

George Fox

WELCOME TO OPEN ENROLLMENT!

Plan Year: April 2017 – March 2018



GEORGE FOX
UNIVERSITY

PICK THE BEST BENEFITS FOR YOU AND YOUR FAMILY.

George Fox University strives to provide you and your family with a comprehensive and valuable benefits package. We want to make sure you're getting the most out of our benefits—that's why we've put together this Open Enrollment Guide.

Open enrollment is a short period each year when you can make changes to your benefits. This guide will outline all the different benefits offered, so that you can identify which offerings are best for you and your family.

Elections you make during open enrollment will become effective on April 1, 2017. If you have questions about any of the benefits mentioned in this guide, please don't hesitate to reach out to HR.

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WHO IS ELIGIBLE?

Most benefits are available to all regular employees, and benefits are prorated for employees who work less than .75 of full time but at least half time. Eligibility for coverage begins on the first of the month following or coinciding with the employee's hire date. In addition, eligible family members can be enrolled in medical and dental coverage. For the definition of eligible family members, see the insurance carrier plan booklet.

HOW TO ENROLL

Are you ready to enroll? The first step is to review your current benefits. Did you move recently or get married? Verify all of your personal information and make any necessary changes with Human Resources.

Once all your information is up to date, it's time to make your benefit elections. The decisions you make during open enrollment can have a significant impact on your life and finances, so it is important to weigh your options carefully.

WHEN TO ENROLL

Open enrollment begins on February 14th and runs through March 6th. The benefits you choose during open enrollment will be effective on April 1, 2017.

HOW TO MAKE CHANGES

Unless you experience a life-changing qualifying event, you **cannot** make changes to your benefits until the next open enrollment period. Qualifying events include things like:

- Marriage, divorce, or legal separation
- Birth or adoption of a child
- Change in child's dependent status
- Death of a spouse, child, or other qualified dependent
- Change in residence (outside of the insurance carrier's network)
- Change in employment status or a change in coverage under another employer-sponsored plan

WHAT'S NEW FOR 2017

There are minimal benefit changes this year to the Pioneer Educators Health Trust Plan including non-primary care office visits and the prescription coverage for preferred and non-preferred brand drugs.

MEDICAL BENEFIT COMPARISON

Effective April 1, 2017	Pioneer PPO (Preferred Provider Organization)		Kaiser Permanente HMO (Health Maintenance Organization)
Benefit Provisions	In Network*	Out of Network*	Kaiser Network
	When you receive services from any Preferred Provider in Network	When you receive services from any Out of Network Participating Provider	When you receive services from any Kaiser provider or facility
Deductible (Individual/Family)	\$1,500 / \$4,500	\$3,000 / \$9,000	None
Annual Out-of-Pocket Max. Includes Deductible (Individual/Family)	\$4,000 / \$12,000	\$8,000 / \$24,000	\$1500 / \$3000
Annual Maximum Benefit	None	None	None
	YOU PAY	YOU PAY	YOU PAY
Office Visits	Copays: \$25 Primary, \$50 Specialty, other services 20% coinsurance, deductible waived	40% after deductible	Copays: \$25 Primary, \$35 Specialty
Immunizations for adults & children	covered in full	covered in full	covered in full
Preventive Care / Well Baby & Child	covered in full	40% after deductible	covered in full
Outpatient Lab and X-Ray	20%, deductible waived	40% after deductible	\$25 copay per dept visit
Scans: CT, MRI, PET	20% after deductible	40% after deductible	\$50 copay per dept visit
Hospital Services			
Inpatient	20% after deductible	40% after deductible	\$500 per admission
Outpatient	20% after deductible	40% after deductible	\$75 copay
Emergency Room (copay waived if admitted)	\$250 copay, then 20%	\$250 copay, then 20%	\$200 copay
Urgent Care Center	Covered the same as the If you visit a health care provider's office or clinic or If you have a test Common Medical Events.		\$45 copay
Ambulance	20% after deductible	20% after deductible	\$75 copay
Prescription - Retail (At participating pharmacies) (30 day supply)	Generic: \$20/\$40/\$60 Preferred brand: \$40/\$80/\$120 Non-preferred brand: \$60/\$120/\$180		\$15/\$30/\$50 generic / brand name/ non-preferred brand or specialty
Prescription - Mail Order (up to 90 day supply)	Generic: \$30 copay Preferred brand: \$60 copay Non-preferred \$90 copay		\$30/\$60/\$100 generic / brand name/non-preferred brand or specialty
Rehabilitation Therapies	20% after deductible	40% after deductible	\$35 copay
Vision	Adults: No coverage	Adults: No coverage	\$25 exam copay, balance
	Under 19: 1 routine exam per year	Under 19: no coverage	after \$150, every 24 months
Alternative Care	No coverage	No coverage	No coverage unless referred, \$35 copay

* THERE ARE THREE LEVELS OF PROVIDERS UNDER THE PIONEER PPO: IN-NETWORK PREFERRED, OUT-OF-NETWORK PARTICIPATING & OUT-OF-NETWORK NONPARTICIPATING (NOT SHOWN).

NOTE: THE ABOVE IS INTENDED TO BE A BRIEF SUMMARY FOR COMPARISON PURPOSES. ACTUAL BENEFITS WILL BE PAID PER CONTRACTS. SEE BENEFIT PLAN DETAILS, INCLUDING SUMMARY PLAN DESCRIPTIONS AND PLAN CONTACTS AT WWW.GEORGEFOX.EDU/OFFICES/HR/BENEFITS.

DENTAL INSURANCE

In addition to protecting your smile, dental insurance helps pay for dental care and usually includes regular checkups, cleanings, and X-rays. Several studies suggest that oral diseases, such as periodontitis (gum disease), can affect other areas of your body—including your heart. Receiving regular dental care can protect you and your family from the high cost of dental disease and surgery.

The following chart outlines the dental benefits offered.

Type of Service	Regence PEHT Dental Plan	Kaiser DHMO Dental Plan
Deductible	Applies to basic and major services only – \$50 per individual, \$150 maximum	None
Copays	None	\$15 per office visit
Preventive Services	Exams, cleanings, X-rays – 0%	Exams, cleanings, X-rays – 0%
Basic Services	Fillings, simple extractions – 20%	Fillings, simple extractions – 0%
Major Services	Oral surgery, root canal, crowns – 50%	Oral surgery, root canal, crowns – 20%
Orthodontics	Adult & Child: 50% \$1,500 Maximum Lifetime Benefits	Adult & Child: 50% \$1,500 Maximum Lifetime Benefits
Annual Maximum	\$1,500	\$1,500

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YOUR COST IN 2017

George Fox University pays 80% of the cost of each medical plan for benefits-eligible employees, .75 FTE and above, and their family members. The university's contribution for less than .75 FTE employees is prorated accordingly. The cash in lieu of medical coverage is \$50 per month for full time employees, and pro-rated accordingly for less than full-time employees. For Dental insurance, the university pays 50% of the employee-only premium for employees .75 FTE and above, (pro-rated below).

Medical Option #1: Pioneer Preferred Provider Plan

	<u>Employee</u>	<u>George Fox</u>	<u>Total</u>
Employee Only	\$139.33	\$557.31	\$696.64
Employee + 1	\$278.69	\$1,114.76	\$1,393.45
Employee + 2 or More	\$390.17	\$1,560.68	\$1,950.85

Medical Option #2: Kaiser Permanente HMO

	<u>Employee</u>	<u>George Fox</u>	<u>Total</u>
Employee Only	\$111.07	\$444.29	\$555.36
Employee + 1	\$222.14	\$888.57	\$1,110.71
Employee + 2 or More	\$311.00	\$1,244.00	\$1,555.00

Dental Option #1: Pioneer Fee for Service

	<u>Employee</u>	<u>George Fox</u>	<u>Total</u>
Employee Only	\$30.23	\$30.23	\$60.46
Employee + 1	\$90.74	\$30.23	\$120.97
Family	\$139.12	\$30.23	\$169.35

Dental Option #2: Kaiser Permanente Dental HMO

	<u>Employee</u>	<u>George Fox</u>	<u>Total</u>
Employee Only	\$34.35	\$34.35	\$68.70
Employee + 1	\$103.05	\$34.35	\$137.40
Family	\$158.00	\$34.35	\$192.35

Note: All dollar amounts are MONTHLY contributions, and we pay medical and dental premiums from the payday prior to the month covered.

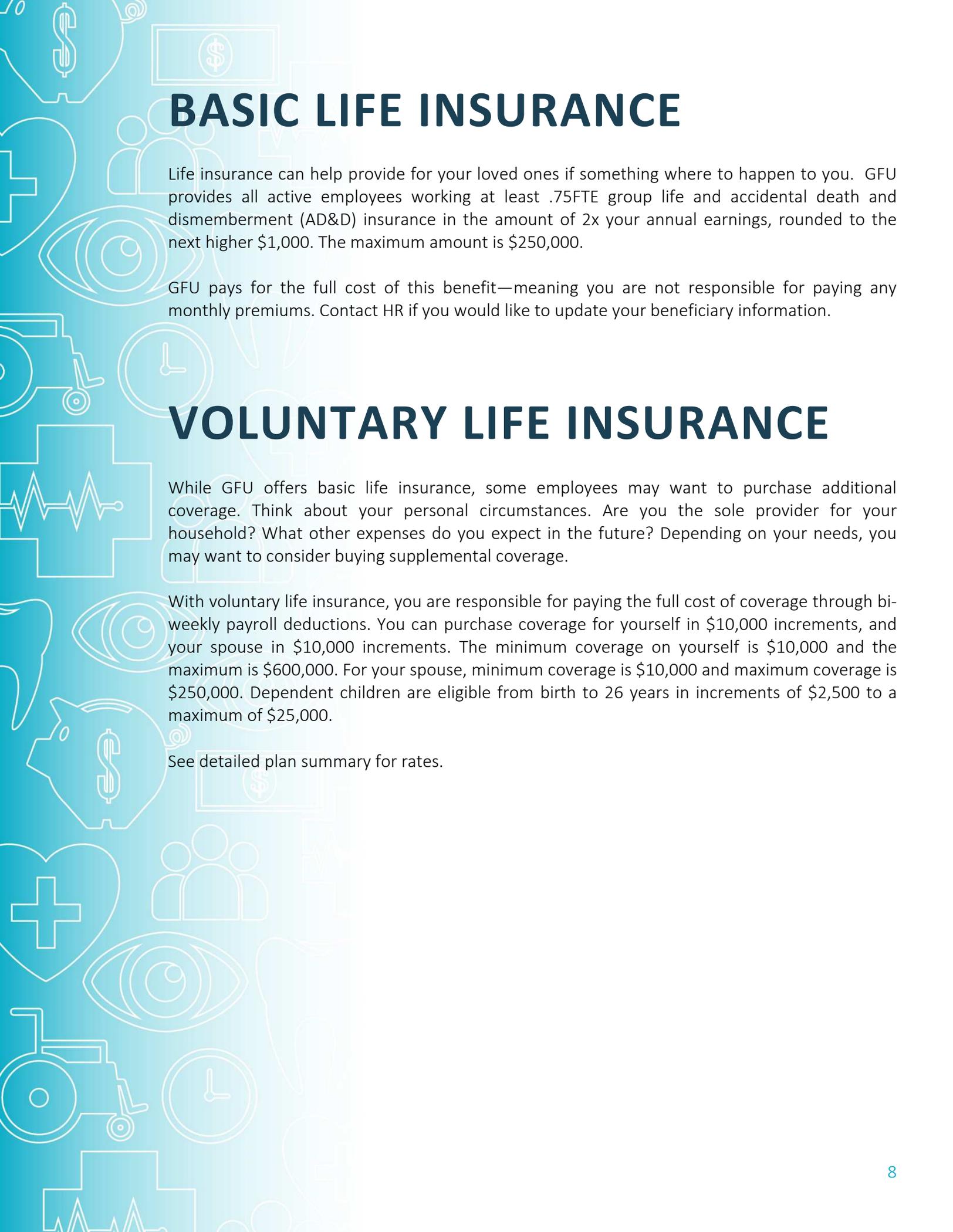
DISABILITY INCOME BENEFITS

GFU provides full-time employees with short-term and long-term disability income benefits. Without disability coverage, you and your family may struggle to get by if you miss work due to an injury or illness.

At GFU, we want to do everything we can to protect you and your family. That's why GFU pays for the full cost of short-term and long-term disability insurance—meaning that you owe nothing out of pocket.

In the event that you become disabled from a non-work-related injury or sickness, disability income benefits will provide a partial replacement of lost income. Please note, though, that you are not eligible to receive disability benefits if you are receiving workers' compensation benefits.

	Short-term Disability	Long-term Disability
Benefits Begin	After any vacation or sick leave is exhausted	1 st day following 180 days of disability
Benefits Payable	For up to 6 months	To Age 65 or Social Security Normal Retirement Age, if disabled after age 60
Percentage of Income Replaced	60% of weekly earnings	60% of monthly pre-disability earnings
Maximum Benefit	\$6,000 per month	\$7,500 per month



BASIC LIFE INSURANCE

Life insurance can help provide for your loved ones if something were to happen to you. GFU provides all active employees working at least .75FTE group life and accidental death and dismemberment (AD&D) insurance in the amount of 2x your annual earnings, rounded to the next higher \$1,000. The maximum amount is \$250,000.

GFU pays for the full cost of this benefit—meaning you are not responsible for paying any monthly premiums. Contact HR if you would like to update your beneficiary information.

VOLUNTARY LIFE INSURANCE

While GFU offers basic life insurance, some employees may want to purchase additional coverage. Think about your personal circumstances. Are you the sole provider for your household? What other expenses do you expect in the future? Depending on your needs, you may want to consider buying supplemental coverage.

With voluntary life insurance, you are responsible for paying the full cost of coverage through bi-weekly payroll deductions. You can purchase coverage for yourself in \$10,000 increments, and your spouse in \$10,000 increments. The minimum coverage on yourself is \$10,000 and the maximum is \$600,000. For your spouse, minimum coverage is \$10,000 and maximum coverage is \$250,000. Dependent children are eligible from birth to 26 years in increments of \$2,500 to a maximum of \$25,000.

See detailed plan summary for rates.

FLEXIBLE SPENDING ACCOUNTS

Paying for health care can be stressful. That's why GFU offers an employer-sponsored flexible spending account (FSA).

WHAT ARE THE BENEFITS OF AN FSA?

- **It saves you money.** Allows you put aside money tax-free that can be used for qualified medical expenses.
- **It's a tax-saver.** Since your taxable income is decreased by your contributions, you'll pay less in taxes.
- **It is flexible.** You can use your FSA funds at any time, even if it's the beginning of the year.

You cannot stockpile money in your FSA. **If you do not use it, you lose it.** You should only contribute the amount of money you expect to pay out of pocket that year. The maximum you can contribute is \$2600. However, there is a \$500 rollover provision that allows you to rollover up to \$500 of unused amounts into the next plan year. Any amounts over \$500 remaining in your FSA at the end of the year will be forfeited.

WHAT IS A DEPENDENT CARE FSA?

Dependent Care FSAs allow you to contribute pre-tax dollars to qualified dependent care. The maximum amount you may contribute each year is \$5,000 (or \$2,500 if married and filing separately).

HOW DO I ENROLL?

Fill out the FSA Enrollment Form during Open Enrollment. Even if you signed up last year, you must re-enroll for 2017. FSA savings example: *Bob and Jane's combined gross income is \$30,000. They have two children and file their income taxes jointly. Since Bob and Jane expect to spend \$2,000 in adult orthodontia and \$3,300 for day care next plan year, they decide to direct a total of \$5,300 into their FSAs.*

	Without FSAs	With FSAs
Gross income	\$30,000	\$30,000
FSA contributions	0	-\$5,000
Gross income	\$30,000	\$25,000
Estimated taxes		
Federal tax	-\$2,550*	-\$1,776*
State tax	-\$900**	-\$750**
FICA tax	-\$2,295	-\$1,913
After-tax earnings	\$24,255	\$20,314
Eligible out-of-pocket expenses		
Medical and dependent care expenses:		
Remaining spendable income	-\$5,000	\$0
	\$19,255	\$20,561
Spendable income increase		\$1,306

*Assumes standard deductions and four exemptions. **Varies, assume 3 percent.

ADDITIONAL BENEFIT OFFERINGS

As a GFU employee, we are proud to offer you the following benefits paid for by the company:

- **Employee Assistance Program (EAP)**, included with your LifeMap Long-Term Disability plan via Reliant Behavioral Health (RBH).
 - Includes 1-4 confidential counseling sessions
 - 24-hour crisis counseling, 7 days per week
 - Phone: 1-866-750-1327 (advise that you have LTD with LifeMap)
 - Website: www.myrbh.com (Access Code: LIFEMAP)
 - Email RBH
 - To protect your privacy, please do not send personal information by email. If you have an issue and would like to access support, call RBH instead of sending an email.
 - If you have questions about the website, please call or send an email to the RBH helpdesk: helpdesk@reliantbh.com
- **Travel Assistance**, included with your LifeMap Life and AD&D plan via FrontierMEDEX.
 - You and dependents traveling with you, when 100 or more miles away from home, or outside of your home country, can obtain emergency medical, travel, and personal security assistance 24 hours a day, anywhere in the world.
 - Phone: 1-800-537-2029 (ID Number: 333191)
 - Website: www.LifeMapCo.com
- **Long Term Care** – new plan to be offered this fall.

The information in this Enrollment Guide is presented for illustrative purposes and is based on information provided by the employer. The text contained in this guide was taken from various summary plan descriptions and benefit information. While every effort was taken to accurately report your benefits, discrepancies or errors are always possible. In case of discrepancy between the guide and actual plan documents, the actual plan documents will prevail. All information is confidential, pursuant to the Health Insurance Portability and Accountability Act of 1996. If you have any questions about the guide, please contact HR.

QUESTIONS & ANSWERS

WHAT CHANGES ARE EFFECTIVE APRIL 1, 2017?

- Enrollment or termination of individual and/or dependent coverage in a health plan
- Enrollment in a FSA plan
- Changes to the Voluntary Life and AD&D plan

WHAT FORMS MUST BE COMPLETED?

- Fill out the *Flexible Spending Account Enrollment Form* to enroll or re-enroll for the new plan year.

IF I WANT TO MAKE CHANGES, WHAT FORMS MUST BE COMPLETED?

- You must complete the *Medical & Dental Enrollment/Change Form* to change medical plans or individual/dependent coverage levels in the medical/dental plans.
- Fill out the *Voluntary Life and AD&D Enrollment and/or Medical Underwriting Form* to sign up for voluntary life and AD&D insurance (underwriting required outside of your initial enrollment period).

WHERE DO I FIND THESE FORMS?

- On the George Fox Benefits Page @ <http://www.georgefox.edu/offices/hr/benefits.html>
- Contact Darby Thiessen at dthiessen@georgefox.edu or 503-554-2188.

WHEN ARE THE FORMS DUE AND WHERE DO I RETURN THEM?

- The Google open enrollment forms and enrollment forms for changes/elections are due to HR by 3/6/2017.

OTHER INFORMATION:

- New elections must be made in order to continue participating in an FSA.
- If you do not make changes to your current medical and dental elections, those elections will remain the same for the plan year April 1, 2017 to March 31, 2018.

CONTACTS

Refer to this list when you need to contact one of your benefit vendors. For general information, contact Darby Thiessen in your human resources office @ 503-554-2188 or dthiessen@georgefox.edu:

MEDICAL/ RX/ DENTAL	Carrier	Kaiser Permanente
	Group Number	1348-001, 002, 003, 004
	Customer Service	503.813.2000 or 800.813.2000
	Hours: 8 a.m. – 6 p.m., Monday-Friday	
	Web Site	www.kp.org
	Carrier	Regence BlueCross BlueShield of Oregon
	Group Number	60026059
	Customer Service	866-240-9580
	Web Site	www.regence.com
	Carrier	LifeMap
LIFE & DISABILITY BENEFITS	Group Number	060448
	Customer Service	800-794-5390
	Web Site	www.lifemapco.com
	Carrier	Reliance Behavioral Health
EMPLOYEE ASSISTANCE PROGRAM	Group Number	060448
	Customer Service	866-750-1327
	Web Site	www.myrbh.com
	Access Code	LIFEMAP
	Email	helpdesk@reliantbh.com
	Carrier	Allegiance
FLEXIBLE SPENDING ACCOUNT	Customer Service	800-877-1122
	Web Site	www.askallegiance.com