

2020 – 2021 EMPLOYEE BENEFITS AT A GLANCE

Medical – Cigna	Point of Service (POS)	High Deductible Health Plan (HDHP)
	In-Network	In-Network
Coinsurance (Member pays)	0%	10%
Plan Year Deductible - Individual - Family	Embedded \$500 \$1,500	Non-Embedded \$1,400 \$2,800
Out-of-Pocket Maximum (Deductible included) - Individual - Family	\$500 \$1,500	\$2,000 \$6,000
Office Visit - Primary	\$15 Copay (Cigna Designated Care Network) / \$25	10% after Deductible
- Specialist	\$30 (Cigna Designated Care Network) / \$50	10% after Deductible
Inpatient Services	Deductible	10% after Deductible
Outpatient Services	Deductible	10% after Deductible
Emergency Room Services (Waived if admitted)	\$150 Copay	10% after Deductible
Urgent Care	\$60 Copay	10% after Deductible
Lifetime Maximum Benefits	Unlimited	Unlimited
Prescription Coverage (30 Day Supply)	Point of Service (POS)	High Deductible Health Plan (HDHP)
Tier 1 Tier 2 Tier 3 Tier 4	\$10 Copay \$35 Copay \$60 Copay 20% Coinsurance; \$100 Max/Rx	10% after Deductible 10% after Deductible 10% after Deductible 10% after Deductible
Mail Order(90 Day Supply) Tier 1/2/3	\$15/\$70/\$180 Copay	10% after Deductible

Employee Rates	Point of Service (POS)			
(Per Paycheck)	Full Time	Full Time	Half Time	
	Monthly	Bi-weekly	Monthly	
Employee Only Employee + Spouse Employee + Child(ren) Family	\$71.30	\$35.65	\$393.06	
	\$395.02	\$197.51	\$790.05	
	\$371.44	\$185.72	\$742.88	
	\$560.11	\$280.05	\$1,120.22	

Employee Rates	High Deductible Health Plan		
(Per Paycheck)	Full Time	Full Time	Half Time
	Monthly	Bi-weekly	Monthly
Employee Only	\$0.00	\$0.00	\$0.00
Employee + Spouse	\$243.40	\$121.70	\$714.20
Employee + Child(ren)	\$228.87	\$114.44	\$671.57
Family	\$345.12	\$172.56	\$1,012.68

Health Savings Account – HSA Bank

A Health Savings Account (HSA) is a way for you to save pre-tax dollars that can be used to pay for qualified health care expenses like deductibles, copays, coinsurance, prescriptions, vision and dental expenses. The funds can be taken out via payroll deductions and are deposited into the account for future use. In order to contribute to an HSA, you must be enrolled in Agnes Scott College's High Deductible Health Plan. You will also receive a contribution from Agnes Scott College to help grow your balance faster. Annual Employer contributions are as follows:

Flexible Spending Account – Benefit Alternatives

A Flexible Spending Account (FSA) offers a way to pay for qualified expenses while reducing your taxable income at the same time. You can use pretax dollars toward eligible expenses.

Full Purpose FSA*

Employees not enrolled in a medical plan, or employees enrolled in the POS Medical plan can participate. The annual maximum allowed for the Full Purpose FSA is 2,750 and can be used for qualified medical, dental, and vision expenses.

Limited Purpose FSA*

Employees enrolled in the college's HDHP plan or another HDHP plan can participate. The annual maximum allowed for the Limited Purpose FSA is \$2,750 and can be used for qualified dental, and vision expenses. These funds cannot be used for medical expenses.

Dependent Care FSA

Any employee can participate in the Dependent Care FSA and can contribute up to \$5,000. At the end of the year, any leftover funds will be lost.

*Please remember that you can carry over up to \$500 of your unused full and limited purpose FSA elected funds to help pay for qualified expenses that occur in fiscal 2020: July 1, 2020, to June 30, 2021.

Dental – Cigna	Dental Health Maintenance Organization (DHMO) In/Out-of-Network	Dental Preferred Provider Organization (DPPO) In/Out-of-Network
Annual Deductible Individual Family	These benefits are based on a	\$50 \$150
Preventive Services	payment schedule. The plan summary	80%
Basic Services	and summary plan	80%
Major Services	description may be viewed at www.	50%
Orthodontics	agnesscott.edu/	Not covered
Ortho. Lifetime Maximum	<u>humanresources.</u>	N/A
Annual Plan Maximum		\$1,000

Employee Rates (Per Paycheck)	DHMO		
	Full Time Monthly	Full Time Bi-weekly	Half Time Monthly
Employee + 1	\$2.30 \$12.65	\$1.15 \$6.33	\$9.39 \$15.89 \$30.45
Family	\$30.45	\$15.23	\$30.45

Employee Rates (Per Paycheck)	DPPO		
	Full Time	Full Time	Half Time
	Monthly	Bi-weekly	Monthly
Employee Only Employee + 1 Family	\$7.95	\$3.98	\$18.80
	\$40.39	\$20.20	\$40.39
	\$99.38	\$49.69	\$99.38

Basic Life and AD&D – Unum 100% Employer Paid

Basic Life and AD&D Benefit 1.5x Salary up to \$250,000

Voluntary Life – Unum 100% Employee Paid

You may purchase additional life insurance through Unum up to three times your annual earnings. This optional coverage can be purchased in increments of \$1,000 up to a maximum of \$300,000, not to exceed five times earnings. Any amounts over \$200,000 will need to be medically underwritten.

You may also purchase coverage for your spouse and/or dependent children. For your spouse, coverage can be purchased in increments of \$1,000 up to 100% of what you have elected on yourself up to a maximum of \$300,000. For your dependent children, depending on age and status of the child, coverage can be purchased in increments of \$1,000 up to a maximum of \$10,000 for a child 6 months and over. \$1,000 can be purchased for dependent children up to 6 months old.

Long Term Disability (LTD) - Unum 100% Employer Paid

Monthly Benefit Percentage	60%
Maximum Monthly Benefit	\$7,500
Renefit Waiting Period	180 days

Retirement

Full-time and half-time employees who complete at least 1,000 continuous work hour each year are required to participate in the Agnes Scott college 403 (b) Defined Contribution Retirement Plan. Participation begins (for those working 1,000 hours or more) after the employee has completed one year of service to the college. The plan is provided through Teachers Insurance Annuity Association (TIAA).

Eligible employees are required, as a condition of employment, to contribute 3.5 percent of their salary after one year of service. The college also makes a contribution of no less than 8.2 percent, which may be amended, or suspended, from year to year, as determined by the college administration.

Long Term Care

Newly hired Agnes Scott College employees have the opportunity to get coverage with streamlined underwriting depending on their age, during the first 30 days after becoming benefits eligible.

Vision Plan – VSP	In-Network	
Exams	\$10 Copay	
Eyeglasses Single Vision Bifocal Trifocal Progressive	\$25 Copay \$25 Copay \$25 Copay \$50 Copay	
Frames	\$120 Allowance	
Contact Lenses Conventional/Disposable	\$120 Allowance	
Frequency of Services Exam/Lenses/Frames/Contact Lenses 24/24/24 Months		

Employee Rates (Per Paycheck)	Full Time Monthly	Full Time Bi-weekly	Half Time Monthly
Employee Only	\$6.03	\$3.02	\$6.03
Employee + 1	\$8.75	\$4.38	\$8.75
Family	\$15.68	\$7.84	\$15.68

LegalShield

This legal services plan offers consultation from multispeciality attorneys from top quality law firms whenever you need advice related to all legal matters.

Workplace Partners: 678-579-9662 or at 404-285-5211.

Employee Assistance Plan (EAP)

The EAP is a confidential counseling and referral resource available to assist you and family members with personal issues such as alcohol or drug use, budget assistance, family problems, emotional concerns or stress at work or home. You may also contact the EAP for a legal consultation or for wellness services. You may access the EAP through phone or internet:

1-800-869-0276 www.espyr.com

Contact Information

Please contact your Client Advocate at OneDigital with any plan design questions or claim issues. The Client Advocate is there to assist you with any plan issues.

Vanessa Wilder Phone: 1.404.846.3154 Facsimile: 1.404.846.3125 Toll Free: 1.800.304.6157 vwilder@onedigital.com

Vision | VSP

Member Services: 1.800.877.7195 <u>www.vsp.com</u>

Life and Disability | Unum Member Services: 1.800.421.0344 www.unum.com

Flexible Spending Account | Benefit Alternatives Member Services: 1.866.323.2363 www.benefitalt.com

Employee Assistance Program (EAP)| Espyr Member Services: 1.800.869.0276 www.espyr.com

