



# 2018 Benefit at a Glance

Our benefit programs are an important component of the total compensation provided to you from Franklin Pierce University. Our goal is to provide you with high quality programs that deliver both choice and flexibility to you and your family. This Benefits at a Glance document provides summaries only. Full details on coverage are available through Human Resources and our benefit plan documents.

## New Hampshire

Coverage	Plan Information	Contacts
<b>Medical</b>		
Harvard Pilgrim MD0000003921 / RX0000010950	Harvard Pilgrim HMO LP	1-888-333-4742 <a href="http://www.harvardpilgrim.org">www.harvardpilgrim.org</a>
Harvard Pilgrim MD0000003965 / RX0000001348	Harvard Pilgrim High Deductible HMO HSA	1-888-333-4742 <a href="http://www.harvardpilgrim.org">www.harvardpilgrim.org</a>
<b>Dental</b>		
Delta dental 3106	Delta Dental	1-800-832-5700 <a href="http://www.nedelta.com">www.nedelta.com</a>
<b>Vision</b>		
EyeMed	EyeMed INSIGHT Network	1-866-723-0513 <a href="http://EyeMed.com">EyeMed.com</a>
<b>Accounts</b>		
Discovery Benefits	Flexible Spending Accounts (FSA)	1-866-451-3399 <a href="https://www.discoverybenefits.com/employees">https://www.discoverybenefits.com/employees</a>
Discovery Benefits	Health Savings Account (HSA)	1-866-451-3399 <a href="https://www.discoverybenefits.com/employees">https://www.discoverybenefits.com/employees</a>
TIAA 150894	403(b) Retirement Account	1-800-842-2888 <a href="https://www.tiaa.org/public/tcm/franklinperce">https://www.tiaa.org/public/tcm/franklinperce</a>
<b>Disability Coverage</b>		
Mutual of Omaha	Short Term Disability	<a href="http://www.mutualofomaha.com">www.mutualofomaha.com</a>
Mutual of Omaha	Long Term Disability	<a href="http://www.mutualofomaha.com">www.mutualofomaha.com</a>
Mutual of Omaha	Mutual of Omaha Long Term Disability	<a href="http://www.mutualofomaha.com">www.mutualofomaha.com</a>
<b>Life and AD&amp;D Coverage</b>		
Mutual of Omaha	Basic Life and AD&D	<a href="http://www.mutualofomaha.com">www.mutualofomaha.com</a>
Mutual of Omaha	Voluntary Life and AD&D	<a href="http://www.mutualofomaha.com">www.mutualofomaha.com</a>
<b>Additional Benefits</b>		
Mutual of Omaha	Employee Assistance Program	1-800-316-2796 <a href="http://www.mutualofomaha.com/eap">www.mutualofomaha.com/eap</a>
Health Advocate	Member Advocacy	1-866-695-8622 <a href="http://www.HealthAdvocate.com/members">www.HealthAdvocate.com/members</a>

## Medical

The FPU medical plan is offered through Harvard Pilgrim and includes two different HMO plan choices.

To help you understand the features and coverage available to you, we've provided the following brief summary of benefits. Please refer to plan documents for details, including important coverage exclusions and limitations. If there are any discrepancies between this benefits summary and plan documents, the plan documents will govern.

	Harvard Pilgrim	
	HMO LP	HIGH DEDUCTIBLE HMO HSA
<b>Calendar Year Deductible</b>		
Individual	\$3,000	\$3,000
Family	\$9,000	\$6,000
<b>Calendar Year Out-of-Pocket Maximum (Out-of-Pocket Maximum Includes Deductible)</b>		
Individual	\$6,500	\$3,000
Family	\$13,000	\$6,000
Lifetime Maximum	Unlimited	Unlimited
<b>Coinsurance / Copays</b>		
Preventive Care	100%	100%
Primary Care Physician	\$25 Copay	Deductible, then no charge
Specialist	\$50 Copay	Deductible, then no charge
Diagnostics X-Ray and Lab	100% after deductible (Labs Covered at 100% at Select LP Providers)	Deductible, then no charge
Urgent Care		
– Convenience Clinic	\$25 Copay	Deductible, then no charge
– Urgent Care Clinic	\$50 Copay	Deductible, then no charge
– Hospital Urgent Care	\$75 after deductible	Deductible, then no charge
Emergency Room	\$250 after deductible (waived if admitted)	Deductible, then no charge
Inpatient Hospital Care	100% after deductible	Deductible, then no charge
Outpatient Surgery	100% after deductible (\$100 for Select LP Providers)	Deductible, then no charge
<b>Pharmacy</b>		
<b>Retail RX (up to 30-day supply)</b>		
Tier 1	\$5	Deductible, then no charge
Tier 2	\$15	Deductible, then no charge
Tier 3	\$30	Deductible, then no charge
Tier 4	\$50	Deductible, then no charge
<b>Mail Order RX (up to 90-day supply)</b>		
Tier 1	\$10	Deductible, then no charge
Tier 2	\$30	Deductible, then no charge
Tier 3	\$60	Deductible, then no charge
Tier 4	\$150	Deductible, then no charge

See separate rate sheets for employee contributions.

## Health Savings Account

The High Deductible Health Plan is designed to work with a Health Savings Account (HSA) to give you more control over how your health care dollars are spent.

Federal legislation allows you to contribute to your HSA on a pre-tax basis and then use these funds to pay for qualified health expenses until you meet your deductibles and out-of-pocket maximums. If you do not use all of the money in your HSA in a given calendar year, the remaining money "rolls over" for use in future years.

### FPU Contributions to HSAs

If you participate in the High Deductible Health Plan and open an HSA, in 2018 FPU will make contributions to your HSA according to the following:

- Employee Only: \$1,000.
- Employee + Spouse: \$2,000.
- Employee + Child(ren): \$2,000.
- Employee + Family: \$2,000.

## Dental

The FPU dental plan is offered to you through Delta Dental. Coverage is available for both in-network and non-network providers.

Delta Dental DPPO		
	DELTA DENTAL PPO PLUS PREMIER NETWORK	NON-PARTICIPATING DENTISTS
<b>Calendar Year Deductible</b>		
Individual	\$50	\$50
Family	\$150	\$150
<b>Calendar Year Maximum Benefit</b>		
	\$1,000	\$1,000
<b>Preventive Care</b> (Cleanings, Oral Examinations, Fluoride Treatments, etc.)	100%	100%
<b>Basic Care</b> (Fillings, Simple Extractions, Root Canals, etc.)	60%	60%
<b>Major Care</b> (Crowns, Onlays, Bridges, etc.)	50%	50%
<b>Orthodontia</b>		
<b>Coverage</b>	Children to age 19	
<b>Benefit</b>	50%	50%
<b>Lifetime Maximum</b>	\$1,500	

## Vision

The FPU vision plan is offered to you through EyeMed. Coverage is available for both in-network and non-network providers.

Members can go to [EyeMed.com](http://EyeMed.com) where you can register for an account and Below is a brief summary of benefits.

EyeMed INSIGHT Network Plan		
	IN-NETWORK	OUT-OF-NETWORK
<b>Cost</b>		
Exam	\$10	Reimbursed up to \$50
Materials	\$25	N/A
<b>Benefit Frequency</b>		
Exams	12 months	
Lenses	12 months	
Frames	24 months	
Contacts	12 months	
<b>Covered Services - Lenses</b>		
Single Lenses	\$25 Copay	Reimbursed up to \$50
Bifocals	\$25 Copay	Reimbursed up to \$70
Trifocals	\$25 Copay	Reimbursed up to \$90
Frames	\$0 Copay; \$130 allowance, 20% off balance over \$130	Reimbursed up to \$98
<b>Covered Services - Contacts (Contacts in lieu of Frames/Lenses)</b>		
Contacts - Medically Necessary	\$0 Copay, Paid-in-Full	Reimbursed up to \$210
Contacts - Elective - Conventional	\$0 Copay, \$130 allowance, 15% off balance over \$130	Reimbursed up to \$130
Contacts - Elective - Disposable	\$0 Copay, \$130 allowance, plus balance over \$130	Reimbursed up to \$130

Please refer to plan documents for details, including important coverage exclusions and limitations. If there are any discrepancies between this benefits summary and plan documents, the plan documents will govern.

## Life and AD&D

This benefit is funded by the Employer and provided through Mutual of Omaha.

The Life and AD&D benefits are as follows:

- **Class 1:** Executive & Officer - 3x Annual Earnings up to \$500,000.
- **Class 2:** Admin Employees - 2x Annual Earnings up to \$225,000.
- **Class 3:** Non- Exempt Employees - 1.5x Annual Earnings up to \$225,000.

After Age 70, the benefit amount will be reduced.

Please see the Mutual of Omaha Benefit Summary for reduction schedule.

## Voluntary Life and AD&D

For additional protection, voluntary life insurance is available. This benefit is funded by you, and provided through Mutual of Omaha.

Coverage amounts are available as follows:

- **Employee:** Up to 5 times salary in increments of \$10,000. Not to exceed \$500,000.
- **Spouse:** Up to 100% of employee amount in increments of \$10,000 not to exceed \$500,000. Benefits will be paid to the employee.
- **Child:** Up to 100% of employee coverage amount in increments of \$2,500 not to exceed \$10,000. The maximum death benefit for a child between the ages of live birth and 6 months is \$1,000. Benefits will be paid to the employee.

## Evidence of Insurability

Evidence of Insurability (EOI) will be required for all employees who enroll outside of their initial eligibility period. Employees with new hire eligibility have a Guarantee Issue amount of \$150,000 for Employee and \$30,000 for spouse. Please submit any EOI requests to [www.mutualofomaha.com/eoi](http://www.mutualofomaha.com/eoi).

## Short Term Disability

Short term disability (STD) coverage is designed to replace a portion of your earnings if you are unable to work due to a non-work related short-term illness or injury. This benefit is funded by FPU and provided through Mutual of Omaha. Benefits begin after 7 days of disability. While on STD benefits, exempt employees will receive 100% of weekly earnings (maximum \$2,500) for up to 25 weeks. Non-exempt employees will be paid 75% of weekly earnings (maximum \$2,500) and can supplement STD with Paid Time Off. Please contact Human Resources for additional guidance.

## Long Term Disability

Long term disability (LTD) insurance provides financial protection should you experience a serious illness or injury that prevents you from working for an extended time. This benefit is funded by FPU and provided through Mutual of Omaha. Benefits begin after 180 days of disability. You will receive 60% of pre-disability earnings to a maximum of \$10,000 per month up to Social Security Normal Retirement Age.

## Additional Benefits From Mutual of Omaha

### Employee Assistance Program

The EAP can help you and your household members identify and find resources to solve personal problems, such as:

- Legal questions or concerns.
- Marital or family conflicts.
- Childcare or senior care concerns.
- Financial problems.
- Alcohol or drug issues.
- Stress, depression and other emotional problems.

#### Contact to Learn More

- Phone: 1-800-316-2796, English.
- Website: [mutualofomaha.com/eap](http://mutualofomaha.com/eap).

### Hearing Aid Discount Program

To learn more contact Amplifon at 1-888-534-1747 or visit [amplifyonusa.com/mutualofomaha](http://amplifyonusa.com/mutualofomaha)

### Will Preparation Help

Create your free will in just 10 minutes at [willing.com/mutualofomaha](http://willing.com/mutualofomaha)

### Worldwide Travel Assistance

Inquiries within the US call: 1-800-856-9947  
Inquiries outside the US call collect: 1-312-935-3658

## Flexible Spending Accounts

You have the option to set aside pre-tax dollars with a Flexible Spending Account (FSA). There are two types of FSAs:

**Healthcare FSA:** Contribute pre-tax dollars to use on IRS qualified health care expenses. You can contribute up to the 2018 FSA maximum of \$2,650.

**Dependent Care FSA:** Contribute pre-tax dollars to use on dependent care expenses for children up to age 13 and/or disabled dependents of any age or a disabled spouse. To be eligible, you and your spouse must work, be looking for work or be a full-time student. You can contribute up to the 2018 FSA maximum of \$5,000.

To learn more about Flexible Spending Accounts, visit [www.discoverybenefits.com](http://www.discoverybenefits.com) or call (866) 451-3399.

## Retirement

Franklin Pierce University Retirement Plan is a Defined Contribution Plan that operates under Section 403(b) of the Internal Revenue Code. This plan provides retirement benefits for participating employees. Benefits are provided through Teachers Insurance and Annuity Association (TIAA).

### FPU 403(b) Plan

Eligibility	In accordance with the Retirement Plan Document, eligible employees will receive a University paid contribution into a retirement account. The amount is 100% vested. All employees may contribute pre-tax dollars into your retirement account. The maximum deferral is based on a flat dollar amount, not to exceed plan limits set by the IRS. The IRS limit for 2018 is \$18,500.
Vesting	The plan provides immediate vesting at 100%.

### Catch-up Contributions

If you are or will be age 50 or older in this calendar year and contribute the maximum allowed to your account, you may also make additional "catch-up contributions" to your account. The catch-up contribution is intended to help you accelerate your progress toward your retirement goals. The maximum catch-up contribution is \$6,000 for 2018. See your plan administrator for more details.