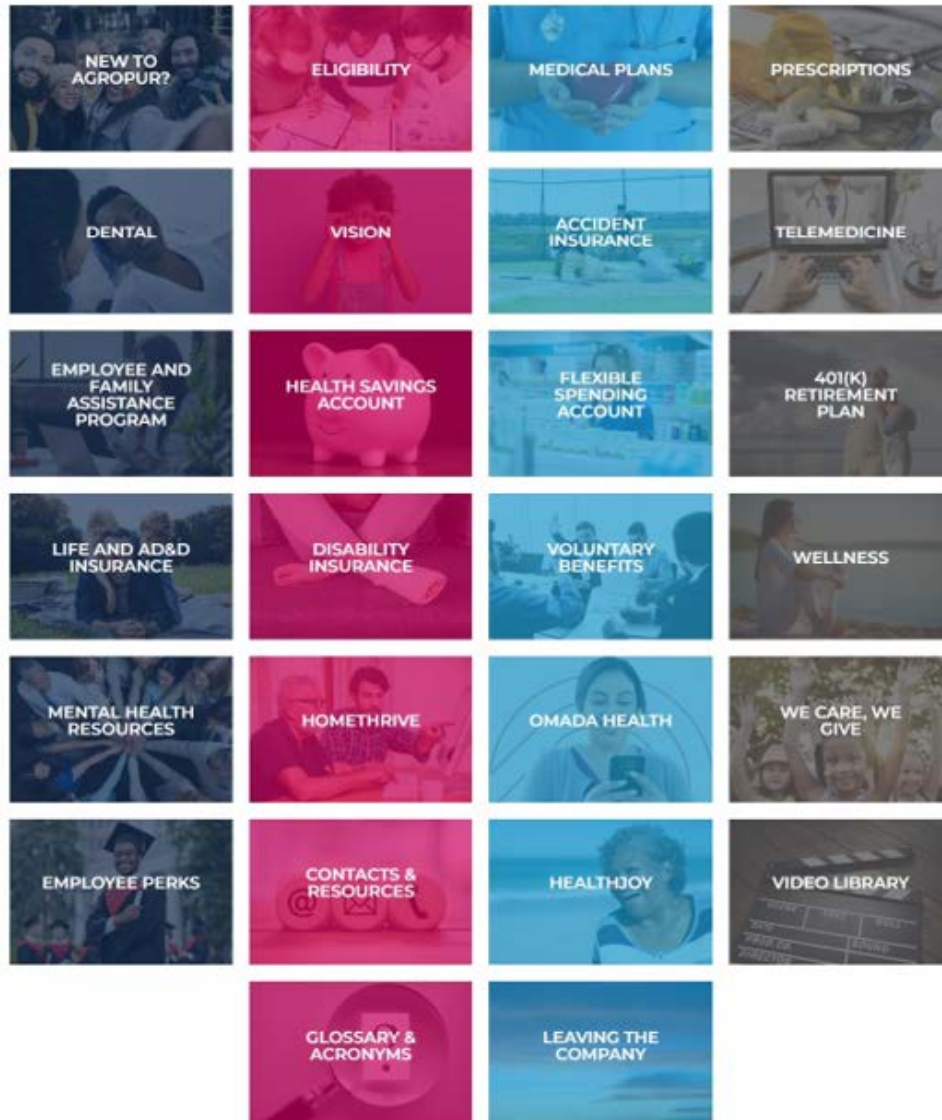


ACME EXAMPLE

Benefits Guide

Your Benefits at a Glance



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WHAT'S NEW FOR 2021-2022:

- Benefit Resource Center
- Mobile App

WHAT'S NOT NEW FOR 2021-2022:

- Medical carrier will remain BlueCross Blue Shield of North Carolina
- Dental, Vision and Voluntary Life coverage will remain with MetLife
- Healthcare FSA maximum allowed contribution will remain the same at \$2,750.
- Open enrollment will be through the PayCom portal. Begin at www.paycomonline.com and select login. Log in as an employee. Enter your username, password, and last four digits of your Social Security number. Select "my benefits". Update or confirm beneficiaries and dependents. Proceed with benefits selections as directed on the site.
- You must also complete a new FSA election if you wish to participate in the plan. Flores & Associates will continue to be the administrator.



MEDICAL INSURANCE — BLUECROSS BLUESHIELD OF NC

Eligible employees and their eligible dependents may choose to participate in BCBSNC's PPO plan. The following chart provides a brief look at the coverage provided.

Plan Provision	BlueCross BlueShield of NC (BCBSNC) PPO	
	In-Network	Non-Network
	Member Responsibility	
Deductible	\$1,000 Individual \$2,000 Family	\$2,000 Individual \$4,000 Family
Coinsurance	20%	30%
Out-of-Pocket Maximum <i>(includes Copays and Deductibles)</i>	\$4,000 Individual \$8,000 Family	\$8,000 Individual \$16,000 Family
Lifetime Maximum	Unlimited	Unlimited
Preventive Care	100% no deductible	30% after deductible
PCP Office Visit	\$25 copay/visit	30% after deductible
Virtual Visits	\$10 copay/visit	N/A
Specialist Office Visit	\$50 copay/visit	30% after deductible
Emergency Room	\$150 copay/visit	\$150 copay/visit
Urgent Care Facility	\$50 copay/visit	\$50 copay/visit
Inpatient Hospital	20% after deductible	30% after deductible
Outpatient Hospital	20% after deductible	30% after deductible
MRI, CT, PET Scans	20% after deductible	30% after deductible
Chiropractic	\$25 copay/visit-20 visit maximum	30% after deductible
Short-term Therapies	\$25 PCP/\$50 Spec copay/visit-visit maximums apply	30% after deductible
X-Ray and Lab	20% after deductible	30% after deductible
Mental Health & Substance Abuse	\$50 copay Office – 20% after deductible - Inpatient	30% after deductible
Prescription Drugs <i>(30-day supply at a Retail Pharmacy)</i>		
Tier 1	\$10	
Tier 2	\$35	
Tier 3	\$60	
Tier 4	25% (\$50 Min/\$100 Max)	
Retail Pharmacy & Mail Order <i>(90 day supply)</i>	3 times retail copay	

DENTAL INSURANCE — METLIFE

Eligible employees and their eligible dependents may choose to participate in MetLife Dental plan. The following chart shows how the plan works and how each type of service is covered. Generic ID Cards can be received from your benefits department. They do not change from year to year.

Plan Provision	Dental	
	In-Network	Out-of-Network
<u>Calendar Year</u> Deductible	\$50 per person / \$150 per family	
<u>Calendar Year</u> Maximum	\$1,000 per insured person	
	In-Network	Out-of-Network
Preventive Services	100% (deductible waived)	
Basic Services	100% after deductible	80% after deductible
Major Services	60% after deductible	50% after deductible
Orthodontia	50% (deductible waived)	
Orthodontia Lifetime Maximum	\$1,000 per insured person	

Medical & Dental Employee Premiums

2021/22 <u>MONTHLY</u> PREMIUMS		
RATE TIER	MEDICAL PPO	DENTAL
Employee	\$163.76	\$9.26
Employee + Spouse or DP	\$524.57	\$33.90
Employee + Child(ren)	\$524.57	\$33.90
Employee + Family	\$834.32	\$52.26

2021/22 <u>BI-WEEKLY (26)</u> PREMIUMS		
RATE TIER	MEDICAL PPO	DENTAL
Employee	\$75.58	\$4.27
Employee + Spouse or DP	\$242.11	\$15.65
Employee + Child(ren)	\$242.11	\$15.65
Employee + Family	\$385.07	\$24.12

VISION INSURANCE – METLIFE

Eligible employees and their eligible dependents may choose to participate in MetLife’s Vision plan. The following chart shows how the plan works and how each type of service is covered based on a calendar year.

Plan Provision	Vision
Eye Exam (Once a year)	\$15 copay
Materials – Frames and Lenses (Once a year)	\$15 copay
Lens Allowance after \$15 copay	Covered in full after copay
Frame Allowance <u>once every 24 months</u> after \$15 copay	\$130 annually, plus an additional 20% discount on the amount over the allowance. Costco - \$70 maximum hardware allowance
Contact Allowance after \$15 copay	\$130 Allowance

	2021/22 PREMIUMS	
RATE TIER	MONTHLY	BI-WEEKLY (26)
Employee	\$6.34	\$2.93
Employee + Spouse or DP	\$12.67	\$5.85
Employee + Child(ren)	\$12.67	\$5.85
Employee + Family	\$19.33	\$8.92

VISION BENEFIT IS NOT INCLUDED IN THE MEDICAL PLAN. For eye exams and hardware coverage, you must elect the MetLife vision insurance.

GROUP TERM LIFE INSURANCE – THE STANDARD

Lenoir-Rhyne University provides full-time employees with group term life insurance (GTL) equal to two (2) times base annual wages to a maximum of \$250,000, with accidental death and dismemberment (AD&D) benefits. These benefits reduce by 1/3 at the age of 65 and by 1/2 at the age of 70. For details on coverage or to confirm your designated beneficiary, please contact Human Resources.

LONG-TERM DISABILITY INSURANCE – THE STANDARD

Lenoir-Rhyne University provides full-time employees with long-term disability insurance the first of the month after one full year of employment.

Benefit Provision	Long Term Disability
Elimination Period	180 days
Benefit Percentage	60%
Benefit Maximum	\$5,000 per month
Definition of Total Disability	For the first 24 months of Disability: The inability to perform the material and substantial duties of your regular occupation due to your sickness or injury; and, you have a 20% or more loss in your indexed monthly earnings due to the same sickness or injury. After 24 months of Disability: The inability to perform the duties of any gainful occupation for which you are reasonably fitted by education, training or experience; and, you are working in any occupation and continue to have a 20% or more loss in your indexed monthly earnings due to the same sickness of injury.

Lenoir-Rhyne pays for both the basic Group Term Life Insurance as well as Long Term Disability and no premium will come from your payroll check for these coverages.

SUPPLEMENTAL GROUP TERM LIFE AND ACCIDENTAL DEATH AND DISMEMBERMENT INSURANCE – METLIFE

Benefit Provision	Voluntary Term Life/AD&D
Employee Amount	Increments of \$10,000 to a maximum of 5 times pay or \$500,000. Minimum Benefit \$10,000
Employee Guarantee Issue Amount	\$100,000 when first eligible. If you did not enroll when first eligible you must submit a Statement of Health form for all coverage amounts. If enrolled, you may increase coverage \$10,000 per year up to the GI amount without submitting a Statement of Health form.
Spouse Amount	Increments of \$5,000 to a maximum of \$100,000, not to exceed 50% of employee's Voluntary Life amount. Minimum Benefit \$5,000.
Spouse Guarantee Issue Amount	\$25,000
Child(ren) Benefit Amount (6mths to age 26). (15 days to 6mths-\$1,000)	Options of \$1,000, \$2,000, \$4,000, \$5,000 or \$10,000
Child(ren) Guarantee Issue Amount	\$10,000

*Employee/Spouse must complete a Statement of Health form, if electing coverage for the first time or is already enrolled and electing coverage over the guarantee issue amount shown above. Coverage is not guaranteed, but subject to medical review. Coverage and premium withholding will begin only when approved by MetLife. Employee's cannot elect dependent coverage without electing coverage on themselves.

Age	PREMIUMS for Voluntary Term Life/ADD		
	Employee	Spouse	Child(ren)
	Rate Per \$1,000		Rate is for one or more children in your family
Less than 30	\$.077	\$.077	\$.291/\$1,000
30 – 34	\$.097	\$.097	
35 - 39	\$.107	\$.107	
40 – 44	\$.117	\$.117	
45 – 49	\$.167	\$.167	
50 – 54	\$.247	\$.247	
55 – 59	\$.447	\$.447	
60 – 64	\$.677	\$.677	
65 – 69	\$1.287	\$1.287	
70 +	\$2.077	\$2.077	

* Spouse rate is based on employee's age.

BENEFIT RESOURCE CENTER - USI



Why won't they pay my claim?
Services denied?!

How can my claim still be "in process"?
It's been two months!

I called my insurance carrier, but now I'm just more confused.

Do I have mail-order prescription benefits?

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We speak insurance. Our Benefits Specialists can help you with:

Deciding which plan is the best for you
Benefit plan & policy questions
Eligibility & claim problems with carriers
Information about claim appeals & process
Allowable family status election changes
Transition of care when changing carriers
Claim escalation, appeal & resolution

Medicare basics with your employer plan
Coordination of benefits
Finding in-network providers
Access to care issues
Obtaining case management services
Group disability claims
Filing claims for out-of-network services




Benefit Resource Center
BRCSouth@usi.com | Toll Free: 855-874-0835

MOBILE APP - USI



Benefits Information At Your Fingertips





Lenoir-Rhyne University

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DEFINED CONTRIBUTION RETIREMENT & TAX-DEFERRED ARRANGEMENTS — TIAA CREF

403(b) Defined Contribution Plan

After the appropriate length of service, one year in most cases, employees who work half-time or more are eligible for participation in Lenoir-Rhyne's retirement plan with Teachers Insurance Annuity Association - College Retirement Equities Fund (TIAA-CREF). When you contribute three percent of your base wages, the University contributes six percent. Vesting is immediate; allocation is at your discretion among various accounts in several asset classes.

All employees are eligible to participate in the tax-deferred arrangement (TDA) associated with the retirement plan.

Retirement plan participants may contribute more than three percent; their additional deferrals are directed to the TDA. Individual maximums under the Internal Revenue Code may vary; some individuals may be eligible to contribute more than the general limitation of \$19,500 for 2021.

For more information, contact Human Resources. You may also visit www.tiaa-cref.org/lr.

TUITION REMISSION AND EXCHANGE

Valuable benefits of employment at Lenoir-Rhyne University, these are just what their names imply: tuition is forgiven at Lenoir-Rhyne or traded for tuition from other institutions in certain exchange consortia. Remission is available to eligible employees, spouses, and dependent children; exchange is available to dependent children of eligible employees. Certain requirements, restrictions and extensions apply.



LEAVES

Because of essential differences in responsibilities, faculty and staff enjoy different leave policies. Faculty employment, of course, centers around the academic calendar, while some staff positions center around fiscal or other calendars. Typically, faculty contracted for a specific period annually, do not accrue vacation, sick, and holiday leaves. Typically, staff employed at-will, do not have contractual protection, but, rather, earn specific leaves based on position and length of service. All employees are protected by such statutory provisions as workers compensation insurance and the Family Medical Leave Act.

Holidays

There are numerous paid holidays each year. They or announced equivalents are as follows: Martin Luther King, Jr. Day; one day during spring break; Good Friday; Memorial Day; Fourth of July; one day during fall break; Thanksgiving Day and the Friday following; and several days from Christmas Eve through New Year's Day.

Vacation

In sensitivity to faculty and staff needs outside the workplace, University leave policies are designed to permit leaves to be used as appropriate for vacation, personal business, family demands, bereavement, and illness. Twelve-month employees earn vacation and sick leaves at a rate determined by length of service and management level. All 12-month employees earn the same rate of sick leaves. Vacation may be saved up to one year's accrual; sick leave may be saved up to 120 days. Supervisor's approval is required of any planned leave. Faculty members on 9-, 10-, or 11-month contracts do not earn vacation or sick leave; rather, leaves are according to the terms of the academic handbook. Certain restrictions and reporting requirements apply.

Family Medical Leave Act (FMLA)

All leaves must coordinate and comply with FMLA as appropriate. FMLA leave must run concurrently with accrued sick and vacation leaves. Unpaid FMLA leave follows exhaustion of paid leave accrual.



FLEXIBLE SPENDING ACCOUNT (FSA)

PLAN YEAR 2021-22

Participation in Lenoir-Rhyne's Flexible Spending Account (FSA) enables you to pay for certain out-of-pocket medical, dental, prescription, vision, and dependent care expenses with pre-tax dollars. That portion of your wages that you designate for FSA is not subject to federal, state, Social Security or Medicare taxes. It essentially lowers your taxable income. These provisions fall under Section 125 of the Internal Revenue Code and carry certain restrictions.

Please carefully review the advantages and requirements of participation prior to electing or waiving coverage on the medical and dependent care plans. Information follows on both options, as well as a worksheet to help determine appropriate levels of involvement.

Statutory considerations

The Internal Revenue Service (IRS) imposes most of the requirements regarding FSAs. Most importantly besides their tax-favored status, it is important to realize that FSA allocations are strictly "use it or lose it". In 2021-22, you are eligible to "roll-over" up to \$500 in the Health Plan the next plan year and still contribute up to \$2,750 annually.

Further, FSA elections cannot be started, stopped, or changed during the plan year, except in the event of a qualified family status change, and only changes consistent with that documented change are permitted. Eligible claims must be filed no later than 60 days after the end of the plan year or employment with a participating employer. It is prudent to file claims promptly upon incurring eligible expenses.

Medical expenses of a non-dependent domestic partner are not eligible for tax-free reimbursement from an FSA, even if the employer offers partner health insurance benefits.

FSA Limits for 2021-22:

Medical – minimum \$500 – maximum \$2,750
Dependent Care – minimum \$500 – maximum \$5,000

Medical FSA funds may be accessed at any time during the plan year. Dependent care FSA funds may be accessed only when the money is in your account.

Other considerations

How much money does participation in FSA save you? How much record-keeping is involved? What medical expenses are FSA-eligible?

Your savings is determined by your tax status. For example, suppose you are in the 15% bracket for federal taxes; you should figure about five percent for state taxes, and 5.65 percent for Social Security and Medicare (subject to increase). That is, your tax savings would be about 25 percent of your election, more if your election moved you in to a lower bracket. Typically, participation is worthwhile if you anticipate incurring eligible expenditures of several hundred dollars per plan year; less than that hardly makes the savings worth the record-keeping requirements. The adjusted taxable income is reflected on your W-2.

Under Lenoir-Rhyne’s FSA plan for 2021-22, we will continue the use of the FSA debit cards. Participants will present the debit card at point of service such as doctor’s office, hospital, or drug store. (When your FSA balance is depleted, obviously, you will pay with after-tax money for eligible items.) If you do not have your debit card at point of purchase, you will pay for the eligible expenses and file a claim.

You do not need to participate in Lenoir-Rhyne’s health insurance to use the FSA. You may include your spouse’s and dependent children’s eligible expenses in your FSA. You may not claim the same expense on more than one FSA. You may not claim expenses covered by the FSA on your income tax return.

FSA-Eligible Medical Expenses

This is a sample list only. For more information please see the full regulations at www.flores247.com. These expenses are FSA-eligible only if they have not been reimbursed through any other insurance benefit plan.

Eligible Medical FSA Expenses	
Acupuncture	Insulin
Ambulance	Orthopedic shoes
Chiropractor fees	Obstetrical fees
Coinsurance	Orthodontia
Copayments	Periodontist fees
Corrective eye surgery	Prescription drugs
Crutches	Prescription glasses
Deductibles	Prescription contacts
Dentist fees	Routing physicals
Dentures	Sterilization fees
Diabetic supplies	Substance addiction treatment
Eye exams	Weight loss treatment and prescriptions (only when prescribed by a physician)
Hearing aid/batteries	
Immunizations	

FSA-Ineligible Medical Expenses

This is a sample list only. For more information please see the full regulations at www.flores247.com.

The following expenses are not eligible for reimbursement under the medical FSA.

- Cosmetic surgery or procedures (dental or medical). This includes dental whitening agents or procedures.
- Health club memberships
- Medical and dental insurance premiums
- Lens replacement insurance or expenses for care and maintenance of eyeglasses
- Marriage counseling
- Over-the-counter vitamins or supplements for general well-being (even if prescribed)
- Physical therapy treatments for general well-being

FSA-Eligible Dependent Care Expenses

This is a sample list. For more information please see the full regulations at www.flores247.com. Typically, child- and elder-care expenses that allow you and your spouse to go to work are eligible. Certain age limits apply regarding child-care, and you must claim your parents as tax dependents to be eligible for reimbursement.

Dependent Care Flexible Spending Account

Eligible Dependents

- Your eligible children under age 13;
- Your disabled spouse; or
- Dependents of any age who are mentally or physically disabled (including your parents).

Ineligible Dependents

- An elderly parent whom you help support but do not claim on your tax return; or
- Children whom you help support but do not claim on your tax return.

Eligible Expenses

Some of the eligible expenses you can claim include:

- OTC medicines and drugs as well as feminine hygiene products
- Expenses you can generally deduct on your federal income tax return (see IRS Publication 503);
- Expenses you can generally deduct on your federal income tax return (see IRS Publication 503);
- A childcare or adult day care center that complies with state and local regulations;
- Childcare in or out of your home;
- After-school programs or summer day camp for children under age 13;
- A housekeeper or nanny whose primary duties include dependent care;
- Payment to a relative who cares for dependents, as long as that relative is age 19 or older, and not your dependent for income tax purposes;
- Pre-school, nursery school, kindergarten, and private school for children under age 6; and
- Night care if you and your spouse work at night.

You will have to report the Social Security number of the caregiver on your federal income tax return. If you use a child- or adult-care center, you will have to report the center's taxpayer identification number. The amount of your dependent care FSA contribution will automatically be reported on your W-2 form. Eligible expenses are defined and listed in the IRS publication 503, *"Child and Dependent Care Expenses."*

Ineligible Expenses

Some expenses are not eligible for reimbursement through the dependent care FSA.

Examples include:

- Baby-sitting that is not work-related
- Overnight camp.
- School costs for kindergarten and higher.
- Nursing home expenses for dependents that do not live with you.

IRS Contribution Rules

- If you are single, separated or divorced, you may be able to deposit up to \$5,000 annually into this account.
- If you are married, there are special IRS rules that affect how much you can contribute.
- If you or your spouse earns less than \$5,000 a year, the most you can deposit into this account is the lower of your two incomes.

If you and your spouse are both employed and both employers provide dependent care FSA's, then you and your spouse are limited by the IRS rules to a total joint deposit of \$5,000 if you file a joint tax return. If you file separate tax returns, the IRS limits you to a deposit of \$2,500.

Dependent Care FSA or the Federal Tax Credit

You have the option to take either a tax credit on your federal income tax return for your dependent care expenses or receive pre-tax reimbursement of expenses through an employer's dependent care FSA. You cannot use the dependent care FSA and the federal tax credit for the same expenses. The better option for you depends on your income, the number of dependents you have, and other factors. Consult with your tax advisor if you have questions about which offering will have the greater tax advantage for your specific situation.





2021 Benefits Enrollment

Insurance and FSA elections will be elected on-line via PayCom. You must enroll or waive coverage during open enrollment.

To enroll, begin at www.PayComonline.com and log in as an employee.*
Proceed as the site directs for plan year 2021-2022 elections.

Paper forms will **also** be required in some instances:

- FSA direct-deposit verifications for first-time enrollment or if banking information needs to be updated from prior year(s) (ID# is SSN)
- Supplemental Life Insurance enrollments with Statement of Health for first-time enrollment and increased coverage amounts.

REMEMBER:

- Remember coverage is specific to the plan year for which it is elected.
- Copy of elections may be printed and should be reviewed for accuracy.

*Username and password specific to PayCom

2021 Benefits Enrollment, continued

Your enrollment serves as acknowledgement of the following statements:

The employee portion of the insurance premium, except for Domestic Partner coverage, will be withheld pre-tax under IRS Section 125 consideration. Employee portion of the domestic partner coverage will be withheld after tax, not eligible under IRS Section 125 consideration.

Election changes during the plan year are permitted under IRS Section 125 regulations only upon a qualifying family status change event. Application for such permitted change must be made in writing within 31 days of the qualifying event, and the change must be consistent with the family status change. Opting out of the plan during the plan year is not permitted without a qualifying family status change.

As an employee eligible for this coverage, deemed affordable and adequate, you are not eligible for a subsidy (credit) in an Exchange.

This plan complies with COBRA and HIPAA requirements.

This document is a brief summary of benefits offered as of June 1, 2021, and is not considered "Evidence of Coverage." Please refer to the policy/plan documents for a complete description of the controlling terms, coverages, exclusions, limitations and conditions of coverage. In case of any discrepancy between this information and the policy/plan documents, the policy/plan documents will prevail.

Lenoir-Rhyne University reserve the right to terminate, suspend, withdraw, or modify the benefits described in the policy/plan documents, in whole or in part, at any time. No statement in this or any other document, and no oral representation should be construed as a waiver of this right. This summary is the confidential property of Lenoir-Rhyne University.

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