

# Faculty and Staff 2020 Benefits Guide

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# *What's New*

## Medical Plan Changes

Effective January 1, 2020 the Pacific PPO plan will be eliminated. Kaiser HDHP calendar year deductibles increased to \$2,800 single and \$5,600 family; Out of Pocket maximum increased to \$5,600 single and \$11,200 family.

## Flexible Spending and Qualified Transportation Account Changes

Effective January 1, 2020 the vendor will change from Delta Health Systems to CoreSource for Medical Flexible Spending Accounts, Dependent Care Accounts, Offsite Parking and Transit. New contributions for 2020 will be available through CoreSource. Rollover/Runout contributions from 2019 will be available through Delta Health Systems through March 31, 2020 then transferred to CoreSource.

Offsite Parking and Transit accounts will be available to all employees. Please make sure your expenses are qualified per IRS guidelines. Offsite Parking is different from Onsite parking. Please contact your HR office for clarification.

# *Reminders*

## Online Benefit Enrollments through Benefit Focus via insidePacific

<http://benefits.pacific.edu>

All enrollment elections will take place via an online self-service website, Benefit Focus, managed by Pacific. Employees must access the enrollment website during the open enrollment period to elect benefits. All benefited employees will need to go through the process of electing or declining medical, dental, flexible spending, qualified transportation, optional life products provided by Lincoln Financial and United Way. Any products elected through Unum will continue to be administered directly through Unum.

## 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.

## Mandatory Open Enrollment

Open enrollment is mandatory. All employees are required to make elections even when no changes are being made or coverage is being waived.

**Open enrollment for 2020 begins October 28, 2019 through November 24, 2019.**

### Benefit Fairs:

San Francisco—Tuesday, November 5th University Center 10am—1pm

Stockton—Wednesday, November 6th DeRosa Center 11am—1:30pm

Sacramento—Tuesday, November 12th Lecture Hall 11am—1:30pm

# 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

### 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 age 26
- child over age 26 who became physically or mentally disabled prior to attaining age 26 who is supported primarily by you (proof of the condition is required)

## Benefit Effective Date of Coverage

- the first day of the month following start of employment or the first day of employment if that day is the first day of the month (example: hire date 1/5/20—coverage effective date 2/1/20; hire date 2/1/20—coverage effective date 2/1/20)

## Enrollment Procedures

Newly hired faculty and staff have 31 days from the date of hire to enroll in benefits through Benefit Focus, Pacific's online enrollment platform. You have 31 days from event date to make eligible enrollment changes due to a qualifying life event. See the following charts for qualifying 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/RDP's employer to avoid costly duplicate coverage
- Carefully review the plan information in the benefit guide and plan materials available online at [www.go.pacific.edu/hrbenefits](http://www.go.pacific.edu/hrbenefits)

## Logging into Benefit Focus

- Visit [benefits.pacific.edu](http://benefits.pacific.edu).
- Log in using PacificNet ID and Password.

# Enrollment Information

## Navigating the System

Once you log into the system, you can easily access your information from the Home page.

## Viewing the Home Page

The first time you log in, you will see the welcome page. You can begin enrolling in your benefits by selecting the flashing *Click Here* button. Now click the *Get Started* button. You can also access other information, such as your Language Preferences, Dependents, and your Login Information. You can explore the links on the Home page and make any necessary updates before or after you enroll in your benefits.

## Guiding You Through the Process

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 selecting *Log Out*. After 15 minutes, the system will generate warning messages that indicate you will be logged out of the system due to inactivity. This warning message will provide you the opportunity to *Continue* or *Logout*.

## Editing Your Dependents

From the Home page, you can select the *Dependents* icon to access current dependent information or add dependents to your profile. You can also add dependents as part of the benefit enrollment flow. Select the *Add Dependent* button and after updating each required field, select *Next*.

The screenshot displays the user interface for benefit enrollment. On the left, a navigation sidebar contains three options: 'Home' with a house icon, 'Dependents' with a family icon and a mouse cursor hovering over it, and 'Language Preferences' with a globe icon. The main content area is titled 'Before you enroll in benefits' and asks 'Do you need to add any dependents to your profile?'. Below this, a light blue box contains a note: 'Note: You'll also be able to add dependents and select who you want to cover when you enroll in or edit your benefits.' Further down, text instructs the user: 'To add a dependent, click 'Add Dependent''. A blue arrow points to the 'Add Dependent' button. At the bottom of the main area are two buttons: 'Next' (highlighted in blue) and 'Previous'.

After entering dependent information, you may begin the benefit enrollment flow.

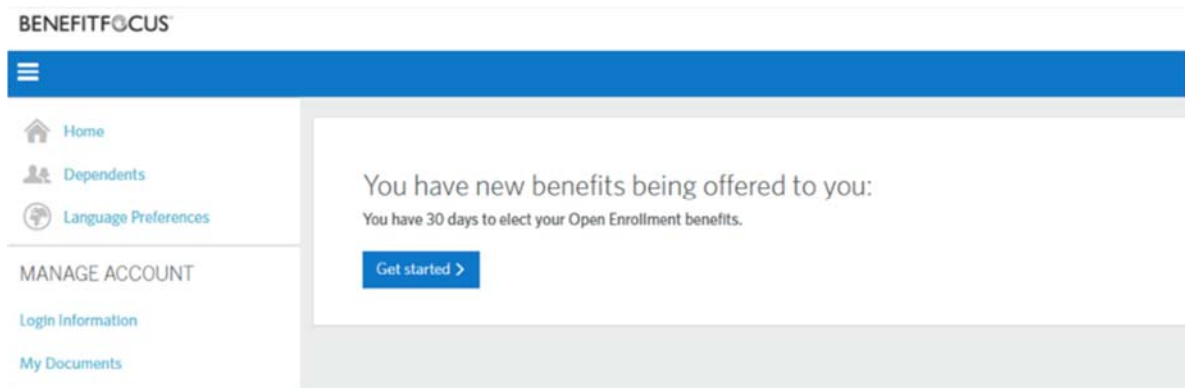


# Enrollment Information

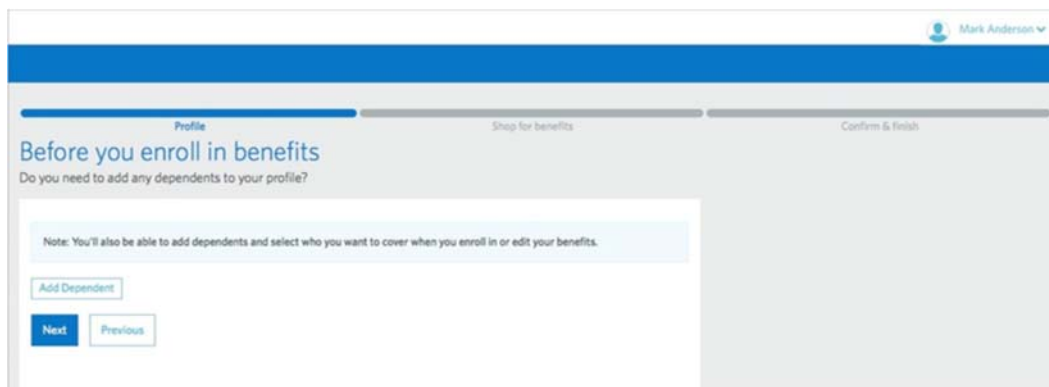
## Enrolling in Your Benefits

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.

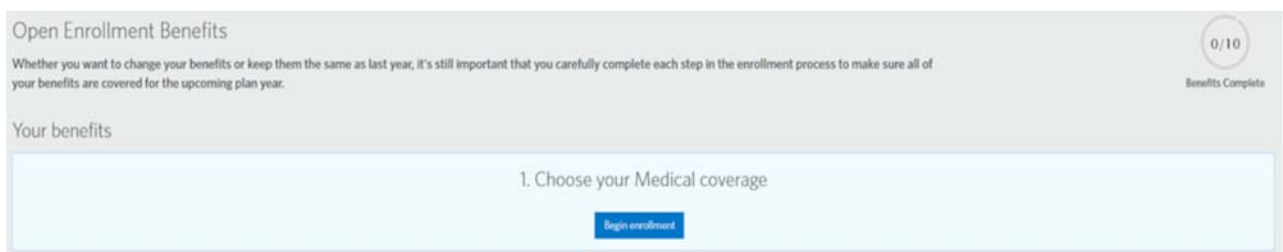
1. Select the *Get Started* button on the Home page.



2. Choose one of the following options:
  - a. Select the *Add Dependent* button if you need to add dependents to include in your benefit elections.
  - b. Select *Next* to continue enrolling in benefits without adding dependents.



3. Select *Begin enrollment* to start enrollment.



# Enrollment Information

- 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 benefit plan:

Tell us about your expected healthcare usage

Choose from one of our pre-defined usage scenarios or personalize your usage for the upcoming plan year and we will estimate how much each plan will cost you.

**National Average Year**

Customize Usage

Note: Number of uses and costs are based on national claims averages for persons with similar age, gender, and regional demographics as you and your dependents.

<b>0.11</b>	Emergency Room Visit	\$237.38
<b>0.35</b>	Outpatient Procedure	\$1,152.35
<b>0.04</b>	Inpatient Hospital Procedure	\$596.73
<b>5.23</b>	Doctor Office Visits	\$1,266.18
<b>9.01</b>	Prescription Drugs	\$849.69
<b>Total Usage Cost</b>		<b>\$4,102.33</b>

Done

**Blue Shield Access+ HMO** \$376.71  
Ten Times a Year Cost

Estimated Annual Cost **\$3,972.80**  
[How was this calculated?](#)

Individual Deductible	N/A
Family Deductible	N/A
Individual Out-of-Pocket Max (OOP Max)	\$1,500
Family Out-of-Pocket Max (OOP Max)	\$3,000

[Select plan](#) [Plan details](#)

**Blue Shield PPO High Deductible Health Plan** \$58.71  
Ten Times a Year Cost

Estimated Annual Cost **\$2,082.10**

- For each benefit type, click on the *Select Plan* button once you have decided on a benefit plan that best suits your needs.

Compare plans & estimate your costs

**Kaiser HMO** \$0.00  
Ten Times a Year Cost

Estimated Annual Cost **\$224.60**  
[How was this calculated?](#)

Individual Deductible	N/A
Family Deductible	N/A
Individual Out-of-Pocket Max (OOP Max)	\$4,000
Family Out-of-Pocket Max (OOP Max)	\$8,000

[Select plan](#) [Plan details](#)

**Kaiser HDHP** \$0.00  
Ten Times a Year Cost

Estimated Annual Cost **\$1,428.00**  
[How was this calculated?](#)

Individual Deductible	\$1,300
Family Deductible	\$2,600
Individual Out-of-Pocket Max (OOP Max)	\$3,000
Family Out-of-Pocket Max (OOP Max)	\$6,000

[Select plan](#) [Plan details](#)


**Medical Waive** \$0.00  
Ten Times a Year Cost

Pending proof of current other coverage, the medical waiver allows for a \$90 cash-back stipend to be paid tenthly from September through June.

# Enrollment Information

- Review your benefit election information. Expand any section to review more information and select the *Edit* link to make changes. Select *Complete Enrollment* once you have finished with your benefit enrollment process.

[Edit coverage](#) [Show Plan Details](#) ▼

**Your Voluntary Dental coverage**  
Delta Dental PPO (Dependent Coverage)

\$48.97

ten times per year

Offered By:

Requested Coverage Level:

Effective Date:

Persons Covered:


Other

Employee + 1

01/01/2018

Brett MelTest4348, Spouse09 MelTest4348

[Edit coverage](#) [Show Plan Details](#) ▼

**Your Medical coverage**  
Kaiser HDHP

\$439.77

ten times per year

Offered By:

Requested Coverage Level:

Effective Date:

Persons Covered:

Kaiser

Employee + 1

01/01/2018

Brett MelTest4348, Spouse09 MelTest4348

[Edit coverage](#) [Show Plan Details](#) ▼

[Complete Enrollment](#)

You will be returned to the Home page and receive the *Congratulations* message at the top of the screen. Please review and print your *Employee Detail Report* for your records. You may make any changes online or via the mobile app anytime during the Open Enrollment period.

Home

Profile

Benefits

Dependents

Language Preferences

MANAGE ACCOUNT

Login Information

My Documents

QUICK LINKS

Learning Center

High Contrast Mode ☐

✓ **Congratulations, Brett! You have successfully completed your enrollment process.**


Your confirmation number is: 15882937878-561030. Please review and print your Benefit Detail Report for your records.

**Dependent Verification Document Request**

Documentation must be submitted and/or approved for the following dependent: Spouse09 MelTest4348. Access [My Document Center](#) to submit now.

[Edit your benefits >](#)


**Benefits Snapshot**

 **Life**

Basic Life and AD&D | \$50,000 | Effective as of 01/01/2018

\$0.00

Ten Times Per Year

 **Vision**

VSP Vision | Employee Only | Effective as of 01/01/2018

\$0.00

Ten Times Per Year

**Important Documents**

[Employee Detail Report](#)

# Enrollment Information

## Qualifying Life Events (1 of 2)

Life Event	Medical, Dental, or Vision	Employee Life and AD&D	Spouse Life and AD&D
<b>Gain of Spouse/Domestic Partner</b> <ul style="list-style-type: none"> <li>• Marriage</li> <li>• Registered Domestic Partner</li> </ul>	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
<b>Loss of Spouse/Domestic Partner</b> <ul style="list-style-type: none"> <li>• Divorce</li> <li>• End of Domestic Partnership</li> <li>• Legal Separation</li> <li>• Annulment</li> <li>• Death</li> </ul>	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.
<b>Gain Dependent</b> <ul style="list-style-type: none"> <li>• Birth</li> <li>• Marriage</li> <li>• Registered Domestic Partnership</li> <li>• Adoption</li> <li>• Court Appointed</li> </ul>	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.
<b>Loss of Dependent</b> <ul style="list-style-type: none"> <li>• Death</li> <li>• Loss of Dependent Status</li> </ul>	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 A	Must stop coverage for the spouse/domestic partner who loses eligibility. May be able to convert policy.
<b>Gain in Employment Status</b> <ul style="list-style-type: none"> <li>• Temp Casual to benefit eligible</li> <li>• Part time to full time</li> </ul>	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.
<b>Reduction in Employment Status</b> <ul style="list-style-type: none"> <li>• Full time to part time</li> </ul>	May cancel coverage within 31 days of event.	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
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.
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
<b>Dependent No Longer Meets Eligibility Requirements</b> <ul style="list-style-type: none"> <li>• Attains age 26</li> <li>• Eligible for own coverage under Pacific's plan</li> </ul>	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.



# Enrollment Information

## Qualifying Life Events (2 of 2)

Life Event	Child Life and AD&D	Health Care FSA	Dependent Care FSA	Health Savings Account
<b>Gain of Spouse/Domestic Partner</b> <ul style="list-style-type: none"> <li>Marriage</li> <li>Registered Domestic Partner</li> </ul>	May start coverage for child.	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.
<b>Loss of Spouse/Domestic Partner</b> <ul style="list-style-type: none"> <li>Divorce</li> <li>End of Domestic Partnership</li> <li>Legal Separation</li> <li>Annulment</li> <li>Death</li> </ul>	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	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.
<b>Gain Dependent</b> <ul style="list-style-type: none"> <li>Birth</li> <li>Marriage</li> <li>Registered Domestic Partnership</li> <li>Adoption</li> <li>Court Appointed</li> </ul>	May start coverage for new child	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.
<b>Loss of Dependent</b> <ul style="list-style-type: none"> <li>Death</li> <li>Loss of Dependent Status</li> </ul>	Must stop coverage for the child who loses eligibility.	May decrease or cancel election	May decrease or cancel election	May increase, decrease or cancel contributions if enrolled in a HDHP.
<b>Gain in Employment Status</b> <ul style="list-style-type: none"> <li>Temp Casual to benefit eligible</li> <li>Part time to full time</li> </ul>	May add coverage for child.	May start or increase election	May start or increase election	May start or increase contributions if enrolled in a HDHP.
<b>Reduction in Employment Status</b> <ul style="list-style-type: none"> <li>Full time to part time</li> </ul>	N/A	N/A	May decrease election	May increase, decrease or cancel contributions if enrolled in a HDHP.
Spouse/Domestic Partner or Dependent Gain in Employment or Other Changes in Employment that Affects Benefit Status	N/A must wait for open enrollment	May cancel or decrease election	May decrease or cancel election	May increase, decrease or cancel contributions if enrolled in a HDHP.
Termination of Employment for Employee or Loss of Benefit Eligibility Due to Change in Employee Class	Coverage ends on date of termination or date no longer eligible. Policy may be able to port or convert.	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.
Termination of Employment for Spouse/Domestic Partner/Dependent or Loss of Benefit Eligibility Due to Change in Employee Class	N/A must wait for open enrollment	May start or cancel election	May start or cancel election	May increase, decrease or cancel contributions if enrolled in a HDHP.
<b>Dependent No Longer Meets Eligibility Requirements</b> <ul style="list-style-type: none"> <li>Attains age 26</li> <li>Eligible for own coverage under Pacific's plan</li> </ul>	Must stop coverage for the child who loses eligibility. Policy may be able to port or convert.	N/A	N/A	May increase, decrease or cancel contributions if enrolled in a HDHP.
Enroll in Medicare even Part A	N/A	N/A	N/A	Must stop contributions immediately.

# Medical Benefits

Choosing the best medical plan for you and your family will depend on your specific health care needs, lifestyle and budget. Good Health Insurance is essential to your well-being and provides protection against unexpected expenses. Once you have chosen a plan, learn all you can about how to best use it to your advantage. Below is a summary of each plan offered. Please see the following page for a comparison of the plans. For specific information, please refer to the summary of benefits and coverage.

## Pacific Plan

### Pacific EPO (Exclusive Provider Organization)

Pacific's EPO plan provides benefits when participants seek services from a provider in the Anthem network. This plan is comparable to an HMO.

### Pacific High Deductible PPO (HDHP) with Health Savings Account (HSA)

Pacific's HDHP 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 HDHP, cannot be enrolled in another non-HDHP, 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.

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 HDHP is administered by HSABank.

## LiveHealth Online

Provides easy, fast doctor visits from the comfort of your computer or mobile device. Enroll at [livehealthonline.com](https://livehealthonline.com).

## Kaiser Plan

### Kaiser HMO

Kaiser offers integrated health care; doctors, nurses, specialists, and pharmacists are located in one location.

### Kaiser High Deductible HMO (HDHP) with Health Savings Account (HSA)

Kaiser offers integrated health care; doctors, nurses, specialists, and pharmacists are located in one location.

To be eligible for an HSA you must be enrolled in a HDHP, cannot be enrolled in another non-HDHP, 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.

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 Kaiser HDHP is administered by Kaiser.

# Health Savings Account

## What is an HSA

- ▶ Allows members 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\*
- ▶ Members own their HSA – it moves with them if they change jobs or health plans

## Who is Eligible?

- ▶ Members must be enrolled in a qualified high-deductible health plan (QHDHP).
  - The QHDHP must have the following to be considered HSA-compatible:
    - A Minimum deductible of \$1,400 single/\$2,800 family
    - An annual out-of-pocket maximum which cannot exceed \$6,900 single / \$13,800 family
  - Members 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.

## How Much Can I Contribute?

- ▶ Up to the IRS annual limits
  - ▶ HSA account holders 55 or older may make “catch up” contributions anytime during the year up to the maximum of \$1,000
- ▶ If members enroll mid-year and fund their HSA, they must remain enrolled through the end of the following calendar year to avoid a tax penalty

## 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 Savings

- ▶ 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”
  - Used to pay for medical 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

## Visiting the Doctor

- ▶ Members 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
- ▶ Members are not required to pay at the time of their visit, but some providers like hospitals may require the deductible to be paid.
- ▶ Members should request that their doctor submit their claim to their insurance provider first.

## Qualified Expenses

- ▶ Acupuncture
- ▶ Ambulance
- ▶ Birth Control Pills
- ▶ Braces
- ▶ Chiropractor
- ▶ Contact Lenses
- ▶ Contraceptive Devices
- ▶ Dentures
- ▶ Dermatologist visits
- ▶ Eyeglasses
- ▶ 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.

## Paying for Services

- ▶ The insurance provider will process each claim and send the member their Explanation of Benefits (EOB).
- ▶ The EOB will reflect the provider's discounted rates, which they will write off, and it will show the patient's responsibility for that claim.
- ▶ Members 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: member 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.

## Employer HSA Funding

Annual Amounts	Annual Employer Contribution
Employee Only	\$1,250
Employee + One or more Dep	\$2,500

For employees never enrolled in an HSA prior to 2020, Pacific will prefund 3 months of the HSA the first paycheck of January, and 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



# Medical Benefits

## UNIVERSITY OF THE PACIFIC

### 2020 Medical Plan Design Comparison

Benefit Summary	Pacific Plan EPO	Pacific Plan HDHP with HSA	Kaiser HMO Plan	Kaiser HMO HDHP with HSA
Lifetime Maximum	Unlimited	Unlimited	Unlimited	Unlimited
<b>Calendar Year Deductible</b>	The deductible applies to all services below except Rx unless shown as waived (dw)	For Family coverage, Family Deductible must be satisfied before coinsurance applies		The deductible applies to all services below except preventive care
Single	\$500	\$2500	None	\$2800
Family	\$1,500	\$5,000	None	\$5,600
<b>Out-of-Pocket Maximum</b>		In and Out of Network are not combined		
Single	\$1,500	\$5,000	\$1,500	\$5,600
Family	\$4,500	\$10,000	\$3,000	\$11,200
<b>Physician Services</b>				
Office Visit	\$25 copay (dw)	10% after the deductible	\$25 copay	20%
Lab & X-ray	10% Standard \$100 + 10% MRI, CT, PET, etc.	10% after the deductible	No charge	20%
<b>Preventive Care</b>				
Preventive Care Lab, X-ray	No charge No charge	No charge No charge	No charge No charge	No charge No charge
<b>Hospital</b>				
In Patient	\$250 copay + 10%	10%	\$100 per admission	20%
Out Patient Surgery	10%	10%	\$25 per procedure	20%
<b>Chiropractic Care</b>	\$25 (max 30 visits per year)	10% (max 30 visits per year)	\$15 (max 30 visits per year)	\$15 after deductible (max 30 visits per year)
<b>Emergency Room</b>	\$250 copay + 10% (copay waived if admitted)	10%	\$250 per visit (waived if admitted)	20%
<b>ER Physician Services</b>	10%	10%	No Charge	20%
<b>Emergency Transportation</b>	10%	10%	No Charge	20%
<b>Prescription Drug</b>	WellDyne Rx Ded above is waived—up to 30 day	WellDyne Rx Up to 30 day supply	Kaiser Pharmacy Up to 30 day supply	Kaiser Pharmacy Up to 30 day supply
Generic Tier 1	\$15	\$10 copay after deductible	\$10	\$10 after deductible
Brand Name Tier 2	\$25	\$30 copay after deductible	\$20	\$30 after deductible
Non Formulary Tier 3	\$45	\$50 copay after deductible	N/A	N/A
Specialty	20% to \$150 copay max	30% coinsurance after deductible	20% to \$150 copay max	\$30 after deductible
<b>RX Mail Order Supply</b>	Up to 90 day supply	Up to 90 day supply	Up to 100 day supply	Up to 100 day supply
Generic Tier 1	\$15	\$10 copay after deductible	\$20	\$20 after deductible
Brand Name Tier 2	\$25	\$60 copay after deductible	\$40	\$60 after deductible
Non Formulary Tier 3	\$45	\$100 copay after deductible	N/A	N/A

For more detailed information about coverage, please refer to your plan's Summary Plan Description located on Pacific's Benefit webpage: [go.pacific.edu/hrbenefits](http://go.pacific.edu/hrbenefits)

# Dental Benefits

UNIVERSITY OF THE PACIFIC		
	2020 Dental Plans	
	Delta Care USA - must reside in CA	Delta Dental PPO
	In-Network Only	Delta Dental PPO / Out of Network Dentist
<b>Calendar Year Deductible:</b>		Delta dentist include PPO and Premier dentist
Single	\$0	\$50
Family	\$0	\$150
Waived for Type I services:	N/A	yes
<b>Calendar Year Maximum:</b>		
Per Person	N/A	\$2,000 (Type I services do not apply to this maximum with Delta PPO Dentist)
<b>Services:</b>		*out of network dentist are paid on Delta Dental maximum charge so balance billing may occur
<b>Type I - Preventive</b> (does not apply to Cal Yr Max)	No cost (1 cleaning per 6 month period)	100% / 100%*
<b>Type II - Basic</b> (fillings, simple extractions, sealants, endodontics (root canals), periodontics (gum treatment))	Fee Schedule applies	90% / 90%*
<b>Type III - Major</b> (crowns, inlays, bridges, dentures, implants)	Fee Schedule applies (examples: crown-full cast noble metal \$150, crown-porcelain/ceramic \$240)	60% / 60%*
<b>Orthodontia:</b>		
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
<b>Waiting Periods:</b>		
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.

# Vision Benefits

2020 Vision Service Plan		
<u>Benefit</u>	Description	Copay
<b>Your Coverage with a VSP Provider</b>		
WellVision Exam	<ul style="list-style-type: none"> <li>Focused on your eyes and overall wellness</li> <li>Every calendar year</li> </ul>	\$25 for exam and glasses
<b>Prescription Glasses</b>		
Frame	<ul style="list-style-type: none"> <li>\$125 allowance for a wide selection of frames</li> <li>\$145 allowance for featured frame brands</li> <li>20% savings on the amount over your allowance</li> <li>\$70 Costco® frame allowance</li> <li>Every other calendar year</li> </ul>	Combined with exam
Lenses	<ul style="list-style-type: none"> <li>Single vision, lined bifocal, and lined trifocal lenses</li> <li>Interim benefits allow you new prescription lenses if you prescription changes before you're eligibility period</li> <li>Every other calendar year</li> <li>Progressive lenses</li> <li>Anti-reflective coating</li> <li>Polycarbonate lenses</li> <li>Average savings of 20-25% on other lens enhancements</li> <li>Every other calendar year</li> </ul>	Combined with exam
Lens Enhancements		\$0
<b>Contacts</b>		
Contacts (instead of glasses)	<ul style="list-style-type: none"> <li>\$125 allowance for contacts and contact lens exam (fitting and evaluation)</li> <li>15% savings on a contact lens exam (fitting and evaluation)</li> <li>Every other calendar year</li> </ul>	\$0
<b>Other Services</b>		
Diabetic Eyecare Plus Program	<ul style="list-style-type: none"> <li>Services related to diabetic eye disease, glaucoma and age-related macular degeneration (AMD). Retinal screening for eligible members with diabetes. Limitations and coordination with medical coverage may apply. Ask your VSP doctor for details.</li> <li>As needed</li> </ul>	\$20
<b>Extra Savings</b>		
Glasses and Sunglasses	<ul style="list-style-type: none"> <li>Extra \$20 to spend on featured frame brands. Go to <a href="http://vsp.com/specialoffers">vsp.com/specialoffers</a> for details.</li> <li>20% savings on additional glasses and sunglasses, including lens enhancements, from any VSP provider within 12 months of your last WellVision Exam.</li> </ul>	
Retinal Screening	<ul style="list-style-type: none"> <li>No more than a \$39 copay on routine retinal screening as an enhancement to a WellVision Exam.</li> </ul>	
Laser Vision Correction	<ul style="list-style-type: none"> <li>Average 15% off the regular price or 5% off the promotional price; discounts only available from contracted facilities.</li> </ul>	
<b>Your Coverage with Out-of-Network Providers</b>		
Get the most out of your benefits and greater savings with a VSP network doctor. Your coverage with out-of-network providers will be less or you will receive a lower level of benefits. Visit <a href="http://vsp.com">vsp.com</a> for plan details.		
Exam.....	up to \$45	Lined Trifocal Lenses.....up to \$65
Frame.....	up to \$70	Progressive Lenses.....up to \$50
Single Vision Lenses.....	up to \$30	Contacts.....up to \$105
Lines Bifocal Lenses.....	up to \$50	

The above is just a brief comparison of benefits. Visit [www.vsp.com](http://www.vsp.com) for details.

# Flexible Spending Accounts

A Flexible Spending Account (FSA) is an effective way to save when paying for certain health care or dependent care 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. The plan year runs from January 1<sup>st</sup> through December 31<sup>st</sup>.

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

## Use It or Lose It

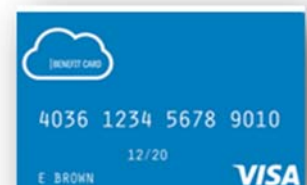
IRS regulations require that, at the end of a plan year, the actual expenses you incur equal the amount you contribute to an FSA or you lose contributions. Pacific allows a rollover of up to \$500; you must forfeit the excess amount. Therefore, it is important that you make your FSA elections carefully. Rollover funds are available April 1.

There is a run out period for FSA from January 1 through March 31; during which you may continue to incur expenses from the previous plan year. Claims must be submitted by March 31.

If you terminate employment at Pacific or cease to be eligible for an FSA, you have 60 days from your termination or ineligibility date to submit your FSA claims.

## WEX Prepaid Benefits Card

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





# Flexible Spending Accounts

Below are common expenses that may or may not be eligible for payment using your Healthcare FSA pretax dollars. Over-the-counter (OTC) drugs and other healthcare items prescribed by your doctor are eligible, while certain OTC items not prescribed are ineligible. For a complete list of eligible and ineligible expenses, see Publication 969 at [www.irs.gov](http://www.irs.gov).

## Common Eligible Expenses

### Medical Services

- Coinsurance/copays
- Lab tests, X-rays, scans
- Ambulance
- Acupuncture
- Chiropractic
- Alcohol abuse treatment
- Fertility treatment
- OB/GYN exams and fees
- Lamaze classes
- Lactation supplies
- Hearing tests
- Mileage and transportation\*
- Reconstructive surgery\*

### Therapy

- Counseling
- Occupational/Physical/Speech
- Smoking cessation program
- Massage\*
- Weight loss programs\*

### Medical Equipment

- Crutches, walkers, wheelchairs
- Arches and orthotic inserts
- Syringes
- Nebulizers
- Hearing Aids
- Exercise equipment\*
- Orthopedic shoes\*

### Dental

- Exams, cleaning, X-rays
- Extractions and fillings
- Periodontal services
- Oral surgery
- Orthodontia/braces
- Dentures and bridges

### Vision

- Exams
- Prescription eyeglasses, sunglasses, contact lenses
- Laser eye surgeries

### Non-Prescribed OTC Items

- Denture adhesives
- Denture repair
- Denture cleansers
- Diabetes testing and insulin
- Ear care
- Elastic/athletic treatment
- Contact lens care
- First-aid dressings and supplies
- Foot care treatments
- Hearing aid batteries
- Other medical batteries
- Incontinence products
- Pregnancy/ovulation kits
- Prenatal vitamins
- Reading glasses
- Walking Aids

## Common Ineligible Expenses

### Miscellaneous

- Cosmetic surgery/procedures
- Electrolysis
- Hair loss medication
- Insurance premiums/interest
- Long-term care premiums
- Marriage or career counseling
- Teeth bleaching/whitening
- Toothbrush/toothpaste
- Vitamins/supplements\*

### Non-Prescribed OTC Items<sup>1</sup>

- Acne Medication
- Allergy, cold, cough, flu, and sinus medications
- Antifungal (foot or feminine)
- Antiseptics and wound cleaners
- Baby teething pain remedies
- Cold sore, first aid burn, hemorrhoid, or homeopathic remedies
- Incontinence treatment products
- Stomach remedies (anti-gas, acid control, etc.)
- Pain relievers
- Sleep aids/sedatives

\*may potentially require a Letter of Medical Necessity or a prescription from your healthcare provider to qualify for reimbursement

<sup>1</sup> If OTC item prescribed, then it is eligible, along with prescribed OTC drugs.

# Flexible Spending Accounts



The Dependent Care FSA may only be used for childcare (for children under age 13) or elder care expenses that allow you to work. If you are married, both you and your spouse must be employed, looking for work, or enrolled in school full-time in order to use the Dependent Care FSA. It may not be used to cover your dependent's healthcare expenses.

## Common Eligible Expenses

- After-school care
- Daycare
- Elder care
- Extended day programs
- Nanny fees
- Nursery school/pre-kindergarten
- Registration fees for care
- Summer Camp

## Common Ineligible Expenses

- After-school enrichment classes
- Diaper services
- Educational expenses
- Field trips
- Meals, snacks or beverages
- Summer overnight camps

# Qualified Transportation

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. 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 and spending and adjusts annually
- Employees can change elections monthly
- Unused amounts can be carried over
- Contributions are available for reimbursement based on payroll deduction cycle
- Contributions are loaded to the WEX prepaid benefits card

## 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 near your work location or at 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

## 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

# 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, are required to contribute 5% of gross earnings and Pacific will contribute 10%. 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. This investment can be changed anytime.

### Eligibility:

- 1 consecutive year of service with Pacific, and
  - ♦ 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

Please refer to the Summary Plan Description at [go.pacific.edu/hrbenefits](http://go.pacific.edu/hrbenefits) for eligibility requirements

## 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 pre-tax 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](http://www.tiaa.org/pacific).

### 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. Financial Consultants are on site at least once a month. Register for one of the sessions at [www.tiaa.org/schedulenow](http://www.tiaa.org/schedulenow).





# Life Insurance

## Basic Life and AD&D Insurance

Life and Accidental Death and Dismemberment (AD&D) insurance helps protect you and your family's financial security in case of accident, injury, or death. You receive basic life and AD&D coverage for yourself at no cost to you through Lincoln Financial Group, formerly Liberty Mutual.

### Basic Life and AD&D Benefit

Coverage is equal to one times your base annual salary rounded up to the next \$1,000. This amount may not exceed \$1,000,000. Guaranteed issue is \$1,000,000.

### Reduction Schedule

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

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

### Life Beneficiaries

Your named beneficiary or beneficiaries will receive benefits if something happens to you. Make sure you are protecting the people you intended by reviewing your beneficiary designation periodically. Beneficiaries can be updated anytime. Contact the benefits team for information on current designation.

### Imputed Income

The IRS allows employees to receive employer-paid life insurance up to \$50,000 tax-free. If your Basic Life Insurance coverage amount is greater than \$50,000, IRS regulations require a tax on "imputed income" for the premium cost of the coverage amount above \$50,000.

### Conversion and Portability

All Basic and Optional Life coverages, for yourself and your dependents, may be available to be continued under the portability provision of our plan or may be converted to a private individual policy under certain circumstances. Refer to the Certificate of Coverage for detailed information.



# Life Insurance

## Optional Life and AD&D Insurance

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. 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 Optional 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 amount selected and your age.

## Spouse/Domestic Partner Benefit

You may purchase 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 Optional Life and AD&D coverage to elect Optional Life and AD&D for spouse/domestic partner. The amount of coverage cannot be greater than the employee benefit.*

## Evidence of Insurability for Employee and/or Spouse/Domestic Partner

Employee: A health statement is required if the amount of the increase is greater than one times your base annual salary or any increase above guaranteed issue.

Spouse/Domestic Partner: A health statement is required if the amount of the increase is greater than \$20,000 or any increase at each annual enrollment.

## Employee and Spouse Employed by Pacific

If Pacific employs both you and your spouse, you may cover yourself under Employee Optional 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.

## 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%

## Dependent Child Benefit

Optional child coverage is equal to \$5,000, \$10,000 or \$20,000, if under age 26. Guaranteed issue is \$20,000. The monthly rate is based on amount selected.

*Employee must enroll in Optional Life and AD&D coverage to elect Optional Life and AD&D for spouse/domestic partner. The amount of coverage cannot be greater than the employee benefit.*

# Disability Insurance Plans

## 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 is funded through employee payroll deduction.

### 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 six 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 [www.go.pacific.edu/hrbenefits](http://www.go.pacific.edu/hrbenefits) click Income Protection then FMLA & Other Leave Information or review the Faculty Handbook.

## Long-Term Disability

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.

### 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, Workers Compensation, California State Disability or Pacific's Voluntary State Disability Insurance, Sick Leave) will equal 60% of your base pay up to a maximum monthly benefit of \$6,000. In addition to receiving the monthly benefit, Pacific's Long Term Disability Plan also provides a 10% retirement contribution to TIAA on your behalf. 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 Program

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.

## 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.
- ◆ 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 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.



## Additional Benefits

### 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 insured members receive free ID theft coverage. For more information or to request a quote contact them at 877.654.9316 or [www.calcas.com/arajczyk](http://www.calcas.com/arajczyk)

### Employee Assistance

The Employee Assistance Program (EAP) offered by Lincoln Financial provides free professional assistance to eligible employees, their dependents, and others living in the household. Confidential services are available for a wide range of personal matters such as:

#### Achieve well-being

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

#### Deal with workplace challenges

♦ Stress ♦ Performance ♦ Work-life balance

#### Focus on your physical health

♦ Understand symptoms ♦ Identify conditions ♦ Improve sleep

#### Find child and elder care resources

♦ Child care ♦ Schooling ♦ Nursing/retirement homes

#### Get legal advice

♦ Family law ♦ Separation/divorce ♦ Custody

#### Improve nutrition

♦ Weight management ♦ High Cholesterol and blood pressure ♦ Diabetes

#### Tackle addictions

♦ Alcohol ♦ Drugs ♦ Tobacco ♦ Gambling

#### Manage relationships and family

♦ Communication ♦ Separation/divorce ♦ Parenting

#### Receive financial guidance

♦ Debt management ♦ Bankruptcy ♦ Retirement

### Online Will Preparation

If you have a life insurance policy issued by Lincoln Financial, you are eligible to prepare a will online through the website of Lincoln partner, Morneau Shepell.

1. Enter this address into your web browser: [workhealthlife.com/mlassist](http://workhealthlife.com/mlassist)
2. On the bottom left side of the page, under Resource Center & Tools, select "Create an Online Will"
  - a. On the next page, click below the bulleted list where it reads "Click here to view available documents and log in to the secure system."
  - b. This will take you to the "My Documents" page, where you can: (1) log in or register (2) Click the "Personal Documents" tab to begin a new document from the legal document catalog
3. If you select "Personal Documents," you'll be taken to a new page where you can select your state from the drop-down menu. Click "Go" to continue.
4. Under the list of bullets titled "Categories," select "Wills, Powers of Attorney and Estate Planning."
5. Confirm state selection at the top of the new page and then select the type of document
6. Click the bar that reads "Click here to select this document." You'll return to the "My Documents" page.
7. On the "My Documents" page, either register as a new user or log in as an existing user.
8. Click the "Answer Questionnaire/Preview Document" button to answer questions to create your document.
9. As you fill in your responses, the black boxes in the "Sections" bar at the top of the page will turn red or green. Green indicates the information has been filled in properly; Red is incorrect or missing information
10. After you complete each set of responses, click "Next," at the bottom of the page.
11. When you have finished answering the questionnaire, click "My Documents" to return to that page.
12. Click "Download" to download and print your document.

### Long-Term Care

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  
Email: [darauser@acsiapartners.com](mailto:darauser@acsiapartners.com)  
Website: [www.debrarauser.acsiapartners.com](http://www.debrarauser.acsiapartners.com)  
CA Lic. # OD26971

## Additional Benefits



### UNUM Voluntary Whole Life and Accident 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%

#### Guaranty 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.

### Accident

Accident insurance can pay lump-sum benefits based on the injury you received 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.

#### Covered injuries and accident related expenses include:

- Hospitalization
- Hospital intensive care
- Lodging for family
- Physical therapy
- Transportation

Benefits are paid for accidents that occur off the job.

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.



# Biweekly Contributions

## 2020 Biweekly Contributions

Medical	Full-Time Employee		Part-Time Employee		San Francisco Union Full-Time Employee		San Francisco Union Part-Time Employee	
Pacific PPO High Deductible with Health Savings Account	Option 1	Option 2	Option 1	Option 2	Option 1	Option 2	Option 1	Option 2
Employee	\$24.00		\$50.77		\$21.23		\$46.15	
Employee + 1	\$49.85	\$60.92	\$103.38	\$130.15	\$45.23	\$58.15	\$97.85	\$123.69
Employee + Family	\$70.15	\$80.31	\$146.77	\$169.85	\$65.54	\$74.77	\$140.31	\$162.46
Pacific EPO	Option 1	Option 2	Option 1	Option 2	Option 1	Option 2	Option 1	Option 2
Employee	\$89.54		\$182.77		\$60.92		\$121.85	
Employee + 1	\$193.85	\$246.46	\$398.77	\$508.62	\$126.46	\$159.69	\$255.69	\$323.08
Employee + Family	\$326.77	\$395.08	\$682.15	\$825.23	\$181.85	\$209.54	\$367.38	\$423.69
Kaiser HMO	Option 1	Option 2	Option 1	Option 2	Option 1	Option 2	Option 1	Option 2
Employee	\$30.46		\$62.77		\$43.38		\$90.00	
Employee + 1	\$59.08	\$72.92	\$121.85	\$152.31	\$84.46	\$105.23	\$179.08	\$224.77
Employee + Family	\$86.77	\$101.54	\$182.77	\$214.15	\$126.00	\$148.15	\$268.62	\$313.38
Kaiser HMO High Deductible with Health Savings Account	Option 1	Option 2	Option 1	Option 2	Option 1	Option 2	Option 1	Option 2
Employee	\$0	\$0	\$43.38		\$0	\$0	\$38.77	
Employee + 1	\$0	\$0	\$87.69	\$109.85	\$0	\$0	\$77.54	\$99.69
Employee + Family	\$0	\$0	\$129.23	\$152.31	\$0	\$0	\$116.77	\$135.69

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 employers 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

# Biweekly Contributions



## 2020 Biweekly Contributions

Dental	Full-Time Employee	Part-Time Employee	San Francisco Union Full-Time Employee	San Francisco Union Part-Time Employee
<b>Delta Dental PPO</b>				
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
<b>DeltaCare USA DHMO **</b>	<b>**available in CA only and a very narrow network</b>			
Employee	\$0	\$0	\$0	\$0
Employee + 1	\$0	\$0	\$0	\$0
Employee + Family	\$0	\$0	\$0	\$0

Vision	Full-Time Employee	Part-Time Employee	San Francisco Union Full-Time Employee	San Francisco Union Part-Time Employee
<b>Vision Service Plan - covered by Kaiser High Deductible HMO</b>				
Employee	\$0.00	\$0.92	\$0.00	\$0.92
Employee + 1	\$0.00	\$1.85	\$0.00	\$1.85
Employee + Family	\$0.00	\$2.77	\$0.00	\$2.77
<b>Vision Service Plan - covered by any other medical plan</b>				
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

# Biweekly Contributions

## 2020 Biweekly Contributions

### Employee or Spouse/Domestic Partner Optional Life and AD&D

Age	Rate per \$1,000 of coverage per payperiod	Age	Rate per \$1,000 of coverage per payperiod
<29	\$0.032	55 - 59	\$0.208
30 - 34	\$0.035	60 - 64	\$0.240
35 - 39	\$0.044	65 - 69	\$0.471
40 - 44	\$0.055	70 - 74	\$0.817
45 - 49	\$0.078	75+	\$0.960
50 - 54	\$0.115		

### Dependent Child Optional Life and AD&D

Coverage Amount	Cost per payperiod	
\$5,000	\$0.25	
\$10,000	\$0.50	
\$20,000	\$1.00	





## Benefit Resource Center



Call the Benefit Resource Center ("BRC"),  
We're Here To Help!

We speak insurance. Our Benefits Specialists can help you with:

- Deciding which plan is the best for you
- Benefit plan & policy questions
- Eligibility & claim problems with carriers
- Information about claim appeals & process
- Allowable family status election changes
- Transition of care when changing carriers
- Claim escalation, appeal & resolution
- Medicare basics with your employer plan
- Coordination of benefits
- Finding in-network providers
- Access to care issues
- Obtaining case management services
- Group disability claims
- Filing claims for out-of-network services



**NEW! CA Benefit Resource Center**

BRCCA@usi.com | Toll Free: 888-336-7463

Monday through Friday 8:00am to 5:00pm Pacific Standard Time

## Contact Information

Benefit	Phone	Website
<b>Medical</b>		
Pacific Plans – EPO and HDHP	888.212.1231	<a href="http://www.deltahealsystems.com">www.deltahealsystems.com</a>
Kaiser Permanente HMO and HDHP	800.464.4000	<a href="http://www.kp.org">www.kp.org</a>
Kaiser Chiropractic Services through ASH	800.678.9133	<a href="http://www.ashlink.com/ash/kp">www.ashlink.com/ash/kp</a>
Kaiser Health Savings Account	877.761.3399	<a href="http://www.kp.org/healthexpense">www.kp.org/healthexpense</a>
LiveHealth Online		<a href="http://www.livehealthonline.com">www.livehealthonline.com</a>
<b>Dental</b>		
Delta Dental PPO	800.765.6003	<a href="http://www.deltadentalins.com">www.deltadentalins.com</a>
DeltaCare USA DHMO	800.422.4234	<a href="http://www.deltadentalins.com">www.deltadentalins.com</a>
<b>Vision</b>		
Vision Service Plan Choice Network	800.877.7195	<a href="http://www.vsp.com">www.vsp.com</a>
<b>Pharmacy</b>		
WellDyne Rx	888.479.2000	<a href="http://www.members.welldynrx.com">www.members.welldynrx.com</a>
<b>Flexible Spending and Commuter Benefits</b>		
CoreSource	877.267.3359	<a href="http://myCoreSource.com">myCoreSource.com</a>
<b>Retirement</b>		
TIAA	800.842.2776	<a href="http://www.tiaa.org/pacific">www.tiaa.org/pacific</a>
<b>Life and AD&amp;D</b>		
Lincoln Financial	888.787.2129	<a href="http://www.mylibertyconnection.com">www.mylibertyconnection.com</a>
<b>Disability</b>		
Short Term – State of California	800.480.3287	<a href="http://www.edd.ca.gov/disability/SDI_Online.htm">www.edd.ca.gov/disability/SDI_Online.htm</a>
Long Term – Lincoln Financial	888.787.2129	<a href="http://www.mylibertyconnection.com">www.mylibertyconnection.com</a>
<b>Additional Benefits</b>		
California Casualty – Auto/Home Insurance	877.654.9316	<a href="http://www.calcas.com/arajczyk">www.calcas.com/arajczyk</a>
Employee Assistance	866.695.6327	<a href="http://www.workhealthlife.com/mlaeap">www.workhealthlife.com/mlaeap</a>
Long Term Care	650.306.0240	<a href="http://www.debrarauser.ltcfp.com">www.debrarauser.ltcfp.com</a>
UNUM Accident and Whole Life	800.275.8686	<a href="http://www.unum.com">www.unum.com</a>
<b>Human Resources</b>		
Sacramento	916.739.7031	<a href="http://go.pacific.edu/hrbenefits">go.pacific.edu/hrbenefits</a>
San Francisco	415.929.6468	<a href="http://go.pacific.edu/hrbenefits">go.pacific.edu/hrbenefits</a>
Stockton	209.946.2124	<a href="http://go.pacific.edu/hrbenefits">go.pacific.edu/hrbenefits</a>
<a href="mailto:employee_benefits@pacific.edu">employee_benefits@pacific.edu</a>		