



  
FranklinPierce  
UNIVERSITY

**2022**  
**EMPLOYEE BENEFITS**

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Benefits highlighted in this guide are governed by Franklin Pierce University (FPU) plan contracts and policies, CBA, applicable state and federal law and FPU policies. If there is a conflict between the wording of this guide and the group policies and contracts, the policies, contracts and applicable laws govern. Franklin Pierce University reserves the right to alter, amend or terminate contracts based on our current policies and procedures.

# Introduction

Our Benefits programs are important components of the total compensation provided to you from Franklin Pierce University. We ask you to review all of your options thoroughly to make the right decisions for you and your family.

We continually review our benefit offerings to make sure we are providing you with competitive programs at an affordable price. We reviewed health insurance closely this year. This resulted in improved plan design including more convenient access to labs and lower cost while remaining with our current provider.

We continue to benefit from access to vision care, disability, life insurance, Flexible Spending, and Health Care Spending Accounts. In addition to these plans, we will be introducing group supplemental health plans for employees to elect.

Our Human Resources team continues to utilize an online enrollment tool for all annual changes and for new colleagues who join us throughout the year. This tool provides you with 24/7 access to your benefits information all year long. Your feedback about your experience with this online tool will be helpful going forward.



President Mooney

## What's New for 2022?

- An Employee Assistance Program (EAP) through ACI is being added to the Franklin Pierce University plan offering. This program is paid for by Franklin Pierce University for all benefit-eligible employees, and is focused on clinical services and work-life benefits.



# Eligibility

## Employees

You are eligible for health insurance if you are regularly scheduled to work 40 hours per week. All other benefits are available to you if you are regularly scheduled to work 40 hours per week.

If you are a new employee, benefits will begin on the first of the month following 30 days of active full time employment. If your hire date is the first of the month then coverage starts the first of the following month.

## Family Members

If you are an eligible employee, you may enroll the following dependents:

- Your Spouse or Domestic Partner.
- Children up to age 26, including natural children, stepchildren, legally adopted children, children for whom you are the legal guardian, foster children, children for whom you are legally responsible to provide health coverage under a Qualified Medical Child Support Order (QMCSO).
- Disabled children over age 26 incapable of self-support, dependent on you for primary support and the disability occurred before the age of 26.

## If You Cover a Dependent

To control health care costs and meet health plan contract obligations, FPU performs periodic reviews to verify family members' eligibility for enrollment in the benefit plans. FPU and the insurance carriers reserve the right to request documentation from you (for example, marriage, birth certificates) to verify eligibility.

# Enrollment

We offer an online tool for new employees and annual open enrollment elections. You'll receive an email with a link to this confidential tool you can access 24/7, 365 days per year.

## Making Changes to Your Benefits

Every year you will have an opportunity to make changes to your benefits and covered dependents during Open Enrollment. When it is not Open Enrollment, you must have a qualifying event that satisfies federal regulations.

## Examples of Qualifying Events

If one of the following qualifying events below occurs, you may make adjustments to your benefits that are consistent with the event.

- Marriage, legal separation or divorce.
- Birth or adoption of a child.
- Change in eligibility of a child.
- Death of a dependent family member.
- Change in the employment status of your Spouse / Domestic Partner.
- Your Spouse / Domestic Partner reaches age 65. and is covered by Medicare.
- FMLA special requirements.
- HIPAA special enrollment rights.
- Increase or reduction of hours that changes employment status.
- Transfer to or from benefits-eligible position.
- Transfer to or from non-benefits eligible position.

# EAP Clinical Services and Work-Life Benefits

New Benefit!

ACI will provide comprehensive EAP services including clinical assessment, referral and short-term problem resolution, as well as integrated work-life referrals.

## Clinical Assessment and Mental Health Sessions

- Telephonic assessment, referral and short-term problem resolution
- Face-to-face mental health sessions
- Video chat and text therapy sessions
- Licensed provider network of over 55,000 nationwide and customized for client location
- All contact is confidential and compliant with HIPAA, ACA and relevant state and federal regulations

## Clinical support for any issue affecting emotional well-being, including but not limited to:

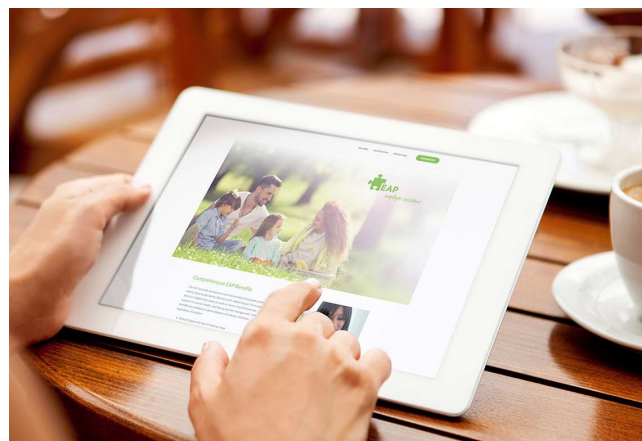
- Emotional wellness
- Stress management
- Family/relationship/pet issues
- Anxiety and depression
- Coping with grief
- Anger management
- Substance abuse

## Legal and Financial Wellness

- Telephonic legal assistance for **unlimited** number of issues per year. Includes one 60-minute in-office or telephonic consultation with local attorney and 25% discount for continued services.
- Telephonic financial assistance for **unlimited** number of issues per year. Includes optional 30-day financial coaching benefit with 90-day action plan.
- Identity theft prevention/recovery. Includes 50-minute consultation.
- Legal and Financial Online Resource Center including interactive legal document preparation

## Work-Life Referrals and Resources

- **Unlimited** child care, elder care, pet care and education referrals
- **Unlimited** referrals and resources for personal services and community-based resources
- **Unlimited** referrals and resources for veteran-specific needs through *Veteran Connection*
- **Unlimited** access to *Affinity™* Online, a library of work-life topics and resources



## Program Access and Technology

ACI Specialty Benefits is passionate about breaking down all barriers to program access with industry-leading technology:

- 24/7/365 access by text, email, mobile app, online, and always live-answer phone
- myACI Benefits mobile app for iOS or Android
- HIPAA-compliant video chat sessions
- HIPAA-compliant text therapy
- myACIonline website



## Health Advocate

Help is only a phone call away! Call (866) 695-8622 today. Your Health Advocate benefit is offered to you and those family members you cover on your plans. This free service can help you navigate many of your benefit questions. Think of it as your personal help line. See the details below.

### There are Many Ways Health Advocate Can Help!

#### Find the right doctors

Health Advocate can find the right hospitals, specialists and other leading providers, anywhere in the country.

#### Schedule appointments

Health Advocate's experts can expedite appointments, arrange second opinions and transfer medical records.

#### Assist in the transfer of medical records

Health Advocate can also handle the details of transferring X-rays and lab results.

#### Work with insurance companies

The Health Advocate team works on your behalf to obtain appropriate approvals for needed services.

#### Get cost estimates

Health Advocate's new SmartPhone App features the Health Cost Estimator+™ tool for pricing estimates of common medical procedures in your area.

#### Help with eldercare

Health Advocate can help address senior issues including finding eldercare services, adult day care and more.

#### Get your questions answered

Health Advocate helps you become informed about test results, treatments and medications.

#### Help to make informed decisions

Health Advocate will research conditions and treatment options, and facilitate second opinions.

**Health Advocate Support  
is yours, 24/7**

Phone: 866-695-8622

Web: [www.HealthAdvocate.com/members](http://www.HealthAdvocate.com/members)

# Calling Health Advocate for help? Here's what to expect...

When you call in, you'll be connected to our Triage unit. Advocates within our Triage unit will gather the information required to get you to the right person! The issue you're calling for will depend on what happens next...

	Step 1	Step 2	Step 3	Step 4
<b>Do you have a benefits, coverage or eligibility question?</b>	A Benefits Specialist will listen to your questions and determine the best way to answer them.	Your Benefits Specialist will review your plan documents or may place a call to your insurance company.	Your Benefits Specialist will explain the answer in a way that you'll understand.	Your Benefits Specialist will follow up with you, if needed.
<b>Do you need to ask about a medical condition, treatment or symptoms you may be experiencing?</b>	A Nurse will clarify your issue and talk about steps to address it.	Your Nurse may need to do research to get you the best answer.	Your Nurse will explain the answer in an easy to understand manner.	Your Nurse will follow up with you to see how you're doing, if necessary.
<b>Do you have a claims question or billing issue?</b>	Preliminary information to start your case will be collected.	Your case will be assigned to a Claims Specialist.	The Claims Specialist will explain the next steps.	Your Claims Specialist will update you as they work toward a resolution.
<b>Looking for a doctor, specialist or facility?</b>	Information will be collected to start the search including: <ul style="list-style-type: none"> <li>▪ Zip code</li> <li>▪ Distance you're willing to travel</li> <li>▪ Preferred office hours</li> </ul>	A thorough search based on the criteria will take place. Plus, we'll check sanctions, licensing, and board certifications.	We will contact providers to confirm network status and if they're new patients.	Your Advocate will follow up with you, explain the results and send them to you.

Many questions can be answered in one call; some may require research. Your Advocate will update you throughout the process so you'll know what to expect.

©2018 Health Advocate HA-M-1803025-1FLY

 **866.695.8622**  
 Email: [answers@HealthAdvocate.com](mailto:answers@HealthAdvocate.com)  
 Web: [HealthAdvocate.com/members](http://HealthAdvocate.com/members)

**Download the app today!**  
 

**HealthAdvocate<sup>SM</sup>**

## Health Advocate makes healthcare easier for the whole family



The healthcare system is complex, and understanding and understanding your benefits can be challenging. Health Advocate is there to help at no cost to you.

Their experienced Personal Health Advocates can take on virtually any healthcare or insurance-related issues to save you time, money and worry. For example, they can explain diagnoses and treatments, research and find the right doctors and make appointments, resolve complicated claims and billing issues and much more.

Best of all, Health Advocate's confidential services are available to employees, spouses, dependents, parents and parents-in-law!

**Easy to Reach**  
**Call: 866.695.8622**  
**Email: [answers@HealthAdvocate.com](mailto:answers@HealthAdvocate.com)**  
**Web: [HealthAdvocate.com/members](http://HealthAdvocate.com/members)**

**Plus, use the app** for instant access to all of your Health Advocate services, trusted health information and much more.

# Medical

FPU continues to invest in a quality medical plan, wellness and preventive care. This includes providing you with a variety of resources to support your health and 100% coverage for routine check-ups and preventive services received in-network.

To help you understand the features and coverage available to you, we've provided the following brief summary of benefits. Please refer to plan documents for details, including important coverage exclusions and limitations. If there are any discrepancies between this benefits summary and plan documents, the plan documents will govern.

## Personal Responsibility and Healthy Behaviors

The medical plan is designed to provide the information and resources you need to make smart, healthy choices. You are the only person who can make the lifestyle decisions that contribute to your well-being.

You are the one who must take the steps to preserve your health and promote your mental and physical wellness.

Harvard Pilgrim offers two distinct and different plan designs to Franklin Pierce employees that offer an extensive network of providers throughout New England, as well as affordable, quality coverage.

HMO LP	High Deductible HMO HSA
<ul style="list-style-type: none"> <li>▪ Is a traditional HMO plan.</li> <li>▪ Members are charged copayments for office visits.</li> <li>▪ Annual deductible is applied on certain services.</li> <li>▪ Labs and X-Rays are no cost to you at an in-network provider.</li> <li>▪ Prescription Drugs offered through the HMO LP have a copayment based on a 4 Tier benefit.</li> </ul>	<ul style="list-style-type: none"> <li>▪ Annual deductible is applied on certain services.</li> <li>▪ Preventive care at no cost to the member.</li> <li>▪ All other services including Prescription Drugs are charged toward the annual deductible.</li> <li>▪ Members are eligible to participate in a tax deferred HSA Checking Account to save money and to help pay for medical expenses charged toward the members annual deductible.</li> </ul>

- Both Harvard Pilgrim HealthCare plans require members to choose a Primary Care Physician and seek referrals to specialists when needed.
- Emergency and Urgent Care services are covered worldwide in accordance with the benefit plan provisions.
- All members have access to Telemedicine Visits through Doctor on Demand (DoD). The cost of care is:
  - HMO LP plan copay is \$25
  - High Deductible HMO HSA plan copay is \$51.45
- DoD is available for on-demand visits between the hours of 7AM and 11PM within the time zone the member is calling from, 365 days a year.
- Visit our link below for additional information on how to access the service: <https://ent.doctorondemand.com/benefits/harvard-pilgrim>.



# ElevateHealth HMO and ElevateHealth HSA HMO

*High-quality care close to home*

Harvard Pilgrim's **ElevateHealth plans** are HMOs (health maintenance organizations) built around a select network of New Hampshire's leading health professionals and hospitals. Compared to other options, choosing a plan with a select network such as this may help you save money on your annual premium. Here's what you need to know about care and coverage as a member of an ElevateHealth plan.

## GETTING CARE

- With this plan, you must receive all of your care from ElevateHealth providers and hospitals (except in a medical emergency).
- You will be required to choose a primary care provider (PCP) from the ElevateHealth network to handle your care and give you referrals to specialists.
- If you will be covering family members on your policy, each of them can choose different ElevateHealth PCPs.
- You can get acupuncture, chiropractic care, routine eye exams and most kinds of gynecological care without your PCP's referral, but you must see ElevateHealth providers for these services.
- In the unlikely event that an ElevateHealth provider or hospital cannot provide the care you need, your doctor can ask Harvard Pilgrim for authorization to send you outside the ElevateHealth network.
- In a medical emergency (e.g., heart attack, stroke, choking, loss of consciousness or seizures), call 911 or go to the nearest emergency room. Once you are out of the hospital, be sure to follow up with your PCP for any additional care you may need.
- You have coverage for unexpected or unforeseen urgent care (e.g., earache, flu or sprain) when you're traveling. Otherwise, you must receive care from ElevateHealth providers and hospitals.



## FINDING ELEVATEHEALTH PROVIDERS AND HOSPITALS

Before you visit any new doctor or hospital—even when you have a referral—please check the ElevateHealth HMO provider directory to make sure they are in the network and listed at the location where you have your appointment. If the provider is not in the ElevateHealth HMO directory, or only listed at a different location, your care will not be covered.

For the latest information on ElevateHealth providers and hospitals, visit [www.harvardpilgrim.org](http://www.harvardpilgrim.org) and click on "Find a Provider." Choose "ElevateHealth HMO."



Harvard Pilgrim Health Care includes Harvard Pilgrim Health Care, Harvard Pilgrim Health Care of Connecticut, Harvard Pilgrim Health Care of New England and HPHC Insurance Company.

## YOUR COVERAGE

Your medical plan will be either an ElevateHealth HMO or an ElevateHealth HSA HMO.

- Both plans feature no-cost preventive care.
- The ElevateHealth HSA HMO has a broader range of services that fall under the annual deductible, and you may be able to open a health savings account (HSA) to help pay for qualified health care expenses.
- Please check the *Schedule of Benefits* for details and specific cost-sharing amounts.



### Reminder when choosing a doctor

When a doctor has admitting privileges at an ElevateHealth hospital, it doesn't necessarily mean that the doctor participates in the ElevateHealth provider network. Check the online ElevateHealth HMO directory to make sure you're seeing ElevateHealth participating providers and that you are receiving your care from them at participating ElevateHealth locations (e.g., hospitals and doctors' offices).

#### For more information

- Already a Harvard Pilgrim member? Call **(888) 333-4742**.
- Not yet a member? Call **(800) 848-9995**.
- For TTY service, call **711**.

To learn more about Harvard Pilgrim, visit [www.harvardpilgrim.org](http://www.harvardpilgrim.org).

## COST SHARING GLOSSARY

Cost sharing is what you pay for specific health care services (e.g., office visits and prescriptions). Coinsurance, copayments and deductibles are all examples of cost sharing.

**COINSURANCE:** This is a fixed percentage of costs that you pay for covered services. For example, if you have a plan with coinsurance, you may have to pay 20% of a provider's bill for your care, while Harvard Pilgrim pays 80%. Coinsurance is usually something you pay after you have paid an annual deductible.

**COPAYMENT:** This is a flat dollar amount you pay for certain services on your plan. You may have different copayments for different services (e.g., primary care visits, specialist visits, and prescription drugs). Copayments are normally due when you have your appointment.

**DEDUCTIBLE:** This is a set amount of money that you have to pay out of your own pocket for certain covered services before your plan covers those services. If you have a \$2,000 annual deductible, for example, you will have to pay \$2,000 worth of charges before Harvard Pilgrim helps pay. If you receive care for services that fall under the deductible, your provider will send you a bill.



Harvard Pilgrim Health Care includes Harvard Pilgrim Health Care, Harvard Pilgrim Health Care of Connecticut, Harvard Pilgrim Health Care of New England and HPHC Insurance Company.

## Medical Coverage Plan Summary

	Harvard Pilgrim	
	HMO LP	High Deductible HMO HSA
<b>Calendar Year Deductible</b>		
Individual / Family	\$3,000 / \$6,000	\$3,000 / \$6,000
<b>Calendar Year Out-of-Pocket Maximum (Out-of-Pocket Maximum Includes Deductible)</b>		
Individual / Family	\$6,500 / \$13,000	\$3,000 / \$6,000
Lifetime Maximum	Unlimited	Unlimited
<b>Coinsurance / Copays</b>		
Preventive Care	No charge	No charge
Primary Care Physician	\$25 Copay	No charge, after deductible
Specialist	\$50 Copay	No charge, after deductible
Diagnostics X-Ray and Lab	No charge	No charge, after deductible
Urgent Care		
- Convenience Clinic	\$25 Copay	No charge, after deductible
- Urgent Care Clinic	\$50 Copay	No charge, after deductible
- Hospital Urgent Care	\$75 after deductible	No charge, after deductible
Telemedicine Virtual Visit Services	\$25 Copay	\$51.45 Copay
Emergency Room	\$250 after deductible (waived if admitted)	No charge, after deductible
Inpatient Hospital Care	No charge, after deductible	No charge, after deductible
Outpatient Surgery	No charge, after deductible (\$100 for Select LP Providers)	No charge, after deductible
<b>Pharmacy</b>		
<b>Retail RX (up to 30-day supply)</b>		
Tier 1	\$5	No charge, after deductible
Tier 2	\$15	No charge, after deductible
Tier 3	\$30	No charge, after deductible
Tier 4	\$50	No charge, after deductible
<b>Mail Order RX (up to 90-day supply)</b>		
Tier 1	\$10	No charge, after deductible
Tier 2	\$30	No charge, after deductible
Tier 3	\$60	No charge, after deductible
Tier 4	\$150	No charge, after deductible

See separate rate sheets for employee contribution rates.

## Medical Coverage Plan Summary

	Harvard Pilgrim	
	ElevateHealth HMO	ElevateHealth High Deductible HMO HSA
<b>Calendar Year Deductible</b>		
Individual / Family	\$3,000 / \$6,000	\$3,000 / \$6,000
<b>Calendar Year Out-of-Pocket Maximum (Out-of-Pocket Maximum Includes Deductible)</b>		
Individual / Family	\$6,500 / \$13,000	\$3,000 / \$6,000
Lifetime Maximum	Unlimited	Unlimited
<b>Coinsurance / Copays</b>		
Preventive Care	No charge	No charge
Primary Care Physician	\$25 Copay	No charge, after deductible
Specialist	\$50 Copay	No charge, after deductible
Diagnostics X-Ray and Lab	X-Ray: No charge, after deductible Lab: No charge	No charge, after deductible
Urgent Care - Convenience Clinic - Urgent Care Clinic - Hospital Urgent Care	\$25 Copay \$50 Copay \$125 after deductible	No charge, after deductible No charge, after deductible No charge, after deductible
Telemedicine Virtual Visit Services	\$25 Copay	\$51.45
Emergency Room	\$250 after deductible (waived if admitted)	No charge, after deductible
Inpatient Hospital Care	No charge, after deductible	No charge, after deductible
Outpatient Surgery	\$100 Copay	No charge, after deductible
<b>Pharmacy</b>		
<b>Retail RX (up to 30-day supply)</b>		
Tier 1	\$5	No charge, after deductible
Tier 2	\$15	No charge, after deductible
Tier 3	\$30	No charge, after deductible
Tier 4	\$50	No charge, after deductible
<b>Mail Order RX (up to 90-day supply)</b>		
Tier 1	\$10	No charge, after deductible
Tier 2	\$30	No charge, after deductible
Tier 3	\$60	No charge, after deductible
Tier 4	\$150	No charge, after deductible

See separate rate sheets for employee contribution rates.

# Accident, Critical Illness & Hospital Indemnity Plans

## Aflac Accident Plan

The Aflac Accident Plan pays cash benefits directly to you if you are faced with a covered accidental injury or hospitalization. This plan can help mitigate the financial exposure associated with your health plan. Listed below are examples of the payment schedule for common medical services. Please note, this plan is for off the job accidents only.

Benefit	Payments Made To You
ER Treatment	\$200
Urgent Care	\$200
Doctors's Office Treatment	\$100
Lacerations	\$50-\$800
Major Diagnostic Exams	\$200
X-Ray	\$50
Dislocations/Fractures	\$120-\$4,000
Tendons, Ligaments & Rotator Cuff	\$400-\$1,000
Ruptured Disc or Torn Cartilage (Surgery)	\$400-\$1,000
Initial Hospitalization	\$1,250
Daily Hospital Confinement	\$300 x 365
Follow Up Visits	\$50 x 6
Physical Therapy	\$50 x 10
Crutches	\$100
Ground Ambulance	\$400
Air Ambulance	\$1,200
Emergency Dental Work	\$150
Open Abdominal or Thoracic Surgery	\$400-\$1,000
Lodging	\$200 x 30
AD&D	Included
Burns (Skin Grafts typically at 50&	\$100-\$20,000
Blood and Plasma	\$200
Prosthesis	\$3,000
Paralysis	\$5,000/\$10,000
Concussion	\$500
Coma	\$10,000

## How does your accident plan work?

Covered Adult Fractures Hand: ER Visit/X-Ray/1 Follow up Visit/3 Physical Therapy Sessions

Benefit	Pay Out
Emergency Room	\$200
X-Ray	\$50
Fractured Hand	\$2,400
1 Follow Up Visit	\$50
3 Physical Therapy Sessions	\$50 x 3
<b>TOTAL Pay Out</b>	<b>\$2,850</b>

## Aflac Hospital Indemnity Plan

The Aflac Hospital Indemnity Plan pays a daily benefit if you have a covered stay in a hospital, critical care unit or rehabilitation facility. This plan can help mitigate the financial exposure associated with your health plan. Listed below are examples of the payment schedule.

Benefit	Payments Made To You
Admission	\$1,000
Daily Confinement	\$100 x 31
ICU Daily Confinement	\$200 x 10
Pregnancy Covered	Yes
Portability	Yes
Pre-Existing Conditions	Waived

## Aflac Critical Illness Plan

The Aflac Critical Illness insurance can help by paying a lump sum payment directly to you at the first diagnosis of a covered condition. The guarantee issue for this plan is \$10,000 and you can also cover your spouse and children. You decide how to spend it. **If you are enrolled in the Aflac Critical Illness plan, you can receive \$100 for completing your annual physical!**

Costs for these plans can be found in Employee Navigator.

# Dental

FPU offers you and your families high-quality dental healthcare. With a range of covered services, the dental plans help you save money and manage your health.

To help you understand the features and coverage available to you, we've provided the following brief summary of benefits. Please refer to plan documents for details, including important coverage exclusions and limitations. If there are any discrepancies between this benefits summary and plan documents, the plan documents will govern.

## Delta Dental PPO plus Premier Network

You will get the best value from your Delta Dental Plan when you receive your dental care from one of our PPO (greatest savings) or Premier network participating dentists:

- No Balance Billing - Because participating dentists accept Northeast Delta Dental's allowed fees for services; you will typically pay less when you visit a participating dentist.
- No Claims Paperwork - Participating dentists will prepare and submit claims for you.
- Direct Payment: Northeast Delta Dental pays participating dentist directly, so you don't have to pay the covered amount up front and wait for a reimbursement check.

Your preventive care does not count towards your annual maximum!

To find out if your dentist participates in our PPO or Premier network, you can call your dentist; visit our website at [nedelta.com](http://nedelta.com), or call Customer Services at 1-800-832-5700.

## Non-Participating Dentists

If you visit a non-participating dentist, you may be required to submit your own claim and pay for services at the time they are provided.

It is your responsibility to make full payment to the dentist.



## Dental Coverage Plan Summary

	Delta Dental Base Plan	
	Delta Dental PPO plus Premier Network	Non-Participating Dentists
<b>Calendar Year Deductible</b>		
Individual	\$50	\$50
Family	\$150	\$150
<b>Plan Features</b>		
Calendar Year Maximum Benefit (preventive care does not count against your calendar year maximum benefit)	\$1,000	\$1,000
Preventive Care (Cleanings, Oral Examinations, Fluoride Treatments, etc.)	100% (deductible waived)	100% (deductible waived)
Basic Care (Fillings, Simple Extractions, Root Canals, etc.)	60% after deductible	60% after deductible
Major Care (Crowns, Onlays, Bridges, etc.)	50% after deductible	50% after deductible
<b>Orthodontia</b>		
Coverage	Children to age 19	
Benefit	50% (deductible waived)	50% (deductible waived)
Lifetime Maximum	\$1,500	

See separate rate sheets for employee contribution rates.

	Delta Dental Buy-Up Plan	
	Delta Dental PPO plus Premier Network	Non-Participating Dentists
<b>Calendar Year Deductible</b>		
Individual	\$50	\$50
Family	\$150	\$150
<b>Plan Features</b>		
Calendar Year Maximum Benefit (preventive care does not count against your calendar year maximum benefit)	\$2,000	\$2,000
Preventive Care (Cleanings, Oral Examinations, Fluoride Treatments, etc.)	100% (deductible waived)	100% (deductible waived)
Basic Care (Fillings, Simple Extractions, Root Canals, etc.)	60% after deductible	60% after deductible
Major Care (Crowns, Onlays, Bridges, etc.)	50% after deductible	50% after deductible
<b>Orthodontia</b>		
Coverage	Children to age 19	
Benefit	50% (deductible waived)	50% (deductible waived)
Lifetime Maximum	\$1,500	

See separate rate sheets for employee contribution rates.

# Vision

The FPU vision plan is offered to you through EyeMed.

When you use one of the providers in the extensive EyeMed network, you receive a higher level of coverage and you are only required to pay a copayment and any balance billing at the time of service. With an out-of-network provider, you must pay the bill in full and file a claim for reimbursement of covered benefits up to the allowance shown.

Members can go to EyeMed.com where you can register for an account and:

- Find an eye doctor nearby.
- Get turn-by-turn directions to the provider of your choice.
- Schedule appointments on-the-fly.
- View your member ID card.
- See current benefits eligibility and in-network benefit details.
- Get answers to commonly asked questions.
- Contact us at 1-866-723-0513.



Below is a brief summary of benefits. Please refer to plan documents for details, including important coverage exclusions and limitations. If there are any discrepancies between this benefits summary and plan documents, the plan documents will govern.

## Vision Coverage Plan Summary

	EyeMed INSIGHT Network Plan	
	In-Network	Out-of-Network
<b>Cost</b>		
<b>Exam</b>	\$10	Reimbursed up to \$50
<b>Materials</b>	\$25	N/A
<b>Benefit Frequency</b>		
<b>Exams</b>		12 months
<b>Lenses</b>		12 months
<b>Frames</b>		24 months
<b>Contacts</b>		12 months
<b>Covered Services - Lenses</b>		
<b>Single Lenses</b>	\$25 Copay	Reimbursed up to \$50
<b>Bifocals</b>	\$25 Copay	Reimbursed up to \$70
<b>Trifocals</b>	\$25 Copay	Reimbursed up to \$90
<b>Frames</b>	\$0 Copay; \$130 allowance, 20% off balance over \$130	Reimbursed up to \$98
<b>Covered Services - Contacts (Contacts in lieu of Frames/Lenses)</b>		
<b>Contacts - Medically Necessary</b>	\$0 Copay, Paid-in-Full	Reimbursed up to \$210
<b>Contacts - Elective - Conventional</b>	\$0 Copay, \$130 allowance, 15% off balance over \$130	Reimbursed up to \$130
<b>Contacts - Elective - Disposable</b>	\$0 Copay, \$130 allowance, plus balance over \$130	Reimbursed up to \$130

See separate rate sheets for employee contribution rates.



# Flexible Spending Account

The medical and dependent care flexible spending accounts FSA(s) let you set aside pre-tax funds via convenient payroll deductions. You can then use the money to reimburse yourself for eligible health care and/or dependent care expenses.

## How the Plans Work

At the beginning of each plan year, you determine the annual amount of your contributions to a plan. The maximum amount you can elect for 2022 is \$2,750. An equal portion of that amount is deducted from your paycheck and credited to your FSA(s). When you have eligible expenses, you pay for them from your account(s) or reimburse yourself.

## Carryover

For FSAs, it is important to carefully estimate your annual contribution. Under IRS provisions, you must “use it or lose it”. FPU has elected a Carryover Provision meaning you can carryover up to \$500 of unused funds from your Medical FSA. The rollover dollars will be available for you to use in 2022, and are in addition to your 2022 FSA contribution. For example, if you choose to elect the maximum contribution for 2022, you will have \$2,750+ rollover funds from 2021.

For dependent care FSAs, you have a 60 day grace period to file for reimbursement from 2021 funds. Must be used by March 15th of 2022.

If you carryover FSA funds from the 2021 plan year, and will be using an HSA for 2022, see page 12.

## Benefit Card

If you enroll in a flexible spending account, a benefit card will be mailed to you. This card works like a debit card and makes paying for qualified expenses convenient and hassle-free. Please see your Summary Plan Description for more information.

## Health Care FSA

You can open a Health Care FSA and contribute up to \$2,750 each year to cover qualified out-of-pocket costs such as:

- Medical, dental and vision care deductibles, copayments and/or coinsurance.
- Hearing aids.
- Eyeglasses, contact lenses or Lasik surgery.
- Orthodontia expenses.

## Attention HSA Participants

If you participate in the high deductible health plan and have a HSA, you are not eligible to open a Health Care FSA. You may, however, participate in the Limited Purpose Health Care FSA for vision and dental-related expenses.

## Limited Purpose Health Care FSA

The Limited Purpose FSA is available for employees with a HSA. The funds in a Limited Purpose FSA can only be used for qualified expenses related to vision and dental care. The annual contribution limit for the Limited Purpose FSA is \$2,750.

## Dependent Care FSA

Money you contribute to the Dependent Care FSA can be used toward care for dependent children under the age of 13 who live with you and for whom you provide more than 50% support, or for any dependent living with you who is physically or mentally incapable of caring for himself or herself. The annual contribution limit for the Dependent Care FSA is \$5,000.

# Health Savings Account

The high deductible health plan is designed to work with a Health Savings Account (HSA) to give you more control over how your health care dollars are spent.

Federal legislation allows you to contribute to your HSA on a pre-tax basis and then use these funds to pay for qualified health expenses until you meet your deductibles and out-of-pocket maximums. If you do not use all of the money in your HSA in a given calendar year, the remaining money “rolls over” for use in future years.

## FPU Contributions to HSA

If you participate in the high deductible health plan and open an HSA, in 2022 FPU will make contributions to your HSA according to the following:

	Union	Non-Union
<b>Employee Only</b>	\$1,000	\$500
<b>Employee + Dependent</b>	\$2,000	\$1,000
<b>Employee + Family</b>	\$2,000	\$1,000

These funds will be deposited into your HSA on a quarterly basis.

## Enrolling in an HSA with WEX Health Inc.:

1. You notify FPU that they are enrolling in an HSA by signing up through Employee Navigator’s platform, our online benefits system.
2. FPU then enrolls you into your HSA account with WEX Health Inc.
3. You then will receive a welcome email from WEX Health Inc. with login instructions to their participant portal.

At the beginning of each plan year, you determine the annual amount of contributions to a plan. The funds for 2022 plan year will go into your HSA.

## HSA Contributions

	2022	2021	Change
<b>HSA contribution limit (employer + employee)</b>	Self-only: \$3,650 Family: \$7,300	Self-only: \$3,600 Family: \$7,200	Self-only: +\$50 Family: +\$100
<b>HSA catch-up contributions (age 55 or older)*</b>	\$1,000	\$1,000	No change**

Catch-up contributions can be made during the plan year by HSA-eligible participants who will turn 55 by year-end.

\*\*Unlike other limits, the HSA catch-up contribution amount is not indexed; any increase would require statutory change.

\*\*\*The IRS maximum includes both your own contributions to your HSA and FPU’s contribution on your behalf.

# WEX Health Inc. Benefits Mobile App

WEX is proud to offer a WEX Mobile Application for iPhone (including iPad and iPod) and Android devices.

The app allows participants to file a claim, upload receipts, check balances, view final filing dates, view claim detail, report a lost or stolen debit card, reset their password and contact customer service.

## WEX MOBILE APPLICATION EMPLOYEE HANDOUT

### ACCESS YOUR BENEFITS ANYTIME, ANYWHERE

Access your benefits on the go 24/7 with the WEX mobile app. Our free app gives you convenient, real-time access to all your benefits accounts in one spot. This makes it easy to use your hard-earned dollars and view recent account activity without ever needing to call in.

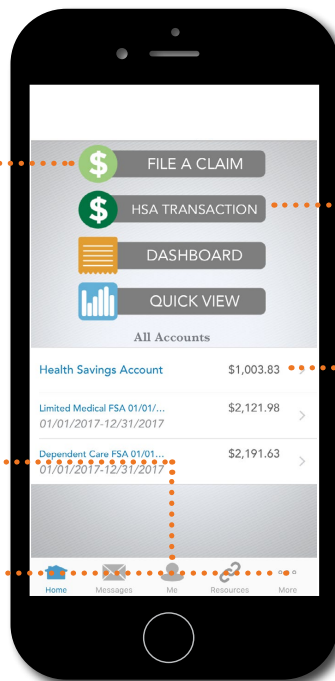
The WEX mobile app keeps your benefits always within reach. Want to know the status of a recent claim or easily check the balance of your accounts? Log in to our secure app to get answers to those questions and so many more — wherever and whenever you want.

### WITH OUR MOBILE APP, YOU CAN:

GET INSTANT NOTIFICATIONS ON THE STATUS OF YOUR CLAIMS AND UPLOAD DOCUMENTATION IN SECONDS USING YOUR PHONE'S CAMERA.

LOG IN WITH A FOUR-DIGIT PIN, REPORT A CARD AS LOST OR STOLEN TO KEEP YOUR ACCOUNT SECURE.

RESET LOGIN CREDENTIALS.



EASILY MOVE FUNDS FROM YOUR HSA INTO YOUR BANK ACCOUNT TO COVER ELIGIBLE EXPENSES.

CHECK YOUR BALANCE AND VIEW ACCOUNT ACTIVITY.

**SECURITY ON THE GO**  
OUR MOBILE APP USES SECURE ENCRYPTION AND WON'T STORE PICTURES ON YOUR PHONE, KEEPING YOUR DOCUMENTATION SAFE AND SECURE. LOGIN IS PROTECTED BY A FOUR-DIGIT PASSCODE OF YOUR CHOOSING.

DOWNLOAD THE APP FOR FREE  
ON APPLE AND ANDROID DEVICES



### RESOURCES

MOBILE APP 101 VIDEO  
[www.DiscoveryBenefits.com/mobileappvideo](http://www.DiscoveryBenefits.com/mobileappvideo)

[www.wexinc.com](http://www.wexinc.com)

# Life and AD&D

Your life and AD&D insurance benefits are some of the most valuable benefits available to you. They are often referred to as “survivor” benefits because they provide financial security to your loved ones if you die or are severely injured in an accident.

This benefit is funded by the Employer and provided through Mutual of Omaha.

The Life and AD&D benefits are as follows:

- Class 1: Executive & Officer - 3x Annual Earnings up to \$500,000.
- Class 2: Admin Employees - 2x Annual Earnings up to \$225,000.
- Class 3 Non- Exempt Employees - 1.5x Annual Earnings up to \$225,000.

After Age 70, the benefit amount will be reduced. Please see the Mutual of Omaha Benefit Summary for reduction schedule.

If your death or injury is due to an accident, you or your beneficiaries may be entitled to AD&D benefits equal to:

- Class 1: Executive & Officer - 3x Annual Earnings up to \$500,000.
- Class 2 Admin Employees - 2x Annual Earnings up to \$225,000.
- Class 3 Non-Exempt Employees - 1.5x Annual Earnings up to \$225,000.

## Beneficiary Information

To ensure your family’s financial security, keep beneficiary information up-to-date in Employee Navigator and on file with Human Resources.

## Voluntary Life and AD&D

For additional protection, voluntary life insurance is available. This benefit is funded by you through payroll deductions and provided through Mutual of Omaha. Coverage amounts are available as follows:

- Employee: Up to 5 times salary in increments of \$10,000. Not to exceed \$500,000.
- Spouse: Up to 100% of employee amount in increments of \$10,000 not to exceed \$250,000. Benefits will be paid to the employee.
- Child: Up to 100% of employee coverage amount in increments of \$2,500 not to exceed \$10,000. The maximum death benefit for a child under 6 months is \$1,000. Benefits will be paid to the employee.

## Evidence of Insurability

Evidence of Insurability (EOI) will be required for all employees who enroll outside of their initial new hire eligibility period. Employees with new hire eligibility have a Guarantee Issue amount of \$150,000 for Employee and \$30,000 for spouse.

Please submit any EOI requests to [www.mutualofomaha.com/eoi](http://www.mutualofomaha.com/eoi)

# Disability

An unexpected injury or illness that keeps you out of work for a long time can use up your savings rapidly. Disability insurance can help replace lost wages and can be an important part of personal financial planning.

**Important:** Disability benefits are reduced by other income, if any, that you receive (e.g. Social Security, state disability benefits, pension benefits and Workers Compensation”.

## Short Term Disability

Short term disability (STD) coverage is designed to replace a portion of your earnings if you are unable to work due to a non-work related short-term illness or injury. This benefit is funded by FPU and provided through Mutual of Omaha.

Benefits begin after 7 days of disability, and can be covered by earned sick leave. While on STD employees will receive 66.67% of weekly earnings (maximum \$2,500) for up to 25 weeks. Please contact Human Resources for additional guidance.

## Long Term Disability

Long term disability (LTD) insurance provides financial protection should you experience a serious illness or injury that prevents you from working for an extended time. This benefit is funded by FPU and provided through Mutual of Omaha.

Benefits begin after 180 days of disability. You will receive 60% of pre-disability earnings to a maximum of \$10,000 per month up to Social Security Normal Retirement Age.



# Additional Benefits From Mutual of Omaha

## Employee Assistance Program

The employee assistance program (EAP) offers completely confidential assessments and provides screening and referrals to local providers through a network of providers.

The EAP can help you and your household members identify and find resources to solve personal problems, such as:

- Legal questions or concerns.
- Marital or family conflicts.
- Childcare or senior care concerns.
- Financial problems.
- Alcohol or drug issues.
- Stress, depression and other emotional problems.

## Contact to learn more

- Phone: 1-800-316-2796, English.
- Website: [mutualofomaha.com/eap](https://mutualofomaha.com/eap).

## Hearing Aid Discount Program

- Discounted hearing testing
- Custom hearing solutions
- Risk free 60-day trial
- 2 years batteries with purchase
- Hearing aid low price guarantee
- Continuous care

To learn more contact Amplifon at 1-888-534-1747 or visit [amplifyonusa.com/mutualofomaha](https://amplifyonusa.com/mutualofomaha)

## Will Preparation Help

- Creating a will is an important investment in your future
- It specifies how you want your possessions to be distributed
- We make it Easy, Affordable & Secure

Create your free will in just 10 minutes at [willing.com/mutualofomaha](https://willing.com/mutualofomaha)

## Worldwide Travel Assistance

- Services are available for Business or Personal travel
- Experiencing an emergency while traveling can be especially difficult.
- Knowing who to call for medical problems
- Currency exchange issues or lost luggage is critical
- Enjoy your trip - We'll be there for you
- We offer
  - Per-Trip Assistance
  - Immediate Attention for Emergencies While Traveling more than 100 miles from home
  - Emergency Travel Support Services
  - Medical Assistance
  - Identity Theft Assistance
    - Education & Prevention
    - Recovery information
    - Assistance 24/7/365

## To learn more

Inquiries within the US call: 1-800-856-9947  
Inquiries outside the US call collect: 312-935-3658

# Retirement

Franklin Pierce University Retirement Plan is a Defined Contribution Plan that operates under Section 403(b) of the Internal Revenue Code. This plan provides retirement benefits for participating employees. Benefits are provided through Teachers Insurance and Annuity Association (TIAA).

It's important to plan for your retirement. You can make voluntary, pre-tax contributions to your 403(b) through payroll deductions as well up-to the annual IRS maximum. We recommend you review your investment options on a regular basis to ensure you are maximizing your savings and investment potential.

## FPU 403(b) Plan

<b>Eligibility*</b>	Eligibility is based on meeting the age - a minimum of 21 years old. Part-time employees should contact Human Resources for further information.
<b>Vesting</b>	The plan provides immediate vesting at 100%.
<b>IRS Limit for 2022</b>	Limit is \$20,500. If over age 50, catch-up contribution limit is \$6,500, which increases the limit to \$27,000.

### Catch-up Contributions

If you are or will be age 50 or older in this calendar year and contribute the maximum allowed to your account, you may also make additional “catch-up contributions” to your account. The catch-up contribution is intended to help you accelerate your progress toward your retirement goals. See Human resources for the IRS 2022 catch-up limit.

### Changing or Stopping Your Contributions

You may change the amount of your contributions at any time. All changes will become effective as soon as administratively feasible and will remain in effect until modified or terminated by you. You may discontinue your contributions anytime. Once you stop contributions, you may start again at any time.

### Consolidating Your Retirement Savings

If you have an existing qualified retirement plan (pre-tax) with a prior employer, you may transfer or roll over that account into the FPU Plan at any time. To initiate a rollover into your Plan, contact a TIAA Representative at 1-800-842-2888, or online at <https://www.tiaa.org/public/tcm/franklinpierce>

### Investing in the Plan

You decide how to invest the assets in your account. The University 403(b) Retirement and Savings Plan offers a selection of investment options for you to choose from. You may change your investment choices anytime. For more details contact Human Resources.

*\* Contact Human Resources if you are unsure of your eligibility.*

# Pet Insurance

Nationwide Pet Insurance is the nation's oldest, largest and number one veterinarian-recommended pet health insurance provider. With their comprehensive plans designed to protect you financially when the unexpected occurs, affordable coverage from Nationwide Pet Insurance allows you to focus on providing optimal healthcare for your pet rather than worrying about the cost of treatment. You can be reimbursed for veterinary expenses such as surgeries, diagnostic tests, hospitalization, prescriptions, vaccinations and more.

To learn more and to enroll your dog or cat, visit [www.PetsNationwide.com](http://www.PetsNationwide.com) and search for Franklin Pierce, or visit <http://www.petinsurance.com/franklinpierce> to view the discounted options. You can also call 1-877-738-7874 and mention that you are a Franklin Pierce employee to receive your discount.

Two plans are available. Just like all other pet insurers, Nationwide does not cover pre-existing conditions.\* However, they include extra features such as emergency boarding, lost pet advertising and more. Plus, both plans have a low \$250 annual deductible and a generous \$7,500 maximum annual benefit.

Benefit	My Pet Protection with Wellness	My Pet Protection
Accidents, including poisonings and allergic reactions	✓	✓
Injuries, including cuts, sprains and broken bones	✓	✓
Common illnesses, including ear infections, vomiting and diarrhea	✓	✓
Serious/chronic illnesses, including cancer and diabetes	✓	✓
Hereditary and congenital conditions	✓	✓
Surgeries and hospitalization	✓	✓
X-rays, MRIs and CT scans	✓	✓
Prescription medications and therapeutic diets	✓	✓
Wellness exams	✓	
Vaccinations	✓	
Spay/neuter	✓	
Flea and tick prevention	✓	
Heartworm testing and prevention	✓	
Routine blood tests	✓	

## Frequently asked questions

### Can I still use my vet?

Absolutely! You can visit any licensed veterinarian anywhere in the world — even specialists and emergency providers.

### What do your plans cover?

Nationwide offers coverage for accidents, injuries and illnesses — even hereditary and new chronic and recurring conditions.

### What is not covered?

Coverage varies by plan, but they do not cover pet food, grooming or pre-existing conditions.

### Does it work like an HMO?

No. All medical decisions are left solely up to you and your pet. Simply pay at the time of service and submit a claim.

### Do claims increase my premium?

Nope! So get your pet the care he needs as often as he needs it — it won't affect your costs.



# Contact Information

Coverage	Plan Information	Contacts
<b>Medical</b>		
Harvard Pilgrim Group # MD0000003921 / RX00000010950	Harvard Pilgrim HMO LP	1-888-333-4742 <a href="http://www.harvardpilgrim.org">www.harvardpilgrim.org</a>
Harvard Pilgrim Group # MD0000003965 / RX0000001348	Harvard Pilgrim High Deductible HMO HSA	1-888-333-4742 <a href="http://www.harvardpilgrim.org">www.harvardpilgrim.org</a>
Harvard Pilgrim Group # MD0000002182 / RX00000010590	Harvard Pilgrim Elevate Health HMO LP	1-888-333-4742 <a href="http://www.harvardpilgrim.org">www.harvardpilgrim.org</a>
Harvard Pilgrim Group # MD0000003955 / RX0000001348	Harvard Pilgrim Elevate Health High Deductible HMO HSA	1-888-333-4742 <a href="http://www.harvardpilgrim.org">www.harvardpilgrim.org</a>
<b>Dental</b>		
Delta Dental Group # 3106	Delta Dental	1-603-223-1000 <a href="http://www.nedelta.com">www.nedelta.com</a>
<b>Vision</b>		
EyeMed Group # VC-19	EyeMed INSIGHT Network	1-866-723-0513 <a href="http://EyeMed.com">EyeMed.com</a>
<b>Accounts</b>		
WEX Health Inc.	Flexible Spending Accounts (FSA)	1-866-451-3399 <a href="http://www.wexinc.com">www.wexinc.com</a>
WEX Health Inc.	Health Savings Account (HSA)	1-866-451-3399 <a href="http://www.wexinc.com">www.wexinc.com</a>
TIAA Group # 150894	403(b) Retirement Account	1-800-842-2888 <a href="https://www.tiaa.org/public/tcm/franklinperce">https://www.tiaa.org/public/tcm/franklinperce</a>
<b>Disability Coverage</b>		
Mutual of Omaha (G000B95V)	Short Term Disability	<a href="http://www.mutualofomaha.com">www.mutualofomaha.com</a>
Mutual of Omaha (G000B95V)	Long Term Disability	<a href="http://www.mutualofomaha.com">www.mutualofomaha.com</a>
<b>Life and AD&amp;D Coverage</b>		
Mutual of Omaha (G000B95V)	Basic Life and AD&D	<a href="http://www.mutualofomaha.com">www.mutualofomaha.com</a>
Mutual of Omaha (G000B95V)	Voluntary Life and AD&D	<a href="http://www.mutualofomaha.com">www.mutualofomaha.com</a>
<b>Additional Benefits</b>		
ACI	Employee Assistance Program	1-800-932-0034 <a href="http://www.acispecialtybenefits.com">www.acispecialtybenefits.com</a>
Mutual of Omaha (G000B95V)	Employee Assistance Program	1-800-316-2796 <a href="http://www.mutualofomaha.com/eap">www.mutualofomaha.com/eap</a>
Health Advocate	Member Advocacy	1-866-695-8622 <a href="http://www.HealthAdvocate.com/members">www.HealthAdvocate.com/members</a>
<b>Voluntary Benefits</b>		
Aflac	Hospital Indemnity Plan Accident Plan Critical Illness Plan	1-800-433-3036 <a href="http://www.aflac.com">www.aflac.com</a>
Nationwide	Pet Insurance	1-877-738-7874 <a href="http://www.petinsurance.com/franklinperce">www.petinsurance.com/franklinperce</a>







  
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Benefits highlighted in this guide are governed by Franklin Pierce University plan contracts and policies, applicable state and federal law and company policy. If there is a conflict between the wording of this guide and the group policies and contracts, the policies, contracts and applicable laws govern. Franklin Pierce University reserves the right to alter, amend or terminate any of the benefits described in this guide at any time.