

Benefit Summary



The following Benefit Summary is only a brief, non-legal outline of the benefits offered.

BENEFITS	IN-NETWORK High Deductible Health Plan (HDHP)	IN-NETWORK Preferred Provider (PPO)
MEDICAL AND SURGICAL BENEFITS		
Deductible (Embedded*)	\$2,000 Individual / \$4,000 Family	\$1,000 Individual / \$2,000 Family
Co-Insurance Shown as percentages below	\$2,000 Individual / \$4,000 Family	\$2,000 Individual / \$4,000 Family
Maximum Out of Pocket Deductibles & Coinsurance DO NOT Cross-Accumulate	\$4,000 Individual / \$8,000 Family Includes deductibles and co-insurance	\$7,900 Individual / \$15,800 Family Includes deductible, copays and co-
Physician Services in the Office Excluding Obstetrical Delivery, Dialysis Treatment and Second Surgical Opinion.	Deductible, 70%	\$20 Primary Care Co-pay, then 100% \$40 Specialist Co-pay, then 100% Primary Care = General, Family Doctor, Pediatrician, Internist, OB/GYN Includes Office Surgery, Lab and X-ray.
Other Physician Services Inpatient/Outpatient hospital, anesthesia services, radiology, pathology, obstetrical delivery, initial new born pediatric exam, all other outpatient/office services	Deductible, 70%	Deductible, 70%
Wellness Benefits – Based on the Health Care Reform Guidelines refer to www.healthcare.gov	100%	100%
Mammograms – Must see a provider in Mammography Network and follow specified age guidelines	100%	100%
Pap Smear/Prostate Screening	100%	100%
Sustained Health Services (\$500 Annual Maximum)	100%	100%
Preventive Care and Sustained Health Services are only covered at a Primary Care Provider.		
Inpatient Facility Charges	Deductible, 70%	Deductible, 70%
Skilled Nursing Facility Charges (60 days per year)	Deductible, 70%	Deductible, 70%
Outpatient Facility Charges	Deductible, 70%	Deductible, 70%
Other Services Physical/Occupational Therapy (30 combined visits) Home Healthcare Hospice	Deductible, 70%	Deductible, 70%
Chiropractic Benefits (\$1,000 annual maximum)	Deductible, 70%	Deductible, 70%
Ambulance	Deductible, 70%	Deductible, 70%
Emergency Room Facility Charges **	Deductible, 70%	\$75 Copayment, Deductible, 70%
Emergency Room Professional Charges **	Deductible, 70%	Deductible, 70%
**Out-of-Network True Emergency Facility and Professional charges are subject to in-network coinsurance and/or co-pay and Out-of-Network Benefit Year Deductible and Out-of-pocket.		
MENTAL HEALTH AND SUBSTANCE ABUSE BENEFITS		
Inpatient Facility Charges	Deductible, 70%	Deductible, 70%
Inpatient Professional Charges	Deductible, 70%	Deductible, 70%
Outpatient Facility Charges	Deductible, 70%	Deductible, 70%
Outpatient Professional Charges	Deductible, 70%	Deductible, 70%
Emergency Room Facility Charges	Deductible, 70%	\$75 Copayment, Deductible, 70%
Emergency Room Professional Charges	Deductible, 70%	Deductible, 70%
Physician Services in the Office	Deductible, 70%	\$20 Co-pay, then 100%
PHARMACY BENEFITS		
Prescriptions Mandatory Generic (Includes diabetic supplies and oral contraceptives) Retail (31 day supply) Mail Order (90 day supply)	Deductible, 70%	\$15 (Generic) / \$40 (Preferred) / \$70 (Non-Preferred) \$25 (Generic) / \$90 (Preferred) / \$175 (Non-Preferred)
Specialty Drug – Caremark Specialty Pharmacy Only 1-800-237-2767 for inquiries regarding this benefit	Deductible, 70%	\$125 Co-pay per 31 day supply
BENEFIT MAXIMUMS		
Annual / Lifetime Maximum	Unlimit	

***Embedded Deductible:** An individual deductible “embedded” within the family deductible. Before the insurance benefits begin the individual must meet the embedded individual deductible amount, which is equal to the single coverage deductible.

Retirement

- 8% university contribution
- Employee Contribution not required but may choose to elect pre-tax / post tax up to IRS limit.
- 3 year vesting plan

Health Benefits

- (2) coverage options
HDHP with Health Savings Account
Traditional PPO Enhanced with Flex Spending Account
- Prescription plan included in all health coverage options.

Life Benefits

- Basic Group Life Insurance
Coverage equals 1 ½ times the annual salary
Coverage available for spouse & dependent children
- Optional Life Insurance & AD&D
Designed to supplement the Basic Group Life Ins.
Amount elected by employee in \$10,000 increments up to 5X basic annual earnings

Ancillary Benefits

- Vision
- Dental
- Critical Illness
- Accident Insurance
- Flexible Spending Account – Dependent Care Account
- Long Term Disability
After 90 day elimination period, benefit pays 60% of base earnings

Tuition Waiver Benefits

- Available to employee, spouse, dependent children after 1 year of service.
- Tuition remission toward 1st Bachelor's degree
- Graduate program discount

Paid Leave (available for full-time employment)

- Paid Sick Leave
9-12 days annually
Time accrues up to max of 60 days
- Vacation Leave (Full-time, 12 month work assignments)
10-20 days annually
- Personal Leave (Emergency & Family Illness only)
4.5-6 days annually
- Bereavement
Up to 3 days – immediate family member
- Holiday/Academic Breaks
Up to 15 paid holidays annually

Discounts/Privileges

- On Campus Discounts
Dining Hall, Einstein Bagels, etc.
AU Outfitters
- On Campus Privileges
Library, Post Office
- On Campus Activities
Athletic activities, School of the Arts Presentations, Chapel, Guest Speakers, and many more.

Human Resources
Lynda Harrison
(864) 231-2099
lharrison@andersonuniversity.edu

