



ALVERNIA UNIVERSITY

Employee/Faculty Benefit Overview

Alvernia University offers a variety of benefits in addition to regular compensation. These programs are provided to enhance your personal and professional life. You are encouraged to review and understand the options that are available to you. The Human Resources Office will assist you in understanding these programs.

Coverage for most benefits becomes effective the first day of the month following your date of hire. (Example: If your start date is March 9, your coverage becomes effective on April 1). Certain benefits also have specific eligibility conditions or waiting periods, which you need to satisfy in order to be enrolled or to receive that individual benefit.

Please keep in mind that unless otherwise stated in this Handbook, insurance benefits and other benefits offered by Alvernia University are extended only to regular full-time employees who are actively employed. Your continuous service with Alvernia University is important to establishing eligibility for benefits and other privileges of employment. Your continuous service date will be the length of time you have continuously been employed by Alvernia. If your employment is terminated for any reason, this will break your service.

Human Resource's Contact Information

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Medical Coverage— Highmark

Highmark PPO Blue Plans

The Highmark PPO Blue is a Preferred Provider Organization (PPO) plan. The Highmark PPO Blue plan provides you with direct access to in- and out-of-network providers without a referral and you do not need to choose a Primary Care Physician (PCP). However, if you choose to see a non-network provider, your out-of-pocket cost will be higher. You also have the option to use hospitals and visit specialists outside of the network but you will receive a lower level of benefits for most services and you may be responsible for paying any differences between the program's payments and the provider's actual charges.

Highmark Website

To help you locate a provider before you enroll, go to www.highmarkbcbs.com and click of "Find a doctor, hospital or other medical provider." When selecting your health plan, choose: "BCBS PPO." Enter the zip code and type of doctor you are looking for and click on "Search Now." You can also do advance searches by following the instructions on the side.

Once you become a member, you can create a login and have access to view your benefit information, as well as request replacement identification cards. You can also view and track your health care costs/claims.

Cost of Medical/Prescription Coverage

	Highmark Medical PPO Blue 100/80	Highmark Medical PPO Blue 100/70	Highmark Medical PPO Blue HRA
Tier	Per Pay Deduction	Per Pay Deduction	Per Pay Deduction
Employee	\$58.51	\$37.64	\$17.98
Employee + 1	\$244.36	\$157.19	\$75.07
Family	\$335.29	\$269.60	\$154.51

The following pages explain in detail the medical plans being offered for the 2016-2017 plan year. This is intended to provide an overview of the benefit plans; it is not the official plan document. If there are any disputes over plan provisions, the official plan documents will govern.

Medical Benefits at a Glance

Below is an at-a-glance chart that highlights the medical/Rx benefits under the new Highmark plans. This chart provides a quick snapshot of the differences in co-payment & coinsurance levels when you use in-network and out-of-network providers.

Services	Highmark PPO Blue 100/80		Highmark PPO Blue 100/70	
	In-Network	Out-of-Network	In-Network	Out-of-Network
Annual Deductible: Individual/Family	\$250/ \$500	\$500/ \$1,000	\$500/ \$1,000	\$1,000/ \$2,000
Out of Pocket Maximum	\$6,600/\$13,200	N/A	\$6,600/\$13,200	N/A
Referral Required?	No	N/A	No	N/A
Primary Care Physician Copay Specialist Copay	\$20 \$40	80%, after deductible	\$20 \$40	70% after deductible
Diagnostic Procedures MRI/MRA, CT Scan/PET Scans, etc.	100%, after \$20 co-pay, after deductible	80%, after deductible	100%, after \$100 copay, after deductible	70%, after deductible
Basic Standard Imaging, Allergy Testing, Labs, Pathology	100%, after deductible	80%, after deductible	100% after \$40 copay, after deductible	70%, after deductible
Lifetime Maximum	Unlimited	Unlimited	Unlimited	Unlimited
Ambulance	100%, after deductible	80%, after deductible	100%, after deductible	70%, after deductible
Diabetes Treatment	100%, after deductible	80%, after deductible	100%, after deductible	70%, after deductible
Durable Medical Equipment, Orthotics and	100%, after deductible	80%, after deductible	100%, after deductible	70%, after deductible
Urgent Care Center	100% after \$50 Copay	80% after deductible	100% after \$50 Copay	70%, after deductible
Emergency Room Services	100%, after \$75 copay (waived if admitted)		100%, after \$75 copay (waived if admitted)	
Home Health Care <i>Excludes Respite Care</i>	100%, after 90 visits/benefit period	80%, after 90 visits/benefit period	100%, after 90 visits/benefit period	70%, after deductible 90 visits/benefit period
Hospital Care Inpatient Copay	100%, after deductible	80%, after deductible	100%, after deductible	70%, after deductible
Therapy and Rehabilitation Services	100%, after deductible	80%, after deductible	100%, after deductible	70%, after deductible

Medical Benefits at a Glance

Below is an at-a-glance chart that highlights the medical/Rx benefits under the HRA plan. This chart provides a quick snapshot of the differences in co-payment & coinsurance levels when you use in-network and out-of-network providers. Alvernia will fund the last \$250/Individual or \$500/Family deductibles.

Services	Highmark PPO Blue HRA	
	In-Network	Out-of-Network
Annual Deductible: Individual/Family	\$1,000 (\$750) \$2,000 (\$1,500)	\$5,000 \$15,000
Out of Pocket Maximum	\$6,600/\$13,200	N/A
Referral Required?	No	N/A
Primary Care Physician Copay	\$20	70%, after deductible
Specialist Copay	\$40	
Diagnostic Procedures MRI/MRA, CT/PET Scan , etc.	100%, after deductible, then \$100 copay	70%, after deductible
Basic Standard Imaging, Allergy Testing, Labs, Pathology	100%, after deductible, then \$40 copay	70%, after deductible
Lifetime Maximum	Unlimited	Unlimited
Ambulance	100%, after deductible	70%, after deductible
Diabetes Treatment	100%, after deductible	70%, after deductible
Durable Medical Equipment, Orthotics and Prosthetics	100%, after deductible	70%, after deductible
Preventative Care– Immunizations, GYN, Mammogram	All Preventative Care covered at 100%, no deductible	70%, after deductible
Urgent Care Center	100% after \$50 Copay	70% after deductible
Emergency Room Services	100%, after \$75 copay	(waived if admitted)
Home Health Care <i>Excludes Respite Care</i>	100%, after deductible	70%, after deductible
	90 visits/benefit period	
Hospital Care Inpatient Copay	100%, after deductible 100%, after deductible	70%, after deductible 70%, after deductible
Therapy and Rehabilitation Services	100%, after deductible	70%, after deductible

Your Prescription Drug Benefits with Highmark

When you enroll in an Alvernia University medical plan, you automatically receive prescription drug coverage through the Highmark Blue Shield Pharmacy Management Formulary Program. The Pharmacy Management Formulary Program provides a defined list of FDA-approved medications chosen for their medical effectiveness and value. The formulary list includes both generic and brand-name drugs. Your share of the cost will always be less for drugs that are on the formulary list; however, coverage is available for many non-formulary drugs.

There is a \$10, \$20, and \$35 co-pay for all generic formulary drugs, a \$20, \$40, and \$70 co-pay for brand formulary drugs and a \$35, \$70, and \$105 co-pay for non-formulary drugs, depending on the amount of drugs dispensed.

Save Money - Use Mail Order!

The prescription plan also includes a Mail Order program, which allows you to purchase a 90-day supply of medications you take on an ongoing basis (known as maintenance drugs). When you order prescriptions through the mail, you pay two co-pays, rather than three, for a 90-day supply. To access the mail order program, call the customer service number on your Highmark Blue Shield card or access the Highmark Blue Shield web site at www.highmarkblueshield.com.

Voluntary Dental Coverage—through Aetna

There is a strong connection between oral health and a person's overall health. A routine dental examination can detect symptoms of more than 125 diseases, including heart disease, diabetes, anemia, stomach ulcers, osteoporosis, and kidney disease.

The Aetna network is extensive and the benefits are similar in and out of network, however, your benefit level is higher if you use in-network providers.

To locate a dental provider in your area, register online at: www.aetna.com/docfind

Feature/Service	In Network	Out of Network
Annual Deductible (per calendar year)		
Individual	\$25	\$25
Family	\$50	\$50
Deductible Waived for Preventive	Yes	Yes
Annual Maximum per Person (calendar year)	\$1,000	\$1,000
Preventive and Diagnostic	100%	100%
Periodontal	80%	80%
Endodontic	80%	80%
Basic Care	80%	80%
Major Care	50%	50%
Orthodontia	50%	50%
Lifetime Orthodontia Maximum (for dependent children up to age 19)	\$1,000	\$1,000

Cost of Dental Coverage

	Aetna Dental
Tier	Per Pay Deduction
Employee	\$0
Employee + 1	\$11.55
Family	\$21.71

Voluntary Vision Coverage– through Highmark

You have the option to elect vision benefits through Highmark Vision. Many eye and vision conditions present no obvious symptoms. Individuals are often unaware that a problem exists. Early diagnosis and treatment are important for maintaining good vision and, when possible, preventing permanent vision loss.

The Highmark program allows you to seek care in or out-of-network. In- Network providers take care of all the paperwork. Out-of-network, you pay the provider at the time of service and then submit a claim for reimbursement.

To locate a provider, go to <https://www.highmarkblueshield.com/chmptl/chm/jsp/visionhealth/visionProviderSearch.jsp> and search for Vision providers.

Feature/Service	In Network	Out of Network
Eye Exam and Refraction	100%	\$32
Benefit Frequency (Exam, Lenses, Frames)	12 months	12 months
Lenses		
Single Vision Lens	100%	\$25
Bifocal Lens	100%	\$36
Trifocal Lens	100%	\$46
Lenticular	100%	\$72
Contact Lenses		
Standard (Medically Necessary)	100%	\$48
Specialty	\$75	\$48
Laser Vision Correction Discount	Discount available through TruVision	

Cost of Vision Coverage

	Highmark Vision
Tier	Per Pay Deduction
Employee	\$0
Employee +1	\$3.30
Family	\$6.60

Flex Spending Account (FSA)

With any healthcare benefits program, there are some expenses that are not covered - certain medical and dental expenses, eyeglasses or hearing aids. Additionally, the dollars spent on dependent day care are dollars that have already been taxed. Flexible spending accounts are designed to let you budget and pay for these kinds of expenses with *pre-tax dollars*.

When you establish a flexible spending account, you use *pretax dollars* to pay for certain medical and dependent care expenses. *Pretax dollars* come “off the top” of your pay - before federal income taxes or Social Security taxes are calculated. When you use *pretax dollars*, your taxable income is reduced dollar for dollar. When you lower your taxable income, you pay less in taxes. It's that simple. The money you save in taxes increases your spendable income.

There are two types of spending accounts that can be established: a Health Care Spending Account and a Dependent Care Spending Account. Alvernia will provide the option of rolling over \$500 of unused health FSA balances remaining at the end of the plan year (June 2017) into the following plan year (2017-2018). For the **Health Care Spending Account**, you may deduct up to **\$2,550** per plan year from your pay on a pretax basis. If you are single or married and filing a joint income tax return, you may fund your **Dependent Care Spending Account** each year with up to **\$5,000** deducted from your pay on a pretax basis.

Trion Benny Card (for FSA account holders)

The Benny Card contains the value of your annual FSA election amount and can be used at locations that accept MasterCard to pay for qualified expenses not covered by insurance. Card transactions are automatically deducted from your FSA balance.

Don't forget!

If you would like to participate in the Flexible Spending Account for this benefit year you must complete a *FSA Enrollment Form*.

Group Life and AD & D Insurance

Group Life and Accidental Death and Dismemberment (AD&D) insurance provides valuable financial protection for your family if you die or are seriously injured in a covered accident. Because of the importance we place on the financial protection of your family, we have evaluated the Basic Life and AD&D benefit and will continue to provide you with 1 times your Basic Annual Earnings up to \$50,000. Basic Life and AD&D are provided at no cost to you through Lincoln Financial.

There is a reduction schedule of 35% of benefit at age 65, 60% at age 70, and 75% at age 75.

Benefit	Coverage
Basic Life	1 X Base Annual Earnings to a maximum of \$50,000

Long Term Disability Program

A disability that forces you to miss work can change your lifestyle dramatically. Alvernia currently provides Short-Term Disability coverage through AFLAC (at an additional cost). Long-Term Disability coverage will continue to be offered at no cost to you through Lincoln Financial. Below is a brief description of the Long Term Disability plan.

Benefit	Coverage	Waiting Period	Maximum period benefits will be paid
Long-Term Disability	60% of your monthly salary to a maximum of \$5,000	90 Days	To age 65

Retirement (403b)

A 403B plan is also offered to you as a means to build financial security at retirement. Alvernia University contributes 5% of salary regardless of employee contributions. Alvernia University also matches dollar for dollar up to 5% of employee contribution. TIAA CREF offers our investment options.

Optional Benefits from AFLAC

Short-Term Disability

Hospital Intensive Care Protection

Personal Cancer Indemnity Plan

Personal Accident Indemnity Plan

Paid Time Off

Holidays (Staff and Faculty)

16 days per calendar year.

Sick

Full-Time Staff:	Part- Time Staff: (Work 20-30 hours per week)	Faculty:
6.67 (salaried) and 6.25 (hourly) hours accrued per month effective the first of the month following the date of hire. Ten (10) days per calendar year thereafter calculated at 6.67 or 6.25 hours per month.	Accrue on a prorated basis proportion to time worked.	Earn one (1) sick day per month during each contract year (i.e. 10) up to a maximum of 90 days.

Vacation (Staff Members only)

Full-Time Exempt (Salaried) Staff:	Full-Time Non-Exempt (Hourly) Staff:	Part- Time Staff: (Work 20-30 hours per week)
<p>10 hours accrued per month (15 days per year) effective the first month following the date of hire in the year that the employee is hired and the first, second, third and fourth full calendar years of employment.</p> <p>13.34 hours accrued per month (20 days per year) in the fifth full calendar year of employment and thereafter. Note: 10 and/or 11 month employees follow a prorated accrual schedule over a 10 or 11 month period.</p>	<p>6.25 hours accrued per month (10 days per year) effective the first of the month following the date of hire in the year that employee is hired and in the first, second, third and fourth full calendar years of employment</p> <p>9.375 hours accrued per month (15 days per year) in the fifth full calendar year of employment and thereafter. Note: 10 and/or 11 month employees follow the same accrual schedule over a 10 or 11 month period.</p>	Accrue on a prorated basis proportion to time worked.

Educational Assistance Programs

Unless otherwise noted, all Educational Assistance Programs are effective at time of hire.

Undergraduate Programs at Alvernia University	Graduate Programs at Alvernia University
Full-time employees receive 100% tuition Part-time receive 50% tuition reimbursement. Dependents eligible for same benefits.	Full time employees receive 66% tuition Part-time receive 33% tuition reimbursement. Dependents receive 20% tuition discount.
Tuition Exchange & Council of Independent Colleges Scholarships	Graduate Programs at other Colleges
Dependent children are eligible to apply after 3 years of parent's employment.	Reimbursement available for job-related course work for tuition only at 100% up to \$750 or 80% of cost, whichever is greater (up to 3 courses per fiscal year).

Employee Assistance Program

Inroads Family Guidance Center is 100% confidential. Provides up to three free visits to assist with professional and/or personal challenges.

Call (610) 374-4963, Opt 7 or 1-800-255-5998, Opt 7 to make a confidential, convenient appointment with a Inroads Family Guidance Center counselor.

On-site Fitness Center and Track

Allows you to use the gym equipment, participate in the aerobic classes, and use the outdoor track.

Credit Union

Employees are eligible to join the CTCE federal credit union at any time after date of hire.

Important Federal Regulations

Dependent Coverage for Children Under Age 26

Your dependents whose coverage ended, or who were denied coverage (or were not eligible for coverage), because the availability of dependent coverage of children ended before attainment of age 26, are now eligible to enroll in Alvernia University's benefit program.

Health Insurance Portability and Accountability Act (HIPAA) – State Children's Health Insurance Program (SCHIP)

Loss of other coverage: If you decline enrollment for yourself or for an eligible dependent (including your spouse) while other health insurance or group health plan coverage is in effect, you may be able to enroll yourself and your dependents in this plan if you or your dependents lose eligibility for that other coverage (or if the employer stops contributing toward your or your dependents' other coverage). However, you must request enrollment within 30 days after your or your dependents' other coverage ends (or after the employer stops contributing toward the other coverage).

Loss of Medicaid or SCHIP coverage: If you decline enrollment for yourself or for an eligible dependent (including your spouse) while Medicaid coverage or coverage under a state children's health insurance program is in effect, you may be able to enroll yourself and your dependents in this plan if you or your dependents lose eligibility for that other coverage. However, you must request enrollment within 60 days after you or your dependents' coverage ends under Medicaid or a state children's health insurance program.

New dependent: If you have a new dependent as a result of marriage, birth, adoption, or placement for adoption, you may be able to enroll yourself and your new dependents. However, you must request enrollment within 30 days after the marriage, birth, adoption, or placement for adoption.

Eligibility for Medicaid or SCHIP premium assistance: If you or your dependents (including your spouse) become eligible for a state premium assistance subsidy from Medicaid or through a state children's health insurance program with respect to coverage under this plan, you may be able to enroll yourself and your dependents in this plan. However, you must request enrollment within 60 days after your or your dependents' determination of eligibility for such assistance.

Important Federal Regulations (cont.)

Women's Health and Cancer Rights Act

On October 21, 1998, the Women's Health and Cancer Rights Act became effective. This law requires group health plans that provide coverage for mastectomies to also cover reconstructive surgery and prostheses following mastectomies. As the Act requires, we have included this notification to inform you about the law's provisions. The law mandates that a plan participant receiving benefits for a medically necessary mastectomy who elects breast reconstruction after the mastectomy will also receive coverage for:

- Reconstruction of the breast on which the mastectomy has been performed
- Surgery and reconstruction of the other breast to produce a symmetrical appearance
- Prostheses
- Treatment of physical complications of all stages of mastectomy, including lymphedema.

This coverage will be provided in consultation with the attending physician and the patient, and will be subject to the same annual deductibles and coinsurance provisions that apply for the mastectomy.

Medicaid and the Children's Health Insurance Program (CHIP) Offer Free Or Low-Cost Coverage

CHIP is short for the Children's Health Insurance Program—a program to provide health insurance to all uninsured children and who are not eligible for or enrolled in Medical Assistance. CHIPRA is the reauthorization act of CHIP which was signed into law in February 2009. Under CHIPRA, a state CHIP program may elect to offer premium assistance to subsidize employer-provided coverage for eligible low-income children and families. All employers are required to provide employees notification regarding CHIPRA.

Medicare Part D Creditable Coverage / Non-Creditable Coverage Notice

The Centers for Medicare and Medicaid Services (CMS) requires employers to notify their Medicare Part D eligible individuals about their creditable coverage status at time of enrollment in the plan. Alvernia University has determined that the prescription drug coverage offered by the Aetna medical plan is, on average for all plan participants, expected to pay out as much as standard Medicare prescription drug coverage pays and is therefore considered Creditable Coverage. Because your existing coverage is Creditable Coverage, you can keep this coverage and not pay a higher premium (a penalty) if you later decide to join a Medicare drug plan. You can join a Medicare drug plan when you first become eligible for Medicare and each year. The 2011 Medicare Part D open enrollment period will be October 15 through December 7. If you have any questions regarding your Investor Force prescription drug coverage and to receive the full Medicare Part D creditable coverage notice, please contact Human Resources.

Benefit	Telephone Number
Medical <i>Highmark</i>	1-800-241-5704 100/70: Group # 02539703 100/80: Group # 02539701 HRA: Group # 25511-86
Dental <i>Aetna</i>	1-800-872-3862
Vision <i>Highmark</i>	1-800-223-4795 Group #02895825
Life and AD&D, Long Term Disability <i>Lincoln Financial Group</i>	1-800-487-1485
Flexible Spending Account <i>Trion</i>	1-800-580-6854
Retirement <i>TIAA CREF</i>	1-800-842-2252
Employee Assistance Program <i>Inroads Family Guidance Center</i>	(610) 374-4963, Opt 7 or 1-800-255-5998
Short Term Disability Hospital Intensive Care Protection Personal Cancer Indemnity Plan Personal Accident Indemnity Plan <i>Aflac</i>	Alex Belfort @ (610) 507-1136 or 1-800-99-AFLAC (1-800-992-3522)
Federal Credit Union <i>CTCE</i>	(610) 376-6639