



benefits *U*

A FLEXIBLE BENEFITS PROGRAM UNIQUE TO U | **2016-2017**

A Health Care Program for **You**

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As the name implies, the Benefits U program is just that – a program of benefits designed with each of you and your different needs in mind.

A HEALTH CARE PROGRAM FOR YOU

Davenport University is committed to providing you an excellent benefits program. The Benefits U program was designed with you in mind by giving you a choice in selecting high quality benefits that best suit you and your family's needs.

Each year, the University benchmarks the benefits offered by other higher education institutions, reviewing national and state data to ensure our benefits program is competitive. When comparing Davenport University's benefit package to other institutions, our Benefits U program has high quality benefits offered to employees at very reasonable rates.

You play an important role in the University's success, and one way we compensate you is by offering a high quality benefits program. Benefits are an important part of your total compensation provided by the University. We are confident the quality of our benefit plan reflects the overall quality of our employees.

Please carefully review the information in this guide and then select the plan that best benefits you.

OUR PHILOSOPHY

Health care and other insurance benefits are a significant portion of your compensation, as well as a special benefit that acknowledges your contributions to the success of Davenport University. Davenport strives to provide employee benefits that are among the best offered by like institutions and fit the needs of unique individuals.

Designed For You

As the name implies, the Benefits U program is just that – a program designed with each of you and your different needs in mind. We believe a health care plan should meet the individual needs of employees. The best way to achieve that goal is with a flexible program that allows you to make choices.

Competitive

As a leading employer, we believe Davenport's benefits should be comparable or superior to those of similar institutions. This is true for our Benefits U program, in comparison with other colleges and universities and national employers. We offer a high-quality program. The Davenport Benefits U program is a comprehensive package of benefits that goes beyond medical insurance to cover a range of concerns – dental, vision, life, disability, and flexible spending accounts.

Fiscally Responsible

In considering the cost of any program, we must take seriously our responsibility to be good stewards of our students' tuition dollars. We have taken the opportunity to create a competitive benefits package and at the same time stem the rate of cost increases without sacrificing quality.

Personal Responsibility

Insurance is a benefit for each employee, and each of you can play a role in ensuring we continue to contain costs and provide the highest-quality benefits possible. You can play a significant role by caring for your health, maintaining timely preventive medical care, and being informed consumers. The choices you make have an impact on costs to the University and to you.



You can play a role in ensuring we continue to contain costs by caring for your health, maintaining timely preventive medical care and being an informed consumer.



Benefit needs can vary depending on your age, your personal situation, marital status, or if you have dependents. Benefits U lets you customize your benefits.



WHAT'S IN THIS BOOKLET?

This enrollment booklet includes everything you will need to make informed decisions about your options. Benefits U gives you choices, so please take the time to carefully review this guide so you can make the best decisions.

Overview – The next few pages provide an overview of the medical plans and other benefits, plus a glossary of terms that will be a helpful introduction before considering all the later information in detail.

Plan Details – The main portion of the booklet covers each plan option in detail, as well as any cost-related information. Please read this information very carefully.

Enrollment Worksheet – The worksheet helps you determine your cost and coverage options. Complete the worksheet and refer to it when making your enrollment choices online. (The worksheet is for your reference only. You are required to enroll online.)

Online Enrollment – Basic directions for the online enrollment are found at the end of this booklet. You will find step-by-step enrollment instructions on the enrollment website.

YOUR ROLE

This booklet provides you with the information and tools you need for enrollment, but you play an important role in ensuring a successful enrollment process.

Review this Booklet – Take time to review all of the material in this booklet. Please carefully read this Benefits U program to make choices and properly enroll online.

Online Enrollment – After completing your worksheet indicating your options, coverage levels, and dependent information, you must enroll online at the special Benefits U website. Online enrollment is the time to update your dependents for the medical, dental, vision and optional life insurance plans, and to make sure your beneficiary information is up to date.

Review your Confirmation Statement – After you enroll, print a confirmation of your elections for your records. Make sure that you have made the elections you want and that they are accurately shown on your statement. If you need to make a change, you must do so prior to the enrollment deadline.



STILL HAVE QUESTIONS?

If after reviewing this packet you have questions, you may send an e-mail to: BenefitsU@davenport.edu.

A GLOSSARY OF TERMS

Co-Insurance – Once you meet the deductible, the plan will pay a percentage of your covered expenses, subject to Usual and Customary limits. Like the deductible, the co-insurance amount depends on the plan type and level of coverage you select.

Co-Pay – Your co-pay refers to a set dollar amount you pay for certain services, such as a doctor's office visit and prescription drugs. The co-pays do not accumulate toward your deductible or co-insurance, however they do count towards your true out-of-pocket maximum (TrOOP).

Deductible – The deductible is the portion of your eligible medical or dental expenses that you pay each year before the plan starts paying benefits. The amount of your deductible is based on the plan type, the level of coverage you select, and, in some cases, whether you receive services in- or out-of-network.

In-Network – In the medical plans, networks have been established to lower costs and offer supplies and services to participants at negotiated rates that represent a discount from standard charges. When a participant obtains services from this preselected group of providers, the plan provides a higher level of co-insurance. In-network care can result in substantial savings to you, because your portion of the co-insurance will be lower.

Out-of-Network – Out-of-network means that a doctor or facility does not participate in an established network. When you obtain services outside of the network, charges will likely be higher and you are responsible to meet a higher deductible and out-of-pocket maximum.

Out-of-Pocket Maximum – The medical plans have a limit on the amount of money you are required to pay for eligible expenses each year. After your share of the covered expenses (deductibles/coinsurance) reaches a certain limit, the plan pays 100% of covered medical expenses for the rest of the year.

True Out of Pocket Maximum (TrOOP) – The medical plans have a limit on eligible expenses each year that includes deductibles, co-insurance and all fixed copays. The TrOOP amount represents the maximum total out-of-pocket cost you will pay during the plan year before the plan starts to pay 100% for in-network covered expenses.

Usual and Customary – Medical and Dental benefits are paid based on Usual and Customary cost, which is the usual fee charged in a particular geographic area for that service as determined by the insurance company. To be considered Usual and Customary, the charge must fall within the range of fees charged in your area for services. If your out-of-network expenses exceed the Usual and Customary charges, you will be responsible for the excess amount. The amount above Usual and Customary will not be applied toward your deductible or out-of-pocket maximum.

BENEFITS U – FLEXIBLE BENEFIT PLANS

The Davenport University Benefits U program allows you to have a role in decisions that affect your health and financial wellbeing.

Along with compensation and other related benefits, the Benefits U program helps in meeting your unique needs.

Benefit needs can vary depending on your age, your personal situation, marital status, or if you have dependents. Benefits U lets you customize your benefits to best suit the needs of you and your family.

The Benefits U program is designed to offer the types of benefits you need while giving you the opportunity to choose the level of coverage and combination of plans that you want. Benefits under these plans include the following:

Benefits U Program Offerings

- Medical coverage
- Dental coverage
- Vision coverage
- Health Savings Account
- Optional Short-Term Disability coverage (applies to employees with fewer than five years of service)
- Optional Supplemental Life Insurance coverage for you and your family member
- Optional Accidental Death and Dismemberment Insurance coverage for you and your family members
- Optional Flexible Spending Accounts
 - Health Care Flexible Spending Account
 - Limited Purpose Healthcare Flexible Spending Account
 - Dependent Care Flexible Spending Account

University Provided Benefits

In addition to the many benefits offered under the DU Benefits U plan, the University also provides you with the following benefits depending on your employment status:

Full Time Employees (30 hours or more per week):

- Basic Life Insurance – 1 times your annual salary
- Basic AD&D Insurance – 1 times your annual salary
- Long-Term Disability
- Retirement Contribution
- Tuition Remission
- Employee Discounted Programs
- Tuition Assistance
- Paid Time Off (Does not apply to 10 month Faculty)
- Holiday Pay
- Volunteer Time Off
- Salary Continuation Coverage
- Employee Assistance Program (EAP)
- Adoption Assistance
- Bereavement Leave
- Tobacco Cessation Coaching Program

Part Time Employees (20-28 hours per week):

- Tuition Remission*
- Employee Discounted Programs
- Tuition Assistance
- Retirement Contribution
- Paid Time Off
- Holiday Pay
- Volunteer Time Off

Adjunct:

- Volunteer Time Off
- Tuition Remission*
- Employee Discounted Programs

Limited Part Time Employees

(Less than 20 hours per week)

& Contract Coaches:

- Tuition Remission*
- Employee Discounted Programs

* See Tuition Remission Policy for Benefit Level

Eligibility

Who can enroll?

A full-time employee of the University (regularly scheduled at 30 or more hours per week throughout the year) is eligible to participate in the Benefits U program.

Part Time Employees, Adjunct, Limited Part Time Employees and Contract Coaches are eligible for the benefits listed earlier.

Who can you cover?

In addition to yourself, you may enroll your eligible dependents in the Medical, Dental, and Vision plans, as well as the Optional Life Insurance plans. Eligible dependents include the following:

- Your spouse*
 - Your same sex domestic partner*
 - Your children up to the end of the month they turn 26
 - Children of your same sex domestic partner up to the end of the month they turn 26
- * If you choose to add your spouse/same sex domestic partner to the medical plan you may be charged an additional working spouse/same sex domestic partner surcharge. For additional information on the working spouse/same sex domestic partner surcharge please see page 8.

Your children include:

- Natural or adopted children
- Stepchildren
- Other children living in your home, provided you are their legal guardian
- Your unmarried children of any age who are mentally or physically handicapped and unable to support themselves

To qualify a same-sex domestic partner relationship must meet the following criteria:

- Employee and same sex domestic partner must live at the same residence at the time of enrollment and have done so for the preceding 18 months
- Neither employee nor same sex domestic partner is legally married
- Employee and same sex domestic partner must not be related by blood in a manner that would bar legal marriage if they were not the same gender
- The employee and same sex domestic partner must sign an affidavit certifying the domestic partner relationship.

Medical “Opt Out” Credit

If you waive Medical benefits (because you are covered elsewhere), an annual Opt Out credit of \$250, \$9.62 per pay period, will be credited in your paychecks throughout the year as taxable income, unless you elect additional benefits that would offset the credit.

Employees who are married to or a dependent of someone who works at Davenport are not eligible for the opt out credit option, as the University would still be responsible for insuring both employees.

Your Cost for Coverage

The enrollment booklet details the employee cost-sharing associated with each benefit. The Medical, Dental and Vision plan costs vary based on coverage level. Optional Life and Spouse/Same Sex Domestic Partner Life coverages are based on your age and your spouse’s or same sex domestic partner’s age. Any employee cost-sharing or “cost” will be deducted from your pre-tax earnings with the exception of same sex domestic partner insurance premium, life and disability costs, which will be deducted after tax; any “credit” from the Opt Out benefit will be added to your taxable income.

Limited Changes During the Year

You typically can only change your elections during the annual open enrollment period, so it’s important that you make your enrollment decisions carefully. You can make a limited number of changes at other times during the year, but only if you have a change in family status such as the following:

- Marriage or divorce
- Qualifying change to same sex domestic partner status
- Birth or adoption of a child
- Death of a spouse, same sex domestic partner or dependent
- A change in your or your spouse’s employment status from full-time to part-time, or vice versa, if it affects your benefits eligibility
- Coverage of employee, spouse, or dependent child by Medicare or Medicaid
- Involuntary loss of medical coverage by an employee, spouse, or dependent child
- Significant change in your spouse’s coverage offered by his or her employer

Any change you make must be consistent with the eligible family status change. For example, if you have a new baby, you cannot remove your spouse from your medical plan. You can only add the child as a dependent under the plan.

You must make your new elections and provide appropriate verification of the change within 30 days of the change in status, or you will not be eligible to change your coverage until the next open enrollment period. In the event that a qualifying life status change occurs that requires coverage to be terminated for a spouse or dependent it is your responsibility to make the change within 30 days of the effective date of the status change. If timely notification does not occur benefits may be terminated retroactively and you may be responsible for reimbursing claims paid.

A FEW WORDS ABOUT TAXES

The Benefits U program allows you to pay for some of your benefits on a pre-tax basis, meaning you pay with dollars that have not had federal, state, or Social Security taxes deducted. This also means that your taxable income will be reduced.

Medical coverage, dental coverage, vision coverage and any deposits to the Health Savings Accounts, Health Care Flexible Spending Accounts, Limited Purpose Healthcare Flexible Spending Accounts and Dependent Care Flexible Spending Accounts are purchased with pre-tax dollars. When contributions are made on a pre-tax basis you save money – in most cases, more than 30% (depending on your tax situation) of the cost you would have paid on an after-tax basis. That’s because you don’t pay taxes on the amount. Optional short-term disability, supplemental life and option spouse/same sex domestic partner life or dependent life insurance are paid with after-tax dollars.

According to IRS regulations, the benefits provided to a same sex domestic partner are treated differently for tax purposes than other dependents. The benefits provided to a same sex domestic partner are considered to be taxable. If you have a same sex domestic partner listed as a dependent on your insurance plans a portion of your employee premium will be taken as an after-tax deduction. In addition, the employer cost of the insurance is considered taxable income to the employee. This amount will be shown as imputed income on your paycheck and will be added to your W-2 at the end of the year.

The fact that your taxable income may be lower will not affect the amount of your salary-related benefits provided by the University. These benefits are calculated on your pay before contributions are deducted. In addition, the money Davenport University contributes for your benefits is tax-free to you, unless you receive Opt Out dollars that you do not spend on other benefits and that will be reported as taxable income. Also, Basic Life coverage that exceeds \$50,000 will be reported as taxable income. The tax on the life insurance benefit is called imputed income. Additional details regarding imputed income are included later in this booklet, with the life insurance information.

Working Spouse/Same Sex Domestic Partner Surcharge

If your spouse or same sex domestic partner has coverage available from his or her employer sponsored group medical plan, and elects to enroll in Davenport University's medical coverage (rather than the coverage of his or her own employer) you will be charged an additional \$100 per month (\$46.15 bi-weekly) over and above the normal premium contribution for two person or family coverage (whichever is applicable). The surcharge will be paid on a pre-tax basis.

The working spouse/same sex domestic partner surcharge applies to you if:

- You enroll your spouse/same sex domestic partner in Davenport's medical coverage and they have group health coverage available to them through their own employer

The working spouse/same sex domestic partner surcharge does not apply to you if:

- You are not married
- Your spouse/same sex domestic partner:
 - is not covered on the Davenport University medical plan
 - is unemployed
 - does not have medical coverage offered through their employer
 - is self-employed and a group medical plan is not offered

If at any time during the benefit plan year eligibility for the working spouse surcharge changes, it is your responsibility to notify benefitsu@davenport.edu within 30 days of the eligibility change so that the surcharge may be adjusted. This would include scenarios in which your spouse/same sex domestic partner either becomes eligible for coverage or loses coverage. Please note that if the change results in the removal of the surcharge due to loss of coverage, the charge will be removed effective the first pay period after the qualifying event has been processed through the BenefitsU system. Surcharges will not be refunded retroactively so it is important for timely notification of such changes.

Falsification and/or withholding of information regarding the eligibility of your spouse for medical coverage from their employer will result in disciplinary action up to and including termination of employment.

Tobacco Cessation Coaching Program

It is the University's desire to provide a culture of care through our benefits. This includes encouraging employees to implement healthy behaviors, as well as helping them to eliminate habits/behaviors that have proven health risks.

Based on these objectives, the University offers a Tobacco Cessation Coaching Program at open enrollment each year to any employee, spouse/same sex domestic partner covered on the medical plan. This benefit is fully funded and encouraged by the University to assist employees in becoming healthier by quitting nicotine habits. You can access information about the Tobacco Cessation Coaching program on the DU intranet or by calling 1-855-326-5102.

The program is a telephone-based nicotine cessation intervention which provides support for members suffering from all forms of nicotine addiction and empowers them to quit successfully. The program consists of five calls from a health coach over a 12-week period. You can schedule calls when they are most convenient for you. If you need additional support, you have unlimited access to call your health coach any time. During the coaching calls, your health coach will help you work toward your goal of quitting tobacco. You also have access to many online tools through the Blue Cross Health & Wellness site that can help you quit tobacco.

The Tobacco Cessation Coaching program also includes up to two rounds of nicotine replacement therapy. Nicotine replacement gum, patches or lozenges will be shipped directly to your home if you choose this option.

The program ends after 12 weeks of participation or after you've completed five coaching calls. Once you've completed the program, you have unlimited access to call your health coach if you need additional support. Your health coach will contact you about seven months after the program ends to check on your progress.



You may elect to cover your dependent children for \$10,000 of dependent life insurance coverage. A flat-dollar cost will apply to Dependent Life coverage for all of your eligible children.



DAVENPORT UNIVERSITY BENEFITS U – MEDICAL BENEFIT PLANS

Nicotine Surcharge

Those participants in the DU medical plans who have used nicotine products in the previous six months and are not willing to enroll in the DU subsidized Tobacco Cessation Coaching program will be subjected to a surcharge as follows: \$30 monthly (\$13.84 biweekly) for employee nicotine users. An additional \$30 surcharge will apply for a spouse or covered same sex domestic partner nicotine user, for a maximum 2-person or family surcharge of \$60.00 (\$27.69 bi-weekly) per month.

Nicotine users who elect to participate in the Tobacco Cessation Coaching program will have the surcharge waived so long as they register for the program at the time of enrollment. However, the participant must enroll by March 1, 2017 and complete the program by May 31, 2017 for the 2016-2017 plan year. If the participant does not complete the program by May 31, 2017, the employee will have to pay the surcharge the next plan year even if they choose to elect to enroll in the program at open enrollment again.

The following are considered to be nicotine products: cigars, cigarettes, chewing tobacco, pipe tobacco, e-cigarettes or any other products containing nicotine.

Falsification and/or withholding of information regarding nicotine use from their employer will result in disciplinary action up to and including termination of employment.

Medical Coverage

Health care is a very important benefit to you and your family. The University recognizes individual needs and concerns as it relates to medical care. The University is providing you a choice of two medical plans, as well as an opt out credit option. Your options are as follows:

- PPO Medical Plan
- High Deductible Health Plan with Health Savings Account
- No Coverage - “Opt Out” Credit of \$250 per year

The PPO medical plan and the High Deductible Health Plan both use the Blue Cross Blue Shield (BCBS) Community Blue network of providers. A list of physicians and participating hospitals and care facilities is available on the BCBS website (below). Both plans provide coverage for doctor visits, hospitalizations, surgery, lab work, X-rays, etc. For a detailed comparison including deductibles, co-pays, co-insurance and out-of-pocket maximums, refer to the comparison guide detailed on pages 14 and 15.



To locate physician and provider information use the following information:

Access the BCBS of Michigan website at www.bcbsm.com or call 800-972-9797

Once on the site locate “Find a doctor or hospital.”

Step 1: Select PPO

Step 2: Enter your location

Step 3: Select from the drop down menu “What are you looking for?”

Step 4: Select PPO Plans from the “What is your plan?” drop down menu

Step 5: Select a specialty group

Step 6: Click search

You can choose from three levels of coverage:

- Single
- Two-Person
- Family

Important Deductible and Co-Insurance Information

The deductible and co-insurance amounts will take effect July 1, 2016. However, the deductible and co-insurance amounts are calculated on a calendar year basis and if you move from the PPO to the High Deductible Health Plan, you will receive credit for any PPO deductible you have already paid for that deductible year.

Blue Cross Blue Shield PPO Plan

Preventive health benefits such as physicals, well child visits and immunizations are covered under this plan. When using a BCBS provider, a physician's office and medical center visits are covered with a simple \$20 co-payment without having to first satisfy your deductible. You do not have to choose a primary care physician, and there is no need for a referral prior to visiting a specialist. Other medical needs provided by BCBS providers (x-ray, lab, etc.) are covered at 80% after satisfying the annual deductible of \$750 per person or \$1,500 for a family.

PPO Advantages when using a network provider:

Quality: Providers in the network are screened to ensure they meet strict quality guidelines.

Savings: Because your provider cannot bill you more than your deductible or co-insurance, your portion of the total charges and your out-of-pocket costs may be lower.

Convenience: You have less paperwork because your provider submits your claims for you. You also maintain the freedom to receive care outside the BCBS network of providers. If you choose to visit a non-BCBS provider, expenses will be covered at 60% after satisfying the annual deductible of \$1,500 per person or \$3,000 for a family.

High Deductible Health Plan (HDHP) with Health Savings Account (HSA) Option

Preventive care, just as with the PPO plan, is covered at 100% with no deductibles or other cost to you or your dependents. Under this plan you will be required to first meet a deductible of \$1,300 for single coverage and \$2,600 for a 2-person or family plan. The deductible is the amount that you will pay before the plan begins to pay benefits. After the deductible, an 80% co-insurance will apply to expenses such as office visits and lab work, co-payments will apply for prescription drugs. The out-of-pocket maximum for deductible, co-insurance and prescription co-pays is \$2,300 for single coverage or \$4,600 for a 2-person or family plan. The out-of-pocket maximum includes the deductible, co-insurance and prescription co-payments that you pay for covered services throughout the year. Once the total out-of-pocket maximum has been paid the plan will pay 100% for covered services and prescriptions. It is important to understand that if you have a family contract, the \$2,600 deductible you will need to reach before the plan begins to pay 80% is for any one family member or a combination of your family members. This is different than the PPO plan that has a per person deductible for family coverage.

Both the PPO plan and the HDHP utilize the BCBS Community Blue PPO network of providers.

To be eligible to enroll in the HSA you need to meet the following criteria:

- Have coverage under an HSA-qualified "high deductible health plan" (HDHP). This plan meets that qualification.
- Have no other first-dollar medical coverage (other types of insurance like specific injury insurance or accident, disability, dental care, vision care, or long-term care insurance are permitted)
- Are not enrolled in Medicare
- Cannot be claimed as a dependent on someone else's tax return
- Cannot be enrolled in a General Purpose Healthcare Flexible Spending Account Plan.



Selecting a medical plan is one of the most important decisions you will make, so you will want to consider your options carefully. Remember: You cannot change your election until the next annual enrollment, unless you have a qualified family status change.



Enrolling in the HDHP medical plan and meeting the other criteria above, allows you the opportunity to open a Health Savings Account. Contributions to your HSA can be made by you, your employer or both. Contributions you make from your pay will be pre-tax and any contributions from your employer are tax-free. If you make other after-tax contributions (e.g. a deposit from your current savings), you can deduct the amounts on your taxes. Contributions from all sources are limited annually and for 2016 the limits are \$3,350 for a single contract and \$6,750 for a family contract.

Contributions to the account must stop once you are enrolled in Medicare. However, you can keep the money in your account and use it pay for medical expenses tax-free.

If you enroll in the HDHP you are eligible to contribute, on a pretax basis to the HSA to help cover the deductible and any eligible medical expenses. For the 2016-2017 plan year, Davenport University will contribute \$500 for single coverage or \$1,000 for either 2-person or family coverage to the HSA on your behalf to assist in paying for your qualified expenses. (New enrollees to the plan after January 1, each year will receive \$250 for single coverage and \$500 for 2-person or family coverage.) In order for you to receive this benefit, you must open a Health Savings Account.

Health Savings Account (HSA)

If you enroll in the HDHP you may have a health savings account. The health savings account is only available to participants in the HDHP.

The HSA is a bank account, similar to an interest bearing checking account that will allow you a unique way to pay for your health care expenses. Contributions to the account are made on a pre-tax basis, they earn interest and payments you make from the account (including spending interest earned) are tax free as long as they are used for qualified health care expenses. Funds from the account can be used to pay for eligible medical, dental, and vision expense not covered by insurance. In addition, unused money rolls over each year; unlike the healthcare FSA where remaining account balances are forfeited at the end of the plan year.

You are not required to contribute your own money to the account, but you are eligible to receive the Davenport University contribution whether you contribute money to the account or not. Again, you must open a bank account in order to receive the Davenport University contribution with United Bank (see HSA Bank Account Instructions).

The maximum calendar year contribution for 2016 (including the Davenport University contribution to the account) is \$3,350 for single coverage or \$6,750 for 2-person or family coverage. Individuals age 55 and older can also make additional “catch-up” contributions. The maximum annual catch-up contribution is \$1,000 for 2016.

Your eligibility to contribute to an HSA for each month is generally determined by whether you have HDHP coverage on the first day of the month. Your maximum contribution for the year is the greater of: (1) the full contribution, or (2) the prorated amount. The full contribution is the maximum annual contribution for the type of coverage you have on December 1. The prorated amount is 1/12 of the maximum annual contribution for the type of HDHP coverage you have times the number of months you have that type of coverage. If your contribution is greater than the prorated amount, and you fail to remain covered by an HDHP for the entire following year, the extra contribution above the prorated amount is included in income and subject to an additional 20 percent tax.

Examples: If you first have family HDHP coverage on July 1, 2015, and keep HDHP coverage through December 31, 2015, you are allowed the full \$6,650 family contribution to an HSA for 2015. If you fail to remain covered by a HDHP for all of 2016, \$3,325 would be included income and subject to an additional 20 percent tax.

If you have family HDHP coverage from July 1, 2015 until June 30, 2016, then cease having HDHP coverage, you are allowed an HSA contribution of 6/12 of \$6,650, or \$3,325 for 2015, and 6/12 of the maximum amount for 2016 of \$6,750 or \$3,375.

If you have family HDHP coverage from January 1, 2015 until June 30, 2015, and have self-only HDHP coverage from July 1, 2015 to December 31, 2015, you are allowed an HSA contribution of

$6/12 \times \$6,650$ plus $6/12$ of \$3,350, or \$5,000 for 2015.

HSA Bank Account Set Up

In order to receive the Davenport University contribution and any contribution you would like to contribute through payroll, you must open an HSA bank account at United Bank (www.unitedbankofmichigan.com). Your account must be set up to accept contributions within 30 days of the effective date of the HSA medical plan. It is your responsibility to set up the account. If you do not set up the account, you forfeit the employer contribution. Please see the United Bank Instruction sheet on the benefits website for additional information on opening an HSA account.

Prescription Drug Benefits

Both plans provide prescription drug coverage and associated co-pays for the prescriptions. There is a three-tier cost structure for the prescription drugs. Below is an explanation of each tier.

TIER 1 – Generic Drugs:

Generic drugs are made with the same active ingredient(s), available in the same strength and dosage form, and administered in the same way as their equivalent brand name drugs. Generic drugs have a proven record of effectiveness. They also require the lowest co-payment, making them the most cost-effective option for treatment.

TIER 2 – Preferred or Formulary Drugs:

Formulary drugs are brand name medications on a custom Blue Cross Blue Shield formulary listing. The formulary drugs represent the clinical judgment of physicians, pharmacists and other experts in the diagnosis and treatment of disease and promotion of health. Formulary drugs are often purchased at a discount. Formulary options are also safe and effective, but require a higher co-payment than generic drugs.

TIER 3 – Non-preferred Brand Name Drugs:

Non-preferred Brand name or non-preferred drugs are the most expensive. You will have the highest co-payment for these drugs. However, generic equivalents and similar drugs with generic equivalents or formulary drugs are alternatives.

If your physician does not specify a brand name drug, the pharmacy will automatically fill your prescription with a generic version if available. Your physician may request a brand name drug, however the prescription will be subject to the higher co-pay.

Brand name drugs simply cost more, thus the need for a higher co-payment. Generic drugs are a good alternative as they have the same active ingredients and dosage. Purchasing a generic drug can save you money.

Formulary information may be found on the BCBS website.

Maintenance Medication

A mail order program is available for maintenance medication. The mail order plan allows you to receive a 90-day (three-month) supply of a prescription at a lesser cost, equal to two monthly co-pays that you would normally pay at the pharmacy for the PPO plan or after the deductible in the HDHP plan. The mail order program gives you the convenience of having prescriptions mailed to your home and allows you to save costs on maintenance medications.

When Selecting a Plan

Selecting a medical plan is one of the most important decisions you will make, so you will want to consider your options carefully. Remember: You cannot change your election until the next annual enrollment, unless you have a qualified family status change.

How to Choose Your Option

When you make your decision about which medical plan is right for you, consider your needs as well as your family's. You will also want to consider your annual medical expenses. Some people have few medical expenses, while others have routine or predictable expenses throughout the year. The plan you select will be in effect until June 30, 2017.

Each year during the open enrollment period, you should review any changes made in the medical plans (which are subject to change on an annual basis). Modifications, if any, may prompt you to make a change.

The following are some items to consider when determining which medical plan is best for you:

- Use the plan comparison chart to compare both options and costs.
- Consider any coverage your spouse may have through another employer. How can you coordinate the two programs to get the coverage you need at a cost you are willing to pay?
- How often do you use your medical benefits? What kinds of expenses have you had in the past?
- Find out whether your doctor is a member of the Blue Cross Blue Shield Community Blue network.
- Consider your health, the health of your family, and the type of medical care you need. What type of expenses do you or your dependents have?

Coordination of Benefits

Coordination of benefits refers to the process of paying benefits covered by more than one group plan. Coordination of benefits affects both Medical and Dental plans. The plan that pays benefits first is called the primary plan. The other plan will pay benefits after the primary plan and is called the secondary plan.

The plan that covers you as an employee is primary; the plan that covers you as a spouse is secondary. For children covered by two plans, the plan of the parent whose birthday comes first in the calendar year is primary.

Please be aware that if you, yourself have primary coverage through another source (generally coverage under your spouse's plan, parent's plan, medicaid or medicare) and you choose to participate in the High Deductible Health Plan (HDHP) you will not be eligible to have a Health Savings Account (HSA) and therefore would not be eligible to receive the employer contribution to the HSA. If a spouse or dependent has other primary insurance you will still be eligible to participate with the HSA account.

Benefits under the BenefitsU program, if primary, will not be reduced due to benefits payable under other plans. However, if the BenefitsU plan is secondary, benefits will only be paid up to the amount if the plan had been primary, including the amount paid by the primary carrier.

24/7 ONLINE HEALTHCARE – VIRTUAL VISITS

Experience the 21st century house call

Get peace of mind from being able to see a doctor face-to-face from your mobile device or computer anytime, anywhere if you're traveling, home with a sick child or when your primary care doctor isn't available. With online healthcare, you now have more options for affordable healthcare. It's a dollar-stretcher for anyone.

Everyone in your plan can use it for non-emergency illnesses such as a cold, sinus or respiratory infection, sprain or rash. When your doctor isn't available, simply use a mobile device or computer to log in to the Amwell™ app or bcbsm.amwell.com to visit with a U.S. board certified, state licensed doctor. Online healthcare doesn't replace your relationship with your primary care doctor.

How It Works

Simply create an account profile now so when you need to use Amwell™, you can quickly log in, confirm your location and choose a doctor who's right for you.

Create an account:

- **Mobile** – Download the Amwell™ app
- **Web** – Go to bcbsm.amwell.com
- **Phone** – Call 1-844-733-3627

Be sure to use the service key BCBSM and add your Blue Cross health plan information. The service key connects your Amwell™ account to Blue Cross' online health care. You also may then add your spouse and child (under age 18).

The doctor will consult with you as long as needed. There is no time limit, but most online healthcare sessions last about 10 minutes. The average wait time to see a doctor is 3 minutes. At the end of the consultation, send your online health care visit report to your regular doctor. If appropriate, the doctor can send a prescription to your pharmacy and issue an off work slip.

No appointment needed. Fast. Convenient. Affordable.



No appointment is needed to see a doctor using Online Healthcare through WebMD. Enroll now by downloading the Amwell app so you are ready to see a doctor before you need one.



COMPARISON OF DU BENEFITS U MEDICAL PLANS

This comparison chart is not a complete list of plan details and does not modify the plan as written. In any case of conflict, the Plan Document will govern. Eligible services and supplies are subject to the Usual and Customary or U&C charges

| PLAN FEATURES | BCBS PPO PLAN | | BCBS HDHP with HSA PLAN | |
|---|--|--|---|---|
| | IN-NETWORK | OUT-OF-NETWORK | IN-NETWORK | OUT-OF-NETWORK |
| Annual Deductible (calendar year) | \$750 for one member / \$1,500 for family | \$1,500 for one member / \$3,000 Family | \$1,300 for a one person contract / \$2,600 for a family contract (2 or more members) | \$2,600 for a one person contract / \$5,200 for a family contract (2 or more members) |
| Coverage after Deductible (plan pays) | 80% after deductible | 60% after deductible | 80% after deductible | 60% after deductible |
| Coinsurance Maximum (excludes deductible) | \$1,500 for one member / \$3,000 Family | \$3,000 for one member / \$6,000 family | \$1,000 for a one person contract / \$2,000 for a family contract (2 or more members) | \$2,000 for a one person contract / \$4,000 for a family contract (2 or more members) |
| Out of Pocket Maximum* (Deductible/Coinsurance) | \$2,250 for single / \$4,500 Family | \$4,500 for single / \$9,000 family | <i>Includes deductible, coinsurance and copays</i> \$2,300 for a one person contract / \$4,600 for a family contract (2 or more members) | \$4,600 for a one person contract / \$9,200 for a family contract (2 or more members) |
| Prescription Drug Copays | | | <i>Copays apply after deductible has been met</i> | |
| 30 day supply at pharmacy | \$10 for tier 1 (generic) \$40 for tier 2 (preferred brand name) \$80 for tier 3 (non-preferred brand name) | Applicable tier copay, plus an additional 25% of BCBS approved amount for the drug | \$10 for tier 1 (generic) \$40 for tier 2 (preferred brand name) \$80 for tier 3 (non-preferred brand name) | Applicable tier copay, plus an additional 25% of BCBS approved amount for the drug |
| Mail Order Program 90 day supply | \$20 for tier 1 (generic) \$80 for tier 2 (preferred brand name) \$160 for tier 3 (non-preferred brand name) | No Coverage | \$20 for tier 1 (generic) \$80 for tier 2 (preferred brand name) \$160 for tier 3 (non-preferred brand name) | No Coverage |
| Physician Visit | | | | |
| Office Visit | \$20 copay | 60% after deductible | 80% after deductible | 60% after deductible |
| Urgent Care | \$40 copay | 60% after deductible | 80% after deductible | 60% after deductible |
| Hospital Care | | | | |
| Inpatient Care | 80% after deductible | 60% after deductible | 80% after deductible | 60% after deductible |
| Surgical Care | 80% after deductible | 60% after deductible | 80% after deductible | 60% after deductible |
| Maternity Services | | | | |
| Prenatal care visit | 100% coverage | 60% after deductible | 100% coverage | 60% after deductible |
| Postnatal care visit | 100% coverage | 60% after deductible | 80% after deductible | 60% after deductible |
| Delivery, nursery care, imaging, labs | 80% after deductible | 60% after deductible | 80% after deductible | 60% after deductible |
| Emergency Medical Care | | | | |
| Emergency Room | \$100 copay per visit (copay waived if admitted or for an accidental injury) | | 80% after in-network deductible | |
| Ambulance | 80% after in-network deductible | | 80% after in-network deductible | |
| Diagnostic | | | | |
| Laboratory and Pathology Tests | 80% after deductible | 60% after deductible | 80% after deductible | 60% after deductible |
| Diagnostic Tests | | | | |
| X-Rays, Mammograms | 80% after deductible | 60% after deductible | 80% after deductible | 60% after deductible |
| Alternatives to Hospital Care | | | | |
| Skilled nursing | 80% after deductible up to 120 day maximum | | 80% after deductible up to 120 day maximum | |
| Hospice Care | 100% coverage | | 80% after in-network deductible | |
| Mental Health and Substance Abuse | 80% after deductible | 60% after deductible | 80% after deductible | 60% after deductible |
| Outpatient Care | 80% after deductible | 60% after deductible | 80% after deductible | 60% after deductible |
| Other Services | | | | |
| Allergy Testing and Shots | 100% coverage | 60% after deductible | 80% after deductible | 60% after deductible |

*The PPO Plan has a "True" Out of Pocket In-Network Maximum of \$6,600 for single and \$13,200 for family that includes all out of pocket expenses (deductibles, coinsurance and copays).

| BCBS PPO PLAN | | BCBS HDHP with HSA PLAN | | |
|--|---|-------------------------------------|---|-------------------------------------|
| PLAN FEATURES | IN-NETWORK | OUT-OF-NETWORK | IN-NETWORK | OUT-OF-NETWORK |
| Chiropractic Spinal Manipulation | \$20 copay, up to 24 visits per member per calendar year (combined in and out of network) | 60% after deductible | 80% after deductible, up to 24 visits per member per calendar year (combined in and out of network) | 60% after deductible |
| Outpatient Physical Speech and Occupational Therapy | 80% after deductible, 60 visits per member per calendar year (combined in and out of network) | 60% after deductible | 80% after deductible, 60 visits per member per calendar year (combined in and out of network) | 60% after deductible |
| Durable Medical Equipment | 80% after in-network deductible | | 80% after in-network deductible | |
| Prosthetic and Orthotic Equipment | 80% after in-network deductible | | 80% after in-network deductible | |
| Private Duty Nursing | 50% after in-network deductible | | 80% after in-network deductible | |
| Organ Transplant | 100% coverage - in designated facilities | | 80% after in-network deductible - in designated facilities | |
| Preventive Care | | | | |
| Health Maintenance Exam | 100% coverage, one per calendar year | Not covered | 100% coverage, one per calendar year | Not covered |
| Annual Gynecological Exam | 100% coverage, one per calendar year | Not covered | 100% coverage, one per calendar year | Not covered |
| Pap Smear Screening - lab services only | 100% coverage, one per calendar year | Not covered | 100% coverage, one per calendar year | Not covered |
| Well Baby and Well Child Care | 100% coverage 6 visits, birth through 12 months 6 visits, 13 months through 23 months 6 visits, 24 months through 35 months 2 visits, 36 months through 47 months Visits beyond 47 months are limited to one per member per calendar year under the health maintenance exam benefit. | Not covered | 100% coverage 6 visits, birth through 12 months 6 visits, 13 months through 23 months 6 visits, 24 months through 35 months 2 visits, 36 months through 47 months Visits beyond 47 months are limited to one per member per calendar year under the health maintenance exam benefit. | Not covered |
| Immunizations | 100% coverage | Not covered | 100% coverage | Not covered |
| Fecal Occult Blood Screening | 100% coverage | Not covered | 100% coverage | Not covered |
| Mammography | 100% coverage, one per calendar year | 60% after out of network deductible | 100% coverage, one per calendar year | 60% after out of network deductible |
| Prostate Screening | 100% coverage, one per calendar year | Not covered | 100% coverage, one per calendar year | Not covered |
| COSTS | | | | |
| Per Pay Period | | | | |
| Single | | \$45.92 | | \$20.35 |
| Two-Person | | \$123.79 | | \$40.22 |
| Family | | \$163.22 | | \$60.58 |
| Monthly | | | | |
| Single | | \$99.50 | | \$44.10 |
| Two-Person | | \$268.21 | | \$87.15 |
| Family | | \$353.65 | | \$131.25 |
| Annual | | | | |
| Single | | \$1,193.98 | | \$529.20 |
| Two-Person | | \$3,218.54 | | \$1,045.80 |
| Family | | \$4,243.81 | | \$1,575.00 |

DAVENPORT UNIVERSITY BENEFITS U – DENTAL PLAN BENEFIT

Dental Coverage

Dental care is very important to you and your family. Regular check-ups and good dental hygiene are important to your health and can save you costly dental bills in the future. In order to assist you and your dependents in

maintaining proper dental care, preventive coverage is provided at 100%, up to the annual maximums outlined below.

You can choose coverage for yourself and your dependents. **Below are the plan details and costs:**

| BLUE CROSS BLUE SHIELD TRADITIONAL DENTAL PLAN FEATURES | | | |
|---|---------------------------------|--------------------------|---|
| Dollar Maximums | | | |
| \$1,500 per member for class I, II, III services per calendar year. | | | |
| \$1,500 lifetime maximum for orthodontia for dependents under the age of 19 | | | |
| Class I Services | | | |
| Oral exams | | | Covered – 100%, twice per calendar year* |
| A set (up to 4) of bitewing X-rays | | | Covered – 100%, twice per calendar year |
| Full-mouth and panoramic X-rays | | | Covered – 100%, once every 60 months |
| Prophylaxis (teeth cleaning) | | | Covered – 100%, twice per calendar year |
| Fluoride treatment | | | Covered – 100%, twice per calendar year |
| Space maintainers – missing posterior (back) primary teeth | | | Covered – 100%, once per quadrant per lifetime, up to age 19 |
| Class II Services | | | |
| Fillings – permanent teeth | | | Covered – 80%, once every 24 months |
| Fillings – primary teeth | | | Covered – 80%, once every 12 months |
| Onlays, crowns and veneer fillings – permanent teeth | | | Covered – 80%, once every 60 months, payable for members age 12 and older |
| Recementing of crowns, veneers, onlays and bridges | | | Covered – 80%, three times per calendar year after six months from original restoration |
| Oral surgery including extractions | | | Covered – 80% |
| Root canal treatment – permanent tooth | | | Covered – 80%, once every 12 months for tooth with one or more canals |
| Scaling and root planning | | | Covered – 80%, once every 24 months per quadrant |
| Occlusal adjustments | | | Covered – 80%, up to five times in a 60-month period |
| Occlusal biteguards | | | Covered – 80%, once every 12 months |
| General anesthesia or IV sedation | | | Covered – 80%, when medically necessary and performed with oral or dental surgery |
| Palliative (emergency) treatment | | | Covered – 80% |
| Adjustment of dentures | | | Covered – 80%, six months or more after it is delivered |
| Relining or rebasing of partials or complete dentures | | | Covered – 80%, once every 36 months per arch |
| Tissue conditioning | | | Covered – 80%, once every 36 months per arch |
| Repair and adjustments of partial or complete dentures | | | Covered – 80% |
| Class III Services | | | |
| Removable dentures (complete and partial) | | | Covered – 80% |
| Bridges (fixed partial dentures) | | | Covered – 80%, once every 60 months after original was delivered |
| Class IV Services – Orthodontic services for dependents under age 19 | | | |
| Minor treatment for tooth guidance appliances | | | Covered – 80% |
| Minor treatment to control harmful habits | | | Covered – 80% |
| Interceptive and comprehensive orthodontic treatment | | | Covered – 80% |
| Post-treatment stabilization | | | Covered – 80% |
| Cephalometric film (skull) and diagnostic photos | | | Covered – 80% |
| Costs | | | |
| | Employee Cost Per Pay Period | Employee Cost Monthly | Employee Cost Annually |
| Single | \$ 5.68 | \$12.31 | \$147.74 |
| Two Person | \$13.64 | \$29.55 | \$354.56 |
| Family | \$17.05 | \$36.93 | \$443.20 |

* Additional cleanings may be covered with the diagnosis of periodontal disease.

DAVENPORT UNIVERSITY BENEFITS U – VISION PLAN BENEFIT

Vision Coverage

The Vision plan benefits provide care for eye exams, frames, lenses and contacts. The benefits are provided through Vision Service Plan or VSP, which has an extensive network. The VSP plan offers preferred pricing on

vision exams, eyeglass lenses, frames and contact lenses. You must use a participating provider to utilize this benefit. You can locate a provider by accessing the VSP website at www.vsp.com or calling VSP at 800-877-7195.

| | VSP PROVIDER | OUT-OF-NETWORK PROVIDER | | | | | | | | | | | | | | | | |
|---|--|---|------------------------|------------------------------|-----------------------|------------------------|--------|---------|---------|----------|------------|---------|---------|----------|--------|---------|----------|----------|
| <p>Eye Exams Covers a complete eye exam by an ophthalmologist or optometrist. The exam includes refraction, glaucoma testing and other tests necessary to determine the overall visual health of the patient.</p> | Covered – \$5 co-pay | You can be reimbursed up to \$45, less a \$5 co-pay | | | | | | | | | | | | | | | | |
| | Once every 12 consecutive months | | | | | | | | | | | | | | | | | |
| <p>Eyeglass Frames Covers standard eyeglass frames. A wide selection of quality frames is fully covered by VSP up to the frame allowance. Members should ask their doctor which frames are covered in full. Members may select a more expensive frame and pay a cost-controlled price difference. Annual max \$130.</p> | Covered – \$10 co-pay | Reimbursed up to \$70, less a \$10 co-pay | | | | | | | | | | | | | | | | |
| | One frame every 12 consecutive months | | | | | | | | | | | | | | | | | |
| <p>Eyeglass Lenses Covers standard eyeglass lenses prescribed and dispensed by an ophthalmologist or optometrist: single vision, bifocal, trifocal or lenticular lenses in glass or plastic. Also covers prism, slab-off prism and special base curve lenses when medically necessary. <i>Note: Additional pairs of prescription glasses and non-covered lens options are discounted when purchased from a VSP provider.</i></p> | Covered – \$10 co-pay | Reimbursed up to predetermined amount based on lens type after co-pay | | | | | | | | | | | | | | | | |
| | One pair every 12 months | | | | | | | | | | | | | | | | | |
| <p>Contact Lenses: <i>Members may obtain either eyeglasses or contact lenses, but not both.</i> Elective contact lenses (prescribed, but not medically necessary) may be chosen instead of spectacle lenses and a frame. Annual Max \$130.</p> | Covered – \$130 allowance less \$10 co-pay that is applied toward contact lens exam (fitting and materials) and the contact lenses (member responsible for any cost exceeding the allowance) | Reimbursed \$210 after a \$10 co-pay (member responsible for difference) | | | | | | | | | | | | | | | | |
| | Once every 12 months | | | | | | | | | | | | | | | | | |
| Therapeutic contact lenses (medically necessary) | Covered – \$10 co-pay | Reimbursed up to \$210 after a \$10 co-pay (member responsible for difference) | | | | | | | | | | | | | | | | |
| | Once every 12 months | | | | | | | | | | | | | | | | | |
| <p>Co-pays Eye exam</p> | \$5 co-pay | \$5 co-pay applies to charge | | | | | | | | | | | | | | | | |
| Frames and/or lenses or medically necessary contact lenses | \$10 co-pay | Member responsible for difference between approved amount and provider's charge, less a \$10 co-pay | | | | | | | | | | | | | | | | |
| <p>Visions Costs</p> <table border="1"> <thead> <tr> <th></th> <th>Employee Cost Per Pay Period</th> <th>Employee Cost Monthly</th> <th>Employee Cost Annually</th> </tr> </thead> <tbody> <tr> <td>Single</td> <td>\$ 2.03</td> <td>\$ 4.40</td> <td>\$ 52.80</td> </tr> <tr> <td>Two Person</td> <td>\$ 3.72</td> <td>\$ 8.06</td> <td>\$ 96.72</td> </tr> <tr> <td>Family</td> <td>\$ 6.99</td> <td>\$ 15.15</td> <td>\$181.80</td> </tr> </tbody> </table> | | | | Employee Cost Per Pay Period | Employee Cost Monthly | Employee Cost Annually | Single | \$ 2.03 | \$ 4.40 | \$ 52.80 | Two Person | \$ 3.72 | \$ 8.06 | \$ 96.72 | Family | \$ 6.99 | \$ 15.15 | \$181.80 |
| | Employee Cost Per Pay Period | Employee Cost Monthly | Employee Cost Annually | | | | | | | | | | | | | | | |
| Single | \$ 2.03 | \$ 4.40 | \$ 52.80 | | | | | | | | | | | | | | | |
| Two Person | \$ 3.72 | \$ 8.06 | \$ 96.72 | | | | | | | | | | | | | | | |
| Family | \$ 6.99 | \$ 15.15 | \$181.80 | | | | | | | | | | | | | | | |

UNIVERSITY PROVIDED BENEFITS AND ADDITIONAL OPTIONAL BENEFITS

BENEFITS U PROGRAM

Salary Continuation Benefit

Salary continuation is designed to provide salary protection for absences in excess of five working days, caused by the medical condition of an employee that prevents the employee from working. This benefit is provided to all full-time employees at no cost. All full-time employees are eligible for salary continuation as follows:

| Length of Service. | Salary Continuation |
|-----------------------------|---------------------|
| 6 months – 1 year | 4 Weeks |
| 1-3 years. | 8 Weeks |
| 3-5 years. | 16 Weeks |
| 5 years or more. | 26 Weeks |

Optional Short-Term Disability Coverage

Optional Short-Term Disability Coverage is available, to those with less than five years of service, to cover the period of time in which an employee would not be fully covered under our salary continuation plan.

Short-Term Disability benefits are payable if you become disabled by accidental injury or sickness while insured and remain disabled beyond the waiting period. The waiting period is 30 days from the commencement of the disability. Short-Term Disability will pay a maximum of 22 weeks after which point, if you are still considered disabled, Long-Term Disability would provide income protection.

Optional Short-Term Disability does not cover pre-existing conditions. A pre-existing condition is any injury, sickness, or related medical condition for which you have had medical treatment, consultation, care or services, including diagnostic measures, or for which you took prescribed drugs or medicines in the three months just prior to the effective date of coverage and if the disability begins in the first 12 months after your effective date of coverage.

You can purchase Short-Term Disability at 60% of your weekly earnings, to a maximum benefit of \$700 per week. Rates are calculated based on \$.84 per \$10 of weekly benefit.

To determine coverage:

$$\text{Annual Salary} \div 52 \text{ weeks} \times .60 = \text{weekly benefit}$$

To determine cost of coverage:

$$\text{Weekly benefit} \times .84 \div 10 = \text{monthly cost}$$

$$\text{Monthly cost} \times 12 \text{ months} \div 26 \text{ pay periods} = \text{bi-weekly cost}$$

For example, an employee earning an annual salary of \$30,000 would do the following calculation to determine the amount of coverage and cost of short term disability.

$$\$30,000 \div 52 \text{ weeks} = \$577 \times .60 = \$346 \text{ weekly benefit}$$

$$\$346 \text{ weekly benefit} \times .84 = \$290 \div 10 = \$29.06$$

$$\$29.06 \text{ monthly cost} \times 12 \text{ months} = \$348.72 \text{ annual cost}$$

$$\div 26 \text{ pay periods} = \$13.41 \text{ biweekly cost}$$

The cost is also calculated for you on the enrollment website.

Long-Term Disability Coverage

The University provides Long-Term Disability coverage to you at no cost. Through this benefit you have the comfort of knowing your income is protected in the event of a non-work-related illness or injury that keeps you from working for more than six months. The Long-Term Disability benefit provides protection once the salary continuation benefits or Short-Term Disability benefits expire.

The benefit provides coverage once you have been disabled for 26 weeks. The benefit is payable as long as you remain disabled until age 65. You would receive 66 2/3% of your pay as a Long-Term Disability benefit.

Basic Life Insurance

Life insurance provides important financial protection for you and your family. The Benefits U program provides all full-time employees with a Basic Life Insurance benefit equal to one times your annual salary. **This benefit is provided at no cost to you.**

Annual Tax Treatment

The IRS considers the value of company-paid life insurance over \$50,000 to be a taxable benefit. As a result, you will be taxed on any university-provided life insurance over \$50,000. The value of this benefit is called imputed income and will be shown on your annual W-2; it also will be reflected each pay period.

How Imputed Income is Calculated:

Imputed income tax is based on your age and the amount of benefit you receive or insurance coverage above \$50,000. Following are the tax rates and an illustration as to how the benefit is calculated:

| 5-Year Age Bracket | Cost per \$1,000 of Protection for One-Month Period |
|------------------------|---|
| Under 25 | \$.05 |
| 25 to 29 | \$.06 |
| 30 to 34 | \$.08 |
| 35 to 39 | \$.09 |
| 40 to 44 | \$.10 |
| 45 to 49 | \$.15 |
| 50 to 54 | \$.23 |
| 55 to 59 | \$.43 |
| 60 to 64 | \$.66 |
| 65 to 69 | \$1.27 |
| 70 and above | \$2.06 |

Determining Imputed Income Example

Let's assume an employee is 43 years old as of July 1, 2016, and has \$75,000 of life insurance. How would the imputed income be determined?

STEP 1

Determine the value of life insurance that is to be reported as taxable income.

\$75,000 Life Insurance

-\$50,000 non-taxable

=\$25,000 eligible for imputed income tax

STEP 2

Since the imputed tax is based on a cost per \$1,000, divide step 1 by \$1,000 or \$25.

STEP 3

Multiply the amount in Step 2 by the appropriate tax rate as stated in the chart, based on the individual's age.

\$25 x \$.10 = \$2.5 x 12 months for a total of \$30.00 per year. The tax would be reflected over the 26 pay period per year. So in this example this employee would have \$1.15 reflected per pay for imputed income tax.

Accidental Death and Dismemberment (AD&D) Insurance

Accidental Death and Dismemberment (AD&D) Insurance is additional protection that provides coverage if you die or are dismembered in an accident. The University provides employees with Basic AD&D coverage **at no cost to you**, equal to one times your pay. If your pay increases during the year, so does your benefit.

Optional Supplemental Life Insurance

If you feel you need coverage beyond the Basic Life Insurance Plan amount provided, you may purchase Supplemental Life Insurance for yourself in multiples of \$10,000, up to a maximum of the lesser of five times your annual salary or \$500,000. You may increase your coverage during open enrollment. However, if you request more than \$100,000 coverage, you will need to provide evidence of insurability acceptable to the carrier before the coverage takes effect. If you declined coverage in a prior enrollment and wish to purchase coverage, all amounts will require evidence of insurability.

What is Evidence of Insurability or Proof of Good Health?

Evidence of insurability/proof of good health is as simple as answering a questionnaire about your health or that of your dependent. It may also require a physical examination, at the discretion of the insurance carrier/third-party administrator. The results may affect acceptance for insurance. Insurance companies want to protect themselves from individuals who purchase life or disability insurance for catastrophic reasons. They reserve the right to deny your application.

For this reason, decisions about purchasing additional life insurance coverage are very important. Even then, depending on the amount you choose, you may be required to submit evidence of insurability.

If you elect additional coverage under Supplemental Life Insurance, your premium will be based on:

- Your age on July 1, 2016
- The level of coverage you choose

Your contribution for Supplemental Life Insurance will be deducted on an after-tax basis.

Below are the monthly rates per \$1,000 of coverage, based on the employee's age:

| | |
|--------------|---------------|
| Under age 20 | \$.077 |
| Age 20 – 24 | \$.077 |
| Age 25 – 29 | \$.077 |
| Age 30 – 34 | \$.171 |
| Age 35 – 39 | \$.171 |
| Age 40 – 44 | \$.274 |
| Age 45 – 49 | \$.274 |
| Age 50 – 54 | \$.590 |
| Age 55 – 59 | \$.590 |
| Age 60 – 64 | \$1.069 |
| Age 65 – 69 | \$1.069 |
| Age 70+ | Not Available |

Life Insurance for Your Family

The University provides you the opportunity to elect Life Insurance coverage for your spouse, same sex domestic partner and your dependent children.

Optional Life Insurance for Your Spouse/Same Sex Domestic Partner

You may purchase coverage for your spouse/same sex domestic partner in multiples of \$10,000, up to a maximum of \$500,000. Spouse/Same Sex Domestic Partner Life Insurance coverage cannot exceed that of the employee. If you wish to have more than \$100,000 coverage, you will need to provide evidence of insurability. If you currently have coverage you may increase to \$100,000 of coverage without evidence of insurability. If you declined coverage during a prior enrollment and wish to purchase coverage now, all amounts will require evidence of insurability. The cost of Life Insurance for your spouse/same sex domestic partner will be based on both of the following:

- Your spouse's or same sex domestic partner's age on July 1, 2016
- The level of coverage you choose

Your payroll deduction for Optional Spouse/Same Sex Domestic Partner Life Insurance will be made on an after-tax basis.

The monthly rates per \$1,000 of coverage are based on the spouse's or same sex domestic partner's age. The same scale applies for the Employee Supplemental Life Insurance.

Optional Life Insurance for Your Children

You may elect to cover your dependent children and dependent children of your same sex domestic partner up to age 25 for \$10,000 of dependent life insurance coverage. A flat-dollar cost will apply to Dependent Life coverage for all of your eligible children. Payroll deductions are made on an after-tax basis.

Cost per pay period: \$.99

Supplemental Accidental Death and Dismemberment Benefit

The University offers a Supplemental Accidental Death and Dismemberment Benefit. Accidental Death and Dismemberment coverage provides a benefit if you die or are dismembered in an accident. The University provides AD&D coverage equal to one times your annual salary. The Supplemental AD&D allows you to purchase additional coverage in multiples of \$10,000, up to the lesser of five times your annual salary or \$500,000.

Your contribution for Supplemental AD&D coverage will be deducted on an after-tax basis.

The cost of supplemental AD&D coverage is \$.025 per month per \$1,000 of coverage.

AD&D Coverage for your family

Spouse/Same Sex Domestic Partner AD&D Coverage

You may also purchase coverage AD&D coverage for your spouse or same sex domestic partner in multiples of \$10,000 up to a maximum of \$500,000. Spouse/same sex domestic partner AD&D coverage cannot exceed that of the employee.

The costs of coverage is \$.025 per month per \$1,000 of coverage.

The cost of spouse/ same sex domestic partner AD&D coverage will be deducted on an after-tax basis.

Dependent AD&D Coverage

A \$10,000 AD&D benefit may be purchased for your dependent children or dependent children of your same sex domestic partner up to age 25. A flat dollar cost will apply to Dependent AD&D Coverage for all of your eligible children. Payroll deductions are made on an after-tax basis.

Cost per-pay-period: \$0.12

Beneficiary Information

You will be the beneficiary of any insurance you purchase for your spouse/same sex domestic partner or children. However, you will need to elect (a) beneficiary(ies) for Life Insurance for yourself. Beneficiary data will be collected on the online enrollment system.



Flexible Spending and Health Savings Accounts offer an attractive way to use tax-free dollars to pay eligible health care and dependent care expenses, because all deposits are made to your account on a pre-tax basis.



Flexible Spending Accounts

Flexible Spending Accounts offer an attractive way to use tax-free dollars to pay for eligible health care and dependent care expenses, because all deposits are made

to your account on a pre-tax basis. These accounts can be used for eligible expenses incurred from July 1-June 30 or from the effective date of coverage.

Health Care Flexible Spending Account (FSA) (For PPO plan members)

The Medical, Dental and Vision plans pay for many of your health related expenses, but not all health care bills are covered in full. You can deposit up to \$2,550 a year, on a pre-tax basis, into your Health Care Flexible Spending Account to pay for health care expenses not covered by insurance. A minimum contribution of \$120 annually is required. The amounts are taken evenly from each paycheck throughout the year.

Expenses that can be legally reimbursed through the Health Care Spending Account are those expenses allowed by the IRS as tax deductible medical expenses that are not reimbursed or paid for by a health care plan. These expenses must be incurred during the plan year. Such expenses include, but are not limited to, the following:

- Medical Plan deductibles and co-payments
- Medical expenses not reimbursed by a medical insurance plan
- Eyeglasses and contact lenses
- Artificial limbs
- Routine medical exams (physicals) and doctors' fees
- Medical supplies
- Legal sterilizations
- Dental expenses not reimbursed by a dental plan
- Orthodontia expenses (braces)
- Prescribed medications
- Special equipment (e.g., telephone equipment for the deaf)
- Chiropractor's and podiatrist's fees
- Contact lens solution and heating units
- Laser eye surgery

Expenses not eligible for reimbursement through the Health Care Spending Account include, but are not limited to, the following:

- Diaper service
- Funeral and burial expenses
- Illegal operations and treatments
- Cosmetic surgery
- Housekeeping services
- Anti-baldness drugs
- Maternity clothes
- Cost of dancing/swimming lessons, even if recommended by physician
- Donations to volunteer ambulance companies
- Expenses for trips, even if for general health improvement
- Health club dues (unless prescribed by physician)
- Electrolysis
- Dental procedures to whiten teeth
- Premiums paid for health care coverage

Limited Purpose Health Care Flexible Spending Account (For HSA Plan Members Only)

If you are a participant in the HDHP with HSA the University offers a Limited Purpose Healthcare Flexible Spending Account that **may be used to pay for qualified dental and vision expenses**. HSA Plan Members are not eligible to participate in the Health Care Flexible Spending Account. The maximum contribution to the Limited Flexible Spending Account will be \$2,550 for the 2016-2017 fiscal year.

Dependent Care Spending Account

Many families require dependent care services for their children or a disabled parent to enable the employee (and spouse, if married, or if the spouse is disabled) to work, or so the spouse can attend school full time. Because this type of care can be expensive, the University offers the Dependent Care Spending Account. Eligible dependents for this account include:

- Your children under age 13 whom you include as exemptions for tax purposes.
- Adult dependents who spend at least eight hours in your home each day and who are unable to care for themselves because of a mental or physical disability.

You can deposit up to \$5,000 a year to reimburse yourself for the cost of dependent care services (\$2,500 if you are married and file separate tax returns). This amount is taken evenly from each paycheck. In order to use this account, you and your spouse must be at work or school at the time your dependents are receiving care. This account requires that the amount be taken from your paycheck before it may be used for reimbursement. If you choose to participate in both the health care and dependent care accounts the annual maximum you can contribute to both accounts is \$7,550.

Eligible Expenses

Expenses for the following types of dependent care services can be reimbursed through this account:

- Services provided inside or outside your home by anyone other than your spouse or your dependent for income tax purposes
- Services in a day care center that complies with all state and local regulations

Planning your Expenses

It is important that you plan carefully so that you get the most out of your Spending Accounts. Contribute only as much as you think you will need for the year. You may wish to:

- Review your health care claims and checkbook for the last two years.
- Consider your health status and that of your family.
- Check with your dependent caregivers and summer camps for any price increases.
- Consider any time where you will not need dependent care services (e.g., vacations, leaves of absence, etc.).

To help better estimate your expenses, complete the worksheets on the following page.

Please remember that because of IRS regulations, any money you set aside and don't use by the end of the year cannot be carried over into the next year. So, if you do not use all the money in your accounts for expenses you incur during the year, you forfeit the unused balance. This can be avoided by carefully estimating your expenses in advance.

Using Your Accounts

If you choose to pay eligible health care and dependent care expenses on a pre-tax basis, a separate account will be set up for each type of expense. The University will deposit the amount you request from each of your paychecks into the accounts. These accounts must be maintained separately; money cannot be transferred from one account to the other.

After you incur eligible expenses and submit proper documentation, you will be reimbursed from your accounts. If you file a claim that exceeds the amount currently in your Health Care Spending Account, you can be reimbursed up to the annual amount you have elected. This is called advance reimbursement and only applies to the Health Care Spending Account. If you file a claim that exceeds the amount currently in your Dependent Care Spending Account, you will be reimbursed only for the amount in your account and will be reimbursed for the rest of the claim as money accumulates in your account.

You also will have the ability to use a debit card for purchases at retail pharmacies or physicians offices, for ease of use. You will not have to provide receipts when you use your debit card for prescription co-pays or physician office co-pays that fall under the Davenport University plan. You will have to submit receipts for all other purchases after using your debit card.

Child Care Tax Credit vs. Reimbursement Account

One issue to consider is whether you should claim the Child Care Tax Credit on your federal income tax return or use this account. You cannot claim the same expenses in both places. Keep in mind that you cannot take a Child Care Tax Credit if your spouse does not earn any income unless he/she is a full-time student or disabled and unable to care for your children.

You will have to decide which option is best for your situation. A tax advisor can help you determine the most advantageous approach.

Emergency Travel Assistance

Worldwide emergency travel assistance services are available to you and your dependents. When traveling for business or pleasure, in a foreign country or 100 or more miles from home, you and your family can count on getting help in the event of a medical emergency.

At any hour of the day, one simple call will connect you to:

- Multilingual crisis management professionals
- A state-of-the-art global response operations centers
- A world-wide network of qualified medical providers

Services include:

- Medical consultation and evaluation
- Hospital admissions guarantee
- Emergency medical evacuation
- Critical care monitoring
- Prescription replacement assistance
- Medically supervised transportation home upon discharge
- Emergency message service
- Transportation for a friend or family member to join hospitalized patient
- Care for minor children
- Emergency trauma counseling
- Assistance in the return of a vehicle
- Legal and interpreter referrals

All services must be arranged and paid for by Assist America. No claims for reimbursement are accepted. For more information contact Human Resources at BenefitsU@davenport.edu.

Bereavement Leave

Full-time employees may receive from one-half day to five days of paid bereavement leave for the death of an immediate family member. The amount of time allowed will be left to the discretion of the supervisor and the specific circumstances of the leave. When applying for a bereavement request, an employee must complete a Paid Time Off Request Form indicating the dates of leave but not subtracting them from the PTO balance, and submit the form to his/her supervisor. Bereavement leave may be taken in full or half day increments. For additional details please see the Bereavement Leave Policy.

Employee Assistance Program (EAP)

The Employee Assistance Program, or EAP, provides you and your family access to counseling services and services to assist with everyday challenges.

As you know, life is full of challenges, large and small. Fortunately there is a place to turn for help. The EAP is a comprehensive resource available 24 hours a day, seven days a week, 365 days a year. The EAP program is designed to provide fast, convenient answers and advice on a wide range of topics. This service also provides for up to three visits with a licensed counselor, at no cost to you.

The list of issues is long and diverse, and includes everyday living, emotional well-being, finances, legal, parenting, education, work, health and consumer product.

You can access services or information by calling toll-free 800-854-1446 or online at www.lifebalance.net (username: Lifebalance, password: Lifebalance.) You will be able to speak confidentially with a master's-level consultant to clarify your issue, sort through your options, and contact an effective resource for various services in your community.

Paid Time Off (PTO)

Employees working in a full-time position prior to February 1, 2009:

| Length of Service | Paid Time Off Allowance |
|----------------------------|-------------------------|
| 0 up to 3 years | 25 days (5 weeks) |
| 3 up to 6 years | 30 days (6 weeks) |
| 6 up to 10 years | 35 days (7 weeks) |
| 10+ years | 40 days (8 weeks) |

Employees working in a full-time position after February 1, 2009:

| Length of Service | Paid Time Off Allowance |
|-----------------------------|-------------------------|
| 0 up to 5 years | 25 days (5 weeks) |
| 5 up to 10 years | 30 days (6 weeks) |
| 10 up to 15 years | 35 days (7 weeks) |
| 15+ years | 40 days (8 weeks) |

PTO is received at the beginning of each fiscal year and must be used by the end of the fiscal year, July 1–June 30. PTO is prorated in the year of hire, when returning from a leave of absence, and in the year of separation. PTO may not be carried over from one fiscal year to the next.

Holidays

University holidays include New Year's Day, Memorial Day, Independence Day, Labor Day, Thanksgiving and the Friday following Thanksgiving, Christmas Eve and Christmas Day and two floating holidays between Christmas and New Years. The floating holidays for the 2016-2017 year will be December 27 and December 28, 2016.

Tuition Remission

Tuition is waived for full-time employees, spouses, same sex domestic partners and eligible children who wish to take courses at Davenport University. To apply for tuition remission, a Tuition Remission Application must be completed each semester prior to the start of the semester being requested. For additional details please see the Tuition Remission Policy.

Employee Discounted Programs

The Employee Discounted Program benefit is offered by the University, provided to full-time, part-time, limited-part-time, coaches, adjunct employees and their qualified dependents. The benefit does not include fees or course materials, which are charged as a one-time expense.

With the Employee Discounted Program benefits, the student will be responsible for the direct cost of the program (books, fees, and program materials), and tuition costs will be waived. As a majority of the direct expenses are incurred at the commencement of the program, the employee will be responsible for the direct costs up front. These fixed costs are a one-time expense to the employee on the onset of the program. Employees interested in learning more about the program, including the cost and payment options available may contact Admissions or Advising. Please see the Employee Discounted Programs Policy.

Tuition Assistance

Employees wishing to continue their education by pursuing an advanced degree in a program not offered at Davenport may apply for Tuition Assistance. Under this benefit, staff are eligible to receive a loan for 75% of tuition, up to a benefit of \$3,000 for a master's degree or \$5,000 for a Ph.D., per fiscal year. Faculty are eligible to receive a loan for 100% of tuition up to \$9,000 for a master's degree or \$10,000 for a Ph.D., per fiscal year. Upon completion of the degree, and after three additional years of service to the University, the loan will be waived. The application deadline to apply for tuition assistance is April 30 for the next fiscal year.

Retirement

The University provides a 403(b) tax-deferred annuity plan for eligible employees. Employees are also able to contribute to a supplemental retirement annuity through payroll deduction on a pre-tax basis, reducing taxable salary and current federal and state taxes.

Employees will become eligible to participate in the Davenport University Retirement Plan after one year of eligible service to the University. Once eligible, employees will receive a contribution to their retirement account equal to 10% of their regular earnings.

Years of service with an institution of higher education that meets the eligibility requirements of Code Section 403(b)(1) during the three year period preceding the employee's date of employment with Davenport University may also be counted for years of service eligibility purposes. For additional information on eligibility please contact Human Resources at BenefitsU@davenport.edu.

Adoption Assistance

Adoption Assistance is designed to provide financial support to full time employees that have completed a year of service and who are adopting a child. The University will reimburse the employee up to \$5,000 of qualified expenses for the adoption of an eligible child. Qualified expenses include court costs, attorney fees, traveling costs and other expenses directly related to the legal adoption of an eligible child. There is a limit of up to two adoptions per household for the lifetime of employment with the University.

FIGURING OUT YOUR HEALTH CARE FLEXIBLE SPENDING ACCOUNT DEPOSIT (FOR PPO PLAN PARTICIPANTS)

Use the worksheet below to add up the health care costs you expect to pay in 2016 -2017 that won't be covered by your Medical or Dental Plan.

| | |
|---|-------------------|
| 1. Your share of medical, dental and prescription drug expenses (deductibles and co-payments) | \$ _____ |
| 2. Dental and medical expenses greater than the maximum plan benefit (for example, the cost of braces greater than \$1,500) | + \$ _____ |
| 3. Eyeglasses, contacts and hearing aids not covered by insurance | + \$ _____ |
| 4. Other health care expenses not covered by the Medical or Dental Plans (for example, costs in excess of R&C) | + \$ _____ |
| Total Annual Amount (\$2,550 maximum, \$120 minimum) | = \$ _____ |

FIGURING OUT YOUR LIMITED PURPOSE HEALTH CARE FLEXIBLE SPENDING ACCOUNT DEPOSIT (FOR HDHP WITH HSA PLAN PARTICIPANTS)

Use the worksheet below to add up the costs you expect to pay in 2016 -2017 that won't be covered by your Dental or Vision Plan.

| | |
|---|-------------------|
| 1. Dental expenses greater than the maximum plan benefit (for example, the cost of braces greater than \$1,500) | + \$ _____ |
| 2. Total monthly costs | + \$ _____ |
| 3. Multiply by 12 months | + \$ _____ |
| Total Annual Amount (\$2,550 maximum, \$120 minimum) | = \$ _____ |

FIGURING OUT YOUR DEPENDENT CARE FLEXIBLE SPENDING ACCOUNT DEPOSIT

Use the worksheet below to help estimate your eligible dependent care expenses that allow you to work.

| | |
|---|-------------------|
| 1. Amount paid to a dependent care provider per month | \$ _____ |
| 2. Total monthly costs | = \$ _____ |
| 3. Multiply by 12 months | x \$ _____ |
| 4. Anticipated annual expenses | = \$ _____ |
| 5. Subtract for vacations and holidays | - \$ _____ |
| Total Annual Amount (\$5,000 maximum, or \$2,500 if you are married and file separate tax returns) | = \$ _____ |

Example of Savings Through the Health Care Flexible Spending Account

Below is a chart showing the tax advantage of using a Health Care Flexible Spending Account. In this example, a person receives a \$312 tax savings by using the Health Care Flexible Spending Account.

| | Using HCSA | Paying Health Care Expenses after-tax |
|---|------------------|---------------------------------------|
| Gross Annual Income | \$ 25,000 | \$ 25,000 |
| Payments for expenses using pre-tax dollars (deposit in HCSA) | <u>-\$ 1,250</u> | <u>-\$ 0</u> |
| Taxable wages | \$23, 750 | \$ 25,000 |
| Amount of tax to pay | <u>-\$ 5,938</u> | <u>-\$ 6,250</u> |
| Take-home pay | \$ 17,812 | \$ 18,750 |
| Payment for expenses using after-tax dollars | <u>-\$ 0</u> | <u>-\$ 1,250</u> |
| Spendable Income | \$ 17,812 | \$ 17,500 |
| Additional disposable income from tax savings | \$ 312 | \$ 0 |

FIGURING OUT YOUR HEALTHCARE SAVINGS ACCOUNT (HSA) DEPOSIT

| | |
|---|-------------------|
| 1. Your share of medical, dental, and prescription drug expenses (deductibles and co-payments) | \$ _____ |
| 2. Dental and medical expenses greater than the maximum plan benefit (for example, the cost of braces greater than \$1,500) | + \$ _____ |
| 3. Eyeglasses, contacts, and hearing aids not covered by insurance | + \$ _____ |
| 4. Other health care expenses not covered by the Medical or Dental Plans (for example, costs in excess of R&C) | + \$ _____ |
| 5. 2016-2017 DU contribution to the HSA (\$500 single/\$1,000 Family) | - \$ _____ |
| Total Annual Amount (\$6,750 maximum for 2-person or family or \$3,350 for single plans) | = \$ _____ |

**Individuals age 55 and older can also make additional “catch-up” contributions of \$1,000*

ENROLLMENT WORKSHEET

COVERAGE ELECTION

EMPLOYEE COST

MEDICAL

PPO BCBS Plan

| | <i>Per Pay Period Pre-Tax Cost</i> | <i>Monthly Cost</i> | <i>Annual Pre-Tax Cost</i> |
|---|--|---------------------|----------------------------|
| _____ Single | \$ 45.92 | \$ 99.50 | \$1,193.98 |
| _____ Two-Person | \$ 123.79 | \$ 268.21 | \$3,218.54 |
| _____ Family | \$ 163.22 | \$ 353.65 | \$4,243.81 |
| _____ Working spouse/same sex domestic partner surcharge | \$ 46.15 | \$ 100.00 | \$1,200.00 |
| _____ Nicotine Surcharge (employee) | \$ 30.00 | \$ 60.00 | \$ 780.00 |
| _____ Nicotine Surcharge (spouse) | \$ 30.00 | \$ 60.00 | \$ 780.00 |

HDHP with HSA

| | <i>Per Pay Period Pre-Tax Cost</i> | <i>Monthly Cost</i> | <i>Annual Pre-Tax Cost</i> |
|---|--|---------------------|----------------------------|
| _____ Single | \$ 20.35 | \$ 44.10 | \$ 529.20 |
| _____ Two-Person | \$ 40.22 | \$ 87.15 | \$1,045.80 |
| _____ Family | \$ 60.58 | \$ 131.25 | \$1,575.00 |
| _____ Working spouse/same sex domestic partner surcharge | \$ 46.15 | \$ 100.00 | \$1,200.00 |
| _____ Nicotine Surcharge (employee) | \$ 30.00 | \$ 60.00 | \$ 780.00 |
| _____ Nicotine Surcharge (spouse) | \$ 30.00 | \$ 60.00 | \$ 780.00 |

Waive Coverage – Credit

| | | | |
|------------------------------|----------|-----------|------------|
| _____ Health Savings Account | (\$9.62) | (\$20.83) | (\$250.00) |
|------------------------------|----------|-----------|------------|

Medical Coverage Cost

\$ _____

DENTAL

| | <i>Per Pay Period Pre-Tax Cost</i> | <i>Monthly Cost</i> | <i>Annual Pre-Tax Cost</i> |
|----------------------|--|---------------------|----------------------------|
| _____ Single | \$ 5.68 | \$ 13.31 | \$ 147.74 |
| _____ Two-Person | \$ 13.64 | \$ 29.55 | \$ 354.56 |
| _____ Family | \$ 17.05 | \$ 36.93 | \$ 443.20 |
| _____ Waive coverage | | | |

Dental Coverage Cost

\$ _____

VISION

| | <i>Per Pay Period Pre-Tax Cost</i> | <i>Monthly Cost</i> | <i>Annual Pre-Tax Cost</i> |
|----------------------|--|---------------------|----------------------------|
| _____ Single | \$ 2.03 | \$ 4.40 | \$ 52.80 |
| _____ Two-Person | \$ 3.72 | \$ 8.06 | \$ 96.72 |
| _____ Family | \$ 6.99 | \$ 15.15 | \$ 181.80 |
| _____ Waive coverage | | | |

Vision Coverage Cost

\$ _____

SHORT TERM DISABILITY (Optional for employees with less than five years of service)

_____ Coverage Election \$ _____ (See chart on page 19 to calculate cost)

_____ Waive coverage

Short Term Disability Cost

\$ _____

SUPPLEMENTAL EMPLOYEE LIFE (optional)

_____ \$ (See chart on page 21 to calculate cost)

_____ Waive coverage

Supplemental Life Cost \$ _____

SUPPLEMENTAL AD&D COVERAGE

_____ \$ (See information on page 21 to calculate cost)

_____ Waive coverage

Supplemental AD&D Cost \$ _____

SPOUSE/SAME SEX DOMESTIC PARTNER LIFE (optional)

_____ \$ _____ (See chart on page 22 to calculate cost)

_____ Waive coverage

Spouse/Same Sex Domestic Partner Life Cost \$ _____

SPOUSE/SAME SEX DOMESTIC PARTNER AD&D COVERAGE

_____ \$ (See information on page 22 to calculate cost)

_____ Waive coverage

Spouse/Same Sex Domestic Partner AD&D Cost \$ _____

DEPENDENT LIFE (optional)

_____ Coverage Election \$.99 per pay period

_____ Waive coverage

Dependent Life Cost \$ _____

DEPENDENT AD&D COVERAGE

_____ Coverage Election \$0.12 per pay period

_____ Waive coverage

Supplemental AD&D Cost \$ _____

FLEXIBLE SPENDING ACCOUNT (optional)

_____ Health Care Flexible Spending Account

_____ Limited Purpose Healthcare Flexible Spending Account

_____ Dependent Care Flexible Spending Account

Flexible Spending Account Amount \$ _____

TOTAL COST \$ _____

ENROLLMENT **WEB SITE** INSTRUCTIONS

- 1) Go to the main Davenport University page at www.davenport.edu and sign in using the login button in the top right corner of the page.
- 2) Click on My Connection, located in the upper right corner of the screen.
- 3) Choose the Staff Connection tab.
- 4) Click on Compensation and Benefits under the Human Resources heading.
- 5) Click on Online Enrollment 2016-2017 link.
- 6) Once you have access to the system, you will be guided through several screens where you will elect your coverage.
- 7) At the end of the enrollment you will be asked to confirm your elections. After confirming your elections, please print the confirmation page and keep it for your records.



FOR QUESTIONS about online enrollment email BenefitsU@davenport.edu



The Davenport University Benefits U program offers you a variety of possibilities for personalizing your benefits to your particular needs. Take time to discover all the options and review key features with your family. Then make the benefit elections that are right for you.

Please contact the Benefits U e-mail address at BenefitsU@davenport.edu, if after reading this booklet you still have questions or need more details about any of the plans.

ABOUT THIS BOOKLET

This booklet summarizes the key features of the Davenport University Benefits U Plans. If any conflict arises between the information stated here and any plan provisions, the terms of the actual plan documents or other applicable documents will govern in all cases. Provisions of the plans and eligibility for coverage do not constitute a contract of employment with any individual. Plans described in this Booklet are subject to change.