

## BENEFITS FOR FACULTY STAFF 2008

Benefits include Medical/Dental/Vision, Life Insurance, Short Term and Long Term Disability Plans. The College pays approximately 90% of the cost of all insurance with the exception of life insurance, short-term and long-term disability benefits (they are paid at 100%). The Medical/Dental/Vision insurance is set up under a Cafeteria Plan (tax deferred for federal and state taxes, Social Security and Medicare).

### Medical/Dental/Vision Insurance:

|                   | <u>Non-User Rates</u> | <u>User Rates (EE only)</u> | <u>User Rates-(EE+Spouse)</u> |
|-------------------|-----------------------|-----------------------------|-------------------------------|
| Employee only     | \$ 55.00 month        | \$65.00 month               |                               |
| Employee/Children | \$215.00 month        | \$225.00 month              |                               |
| Employee/Spouse   | \$240.00 month        | \$250.00 month              | \$260.00 month                |
| Family            | \$365.00 month        | \$375.00 month              | \$385.00 month                |

| <i><b>MEDICAL BENEFITS</b></i> | <i><b>NETWORK PROVIDERS</b></i>  | <i><b>NON NETWORK PROVIDERS</b></i>  | <i><b>OUT OF AREA</b></i>  |
|--------------------------------|--|--|--|
| Per Covered Person             | \$300.00 Deductible<br>80/20% after deductible<br>\$1,500.00 out of pocket   | \$500.00<br>60/40% after deductible<br>\$4,000.00 out of pocket                | \$300.00<br>70/30% after deductible<br>\$3,000.00 out of pocket              |
| Per Family Unit                | \$900.00 or 3 persons<br>80/20% after deductible<br>\$3,000.00 out of pocket | \$1,500.00 or 3 persons<br>60/40% after deductible<br>\$8,000.00 out of pocket | \$900.00 or 3 persons<br>70/30% after deductible<br>\$6,000.00 out of pocket |
| Pre-existing condition         | 1 year portability clause  | 1 year portability clause  | 1 year portability clause  |

### Wellness Visits:

Immunizations, annual physicals, pap smears, tobacco cessation office visits, PSA testing and mammograms are eligible for 100% reimbursement of the first \$500 of eligible charges. Amounts over the \$500 limit are subject to the deductible and coinsurance.

To get a list of doctors and areas of coverage please log on to the website at [www.phcs.com](http://www.phcs.com) and follow the steps to print a directory.

| <i><b>DENTAL - There is no network for dental providers.</b></i>   |   |
|--|---|
| Calendar year deductible per person<br>Calendar year deductible per Family Unit or 3 persons<br>Lifetime Deductible for Orthodontic Services                                       | <i><b>CALENDAR YEAR DEDUCTIBLES</b></i><br>\$50.00<br>\$150.00<br>\$100.00                    |
| <i><b>THE DEDUCTIBLE APPLIES TO THESE CLASSES</b></i><br>Class A Services - Preventative<br>Class B Services – Basic<br>Class C Services – Major<br>Class D Services – Orthodontia | <i><b>DENTAL PERCENTAGE PAYABLE</b></i><br>100%<br>80/20%<br>50/50%<br>50/50%                 |
| Preventative covers two visits a year for cleaning, x-rays, and preventative care.   |   |
| <i><b>MAXIMUM BENEFIT AMOUNT</b></i><br>For other than Class D-Orthodontia:<br>Per person per calendar year  | <i><b>MAXIMUM BENEFIT AMOUNT</b></i><br>For Class D – Orthodontia:<br>Lifetime max per person |
| \$1,500.00   | \$1,500.00  |

| <b>VISION</b>   |                                   |
|---|-----------------------------------|
| Plan pays eligible expense for one eye exam per 12 months                   | <i>PERCENTAGE PAYABLE</i><br>100% |
| Plan pays on all other eligible expenses                                    | 80%                               |
| For frames and lenses or contact lenses, maximum on 24 month period applies | \$350.00                          |

| <b>PRESCRIPTIONS</b>  |   |
|---|---|
| <b>RETAIL:</b><br><br>Annual calendar deductible to be met the first of every year<br>.....Single     \$50.00<br>.....Family    \$100.00  | <b>RETAIL CO-PAYS:</b><br><br>Generic.....\$10.00<br>Preferred Name Brand.....\$30.00<br>Non-Preferred Name Brand.....\$45.00     |
| <b>MAIL ORDER:</b><br><br>*NO ANNUAL CALENDAR DEDUCTIBLE ON MAIL ORDER PRESCRIPTIONS<br><br>*Mail order prescriptions (3-month supply and one co-pay) can be obtained with a year prescription allowing 3-month supply.<br><br>*Tobacco cessation prescription medications are covered under the plan.<br>*OTC nicotine replacement therapy (such as the nicotine patch or nicotine gum) are paid and/or reimbursed under the generic co-pay. | <b>MAIL ORDER CO-PAYS:</b><br><br>Generic.....\$15.00<br>Preferred Name Brand.....\$35.00<br>Non-Preferred Name Brand.....\$60.00 |

**Basic Life Insurance:**

One times annual salary up to \$50,000 maximum—no cost to Employee.

| <b>DISABILITY INSURANCE</b>   |  |
|---|--|
| <i>Effective six months following date of employment.</i>   |  |
| <b>Short term disability insurance:</b><br><br>* Faculty eligible the first of the month following date of hire<br>*Becomes effective 30 days after absence begins<br>* Pays 66 2/3% of salary for 26 weeks | <b>Long term disability insurance:</b><br><br>*Becomes effective at six months from the beginning of the absence<br>*Pays 60% of salary until age 65 or released by Doctor |
| NO COST TO THE EMPLOYEE<br>PLAN IS SELF FUNDED BY THE COLLEGE   | NO COST TO THE EMPLOYEE  |

**Retirement:**

Retirement plan with TIAA/CREF, 403B, tax-deferred Federal & State taxes – Subject to Federal Guidelines.

\*\*One year waiting period to join – Waived if participant has worked at least 1000 hours for another eligible institution that is a non-profit organization, with a 403B retirement plan.

- After one year of employment, it is **Mandatory** that Faculty and Administrative Staff join the Retirement Plan.
- Employee's minimum contribution is **5%** of salary; the College currently contributes **10%**. Money is 100% vested in the employee's account as soon as it arrives at TIAA.

**The College requires direct Deposit of Payroll Checks.**

**Payroll Periods: Biweekly (paid every other Friday)**

**Monthly payroll is paid the 24<sup>th</sup> of each month**

**Tuition Remission Program is available. Information is provided upon request.**

For more information, or if you have questions, you can call the Department of Human Resources/Payroll:

|                        |          |                 |          |
|------------------------|----------|-----------------|----------|
| Yvonne Gullette        | 869-5127 | Deanna Rabb     | 869-5195 |
| Tracy Maranto-Phillips | 869-5191 | Theresa Rinaudo | 841-7275 |