

EMPLOYEE BENEFITS GUIDE



2024 - 2025



July 1, 2024 - June 30, 2025

Welcome

Your benefits are an important part of your overall compensation. We are pleased to offer a comprehensive array of valuable benefits to protect your health, you and your family. This guide answers some of the basic questions you may have about your benefits. Please read it carefully, along with any supplemental materials you receive.

Eligibility

You are eligible for benefits if you work 30 or more hours per week. You may also enroll your eligible family members under certain plans you choose for yourself. Eligible family members include:

- Your legally married spouse if are they not offered employer-sponsored healthcare with in-network options locally
- Your children who are your biological children, stepchildren, adopted children or children for whom you have legal custody (age restrictions may apply). Disabled children age 26 or older who meet certain criteria may continue on your health coverage

When Coverage Begins

- **New Hires:** You must complete the enrollment process within 30 days of your date of hire. As a full-time employee of Shawnee State, you are eligible for benefits starting your first day of hire

If you fail to enroll on time, you will **NOT** have benefits coverage (except for company-paid benefits)

- **Open Enrollment (Core):** Changes made during Open Enrollment are effective July 1, 2024 - June 30, 2025

Open Enrollment Periods:

Core Benefits (Medical, Dental, Vision and HSA) - renew on July 1st of each year and the open enrollment period is at the end of April

Voluntary Benefits (Voluntary life, Long-term Disability, Accident, Critical Illness, FSA) - renew on January 1st of each year and the open enrollment period is at the end of October

Choose Carefully

Due to IRS regulations, you cannot change your elections until the next annual Open Enrollment period, unless you have a qualified life event during the year. Following are examples of the most common qualified life events:

- Marriage or divorce
- Birth or adoption of a child
- Child reaching the maximum age limit
- Death of a spouse, RDP, or child
- You lose coverage under your spouse's/RDP's plan
- You gain access to state coverage under Medicaid or CHIP

Making Changes

To make changes to your benefit elections, you must contact Human Resources within 31 days of the qualified life event (including newborns). Be prepared to show documentation of the event such as a marriage license, birth certificate or a divorce decree. If changes are not submitted on time, you must wait until the next Open Enrollment period to make your election changes

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Enrollment

Go to <https://forms.office.com/r/DES4Cd44Sw>

. There you will find detailed instructions for enrolling.

For more information refer to the Employees Benefits page at shawnee.edu

[Employee Benefits | Shawnee State](#)

Required Information—When you enroll, you will be required to enter a Social Security number (SSN) for all covered dependents. The Affordable Care Act (ACA), otherwise known as health care reform, requires the company to report this information to the IRS each year to show that you and your dependents have coverage. This information will be securely submitted to the IRS and will remain confidential.

Medical Plans

We are proud to offer you a choice among two different medical plans that provide comprehensive medical and prescription drug coverage. The plans also offer many resources and tools to help you maintain a healthy lifestyle. Following is a brief description of each plan

Anthem PPO

This plan gives you the freedom to seek care from the provider of your choice. However, you will maximize your benefits and reduce your out-of-pocket costs if you choose a provider who participates in the Anthem network. The calendar-year deductible must be met before certain services are covered

Anthem HDHP HSA

Like the PPO plans, a High-Deductible Health Plan (HDHP) gives you the freedom to seek care from the provider of your choice. You will maximize your benefits and reduce your out-of-pocket costs if you choose a provider who participates in the Anthem network. In addition, the HDHP comes with a Health Savings Account (HSA) that allows you to save pre-tax dollars¹ to pay for any qualified health care expenses as defined by the IRS, including most out-of-pocket medical, prescription drug, dental and vision expenses. For a complete list of qualified health care expenses, visit www.irs.gov/pub/irs-pdf/p502.pdf

Here's how the plan works:

- **Annual Deductible:** You must meet the entire annual deductible before the plan starts to pay for non-preventive medical and prescription drug expenses. *NOTE: If you enroll one or more family members, no one member will pay more than the per person deductible*
- **Coinsurance:** Once you've met the plan's annual deductible, you are responsible for a percentage of your medical expenses, which is called coinsurance. For example, the plan may pay 80 percent and you may pay 20 percent
- **Out-of-Pocket Maximum:** Once your deductible and coinsurance add up to the plan's annual out-of-pocket maximum, the plan will pay 100 percent of all eligible covered services for the rest of the calendar year. *NOTE: If you enroll one or more family members, no one member will pay more than the per person out-of-pocket max*

Pharmacy—ARORx (EVO)

Alternative Reimbursement Opportunities for Rx (ARORx) is a pharmacy benefit manager that focuses on high-cost meds

- Members have access to all national pharmacy chains and most local pharmacies
- If you are prescribed high-cost medication call ARORx at 833-306-4092 or email at rx@arorx.com
- ARORx provides a concierge service that walks members through the entire process



- **Health Savings Account (HSA):** You may contribute to your HSA through pre-tax payroll deductions to help offset your annual deductible and pay for qualified health care expenses. In addition, we will contribute \$500 annually to your HSA if you enroll in employee-only coverage, \$800 for employee + 1 coverage, and \$1,000 annually if you enroll yourself and one or more family members. **To be eligible for the HSA, you cannot be covered through Medicare Part A or Part B or TRICARE programs. See the plan documents for full details**

Important: Your contributions, in addition to the company's contributions, may not exceed the annual IRS limits listed below. Your HSA is yours for life. The money is yours to spend or save, regardless of whether you change health plans², retire or leave the company. There is no "use it or lose it" rule. Your account grows tax free over time as you continue to roll over unused dollars from year to year. You decide how or if you want to spend your HSA funds. You can use them to pay for you and your dependents' doctor's visits, prescriptions, braces, glasses—even laser vision correction surgery

HSA Contribution Limit	2024
Employee Only	\$4,150
Family (employee + 1 or more)	\$8,300
Catch-up (age 55+)	\$1,000

¹ Tax free under federal tax law; state taxation rules may apply

² You must be enrolled in a qualified health plan to contribute to an HSA

Medical Plans (Cont'd)

Following is a high-level overview of the coverage available. For complete coverage details, please refer to the Summary Plan Description (SPD).

Key Medical Benefits	Anthem HDHP			Anthem PPO		
	Preferred Network	In-Network	Non-Network	Preferred Network	In-Network	Non-Network
	Tier 1	Tier 2	Tier 3	Tier 1	Tier 2	Tier 3
Deductible (per calendar year)						
Individual / Family	\$3,200 / \$6,000	Combined with Tier 1	\$6,000 / \$12,000	\$500 / \$1,000	\$1,500 / \$2,500	\$2,000 / \$4,000
Out-of-Pocket Maximum (per calendar year)						
Individual / Family	\$6,000 / \$12,000	Combined with Tier 1	\$12,700 / \$25,400	Medical: \$3,500 / \$7,000 Rx: \$4,150 / \$8,800	Medical: \$3,500 / \$7,000 Rx: \$4,150 / \$8,800	\$6,000 / \$12,000
Covered Services						
Office Visits (physician/specialist)	10%*	20%*	40%*	10%*	20%*	30%*
Routine Preventive Care	No charge	No charge	40%*	No charge	No Charge	30%*
Outpatient Diagnostic (lab/X-ray)	10%*	20%*	40%*	10%*	20%*	30%*
Complex Imaging	10%*	20%*	40%*	10%*	20%*	30%*
Ambulance	10%*	10%*	10%*	10%*	20%*	20%*
Emergency Room	\$75 copay**	\$75 copay**	\$75 copay**	\$75 copay**	\$75 copay**	\$75 copay**
Urgent Care Facility	10%*	10%*	40%*	10%*	10%*	30%*
Inpatient Hospital Stay	10%*	20%*	40%*	10%*	20%*	30%*
Outpatient Surgery	10%*	20%*	40%*	10%*	20%*	30%*
Prescription Drugs (Tiers)						
Retail Pharmacy (30-day supply)	\$10 / \$35 / \$60 / Contact ARORx	\$10 / \$35 / \$60 / Contact ARORx	N/A	\$10 / \$35 / \$60 / Contact ARORx	\$10 / \$35 / \$60 / Contact ARORx	N/A
Mail Order (90-day supply)	\$20 / \$70 / \$120 / Contact ARORx	\$20 / \$70 / \$120 / Contact ARORx	N/A	\$20 / \$70 / \$120 / Contact ARORx	\$20 / \$70 / \$120 / Contact ARORx	N/A

Anthem uses a two tier in-network system where providers/facilities identified as Tier 1 (Preferred Network) have lower co-insurance/copay amounts than providers/facilities identified as Tier 2 (In-Network). You can check with tier a particular provider is in at www.anthem.com or the Sydney mobile app.

Coinsurance percentages and copay amounts shown in the above chart represent what the member is responsible for paying.

*Benefits with an asterisk (*) require that the deductible be met before the Plan begins to pay.

**Emergency Room visits include a \$75 copay per visit, medical deductible does not apply

Dental Plans

- Employees enrolled in one of the medical plans are automatically enrolled in the dental plan as well. There is no separate cost for joining the dental plan
- The annual maximum is the maximum amount a dental carrier will pay, including your preventative exams. Once you reach your annual maximum you pay for the cost of services in full
- It is recommended you use in-network providers to receive your dental care. You may be balanced billed if you receive care from an out-of-network provider
- It is recommended that you have your dentist submit for pre-determination prior to receiving services. A pre-determination will tell you if a service is covered and how much you owe
- For more information on the dental benefit at Shawnee State refer to the Certificate of Coverage on the Employee Benefits page

Key Dental Benefits	Anthem Dental	
	In-Network Only	Out-of-Network ¹
Deductible (per calendar year)		
Individual / Family	\$50 / \$150	\$50 / \$150
Benefit Maximum (per calendar year; Preventive, Basic, and Major Services combined)		
Per Individual	\$1,000	\$1,000
Covered Services		
Preventive Services	Covered in Full	Covered in Full
Basic Services	Deductible, then 20%	Deductible, then 20%
Major Services	Deductible, then 50%	Deductible, then 50%
Orthodontia (to age 26)	40% to \$1,000 lifetime max	40% to \$1,000 lifetime max

Coinsurance percentages shown in the above chart represent what the member is responsible for paying

1. If you use an out-of-network provider, you will be responsible for any charges above the maximum allowed amount

Vision Plan



- Employees enrolled in one of the medical plans are automatically enrolled in the VSP Signature Network vision plan. There is no separate cost for the vision plan
- Visit www.vsp.com to find in-network providers or savings/discounts
- It is recommended that you use in-network providers to receive care. You may be balanced billed if you receive care from an out-of-network provider
- Deductibles are applied per calendar year

Key Vision Benefits	In-Network	Out-of-Network Reimbursement
Exam (once every 12 months)	\$10	Up to \$35
Materials Copay	\$25	N/A
Lenses (once every 12 months)		
Single Vision		Up to \$25
Bifocal	No charge after materials copay	Up to \$40
Trifocal		Up to \$55
Frames (once every 24 months)	Covered up to \$120	Up to \$45
Contact Lenses (once every 12 months; in lieu of glasses)	Covered up to \$120	Up to \$210

Flexible Spending Accounts

We provide you with an opportunity to participate in up to three different flexible spending accounts (FSAs) administered through Ameriflex. FSAs allow you to set aside a portion of your income, before taxes, to pay for qualified health care and/or dependent care expenses. Because that portion of your income is not taxed, you pay less in federal income, Social Security and Medicare taxes

Health Care FSA

For 2024, you may contribute up to \$3,200 to cover qualified health care expenses incurred by you, your spouse and your children up to age 26. Some qualified expenses include:

- Coinsurance
- Copayments
- Deductibles
- Prescriptions
- Dental treatment
- Orthodontia
- Eye exams/eyeglasses
- Lasik eye surgery

For a complete list of eligible expenses, visit www.irs.gov/pub/irs-pdf/p502.pdf

Limited-Purpose Health Care FSA (for HSA participants)

If you enroll in the HSA medical plan, you may only participate in a Limited-Purpose Health Care FSA. This type of FSA allows you to be reimbursed for eligible dental, orthodontia and vision expenses. For 2024 you can contribute up to \$3,200 per year

Dependent Care FSA

For 2024, you may contribute up to \$5,000 (per family) to cover eligible dependent care expenses (\$2,500 if you and your spouse file separate tax returns). Some qualified expenses include:

- Care of a dependent child under the age of 13 by babysitters, nursery schools, pre-school or daycare centers
- Care of a household member who is physically or mentally incapable of caring for him/herself and qualifies as your federal tax dependent

For a complete list of eligible expenses, visit www.irs.gov/pub/irs-pdf/p503.pdf

FSA Rules

YOU MUST ENROLL EACH YEAR TO PARTICIPATE

Health Care FSA: You can use your FSA at the time of service, when you get a bill or to reimburse yourself on the back end.

- Funds do not roll over
- Unused funds are forfeited on March 15th of the subsequent year
- \$3,200 is the max contribution for 2024
- You can not contribute to an HSA if you are enrolled in an Health Care FSA

Limited Care FSA: Eligible dental, orthodontia and vision expenses

- \$3,200 is the max contribution for 2024

Dependent Care FSA:

- \$5,000 is the max contribution for 2024

Life Insurance

Life/AD&D Insurance

Life Insurance provides your named beneficiary(ies) with a benefit in the event of your death

Accidental Death and Dismemberment (AD&D) Insurance provides specified benefits to you in the event of a covered accidental bodily injury that directly causes dismemberment (i.e., the loss of a hand, foot, or eye). In the event that your death occurs due to a covered accident, both the Life and the AD&D benefit would be payable

Basic Life/AD&D (Company-paid)

This benefit is provided at NO COST to you through Securian.

Benefit Amount	Admin, Support, DPS - 2.5x annual salary up to a \$400,000 maximum
	Faculty - \$50,000 lump sum

Supplemental Life/AD&D (Employee-paid)

If you determine you need more than the basic coverage, you may purchase additional coverage through for yourself and your eligible family members

	Benefit Option	Guaranteed Issue*
Employee	\$1,000 increments; minimum of \$20,000 up to \$500,000	\$150,000
Spouse/RDP	\$10,000 increments; minimum of \$20,000 up to \$250,000 (not to exceed 50% of your additional life coverage)	\$30,000
Child(ren)	Under age 26 - Up to \$20,000	\$20,000

*During your initial eligibility period only, you can receive coverage up to the Guaranteed Issue amounts without having to provide Evidence of Insurability (EOI, or information about your health). Coverage amounts that require EOI will not be effective unless approved by the insurance carrier.

Life Insurance

Basic Life and Accidental Death & Dismemberment

Paid by Shawnee State University - no cost to you

Faculty	\$50,000
Admin, Support, DPS	2.5x annual salary - \$400,000 max

- You must designate one beneficiary in BearTrax
- Includes an accelerated life benefit and portability privilege

Voluntary Life and Accidental Death & Dismemberment

Voluntary Life Insurance - paid by employee - GI = Guaranteed Issue

Employee GI	\$150,000
Spouse GI	\$30,000
Dependent Child(ren) GI	\$20,000

Voluntary Life - Minimum/Maximum Election Amounts -

Employee	\$20,000 / \$500,000
Spouse	\$20,000 / \$250,000
Dependent Child(ren)	\$5,000 / \$20,000

Employee Assistance Program (EAP)

Life is full of challenges, and sometimes balancing it is difficult. We are proud to provide a confidential program dedicated to supporting the emotional health and well-being of our employees and their families. The employee assistance program (EAP) is provided at NO COST to you through ImpactSolutions.

The EAP can help with the following issues, among others:

- Mental health
- Relationships or marital conflicts
- Child and eldercare
- Substance abuse
- Grief and loss
- Legal or financial issues

EAP Benefits

- Assistance for you and your household members
- Up to three in-person sessions with a counselor per issue, per year, per individual
- Unlimited toll-free phone access and online resources with EAP professionals available 24 hours a day, seven days a week
- Visit www.myimpactsolutions.com - Username: shawneestate
- Call 899-227-6007

Voluntary Benefits

Our benefit plans are here to help you and your family live well—and stay well. But did you know that you can strengthen your coverage even further? It's true! Our voluntary benefits are designed to complement your health care coverage and allow you to customize our benefits to you and your family's needs. The best part? Benefits from these plans are paid directly to you! Coverage is also available for your spouse and dependents.

You can enroll in these plans during the October Open Enrollment—they're completely voluntary, which means you are responsible for paying for coverage at affordable group rates.

Accident Insurance

Accident insurance can soften the financial impact of an accidental injury by paying a benefit to you to help cover the unexpected out-of-pocket costs related to treating your injuries.

Critical Illness

Did you know that the average total out-of-pocket cost related to treating a critical illness is over \$7,000? With critical illness insurance, you'll receive a lump-sum benefit if you are diagnosed with a covered condition that you can use however you would like, including to help pay for: treatment (e.g. experimental), prescriptions, travel, increased living expenses, and more.

Long-Term Disability

Long-term disability coverage protects a portion of your income should you be unable to work due to illness or injury. Shawnee State offers four different LTD plans to choose from. Each LTD plan option protects 60% of your monthly earnings up to a maximum of \$6,000 per month. For more information on the LTD benefit, refer to the Certificate of Coverage on the Employee Benefits page.



Cost of Benefits

Your contributions toward the cost of benefits are automatically deducted from your paycheck before taxes. The amount will depend upon the plan you select and if you choose to cover eligible family members.

Contact Information

Coverage	Carrier	Phone #	Website/Email
Medical	Anthem	833.639.1634	www.anthem.com
Dental	Anthem	866.589.0578	www.anthem.com
Vision	Vision Service Plan	800.877.7195	www.vsp.com
Flexible Spending Accounts (FSAs)	Ameriflex	888.868.3539	www.myameriflex.com
Life/AD&D	Securian	833.810.8265	www.securian.com
Disability	UMUM	866.679.3054	www.unum.com
Employee Assistance Program (EAP)	Impact Solutions	800.227.6007	www.myimpactsolutions.com
Voluntary Benefits	ManhattanLife	855.448.6982	www.manhattanlife.com

Benefits Website

Our benefits website can be accessed anytime you want additional information on our benefit programs.

[Employee Benefits | Shawnee State](#)

Questions?

If you have additional questions, you may also contact:

Beverly Flowers
(740) 351-3879

bflowers@shawnee.edu

HUB Advocacy Team (844) 694-6726

Hrt.ha.eeadvocacy@hubinternational.com



DISCLAIMER: The material in this benefits brochure is for informational purposes only and is neither an offer of coverage or medical or legal advice. It contains only a partial description of plan or program benefits and does not constitute a contract. Please refer to the Summary Plan Description (SPD) for complete plan details. In case of a conflict between your plan documents and this information, the plan documents will always govern. **Annual Notices:** ERISA and various other state and federal laws require that employers provide disclosure and annual notices to their plan participants. The company will distribute all required notices annually.

