



 DAVENPORT UNIVERSITY

benefits

A FLEXIBLE BENEFITS PROGRAM UNIQUE TO U

| **2026-2027**

A Health Care Program for **You**



TABLE OF CONTENTS

Welcome to Benefits	2
Glossary of Terms	3
Medical Benefit Plans	7
Dental Benefit Plan	12-13
Vision Benefit Plan	12-13
Amaze Health	14
Care Management Programs	14
University Provided Benefits and Additional Optional Benefits	15
Retirement	22
Enrollment Website Information	23



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

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 competitive in our industry 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

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.

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, tuition and retirement.

Please carefully review the information in this guide to aid your enrollment decision-making.

Additional Resources:

- Davenport University Benefits website
- Summary Plan Descriptions
- Plan Descriptions
- Summary Benefits of Coverage

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.

YOUR ROLE

This booklet provides you with the information and tools you need for enrollment. You play an important role to ensure a successful enrollment process. The main portion of the booklet covers each plan option in detail, as well as any cost-related information.

Review Benefits U Guide – After reviewing this booklet, enroll online on the Benefits U website during your initial 30 days from hire or during open enrollment.

Open Enrollment – This is the time to review your health plan choices and life insurance amounts as well as update your dependents for the medical, dental, vision and optional life insurance plans. This is also a good time to make sure your beneficiary information is up to date.



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.

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 plan 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 – PROGRAM OFFERINGS

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 (HDHP)
- 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 (PPO Plan)
 - Limited Purpose Healthcare Flexible Spending Account (HDHP)
 - Dependent Care Flexible Spending Account

University Provided Benefits

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

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

- Basic Life Insurance – 1x Annual Salary (Prorated after age 70)
- Basic AD&D Insurance – 1x Annual Salary (Prorated after age 70)
- Long-Term Disability
- Personal Contribution to 403(b) and Roth
- Employer Retirement Contribution
- Tuition Remission
- Tuition Assistance
- Paid Time Off (Does not apply to 10 month Faculty)
- Holiday Pay
- Volunteer Time Off
- Salary Continuation Coverage
- Employee Assistance Program (EAP)
- Bereavement Leave
- Tobacco Cessation Coaching Program
- Earned sick time

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

- Tuition Remission*
- Personal Contribution to 403(b) and Roth
- Employer Retirement Contribution
- Employee Assistance Program (EAP)
- Paid Time Off
- Holiday Pay
- Volunteer Time Off
- Bereavement leave
- Earned sick time

Adjunct (0-28 hours per week):

- Personal Contribution to 403(b) and Roth
- Tuition Remission* (when teaching)
- Employee Assistance Program (EAP)
- Earned sick time

Flexible Part Time Employees (0-28 hours per week) & Contract Coaches:

- Personal Contribution to 403(b) and Roth
- Tuition Remission*
- Employee Assistance Program (EAP)
- Earned sick time

* 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 full Benefits U program.

Part Time Employees, Adjunct, Limited Part Time Employees and Contract Coaches are eligible for select benefits.

Who can you cover?

In addition to yourself, full time eligible employees 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 children up to the end of the month they turn 26
- * If you choose to add your spouse to the medical plan you may be charged an additional working spouse surcharge. For additional information on the working spouse surcharge please see page 6.

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



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 qualifying event such as the following:

- Marriage or divorce
- Birth or adoption of a child
- Death of a spouse 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 timely and consistent with the eligible event. 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 optional spouse or dependent life insurance are paid with after-tax dollars.

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.



STILL HAVE QUESTIONS?

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

Working Spouse Surcharge

If your spouse 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 surcharge applies to you if:

- You enroll your spouse in Davenport’s medical coverage and they have group health coverage available to them through their own employer

The working spouse surcharge does not apply to you if:

- You are not married
- Your spouse:
 - 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 either becomes eligible for coverage or loses coverage. 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 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.

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 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 and complete the program by May 31 for the current plan year. If the participant does not complete the program by May 31, 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 BENEFIT PLANS

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:

- BCBS PPO Medical Plan
- BCBS High Deductible Health Plan (HDHP) with Health Savings Account (HSA)
- 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) network 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 12.

Medical “Opt Out” Credit

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

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 Life coverages are based on your age and your spouse’s age. Any employee cost-sharing or “cost” will be deducted from your pre-tax earnings with the exception of life and disability costs, which will be deducted after tax; any “credit” from the Opt Out benefit will be added to your taxable income.



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 select “Find care” for “Individuals and families” then “Find a Doctor”.

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. 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 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 (see Comparison Chart on page 12).

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 (see Comparison Chart on page 12).



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.

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 (see Comparison Chart on page 12). The deductible is the amount that you will pay before the plan begins to pay benefits.

After the deductible is met, 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 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 plan, the 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.

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.

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.

Health Savings Account (HSA)

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 current plan year, Davenport University will contribute \$200 for single coverage, \$300 for 2-person or \$400 for family coverage to the HSA on your behalf to assist in paying for your qualified expenses. Employer contributions will be spread over 26 pays.

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.

The maximum calendar year contribution for 2026 (including the Davenport University contribution to the account) is \$4,400 for single coverage or \$8,750 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.

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

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.

Example: If you first have family HDHP coverage on July 1, 2026, and keep HDHP coverage through December 31, 2026, you are allowed the full \$8,750 family contribution to an HSA for 2026. If you fail to remain covered by a HDHP for all of 2026, \$4,400 would be included income and subject to an additional 20 percent tax.

HSA Bank Account Set Up

You are not required to contribute your own money to the account, but you are eligible to receive the University contribution whether you contribute money to the account or not. An account will be opened on your behalf with Health Equity. If you are ineligible to contribute to an HSA, please email benefits@du.edu immediately.

BCBS Cost Estimation Tool

Did you know the price of a medical procedure from one facility to another can be vary by hundreds or even thousands of dollars? The BCBS Cost Estimation tool is offered to help employees understand the cost impact of various procedures and ratings of providers. This tool allows employees to have more control and influence in healthcare spending decisions to see these price differences and choose where to go for medical procedures. You can find high-quality healthcare at a fair price quickly and easily. Employees who are enrolled in the Davenport healthcare plan can check it out by going to bcbsm.com, Doctor & Hospitals, Find a Doctor, Get a Cost Estimate. You may also get there by downloading the BCBMS app.

Prescription Drug Benefits

Both plans provide prescription drug coverage and associated co-pays for the prescriptions. There is a five-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.

TIER 4 – Preferred Specialty Drugs:

Generic specialty drugs and preferred brand-name prescription specialty drugs. Require the lowest copay for specialty drugs.

TIER 5 – Non-preferred Specialty Drugs:

Nonpreferred brand-name prescription specialty drugs. May not have a proven record for safety or as high of a clinical value therefore these drugs will require the highest copay for specialty drugs.

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, 2027.

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 PPO 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.

VIRTUAL CARE BY TELADOC HEALTH

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. Therapy Services are now available through online visits with a scheduled appointment.

When your doctor isn’t available, simply use a mobile device or computer to log in to the virtual care app or bcbsmonlinevisits.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 virtual care by Teladoc Health you can quickly log in, confirm your location and choose a doctor who’s right for you.

Create an account:

- **Mobile** – Download the virtual care app
- **Web** – Go to Bcbsm.com/virtualcare
- **Phone** – Call 1-800-835-2362

Add your Blue Cross health plan information. You also may 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.

Fast. Convenient. Affordable.

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. Below is a summary of the plan details and cost. See full plan details of covered benefits on the Benefits, Health and Wellness website, under Medical Benefits-At-A-Glance, on the Online Enrollment site, or bcbsm.com.

BCBS PPO PLAN			BCBS HDHP with HSA PLAN	
PLAN FEATURES	IN-NETWORK	OUT-OF-NETWORK	IN-NETWORK	OUT-OF-NETWORK
Annual Deductible (calendar year)	\$2,500 Single / \$5,000Family (2 or more members)	\$5,000 Single / \$10,000 Family (2 or more members)	\$2,000 Single / \$4,000 Family (2 or more members)	\$4,000 Single / \$8,000 Family (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)	\$3,500 Single / \$7,000 Family (2 or more members)	\$7,000 Single / \$14,000 Family (2 or more members)	\$2,000 Single / \$4,000 Family (2 or more members)	\$4,000 Single / \$8,000 Family (2 or more members)
Out of Pocket Maximum* (Deductible/Coinsurance)	\$6,000 Single / \$12,000 Family (2 or more members)	\$12,000 Single / \$24,000 Family (2 or more members)	Includes deductible, coinsurance and copays \$4,000 Single /\$8,000 Family (2 or more members)	\$8,000 Single / \$16,000 Family (2 or more members)
Prescription Drug Copays			Copays Apply After Deductible	
Generic	\$20 copay		\$10 copay	
Preferred Brand	\$100 copay		\$50 copay	
Non-Preferred Brand	\$150 copay		\$80 copay	
Preferred Specialty	20% up to \$200		\$150 copay	
Non-Preferred Specialty	20% up to \$400		\$300 copay	
Mail Order	2x copay for 90 day supply		2x copay for 90 day supply	
Office Visit	\$35 copay	60% after deductible	80% after deductible	60% after deductible
Office Visit - Specialist	\$50 copay	60% after deductible	80% after deductible	60% after deductible
Online Visits	\$10 copay		80% after deductible	
Preventive Care	100 % coverage, for covered benefit	not covered	100 % coverage, for covered benefit	not covered
Urgent Care	\$60 copay	60% after deductible	80% after deductible	60% after deductible
COSTS				
Per Pay Period				
Single	\$105.00		\$44.10	
Two-Person	\$283.50		\$92.61	
Family	\$373.80		\$132.30	
Monthly				
Single	\$227.50		\$95.55	
Two-Person	\$614.25		\$200.66	
Family	\$809.90		\$286.65	
Annual				
Single	\$2730.00		\$1146.60	
Two-Person	\$7371.00		\$2407.86	
Family	\$9718.80		\$3439.80	

*The PPO Plan has a “True” Out of Pocket In-Network Maximum of \$8,700 for single and \$17,400 for family that includes all out of pocket expenses (deductibles, coinsurance and copays).

DENTAL AND VISION PLAN BENEFITS

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 is a summary of the plan details and cost. See full plan details of covered benefits on the Benefits, Health and Wellness website under Medical Benefits-At-A-Glance, or on the ONline Enrollment site.

Enhanced Benefit - Special Health Care Needs

The Delta Dental group benefits plan includes enhanced benefits for covered members (children and adults) with a qualifying special health care need. This includes options for a consultation prior to the first treatment, up to four total dental cleanings in a benefit year, treatment delivery modifications, and the use of silver diamine fluoride. Before benefits may be used, notify benefitsu@davenport.edu of the member with the

qualifying special heath care need so we may update the member’s dental benefits eligibility information. We suggest you take the “Enhanced Dental Benefit Provider Directions” flyer with you to your next dental visit (download the flyer at deltadental.pub/edb-provider) to help your dentist better understand the benefit and how to bill Delta Dental for services provided.

DELTA 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			
Annual Deductible for class II and III services \$50 per member \$150 per family			
Class I Services – Diagnostic & Preventive	Eligible Services Covered - 100% (See Benefits-At-A-Glance (BAAGs) online for covered services and frequency)		
Class II Services – Basic Services	Eligible Services Covered - 80% (See Benefits-At-A-Glance (BAAGs) online for covered services and frequency)		
Class III Services – Major Services	Eligible Services Covered - 80% (See Benefits-At-A-Glance (BAAGs) online for covered services and frequency)		
Class IV Services – Orthodontic services for dependents under age 19	Eligible Services Covered - 80% (See Benefits-At-A-Glance (BAAGs) online for covered services and frequency)		
Special Health Care Needs	Eligible Services Covered - download the flyer at deltadental.pub/edb-provider		
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	\$36.94	\$443.20

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. Below is a summary of the plan details and cost. See full plan details of covered benefits on the Benefits, Health and Wellness website, At-A-Glance, or on the Online Enrollment site.

		VSP PROVIDER	OUT-OF-NETWORK PROVIDER
Eye Exams	Once every 12 consecutive months	Covered – \$5 co-pay	You can be reimbursed up to \$45, less a \$5 co-pay
Eyeglass Frames	One frame every 12 consecutive months	Covered – \$130 allowance less \$10 co-pay	Reimbursed up to \$70, less a \$10 co-pay
Eyeglass Lenses	One pair every 12 months	Covered	Reimbursed up to predetermined amount based on lens type after co-pay
Contact Lenses:	Once every 12 months <i>Members may obtain either eyeglasses or contact lenses, but not both.</i>	Covered – \$130 allowance less \$10 co-pay	Reimbursed \$210 after a \$10 co-pay (member responsible for difference)
Therapeutic contact lenses (medically necessary)		Covered – \$10 co-pay	Reimbursed up to \$210 after a \$10 co-pay (member responsible for difference)
Vision Costs	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

AMAZE HEALTH

The Encompassing Health plan provides you with peace of mind by offering a trusted, independent health and medical partner, Amaze Health, that is available 24/7/365. Amaze provides virtual, on-demand, concierge-style primary and urgent medical care and will help you handle billing issues and coordinate local medical care if you need it.

Encompassing Health also provides an accident coverage plan that provides payment, independent of any other insurance, in case you have an accident, and includes low-cost and no-cost prescriptions through Rx Valet, as well as discounts on dental and vision care.

You receive these benefits and a bigger paycheck thanks to a provision in the Affordable Care Act. Encompassing Health handles all the details while you receive benefits.

CARE MANAGEMENT PROGRAMS

Note! The information below is only for those employees who have enrolled in the Davenport University medical plan.

Health Plan Advocate for Pharmacy Savings: In partnership with BCBS this program offers copay assistance for high-cost brand and specialty medications. Member copay/cost-share may still apply but will never be more than the normal coverage under the Davenport plan. Eligible members will be contacted by Health Plan Advocate for enrollment.

Omada: This is a personalized program that surrounds you with the tools and support you need to take small, day-to-day steps that lead to lifelong health. All employees and dependents covered under the Davenport medical plan who are also at risk of Type 2 diabetes or heart disease are eligible. To see if you qualify, take a quick survey. Davenport provides this program at no cost to you. You will receive an interactive program, wireless smart scale, weekly online lessons, professional health coach, and find support through the small group participants. For more information, refer to the documents under the Helpful Resources section on this page.

24/7 virtual care for your whole household. One app, one number, under 30 seconds to connect. Primary care, urgent care, mental health, chronic care, and specialist referrals. Covers you, your spouse, and your kids. Zero copays, ever.

\$0 generic prescriptions. Thousands of medications at \$0 copay, shipped by Amaze’s pharmacy team.

Mental health services. Therapy, psychiatry, peer support. Same-week availability, no waitlists, no referrals.

Hospital & accident indemnity. Fixed cash benefits paid directly to you, tax-free, for hospital stays, ICU admissions, ER visits, ambulance transport, outpatient surgery, fractures, and other covered events.

Medical bill advocacy. The advocacy team reviews confusing bills, catches errors, negotiates with providers and insurance — no cost to you.

Livongo Diabetes Management Program: This program gives you the tools and resources you need to manage your diabetes. All employees and dependents covered under the Davenport medical plan who have diabetes are eligible to participate. Davenport provides this program at no cost to you. Through this program you can receive an advanced blood glucose meter, unlimited strips and lancets, personalized coaching and much more! Refer to the documents under the Helpful Resources section on this page.

Hinge Health: Join Hinge Health for exercise therapy without leaving home. No copays. No office visits. Reduce your back and joining pain in just 15 minutes a day. Best of all, there’s no additional cost to you - your Hinge Health program is covered by Davenport University. Refer to the handout under Helpful Resources to find out how to enroll.

UNIVERSITY PROVIDED BENEFITS AND ADDITIONAL OPTIONAL BENEFITS

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. If approved, the benefit begins after 5 missed work days and would be exhausted before Short Term Disability or PTO days need to be used. All full-time employees are eligible for salary continuation based on the schedule below. Once approved, the employee will be paid at their normal rate of pay for up to 4 weeks. After four weeks, salary continuation will be paid to the employee at 90% of the employee’s normal rate of pay until the employee’s eligible benefit is exhausted based on the employee’s years of service and schedule below. See full policy in the employee handbook.

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 has a pre-existing condition limitation. 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 6 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 \$.80 per \$10 of weekly benefit.

To determine coverage:

Annual Salary ÷ 52 weeks x .60 = weekly benefit

To determine cost of coverage:

Weekly benefit x .80 ÷ 10 = monthly cost

Monthly cost x 12 months ÷ 26 pay periods = 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 ÷ 52 weeks = \$577 x .60 = \$346 weekly benefit

\$346 weekly benefit x .80 = \$277 ÷ 10 = \$27.68

\$27.68 monthly cost x 12 months = \$332.16 annual cost

÷ 26 pay periods = \$12.78 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.

Benefits start after 180 day elimination period. The benefit is payable as long as you remain disabled until the Social Security normal retirement age (SSNRA). You would receive 66.6% 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.**

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 (Prorated after the age of 70, see policy for %).

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, in the current plan year, 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.

Optional Life Insurance for Your Family

The University provides you the opportunity to elect supplemental Life Insurance coverage for you, your spouse, and your dependent children.

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 \$200,000 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, of the current plan year
- 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

Optional Life Insurance for Your Spouse

You may purchase coverage for your spouse in multiples of \$5,000, up to a maximum of \$500,000. Spouse Life Insurance coverage cannot exceed that of the employee. If you wish to have more than \$50,000 coverage, you will need to provide 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 will be based on both of the following:

- Your employee’s age on July 1
- The level of coverage you choose

Your payroll deduction for Optional Spouse Life Insurance will be made on an after-tax basis.

The monthly rates per \$1,000 of coverage are based on the spouse’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 up to age 26 for \$10,000 of dependent life insurance coverage. You do have to cover yourself in order to elect coverage for your eligible child(ren). 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. Make sure to remove this insurance election once you no longer have eligible dependents.

Cost per pay period: \$.99

Supplemental Accidental Death and Dismemberment Benefit (AD&D)

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 \$5,000, 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 AD&D Coverage

You may also purchase coverage AD&D coverage for your spouse in multiples of \$5,000 up to a maximum of \$500,000. Spouse 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 AD&D coverage will be deducted on an after-tax basis.

AD&D coverage for your dependents

A \$10,000 AD&D benefit may be purchased for your dependent children up to age 26. 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 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 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 \$3,400 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 is \$100 annually. 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

These lists are subject to change by the IRS. Please see [irs.gov/pub/irs-pdf/p502.pdf](https://www.irs.gov/pub/irs-pdf/p502.pdf) for the most current list.

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 \$3,400 for the current calendar year.

Dependent Care Spending Account

Many families require dependent care services for their children or a disabled adult 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 \$7,500 a year to reimburse yourself for the cost of dependent care services (\$3,750 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.

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.



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.

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 Bereavement leave may be taken in full or half day increments. For additional details please see the Bereavement Leave Policy in the Employee Handbook.

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. **Call ComPsych Guidance Resources at 888-628-4844 or visit online at www.GuidanceResources.com (Web ID = DLEAP)**

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 benefit provides up to 6 in-person sessions with a counselor per person, per issue, per year, 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 may access these services by calling the service provider or by going online to their website to learn more. You will be able to speak confidentially with a consultant to clarify your issue, sort through your options, and contact a resource in your community. To find this on the Davenport website go to Staff Connections and click on Employee Concerns and Reporting Tools under Human Resources section or go to the Benefits, Health and Wellness page and Other benefits.

Paid Time Off (PTO)

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. Please see the Employee Handbook for additional details and guidelines.

Paid Family Leave (PFL)

Davenport is committed to a culture that helps our employees meet the demands of family and employment responsibilities. Offering our employees the option of taking paid time off when a family member is sick directly supports our diversity and wellbeing initiatives, offering a unique benefit for your unique situations, and is a way of demonstrating our university commitment to families and caregiving.

Eligibility

- Full-time faculty and staff up to five (5) days per fiscal year (40 hours/year for hourly staff) to be taken in full or half day increments.
- Regularly scheduled part-time faculty or staff working 20 or more hours per week are eligible for 2.5 days per fiscal year (20 hours for hourly staff) to be taken in full or half day increments.

- Reasons for Leave
- For the birth of the employee’s child, and to care for the newborn child;
 - For the placement of a child under 6 years old with the employee through adoption or foster care; or
 - To care for the employee’s immediate family, parent, or member of their household who has a serious health condition.

Please see the Employee Handbook for additional details and guidelines.

Holidays

University holidays include New Year’s Day, Dr. Martin Luther King Jr. Day, Juneteenth, Memorial Day, Independence Day, Labor Day, Thanksgiving and the Friday following Thanksgiving, Christmas Eve and Christmas Day and two floating holidays as approved. Holidays are communicated on the Benefits U Calendar each year.

Tuition Remission

All full-time employees (and their eligible dependents), part-time employees (and their eligible dependents), limited-part-time employees, coaches and adjuncts qualify for the tuition remission benefit for those who wish to take courses at Davenport University, subject to Financial Aid Guidelines. Eligibility begins the first semester after the first day of employment in an eligible classification. The benefits provided for each classification are defined in the Tuition Remission Policy. Tuition remission does not include fees or course materials. To apply for tuition remission, a Tuition Remission Application must be completed each semester prior to the start of the semester being requested.

Tuition Assistance

Davenport University wants to build a rewarding employment relationship with you and continue to improve our staff and faculty credentials where necessary for enhanced student success. 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/faculty are eligible to receive a loan for some of the tuition costs for completing a job-related graduate degree. 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

Enrollment in the Plan

All Davenport faculty and staff, including adjunct, part-time, and coaches, will be enrolled in the plan at a 3% contribution rate approximately 30 days after hire. You may opt out of automatic enrollment by logging into your TIAA account and choosing to “cancel automatic enrollment” or by contacting TIAA at 800-842-2252. Please note that your TIAA account is created a few days after your first paycheck, at which time you will be able to log in online to make this election. Once contributions have started, you’ll have the option to stop contributing and request a penalty-free withdrawal up to 90 days following the automatic enrollment start date.

Davenport’s Contribution

Full- and part-time employees are eligible for an employer contribution on the first day of the payroll period following the completion of 1 year of service. Davenport University’s discretionary contribution is a minimum of 5% of an eligible employee’s compensation. An additional 100% match is provided on the first 3% you contribute to the plan for eligible employees, for a total employer contribution of 8%. You will want to contribute 3% to the plan to take full advantage of Davenport’s matching contribution. If you worked at a higher education institution previously, you may be eligible for a waiver of the 1-year requirement, in which case the employer contribution would start on the first day of employment. Refer to the Summary Plan Description or Plan Document for further details on eligibility.

Online Access

To register for online access, go to tiaa.org/davenport and click on “Enroll or Update”

Pre-Tax Versus Roth Contributions

You can make either pre-tax or ROTH contributions to the retirement plan. With pre-tax contributions, you pay tax on your contributions and the earnings when you withdraw the money. With ROTH contributions, you pay tax on the contributions now; taxes on your contribution will be withheld from your paycheck, and when you withdraw the money later, it can be tax-free. For ROTH contributions to be withdrawn tax-free, you must be age 59.5 or older and have made your first ROTH contribution to the retirement plan over 5 tax years ago.* Not sure what option is right for you? Reach out to Davenport’s retirement plan financial advisor at ClearVista Advisors for help at 616.330.6177 or davenport@clearvistaadvisors.com

Davenport’s contribution to the 403(b) plan is made pre-tax. This means that any money Davenport contributes to the plan on your behalf will be taxed on the contributions and the earnings when you withdraw the money.

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.



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 middle of the page.
- 3) Choose the Staff Connection tab.
- 4) Click on the Benefits, Health and Wellness link under Human Resources on the Staff Connections page on the Davenport Website.
- 5) Click on mangae your benefits — Employee Navigator button to go to the Online Enrollment site.
- 6) Login in using your user name and password you set up or register to enroll. Your user name and password should match your Network/Email login information. Request to have your password reset if you cannot remember it.
- 7) Once you have access to the system, you will be guided through several screens where you will elect your coverage.
- 8) At the end of the enrollment you will be asked to confirm your elections.



FOR QUESTIONS about online enrollment email BenefitsU@davenport.edu

A large, light gray fingerprint graphic is positioned on the left side of the page, extending from the top to the bottom. It is partially cut off by the left edge of the page.

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](mailto: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.

