

# Pfeiffer

UNIVERSITY

SennDunn  
INSURANCE



MARSH & MCLENNAN  
AGENCY

## 2017 Benefit Summary



# Insurance Contacts

Refer to this list when you need to contact one of your benefit vendors. For general information, contact Senn Dunn or Human Resources.

## MEDICAL

**Blue Cross & Blue Shield of NC**  
Network: Blue Options  
877.258.3334  
[www.bcbsnc.com](http://www.bcbsnc.com)



## DENTAL

**MetLife**  
800.438.6388  
[www.metlife.com](http://www.metlife.com)

## VISION

**Vision Service Plan**  
Network: VSP  
800.351.7500  
[www.vsp.com](http://www.vsp.com)

## LIFE & DISABILITY

**The Hartford**  
877.778.1383  
[www.thehartfordatwork.com](http://www.thehartfordatwork.com)

## ACCIDENT & CRITICAL ILLNESS

**The Hartford**  
877.778.1383  
[www.thehartfordatwork.com](http://www.thehartfordatwork.com)

## FLEXIBLE SPENDING ACCOUNT

**ProBenefits**  
888.722.8382  
[www.probenefits.com](http://www.probenefits.com)

## TELADOC

800.362.2667  
[www.teladoc.com](http://www.teladoc.com)

## Senn Dunn Contact

Your dedicated benefits advocates:msn.co

**Senn Dunn Insurance**  
**Employee Benefits Services**  
855.313.1075  
[ebsservices@senndunn.com](mailto:ebsservices@senndunn.com)



Offices in Greensboro, High Point, Raleigh, Wilmington, Charlotte & serving the entire state of North Carolina.  
800.598.7161 | [www.senndunn.com](http://www.senndunn.com)

*The Information In this Benefits Summary is presented for illustrative purposes and is based on information provided by the employer. The text contained in this Summary was taken from various summary plan descriptions and benefit information. While every effort was taken to accurately report your benefits, discrepancies, or errors are always possible. In case of discrepancy between the Benefits Summary and the actual plan documents the actual plan documents will prevail. All information is confidential, pursuant to the Health Insurance Portability and Accountability Act of 1996. If you have any questions about this summary, contact Human Resources.*

# Medical Insurance

**Who is Eligible and When:** All full-time employees working 30 hours a week or more are eligible on the first of the month following date of hire.

**Employer Pays:** Pfeiffer pays the majority of the cost of employee and family coverage.  
**Employee Pays:**

## Monthly Payroll Deductions

Employee Only	\$ 95.00
Employee + One	\$285.00
Family	\$550.00

Plan Feature	You pay:
<b>Deductible (Plan year)</b>	\$2,000 Individual \$4,000 Family
<b>Coinsurance</b>	30% after deductible
<b>Coinsurance Maximum</b>	\$2,000 Individual \$4,000 Family
<b>Out-of-Pocket Maximum</b>	\$4,000 Individual \$8,000 Family
<b>Embedded / Non-Embedded *</b>	Embedded
<b>Office Visit</b>	
Primary Care	\$25 copay **
Preventive Care ***	0% (Covered at 100%)
Specialists	\$50 copay **
Routine Vision Exam ***	0% (Covered at 100%)
<b>Lab and X-Ray</b>	
In Primary Care Office	\$25 copay **
In Specialist Office	\$50 copay **
Out of Office	Deductible, then 30%
MRI, CAT & PET	Deductible, then 30%
<b>Inpatient Services</b>	
Physician	Deductible, then 30%
Hospital	Deductible, then 30%
<b>Outpatient Services</b>	
Physician	Deductible, then 30%
Hospital	Deductible, then 30%
<b>Other Services</b>	
Emergency Room Services	\$300 Copay
Urgent Care Copay	\$75 Copay
Chiropractic Services (30 Visits)	\$50 Copay
<b>Out-of-Network</b>	
Deductible	\$4,000 Individual / \$8,000 Family
Coinsurance	60% after deductible
Coinsurance Maximum	\$4,000 Individual / \$8,000 Family
Out-of-Pocket Maximum	\$8,000 Individual / \$16,000 Family

\*Embedded Plan: Each member of a family plan will have their own deductible / coinsurance to meet up to the total family out of pocket maximum.

\*\*Copays apply to the total out of pocket

\*\*\*Please note that all services performed in a wellness visit may not be preventive and paid at 100%. Your physician must code the services as preventive and they must follow the guidelines of the ACA (Affordable Care Act). Please consult with your physician as to what services will be preventive or refer to [www.healthcare.gov](http://www.healthcare.gov) for a complete list of services required by the ACA.

**Note:** When utilizing a provider outside the state of North Carolina, it is the member's responsibility to make sure the provider receives prior authorization for certain services, prior to the service. If admitted to the hospital in an emergency situation, the hospital has 48 hours from the time of admittance to obtain authorization. Please refer to your BCBSNC policy for services that require prior authorization.

# Prescription Drug Coverage

	You pay:
<b>Retail 30-day supply</b>	
Tier 1	\$10 copay*
Tier 2	100% to \$100 per Rx max*
Tier 3	100% to \$100 per Rx max*
Tier 4	100% to \$100 per Rx max*

\*copays apply to the total out of pocket

Note: Generic drugs may not always be the lowest cost option and can vary between plans.

## **SAVE MONEY ON YOUR PRESCRIPTION DRUGS!**

***\$4 for 30 day or \$10 for 90 day supply - Generic Drug Program***

Wal-Mart, Sam's Club and Target are running a promotion where you can get generics that are on their "approved" list for \$4 per prescription, per month. There are also generics available for \$10 per 90-day supply. This list is available on each of their respective websites (walmart.com, samsclub.com and target.com).

Additionally, many pharmaceutical manufacturers have copay assistance programs available to lower your out of pocket cost. Please contact EB Services at Senn Dunn for assistance with determining whether your medication has a copay assistance program available. Or, you may go online yourself to look at [www.internetdrugcoupons.com](http://www.internetdrugcoupons.com).

## **Pre-Tax Advantage: Section 125 Plan**

Your share of medical, dental, vision, and FSA payroll deductions are taken on a pre-tax basis through an IRS Section 125 Plan. This saves you approximately 30% in taxes. However, due to Section 125 Plan rules, **you may only make changes in your payroll deductions at the annual Open Enrollment or at the time of a Qualifying Event** such as marriage, divorce, birth of a child, loss of insurance, or court order. Any Qualifying Event must be reported to Human Resources within 30 days of the event. If there has not been a Qualifying Event, you may not make any changes to your payroll deductions until Open Enrollment for 2018. **These are Internal Revenue Service rules and there can be no exceptions.** Contact Human Resources for more information.

# Flexible Spending Account

Pfeiffer offers you the opportunity to defer pre-tax dollars into a Flexible Spending Account (FSA) in order to pay for eligible medical, dental, and vision expenses. You may also defer funds into a dependent care spending account to pay for daycare expenses that are necessary in order for you (and your spouse, if applicable) to be employed.

In 2017, you may defer up to \$2,600 into your healthcare FSA and/or up to \$5,000 into your dependent care account. FSA funds are designated as "use it or lose it." At the end of the plan year, you will no longer have access to funds remaining in your FSA. (You can roll over up to \$500 of your 2017 FSA funds into 2018.) Members have 90 days following the end of the plan year to file for reimbursement. A list of eligible expenses can be found at [www.irs.gov](http://www.irs.gov).

# Teladoc

*Paid for 100% by Pfeiffer University*

Teladoc provides members with on-demand, 24/7 phone and email access to US based, licensed physicians. You and your family members can connect instantly with their network of physicians for information, advice, and treatment including prescription medication when appropriate. For more information, please contact Teladoc at 800-DOC-CONSULT (800-362-2667) or go to [www.teladoc.com](http://www.teladoc.com). This benefit is available to all employees and their families enrolled in Pfeiffer University sponsored medical coverage and is effective on the first of the month following the date of hire.

**FREE  
Teladoc  
App!**



# Dental Insurance

**Who is Eligible and When:** All full-time employees working 30 hours a week or more are eligible on the first of the month following date of hire.

**Employee Pays:**

	Monthly Payroll Deductions
Employee Only	\$33.87
Employee + Spouse	\$64.39
Employee + Child(ren)	\$87.75
Family	\$131.33

Type of Service	PPO Plan Benefit
<b>Deductible</b>	\$50 Individual \$150 Family
<b>Policy Year Maximum</b>	\$1,000 per covered member
<b>Diagnostic &amp; Preventive Services</b> Exams, Cleanings, Fluoride Treatment, Space Maintainers, Diagnostic X-Rays, Sealants,	Covered at 100% of usual and customary <i>Deductible does not apply</i>
<b>Basic Services</b> Stainless Fillings, Endodontics (Root Canal), Periodontics (Gum Disease), Periodontics (Surgical), Emergency Pain Treatment, Simple Extractions	Covered at 80% of usual and customary
<b>Major Services</b> Crowns, Inlays, Onlays, Bridges, Dentures, Repairs and Adjustments, Oral Surgery	Covered at 50% of usual and customary
<b>Orthodontic Services for children up to age 19</b> Appliances and Related Services Lifetime Maximum	Covered at 50% of UCR/Deductible applies \$1,000

If the estimated cost of a recommended treatment plan exceeds \$250, a treatment plan must be submitted to carrier name for review before treatment begins. This will also assist you in finding out what your cost for the services will be.

# Vision Insurance

**Who is Eligible and When:** All full-time employees working 30 hours a week or more are eligible on the first of the month following date of hire.

**Employee Pays:**

	<b>Monthly Payroll Deductions</b>
Employee Only	\$ 8.72
Employee + Spouse	\$17.42
Employee + Child(ren)	\$18.65
Family	\$29.80

Benefits	In Network
<b>Exam</b>	\$10 copay In Network
<b>Standard Frames</b>	\$25 copay / \$130 allowance + 20% off remaining balance
<b>Standard Lenses</b>	
Single Vision	\$25 copay
Lined Bifocal	\$25 copay
Lined Trifocal	\$25 copay
Lenticular	\$25 copay
<b>Contact Lenses (Conventional)</b>	\$0 copay / \$130 allowance
<b>Frequency of Services</b>	
Exams	12 months
Frames	24 months
Lenses OR Contacts	12 months

*Please refer to the VSP Benefit Summary for full In-Network and Out-of-Network benefits.*

# Disability Insurance

**Who is Eligible and When:** All full-time employees working 30 hours a week or more are eligible on the first of the month following one year of employment.

**Benefits You Receive:**

Pfeiffer provides full-time employees with long term disability income benefits and pays the full cost of this coverage. In the event you become disabled from an injury or illness, disability income benefits are provided as a source of income.

	Long Term Disability
<b>Benefits Begin</b>	After 180 days
<b>Benefits Payable</b>	ADEA -1 w/ SSNRA
<b>Percentage of Income Replaced</b>	60% of monthly income
<b>Maximum Benefit</b>	\$7,500 monthly
<b>Own Occupation Period</b>	2 years

# Life/AD&D Insurance

**Who is Eligible and When:** All full-time employees working 30 hours a week or more are eligible on the first of the month following date of hire.

**Basic Life Insurance:**

Pfeiffer University provides full-time employees with group life and accidental death and dismemberment (AD&D) insurance in the amount of 2x salary up to \$250,000. Additionally, you as an employee, may purchase dependent life insurance in the amount of \$10,000 for your spouse and \$5,000 (\$500 Live Birth to 6 months) for your dependent children. Your cost for this coverage is \$2.40 per month.

**Voluntary Life Insurance:**

Employees of Pfeiffer may elect to purchase additional life insurance and AD&D on themselves or their dependents through the convenience of payroll deduction. If you elect when first eligible, you may elect coverage up to the Guaranteed Issue amount without having to answer any medical questions. Employee and spouse benefits begin to reduce at employee age 70; employee and spouse rates are based on employee age.

<b>Guaranteed Issue</b>	Employee: \$200,000 Spouse: \$50,000 Dependent Child: \$10,000
<b>Employee Coverage</b>	You may elect coverage in \$10,000 increments up to a maximum of \$200,000. Minimum election amount: \$20,000
<b>Spouse Coverage</b>	You may elect coverage for your spouse in \$5,000 increments up to a maximum of 50% of the employee elected amount.
<b>Child Coverage</b>	You may elect coverage for your dependent child(ren) up to age 19 (or 25 if full time student) in increments of \$2,000 up to a maximum of \$10,000.

	Rate per \$1,000
<25	0.06
25-29	0.06
30-34	0.06
35-39	0.07
40-44	0.12
45-49	0.20
50-54	0.34
55-59	0.61
60-64	0.99
65-69	1.5
70-74	2.7
75+	2.7
AD&D	.02
Child(ren) Rate	0.20

## Individual Worksite Products

Pfeiffer offers you the opportunity to purchase voluntary workplace benefits through the convenience of payroll deduction. You can apply and pay for the protection you feel you need for yourself and/or other family members without your participation. The plans are portable should you leave employment at Pfeiffer. Your options include **Accident** and **Critical Illness**. Please see the enrollment packet for more detailed benefit information. Contact Human Resources for more information. Coverage is effective the 1<sup>st</sup> of the month following the date of hire.