### WALSH UNIVERSITY

# 2023 BENEFITS INFORMATION





#### **Introduction**

Welcome to Walsh University! Whether you are a new employee, or someone looking for information on the current benefit offerings, this guide provides information that may help with benefit decisions. If you have any additional questions regarding anything in this booklet, please e-mail the Manager of Payroll and Benefits. Please note: anything in this booklet is subject to change at any time, at the University's discretion and within the limits of the Plan documents. This booklet is intended to be an overview of Walsh University's benefit plans. If more details are needed, please consult the Plan documents and contact the Manager of Payroll and Benefits.

#### **Eligibility**

You are eligible for coverage if you meet the following criteria:

- Are a full time employee
- You work at least 30 hours per week
- You meet ACA requirements, which consist of working an average of 30 hours per week within an 11 month measurement period

#### **Benefit Enrollment**

This benefits booklet uses the term "employee" throughout, which indicates staff and faculty. New employees have 30 days from the date of hire to elect coverage through the Paycom notification event. All benefits will go into effect on the hire date, regardless of when the benefit elections are made within the 30-day time limit. Payment for all elected benefits will start the following pay period after elections are made. Depending on when benefits were elected, you may be subject to back deductions in order to catch up your premiums. If you take no action on your benefit event, or do not submit it within the 30-day time limit, you will not be enrolled in benefits and cannot enroll until the next Open Enrollment period or until you experience a Qualifying Event.

Existing employees can change their coverage during Open Enrollment, or through a Qualifying Event. A Qualifying Event is a life event for you or a dependent that makes them eligible to be added or removed from your coverage. You have 30 days from the date this event occurs to complete a Qualifying Event in Paycom. Examples of a Qualifying Event include:

- Birth/Adoption
- Marriage
- Loss/Gain other coverage or Medicare Part B
- Loss/Gain of Tri-Care
- Divorce or Legal Separation
- Death of a dependent

If you do not complete the event within the 30-day time limit, you must wait until Open Enrollment to make any changes to coverage.

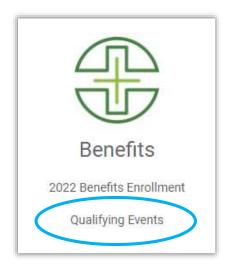
#### **Enrolling Through Paycom**

If you are a new employee, you can enroll through your New Hire event in Paycom. To complete this, log into Paycom and click on the bell in the top right corner of the screen:



There will be a Benefit Enrollment task to choose. You must go through all of the questions, and choose a response (even if you are waiving the benefit). Once all questions are completed, you will see a summary, and the bi-weekly total cost of all chosen plans. You must click the finalize button at the bottom in order for the benefits to be accepted into Paycom. If you have any questions, please contact the Manager of Payroll and Benefits.

If you are an existing employee processing a Qualifying Event, this is a two-step process that must be completed in its entirety. You must log into Paycom, then click on the Qualifying Event option in the Benefits section:



From here, fill out the required information. You must attach a document to support your Qualifying Event. Acceptable documents include:

- Birth birth certificate or crib card
- Adoption court paperwork signed by the judge
- Marriage marriage certificate
- Divorce divorce or separation papers signed by the judge
- Loss/Gain other coverage a letter from the employer or insurance company stating the date coverage was gained or lost, and who experienced the gain or loss
- Death of dependent death certificate

Once submitted, it will be sent to the Manager of Payroll and Benefits for approval or denial. If approved, you will receive a Paycom e-mail instructing you to login and make the necessary benefit changes.

#### **Summary of Company Provided Benefits**

Walsh University provides the following benefits at no cost to you effective upon the date of hire:

<u>Life Insurance</u> – employees are provided a life insurance policy at one times your basic annual earnings, rounded to next higher \$1,000 increment, with a Plan maximum of \$200,000. You will have the option upon your hire event, Qualifying Event, or anytime in Paycom to designate or change a beneficiary for this plan.

<u>Accidental Death and Dismemberment</u> – If all Plan requirements are met, this plan will provide an amount equal to your basic life insurance if you pass away through an accident, or are dismembered. Please refer to the Plan document for more specific information regarding this benefit.

<u>Short Term Disability</u> - this benefit can be used if you are on a continuous medical leave of absence for yourself that lasts no more than 12 weeks. Once the employee initiates the claim and MetLife approves, the employee will receive 60% of their salary from days 8-90 through MetLife, and 40% of their salary days 8-30 from the University if the claim is approved by MetLife. Payment begins after MetLife approves the claim, and will be retroactive to day 8.

For days 1-7 of the leave, the employee must use 40 hours of time off, starting with any accrued sick time. If there isn't enough sick time to cover the elimination period, accrued vacation time must be used. If there is not enough accrued sick and/or vacation time to cover the 7-day elimination period (40 hours), the employee may go negative in vacation time but must not use in total more than the employee's yearly accrual amount. If the employee does not have enough time between accrued and negative time, the employee will go unpaid for the remaining hours

\*\*If you need to be on a leave of absence for any illness, medical issue, or accident longer than three consecutive work days, please notify your manager and contact the Human Resources office by e-mailing <a href="WalshHR@walsh.edu">WalshHR@walsh.edu</a>. Family Medical Leave Act documents may be required.

<u>Long Term Disability</u> - If you need to be on a continuous leave of absence for longer than 12 weeks, this benefit will pay you up to 60% of your salary if eligible and approved by MetLife. Please refer to the Employee Handbook for more information about time restrictions for an extended leave.

#### **Summary of Voluntary Benefits**

Walsh University offers the following voluntary benefits for employees to enroll in through their new hire event, or during Open Enrollment:

<u>Medical</u> - Walsh offers the Basic PPO plan through Aultcare accompanied by a secondary plan called Premium Saver. The Basic PPO plan includes prescription coverage. See pages 6-9 for more detailed information.

<u>Dental</u> – Walsh offers dental coverage through MetLife, with preventative services covered at 100%. See page 11 for more detailed information.

<u>Vision</u> - this MetLife comprehensive plan can assist with paying for eye exams, frames, lenses, and more. See page 12 for more detailed information.

<u>Supplemental Life Insurance</u> - you have the option to elect an additional life insurance coverage, in \$10,000 increments, up to \$500,000. Prices are based on a variety of factors - including age and what coverages are elected. You may be subject to submitting an Evidence of Insurability form to MetLife in order to be approved for the amount you elect. Other additional coverages- such as grief counseling and funeral planning services, are included. See page 13 for more details.

<u>Optional Spouse Life insurance</u> - you have the option to elect an additional life insurance plan for your spouse, in \$5,000 increments, up to \$100,000. Prices are based on a variety of factors- including age and what you elect. You cannot elect more than half the amount of your own optional life insurance plan for your spouse. Your spouse may be subject to submitting an Evidence of Insurability form to MetLife in order to be approved for the amount you elect. See page 13 for more details.

Optional Child Life Insurance - you have the option to elect an additional life insurance plan for your child(ren), beginning at \$1,000, up to \$10,000 through MetLife. Options and prices vary based on age and the election amount. See page 13 for more details.

<u>Accident Plan</u> - if you or your dependents are in an accident and meet MetLife plan requirements, you will receive supplemental money to help pay for various expenses. See page 14 for benefit types and premium rates.

<u>Flexible Spending Accounts</u> - Walsh offers FSA and Dependent Care plans through Aultcare to assist with out of pocket medical or daycare expenses. See page 10 for more detailed information.

<u>Critical Illness</u> – If all Plan requirements are met, this Plan pays a lump-sum initial benefit upon the first verified diagnosis of a covered condition. You can elect this plan for employee, spouse, and all dependents. See page 16 for more details.

### **Medical - Aultcare**

Walsh offers a Basic PPO plan through Aultcare accompanied by a secondary insurance plan through Premium Saver/AmFirst. The chart below shows four tiers for the plan, and the cost per bi-weekly pay period:

| Aultcare | Premium | Saver- Bi- | Weekh | y Rates |
|----------|---------|------------|-------|---------|
|----------|---------|------------|-------|---------|

| <u>Tier</u>     | Wellness  | w/o Wellness |
|-----------------|-----------|--------------|
| EE Only         | \$60.00   | \$78.46      |
| EE and Spouse   | \$126.92* | \$145.38*    |
| EE and Children | \$126.92  | \$145.38     |
| Family          | \$173.08* | \$191.54*    |

If you live outside Aultcare's network, you will be placed into Aultcare's out of network program, under Cigna. This benefit keeps all of the Aultcare in-network plan parameters, but extends the geographic reach of the Aultcare plan without a cost increase for employees.

\*possible Working Spouse charge of \$120 could apply

#### **Plan Details**

| Benefit  | In Network  | Out-of-Network  |
|--|---|---|
| Annual Deductible  | \$9,100 Individual<br>\$18,200 Family   | \$24,300 Individual<br>\$48,600 Family                                |
| Embedded Deductible: Individual deduct deductible.                     | ible applies first, the remaining family n  | nembers help to satisfy the remaining family                          |
| Medical and Pharmacy Out-of-Pocket<br>Maximum<br>(Includes deductible) | \$9,100 Individual<br>\$18,200 Family   | \$27,300 Individual<br>\$54,600 Family                                |
| Benefit Percentage   | 100%*   | 80% RBP**   |
| Preventive Care  | 100% no deductible  | 80% RBP**   |
| Copays   | Specialist \$2<br>AultmanNow (General Medical) \$2<br>AultmanNow (Behavioral Health) \$2<br>Urgent Care \$5 | 25 80% RBP**<br>25 25 25 26 26 27 27 27 27 27 27 27 27 27 27 27 27 27 |
| *after Network deductible is met                                       | ** after Non-Network Deductible is met  |   |

<sup>\*\*</sup>For a printable larger version of this chart, please see appendix

#### **Premium Saver**

Paired with the Basic PPO plan mentioned above is the AmFirst Premium Saver Plan. This acts as a supplemental plan in order to reduce employee out of pocket expenses. Your network remains with Aultcare/Cigna, and you still use all the benefits of the Aultcare plan. Premium Saver applies to all services except those that have a co-pay, including prescriptions. The chart below provides more information and how it works with Aultcare:

|                               | Aultcare<br>Basic PPO Plan | Employee<br>Pays    | Premium Saver<br>Pays  |
|-------------------------------|----------------------------|---------------------|--|
| Employee Network Deductible   | \$9,100                    | \$750               | Deductible and coinsurance                                     |
|                               | 2x Per Family              | 2x Per Family       | family limit is 2X the individua<br>deductible and coinsurance |
| Network Coinsurance           | 0%                         | 20% to \$1,650      | 80% to \$6,700   |
| Deductible & Coinsurance      | \$9,100                    | \$2,400             | Max benefit based on   |
| Annual Maximum Out of Pocket  | 2x Per Family              | 2x Per Family       | EOBs from primary  |
|                               | Deductible Included        | Deductible Included | Insurance Co.  |
| Network Office Visit Copays   | \$25 Copay                 | \$25 Copay          | Not Applicable   |
| Outpatient Prescription Drugs | Included                   | Included            | Not Applicable   |

<sup>\*\*</sup>For a printable larger version of this chart, please see appendix

#### Things to Remember

All enrolled employees will receive two cards under Walsh's Premium Saver medical plan- one card is from Aultcare, and one is from Premium Saver/Amfirst. The card process can vary, depending on visiting a medical provider or pharmacy. Keeps these things in mind:

- Premium Saver/Amfirst acts as a secondary insurance to the Aultcare Basic PPO plan.
- When going to any doctor, present both cards and let them know to process your claim through Aultcare first.
- You will receive two Explanation of Benefits (EOBs)- one from Aultcare, and one from Premum Saver/AmFirst. Anything that is going toward your deductible will be posted on the Aultcare EOB.
- Prescriptions will go through the Aultcare card only.

#### **Wellness Credit**

Walsh offers a \$40 per month discount on their medical premium to employees who choose to fill out the Wellness Credit information through Aultcare. This is a two-step process which requires that you first have the Walsh Physician Form filled out by your physician, and complete the Wellness survey on the Aultcare portal. New Hires have 30 days from their date of hire to complete the process. Existing employees must complete this process every year during the Open Enrollment time frame. Not completing this process within the allotted time will result in you paying a higher premium until the next Open Enrollment period.

#### Spousal Surcharge

Spouses of Walsh University employees are eligible for health care coverage under the Walsh University plan at the Employee and Spouse or Employee and Family rate, if one of the following applies:

- The spouse is not employed
- The spouse is not eligible for his/her employer's health plan
- The spouse is retired or self-employed and does not have access to a group medical plan

Spouses of Walsh University employees who choose not to enroll in their employer sponsored health plan may enroll under Walsh University's health care plan for an additional cost (spousal surcharge). This cost would be in addition to paying the Employee and Spouse or Employee and Family rate. It is the employee's responsibility to notify the Employer of any change in spousal coverage or any qualifying event in regard to coverage.

Please see the above chart for reference on cost for Employee and Spouse and Family plans. All employees with a spouse on their Walsh University medical plan are required to have the Spousal Surcharge form filled out by the spouse's employer during Open Enrollment or their new hire event. Failure to provide it within the time frame will result in the spousal surcharge being applied until the form is turned in. No refunds will be given for this charge for late submittals.

### <u>Prescription Coverage- Optum RX</u>

Included with the Aultcare Basic PPO plan is a prescription drug plan. Please noteprescription coverage cannot be elected by itself- you must elect the Aultcare Basic PPO plan in order to have the prescription benefit.

| Benefit   | Retail Pharmacy  | Mail Order - 90 day supply                                     |
|---|--|--|
| Tier 1 1-34 supply<br>Tier 1 35-60 supply<br>Preferred Generic  | \$10 or 20% (whichever is greater)<br>\$10 or 20% (whichever is greater) | \$25 or 20% (whichever is greater)                             |
| Tier 2 1-34 supply<br>Preferred Brand and Non-Preferred Generic   | \$30 or 30% (whichever is greater)                                       | \$85 or 25% (whichever is greater, \$200 max)                  |
| Tier 3<br>Non-Preferred Brand and Non-Preferred Generic   | \$45 or 50% (whichever is greater)                                       | \$130 or 45% (whichever is greater, \$400 max)                 |
| Tier 4<br>Specialty Generic<br>*Prior Authorizations may be required                                    | \$125 or 20% (whichever is greater) Limited to a 30 day supply           | \$125 or 20% (whichever is greater)                            |
| Tier 5<br>Specialty Brand Name<br>*Prior Authorizations may be required                                 | \$250 or 40% (whichever is greater) Limited to a 30 day supply           | \$250 or 40% (whichever is greater) Limited to a 30 day supply |
| Out-of-Pocket Maximum is combined with Medical  | \$9,100 Sin  | igle/\$18,200 Family   |
| Refer to the AultCare formulary - www.aultcare.com<br>Step Therapy Program is required for some classes |  |  |

<sup>\*\*</sup>For a printable larger version of this chart, please see appendix

### **Spending Accounts**

If you are enrolled in a PPO plan, you can choose a FSA spending account to help you save money for out of pocket medical expenses. These funds can cover a wide variety of expenses, from medical procedures to over the counter drugs.

<u>FSA</u> - stands for Flexible Spending Account. This plan can only be elected if you are enrolled in a PPO plan. Your total elected amount is front loaded onto a card for you, and you pay the amount off throughout the calendar year in your bi-weekly pay. You are not able to go above a maximum, government set amount each calendar year for this plan. You must use the money within the calendar year it is elected; if you don't, the money will be forfeited.

<u>Dependent Care FSA (DCRA)</u>- this account allows participants to set up an account to be used for work related day care expenses (day care centers, preschools, and before/after school care). A card does not come with this account- you must pay the day care out of pocket, then send the receipt to Aultcare to be reimbursed for the expenses. To qualify, the dependent must be under the age of 13, or physically or mentally incapable of self-care and spends at least eight hours a day in your household.

#### **Maximum Election Amounts:**

FSA- \$3,050 per household

DCRA- \$5,000 if single or filing married jointly

\$2,500 if married and filing separately

### **Dental - Metlife**

Keeping good dental hygiene habits can not only help with healthy teeth, but also a variety of other medical issues that may arise. Walsh offers a dental plan with four tiers that can offer oral exams, x-rays and other assistance with mouth ailments to you and your dependents.

#### Dental plan costs (Bi-Weekly):

Employee Only \$5.08

Family \$15.00

| Maximum Benefit (per covered person) |  |
|--------------------------------------|--|
| \$1,250                              | Calendar year benefit for non-orthodontia dental service |
| \$1,000                              | Lifetime benefit for orthodontia service (up to age 26)  |
| Deductible Amounts                   |  |
| \$0.00                               | Preventative Services                                    |
|                                      | Two cleanings per calendar year                          |
| \$0.00                               | Orthodontia Services                                     |
| \$25.00                              | Basic/Major Service- per covered individual              |
| \$50.00                              | Basic/Major Service- covered family total                |
| Coinsurance                          |  |
| 100%                                 | Preventative Services                                    |
| 80%                                  | Basic Services   |
| 60%                                  | Major Services   |
| 50%                                  | Orthodontia Services (age 26)                            |
|                                      |  |

For more information regarding specifics of the dental plan, log onto the Metlife portal at metlife.com/mybenefits. To find an in-network provider, go to metlife.com/dental, elect the PDP Plus network, and enter your zip code.

### **Vision - Metlife**

Even if you don't wear glasses, vision insurance can help with annual preventative eye exams. Healthy vision, especially in a profession where you are staring at computers for long hours, is pivotal. With Walsh's vision plan through MetLife, you can receive the following at the costs listed below:

#### Vision plan costs (Bi-Weekly):

Employee Only \$3.78

Family \$8.55

| Deductible Amounts |  |
|--------------------|--|
| \$10 co-pay        | Exam co-pay in network                       |
|                    | Every 12 months                              |
| \$10 co-pay        | lenses and contact lense fitting             |
|                    | *May still have co-pays for extras on lenses |
| Timeframes         |  |
| Lenses OR Contacts | Every 12 months                              |
| Frames             | Every 24 months                              |
| Retail Allowances  |  |
| \$150              | Frames                                       |
| \$150              | Contacts                                     |
| \$10               | All lenses (single, bifocal, trifocal)       |

For more information regarding in-network providers, how to submit out of network claims, and what frames are featured, log in to the Metlife portal at metlife.com/mybenefits.

### Supplemental Life- Metlife

Walsh offers supplemental life insurance plans through MetLife for you and your dependents. See each section below to get more information on what you can elect for each family member.

<u>Supplemental Employee Life Insurance</u>- Each employee can elect supplemental life insurance in \$10,000 increments, up to a maximum of five times their salary, or \$500,000. You can elect up to \$200,000 of this insurance during your new hire enrollment without being subject to fill out an Evidence of Insurability (EOI) form. During the Annual Enrollment period, employees can increase their life insurance by \$10,000 without being subject to an EOI. This benefit has no age reduction, and includes a waiver of premium. You can convert or port this plan upon termination or retirement.

<u>Supplemental Spouse Life Insurance</u>- Employees can elect to have a life insurance plan for their spouse in \$5,000 increments to a maximum of \$100,000, not to exceed 50% of the employee's supplemental life insurance plan. You can elect up to \$25,000 for your spouse without them being subject to fill out an Evidence of Insurability Form. This benefit comes with a no age reduction clause, waiver of premium, and can be converted or ported.

<u>Supplemental Child Life Insurance</u>- Employees can elect life insurance policies for their children in increments of \$1,000, 2,000, \$4,000, \$5,000, or \$10,000. These policies can be in effect until age 26.

<sup>\*\*</sup>Employee and Spouse life insurance plans come with Accidental Death and Dismemberment benefits. See the life insurance plan document for additional information.

### **Accident Care Plan- Metlife**

Being in an accident can be a stressful time for families, from hospital visits to dealing with the aftermath of bills. This plan may assist with out of pocket medical expenses not covered by your medical plan if you or your covered dependents are in various types of accidents.

#### Accident plan cost (Bi-Weekly):

Employee Only \$4.65

Employee and Spouse \$9.20

Employee and Children \$11.04

Family \$13.06

| Type of Care                      | Maximum Benefit Amount                  |
|-----------------------------------|---|
| Ambulance                         | \$300 Ground, \$1,000 Air               |
| Emergency Room Treatment          | \$75-150 depending on Icoation of care  |
| Hospital Admission                | \$1,000 for day of admission            |
| Hospital Confinement              | \$200/day for up to 15 days             |
| Hospital ICU Admission            | \$1,000 for day of admission            |
| Hospital ICU Confinement          | \$200/day for up to 15 days             |
| Follow-up Physician               | \$75                                    |
| Medical Appliances                | \$75-\$750 depending on appliance       |
| Physical Therapy                  | \$35                                    |
| Prosthetic Device/Artificial Limb | \$750 one device, \$1,500 more than one |
| Inpatient Rehabilitation Unit     | \$150/day for up to 15 days             |

A health screening benefit reimbursement of \$100 per calendar year is available

For more detailed information on what is covered under this plan, please see the plan document.

### **Long Term Care- Unum**

Long Term Care can assist with paying for your in-home care or retirement home expenses after you have left the company. If you are a director or above and have been at Walsh for five years or more, you receive the basic plan at no cost to you. Please note- you MUST let Walsh know you are taking this benefit from the company within 30 days of notification of eligibility in order for it to go into effect. All other employees who are eligible for benefits are able to elect the plan with a bi-weekly premium that is set at Unum.

| Basic Plan                           |                 |
|--------------------------------------|-----------------|
| Type of Coverage                     | Maximum Benefit |
| Facility Monthly                     | \$3,000         |
| Benefit Duration                     | 3 years         |
| Professional Home and Community Care | \$3,000 monthly |
| Benefit Increase                     | 5%              |

| Buy-Up Options                        |   |
|---------------------------------------|---|
| Type of Coverage                      | Maximum Benefit                         |
| Facility Monthly                      | \$3,000-\$9,000 (in \$1,000 increments) |
| Other Eligible Dependents (ex spouse) | \$3,000-\$9,000 (in \$1,000 increments) |
| Benefit Duration                      | 3 years, 6 years, or lifetime           |
| Professional Home and Community Care  | 100% of the Facility Monthly            |
| OR Total Choice Home Care             | 50% of the Facility Monthly             |

Please note: Evidence of Insurability may be applicable depending on your election. For more information, please see the plan document.

### **Critical Illness- Metlife**

Having a critical illness - such as cancer or heart failure - can be a difficult time for people and families going through such a tragic event. Critical illness coverage can be used to help with expenses incurred from these illnesses, to help lessen stress. Please note- the bi-weekly cost of this benefit can vary per employee, and is based on a variety of factors.

#### **Maximum Benefit Amounts:**

Option 1- \$5,000 for employee, \$2,500 for spouse, \$2,500 for child Option 2- \$10,000 for employee, \$5,000 for spouse, \$5,000 for child Option 3- \$20,000 for employee, \$10,000 for spouse, \$10,000 for child

| Conditions                      | Percentage of Maximum Benefit Payable |
|---------------------------------|---------------------------------------|
| Benign Brain Tumor              | 100%                                  |
| Invasive Cancer                 | 100%                                  |
| Non-Invasive Cancer             | 25%                                   |
| Kidney Failure                  | 100%                                  |
| Coma                            | 100%                                  |
| Coronary Artery Bypass          | 50%                                   |
| Heart Attack                    | 100%                                  |
| Cardiac Arrest                  | 50%                                   |
| Major Organ Transplant          | 100%                                  |
| Paralysis (two more more limbs) | 100%                                  |
| Stroke                          | 100%                                  |
| Severe Burn                     | 100%                                  |

For a more extensive list and more detailed information about this benefit, see the plan document.

### **403b Retirement Plan-TIAA**

It's never too early to start saving for retirement. At Walsh, you can start saving on day one- as soon as you are hired! There are two types of plans within the 403b plan, so it's best to understand both to make your decision:

<u>Pre-Tax Contribution</u> - this plan allows the retirement money to be placed into your account pre-tax. This means, more money goes into your account, because the percentage is based on the gross pay. Keep in mind- this could mean you pay more taxes when you go to take the money out.

<u>Roth</u> - this plan allows the retirement money to go into your account after-tax. This means, the money going into your account is based off your net pay- after all the other taxes are taken out. Keep in mind- because you are paying the taxes in your check, your money will be tax free when you go to take the money out.

If you have been at the University for at least one year, or you worked in higher education for at least one year before being hired at Walsh, you will be auto-enrolled into the plan with a 3% contribution in order to receive the maximum 7% match from the University. If you don't wish to contribute this amount, you may adjust this based on the chart below. But don't worry- if you want to contribute before the match goes into effect, you can!

| Employee Contributon | University Contribution |
|----------------------|-------------------------|
| 0%                   | 4%                      |
| 1%                   | 5%                      |
| 2%                   | 6%                      |
| 3% or more           | 7%,                     |

Employees can elect to start, end, or change their 403b contributions at any time. To request a change, please see the Manager of Payroll and Benefits for a form, and return it as soon as possible. The changes will go into effect the next pay cycle.

TIAA, Walsh's 403b vendor, will send you quarterly statements with information regarding your account. To see more information and helpful articles, log into tiaa.org, or call 800-842-2252.

### **Vacation Time**

Rest and recreation are important for the health and wellbeing of employees. The University wants and expects employees to use their annual vacation allocation.

#### **Accrual Amounts**

| Non-Exempt Vacation Day Accrual Schedule                               |                     |                     |                     |  |
|--|---------------------|---------------------|---------------------|--|
| <b>Completed Years of Service</b>                                      | 0 to 4              | 5 to 9              | 10 or more          |  |
| #of Vacation Days  | 10 (.0385 per hour) | 15 (.0577 per hour) | 20 (.0770 per hour) |  |
|  |                     |                     |                     |  |
| Exempt and Professional Non-Exempt Staff Vacation Day Accrual Schedule |                     |                     |                     |  |
| Completed Years of Service   | 0-4                 | 5 or more           |                     |  |
| # of Vacation Days   | 15 (.0577 per hour) | 20 (.0770 per hour) |                     |  |

Part-time employees receive a pro-rated accrual amount based on hours worked.

Vacation time must be used between July 1<sup>st</sup> and June 30th. There is no carryover or payment of unused vacation at the end of the fiscal year (June 30).

It is the responsibility of each department head to develop an annual tentative vacation schedule. The vacation schedule is to reflect proper staffing levels that assure the ability to provide the best possible service for constituents particularly at the beginning and the ending of the academic semester.

Employees must discuss and have vacation plans approved by their supervisor and receive approval prior to finalizing vacation schedules. Vacation requests must be made using PAYCOM. All employees who receive vacation time are required to enter vacation accurately and timely, within each pay period. Repeated violations may result in disciplinary action being taken and, for those eligible positions, forfeiture of any accrued and unused vacation at separation from the University.

Vacation time does not accrue when an employee is on medical leave and not being paid by the University. This occurs when an employee is on short- or long-term disability and is receiving payments from the University's disability insurance provider, MetLife.

For positions that receive vacation time, accrued vacation balances either positive or negative will be used in calculating the employee's final check.

### **Sick Time**

Some things in life can't be controlled, and being sick is no exception. The University provides a sick time off bank for those days when you're feeling under the weather.

All employees are given 2.15 hours each pay period, that accrues to offer 56 sick hours per fiscal year (July 1-June 30). Anything left over from the previous fiscal year will be rolled over, but total sick time cannot exceed more than 112 hours at one time.

Employees must enter sick hours into PAYCOM. All employees are required to enter their sick time accurately and timely, within each pay period.

Sick time does not accrue when an employee is on medical leave and not being paid by the University. This occurs when an employee is on short- or long-term disability and is receiving payments from the University's disability insurance provider, MetLife.

### **University Holidays**

Walsh University observes the following paid holidays, including any federal holiday as aligned with the current academic calendar:

New Year's Day Independence Day

Martin Luther King Jr. Day

March for Life

Labor Day

Columbus Day

Easter Break (Thurs, Fri, and Mon off)

Thanksgiving Break (Wed, Thurs, and Fri off)

Memorial Day Christmas Break\*

\*Under normal circumstances, the University will be closed from December 23rd through New Year's Day. Employees terminating employment on or before January 15th shall have this time charged against their accumulated vacation.

For full-time employees, holiday pay is based on the principle that all full-time employees should receive the same number of paid holiday hours, irrespective of the schedule normally worked. Therefore, each full-time employee, regardless of their work schedule, shall receive a maximum eight hours of holiday credit for each holiday and shall receive the same number of holidays in a calendar year as employees whose schedule is the standard eight hours worked Monday through Friday. Holiday credit means pay or credit for paid time off at a straight-time rate.

Part-time employees will be receiving holiday pay for any holiday which falls on their scheduled work days. Any non-exempt employee required to work on a holiday shall be compensated at their regular rate plus the actual hours worked at their normal rate of pay. Designated hourly positions are excluded from this provision.

# **APPENDIX**

## **Aultcare Basic PPO Plan Details**

| Benefit  | In Network  | Out-of-Network                           |
|--|---|--|
| Annual Deductible  | \$9,100 Individual<br>\$18,200 Family   | \$24,300 Individual<br>\$48,600 Family   |
| Embedded Deductible: Individual deductib deductible.                   | Embedded Deductible: Individual deductible applies first, the remaining family members help to satisfy the remaining family deductible. | ers help to satisfy the remaining family |
| Medical and Pharmacy Out-of-Pocket<br>Maximum<br>(Includes deductible) | \$9,100 Individual<br>\$18,200 Family   | \$27,300 Individual<br>\$54,600 Family   |
| Benefit Percentage   | 100%*   | 80% RBP**                                |
| Preventive Care  | 100% no deductible  | 80% RBP**                                |
| Copays   | PCP \$25 Specialist \$25 AultmanNow (General Medical) \$25 AultmanNow (Behavioral Health) \$25 Urgent Care \$50 Emergency Room \$300    | 80% RBP**                                |
| *after Network deductible is met                                       | ** after Non-Netwo  | ** after Non-Network Deductible is met   |

# **Pharmacy Plan Details**

|  | f medications for new Rx   | Refer to the AultCare formulary - www.aultcare.com<br>Step Therapy Program is required for some classes of medications for new Rx |
|--|--|---|
| \$9,100 Single/\$18,200 Family                 | \$9,100 Single   | Out-of-Pocket Maximum is combined with Medical  |
| Limited to a 30 day supply                     | Limited to a 30 day supply   | Specialty Brand Name *Prior Authorizations may be required  |
| \$250 or 40% (whichever is greater)            | \$250 or 40% (whichever is greater)                                      | Tier 5  |
| \$125 or 20% (whichever is greater)            | \$125 or 20% (whichever is greater) Limited to a 30 day supply           | Tier 4 Specialty Generic *Prior Authorizations may be required  |
| \$130 or 45% (whichever is greater, \$400 max) | \$45 or 50% (whichever is greater)                                       | Tier 3<br>Non-Preferred Brand and Non-Preferred Generic   |
| \$85 or 25% (whichever is greater, \$200 max)  | \$30 or 30% (whichever is greater)                                       | Tier 2 1-34 supply<br>Preferred Brand and Non-Preferred Generic   |
| \$25 or 20% (whichever is greater)             | \$10 or 20% (whichever is greater)<br>\$10 or 20% (whichever is greater) | Tier 1 1-34 supply Tier 1 35-60 supply Preferred Generic  |
| Mail Order – 90 day supply                     | Retail Pharmacy  | Benefit   |

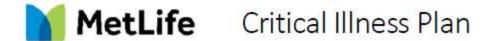
# **Premium Saver/AmFirst Plan Details**

|  | Basic PPO Plan                                  | Pays  | Premium saver<br>Pays  |
|--|---|---|--|
| Employee Network Deductible                              | \$9,100<br>2x Per Fa <mark>m</mark> ily         | \$750<br>2x Per Family                          | Deductible and coinsurance family limit is 2X the individua deductible and coinsurance |
| Network Coinsurance                                      | 0%  | 20% to \$1,650                                  | 80% to \$6,700   |
| Deductible & Coinsurance<br>Annual Maximum Out of Pocket | \$9,100<br>2x Per Family<br>Deductible Included | \$2,400<br>2x Per Family<br>Deductible Included | Max benefit based on EOBs from primary Insurance Co.                                   |
| Network Office Visit Copays                              | \$25 Copay                                      | \$25 Copay                                      | Not Applicable   |
| Outpatient Prescription Drugs                            | Included  | Included  | Not Applicable   |

### **Accident and Critical Illness Plan Details**



- 24 hour coverage
- Guaranteed issue no medical questions
- · Health screening benefit of \$100 (no reduction for age)
- Policy is portable.
- · Children to age 26 covered
- Employee paid. Rates are guaranteed for 3 years
- Accidental death and AD&D benefit included
- Fractures, dislocations, broken tooth, ambulance, emergency, office, urgent care, medical testing, therapy paid – see plan of benefits for details of amounts
- · Age reduction of 25% of the benefit amount for covered person age 65-69.
- · Age reduction of 59% of the benefit amount for covered person age 70 or older.



- \$5,000, \$10,000, \$20,000 options for employee covers cancer, heart attack, coma, brain tumor, kidney disease, MS, MD, Alzheimer's, Parkinson's, severe burn, stroke – see details for all coverage
- · Spouse benefit can be 50% of the employee amount
- \$20,000 Employee guarantee issue amount, \$10,000 spouse, \$5,000 child
- Employee paid. No age reduction. Child to age 26. Employee must be actively at work.
- Benefits are payable for a covered condition, so long as it occurs on or after the coverage effective date,
   even if it results from a pre-existing condition.
- Wellness benefit of \$50 per enrollee
- Policy is portable
- · Benefits are paid directly to the employee
- Recurrence benefit is payable one time per covered condition per covered person, after 90 days of the original occurrence
- · Treatment free period is 90 days for cancer and / or benign tumor

### Supplemental Life Plan Details



#### **Employee Voluntary Term Life Benefits**

- \$10,000 increments to a maximum of the lesser of 5X pay or \$500,000
- \$10,000 minimum
- Medical evidence level: \$200,000
- No age reduction
- · Waiver of premium included
- · Conversion AND portability included

Employee pays for this benefit. Employee must be actively working 30 hours or more.

#### Supplemental Dependent Voluntary Term Life Benefits Spouse Benefit

- \$5,000 increments to a maximum of \$100,000, not to exceed 50% of the employee's Optional Life Benefit
- \$5,000 minimum
- Medical evidence level: \$25,000

#### Child Benefit (rates are the same for one or more children)

- Child 15 days to 6 months old: \$1000
- Child more than 6 months old: Options \$1000, \$2000, \$4000, \$5000 or \$10,000
- Medical evidence level: \$10,000
- · No age reduction for spouse, child to age 26
- · Waiver of premium included
- · Conversion AND portability included
- · Employee pays for this benefit for spouse and child

#### 2023 Benefits Rates (bi-weekly)

#### Benefits effective upon date of hire and must be elected within 30 days

#### **Aultcare Premium Saver**

| <u>Tier</u>     | Wellness  | w/o Wellness |
|-----------------|-----------|--------------|
| EE Only         | \$60.00   | \$78.46      |
| EE and Spouse   | \$126.92* | \$145.38*    |
| EE and Children | \$126.92  | \$145.38     |
| Family          | \$173.08* | \$191.54*    |

<sup>\*</sup>possible Working Spouse charge of \$120 could apply

FSA Max Amount: \$3,050 per household DCRA Max Amount: \$5,000 per household

#### Dental:

| EE Only | \$5.08  |
|---------|---------|
| Family  | \$15.00 |

#### Vision:

| EE Only | \$3.78 |
|---------|--------|
| Family  | \$8.55 |

#### **Accident Plan**

| \$4.65  |
|---------|
| \$9.20  |
| \$11.04 |
| \$13.06 |
|         |