

CAMPBELL UNIVERSITY



EMPLOYEE BENEFITS SUMMARY 2013 Plan Year



This overview of benefits is only intended to offer an outline of options. All details and contract obligations of plans are stated in the actual certificate booklets. Contact your Human Resources Department for further information and contractual obligations.

Contact Information



Medical claims/coverage 800-244-6224
www.mycigna.com



Flexible Spending Account 800-768-4873
Health Savings Account 800-768-4873
www.shdr.com



Dental claims/coverage
Life with AD&D 800-451-2513
Long Term Disability
www.sunlife.com/us



Group Accident 800-99-AFLAC
Group Critical Illness 800-99-AFLAC
(800-992-3522)
www.aflac.com



Short Term Disability 800-351-7500
www.rsl.com



Progressive Benefit Solutions
Meredith Jacobsen
Senior Account Manager
252-236-1804



Always have your policy number and Social Security Number available when calling your insurance company.

When to call HR



Please notify your HR Department in the following situations:

- If your home address and/or phone number change.
- If your marital status changes.
- If your dependent children graduate college or are no longer full-time students.
- If you have claim questions you cannot resolve.
- If your spouse has a work status change and needs to be added on our plan.
- If you are disabled or need an extended absence from work for reasons of health (for you or a family member).
- Payroll or personnel matters.

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Human Resources

Flexible Spending Account

Health Care Flexible Spending Account

You may elect to have a specific number of dollars deducted from your gross pay before taxes and put in a reimbursement account. You may use these monies within the year for reimbursement on things such as: co-pays, deductible / coinsurance expenses, physicals, hearing aids, dental care, braces, contact lenses, and more. (**Note—as of January 1, 2011, Over the Counter Medications are no longer eligible through the Flexible Spending Account. An updated list is available in your packet.) You can set pre-tax aside between \$100 and **\$2,500** annually.

Dependent Care Flexible Spending Account

You may elect to have a specific number of dollars deducted from your gross pay before taxes each period for daycare expenses. These dollars are then contributed to a reimbursement account. The money is deducted from your check before taxes are applied. This saves you “taxation” on this amount that can later be reimbursed to you for dependent care. You can set aside pre-tax between \$500 and **\$5,000** annually.

Changes within the plan:

To comply with IRS requirements, you may only make changes in these plans if the following family status changes occur (outside of open enrollment):

- Marriage or divorce
- Death of a spouse or dependent
- Birth or adoption of child
- Termination or commencement of employment of employee’s spouse
- Spouse’s employment goes from full to part-time or part to full-time.

Voluntary Life Premiums

Frequently Asked Questions

Age Banded Rates

Employee's age	Employee Rate per \$10,000 increment	Spouse's Age	Spouse Rate per \$5,000 increment	Child Rate per \$2,000 increment
<=29	\$0.60	<=29	\$0.30	\$0.40
30-34	\$0.70	30-34	\$0.35	regardless of how many children
35-39	\$0.90	35-39	\$0.45	
40-44	\$1.30	40-44	\$0.65	
45-49	\$2.10	45-49	\$1.05	
50-54	\$3.60	50-54	\$1.80	
55-59	\$5.60	55-59	\$2.80	
60-64	\$7.60	60-64	\$3.80	
65-69	\$15.00	65-69	\$7.50	
70-74	\$28.00	70-74	\$14.00	
75+	\$55.40	75+	\$27.70	

Accidental Death & Dismemberment

	AD&D Increment	Rate per increment
Employee:	\$10,000	\$0.20
Spouse:	\$5,000	\$0.15
Child:	\$2,000	\$0.06

When am I eligible?

All full-time employees (minimum 32 hours per week) are eligible to begin benefits on the first day of the first month following the hire date, unless the hire date is the first day of the month.

When would payroll deductions begin for any elected coverage?

All payroll deductions will be taken out in the employee's first check of the month following an election.

Can I enroll later if I don't take all coverage now?

You cannot make changes in coverage prior to January 1st each year unless you have a qualifying event.

Are there penalties if I enroll my dependents later?

Yes.

Cafeteria plan: Section 125 guidelines govern entrance and exit options into and out of a flex plan. Premiums for changes may not be pre-taxable based on these rules.

If my employment terminates what coverage can I continue?

COBRA regulations will allow you to continue coverage for medical and dental for you and your dependents. You will be notified of your options to continue your coverage during your exit interview. The voluntary products are portable based on the contract regulations.

	In-Network	Out-of-Network
Deductible		
Individual	\$1,000	\$2,000
Family	\$2,000	\$4,000
Coinsurance Max		
Individual	\$2,000	\$4,000
Family	\$4,000	\$8,000
In Patient Hospital	30% after deductible	\$500 copay, then 50% after deductible
Out Patient Hospital	30% after deductible	50% after deductible
Urgent Care	30% after deductible	30% after deductible
Emergency Room	30% after deductible	30% after deductible
Primary Care Physician	\$20 co-pay (\$5 copay at Campbell Health Center)	50% after deductible
Specialist Visit	\$50 co-pay (\$5 copay at Campbell Health Center)	50% after deductible
Preventive Care	100% covered, no deductible	50% after deductible
Vision	\$20 exam copay \$125 lens and frame allowance	50% after deductible
Prescription Drugs	Campbell Health Center	You Pay: 50%
Generic	Generic: You pay \$0	Plan Pays: 50%
Preferred Brand	\$10 co-pay	
Brand	\$30 co-pay	
Specialty	\$45 co-pay 25% up to \$100	*Does not include Home Delivery

Premiums:

	Single	Employee + 1	Family
	\$70.00	\$430.00	\$750.00

Group Accident

24-hour coverage

No limit on the number of claims

\$125 benefit for initial treatment of accident

\$1,000 hospital admission—\$200 daily confinement benefit

\$100—\$10,000 specific injuries benefit

Up to \$6,750 for fractures or dislocations

\$60 Wellness Benefit paid annually for having a routine physical

Group Critical Illness

Lump Sum benefit of \$5,000 / \$10,000 / \$20,000 paid on diagnosis of covered illness

Additional occurrence and re-occurrence benefits

Additional heart rider covers surgeries and invasive heart procedures

Spouse coverage is available and children are covered at no additional cost

\$100 Wellness Benefit paid annually to employee & spouse for having a Health Screening

Disability

Employer Paid Long Term Disability

Benefits Begin	After 180 day waiting period
Benefits Payable	To age 65 or Social Security Normal Retirement Age
Percentage of Income Replaced	60%
Maximum Benefit	\$2,000 per month

Voluntary Short Term Disability

Eligibility	Active full time employees
Elimination Periods	<ol style="list-style-type: none"> 1) 1st day accident / 8th day illness 2) 15th day accident / 15th day illness 3) 31st day accident / 31st day illness
Benefit Amount	Increments of \$100 in monthly benefit up to the lesser of 60% of salary or \$5,000 per month
Definition of Disability	During disability, you will be considered Totally Disabled if, as a result of a sickness or off the job injury, you are unable to perform the material duties of your regular job
Benefit Duration	6 months

This is only intended to be a summary of benefit options. See Vendor Insurance Booklets for exact coverage/exclusions. This does not constitute coverage.

Open Access HDHP



	In-Network	Out-of-Network
Deductible		
Individual	\$2,000	\$4,000
Family	\$4,000	\$8,000
Coinsurance Max		
Individual	-	\$5,250
Family	-	\$10,500
In Patient Hospital	0% after deductible	30% after deductible
Out Patient Hospital	0% after deductible	30% after deductible
Urgent Care	0% after deductible	0% after deductible
Emergency Room	0% after deductible	0% after deductible
Primary Care Physician	0% after deductible	30% after deductible
Specialist Visit	0% after deductible	30% after deductible
Preventive Care	100% covered, no deductible	30% after deductible
Vision	\$20 exam copay \$125 lens and frame allowance	30% after deductible
Prescription Drugs		
Generic	0% after deductible	You Pay: 30% Plan Pays: 70%
Preferred Brand	0% after deductible	
Brand	0% after deductible	*Does not include Home Delivery
Specialty	0% after deductible	

*The Campbell Health Center will offer employees substantial discounts from the regular billed charges for medical and pharmacy

Maximum HSA Contributions
 Individual: \$3,250
 Family: \$6,450

Catch-up Contribution Maximum:
 Age 55 +: \$1,000

Premiums:		
Single	Employee + 1	Family
\$60.00	\$365.00	\$655.00

Dental



Services	Core Plan	Buy Up Plan
Deductible	\$50 Deductible per covered member (maximum of 3 per family unit)	\$50 Deductible per covered member (maximum of 3 per family unit)
Calendar Year Maximum	\$1,000 per covered member	\$1,000 per covered member \$1,000 Lifetime Maximum for Orthodontia
Preventive Services	100% Exams, cleanings, fluoride treatment, x-rays, and fluoride treatments	100% Exams, cleanings, fluoride treatment, x-rays, and fluoride treatments
Basic Services	80% Fillings, simple extractions, space maintainers	80% Fillings, simple extractions, space maintainers
Major Services	No Coverage	50% Endodontic, periodontics crowns, bridges and dentures, repairs and adjustments
Orthodontics	No Coverage	50% Appliances and related services for children up to age 19 (to age 23 if a full-time student)

Premiums	Single	Employee/Spouse	Employee/Children	Family
CORE	\$30.02	\$58.09	\$83.54	\$112.04
BUY UP	\$47.53	\$93.12	\$123.98	\$169.54

Life Insurance



100% Employer Paid Group Term Life and AD&D

Employee Life Benefit: 1 times Annual Salary to \$50,000

Spouse Life Benefit: \$2,000

Child Life Benefit

Birth to 6 months: \$1,000

6 months to age 19 or 25 if fulltime student: \$2,000

Voluntary Group Term Life and AD&D

Employee Life Benefit: Increments of \$10,000 to a maximum of \$500,000
Guarantee Issue: \$100,000

Spouse Life Benefit: Increments of \$5,000 to a maximum of \$500,000
Guarantee Issue: \$25,000

Child Life Benefit

Birth to age 19 or 25 if full time student: \$2,000 increments to a maximum of \$10,000
Guarantee Issue: \$10,000

***Spouse and Child Life must be purchased with Employee Life**

Age Reduction Schedule: 65% at age 70; 50% at age 75.

Evidence of Insurability may be required

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