Benefits Open Enrollment

FISCAL YEAR 2023

JULY 1, 2022 – JUNE 30, 2023
It's time to enroll in your health benefits!

To Enroll or for Assistance
Please call the Benefits Service Center at (866) 342-4024 to speak with a benefit counselor and review your benefit options or go online to trustmark.benselect.com/messiah.

Enrollment Dates:
May 10th – May 27th
Benefits for FY23 Plan Year
July 1, 2022 – June 30, 2023

Deadline to Enroll: May 27th
PASSIVE OPEN ENROLLMENT

What is a passive open enrollment?
Your current enrollments will carry over unless:

• You wish to make changes such as adding or deleting a dependent, adding or dropping coverage, switching medical plans; or
• You wish to participate in either of the flexible spending accounts; or
• You wish to waive medical coverage.

If you meet any of the three criteria above, you must call the benefit center or make your elections online.
Benefits Service Center:
(866) 342-4024
Monday - Friday: 9:00 AM - 8:00 PM (EST)
Saturday: 10:00 AM - 4:00 PM (EST)

Before you speak with a Benefit Counselor or enroll online, please have the following information ready: dependent names, birth dates, social security numbers, addresses, and phone numbers.

For Online Enrollment:
https://trustmark.benselect.com/messiah

For online enrollment, use the following format as login information:
Employee ID: Your employee ID number (will be provided by employer)
PIN: Last four of your social followed by last two of your birth year

Example:
John Smith
SSN: 123-45-6789
EID: 0001234
DOB: 01-27-1993
Employee ID: 0001234
PIN: 678993
Benefits Eligibility

July 1, 2022 – June 30, 2023

Regularly scheduled for 1560 hours or more

Regularly scheduled for 1000-1559 hours - eligible for single medical coverage at the full price
## Benefits Platform

<table>
<thead>
<tr>
<th>University Provided</th>
<th>Employee &amp; University Share</th>
<th>Voluntary (Employee purchased)</th>
</tr>
</thead>
<tbody>
<tr>
<td>FICA</td>
<td>Health Insurance</td>
<td>Vision</td>
</tr>
<tr>
<td>Unemployment</td>
<td>Dental Insurance</td>
<td>Long Term Care</td>
</tr>
<tr>
<td>Workers Compensation</td>
<td></td>
<td>Accident Insurance</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Universal Life</td>
</tr>
<tr>
<td>Short &amp; Long Term Disability</td>
<td></td>
<td>Critical Illness</td>
</tr>
<tr>
<td>Accidental Death &amp; Dismemberment</td>
<td></td>
<td>Voluntary Life Insurance</td>
</tr>
<tr>
<td>Basic Life</td>
<td>Health Savings Account</td>
<td>Pet Insurance</td>
</tr>
<tr>
<td>Paid time off</td>
<td>Retirement</td>
<td>Identity Theft</td>
</tr>
<tr>
<td>Tuition Reduction</td>
<td></td>
<td>Flexible Spending Account</td>
</tr>
</tbody>
</table>
Remember!!

Once you make benefit elections, you will not be able to make changes until the next open enrollment period, unless you have a qualified life event.
Qualified Life Event

Qualified life events include:

- Marriage
- Divorce
- Legal separation
- Status change
- Birth or adoption of a child
- Change in child’s dependent status
- Death of a spouse, child or other qualifying dependent
- Commencement or termination of adoption proceedings
- Change in spouse’s benefits or employment status.
No Changes to Medical Coverage!

Our broker, Simkiss & Block, worked very hard to bring our renewals in below budget this year. As such, we are able to continue our current medical plan offerings with no changes in benefits or cost.
Health Insurance
No Changes to Medical Coverage
One Insurance Company: Same 2 Plans

PPO HRA
QHDHP HSA
What is the Premium Share?

The premium share is the amount deducted from your pay each payroll to pay for insurance.

There will be no change to the premium shares for FY23.
<table>
<thead>
<tr>
<th></th>
<th>PPO/HRA</th>
<th>QHDHP/HSA</th>
</tr>
</thead>
<tbody>
<tr>
<td>Employee</td>
<td>1.25%</td>
<td>0.75%</td>
</tr>
<tr>
<td>Employee/child(ren)</td>
<td>2.75%</td>
<td>2.25%</td>
</tr>
<tr>
<td>Employee/spouse</td>
<td>3.00%</td>
<td>2.50%</td>
</tr>
<tr>
<td>Family</td>
<td>3.85%</td>
<td>3.60%</td>
</tr>
<tr>
<td>Family (2 MC spouses)</td>
<td>1.50%</td>
<td>1.25%</td>
</tr>
</tbody>
</table>
Spousal Surcharge

• If your spouse has access to medical coverage through their employer, but you choose to cover them on your plan, there is a spousal surcharge of $100/month ($50 per pay). This is in addition to your premium share.

• If your spouse does not have access to medical coverage through their employer, you can cover them on your plan with no additional cost.

• You will be asked to verify this at the time you enroll. Your confirmation serves as an affidavit.
# HIGHMARK BLUE SHIELD

## Part-Time Employees

Regularly scheduled to work 1,000-1,559 hrs annually

<table>
<thead>
<tr>
<th></th>
<th>PPO/HRA</th>
<th>QHDHP/HSA</th>
</tr>
</thead>
<tbody>
<tr>
<td>Monthly Cost</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Employee only coverage</td>
<td>$499.17</td>
<td>$573.42</td>
</tr>
</tbody>
</table>
What is the Deductible?

The deductible is the amount you are required to pay before Highmark contributions begin.
What Counts Toward A Deductible?
PPO/HRA PLAN

- Tests, such as blood work, X-rays, MRI, CT scan, etc.*
- Out-patient surgery
- Hospitalization
- Anesthesia
- Chemotherapy & radiation
What Counts Toward A Deductible?
HIGH DEDUCTIBLE PLAN

- Tests, such as blood work, X-rays, MRI, CT scan, etc.*
- Out-patient surgery
- Hospitalization
- Anesthesia
- Chemotherapy & radiation
- Doctor visits
- Prescriptions
What Counts Toward A Deductible?

Non-hospital (and not your doctor’s office) Basic Diagnostic Services (standard imaging, diagnostic lab/pathology, allergy testing) are paid at 100% . The deductible does not apply to these services.
What Doesn’t Count Toward Deductible?

- Office visit co-pays
- RX co-pays
- Physical therapy co-pays
- Chiropractic care

Once you’ve met your portion of the deductible and the Messiah portion has been met as well, these expenses count toward your out-of-pocket maximum.
IN-NETWORK DEDUCTIBLES
The deductibles are not changing.

<table>
<thead>
<tr>
<th></th>
<th>PPO HRA</th>
<th>QHDHP HSA</th>
</tr>
</thead>
<tbody>
<tr>
<td>Employee</td>
<td>$2000 EE $4000 MU</td>
<td>$3,000</td>
</tr>
<tr>
<td>Family</td>
<td>$4,000 EE $8,000 MU</td>
<td>$6,000</td>
</tr>
<tr>
<td>Prescription</td>
<td>$100</td>
<td></td>
</tr>
</tbody>
</table>
In-Network vs. Out-of-Network

If you use a non-network provider, these costs DO NOT count toward your in-network deductible or in-network out-of-pocket maximum.
In-Network vs. Out-of-Network

Out-of-network providers can charge you the difference between the negotiated rate and the providers’ charges.
What is An HRA?

Although the deductible on the PPO plan is very high, you are only responsible for a portion of that deductible.

• $2,000 for the individual

• $4,000 for the family

The University has set aside money to cover the remainder of the in-network deductible after you meet the lower threshold. The University payment will happen automatically approximately 2-3 weeks after the claim is processed.
How Does the HRA Work?

The University has arranged for auto-submission of claims.

This means that once you reach the $2,000 (individual) or $4,000 (family) deductible, claims will be processed directly through the University’s HRA.

You will not be required to submit claims for reimbursement.

There is a 2-3 week lag between the time the claim is processed and the HRA begins to pay the University portion.
What is paid by the HRA?

The HRA coverage applies to in-network deductible services only.

It does not apply to co-pays.
What Is A Co-Pay?

The co-pay is the charge that Highmark requires you to pay to receive a service such as an office visit or a medication.

There will be no change to co-pays for FY23.
<table>
<thead>
<tr>
<th>Service</th>
<th>PPO/HRA</th>
<th>QHDHP/HSA</th>
</tr>
</thead>
<tbody>
<tr>
<td>Primary Care Physician</td>
<td>$20</td>
<td>N/A</td>
</tr>
<tr>
<td>Specialist</td>
<td>$40</td>
<td>N/A</td>
</tr>
<tr>
<td>Retail Clinics</td>
<td>$40</td>
<td>N/A</td>
</tr>
<tr>
<td>Urgent Care</td>
<td>$75</td>
<td>N/A</td>
</tr>
<tr>
<td>Emergency Room</td>
<td>$200</td>
<td>N/A</td>
</tr>
</tbody>
</table>
What Is Co-Insurance?

• Co-insurance is the amount you pay for each in-network claim after you’ve met the deductible.

• Prior to meeting the deductible, you pay 100% of the costs agreed upon between the provider and Highmark Blue Shield (in network).

There will be no change to Co-insurance for FY23.
<table>
<thead>
<tr>
<th></th>
<th>PPO HRA</th>
<th>QHDHP HSA</th>
</tr>
</thead>
<tbody>
<tr>
<td>Insurance</td>
<td>100%</td>
<td>100%</td>
</tr>
<tr>
<td>Employee</td>
<td>0%</td>
<td>0%</td>
</tr>
</tbody>
</table>
What is Out of Pocket Maximum?

Out-of-Pocket Maximum (OOPM) is the threshold after which our plan begins to cover most medical expenses in full, regardless of co-insurance.
<table>
<thead>
<tr>
<th></th>
<th>PPO HRA</th>
<th>QHDHP</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Individual</strong></td>
<td>$7,350</td>
<td>$6,600</td>
</tr>
<tr>
<td><strong>Family</strong></td>
<td>$14,700</td>
<td>$13,200</td>
</tr>
</tbody>
</table>
Mail Order Rx
Express Scripts is Highmark’s mail order provider.
1-800-903-6228
Your current prescriptions will continue as prescribed.
Specialty Medications

They are filled through Walgreens and delivered by mail.

Specialty medications are used to treat chronic, complex or rare conditions.

• May be given through a tube into a vein, injection or pills
• Cost more than other medicines
• Need special storage or care
• Have to be taken on a strict schedule.
Introducing Well360 Virtual Health
GET ACCESS TO HEALTH CARE WHEN YOU NEED IT.

Get care from anywhere you need to be.

PPO/HRA  $10 copay
QHDHP  100% after deductible
With Well360 Virtual Health, you can conveniently schedule telemedicine visits for services including:

- **Urgent care** – for conditions like pink eye, sinus infections, skin rashes, or strep throat.
- **Therapy** – for behavioral health concerns like anxiety, depression, or insomnia.
- **Psychiatry** – scheduled psychiatric assessments, prescription refills, and treatment options.
Register or schedule a virtual appointment today at Well360VirtualHealth.com.

Download the Well360 Virtual Health app by visiting Google Play or the app store.
Blues On Call

24/7 assistance

Call if:

• You or a family member are sick
• You have a question about your medications
• You aren’t sure if you need a doctor’s appointment, or if the situation is an emergency

Blues On Call
1-888-258-3428
Health Savings Account (HSA)

University contributions

• Individual Coverage $500
• Family Coverage $1,000

2022 Calendar Year Maximum contributions (employee + the University combined)

• Individual Coverage $3,600.00
• Individual Coverage (age 55 & older) $4,600.00
• Family Coverage $7,200.00
• Family Coverage (age 55 & older) $8,200.00
Qualified High Deductible Health Plan & Health Savings Account

Important things to know:

1. You set up the HSA. It is not automatically set up for you.

2. The University’s contributions will be made **ANNUALLY** in late July or early August.

3. You can contribute on a pre-tax basis
   * every pay or
   * an occasional one-time basis.

4. You must enroll each year. Elections will not carry over.
What Happens If I don’t Choose a Health Plan?

If you are making no changes to your health plan and you do not need to contact the Benefit Service Center, your current coverage will remain the same.
Dental Plan

- We are switching from Guardian Dental to United Concordia Dental
- All coverage remains the same.
- Our plan uses the Elite Plus network.
<table>
<thead>
<tr>
<th>Benefits</th>
<th>In-Network</th>
<th>Out-of-Network</th>
</tr>
</thead>
<tbody>
<tr>
<td>Individual Deductible per plan year</td>
<td>$25</td>
<td></td>
</tr>
<tr>
<td>Family Deductible per plan year</td>
<td>$50</td>
<td></td>
</tr>
<tr>
<td>Preventive Deductible Waived</td>
<td>Yes</td>
<td></td>
</tr>
<tr>
<td>Plan Year Maximum – per individual</td>
<td></td>
<td>$1,000</td>
</tr>
<tr>
<td>Diagnostic &amp; Preventive:</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Exams, Cleanings, Fluoride Treatment, Space Maintainers, X-Rays, Sealants</td>
<td>100%</td>
<td>100%</td>
</tr>
<tr>
<td>Regular Restorative Services:</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Emergency Pain Treatment, Fillings/Stainless Crowns, Endodontics (root canal), Simple Extractions</td>
<td>100%</td>
<td>100%</td>
</tr>
<tr>
<td>Major Services:</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Crowns, Inlays and Outlays, Bridges and Dentures, Repairs and Adjustments Periodontics (gum disease)</td>
<td>50%</td>
<td>50%</td>
</tr>
<tr>
<td>Orthodontics: Appliances and related services</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>50%</td>
<td>50%</td>
</tr>
<tr>
<td></td>
<td>Lifetime maximum $1,000</td>
<td></td>
</tr>
</tbody>
</table>
# Dental Plan Premium Share

<table>
<thead>
<tr>
<th>Plan Description</th>
<th>Premium Share</th>
</tr>
</thead>
<tbody>
<tr>
<td>United Concordia Elite Plus</td>
<td></td>
</tr>
<tr>
<td>Employee</td>
<td>0.00%</td>
</tr>
<tr>
<td>Employee/child(ren)</td>
<td>0.40%</td>
</tr>
<tr>
<td>Employee/spouse</td>
<td>0.40%</td>
</tr>
<tr>
<td>Family</td>
<td>0.55%</td>
</tr>
<tr>
<td>Family (2 MU spouses)</td>
<td>0.20%</td>
</tr>
</tbody>
</table>
What if I don’t elect dental coverage?

If you are currently enrolled in dental coverage and do not call in/go on-line for your enrollment, your existing benefits will automatically rollover.
Vision Benefits
Vision Plan

Newly enrolled participants will receive a separate vision card; continuing employees should hold on to existing card.

There must be 12 months between each service. For example:

* If you have an eye exam on 8/1/22, you cannot have another until 8/1/23

* If you get glasses on 8/16/22, you cannot get another pair until 8/15/23
<table>
<thead>
<tr>
<th></th>
<th>FY22</th>
<th>FY23</th>
<th>Increase</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Employee Only</strong></td>
<td>$2.91</td>
<td>$3.17</td>
<td>$0.26</td>
</tr>
<tr>
<td><strong>Employee + 1</strong></td>
<td>$5.59</td>
<td>$6.08</td>
<td>$0.49</td>
</tr>
<tr>
<td><strong>Family</strong></td>
<td>$7.72</td>
<td>$8.41</td>
<td>$0.69</td>
</tr>
</tbody>
</table>
If you use a VisionWorks provider, you have a higher level benefit. VisionWorks is located at:

- Silver Spring Square, Mechanicsburg
- Capital City Plaza, Camp Hill
- Colonial Commons, Harrisburg
- Hershey Square, Hummelstown
- Delco Plaza, York
- Gateway, Hanover
Vision Plan

If you are currently enrolled in vision coverage and do not call in/go on-line for your enrollment, existing benefits will automatically rollover.
Healthcare & Dependent Care
Flexible Spending Accounts

What is an FSA?

– Enables employees to pay for out-of-pocket medical, dental, vision and dependent care expenses with pre-tax dollars through Flexible Spending Accounts (FSAs).

– You don’t pay federal income tax, Social Security taxes and state and local income taxes on the portion of your paycheck that you contribution to your FSA.

– Only contribute the amount of money that you expect to pay out-of-pocket for eligible expenses for the plan period.
<table>
<thead>
<tr>
<th>Flexible Spending Accounts</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
</tr>
<tr>
<td>Health Care</td>
</tr>
<tr>
<td>Dependent Care</td>
</tr>
</tbody>
</table>
Healthcare & Dependent Care

Flexible Spending Accounts

– Wex/Discovery Benefits provides a MasterCard/Debit card that provides easy access to your funds in the Healthcare Flexible Spending Accounts at no cost to you. Once enrolled, you will receive your debit card within 7-10 business days.

– You can request additional cards for family members.

– Please be aware that your debit card will arrive in a generic white envelope that is often confused with credit card solicitations.

– You will NOT receive a new debit card if your current card has not expired.
Healthcare & Dependent Care

Flexible Spending Accounts

If you wish to enroll in either of the flexible spending accounts for FY23, you must contact the Benefit Center either by calling them or logging on to the portal.

If you do not contact the benefit center, you will not have a flexible spending account for FY23.
## Disability Income Benefits

<table>
<thead>
<tr>
<th></th>
<th>Short-Term Disability (STD)</th>
<th>Long-Term Disability (LTD)</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Maximum Weekly Benefit</strong></td>
<td>100% for 13 weeks; 60% thereafter</td>
<td>60% to a maximum of $6,000</td>
</tr>
<tr>
<td><strong>Maximum Benefit Duration</strong></td>
<td>180 days</td>
<td>To age 65 (adjusted if disability occurred after age 60)</td>
</tr>
<tr>
<td><strong>Elimination Period</strong></td>
<td>15 work days</td>
<td>180 days</td>
</tr>
</tbody>
</table>
Basic Life Insurance

- One times base salary, up to a maximum of $100,000
- Accidental death & dismemberment (AD&D) policy
- Contact the Benefits Center at 866-342-4024 if you wish to update your beneficiary information
## Voluntary Term Life Insurance

<table>
<thead>
<tr>
<th>Age</th>
<th>&lt;25</th>
<th>25-29</th>
<th>30-34</th>
<th>35-39</th>
<th>40-44</th>
<th>45-49</th>
<th>50-54</th>
<th>55-59</th>
<th>60-64</th>
<th>65-69</th>
<th>70-74</th>
<th>75-79</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Employee</strong></td>
<td>$0.03</td>
<td>$0.04</td>
<td>$0.05</td>
<td>$0.07</td>
<td>$0.10</td>
<td>$0.15</td>
<td>$0.23</td>
<td>$0.41</td>
<td>$0.56</td>
<td>$1.06</td>
<td>$1.71</td>
<td>$1.71</td>
</tr>
<tr>
<td><strong>Spouse</strong></td>
<td>$0.06</td>
<td>$0.08</td>
<td>$0.10</td>
<td>$0.11</td>
<td>$0.14</td>
<td>$0.20</td>
<td>$0.38</td>
<td>$0.83</td>
<td>$1.16</td>
<td>$1.98</td>
<td>$2.95</td>
<td>$2.95</td>
</tr>
<tr>
<td><strong>Child(ren)</strong></td>
<td>$0.11/$1,000</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
Universal Life Insurance

• **Universal life insurance** (often shortened to UL) is a type of cash value **life insurance**. Under the terms of the **policy**, the excess of premium payments above the current cost of **insurance** is credited to the cash value of the **policy**.
Universal Life with Long Term Care

Includes LTC and Benefit Restoration – pays 4% per month up to 25 months when receiving assisted living, home healthcare, adult day care or skilled nursing home care. Subject to a 90 day waiting period and 6/6 pre-existing condition

Portable
Builds cash value
Critical Illness

• Lump Sum benefit paid at diagnosis
• $10,000 to $50,000 in $5,000 increments
• Guarantee issue up to $20,000 at initial enrollment only
• 12/12 pre-existing condition
• Either 100%, 50% or 10% if benefit chosen is paid depending on the diagnoses
• $50 wellness test benefit
• Rates based on amount selected, age and tobacco status

• Bi-weekly premiums for a non-smoker for $20,000
  • Age 30 - $8.10
  • Age 40 - $14.27
  • Age 50 - $22.25
Accident Insurance

Covers you on and off the job
Payments based on treatment received
Identity Shield
Family Protection Plan
• Family/dependent coverage - $16.00/month

Identity theft solutions – prevention, restoration, insurance
In addition:
– Free Simple Will
– Free tax return preparation
– Access to legal counsel at guaranteed low hourly rate
Long Term Care Insurance

- Assists with the cost of long-term care due to illness, accident or the effects of aging
- Inflation protection feature
- Premiums based on age at enrollment

For more information, please visit the Messiah University Long-Term Care Website at: www.genworth.com/messiah

To speak with a Program expert or order an information kit, please call: 1.800.416.3624
New Enrollments
Visit: www.PetsNationwide.com
Call: 877-738-7874

Policyholder Customer Care 800-540-2016
Hours of operation
Monday - Friday: 5 a.m. to 7 p.m. Pacific time
Saturday: 7 a.m. to 3:30 p.m. Pacific time

Claims info
Nationwide Pet Insurance Claims Department
Mail: PO BOX 2344 Brea, CA 92822-2344
Fax: 714-989-5600
Email: submitmyclaim@petinsurance.com
Visit: https://www.petinsurance.com/submit-claim
Do I need to contact the Benefit Center?

You do not need to contact the Benefit Center if you are:
• Making no changes to your benefits
• Not electing to participate in either of the flexible spending accounts
• Not waiving medical coverage

You need to contact the Benefit Center if you wish to:
• Make any changes to your benefits
• Participate in either of the flexible spending accounts
• Waive medical coverage
You must enroll by phone or online to make your open enrollment elections.

**BY PHONE**

Call the Benefit Service Center between 5/10/21 – 5/27/21 at 866-342-4024.

Monday-Friday: 9:00 am – 8:00 pm (EST)
Saturday: 10:00 am – 4:00 pm (EST)

**ONLINE**

Trustmark.benselect.com/enroll

Username: Your 8-digit Messiah ID number
Password: Last 4 digits of your social and the last 2 digits of your birth year.

You must enroll by May 27, 2022
HTA Financial provides insurance solutions and free education in a simplified, easy to understand format.

They can assist you in choosing a Medicare plan that meets your needs.

This is a free service.

1-610-430-6650
HTA Employer Services will once again be presenting the Roadmap to Medicare webinar for Messiah University employees and friends. This webinar provides important information regarding Medicare.

There are two times available on May 26, 2022.

- Thurs., May 26 @ 10AM
- Thurs., May 26 @ 2PM
Retirement Plan

You are able to make changes to your retirement plan contributions at any time, however this is a good time of year to evaluate your plan.

Capital View Wealth Management
Denny.browne@capitalviewwealth.com
717-412-4966
212 South Front Street
Wormleysburg, PA
Retirement Plan

If you are not currently enrolled but would like to do so, it’s very easy!

Go to https://www.standard.com/retirement/messiah-University

Click on Quick Enroll and it will walk you through the enrollment process.
Retirement Plan

Employees who are age 59 ½ with at least ten years of full-time service may continue to participate in the health insurance benefit upon retirement until reaching age 65 at the same rate as an active employee.

Employees who retire and choose to stay on the Messiah medical plan but go to another job that offers benefits will be responsible for a surcharge in addition to the cost of the medical plan.
More Info?

Questions: Su Deitch, Benefits Manager
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Deadline to make changes to your benefit plans is
May 27, 2022