Coverage of a child due to a Qualified Medical Child Support Order.
- Entitlement or loss of entitlement to Medicare or Medicaid.
- Certain changes in the cost of coverage, composition of coverage, or curtailment of coverage of the employee or spouse's plan.
- Changes consistent with Special Enrollment rights and Family and Medical Leave Act leaves.

## NEW VOLUNTARY VISION PLAN! (VISION 1)

A new voluntary vision plan is being added for 2014 and will cover annual eye exams, lenses, frames, and contact lenses. The Davis Vision Plan, administered through Guardian, also covers additional services like laser correction surgery and cosmetic extras at discounted prices. Plan features include a \$0 Copay and In-Network/Out-of-Network Services.

## BENEFIT PLAN YEAR 2014

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## CONNECTCARE3

An enhancement to your medical benefits. This benefit is provided to you at no additional cost. ConnectCare3 provides the services of registered nurses to assist you or one of your dependents in navigating the complex health care system for things such as:

- Locating top-notch physicians for your particular illness
- Researching available treatments, and treatment centers
- Accompanying you to your doctor visits (if desired please contact Human Resources for additional information).

COVERAGE TIER	PAYROLL DEDUCTION	
	26-PAY	24-PAY
Employee Only	\$4.50	\$4.87
Employee +1 (Two party)	\$6.84	\$7.40
Employee + Family	\$12.00	\$13.00

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## YOUR MEDICAL AND PRESCRIPTION PLAN OPTIONS

BENEFITS	PPO \$500 (BASE CORE PLAN)		PPO \$250 (BUY UP OPTION A)		PPO \$0 (BUY UP OPTION B)		HIGH DEDUCTIBLE PLAN	
	NETWORK	NON-NETWORK	NETWORK	NON-NETWORK	NETWORK	NON-NETWORK	NETWORK	NON-NETWORK
Deductible	\$500 single \$1,000 family	\$1,000 single \$2,000 family	\$250 single \$500 family	\$1,000 single \$2,000 family	\$0 single \$0 family	\$1,000 single \$2,000 family	\$1,250 single \$2,500 family	
Out-of-Pocket Maximum	\$6,350 single \$12,700 family		\$6,350 single \$12,700 family		\$6,350 single \$12,700 family		\$6,350 single \$12,700 family	
Primary Office Visit Specialist/Urgent Care	\$20 \$30/\$35	20% 20%	\$20 \$30/\$35	20% 20%	\$20 \$30/\$35	20% 20%	\$20 \$30/\$35	20% 20%
Pediatric Preventive and Adult Preventive	\$0	20%	\$0	20%	\$0	20%	\$0	20%
Inpatient and Outpatient Hospital	100% after deductible	20% Dr 50% facility	100% after deductible	20% Dr 50% facility	100% after deductible	20% Dr 50% facility	100% after deductible	20% Dr 50% facility
Major Diagnostic Services	100% after deductible	20% Dr 50% facility	100% after deductible	20% Dr 50% facility	100% after deductible	20% Dr 50% facility	100% after deductible	20% Dr 50% facility
Emergency Room Care	\$75 (waived if admitted)		\$75 (waived if admitted)		\$75 (waived if admitted)		\$75 (waived if admitted)	
Retail Pharmacy	\$25 deductible 25% (generic & preferred) 45% (non-preferred)		\$25 deductible 25% (generic & preferred) 45% (non-preferred)		\$25 deductible 25% (generic & preferred) 45% (non-preferred)		25% (generic & preferred) 45% (non-preferred)	
Mail Order Rx	\$25 generic \$50 brand preferred \$100 brand non-preferred		\$25 generic \$50 brand preferred \$100 brand non-preferred		\$25 generic \$50 brand preferred \$100 brand non-preferred		\$25 generic \$50 brand preferred \$100 brand non-preferred	

## WHAT YOU PAY

EMPLOYEE COSTS	PPO \$500 PAYROLL DEDUCTION		PPO \$250 PAYROLL DEDUCTION		PPO \$0 PAYROLL DEDUCTION		HIGH DEDUCTIBLE PLAN PAYROLL DEDUCTION	
	26-PAY	24-PAY	26-PAY	24-PAY	26-PAY	24-PAY	26-PAY	24-PAY
Employee Only	\$43.07	\$46.66	\$64.87	\$70.28	\$85.56	\$92.69	\$9.82	\$10.64
Employee +1 (Two party)	\$115.58	\$125.22	\$178.72	\$193.61	\$246.98	\$267.56	\$56.22	\$60.91
Employee + Family	\$126.20	\$136.72	\$217.19	\$235.28	\$272.38	\$295.07	\$83.79	\$90.77

## WHAT THE COLLEGE PAYS

COLLEGE CONTRIBUTIONS	PPO \$500 PER PAY		PPO \$250 PER PAY		PPO \$0 PER PAY		HIGH DEDUCTIBLE PLAN PER PAY	
	26-PAY	24-PAY	26-PAY	24-PAY	26-PAY	24-PAY	26-PAY	24-PAY
Employee Only	\$236.40	\$256.10	\$236.40	\$256.10	\$236.40	\$256.10	\$236.40	\$256.10
Employee +1 (Two party)	\$455.23	\$493.17	\$455.23	\$493.17	\$455.23	\$493.17	\$455.23	\$493.17
Employee + Family	\$527.37	\$571.32	\$527.37	\$571.32	\$527.37	\$571.32	\$527.37	\$571.32

**DENTAL INSURANCE PLAN**

Whether you are choosing Delta Dental or Guardian Dental, your benefit percentages for covered services are the same regardless of what dentist you choose. Please note, however, your out-of-pocket costs will be lower if you choose network providers. Make sure you select a dentist based on the appropriate network.

**WHAT YOU PAY**

COVERAGE TIER	PAYROLL DEDUCTION		COLLEGE CONTRIBUTION
	26-PAY	24-PAY	
Employee Only	\$9.00	\$9.75	\$156.00
Employee +1 (two-party)	\$24.33	\$26.36	\$271.20
Employee + Family	\$33.15	\$35.92	\$287.40



**DENTAL CALENDAR YEAR DEDUCTIBLE**

\$50 deductible per person total per benefit year limited to a maximum of \$150 per family per benefit year.

The deductible does not apply to diagnostic, preventive and orthodontic services.

**DENTAL CALENDAR YEAR MAXIMUM BENEFIT**

\$1,500 per person total per benefit year.  
\*Check out Guardian Dental's Maximum Rollover feature.

\*Orthodontics will not exceed a lifetime maximum of \$1,000 per eligible person.

**YOUR DENTAL PLAN OPTIONS**

COVERED SERVICES	DELTA PPO		GUARDIAN MEMBER DENTIST	
	PLAN PAYS	YOU PAY	PLAN PAYS	YOU PAY
Diagnostic/Preventative Services	100%	0%	100%	0%
Basic Restorative	80%	20%	80%	20%
Major Restorative	50%	50%	50%	50%
Oral Surgery/Surgical Peridontics	50%	50%	50%	50%
Endodontics/Non-Surgical Peridontics	80%	20%	80%	20%
Prosthodontics	50%	50%	50%	50%
Orthodontics	50%	50%	50%	50%
General Anesthesia	50%	50%	50%	50%
Denture Repair	80%	20%	80%	20%
Simple Extraction	80%	20%	80%	20%

**YOUR LONG-TERM GROUP DISABILITY AND LIFE INSURANCE PLANS**

The College provides long-term disability insurance to all employees who are 75% or greater full time equivalent.

The College also provides a \$10,000 life policy to all regular employees who work 50% or greater full time equivalent. Employees may choose to purchase optional life insurance at 1x, 2x, 3x, 4x, 5x, annual salary (max. \$500,000). Employees pay the premium, which is based on age, for this optional coverage. Optional Life requests are subject to approval by Guardian. Employees should not assume automatic approval.

**EMPLOYEE'S PREMIUM PER PAY**

AGE RANGE	26-PAY	24-PAY
Less than 30	.024	.026
30-34	.033	.036
35-39	.047	.051
40-44	.070	.076
45-49	.116	.126
50-54	.194	.210
55-59	.310	.336
60-64	.462	.501
65-69	.660	.751
70-74	1.173	1.271

**WORKLIFEMATTERS<sup>SM</sup> - EMPLOYEE ASSISTANCE PROGRAM**

Your Confidential Employee Assistance Program Support and guidance is just a phone call away. Professional counselors are available to assist you with family and personal issues you might be facing or questions you might have.

- Anxiety / Depression
- Drug & Alcohol
- Education
- Grief Assistance
- Legal & Financial
- Parenting
- Pet Care
- Work Issues
- Dependent Care and Care Giving

Connect to a counselor for free support services: 1-800-386-7055  
Available 24 hours a day, 7 days a week  
Services provided by Integrated Behavioral Health



**NVA VISION DISCOUNT PLAN (VISION 2)**

This is a voluntary vision discount plan offered through National Vision Administrators. Discounts are only available at participating providers, so be sure and check the provider directory before securing services.

**WHAT YOU PAY**

PLAN TIER	26-PAY	24-PAY
Employee Only	.28	.31
Employee + 1	.28	.31
Employee + Family	.28	.31

**VOLUNTARY AFLAC SUPPLEMENTAL INSURANCE**

AFLAC offers a wide variety of supplemental plans. For additional information, please contact Human Resources or Karen Steyers, AFLAC Representative 717-574-1781 or [karen\\_steyers@us.aflac.com](mailto:karen_steyers@us.aflac.com)

**TIAA-CREF RETIREMENT PLAN**

Employees who work at least 1,000 hours per year may participate in the Regular Annuity (RA) plan after two years of employment.

EMPLOYEE CONTRIBUTION	COLLEGE CONTRIBUTION
5%	10%
0%	3%

\*11.5% if employee was hired prior to 9/1/04  
Employees may participate in Supplemental Retirement Annuity (SRA) accounts immediately upon employment.

**LIBERTY MUTUAL DISCOUNT**

Elizabethtown College employees are eligible to receive a discount on personal insurance policies, including auto, homeowners, and multi-policy plans. For more information, please contact Liberty Mutual at 717-795-8703 and mention that you are an Elizabethtown College employee.

**VERIZON WIRELESS DISCOUNT**

Elizabethtown College employees are eligible to receive 18% off of their monthly calling plan (\$39.99 Nationwide calling plan or higher is required) and 25% off eligible accessories. For more information, visit the Human Resources website at [www.ctown.edu/humanresources](http://www.ctown.edu/humanresources) and click on Forms & Resources – HR & Benefit Forms. At the bottom of the page, there is a link to the Verizon Employee Store with more information.

**PETPLAN® VOLUNTARY PET INSURANCE PLAN**

Unexpected accidents and illnesses can wreak havoc on your family budget. Petplan® pet insurance helps cover the costs so that you can concentrate on getting your four-legged family members the care they deserve. You are eligible to receive an exclusive 15% discount on Petplan pet insurance when you enroll online. Simply enter promo code ECPETS. To learn more and get an immediate quote go to [www.GoPetPlan.com](http://www.GoPetPlan.com).



**FLEX SPENDING ACCOUNTS**

These accounts enable employees to set aside funds before taxes and later be reimbursed on a tax-free basis for eligible expenses.

**HEALTH CARE SPENDING ACCOUNT**

For reimbursement of eligible medical, dental and eye care expenses. The maximum annual contribution for 2014 is \$2,500. Please note: there will be no reimbursement for over the counter medication expenses without a doctor's prescription.

**DEPENDENT CARE SPENDING ACCOUNT**

For reimbursement of eligible child care or dependent care expenses. Single employees or married employees whose spouses work and file joint tax returns may allocate up to \$5,000.

**IN ADDITION, MANY EMPLOYEES ARE ELIGIBLE FOR THE FOLLOWING BENEFITS**

- Tuition Benefits
- Vacation & Sick Leave
- Holidays
- 10% Discount in College Store
- Use of library and athletic facilities
- Free or reduced admission to cultural events and basketball games

**GET EXCITED ABOUT FITNESS AND A HEALTHIER YOU**

Check out the EC Wellness Website at <http://www2.ctown.edu/cwt/Index.htm>

**ELIZABETHTOWN COLLEGE HUMAN RESOURCES**

During the Open ENROLLMENT PERIOD, all completed forms should be returned to Human Resources by November 30. For questions or benefit changes throughout the year, please contact Human Resources: [hr@etown.edu](mailto:hr@etown.edu) or 717-361-1406