

UNIVERSITY OF THE PACIFIC
FACULTY AND STAFF

2023 BENEFIT GUIDE

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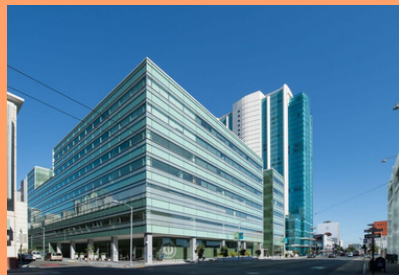
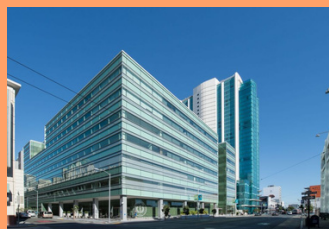


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Important Information

Links within this document

You will need a Pacific Login in order to access the links within this document. If you do not have one please contact the benefits team at employee_benefits@pacific.edu

2023 Virtual Benefit Fair

Below are the vendors that will be presenting at the Virtual Benefit Fair on October 27th, 2022 for 2023 Benefits. The Virtual Benefit Fair will be recorded and posted to our [Open Enrollment webpage](#).

- Kaiser
- HSABank
- Delta Dental
- Trustmark
- VSP
- TIAA
- Symetra
- WellDyne

2023 Open Enrollment Information Session

Please visit our [Open Enrollment webpage](#) for Benefit Information Session dates, times, and zoom links. You can view a recorded Employee Benefit Information Session by clicking here.

You can view the PDF presentation for Retiree Benefit Information Session by clicking here.

Dependent Verifications

If electing coverage for a new dependent (i.e., spouse, domestic partner, or child) please make sure to have available their date of birth and social security numbers when completing your enrollments. You will also be required to upload a marriage or domestic partner certificate and/or birth certificate for children. These documents must be uploaded within 60 days of the Qualifying Life Event (QLE).

Valid Social Security Number (SSN) or ITIN

When enrolling a dependent a valid SSN is needed at time of enrollment unless if enrolling a new born. If the dependent does not have a SSN but is applying for their Individual Taxpayer Identification Number (ITIN) you can enroll them when the ITIN is received.

Enrollment Information

Who is Eligible

Employees:

- Full-time
 - staff who work 30 hours or more per week at least 9 months of the year
 - faculty who are 75% FTE or more at least 9 months of the year
- Part-time
 - staff who work 20 to 29 hours per week at least 9 months of the year
 - faculty who are 50% to 74% FTE at least 9 months of the year
- ACA Requirements
 - Must be working an average of 130 hours per calendar month (30hrs/wk) for 12 consecutive months (counting of months begins the 1st of the month following date of hire) to be benefit eligible
 - Break in Service Rule
 - A benefit eligible employee who terminates employment and is rehired working at least 1 hour per week must be offered benefits immediately unless the break in service is greater than 26 weeks

Dependents:

- legal spouse (same or opposite sex) or Registered Domestic Partner (RDP)
- biological child, adopted child, stepchild, legal ward, foster child, or an eligible dependent of your spouse/RDP up to the age of 26
- child over age 26 who became physically or mentally permanently disabled prior to attaining age 26 who is supported primarily by you (proof of the condition is required)

Benefit Effective Date of Coverage

Benefits become effective the first day of the month following start of employment or the first day of employment if that date is the first day of the month.

-Ex: Hire date is 01/05/2023 -- Coverage becomes effective 02/01/2023;

Hire date is 02/01/2023 -- Coverage becomes effective 02/01/2023

Enrolling into Benefits

Enrollment Procedures

Newly hired faculty and staff have 31 days from the date of hire to enroll in benefits through Benefit Focus (Pacificnet ID and password are required), Pacific's online enrollment platform. You have 31 days from the event date to make eligible enrollment changes due to a qualifying life event. See the Qualifying Life Event Chart for event eligibility.

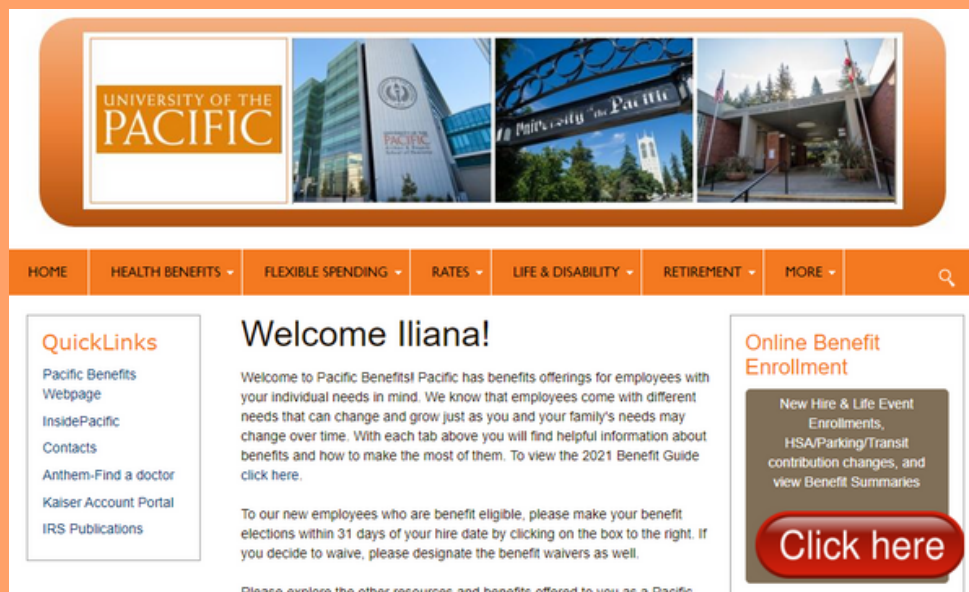
- Collect the date of birth, social security number, and address for each dependent or beneficiary you wish to cover.
- Consider your needs and the needs of your eligible dependents. Review any coverage offered through your spouse/ Domestic Partner's employer to avoid costly duplicate coverage.
- Carefully review the plan information in the benefit guide and plan materials available on our Benefits Page through pulse.pacific.edu. (Pacificnet ID and password are required)

Logging into Benefit Focus

Visit benefits.pacific.edu

Log in using your Pacific Net ID and password

When you log in you will see the welcome page. You can navigate through the Welcome Page to view the various information that is available to you.



Enrolling into Benefits

Guiding You Through the Process

To start enrolling in your benefits you will first need to click on the "*Click Here*" button that is on the Welcome Page.

Online Benefit Enrollment

New Hire & Life Event
Enrollments,
HSA/Parking/Transit
contribution changes, and
view Benefit Summaries

Click here

Here are the basic steps for completing your benefit elections:

- Navigate from page to page by selecting the "*Next*" or "*Previous*" buttons.
- Select "*Cancel*" on any screen to return to the Home Page.

Note: If you have not completed and saved your benefit elections, you will receive a warning message, which allows you to return to your benefit elections to complete and save them before leaving the current screen.

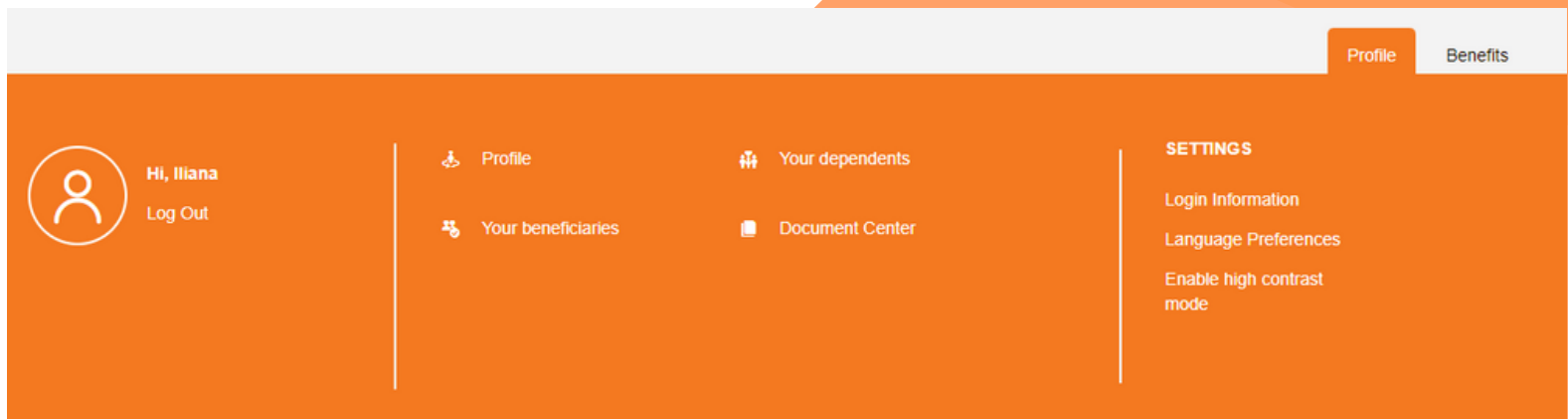
- Save your elections on each benefit Summary page when you have entered all required information.
 - > Look over your information closely. If you need to change any information, select the "*Edit*" links next to the corresponding section. Select "*Save*" once you have made all necessary changes.

In order to avoid unauthorized access to your information, you must safely end a session by logging out. After 15 minutes, the system will generate warning messages that indicate you will be logged out of the system due to inactivity. This message will provide the opportunity to continue or log out.

Enrolling into Benefits

Adding/Editing Dependents

If you will be adding or making changes to your dependents, you can complete this before electing your benefits. From the Home Page, you can select the *"Profile"* icon, on the top of the page, to access current dependent information or to add dependents to your profile. You can also add dependents as part of the benefit enrollment flow. Select *"Your Dependent"* then *"Add Dependent"*. After updating each required field, select *"Next"*. After entering dependent information, you may begin the benefit enrollment flow.



Before you enroll in benefits

Do you have any dependents/beneficiaries you want to add to your profile? You will add your dependents to coverage when you enroll in your benefits.

Note: You'll also be able to add dependents and select who you want to cover when you enroll in or edit your benefits.

To add a dependent, click 'Add Dependent'

Add Dependent

Next

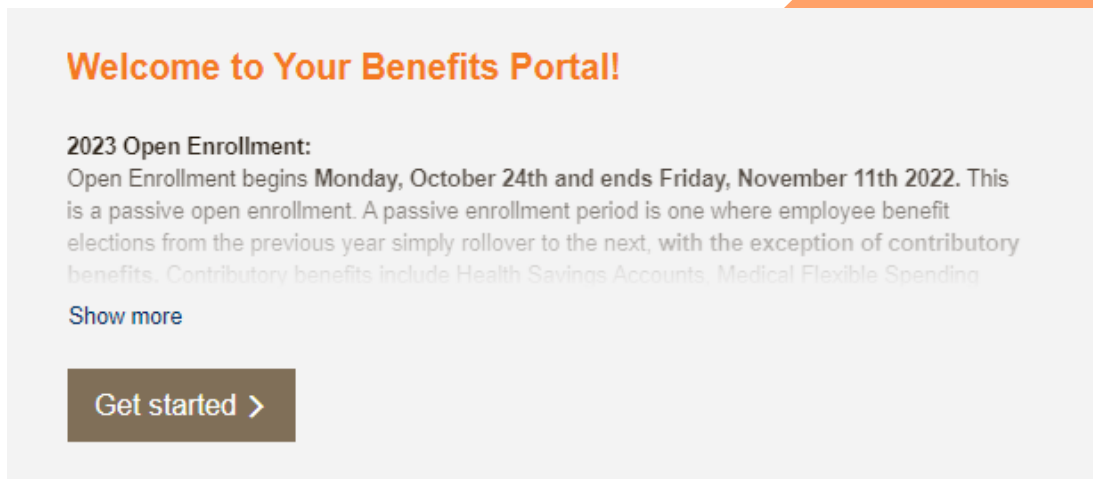
Previous

Enrolling into Benefits

Enrolling in Your Benefits

The Home page shows you the information you need to complete. Select the "Get Started" button to begin. The following are sample steps for completing a typical Medical Benefit election. Note that your actual steps may vary, depending on the information required by your employer and the insurance carrier.

1. Select "Get Started" on the Home Page



Welcome to Your Benefits Portal!

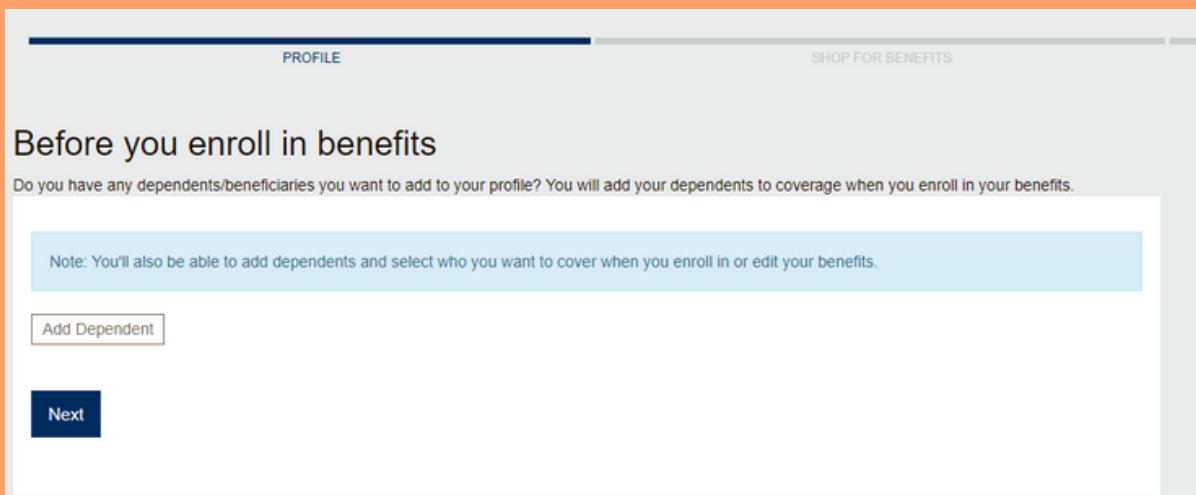
2023 Open Enrollment:
Open Enrollment begins Monday, October 24th and ends Friday, November 11th 2022. This is a passive open enrollment. A passive enrollment period is one where employee benefit elections from the previous year simply rollover to the next, with the exception of contributory benefits. Contributory benefits include Health Savings Accounts, Medical Flexible Spending

[Show more](#)

Get started >

2. Chose one of the following options:

- *Add Dependent:* if you need to add dependents to include in your benefit elections.
- *Next:* To continue enrolling in benefits if you had previously added dependents or without adding dependents



PROFILE SHOP FOR BENEFITS

Before you enroll in benefits

Do you have any dependents/beneficiaries you want to add to your profile? You will add your dependents to coverage when you enroll in your benefits.

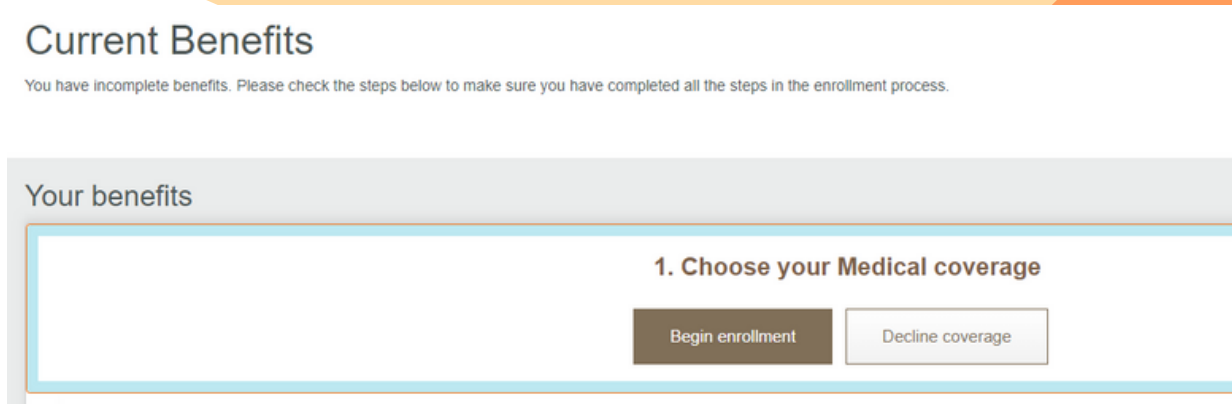
Note: You'll also be able to add dependents and select who you want to cover when you enroll in or edit your benefits.

Add Dependent

Next

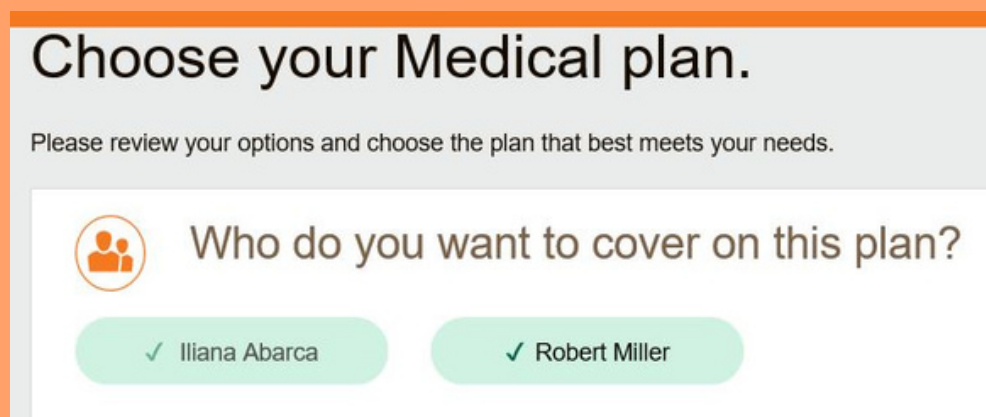
Enrolling into Benefits

3. Select "*Begin Enrollment*"



The screenshot shows a web interface titled "Current Benefits" with a subtitle: "You have incomplete benefits. Please check the steps below to make sure you have completed all the steps in the enrollment process." Below this is a section titled "Your benefits" which contains a large light blue rectangular area. Inside this area, the text "1. Choose your Medical coverage" is displayed. At the bottom right of this area are two buttons: "Begin enrollment" (a dark grey button) and "Decline coverage" (a light grey button).

4. For each benefit type, review your benefit plan options. Please review the provided decision support tools, such as plan comparison, cost estimation, documents, videos and web links to help you choose a coverage plan.
5. If you are adding dependents to your coverage make sure to select their name at the top at the time of selecting your benefit. When you select your dependent(s) a check mark should appear before their name and should turn green. If you would like to remove a dependent from your coverage, click on their name. It will unhighlight.



The screenshot shows a web interface titled "Choose your Medical plan." with a subtitle: "Please review your options and choose the plan that best meets your needs." Below this is a section titled "Who do you want to cover on this plan?" preceded by an icon of three people. Underneath, there are two green buttons, each with a checkmark and a name: "Iliana Abarca" and "Robert Miller".

Enrolling into Benefits

6. For each benefit type, click on "Select Plan" once you have decided on a benefit plan that best suits your needs.

- If you are unsure what plan to select and would like to seek advice, please feel free to contact Jennifer Hansford at Brown & Brown Insurance Services at (800) 733-3131 ext. 1246

The screenshot displays two plan options for 2023. The top plan is the '2023 - Anthem - Medical - Pacific QHDHP Plan', which is HSA Eligible. It shows an estimated annual cost of \$1,408.45, with a breakdown of individual and family deductibles and out-of-pocket maximums. The bottom plan is the '2023 - Anthem - Medical - Pacific EPO Plan', which is FSA Eligible. It shows an estimated annual cost of \$3,517.08, with a breakdown of individual and family deductibles and out-of-pocket maximums. Both plans include a 'You Pay (Bi-Weekly Cost)' section, with the QHDHP plan showing \$0.00 and the EPO plan showing \$104.12. Navigation buttons like 'Currently Selected', 'Plan details', 'Compare to last year', and 'Plan Documents' are visible at the bottom of each plan section.

Plan	Estimated Annual Cost	Individual Deductible	Family Deductible	Individual Out of Pocket Maximum	Family Out of Pocket Maximum	You Pay (Bi-Weekly Cost)
2023 - Anthem - Medical - Pacific QHDHP Plan (HSA Eligible)	\$1,408.45	\$2,500	\$5,000	\$5,000	\$10,000	\$0.00
2023 - Anthem - Medical - Pacific EPO Plan (FSA Eligible)	\$3,517.08	\$500	\$1,500	\$1,500	\$4,500	\$104.12

7. If you would like to waive benefits scroll to the bottom and select "Decline Coverage".

This screenshot shows the bottom of the enrollment page. It features a 'Decline Coverage' button with a red arrow pointing to it. To the right of the button is the text 'I would like to decline Medical coverage.' Below the 'Decline Coverage' button are two more buttons: 'Previous' and 'Cancel'. Above the 'Decline Coverage' button are three buttons: 'Select plan', 'Plan details', and 'Plan Documents' with a dropdown arrow.

Enrolling into Benefits

8. Review your benefit election information. Expand any section to review more information and select the "Edit" link to make changes. Select "Save" once you have finished. You will then be taken to the rest of the enrollment process.

The screenshot shows a web interface for benefit selection. It features two main sections: 'Vision' and 'Dependent Care FSA'. The 'Vision' section includes a blue icon with 'E', 'P', and 'V' and lists details for the '2021 - VSP - Vision - VSP Vision Plan', such as the provider (VSP), effective date (10/01/2021), payment (\$0.92 every two weeks), and the person covered (Iliana Mendoza). Below this is a 'Plan details' button. The 'Dependent Care FSA' section has a green dollar sign icon and states 'Coverage Declined as of 10/01/2021', with an 'Edit coverage' button. At the bottom are 'Save' and 'Cancel' buttons.

9. Please note you will need to go through all benefit elections before being able to complete your enrollment. Once you finish reviewing all your benefits click on "Complete Enrollment"

This screenshot shows the final steps of the enrollment process. It displays two sections: '14. Choose your Transportation FSA coverage' and '15. Choose your Parking coverage', both with a green dollar sign icon and a note stating 'You have declined this benefit.' Each section has an 'Edit coverage' button. At the bottom right, there are 'Complete Enrollment' and 'Cancel' buttons.

10. A pop-up message will appear with a *congratulations message*. You will need to review your Benefit Detail Report before continuing to the next page.

✓ Congratulations Iliana, you have finished selecting your benefits!

 Medical 2021 - Anthem - Medical - Pacific EPO Plan Just You	 Pharmacy 2021 - WellDyne - Pharmacy - Rx Plan Just You	 Vision 2021 - VSP - Vision - VSP Vision Plan Just You	 Short Term Disability 2021 - California State Disability Insurance (SDI) Just You
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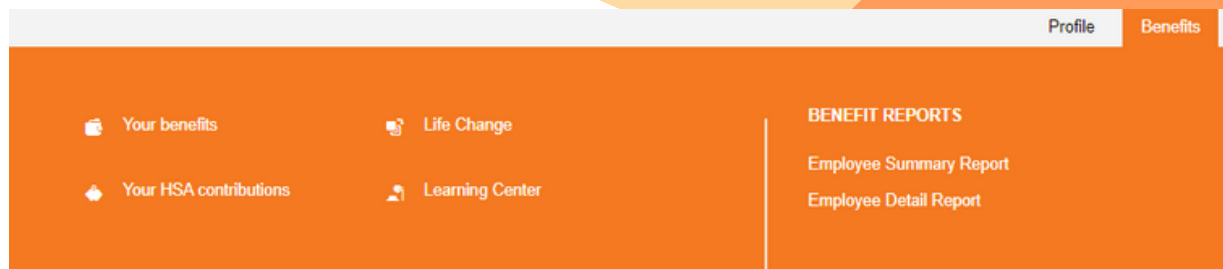
Show all 7 of my benefits ▼

Helpful things to do right now

 Write down your confirmation number: 24291182756-8730f5	 Review and print a copy of your Benefit Detail Report
--	--

Enrolling into Benefits

10. You can also review your Benefit Detail Report by clicking on "Benefits" at the top of your screen. You will see "Employee Detail Report" listed under Benefit Reports. You may make changes online or via the mobile app anytime during the Open Enrollment period.



Mobile App

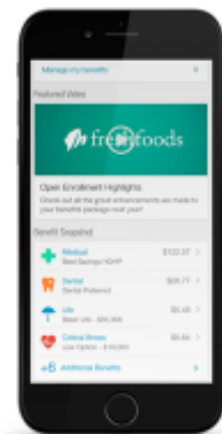


You manage some of the most important things in life on your phone. Your benefits are no different!

- Enroll in your benefits and make updates during open enrollment
- Make qualified life event changes to your benefits any time
- Update your personal information
- Access an extensive library of educational videos
- Log in with secure, fingerprint authentication

Download the app today!

1. Install the BENEFITFOCUS® App from Google Play or the Apple App Store.
2. Enter the company ID shown below.
3. Log into your benefits using the same username and password you use on your computer!



Company ID: PACIFICBENEFITS

Contact Human Resources for benefits and open enrollment questions at employee_benefits@pacific.edu

Medical Benefits

What to Keep in mind when electing a Medical Plan

- Where do you typically receive care and are those providers/hospitals part of a plan's network?
- Do you need a plan that allows access to non-network providers?
- What are the co-payments and deductibles?
- How much will biweekly premium costs be every paycheck?
- Do I want access to a Health Savings Account (HSA) as part of my strategy for saving for healthcare in retirement?

Pacific Plans

Pacific's EPO (Exclusive Provider Organization)

Pacific's EPO plan provides benefits when participants seek services from a provider in the Anthem network. It uses the full Anthem BlueCross Prudent Buyer PPO Network. There is no coverage for out of network services. For information regarding the plan details please view the Medical Comparison Chart on page 19.

Pacific Qualified High Deductible PPO (QHDHP) with Health Savings Account

Pacific's QHDHP plan provides benefits when participants seek services from a provider in or out of the Anthem network. The level of coverage is higher for in-network providers than for out-of-network providers.

To be eligible for an HSA you must be enrolled in a QHDHP, cannot be enrolled in another non-QHDHP, cannot be claimed as an IRS dependent, cannot be enrolled in HSA and FSA in the same plan year, and cannot be enrolled in Medicare (including part A).

Medical Benefits

Health Savings Account (HSA) allows you to set aside tax-free dollars to pay for qualified health care expenses and earn tax-free interest. Unused dollars roll over into the next year; no use it or lose it rule. All contributions belong to you and you can take them and use them for your benefit if you leave Pacific. After age 65, dollars may be withdrawn for any purpose, paying only normal income taxes and no penalties. Monies can be used to pay for Medicare premiums (if automatically taken out of your social security check, you can reimburse yourself).

This is a great way to save for medical expenses in retirement!

The HSA associated with the Pacific QHDHP is administered by HSABank.

For information regarding the plan details please view the Medical Comparison Chart on page 19 .

Who is Trustmark

Trustmark is the new benefit administrator for The University of the Pacific's employee health benefit plan (previously Delta Health Systems). They process your claims, answer claim questions, and manage other aspects of your health benefits.

How to Register on Trustmark

Go to myTrustmarkBenefits.com and select the Create Your Account button under the Participant section. Enter the required fields with your information. Enter your contact information in the fields below. You must enter your email address and at least one phone number. You can also view our flyer on how to register [here](#).

How to view your Card

Log into your Trustmark Account at myTrustmarkBenefits.com. Go to *My Links* section of your home page. Click the See My ID Card link. You can also view our flyer on how to view your medical card [here](#).

Medical Benefits

A subscriber can view all dependent ID cards on the portal under Family Links unless a dependent is blocked. A dependent can create their own account if they are 18 years or older. They will only be able to see their own ID Card, personal information, and claims. A spouse can be given "Full Family Access" to be able to view the dependent's information.

At the moment, dependent cards are not available on the mobile app but will be a future enhancement.

Finding a Doctor

To find a provider please visit the Anthem Blue Cross webpage. On top of the page you will see "Find Doctor/Find Care". Underneath the "Login" Button you will see an area to enter a Member ID Number or Prefix. You will enter "U4L" as the prefix and select "Search". You can search by specialty, doctor name, or zip code. After entering this information, select the type of Providers you are searching for.

Live Health Online

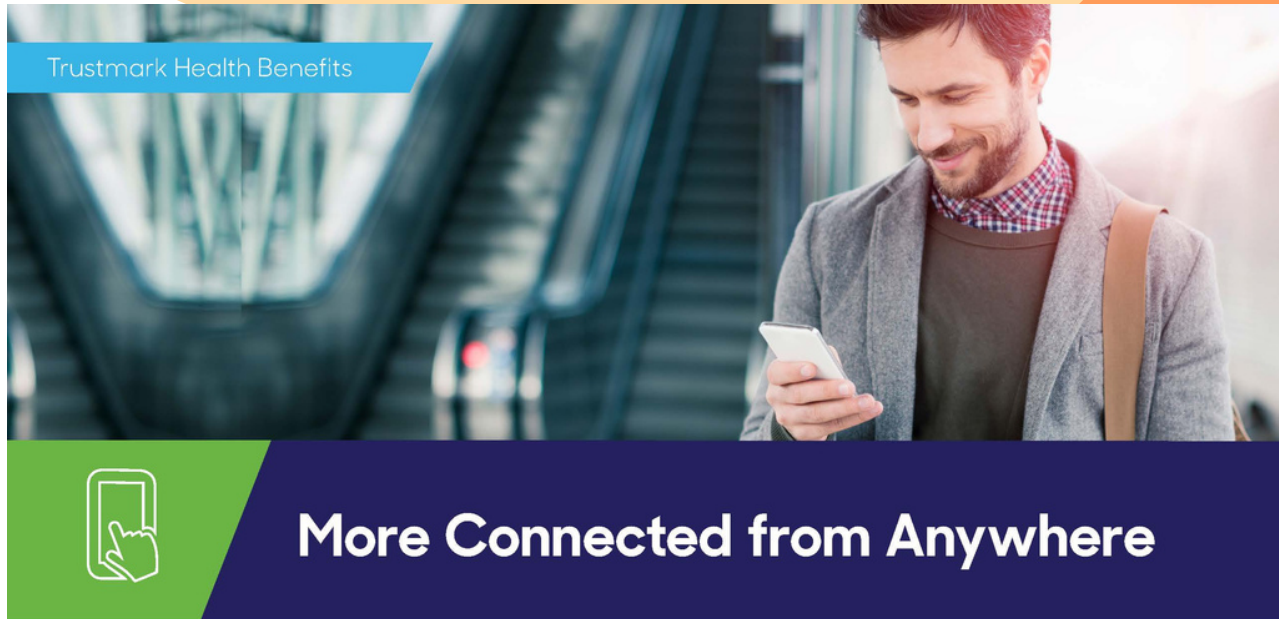
Provides easy, fast doctor visits from the comfort of your computer or mobile device. Free for Pacific EPO patients. Pacific QHDHP patients pay \$59 per "visit" until deductible is met. Services are provided seven days a week. Enroll at livehealthonline.com

Live Health Online Psychiatry

Faculty, staff, and their covered dependents who are enrolled in the Pacific EPO or the Pacific High Deductible plans will have access to LiveHealth Online Psychiatry. It is free for Pacific EPO patients. Pacific QHDHP patients pay the actual cost of the visit until deductible is met. Enroll at livehealthonline.com

Medical Benefits

Trustmark Mobile App



You still need to connect with your health benefits while you're on the go. Our mobile app lets you stay in control from anywhere.



See the status of your deductible and out-of-pocket maximum



Access important benefits information



Show your ID card to providers



Connect with customer service by phone



View and filter claims for quick reference



Ask questions and receive answers from customer service through our message center



Find a doctor



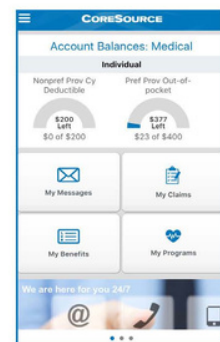
Easily access member-specific services in your benefit plan through the My Programs section



View each family member's information and benefits



Filter claims by family member name and type



*Mobile app will become myTrustmarkBenefits Mobile as of 1/1/20.

Expect **more.**
Benefit more.

Download our mobile app for free from the Apple App Store or Google Play. Just search myCoreSource Mobile*.

Self-funded plans are administered by CoreSource, Inc.
CoreSource, Inc. is a subsidiary of Trustmark Mutual Holding Company.

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Trustmark
benefits beyond benefits

R450-1162hb (9-19)trans

Medical Benefits

WellDyne



Easy 24/7 Access to Manage Your Prescriptions

WellDyne provides convenient options to help you manage your pharmacy benefit. Register to view our secure online member portal, or call our automated phone system to quickly order prescription refills, obtain order status information and more.

Anywhere, anytime access to WellDyne pharmacy services

	AUTOMATED PHONE SYSTEM	MEMBER PORTAL
Order Refills	✓	✓
Check Order Status	✓	✓
Estimate Copay Costs		✓
Find Drug Alternatives		✓
Locate Network Pharmacies		✓
View Prescription Information		✓
Check Account Balance	✓	✓
Make a Payment	✓	✓
Add/Update Payment Card	✓	✓
View ID Card		✓
Update Your Profile		✓
Check for Drug Interactions		✓
Identify Pills		✓
Track Deductible Accumulator		✓

To use the WellView Member Portal:

1. Go to WellView.WellDyne.com. Click "Register Now."
2. Enter your Member ID, name and date of birth.
3. Create a username and password for your account and log in to the member portal.
4. If you will be using our Mail Order Pharmacy:
 - Let us know about any allergies or health conditions.
 - Verify your shipping address.
 - Provide a payment method (credit, debit, FSA or HSA card) to speed up the ordering process.

For questions about your pharmacy benefits, visit our member portal at WellView.WellDyne.com. Or call Member Services at the number listed on your ID card.



Download the WellView mobile app!

The app shares all of the same great features as the member portal and allows you to save your ID card in your phone's wallet. Look for it in the Apple and Google Play app stores.



Acceso fácil 24/7 para administrar sus recetas

WellDyne ofrece opciones que ayudan a los miembros a administrar sus beneficios de farmacia de forma conveniente. Regístrese para acceder a nuestro portal seguro en línea para los miembros o llame a nuestro sistema telefónico automatizado para resurtirse rápidamente de un medicamento recetado, averiguar el estado de sus pedidos y mucho más.

Acceso a los servicios de farmacia de WellDyne cuándo y dónde quiera

	SISTEMA TELEFÓNICO AUTOMATIZADO	PORTAL PARA LOS MIEMBROS
Pedir resurtidos	✓	✓
Comprobar el estado de los pedidos	✓	✓
Estimar medicamentos alternativos		✓
Buscar un medicamento alternativo		✓
Localizar las farmacias de la red		✓
Ver la información sobre sus recetas		✓
Averiguar el saldo de su cuenta	✓	✓
Hacer un pago	✓	✓
Agregar/actualizar tarjetas de pago	✓	✓
Ver su tarjeta de identificación del plan		✓
Actualizar su perfil		✓
Informarse sobre interacciones entre medicamentos		✓
Identificar pastillas		✓
Rastrear el deducible acumulado		✓

¡Descargue la aplicación móvil WellView!

Además de ofrecer todas las excelentes funciones de nuestro portal para los miembros, le permitirá guardar su tarjeta de identificación en la billetera digital de su teléfono. Búsquela en las tiendas de aplicaciones Apple y Google Play.

Para usar el portal WellView para los miembros:

1. Visite WellView.WellDyne.com y haga clic en «Register Now».
2. Escriba su número de identificación como miembro (Member ID) y fecha de nacimiento.
3. Cree un nombre de usuario y una contraseña para su cuenta y luego abra sesión en el portal WellView para los miembros
4. Si utilizará nuestra farmacia por correo:
 - Indique cualquier alergia o condición de salud que tenga.
 - Verifique la dirección de envío.
 - Especifique un método de pago (tarjeta de crédito, de débito, de FSA o de HSA) para acelerar el proceso de pedido.

Si tiene preguntas sobre sus beneficios de farmacia, visite nuestro portal para los miembros en WellView.WellDyne.com. También puede llamar a nuestro servicio de atención a los miembros al número indicado en su tarjeta de identificación.



Medical Benefits

Kaiser Plans

Kaiser Traditional Buy Up [\(New Plan\)](#)

The Traditional HMO Employee Plan with Kaiser Permanente is not just health coverage — it's a partnership in health. It is only available to California Residents.

You receive preventive care services at little or no cost to you, and online features let you manage most of your care around the clock.

Your benefits include:

- a personal doctor for routine medical care
- copays for most covered services, including office visits
- no paperwork to fill out, no bills, and no deductibles
- no referrals needed for certain specialties, like optometry and obstetrics/gynecology
- copay for prescription drugs from a Kaiser Permanente pharmacy

Kaiser DHMO

Kaiser offers integrated health care; doctors, nurses, specialists, and pharmacists are located in one location. All services must be with a Kaiser Provider. For information regarding the plan details please view the Medical Comparison Chart on page 19.

It is only available to California Residents.

Kaiser Qualified High Deductible HMO (QHDHP) with Health Savings Account (HSA)

Kaiser offers integrated health care; doctors, nurses, specialists, and pharmacists are located in one location. It is only available to California Residents.

Kaiser has a sample fee schedule for many of their services so you can manage your out of pocket costs. To be eligible for an HSA you must be enrolled in a QHDHP, cannot be enrolled in another non-QHDHP, cannot be claimed as an IRS dependent, cannot be enrolled in HSA and FSA in the same plan year, and cannot be enrolled in Medicare (including part A). HSA allows you to set aside tax-free dollars to pay for qualified health care expenses and earn tax-free interest. Unused dollars roll over into the next year; no use it or lose it rule.

Medical Benefits

Finding a Doctor

To find a provider please visit www.kp.org. Click on New Member and proceed from there.

Get Care From the Comfort of Home

Phone Appointment

Schedule an appointment to talk with a Kaiser Permanente clinician over the phone - just like an in-person visit

Video Visit

Meet face-to-face with a doctor by video for the same high-quality care as an in-person visit.

Ready to Make An Appointment

Go online: Sign in to kp.org or use the Kaiser Permanente app.



Medical Benefits

Medical Comparison Chart

UNIVERSITY OF THE PACIFIC 2023 Medical Plan Design Comparison						
Benefit Summary	Pacific Plans			Kaiser Plans		
	Pacific EPO	Pacific PPO Qualified High Deductible with Health Savings Account (Pacific QHDHP)		Kaiser Traditional HMO Buy Up Option (NEW PLAN)	Kaiser DHMO	Kaiser HMO Qualified High Deductible with Health Savings Account (Kaiser QHDHP)
	In-Network Only	In-Network	Out of Network	In-Network Only	In-Network Only	In-Network Only
Lifetime Maximum	Unlimited	Unlimited	Unlimited	Unlimited	Unlimited	Unlimited
Calendar Year Deductible	The deductible applies to all services below except Rx unless shown as waived (dw)	For Family Coverage, Family Ded must be satisfied before coinsurance applies but it can be met by one member or a combination of the entire family unit. In-network and out of network are combined.		None	The deductible applies to all services below except Rx unless shown as waived (dw)	The deductible applies to all services below except preventive care. One person will not exceed the individual deductible
Single	\$500	\$2,500		\$0	\$500	\$2,500
Family	\$1,500	\$5,000		\$0	\$1,500	\$5,000
Out-of-Pocket Maximum		In and Out of Network are not combined	In and Out of Network are not combined			
Single	\$1,500	\$5,000	\$5,000	\$1,500	\$1,500	\$5,000
Family	\$4,500	\$10,000	\$10,000	\$3,000	\$4,500	\$10,000
Physicians Services		After deductible is met	After deductible is met			After deductible is met
Office Visit	\$25 copay (dw)	10%	30%	\$25	\$25 copay pcq (dw) \$50 specialist (dw)	10%
Lab & X Ray	10% Standard \$100 + 10% MRI, CT, PET, etc	10%	30%	No charge	\$10 per encounter-Standard 10% to max \$50 MRI, CT, PET, etc	10%
Preventive Care						
Preventive Care	No charge	No charge	30%	No charge	No charge	No charge
Lab/X-Ray	No charge	No charge	30%	No charge	No charge	No charge
Hospital		After deductible is met	After deductible is met			After deductible is met
In Patient	\$250 copay + 10%	10%	30% (up to \$350 max paid per day)	\$100	10%	10%
Out Patient Surgery	10% \$25	10% 10%	30% 30%	\$25 \$15 (dw)	10% \$15 (dw)	10% \$15 after ded
Chiropractic Care	max 30 visits per cy	max 30 visits per cy	max 30 visits per cy	max 30 visits per cy	max 30 visits per cy	max 30 visits per cy
Emergency Room Care	\$250 copay + 10% (copay waived if admitted)	10%	10%	\$250 (\$100 if admitted)	10%	10%
ER Physicians Services	10%	10%	30%	\$250	10%	10%
Emergency Transportation	10%	10%	10%	No charge	\$150 per trip	10%
Prescription Drug Retail Supply	WellDyne Rx Ded is waived up to 30 day supply	WellDyne Rx After deductible is met up to 30 day supply	WellDyne Rx After deductible is met up to 30 day supply	Kaiser Pharmacy up to 30 day supply	Kaiser Pharmacy up to 30 day supply	Kaiser Pharmacy After deductible is met up to 30 day supply
Generic / Tier 1	\$15	\$10	\$10	\$10	\$15	\$10
Brand Name / Tier 2 (no generic available)	\$25	\$30	\$30	\$20	\$30	\$20
Non Formulary Brand / Tier 3	\$45	\$50	\$50	N/A	N/A	N/A
Specialty	20% to \$150 copay max*	30%*	30%*	20% to \$150 copay max	20% to \$150 copay max	30% to \$150 copay max
Prescription Drug Mail Order Supply	Ded is waived up to 90 day supply	After deductible is met up to 90 day supply	After deductible is met up to 90 day supply	up to 100 day supply	up to 100 day supply	After deductible is met up to 100 day supply
Generic / Tier 1	\$15	\$10	\$10	\$20	\$25	\$30
Brand Name / Tier 2 (no generic available)	\$25	\$60	\$60	\$40	\$50	\$60
Non Formulary Brand / Tier 3	\$45	\$100	\$100	N/A	N/A	N/A

*Specialty drugs are administered through US Specialty Care 800.641.8475 for Pacific Plans.

Out of Network claims are paid at a percentage of usual & customary and the provider can balance bill you for the difference between the billed and allowed amount.

The above is just a brief comparison of benefits.

For a detailed explanation of benefits, limitations and exclusions. Please refer to the booklet/contract.

dw means deductible waived

Medical Benefits

Medical Rate Sheet

2023 Biweekly Contributions

Medical	Full-Time Employee		Part-Time Employee		San Francisco Union Full-Time Employee		San Francisco Union Part-Time Employee	
Pacific PPO Qualified High Deductible with Health Savings Account (Pacific QHDHP)	Option 1	Option 2	Option 1	Option 2	Option 1	Option 2	Option 1	Option 2
Employee	\$0.00		\$0.00		\$0.00		\$0.00	
Employee + 1	\$11.54	\$11.54	\$11.54	\$11.54	\$0.00	\$0.00	\$0.00	\$0.00
Employee + Family	\$23.08	\$23.08	\$23.08	\$23.08	\$0.00	\$0.00	\$0.00	\$0.00
Pacific EPO	Option 1	Option 2	Option 1	Option 2	Option 1	Option 2	Option 1	Option 2
Employee	\$104.12		\$156.18		\$60.92		\$121.85	
Employee + 1	\$208.24	\$312.35	\$312.35	\$416.47	\$126.46	\$159.69	\$255.69	\$323.08
Employee + Family	\$322.77	\$484.15	\$484.15	\$645.53	\$181.85	\$209.54	\$367.38	\$423.69
Kaiser DHMO	Option 1	Option 2	Option 1	Option 2	Option 1	Option 2	Option 1	Option 2
Employee	\$52.21		\$93.24		\$58.29		\$111.03	
Employee + 1	\$89.51	\$149.18	\$171.55	\$238.68	\$114.73	\$142.49	\$222.06	\$296.08
Employee + Family	\$134.26	\$223.77	\$257.33	\$335.65	\$169.32	\$199.86	\$333.09	\$424.69
Kaiser HMO Qualified High Deductible with Health Savings Account (Kaiser QHDHP)	Option 1	Option 2	Option 1	Option 2	Option 1	Option 2	Option 1	Option 2
Employee	\$55.24		\$82.86		\$21.99		\$50.86	
Employee + 1	\$110.48	\$165.73	\$165.73	\$220.97	\$43.99	\$43.99	\$101.72	\$130.59
Employee + Family	\$165.73	\$248.59	\$248.59	\$331.45	\$65.98	\$65.98	\$152.58	\$179.39
Kaiser HMO (Buy-Up)	Option 1	Option 2	Option 1	Option 2	Option 1	Option 2	Option 1	Option 2
Employee	\$76.36		\$117.39		\$82.44		\$135.18	
Employee + 1	\$137.81	\$197.48	\$219.85	\$286.98	\$163.03	\$190.79	\$270.36	\$344.38
Employee + Family	\$206.71	\$296.22	\$329.78	\$408.10	\$241.77	\$272.31	\$405.54	\$497.14

Working Spouse Rate Option: employees covering their spouse/domestic partner must check the following information to determine their contribution:

- Option 1: Employee's spouse/domestic partner does not have other coverage available.
- Option 2: Employee's spouse/domestic partner is eligible to participate in his/her own employer's medical plan but waives coverage in his/her employer's medical plan.
 - If your situation changes regarding a spouse/domestic partner, it is your responsibility to contact Human Resources within 31 days of the event so that the correct payroll deductions can be applied. Changes will be applied on a go-forward basis.
 - If both you and your spouse/domestic partner work for Pacific and you are enrolled together under the medical plan, Option 1 payroll deductions will apply
 - If you are covering a child or children under the medical plan and your spouse/domestic partner is not enrolled, Option 1 payroll deductions will apply

Health Savings Account (HSA)

What is an HSA?

- Allows employees to set aside tax-free dollars to pay for qualified health care expenses*
- Unused dollars roll over from year to year
- Account balances earn interest tax-free
- Employees own their HSA – it moves with them if they change jobs or health plans

Who is Eligible?

- Employees must be enrolled in a qualified high-deductible health plan (QHDHP).
 - The two qualified HDHPs that Pacific offers are the Pacific High Deductible PPO and the Kaiser High Deductible HMO.
 - The QHDHP must have the following to be considered HSA-compatible:
 - A Minimum deductible of \$2,500 single/\$5,000 family
 - An annual out-of-pocket maximum which cannot exceed \$5,000 single / \$10,000 family
 - Employees must NOT be enrolled:
 - in another health plan unless it is a QHDHP
 - in Medicare or receiving Social Security benefits
 - or claimed as a dependent by anyone
- Please note: you cannot have a flexible spending account (FSA) and HSA at the same time.

Health Savings Account (HSA)

How much can I contribute?

- Up to the IRS Limits
 - Individuals with Self-Only coverage are limited to \$3,850.00. This includes both the employee's contributions and the employer's contribution. Please see below for the employer's contribution.
 - Individuals with Family coverage are limited to \$7,750.00. This includes both the employee's contributions and the employer's contribution. Please see below for the employer's contribution.
 - HSA account holders 55 + are able to contribute a \$1,000 catchup in addition to the above.
- If employee enrolls mid-year and fund their HSA, they must remain enrolled through the following calendar year to avoid tax penalties. For more information regarding tax penalties please view the below section on tax penalties. You can also seek guidance from your tax advisor.

Employer HSA Funding

	2023 IRS Maximum Annual Contribution	Annual Employer Contribution	Maximum Employee Contribution	Maximum Employee Contribution for ages 55 +
Employee Only	\$ 3,850.00	\$ 1,250.00	\$ 2,600.00	\$ 3,600.00
Employee + Family	\$ 7,750.00	\$ 2,500.00	\$ 5,250.00	\$ 6,250.00

For employees new to an HSA during Open Enrollment, Pacific will prefund 3 months of employer contributions the first paycheck of January, then it will be pro-rated by paycheck beginning with the first paycheck in April.

- Single: \$288.48 pre-fund, then \$48.08 per pay period.
- Family: \$576.90 pre-fund, then \$96.15 per pay period

For mid-year elections (i.e. new hires) pro-ration applies with no prefunding.

Health Savings Account (HSA)

Managing Contributions

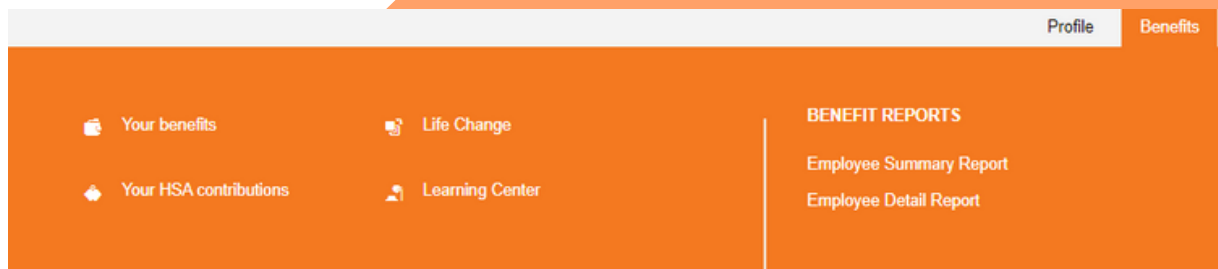
You are allowed to change your HSA contributions any time throughout the year. To make changes to your contributions you will need to log into the online benefit platform, BenefitFocus (Pacifinet ID and password are required). Then you will click on the links shown below:

1.

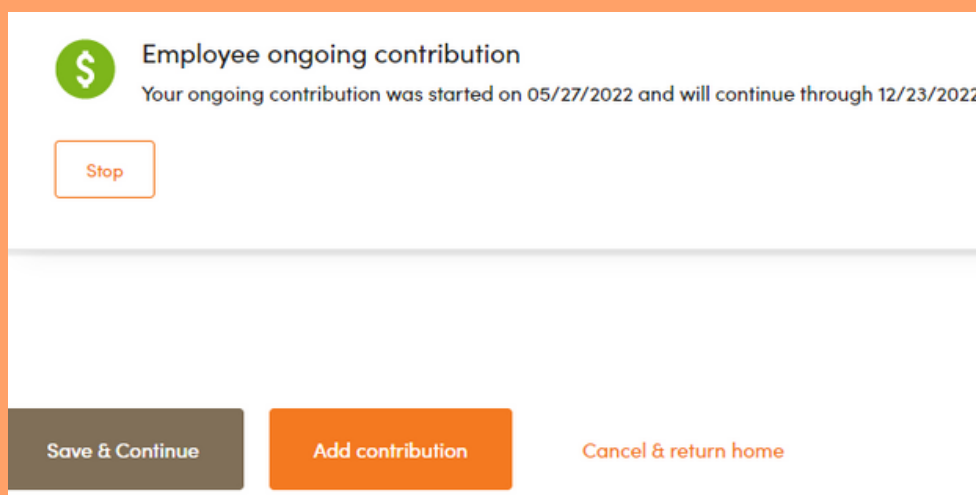
New Hire & Life
Event Enrollments,
HSA/Parking/Transit
contribution
changes, and view
Benefit Summaries



2. Under Benefits click on Your HSA Contributions



3. If you already have a contribution in place you will want to first end your contributions and then add a new contribution.



Health Savings Account (HSA)

Tax Savings

- Pre-tax contributions can be made via payroll*
- Earnings are tax-free under Federal Tax Rules while the money remains in the HSA*
- Withdrawals for qualified health care expenses are tax free
- HSA funds may transfer to the surviving spouse, tax free
- After turning 65, HSA dollars may be withdrawn for any purpose, paying only normal income taxes with no penalties.

* Important Note: contributions and earned interest to an HSA are taxable income in California

Long-Term Saving

- Save for future medical needs
- Unused balances roll over tax-free from year to year
- Variety of mutual fund investment options available once an account balance reaches the required minimum
 - Minimum balance requirements and fund options vary by HSA vendor
- Can serve as a “medical retirement fund”
 - Use to pay for medical services as well as long-term care services, Medicare not covered by any other source, COBRA or health insurance while you are receiving federal or state unemployment.



Health Savings Account (HSA)

Visiting the Doctor

- Patients should notify their doctor's office that they have changed insurance plans to a high deductible health plan. Some providers, like Sutter, will not negotiate a cash price if they know you have insurance, even if it is a high deductible plan.
- Deductibles are waived for routine preventive care and should be covered at 100% as long as the provider bills them as routine preventive care.
 - All other expenses are subject to the plan deductible, including prescriptions
- Patients are not required to pay at the time of their visit, but some providers, like hospitals, may require the deductible to be paid.
- Patients should request that their doctor submit their claim to their insurance provider first.

Qualified HSA Expenses

- Acupuncture
- Ambulance
- Birth Control Pills
- Braces
- Chiropractor
- Contact Lenses
- Contraceptive Devices
- Dentures
- Dermatologist
- Eye Glasses
- Hearing Aids / Batteries
- Insulin Treatment
- Lab Tests
- Lodging / Transportation Cost (relative to health care)
- Wheelchair
- Medicare Parts A, B or D after age 65

For more information, see IRS Publication 502-Medical and Dental Expenses (section 213(d)) or consult your tax consultant.

Health Savings Account (HSA)

Paying for Services

- The insurance provider will process each claim and send an Explanation of Benefits (EOB).
- The EOB will reflect the provider's discounted rates, which they will write off, and it will show the patients responsibility for that claim.
- Employees may pay their bill (or the bill for any person declared as a dependent on their tax return) by using their:
 - HSA debit card
 - Paying the provider directly and submitting a paper claim for reimbursement
 - Or pay from other personal accounts to allow their HSA balance to grow

****Note:** Patient assumes responsibility for legitimizing reimbursed expenses and should keep copies of their receipts.

Tax Penalty

- Distributions from an HSA, not used exclusively for qualified medical expenses, are includable in your gross income and may be subject to an additional 20% penalty tax.
- Distributions made for expenses that are reimbursed by another health plan are includable in your gross income, whether or not the other health plan is a high-deductible health plan.

Health Savings Account (HSA)

HSA Bank



Health Savings Accounts

Maximize your savings

A Health Savings Account, or HSA, is a tax-advantaged savings account you can use for healthcare expenses. Along with saving you money on taxes, HSAs can help you grow your nest egg for retirement.

How an HSA works:

- Contribute to your HSA by payroll deduction, online banking transfer or personal check.
- Pay for qualified medical expenses for yourself, your spouse and your dependents. Both current and past expenses are covered if they're from after you opened your HSA.
- Use your HSA Bank Health Benefits Debit Card to pay directly, or pay out of pocket for reimbursement or to grow your HSA funds.
- Roll over any unused funds year to year. It's your money — for life.
- Invest your HSA funds and potentially grow your savings.¹

What's covered?

You can use your HSA funds to pay for any IRS-qualified medical expenses, like doctor visits, hospital fees, prescriptions, dental exams, vision appointments, over-the-counter medications and more.

Visit hsabank.com/QME for a full list.

Am I eligible for an HSA?

You're most likely eligible to open an HSA if:

- You have a qualified high-deductible health plan (HDHP).
- You're not covered by any other non-HSA-compatible health plan, like Medicare Parts A and B.
- You're not covered by TriCare.
- No one (other than your spouse) claims you as a dependent on their tax return.

How much can I contribute?

The IRS limits how much you can contribute to your HSA every year. This includes contributions from your employer, spouse, parents and anyone else.²

Visit hsabank.com/irs-guidelines for specific annual limits.

Catch-up contributions

You may be eligible to make a \$1,000 HSA catch-up contribution if you're:

- Over 55.
- An HSA accountholder.
- Not enrolled in Medicare (if you enroll mid-year, annual contributions are prorated).

Triple tax savings

A huge way that HSAs can benefit you is they let you save on taxes in three ways.



You don't pay federal taxes on contributions to your HSA.³



Earnings from interest and investments are tax-free.



Withdrawals are tax free when used for qualified medical expenses.

¹ Investment accounts are not FDIC insured, may lose value and are not a deposit or other obligation of, or guarantee by the bank. Investment losses which are replaced are subject to the annual contribution limits of the HSA.

² HSA funds contributed in excess of these limits are subject to penalty and tax unless the excess and earnings are withdrawn prior to the due date, including any extensions for filing Federal Tax returns. Accountholders should consult with a qualified tax advisor in connection with excess contribution removal. The Internal Revenue Service requires HSA Bank to report withdrawals that are considered refunds of excess contributions. In order for the withdrawal to be accurately reported, accountholders may not withdraw the excess directly. Instead, an excess contribution refund must be requested from HSA Bank and an Excess Contribution Removal Form completed.

³ Federal tax savings are available regardless of your state. State tax laws may vary.



Visit hsabank.com or call the number on the back of your debit card for more information.

Vision

Vision Service Plan

To help keep your life in focus, vision benefits are provided through Vision Service Plan (VSP) for employees and their qualified dependents that are enrolled in any of the medical plans that the University provides. Please note that you must enroll in a medical plan to be enrolled in the University's vision plan. If you decide to waive medical coverage, you will also waive vision. Using VSP Choice Network Providers allows you to maximize your benefit offering. Save money by using in-network providers.

- Patients can pay the provider directly and submit a claim to VSP for reimbursement, using the following procedure:
 1. Visit the Benefits & Claims section of vsp.com to begin your claim.
 2. Complete the claim form. Make sure you have a copy of your itemized receipt or statement that includes:
 - Doctor name or office name
 - Name of Patient
 - Date of Service
 - Each service received and the amount paid
 3. After completing the claim form, you may attach your receipt(s) or print and mail copies of your claim form and receipt(s) to:

VSP

P.O. Box 385018

Birmingham, AL 35238-5018

****Please note that claims for reimbursement must be filed within 12 months of the date of service. Patients will be reimbursed according to the out-of-network reimbursement schedule.**

Vision

Finding a Doctor

To find an ophthalmologist in network please visit vsp.com and select “Find a Doctor”.

Vision Rate Sheet

2023 Biweekly Contributions

Vision	Full-Time Employee	Part-Time Employee	San Francisco Union Full-Time Employee	San Francisco Union Part-Time Employee
Vision Service Plan - covered by Pacific PPO High Deductible				
Employee	\$0.00	\$0.00	\$0.00	\$0.00
Employee + 1	\$0.00	\$0.00	\$0.00	\$0.00
Employee + Family	\$0.00	\$0.00	\$0.00	\$0.00
Vision Service Plan - covered by any other medical plan				
Employee	\$0.92	\$0.92	\$0.92	\$0.92
Employee + 1	\$1.85	\$1.85	\$1.85	\$1.85
Employee + Family	\$2.77	\$2.77	\$2.77	\$2.77



Dental

Pacific offers two dental plan choices. You have the option to enroll in the Delta Dental PPO plan or the DeltaCare® USA DHMO plan. You do not have to be enrolled in a medical plan in order to select dental benefits. Your covered dependents for dental may be different from the choice you made for medical.

Delta Dental PPO

The Delta Dental PPO plan offers flexibility as well as dentist choice. You may choose any dentist for treatment, but it is to your advantage to choose a Delta Dental PPO dentist when obtaining care to enjoy the lowest out-of-pocket costs.

Please view the Delta Dental PPO brochure for more information.

DeltaCare® USA DHMO

The DeltaCare® USA plan features set copayments so that you always know what your out-of-pocket costs will be. There are no annual deductibles, no maximums for covered benefits and no waiting periods including orthodontic benefits. It is only available to California Residents.

Please view the DeltaCare® USA DHMO brochure for more information.

Find a Dentist

To find a Dentist covered by your Dental Insurance please visit www.deltadentalins.com. Scroll down to “Find a dentist”. You will enter your zip-code and the network you have. After selecting, “Find a dentist,” it will show you a list.



Dental

Comparison Chart

Below is a comparison chart that compares both Delta Dental PPO and DeltaCare USA DHMO. You can also view the Delta Dental Video for comparison information.

UNIVERSITY OF THE PACIFIC		
	Dental Plans	
	Delta Care USA - must reside in CA	Delta Dental PPO
	<i>In-Network Only</i>	<i>Delta Dental PPO / Out of Network Dentist</i>
Calendar Year Deductible:		Delta dentist include PPO and Premier dentist
Single	\$0	\$50
Family	\$0	\$150
Waived for Type I services:	N/A	yes
Calendar Year Maximum:		
Per Person	N/A	\$2,000 (Type I services do not apply to this maximum with Delta PPO Dentist)
Services:		*out of network dentist are paid on Delta Dental maximum charge so balance billing may occur
Type I - Preventive (does not apply to Cal Yr Max)	No cost (1 cleaning per 6 month period)	100% / 100%*
Type II - Basic (fillings, simple extractions, sealants, endodontics (root canals), periodontics (gum treatment))	Fee Schedule applies	90% / 90%*
Type III - Major (crowns, inlays, bridges, dentures, implants)	Fee Schedule applies (examples: crown-full cast noble metal \$150, crown-porcelain/ceramic \$240)	60% / 60%*
Orthodontia:		
Dependent child to age 19	Approximately \$1700 in copays	50%
Adult	Approximately \$1900 in copays	50%
Lifetime Maximum Per Covered Person:	see approximate copays above	\$2,000
Waiting Periods:		
Orthodontia	None	6 months

Out of Network claims are based on Delta Dental maximum contract allowances and not necessarily each dentist's submitted fees. The above is just a brief comparison of benefits. Refer to your dental certificate for full benefits.

Dental Rate Sheet

2023 Biweekly Contributions

Dental	Full-Time Employee	Part-Time Employee	San Francisco Union Full-Time Employee	San Francisco Union Part-Time Employee
Delta Dental PPO				
Employee	\$10.15	\$12.00	\$5.54	\$11.08
Employee + 1	\$17.54	\$24.92	\$14.77	\$21.23
Employee + Family	\$24.92	\$31.38	\$18.46	\$28.62
DeltaCare USA DHMO **	**available in CA only and a very narrow network			
Employee	\$0	\$0	\$0	\$0
Employee + 1	\$0	\$0	\$0	\$0
Employee + Family	\$0	\$0	\$0	\$0

Flexible Spending Accounts (FSA)

A Flexible Spending Account (FSA) is an effective way to save when paying for certain health care, dependent care and transportation expenses. You decide how much you want to set aside to pay for eligible expenses incurred during the plan year and make separate elections for each account. Trustmark is our vendor that administers all of our Flexible Spending Accounts. The IRS has different maximum contribution limits for each account. These amounts will be posted on our Benefits Website as soon as IRS publishes them. The plan year runs from January 1st through December 31st. Please note that you cannot transfer funds from one account to another.

Medical / Dependent Care Spending Account

Healthcare FSA		Dependent Care FSA
What is covered?	In general, health-related expenses that are not covered by your medical plan	In general, dependent care expenses that allow you to work
Eligible Expenses	Examples include: <ul style="list-style-type: none">• Out-of-pocket costs• Deductibles and copays• Healthcare expenses approved by the IRS not covered by your plan• Over-the-counter drugs prescribed by a physician	Examples include: <ul style="list-style-type: none">• Childcare for children under age 13• Adult dependent daycare• Dependent daycare centers• Preschool expenses
For more information, see the common eligible and ineligible expenses		
Restrictions	<ul style="list-style-type: none">• Medical expenses that are not deductible per the IRS may not be reimbursed• Over-the-counter drugs not prescribed by a physician are ineligible	Expenses reimbursed under this FSA may not be claimed as a federal tax credit on your tax return
Access to Funds	Immediate access to annual election	Access funds only as they are contributed per payroll

Flexible Spending Accounts (FSA)

Medical FSA: Use It or Lose It

IRS regulations require that, at the end of a plan year, the actual expenses you incur equal the amount you contribute to an FSA or you lose contributions. Pacific allows a rollover of up to \$610; you must forfeit the excess amount. Therefore, it is important that you make your FSA elections carefully. Rollover funds are available in January.

There is a run out period for the Health FSA from January 1, 2024 through March 31, 2024 where you can submit claims that were incurred from 1/1/2023 - 12/31/2023 for reimbursement. Trustmark must receive them no later than March 31, 2024.

If you terminate employment at Pacific, your FSA Health Care Debit Card will become inactive on the date of termination, but you have 90 days from the termination date to submit claims to Trustmark as long as the claims were incurred prior to your termination date. The FSA may be continued through COBRA if eligible. Please contact the Benefits Team to determine eligibility.

Dependent Care FSA: Use It or Lose It

Unlike the Medical FSA, none of your contributions towards your Dependent Care Spending Account, will roll over to the next plan year.

If you terminate employment at Pacific or cease to be eligible for Dependent Care, you have 90 days from your termination or ineligibility date to submit your claims.

Flexible Spending Accounts (FSA)

Qualified Transportation / Parking

The commuter plan allows eligible employees to set aside pre-tax dollars for eligible transit and parking expenses related to commute to work, governed by IRC Section 132. You can enroll or cancel at any time throughout the year; you do not have to elect during Open Enrollment. If you would like to keep your account active but do not wish to contribute you can elect a deduction of \$0.00. Employees have access to their account as long as they are an active benefit eligible employee. If a participant has both a parking and transit account, each account is entirely separate, and funds cannot be transferred from one to the other.

Transit and /or parking benefits are limited to employee expenses only; reimbursement is not allowed for spouse or dependent expenses.

Elections and Spending

- The IRS sets maximum monthly pre-tax deduction amounts and could adjust annually
- Employees can change elections monthly
- Unused amounts can be carried over to the next plan year
- Contributions are available for reimbursement based on payroll deduction cycle
- Contributions are loaded to the WEX prepaid benefits card

Flexible Spending Accounts (FSA)

How to Change Contributions

To make changes to your Transit/Parking flexible spending account(s) contributions you will need to log into your Benefit Portal (Pacificnet ID and password are required) and follow the steps below:

1. Click on the flashing “Click Here” button.
2. Click on “Get started” or “Edit your benefits”
3. If you are directed to select your reason for changing coverage select “I do not have any life or family change events”. If you are not directed to select a reason please skip to the next step.
4. Scroll down to Transit/Parking and click on “Edit coverage”.
5. Save your changes

Please note that Transit/Parking flexible spending account(s) contributions are deducted each pay period, but the IRS sets contribution elections on a per month basis. This means when you make a contribution change it may not be effective until the first pay check of the following month depending on when you submitted your contribution changes. Please see below the schedule:

<u>Effective Month:</u>	<u>Last Day to Make Changes:</u>	<u>Effective Pay Check:</u>
January	12/28/2022	BW1 01/06/2023
February	01/25/2023	BW3 02/03/2023
March	02/22/2023	BW5 03/03/2023
April	04/05/2023	BW8 04/14/2023
May	05/03/2023	BW10 05/12/2023
June	05/31/2023	BW12 06/09/2023
July	06/28/2023	BW14 07/07/2023
August	07/26/2023	BW16 08/04/2023
September	08/23/2023	BW18 09/01/2023
October	10/04/2023	BW21 10/13/2023
November	11/01/2023	BW23 11/10/2023
December	11/29/2023	BW25 12/08/2023

Flexible Spending Accounts (FSA)

WEX Prepaid Benefit Card

Contributions are loaded to the WEX prepaid benefits card. Use the WEX card for eligible items at merchants that accept MasterCard®. Expenses are deducted from the account balance at point of sale.

How the WEX Card Works with Commuter Benefits

The Card maintains separate accounts of pre-tax money for parking and transit and directs the card transaction to the appropriate account based on the Merchant Category Code (MCC) at the point of sale. The Card cannot be used at alternative outlets such as liquor stores, restaurants, and grocery stores.

Additional validation is performed to ensure that the account is active and there is sufficient funds to cover the transaction. The amount of available funds must cover the entire transit or parking expense or the transaction will be declined. The transaction may split the cost by swiping the Card for the exact available amount and then pay for the remaining amount with an alternate form of payment.

Using the Card for Parking

The Card can be used for expenses such as parking expenses for any type of vehicle you use to go to work at any parking location near your work location or near a location from which you commute using mass transit. Please note: this is not to be confused with an onsite parking pass that is payroll deducted separately.



Parking MCCs are:

- 7523 – Automobile Parking Lots and Garages

Flexible Spending Accounts (FSA)

Using the Card for Transit

The Card can be used for mass transit passes, tokens, or fare cards purchased at a valid transit fare terminal.

Transit MCCs are:

- 4011 – Railroads
- 4111 – Transportation – suburban and local commuter passenger, including ferries
- 4112 – Passenger Railways
- 4131 – Bus lines
- 4789 – Transportation services not elsewhere classified

Trustmark

Below are the available resources for you in regards to the Flexible Spending Accounts. You can view these documents on our FSA webpage (Pacifinet ID and password are required). You can also view the 2023 FSA Brainshark for additional information.

- How to register to Trustmark
- How to login to the FSA portal
- Card- how to register the benefit card
- FSA Q&A
- Dependent Care flyer
- Commuter benefits
- Mobile App
- FSA Eligible Expenses
- HealthCare and Dependent Care Reimbursement Form
- Transit and Parking Reimbursement Form

For questions about your Flexible Spending Accounts contact Trustmark at 800.832.3332.

Flexible Spending Accounts (FSA)

2023 IRS Maximum Contributions

<u>Flexible Spending Coverage</u>	<u>2023 Flexible Spending</u>
Health Care Flexible Spending Account	\$3,050 annual max
Dependent Care Spending Account	\$2,500 married filing separately or \$5,000 filing single, head of household, or married filing jointly annual max
Transit Spending Account	\$300 monthly max
Parking Spending Account	\$300 monthly max

Trustmark Now Available in Spanish/Español

Users are now able to access their *myTrustmarkBenefits* portal in Spanish as well as English! Changing the portal language is very easy; users just need to click the “Español” link at the top right of their login screen.

Los usuarios ahora pueden acceder a su portal *myTrustmarkBenefits* en español y en inglés! Cambiar el idioma del portal es muy sencillo; los usuarios solo necesitan hacer clic en el enlace "Español" en la parte superior derecha de la pantalla de inicio de sesión.



Access the myTrustmarkBenefits Accounts *mobile app anywhere*

Access your Trustmark Health Benefits Flex Accounts (FSAs) and Health Reimbursement accounts (HRAs) anywhere with the mobile app.

Connect to and easily manage your health benefit accounts. The **myTrustmarkBenefits Accounts** mobile app shows account details, provides 24/7 access and much more!

- Manage FSA and HRA accounts from mobile devices
- Check available balances
- Use "Quick View" to obtain key account info
- Check claims requiring receipts
- Submit receipts using mobile device camera
- Submit claims for medical & dependent care FSA, HRA
- Enter & view expense info via the Dashboard
- Report a debit card lost or stolen
- Receive text message alerts
- Ask a question or contact customer service with a simple click of a button

To access your account on the myTrustmarkBenefits Accounts app, you will need to input your User Name and Password. User Name is your Member ID. Password is your zip code + last 4 digits of your social security number.

Expect **more.**
Benefit more.



The myTrustmarkBenefits Accounts mobile app is available for both Apple and Android devices. Download it for free to take advantage of handy FSA/HRA tools right at your fingertips!

Self-funded plans are administered by Trustmark Health Benefits, Inc.

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benefits beyond benefits

R450-1336hb (2-21)

Medical flexible spending accounts (FSA) and health reimbursement accounts (HRA) are IRS sanctioned benefits, meaning you can use pre-tax dollars to cover eligible expenses. The IRS states that eligible expenses must be primarily to alleviate a physical or mental defect or illness, such as diagnosis, cure, mitigation or treatment of a disease, or for treatments affecting any part or function of the body. You can pay out-of-pocket or be reimbursed for medical expenses such as prescriptions and dental or vision expenses, as well as medical deductibles or co-insurance which are not covered by other healthcare benefits.

To help you better understand what is and isn't eligible for reimbursement (from an FSA or HRA) we've developed the following list. It is not meant to be all-inclusive, and other expenses not specifically mentioned may also qualify.

Eligible Expenses

Dental Services:

- Dental X-rays (not employment related)
- Dentures
- Exam/Teeth Cleaning
- Extractions
- Fillings
- Gum Treatment
- Oral Surgery
- Orthodontia/Braces
- Physical Exam

Lab Exams/Tests

- Blood Tests
- Cardiographs
- Laboratory Fees
- Metabolism Test
- Spinal Fluid Tests
- Urine/Stool Analysis
- X-rays

Vision Services

- Artificial Eyes
- Contact Lenses
- Eye Exams
- Eyeglasses
- Laser Eye Surgeries
- Prescription Sunglasses
- Radial Keratotomy/LASIK
- Reading Glasses

Medical Treatments/Procedures

- Acupuncture
- Alcoholism (inpatient treatment)
- Exercise/Fitness Programs (if necessary and prescribed by your doctor)
- Hearing Exams
- Hospital Services
- Infertility Treatment
- In Vitro Fertilization
- Norplant Insertion/Removal
- Physical Exam (not employment related)
- Reconstructive Surgery (if medically necessary due to congenital defect or accident)
- Rolting
- Speech Therapy
- Sterilization
- Transplants (including organs)
- Treatment for Substance Abuse (alcoholism and drug addiction)
- Vaccinations/Immunizations
- Vasectomy and Vasectomy Reversal
- Weight Loss Programs (as prescribed by your doctor)
- Well Baby Care

Medical Equipment Supplies and Services

- Abdominal/Back Supports
- Ambulance Services
- Arches/Orthopedic Shoes
- Contraceptives, prescribed
- Crutches
- Guide Dog (for visually/hearing impaired)
- Hearing Devices and Batteries
- Hospital Bed

Visit the **Health Shopper** link from your member portal and explore FSA eligible options available through Amazon.

- Learning Disability Support (special school/ teacher)
- Medic Alert Bracelet or Necklace
- Oxygen Equipment
- Prosthesis
- Splints/Casts or Support Hose (requires medical necessity)
- Syringes
- Transportation Expenses (essential to medical care)
- Tuition Fee at Special Schools for disabled child
- Weight Loss Drugs (to treat specific disease)
- Wheelchair
- Wigs (hair loss due to disease)

Medication

- Insulin
- Prescribed Birth Control and Vitamins
- Prescription Drugs

Obstetric Services

- Breast Pumps and Supplies (only for supplies that assist with lactation)
- Lamaze Class
- Midwife Expenses
- OB/GYN Exams
- OB/GYN Prepaid Maternity Fees (reimbursable after date of birth)
- Prenatal and Postnatal Treatments

Practitioners

- Allergist
- Chiropractor
- Christian Science
- Dermatologist
- Homeopath
- Naturopath
- Osteopath
- Physician
- Psychiatrist
- Psychologist

Over-the-Counter Items

- Acid Controllors
- Allergy & Sinus medicine
- Anti-Diarrheals
- Antifungal

- Anti-Parasitic Treatments
- Baby Electrolytes and Dehydration
- Cold Sore Remedies
- Cough, Cold & Flu
- Digestive Aids
- Eye Care
- Fiber Laxatives
- Foot Care Treatment
- Homeopathic Remedies
- Laxatives (non Fiber)
- Medicated Nasal Sprays, Drops and Inhalers
- Pain Relief Oral and Topical
- Skin Treatments
- Smoking Deterrents
- Acne Medications
- Antibiotics
- Anti-Gas Products
- Anti-Itch & Insect Bite
- Antiseptics & Wound Cleansers
- Baby Rash Ointments/Creams
- Contraceptives
- Denture Pain Relief
- Ear Care
- Feminine Anti-Fungal/Anti-Itch
- First Aid Burn
- Hemorrhoidal Preps
- Incontinence Protection & Treatment Products
- Motion Sickness
- Oral Remedies and Treatments
- Medicated Respiratory Treatments
- Sleep Aids & Sedatives
- Stomach Remedies

Eligible Feminine Protection, Menstrual Care products:

- Cups
- Liners
- Pads
- Tampons
- Disposable and Non Disposable Underwear for Menstruation
- Sponge

Personal Protective Equipment (PPE)

- Masks
- Hand Sanitizer
- Sanitizing Wipes



Ineligible Expenses

Expenses to promote general health are not eligible expenses unless prescribed by a physician for a specific medical ailment. This list is not meant to be all-inclusive. The IRS does not allow the following expenses to be reimbursed under FSAs:

- Cosmetic Surgery/Procedures
- Diaper Service
- Hair Loss Medications
- Hair Transplants
- Health Club Dues (if exercise is not prescribed by your physician)
- Insurance Premiums
- Long-Term Care Premiums
- Marriage Counseling
- Maternity Clothes
- Vitamins or Nutritional Supplements
- Teeth Whitening/Bleaching

Expect **more.**
Benefit more.

Self-funded plans are administered
by Trustmark Health Benefits, Inc.

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R450-389hb (4-21)_UOP-CM

Qualifying Life Events

Qualifying Life Event Chart (QLE)

The QLE chart, on the next two pages, shows the eligible events for benefit changes. For more information you can also visit our QLE Webpage (Pacifinet ID and password are required). Please note that you have 31 days from the QLE effective date to initiate your QLE. You will have 60 days from your QLE effective date to upload the needed documents to verify your dependents and/or QLE. If the deadlines are not met then the QLEs will be cancelled.



Qualifying Life Events (1 of 2)

Life Event	Medical, Dental, or Vision	Employee Life and AD&D	Spouse Life and AD&D	Child Life and AD&D
Gain of Spouse/Domestic Partner <ul style="list-style-type: none"> Marriage Registered Domestic Partnership <p>A valid SSN/ITIN is required at time of enrolling. If Spouse/Domestic Partner receives ITIN after marriage/union, the date that the ITIN was received will be used for the QLE. A renewal of the ITIN does not qualify as a QLE.</p>	May add new or existing dependents. May revoke or decrease only when spouse/domestic partner benefits become effective or increased under spouse/domestic partner's plan. Must provide legal proof of marriage or partnership. All changes must be made within 31 days of event.	N/A must wait for open enrollment	May add coverage for spouse/domestic partner. Evidence of insurability may be required. All changes must be made within 31 days of event	May start coverage for child.
Loss of Spouse/Domestic Partner <ul style="list-style-type: none"> Divorce End of Domestic Partnership Legal Separation Annulment Death 	Must stop coverage only for spouse/domestic partner. May elect coverage for self or dependents who lose coverage under spouse/domestic partner's plan. All changes must be made within 31 days of event.	N/A must wait for open enrollment	Must cancel spouse/domestic partner coverage immediately; however, legally separated is still covered.	Must cancel coverage for child of spouse/domestic partner that is not a legal dependent of employee immediately. Legal documentation may be required. Coverage still in effect as legally separated
Gain Dependent <ul style="list-style-type: none"> Birth Marriage Registered Domestic Partnership Adoption Court Appointed 	May elect or add coverage for new or existing dependents who were not previously covered. Must provide legal proof of marriage or partnership. All changes must be made within 31 days of event.	N/A must wait for open enrollment	May add coverage for spouse/domestic partner. Evidence of insurability may be required.	May start coverage for new child
Loss of Dependent <ul style="list-style-type: none"> Death Loss of Dependent Status 	Must stop coverage only for the dependent who loses eligibility. All changes must be made within 31 days of event.	N/A must wait for open enrollment	Must stop coverage for the spouse/domestic partner who loses eligibility. May be able to convert policy.	Must stop coverage for the child who loses eligibility.
Gain in Employment Status with Pacific <ul style="list-style-type: none"> Temp Casual to benefit eligible 	May add coverage for employee, spouse/domestic partner, or dependents within 31 days of event.	May add coverage for employee within 31 days of event. Evidence of insurability may be required. All changes must be made within 31 days of event	May add coverage for spouse/domestic partner. Evidence of insurability may be required	May add coverage for child.
Reduction in Employment Status with Pacific <ul style="list-style-type: none"> Full time to part time 	May cancel coverage within 31 days of event.	N/A	N/A	N/A
Spouse/Domestic Partner or Dependent Gain in Employment or Other Changes in Employment that Affects Benefit Status	May cancel or decrease election for employee, spouse/domestic partner, or dependent coverage with proof of coverage elsewhere. All changes must be made within 31 days of event.	N/A must wait for open enrollment	N/A must wait for open enrollment	N/A must wait for open enrollment
Termination of Employment for Employee or Loss of Benefit Eligibility Due to Change in Employee Class	Coverage continues through the end of the month then will be offered COBRA continuation or retiree benefit options.	Coverage ends on date of termination or date no longer eligible. Policy may be portable.	Coverage ends on date of termination or date no longer eligible. Policy may be portable.	Coverage ends on date of termination or date no longer eligible. Policy may be able to port or convert.
Termination of Employment for Spouse/Domestic Partner/Dependent or Loss of Benefit Eligibility Due to Change in Employee Class	May enroll any eligible dependent and all existing dependents who were not previously covered under Pacific's group but were covered under a spouse/domestic partner's group plan. All changes must be made within 31 days of event.	N/A must wait for open enrollment	N/A must wait for open enrollment	N/A must wait for open enrollment
Dependent No Longer Meets Eligibility Requirements <ul style="list-style-type: none"> Attains age 26 Eligible for own coverage under a Pacific plan as an employee 	Must stop coverage only for affected dependent. Coverage will continue through the end of the month. If dependent reaches age 26, COBRA continuation of benefits will be offered.	N/A	If spouse/domestic partner elects coverage for self as a Pacific employee the other spouse/domestic partner cannot also cover as a dependent.	Must stop coverage for the child who loses eligibility. Policy may be able to port or convert.
Change of Address <ul style="list-style-type: none"> Moving into or outside of Coverage Area for the plan 	May change to an eligible plan not previously eligible for due to address. Cannot cancel or change coverage level.	N/A	N/A	N/A
Enroll in Medicare Part A, B, and/or D	N/A	N/A	N/A	N/A

Qualifying Life Events (2 of 2)

Life Event	Health Care FSA	Dependent Care FSA	Health Savings Account	Accident Policy
Gain of Spouse/Domestic Partner <ul style="list-style-type: none"> Marriage Registered Domestic Partnership <p>A valid SSN/ITIN is required at time of enrolling. If Spouse/Domestic Partner receives ITIN after marriage/union, the date that the ITIN was received will be used for the QLE. A renewal of the ITIN does not qualify as a QLE.</p>	May start or increase election for newly eligible dependents or decrease election if employee or dependent become eligible under new spouse's plan.	May start or increase election to accommodate new dependents. May cancel or decrease election if spouse if not employed or participates in Dependent Care FSA under their employer group plan.	May increase, decrease or cancel contributions if enrolled in a HDHP. If your status changes from single to family, HSA contributions will change on the first day of the month that family coverage was elected.	May add coverage for spouse/domestic partner.
Loss of Spouse/Domestic Partner <ul style="list-style-type: none"> Divorce End of Domestic Partnership Legal Separation Annulment Death 	May decrease election	May start, increase, decrease or cancel election.	May increase, decrease or cancel contributions if enrolled in a HDHP. The HSA owned by one spouse may be divided or given to the other spouse by court judgment in a divorce.	Must cancel spouse/domestic partner coverage immediately.
Gain Dependent <ul style="list-style-type: none"> Birth Marriage Registered Domestic Partnership Adoption Court Appointed 	May start or increase election	May start or increase election	May increase, decrease or cancel contributions if enrolled in a HDHP. If your status changes from single to family, HSA contributions will change on the first day of the month that family coverage was elected.	May add coverage for new child.
Loss of Dependent <ul style="list-style-type: none"> Death Loss of Dependent Status 	May decrease or cancel election	May decrease or cancel election	May increase, decrease or cancel contributions if enrolled in a HDHP.	Must stop coverage for the child who loses eligibility.
Gain in Employment Status with Pacific <ul style="list-style-type: none"> Temp Casual to benefit eligible Part time to full time 	May start or increase election	May start or increase election	May start or increase contributions if enrolled in a HDHP.	May add coverage for employee, spouse/domestic partner, or dependents.
Reduction in Employment Status with Pacific <ul style="list-style-type: none"> Full time to part time 	N/A	May decrease election	May increase, decrease or cancel contributions if enrolled in a HDHP.	May end coverage for employee and dependents.
Spouse/Domestic Partner or Dependent Gain in Employment or Other Changes in Employment that Affects Benefit Status	May cancel or decrease election	May decrease or cancel election	May increase, decrease or cancel contributions if enrolled in a HDHP.	N/A?
Termination of Employment for Employee or Loss of Benefit Eligibility Due to Change in Employee Class	Participation ends on date of termination or date no longer eligible. Only claims incurred during participation may be eligible for reimbursement. COBRA continuation may be offered.	Participation ends on date of termination or date no longer eligible. Services incurred through the end of the year are eligible for reimbursement.	Participation ends on date of termination or date no longer eligible. You may use your HSA to pay for COBRA premiums.	Coverage ends on date of termination or date no longer eligible.
Termination of Employment for Spouse/Domestic Partner/Dependent or Loss of Benefit Eligibility Due to Change in Employee Class	May start or cancel election	May start or cancel election	May increase, decrease or cancel contributions if enrolled in a HDHP.	May start coverage for employee and dependents.
Dependent No Longer Meets Eligibility Requirements <ul style="list-style-type: none"> Attains age 26 Eligible for own coverage under a Pacific plan as an employee 	N/A	N/A	May increase, decrease or cancel contributions if enrolled in a HDHP.	Must stop coverage for the child who loses eligibility.
Change of Address <ul style="list-style-type: none"> Moving into or outside of coverage area for a medical plan 	N/A	N/A	May begin, increase, decrease or cancel contributions if enrolled in a HDHP.	N/A
Enroll in Medicare Part A, B, and/or D	N/A	N/A	Must stop contributions 6 month prior to enrolling into Medicare Part A.	N/A

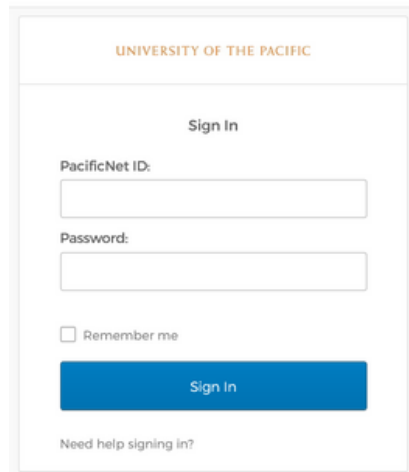
Qualifying Life Events

How to initiate a QLE

To initiate a QLE you will need to log into your benefit portal at benefits.pacific.edu

Use your InsidePacific Credentials to log in.

On the right hand side click on the "Click Here" button.



UNIVERSITY OF THE PACIFIC

Sign In

PacificNet ID:

Password:

☐ Remember me

Sign In

[Need help signing in?](#)

Online Benefit Enrollment

New Hire & Life Event
Enrollments,
HSA/Parking/Transit
contribution changes, and
view Benefit Summaries

Click here

Click on "Edit your benefits" or "Get Started". You will then be directed to select a QLE and your benefits.

Welcome to Your Benefits Portal!

Benefits Overview:

The University of The Pacific provides employees with a comprehensive benefit package consisting of medical, dental, vision and other benefits coverage designed to meet the needs of you and your family. Click on 'Get Started' to begin enrolling in your benefits for the 2019 Participation Period, ensuring to fully complete the enrollment.

Dependents:

If you are adding dependents for the first time, official documents must be submitted during the enrollment process. The system will ask for a copy of the requested documentation as dependents are enrolled. Eligible dependents include:

- Your legal spouse.
- Your registered domestic partner as defined by your residential location.

Life Events

After Open Enrollment closes, the plan you choose will be effective from January 1, 2019 to December 31, 2019. The only way to change your plan after Open Enrollment is if you have a Qualifying Life Event such as marriage, birth of a child, death, divorce, etc.

[Edit your benefits >](#)

Life Insurance

Supplemental Life and AD&D

Because your lifestyle is unique, your life insurance needs are as well. Pacific provides an opportunity to purchase additional life insurance for you and your family with our new vendor Symetra. The amount of coverage needed is a personal decision. Many factors are involved when making the decision to purchase additional coverage; age, whether or not you have dependents, other financial resources available, and your debts.

Employee Supplemental Life and AD&D Benefit

Coverage is equal to one, two, three, four or five times your base annual salary rounded up to the next \$1,000; not to exceed the maximum coverage of \$1,000,000. Guaranteed issue is \$500,000. The monthly rate is based on the amount selected and your age. If you are already enrolled in Employee Supplemental Life, a 1 level increase is allowed without Evidence of Insurability (EOI) so long as the elected amount does not exceed the Guarantee Issue of \$500,000.

Any benefit amounts subject to an EOI are not effective until approved in writing by Symetra. The EOI must be submitted to Symetra within 60 days of when elected.

Evidence of Insurability is required for all amounts of insurance selected after the initial 31 day eligibility period and for any amount in excess of the Guarantee Issue amount.

Life Insurance

Spouse/Domestic Partner Supplemental Life and AD&D

You may purchase in increments of \$10,000 to a maximum \$50,000. Guaranteed issue is \$20,000. The monthly rate is based on amount selected and age.

Employee must enroll in Supplemental Life and AD&D coverage to elect Supplemental Life and AD&D for spouse/domestic partner.

A 1-level increase of \$10,000 is allowed without an EOI so long as the elected amount does not exceed the Guarantee Issue Level or 100% of the employee's Supplemental Life Coverage. If electing for the first time, an EOI is required. Any benefit amounts subject to an EOI are not effective until approved in writing by Symetra. The EOI must be turned in within 60 days of when elected.

An EOI is required for all amounts of insurance selected after the initial 31 day eligibility period and for any amount in excess of the Guarantee Issue amount.

**The amount of coverage cannot be greater than the employee benefit.

2023 Biweekly Contributions

Employee or Spouse/Domestic Partner Optional Life and AD&D			
Age	Rate per \$1,000 of coverage	Age	Rate per \$1,000 of coverage
<25	\$0.029	50 - 54	\$0.116
25 - 29	\$0.028	55 - 59	\$0.193
30 - 34	\$0.031	60 - 64	\$0.268
35 - 39	\$0.042	65 - 69	\$0.398
40 - 44	\$0.056	70 - 74	\$0.790
45 - 49	\$0.079	75+	\$0.961

Reduction Schedule Employee and Spouse/Domestic Partner

When you reach age 70, life benefits reduce to 65%

When you reach age 75, life benefits reduce to 50%

Important Note for Spouse/Domestic Partners Who are Both Employed by Pacific

If Pacific employs both you and your spouse, you may cover yourself under Employee Supplemental Life and AD&D or your spouse may cover you under Spouse Life and AD&D, however; employees may not be covered as both an employee and a spouse.

Life Insurance

Dependent Child Supplemental Life and AD&D

Supplemental child coverage is equal to \$5,000, \$10,000 or \$20,000, if under age 26.

Guaranteed issue is \$20,000. The bi-weekly rate is based on amount selected.

Employee must enroll in Supplemental Life and AD&D coverage to elect Supplemental Life and AD&D for child.

****The amount of coverage cannot be greater than the employee benefit.**

Dependent Child Optional Life and AD&D	
Coverage Amount	Cost per payperiod
\$5,000	\$0.21
\$10,000	\$0.42
\$20,000	\$0.84



Retirement Savings Benefits

Pacific's retirement plan through TIAA helps faculty and staff build financial security through a generous plan, employee funded tax-deferred savings opportunities, along with educational and planning resources to help you understand and make wise choices.

403 (b) Group Retirement Annuity Plan (GRA)

Pacific's GRA is designed to make saving for your retirement years simple and convenient. This is a mandatory plan and, when eligible, Pacific contributes a discretionary amount (currently 10%) and you contribute 5% of your earnings. You cannot change the amount of this mandatory contribution but there are other options to contribute (see the GSRA plan below). You are immediately vested so all contributions belong to you. Your contribution is made on a pre-tax basis and is automatically invested in the Lifecycle Fund based on your projected retirement age.

Eligibility:

- Exempt Employees- 1 consecutive year of service with Pacific
- Non-Exempt Employees- 1 consecutive year of service and 1,000 hours of service with Pacific
- Waiting Period Waived- 1 year of eligible service with an institution of higher education during the 24-month preceding the date of service with Pacific may satisfy service requirement.
- At least age 21, and
- Not part of an excluded class of employees - reach out to the Benefits Team for more information

Retirement Savings Benefits

403 (b) Group Supplemental Retirement Annuity Plan (GSRA)

The GSRA provides an easy way to add to your retirement savings while decreasing income tax when you make pretax contributions. You may also make post-tax contributions to the Roth 403(b). You may enroll or make changes anytime by visiting www.tiaa.org/pacific.

The maximum annual contributions will be posted when the IRS publishes them.

Employees who participate in an outside plan:

Employees must combine contributions made to their 403(b) accounts with contributions made to all other plans in which they participate (other than 457 plans): 401(k) and other qualified plans, and SIMPLE IRAs. The employee's total elective deferrals to all of these plans combined cannot exceed the IRS annual deferral limit. For more information please refer to IRS Publication 571.

Schedule a Session with TIAA

No matter where you are in life – just getting started or planning for retirement – an individual session with a TIAA Financial Consultant can help you create a plan for your goals. And, it's at no additional cost as part of your retirement plan. Register for one of the individual sessions at www.tiaa.org/schedulenow.

Now Available in Spanish /Ahora Disponible en Español

Para comunicarse con un consultor financiero de TIAA, regístrese en línea en TIAA.org/schedulenow o llame al 626-432-6300, los días de semana de 9 a. m. a 5 p. m.

Heffernan - Retirement Services

NEW RESOURCES – RETIREMENT ADVISORS

Great news! Heffernan Retirement Services is our independent Retirement Plan Advisor – and YOU have access!

The University of the Pacific Retirement Plan is one of the most important benefits we offer and we take your retirement planning very seriously. We wanted to let you know Heffernan Retirement Services (HRS) is now our independent financial advisor for our Retirement Plan.

What that means and why they so proud of that fact is that they are an independent team of retirement plan professionals not affiliated with TIAA or any other mutual fund company. Therefore, you as a Pacific employee have access to HRS's professionals to provide you with unbiased advice for your retirement planning needs. As a team, they have over 120+ years of extensive knowledge managing retirement plans and helping individuals save for retirement.

We hired HRS to be an advisor to assist you with your accounts and retirement planning goals. The team at HRS is here to make sure you have a good understanding of the tools and resources available to you as an employee.

- Reviewing your overall retirement plan
- Reviewing your investment allocation
- Reviewing your savings plan
- Discuss options for closing any savings gaps
- Discuss options for rolling over accounts
- Discussing market volatility
- Other financial topics of importance to you

To clarify your savings partners, Heffernan Retirement Services is our plan advisor, but we are still working with TIAA. TIAA is the company that holds your assets and is available to assist you with your accounts including website access.

This is an employee benefit and a great resource. You can reach out to them at any time for a personal retirement plan consultation and there is no cost to you for setting up a meeting with and HRS team member.

If you do not know who to turn to, call Heffernan Retirement Services first. They will be happy to assist you or direct you to the right person.

www.heffgroupfs.com
(800) 437-0045

Securities offered through LPL Financial, Member FINRA/SIPC. Retirement Planning Services offered through Heffernan Retirement Services, a registered investment advisor. Retail advisory services offered through Heffernan Financial Services, a registered investment advisor. Heffernan Retirement Services, Heffernan Financial Services and Heffernan Insurance Brokers are separate entities and un-affiliated with LPL Financial.

HEFFERNAN
RETIREMENT SERVICES

Because You're Different

A DIVISION OF HEFFERNAN INSURANCE BROKERS



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Disability Insurance Plan

Short-Term Disability

All California employees, except student employees, are required to participate in a disability plan. Pacific employees are automatically enrolled in California State Disability Insurance (SDI). SDI is a partial wage-replacement plan that contains provisions for Short-Term Disability (STD) and Paid Family Leave (PFL) and funded through employee payroll deduction. If you do not live in California please contact the Benefits Team to find out if your state offers a Short-Term Disability plan.

How It Works

SDI will pay 60% of earnings up to the maximum weekly benefit. A 7-day waiting period applies.

PFL provides income (up to eight weeks within any 12-month period) to employees who take time off work to care for their seriously ill child, spouse, parent, or to bond with a new child. PFL benefits will be paid up to the maximum weekly benefit.

Employees who are on short-term disability or receiving Workers' Compensation benefits are not eligible to receive the PFL benefit.

For More Information

For more information regarding leave of absence, visit our Benefits Webpage (PacificNet ID and Password are required).

Click *Income Protection* on the left hand side then *FMLA & Other Leave Information* or review the Faculty Handbook.

Disability Insurance Plan

Long-Term Disability (LTD)

The impact of a disabling illness or injury, both financially and emotionally, is devastating. While health insurance may cover most medical bills, daily living expenses such as rent or mortgage, car payments, and utilities continue. Disability insurance provides partial income replacement if you are unable to work due to a qualifying non-occupational illness or injury. You generally begin with short-term disability for a period of 13 or 26 weeks; if the illness or injury extends beyond that period it becomes long-term disability. Our Long-Term Disability is with Symetra.

How It Works

You and Pacific share in the cost of the mandatory LTD plan. Pacific's LTD plan provides a monthly benefit after you have been totally disabled for 180 days. Benefits continue while you are totally disabled or until you reach the maximum benefit period based on your age at the time of disability. The monthly benefit amount, when combined with income from all other sources (including Social Security, California State Disability or Sick Leave) will equal 60% of your base pay up to a maximum monthly benefit of \$6,000. You must provide proof of continued disability on a regular basis to continue to receive benefits. All disability payments you receive are non-taxable income.

Definition of Disability

You are disabled when the insurance carrier determines that you are limited from performing the material and substantial duties of your regular occupation due to your sickness or injury, and you have a 20% or more loss in your indexed monthly earnings due to the same sickness or injury. After 24 months of payments, you are disabled when the insurance carrier determines that due to the same sickness or injury, you are unable to perform the duties of any gainful occupation for which you are reasonably fitted by education, training or experience.

Tuition Remission

The purpose of this program is to enable an employee, spouse/domestic partner, or eligible children of an employee of Pacific to attend University of the Pacific with reduced tuition. Tuition remission does not apply to course fees or other applicable fees such as the health fee, student association fee, or other similar fees. Newly established academic programs are not eligible for tuition remission. Eligibility shall be determined solely by the University. A tuition remission application is required for each semester.

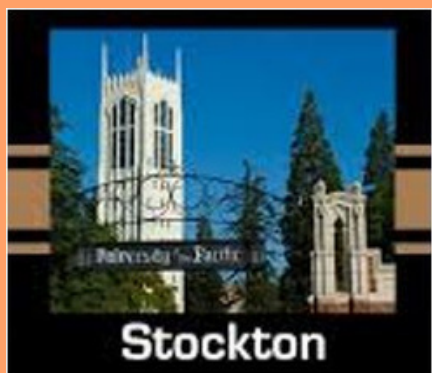
Overall Program Components

- Eligibility for tuition remission is effective the beginning of the semester following one year of employment subject to other requirements stated within the policy.
- To apply please fill out a Tuition Remission Application and send it to employee_benefits@pacific.edu (PacificNet ID and password required). If it is approved, the Tuition Remission will be applied on the first day of classes of the semester you applied for. Any questions regarding payments please contact Student Accounts.
- You have to turn in an application at the beginning of each semester. You can find the deadlines to submit the applications on our Tuition Remission webpage (PacificNet ID and password required).
- In the event the faculty member or staff employee is employed part-time, tuition remission benefits are granted according to provisions outlined within the policy, in direct proportion to the amount of time employed during the fiscal year.
- If an employee terminates employment, any tuition remission approved for the employee and his or her spouse/domestic partner and/or eligible children prior to the employee's termination will be granted for the duration of the current semester, provided the employee has worked at least five (5) weeks into the current semester at the time of termination. If not, the amount owed for tuition is prorated from the date of termination until the end of the semester.

Tuition Remission

- Tuition remission does apply to degree programs at University of the Pacific's Stockton Campus and McGeorge School of Law but does not apply to Pacific's Arthur A Dugoni School of Dentistry, Lifelong Learning Courses or workshops.
- After the one-year waiting period, full-time or part-time staff may take classes during normal duty hours if a modified work schedule is arranged and approved by the appropriate vice-president. However, the work schedule must be developed so that the best interests of the University are served. Compensation is based on hours worked.
- In the event of death or disability of an eligible employee with ten years of service, the tuition remission program shall remain operative for the eligible children and spouse/domestic partner.
- If a tenured faculty member or staff employee retires after age fifty-five with at least twenty years of University service; the tuition remission program shall remain operative for spouse/domestic partner and eligible children.
- Eligible children attending a Pacific sponsored undergraduate overseas program or school exchange will be eligible for tuition remission at the University's tuition rate in the same proportion.
- When students receive other sources of payment for tuition (scholarships, grants, assistantships, etc.) the total combined with tuition remission will not exceed 90%.

Please see the full Tuition Remission Policy for details of tuition reduction. (PacificNet ID and password required)



Public Service Loan Forgiveness

While it's true we all want to retire successfully someday, we know that retiring your student debt may be a more immediate concern.

TIAA Student Debt Solution Tool with Savi

You may know TIAA as one of the investment providers for the 403(b) GRA and GSRA Plans. However, TIAA has joined forces with Savi, a company created to help you navigate the complexities of federal income-based repayment plans and loan forgiveness programs designed for employees like you who work in public service.¹

You may be able to lower your monthly student loan payments and work toward loan forgiveness. On average, Savi customers find over \$1,880 a year in savings.²

What can Savi do for you?

As an employee of the University of Pacific, you have access to Savi's two tiers of service that are simple, smart and helpful:

- **Free Student Loan Checkup:** Quickly see your unique repayment plan options and potential savings upon entering your personal information into Savi's tool.
- **Savi Essential Service:** Track payments toward forgiveness and get convenient efilings, one-on-one assistance, reminders and more for a small fee.³

Take the first step today.

Go to TIAA.org/pacific/student to see how you might reduce your monthly student loan payments and may qualify for forgiveness of your student loan.

You can also contact Savi by email at partners+tiaa@bysavi.com, or call 1-833-604-1226 weekdays between 4:30 a.m. – 4:00 p.m. (PT).

¹ Federal programs are available to reduce the burden of student loan debt for people who work for eligible public interest employers: at a 501(c)(3) not-for-profit school, university, or hospital, in government or approved governmental entities, or at a few other public interest organizations.

² Between January 1, 2019 and December 31, 2019, based on Savi's internal measurements, Savi users saw average projected savings of \$1,880 per year.

³ A portion of the fee may be shared with TIAA to offset costs to support the program. In addition, TIAA has a minority ownership interest in Savi. Savi and TIAA are independent entities. TIAA makes no representations regarding the accuracy or completeness of any information provided by Savi. TIAA does not provide income tax or legal advice. Please contact your personal tax or legal adviser.

Additional Benefits

Vacation Accrual

For regular full-time staff members, vacation accrual is based on hours worked and years of service. Vacation accrual for regular part-time staff members is based on years of service and prorated in accordance with the number of hours in their regularly scheduled workday.

Staff members may continue to accrue vacation hours to a maximum equivalent of twenty-five (25) working days or 200 hours, the lesser of the two. For eligible part-time staff members, the accrual maximum will be pro-rated based on the staff member's full-time equivalency. Staff members who have reached his or her maximum accrual of unused vacation automatically cease accrual of any additional vacation hours. The accrual will not begin again until the accrued hours fall below the allowable maximum. It is the staff member's responsibility to request vacation leave so as to avoid cessation of accrual after reaching the maximum allowed. You can view the full policy [here](#). You will need your Pacific NetID and password to log in.

A. Accruals for Non-Exempt Staff

Continuous Periods of Employment	Vacation Accrual Rate
Through first four (4) years	.03846 per hour of service (10 days per year)
Fifth (5th) through ninth (9th) year	.05769 per hour of service (15 days per year)
Tenth (10th) through fourteenth (14th) year	.06538 per hour of service (17 days per year)
Fifteenth (15th) year and beyond	.07692 per hour of service (20 days per year)

B. Accrual for Exempt Staff

Continuous Periods of Employment	Vacation Accrual Rate
Through first five (5) years	.05769 per hour of service (15 days per year)
Sixth (6th) years of service and beyond	.07692 per hour of service (20 days per year)

Additional Benefits

Sick Time Accrual

Staff members will continue to accrue sick time until the staff member reaches the maximum accrual. For eligible part-time staff members, the accrual maximum will be pro-rated based on the staff member's full-time equivalency. If a staff member receives State Disability Insurance benefits during an illness, Pacific shall integrate these benefits with any accrued sick time. Staff members who have reached his or her maximum accrual of sick leave will cease to accrue any additional hours. The accrual will not begin again until the accrued hours fall below the allowable maximum. You can view the full policy [here](#). You will need your Pacific NetID and password to log in.

Scheduled Workweek	Maximum Sick Accrual
40 hour workweek	720 hours (90 days)
37-1/2 hour workweek	675 hours (90 days)
35 hour workweek	630 hours (90 days)
30 hour workweek	540 hours (90 days)
25 hour workweek	450 hours (90 days)
20 hour workweek	360 hours (90 days)

California Casualty

California Casualty offers Pacific employees exclusive auto and home insurance benefits that could fit your budget. They offer competitive rates, discounts and other online account services. All California Casualty insured members receive free ID theft coverage. For more information, on California Casualty auto and home insurance you can call them at 877.654.9316 or visit www.calcas.com/arajczyk



“They understand
my budget.”

Auto and Home Insurance
Developed Exclusively For
University of the Pacific
Employees Like You.

Protection

- \$500 Personal Property Coverage
- Vehicle Vandalism Waived Deductible
- \$3,000 Personal Property on Campus Coverage

Value

- Special Rates / Generous Discounts
- 12 Month Lock-in Guarantee
- Free ID Defense

Service

- 24/365 Emergency Claims Service
- EZ Pay with Summer/Holiday Skip
- Online Account Management

Carrie H.
Education Professional
Protected by
California Casualty

This is not printed or distributed at the expense of the state of California

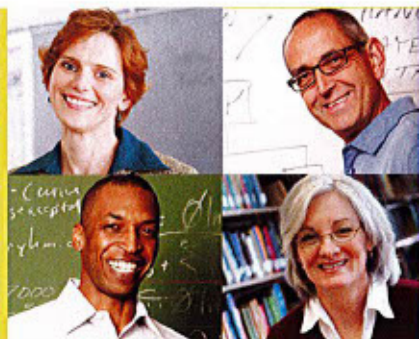
877-654-9316

CalCas.com/ARajczyk



California Casualty
WE PROTECT AMERICAN HEROES®





Competitive Rates & Exclusive Benefits

EXCLUSIVE—Deductible waiver

Includes a \$0 deductible for vandalism or collision to your car when parked on or near school property or at school-sponsored events.

EXCLUSIVE—\$500 personal property coverage

You can receive up to \$500 for any personal belongings stolen from your vehicle—whether it's locked or not! This coverage is yours at no extra charge.

EXCLUSIVE—Summer or holiday skip payment option

To help you manage your money during summer vacation or the winter holidays, you can take advantage of one of our skip payment options. You won't have to make any insurance payments during the time you choose.

EXCLUSIVE—ID Defense

If your identity is stolen, you receive unlimited one-on-one expert guidance to help you resolve the problem, as well as credit monitoring, credit reporting and fraud monitoring—at no additional cost.

Rates locked in for a full year

Once insured, your low rate is locked in for 12 months—even if you have a claim. That's twice as long as the rate guarantees offered by other companies.

Towing and roadside assistance

Make sure you or your family members are never stranded. For a small additional fee, you can get coverage for towing to the nearest repair facility and roadside assistance with flats and other simple repairs.

EXCLUSIVE—\$500 fundraising money coverage

Fundraising money or goods are covered up to \$500 with \$0 deductible while in your care, custody and control at school as a benefit of your home or renter's policy.

EXCLUSIVE—\$3,000 personal property coverage

With your home or renter's policy, your personal property used in teaching while on or away from school premises is covered to \$3,000 with \$0 deductible.

Online account management

Sign up to go paperless, and you'll have access to your account 24 hours a day to make managing your coverage more convenient. Print important documents, make changes to your policy and file minor claims—all online.

Generous discounts

We offer you many money-saving opportunities to lower your rate—including multi-policy discounts, our Good Student Discount and even special discounts for mature drivers.

24-hour, emergency claims service, located in the USA

File claims quickly and easily with our USA-based representatives, who are available to assist you 365 days a year.

"They cater to teachers like myself because they are honed into what our needs are."

Chrishun D.
Educator
Protected by
California Casualty

Like



Get auto & home insurance designed for your profession and your life.

877-654-9316

CalCas.com/ARajczyk



California Casualty
WE PROTECT AMERICAN HEROES®



Coverage benefit descriptions are an overview only. Complete descriptions are outlined in the actual policy. Coverages and discounts described are subject to availability and eligibility. ©2011 California Casualty

The Facts* on Identity Theft

- In 2013, Identity fraud incidence increased for the second consecutive year, affecting more than 13 million consumers.
- Consumers suffered total fraud losses of \$18 billion in 2013.
- Consumer out-of-pocket costs averaged \$400 per victim, with the average victim suffering a loss of \$2,294.
- Total time spent to resolve cases averaged more than 11 hours per victim.

* 2014 Federal Trade Commission;
2014 Javelin Strategy & Research.

ID Defense services are a free benefit provided by:



If you have general insurance questions or are shopping for insurance, call toll-free today: 1.877.654.9316

For news on the latest Identity scams, streamlined access to internet resources and a wealth of preventative tips, check out California Casualty daily-updated educational web site at: calcas-idtheft.com

SEE SIDE 2, FOR A COMPLETE LIST OF AVAILABLE SERVICES.

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Peace of Mind Included with Every Policy

When it comes to protecting your identity, look to the experts. We've partnered with **IDT911**, America's leader in identity management and fraud education, to bring you **ID Defense**** at no additional charge when you become a California Casualty auto or home insurance policyholder. Since 1914 our highest priority has been providing our customers with superior service and tailored coverage at affordable rates. Chances are, we can customize an auto and home policy to meet your budget, needs and lifestyle. And you'll automatically have the peace of mind that comes with **ID Defense**.

Stopping Identity Theft Before it Happens—When to Call

Identity thieves are always finding new and unexpected ways to access and use sensitive information. Did you know that life events like the following are prime opportunities for thieves that might require fraud specialist assistance?

- You get married or divorced and want to change your name.
- Your two year old child receives a credit offer.
- You're slated for active military duty.
- A loved one dies, and creditors must be notified.
- You plan on moving or travel overseas.

There is no limit on the amount of time, service or assistance you receive from **ID Defense**. We encourage our customers to call us to be connected to a fraud specialist whenever a life change makes their personal information vulnerable. We believe early intervention is key to safeguarding your identity.

Protecting Your Good Name

ID Defense is free and automatic to every California Casualty policyholder and their household family members.*** We absorb the cost of this service as part of our ongoing dedication to protecting our customers in a time of rising identity theft. **ID Defense**, will save you money, time and frustration.

Take Advantage of the Benefits

You don't have to wait for your current auto and home insurance policies to expire. You can begin enjoying discounted rates, exclusive benefits and superior services right away—including **ID Defense**. Call now for your **FREE** auto and home insurance quote.

** ID Defense powered by **IDT911**, is a complimentary service provided to all California Casualty program policyholders. This service is not an insurance product and does not reimburse your expenses or losses.

*** California Casualty ID Defense Services are available to a spouse and/or relative who lives in the household.



Additional Benefits

Employee Assistance Program (EAP)

Recognizing that life events do not always go as planned, Pacific offers the *Employee Assistance Program (EAP)* through Symetra to help you and your family members cope with problems and stress at work and at home.

You and eligible family members can meet face-to-face with a counselor, financial planner or attorney for expert, confidential information and guidance. Your household is eligible for a total of five sessions per calendar year, plus an additional five with a covered disability claim. In California, counseling services are limited to three in a six month period. There is no additional cost for this benefit.

To contact the Employee Assistance Program, 24/7 Member Services Line, simply call 1.888.327.9573 and you may be guided to a counselor in your vicinity for confidential assistance.

All EAP services are under one virtual roof, offering content, self-assessment, interactive tools and educational guides for you and your family to utilize. You can visit guidanceresources.com.

Additional Benefits

Offered through EAP

Achieve well-being

- Stress
- Mental health concerns
- Grief and loss
- Crisis situations

Improve nutrition

- Weight management
- High Cholesterol and blood pressure
- Diabetes

Deal with workplace challenges

- Stress
- Performance
- Work-life balance

Tackle addictions

- Alcohol
- Drugs
- Tobacco
- Gambling

Focus on your physical health

- Understand symptoms
- Identify conditions
- Improve sleep

Manage relationships and family

- Communication
- Separation/divorce
- Parenting

Find child and elder care resources

- Child care
- Schooling
- Nursing/retirement homes

Receive financial guidance

- Debt management
- Bankruptcy
- Retirement

Get legal advice

- Family law
- Separation/divorce
- Custody

Additional Benefits

Weight Watchers

University of the Pacific has partnered with Weight Watchers® Reimagined to help you reach your wellness goals. Get an exclusive discount off the retail price and join now for as low as \$9.00 per month.

WW's customized program is proven to make weight loss easier.

Everyone's weight-loss needs are different. That's why WW's program, myWW™, is customized to make losing weight easier for you. When you join WW, you can lose weight and build healthy habits with a science-backed program that's tailored to your life.

Why WW?

- Easy-to-use app and website
 - Track your food, activity, and weight any time with our digital tools.
- Endless food options
 - With our database of 8,500+ delicious recipes, you'll eat what you love and lose weight.
- Total support in real time
 - Get help and answers from a WW Coach 24 hours a day, seven days a week in 24/7 Expert Chat.
- Inspiration & connection
 - Access our members-only online community, day or night and meet others on a similar journey.
- Workshops*
 - Share your journey and gain inspiration from a group of fellow members and a WW Coach.

*Only available on Workshop & Digital membership.

To sign up or learn more, visit: ww.com/wellness. Enter Access ID: 19486

For questions or assistance registering, please call WW Customer Service at 866-204-2885.



weightwatchers
reimagined



Healthier habits start here

Your organization has partnered with WW (Weight Watchers® Reimagined) to help you reach your wellness goals. **Get an exclusive discount off the retail price and join now for as low as \$9.00 per month.¹**

For employees

WW's customized program is proven to make weight loss easier.²

Everyone's weight-loss needs are different. That's why WW's program, *myWW™*, is customized to make losing weight **easier for you**.

When you join WW, you can **lose weight** and build healthy habits with a science-backed program that's tailored to your life.

Why WW?

Easy-to-use app and website

Track your food, activity, and weight any time with our digital tools.

Endless food options

With our database of 8,500+ delicious recipes, you'll eat what you love and lose weight.

Total support in real time

Get help and answers from a WW Coach 24 hours a day, seven days a week in 24/7 Expert Chat.

Inspiration & connection

Access our members-only online community, day or night and meet others on a similar journey.

Workshops*

Share your journey and gain inspiration from a group of fellow members and a WW Coach.

*Only available on Workshop & Digital membership.



To sign up or learn more, visit: www.com/wellness. Enter Access ID: 19486

For questions or assistance registering, please call WW Customer Service at 866-204-2885.

¹ "As low as" price reflects the Digital membership plan for an employee. Monthly payment is required in advance. You will be automatically charged each month in accordance with company pricing until you cancel or your employment with your company terminates. For Workshops: In person Workshops are temporarily virtual. Available in participating areas only.

² In a six-month study, funded by WW, 88% of participants said *myWW* was an easier way to lose weight versus when they tried on their own.

The WW Coin Logo, Weight Watchers, Points, and SmartPoints are the registered trademarks of WW International, Inc.
©2020 WW International, Inc. All rights reserved.



Weight Loss that Works.
Wellness that Works.

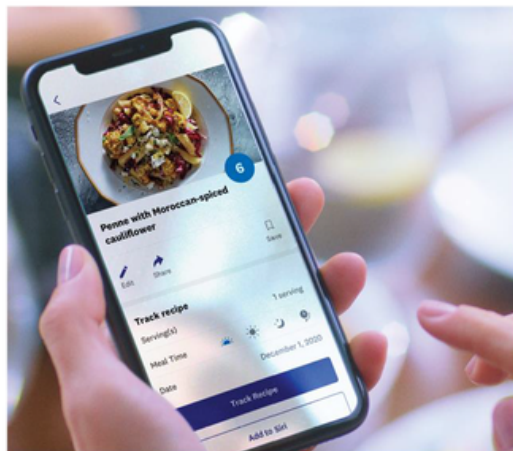
Goodbye, Homebody. Hello, Healthy body!

Use open enrollment to open the door to wellness with WW (Weight Watchers® Reimagined). Here are some of the reasons we chose WW as our partner—and why you can trust them with your health.

1

Doctors recommend WW

WW is the #1 doctor-recommended weight-loss program according to a new survey of 14,000 doctors*. But that's not all: WW has been named the #1 Best Diet for Weight Loss 11 years in a row by U.S. World & News Report.



2 The WW app can help make success easier

WW members love the award-winning WW app! It's packed with tools that help members stay on track—wherever they are—including food and activity trackers, on-demand workouts and meditations, personalized recipes, around-the-clock live Coaching, and so much more.

4

WW offers more than weight loss

With its holistic approach to wellness, WW goes beyond nutrition to help you move more, sleep better, and shift to a healthier mindset. You'll start with a personal assessment that customizes the plan to you and your goals.

5

WW is grounded in science

Backed by published papers and randomized controlled trials, WW's modern weight-loss program is guided by a group of innovative psychologists, nutritionists, and other experts. This team regularly partners with universities to conduct clinical research, ensuring that the program is rooted in the best science.

3 WW Coaches are real people

Not bots! These WW-trained experts know what it takes to succeed. Through in-app chat and in-person and Virtual Workshops, WW Coaches motivate and support you at every step of your journey with must-know strategies—and their own success stories.



Reach your goals with WW!

Join WW at [WW.com/wellness](https://www.com/wellness)

Enter University of the Pacific and Access ID: 19486

*Based on a 2020 IQVIA survey of 14,000 doctors who recommend weight-loss programs to patients.

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Additional Benefits

Beneficiary Companion

Symetra Life Insurance Company



Beneficiary Companion Program

A helping hand after a loss



Your Beneficiary Companion Program

Call anytime from anywhere. We're available 24/7 to assist you.

U.S. and Canada:
1-877-823-5807

Anywhere else
(collect or direct):
(240) 330-1422

Managing a loved one's final affairs can be overwhelming. The amount of time and effort needed to close an estate can make an already stressful time even more difficult.

Your Beneficiary Companion Program can offer some relief and provide guidance to help with paperwork, notifications and other time-consuming details.

Guidance Services

Dedicated Beneficiary Assistance coordinators are available 24/7 to:

- Answer any questions
- Offer guidance on obtaining death certificate copies
- Manage notifications, including:
 - Social Security Administration
 - Credit reporting agencies
 - Credit card companies/financial institutions
 - Third-party vendors
 - Government agencies
- Discontinue access to loved one's social media accounts, and assist with memorialization to preserve their digital profile.

Fraud Resolution

A deceased's identity is an attractive target for criminals—and may be relatively easy to obtain. Beneficiary Assistance coordinators will help protect your loved one's identity and lend a hand if their identity is stolen.

Services include:

- A credit report review with the beneficiary
- Suppression of the deceased's credit report or an offer to freeze/close the account with credit bureaus
- Full-service resolution assistance if the deceased's identity is stolen:
 - Credit bureau and fraud department notification
 - Help filing a police report
 - Creditor follow-ups

Call 1-877-823-5807 for your Beneficiary Companion Guidebook—a handy tool to help you after a loved one's death.

Additional Benefits

Beneficiary Assist

A Helping Hand for Beneficiaries



The Beneficiary Companion Program is there to help with paperwork and other time-consuming details, providing relief from the confusion and frustration of managing a loved one's final affairs.

Key Services

- Guidance on how to obtain death certificate copies for final notifications
- Dedicated Beneficiary Assistance Coordinators to manage notifications and close loved one's accounts, including:
 - Social Security Administration**
 - Credit reporting agencies**
 - Credit card companies/financial institutions**
 - Third-party vendors**
 - Government agencies**
- Assistance protecting the loved one's identity and full resolution services in case the deceased's identity is stolen

Who's Eligible?

Beneficiary Companion (provided by Europ Assistance) is available to individuals covered by Symetra Group Life and/or Disability Income Insurance policies.

For more information and plan design requirements, contact your Symetra representative.

Accessing Services



Beneficiaries can call the Symetra dedicated toll free number at **1-877-823-5807** for 24/7 support.

Additional Benefits

Health Care Navigation

Health Care Navigation



Employees generally find themselves on their own when it comes to dealing with their medical plan. They're eager to find resources that can reassure them they are making the best decisions—a partner who can help navigate through their medical plan benefits.

Administrative Support

- Easy-to-understand explanation of benefits — help identifying what's covered and what's not
- Step-by-step guidance on medical claims and billing issues
- Cost estimation for covered and/or non-covered treatment options
- Fee and payment plan negotiation
- Referral to financial resources for the underinsured and uninsured
- Explanation of the appeals process

Clinical Support

- One-on-one reviews of employee health concerns
- Straightforward, easy-to-understand answers regarding specific diagnosis and treatment options
- Support and preparation for upcoming doctor's visits, lab work, tests and surgeries
- Coordination with appropriate health care plan provider(s)
- Referral to community resources and applicable support groups

Administrative and clinical specialists may also refer employees to Disability Guidance® EAP services and other work/life resources.

Who's Eligible?

HealthChampion™ (provided by ComPsych) is available for employees on a covered short- or long-term disability leave.

For more information on buy-up programs including options that offer HealthChampion to all employees, regardless of disability claim status, contact your Symetra representative.

Accessing Services



Claimants can call **1-866-263-4365** to access the health care navigation program 24 hours a day, seven days a week.

Additional Benefits

Identity Theft Protection

Symetra Life Insurance Company



Identity Theft Protection Program

Direct access to 24/7 support
if your identity is stolen



Your Identity Theft Protection Program

Call anytime from anywhere.
We're available 24/7 to
assist you.

U.S. and Canada:
1-877-823-5807

Anywhere else
(collect or direct):
(240) 330-1422

Identity theft is a rising concern and it can happen to anyone. That's where your Identity Theft Protection Program comes in.

It provides you with information to protect yourself, and step-by-step coaching to help you confirm and resolve identity theft.

If you think your identity has been stolen

Just pick up the phone—24 hours a day, seven days a week—and call **1-877-823-5807** if you're in the U.S. or Canada, or **(240) 330-1422** from anywhere else in the world.

A Symetra Identity Theft Expert will help you obtain a copy of your credit report from all three major credit-reporting agencies. All three agencies will also place a fraud alert on your records.

Once you receive your reports, your Identity Theft Expert will walk you through the documents to help determine if fraud or theft has occurred.

Here's the help you'll receive

- > Lost wallet assistance¹
- > Credit information review²
- > Three-bureau fraud alert placement assistance
- > ID theft affidavit assistance
- > Emergency cash while traveling (a repayment guarantee is needed)

Tips to remember

- Carry only one or two credit cards.
- Bring only the ID information that you'll actually need.
- Do not carry your Social Security card in your wallet.
- If your purse or wallet is stolen, immediately report it to the police.
- Notify your financial institution if your credit card is lost or stolen.

[Continued >](#)

Additional Benefits

Who's eligible?

Once enrolled in a Symetra group insurance plan, you, your spouse and your dependents up to age 26 (regardless of student status) are eligible for all services provided by the Identity Theft Protection Program.

Identity thefts discovered prior to enrollment in a Symetra group insurance plan are not eligible for services.

Don't wait until theft occurs

There's no better time to deal with identity theft than before it happens. Be sure to call 1-877-823-5807 and mention you're calling about the Symetra Identity Theft program to get your Identity Theft Protection Kit. It covers the ins and outs of identity theft and provides advice on how to avoid it. And just in case your identity is stolen, the kit includes forms you'll need to help resolve the problem.



Symetra Life Insurance Company
777 108th Avenue NE, Suite 1200
Bellevue, WA 98004-5135
www.symetra.com

Symetra® is a registered service mark of
Symetra Life Insurance Company.

Group insurance policies are insured by Symetra Life Insurance Company, 777 108th Avenue NE, Suite 1200, Bellevue, WA 98004.

There is no guarantee that intervention on behalf of covered members will result in a particular outcome or that efforts on their behalf will lead to a result satisfactory to them. Services do not include, and covered members will not be assisted with, thefts involving non-U.S. bank accounts.

Identity Theft Protection is provided by Generali Global Assistance. Benefits may not be available in all states. Generali Global Assistance is not affiliated with Symetra Life Insurance Company or any of its affiliates. For more information, visit us.generaliglobalassistance.com.



¹ Generali Global Assistance will assist you with canceling lost credit cards and provide information to help you replace lost items such as your driver's license and Social Security card.

² Member must provide a copy of their credit report, which can be obtained free of charge at www.annualcreditreport.com (once every 12 months).

Additional Benefits

Travel Assistance

Symetra Life Insurance Company



Travel Assistance Program

24-hour-a-day emergency help



Your Travel Assistance Program

Call anytime from anywhere.
We're available 24/7 to assist you.

U.S. and Canada:
1-877-823-5807

Anywhere else
(collect or direct):
(240) 330-1422

Emergencies happen. When they happen far from home, it's comforting to know there's a team of multilingual professionals standing by to help.

Your Travel Assistance Program offers a variety of 24-hour-a-day services in more than 200 countries and territories worldwide—and each one is just a phone call away.

Medical Services

- Assistance finding physicians, dentists and medical facilities.
- Monitoring during a medical emergency to determine if care is appropriate or if evacuation is required.
- When medically necessary, free transportation^{1,2} under medical supervision to a hospital/treatment facility or to your place of residence for treatment.
- Arrangement for your traveling companion's return home if previously made arrangements must change due to your medical emergency.
- When medically necessary, free transportation^{1,2} home for dependent children under the age of 26 who were traveling with you and are left unattended because of your hospitalization. A qualified escort will be arranged if necessary.
- Free round-trip transportation²—we arrange and pay for the most direct round-trip economy flight—for one immediate family member or friend to visit you if you're traveling alone and are likely to be hospitalized for seven consecutive days.
- Replacement of medication and eyeglasses.³
- In the event of death while traveling, all necessary government authorizations and a container appropriate for transportation will be arranged and paid for, as well as return home of the remains for burial.

Other Key Services

- Pre-trip information, including visa, passport, inoculation and immunization requirements; cultural information; embassy and consulate referrals; foreign exchange rates; and travel advisories.
- Emergency message relay to and from friends, relatives and business associates.
- If requested, new travel arrangements or change of airline, hotel and car rental reservations.
- An advance of up to \$500 in emergency cash after satisfactory guarantee of reimbursement from you. You are responsible for any fees associated with the transfer or delivery of funds.
- Help locating and replacing lost or stolen luggage, documents and personal possessions.
- Help locating an attorney and advancement of bail bond, where permitted by law, after satisfactory guarantee of reimbursement from you. You are responsible for attorneys fees.
- Assistance with telephone interpretation in all major languages, or referral to an interpretation or translation service for written documents.

Additional Benefits

Who's eligible?

You, your spouse or domestic partner, and your dependents under the age of 26 are eligible for all services provided by the Travel Assistance Program.

You can receive pre-trip information at any time

All other services take effect when you're on a trip 100 miles or more from home lasting 90 days or less.

When you call, please provide the following:

- ① The address where you are staying
- ② A phone number where we may reach you
- ③ Your employer's name



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777 108th Avenue NE, Suite 1200
Bellevue, WA 98004-5135
www.symetra.com

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Europ Assistance (EA) will not evacuate or repatriate you if an EA-designated physician determines that such transport is not medically advisable or necessary or if the injury or illness can be treated locally.

EA provides the services in all countries. However, EA may determine that services cannot be provided in certain countries or locales because of situations such as war, natural disaster or political instability. EA will attempt to assist you consistent with the limitations presented by the prevailing situation in the area. EA cannot be held responsible for failure to provide, or for delay in providing, services when such failure or delay is caused by conditions beyond its control, including but not limited to flight conditions, labor disturbance and strike, rebellion, riot, civil commotion, war or uprising, nuclear accidents, natural disaster, acts of God, or where rendering service is prohibited by local law or regulations.

Travel Assistance is provided by Europ Assistance. Benefits may not be available in all states. Europ Assistance is not affiliated with Symetra Life Insurance Company or any of its affiliates. For more information, visit www.europassistance-usa.com.



¹ Our medical team or one of our doctors will make the determination that transport is needed.

² Travel arrangements must be made through Europ Assistance.

³ Provided service, ancillary expenses are the member's responsibility.

Additional Benefits

Will Preparation

A will is one of the most important legal documents you can have. It ensures that you'll control who gets your property, who will be your children's guardian, and who manages your estate when you die.

EstateGuidance® makes it easy to create a simple, customized, legally binding will by offering:

- Convenient online access to will documentation tools
- Simple-to-follow instructions guiding you through the will generation process
- Online support from licensed attorneys, if needed
- The ability to make revisions at no cost

You can create a simple will for \$14.99; printing and mailing services are available for an additional fee. Prices may be subject to change—contact ComPsych for additional information.

To get started:

1. Visit www.estateguidance.com
2. Enter your promotional code: SYMETRA
3. Choose any of the options in the drop-down menu.

Additional Benefits

UNUM Voluntary Whole Life

Whole life insurance is designed to pay a death benefit to your beneficiaries but it can also gain cash value while you are living. This benefit offers an affordable, guaranteed level of premium that won't increase due to age. Unlike term life insurance, this coverage can continue into retirement.

Features:

- Ability to purchase for yourself, spouse, and children
- No physical exams are required to apply for coverage
- Coverage is portable – you can take your policy with you if you leave Pacific
- Rates won't increase and benefits will never be reduced
- Guaranteed cash value interest rate of 4.5%

Guaranteed Issue:

No medical questions for the following levels of coverage

- Employee – up to \$70,000 for ages 15 – 80; purchased in \$10,000 increments
- Spouse – up to \$30,000 for ages 15 – 80; purchased in \$10,000 increments

A UNUM representative can assist you in calculating the cost of the benefit. Premiums will vary depending upon age, amount of coverage, and other such factors.

All Unum products are administered directly through Unum. Unum representatives can be reached at 800.635.5597 to enroll or make changes. Benefit enrollments are only accepted during annual open enrollment. Cancellations are accepted anytime.

Additional Benefits

Symetra Accident Group Policy

Accident insurance can pay lump-sum benefits based on the injury you suffered and the treatment you need, including emergency-room care and related surgery. The benefit can help offset the out-of-pocket expenses that medical insurance does not pay, including deductibles and copays.

If you and your spouse are both employed by Pacific, you may cover yourself under your Accident Policy or your spouse may cover you under their Accident Policy, however employees may not be covered as both an employee and a spouse. If both parents are Employees, only one will be eligible to cover children who are eligible Dependents.

Covered injuries and accident related expenses include:

- Hospitalization and Surgeries
- Follow-up Care
- Common Injuries

Benefits are paid for accidents that occur off the job.

You can enroll in the Accident Group Policy through your Benefit Focus Portal during Open Enrollment or at time of Hire.

2023 Biweekly Contributions

Accident Insurance	
Employee	\$4.73
Employee + Spouse	\$8.27
Employee + Children	\$10.32
Employee + Family	\$14.66

Additional Benefits

Long-Term Care

Long-term care services provide assistance with the basic personal tasks of everyday life when it becomes necessary. Long Term Care Insurance pays for services such as help to take medication, monitor health, bathe, deliver meals, maintain/clean your home, drive you to medical appointments, provide breaks for other caregivers, along with many other services. Medicare and health insurance pay very little towards long term care costs. So without insurance dollars, it becomes important to understand what assets will be used to pay for one's care. Policies vary in terms of what they will cover and insurance companies do require approval for applicants to qualify for coverage. As you would expect, a good Long Term Care Insurance policy delivers broad and flexible benefits to help provide and pay for the Long Term Care services you need when help is required.

For a personal review of Long Term Care Insurance options for you and/or your family members, contact:

Debra Rauser, RN & Partner, Specializing in Long Term Care Solutions

ACSIA Partners, LLC

Bus. (650) 306-0240

Fax (855) 449-4608

Email: darauser@acsiapartners.com

Website: www.debrarauser.acsiapartners.com

CA Lic. # 0D26971

Contact Information

Benefit	Phone Number	Web Address
Medical		
Pacific Plans - EPO, QHDHP	866.280.4120	myTrustmarkBenefits.com
Kaiser Permanente DHMO and QHDHP	800.464.4000	www.kp.org
Kaiser Chiropractic Services through ASH	800.678.9133	www.ashlink.com/ash/kp
Kaiser Health Savings Account	877.761.3399	www.kp.org/healthexpense
LiveHealth Online	888.548.3432	www.livehealthonline.com
HSA Bank	800.357.6246	Login (hsabank.com)
Dental		
Delta Dental PPO	800.765.6003	www.deltadentalins.com
DeltaCare USA DHMO	800.422.4234	www.deltadentalins.com
Vision		
Vision Service Plan Choice Network	800.877.7195	www.vsp.com
Pharmacy		
WellDyne Rx	888.479.2000	www.members.welldynrx.com
Flexible Spending and Commuter Benefits		
Trustmark (Coresource)	800.832.3332	www.myTrustmarkBenefits.com
Retirement		
TIAA	800.842.2776	www.tiaa.org/pacific
Life and AD&D		
Symetra	877.823.5807	www.symetra.com
Disability		
Short Term - State of California	800.480.3287	www.edd.ca.gov/disability/SDI_Online.htm
Long Term - Symetra	877.823.5807	www.symetra.com
Additional Benefits		
California Casualty - Auto/Home Insurance	877.654.9316	www.calcas.com/arajczyk
Employee Assistance Program- DisabilityGuidanceSM	888.327.9573	guidanceresources.com
		Web ID: SYMETRA
Long Term Care	650.306.0240	www.debrarauser.ltcfp.com
UNUM- Whole Life	800.275.8686	www.unum.com
Symetra- Accident	877.823.5807	www.symetra.com
Human Resources		
Sacramento	916.739.7031	Human Resources Website
San Francisco	415.929.6468	
Stockton	209.946.2124	

For advice on electing benefits please contact Jennifer Hansford at Brown & Brown Insurance Services at (800) 733-3131 ext. 1246

Benefits Team: employee_benefits@pacific.edu