



2019 Benefit at a Glance

Our benefit programs are an important component of the total compensation provided to you from Franklin Pierce University. Our goal is to provide you with high quality programs that deliver both choice and flexibility to you and your family. This Benefits at a Glance document provides summaries only. Full details on coverage are available through Human Resources and our benefit plan documents.

Arizona

Coverage	Plan Information	Contacts
Medical		
Harvard Pilgrim Group #MD0000003921 Group #RX0000010950	Harvard Pilgrim PPO LP	1-888-333-4742 www.harvardpilgrim.org
Harvard Pilgrim Group #MD0000003965 Group #RX0000001348	Harvard Pilgrim High Deductible PPO HSA	1-888-333-4742 www.harvardpilgrim.org
Dental		
Delta Dental Group #3106	Delta Dental	1-800-832-5700 www.nedelta.com
Vision		
EyeMed Group #VC-19	EyeMed INSIGHT Network	1-866-723-0513 EyeMed.com
Accounts		
Discovery Benefits	Flexible Spending Accounts (FSA)	1-866-451-3399 https://www.discoverybenefits.com/employees
Discovery Benefits	Health Savings Account (HSA)	1-866-451-3399 https://www.discoverybenefits.com/employees
TIAA Group #150894	403(b) Retirement Account	1-800-842-2888 https://www.tiaa.org/public/tcm/franklinperce
Disability Coverage		
Mutual of Omaha Group # G000B95V	Short Term Disability	www.mutualofomaha.com
Mutual of Omaha Group #G000B95V	Long Term Disability	www.mutualofomaha.com
Mutual of Omaha Group #G000B95V	Mutual of Omaha Long Term Disability	www.mutualofomaha.com
Life and AD&D Coverage		
Mutual of Omaha Group #G000B95V	Basic Life and AD&D	www.mutualofomaha.com
Mutual of Omaha Group #G000B95V	Voluntary Life and AD&D	www.mutualofomaha.com
Additional Benefits		
Mutual of Omaha Group #G000B95V	Employee Assistance Program	1-800-316-2796 www.mutualofomaha.com/eap
Health Advocate	Member Advocacy	1-866-695-8622 www.HealthAdvocate.com/members
Voluntary Benefits		
Aflac	Hospital Indemnity Plan	1-800-433-3036 www.aflac.com
Aflac	Accident Plan	1-800-433-3036 www.aflac.com

Medical

The FPU medical plan is offered through Harvard Pilgrim and includes two different PPO plan choices.

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.

	Harvard Pilgrim			
	PPO LP		PPO HSA	
	In-Network	Out-of-Network	In-Network	Out-of-Network
Payment Basis	Neg Fee	UCR based on Contracted Rates	Neg Fee	UCR based on Contracted Rates
Lifetime Maximum	Unlimited	Unlimited	Unlimited	Unlimited
Calendar Year Deductible – Individual / Family	Embedded \$3,000 / \$6,000		Embedded \$3,000 / \$6,000	
Out-of-Pocket Maximum – Individual / Family	\$6,500 / \$13,000		\$3,000 / \$6,000	\$10,000 / \$20,000
Employer HSA Seeding – Individual / Family	N/A		\$1,000 / \$2,000	
Physician Services – Primary Care Physician – Specialist	\$25 Level 1: \$25/Level 2: \$50	20% after CYD* 20% after CYD*	0% after CYD* 0% after CYD*	20% after CYD* 20% after CYD*
Hospital Services – Inpatient Hospitalization – Outpatient Surgery – Emergency Room	0% after CYD* Select LP Providers: \$100 Other Plan Providers: 0% after CYD* \$250 + CYD*	20% after CYD* 20% after CYD* \$250 + CYD*	0% after CYD* 0% after CYD* 0% after CYD*	20% after CYD* 20% after CYD* 0% after CYD*
Diagnostic Laboratory & X-Ray – At Physician's Office – Advanced Radiology	No charge 0% after CYD*	20% after CYD* 20% after CYD*	0% after CYD* 0% after CYD*	20% after CYD* 20% after CYD*
Durable Medical Equipment	20% after \$100 + CYD*	20% after \$100 + CYD*	0% after CYD*	20% after CYD*
Prescription Drugs At Retail Pharmacy (30-day supply)				
Generic	\$5	N/A	0% after CYD*	0% after CYD*
Brand Name	\$15		0% after CYD*	0% after CYD*
Non-Formulary	\$30		0% after CYD*	0% after CYD*
Specialty Drugs	\$50		N/A	N/A
Prescription Drugs Mail Order (90-day supply)				
Generic	\$10	N/A	0% after CYD*	0% after CYD*
Brand Name	\$30		0% after CYD*	0% after CYD*
Non-Formulary	\$60		0% after CYD*	0% after CYD*
Specialty Drugs	\$150		N/A	N/A

*Calendar Year Deductible

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 HSAs

If you participate in the High Deductible Health Plan and open an HSA, in 2019 FPU will make contributions to your HSA according to the following:

- Employee Only: \$1,000.
- Employee + Spouse: \$2,000.
- Employee + Child(ren): \$2,000.
- Employee + Family: \$2,000.

Dental

The FPU dental plans are offered to you through Delta Dental. Coverage is available for both in-network and non-network providers.

Delta Dental Base Plan		
	IN-NETWORK	OUT OF NETWORK
Calendar Year Deductible		
Individual	\$50	\$50
Family	\$150	\$150
Plan Features		
Calendar Year Maximum Benefit	\$1,000	\$1,000
Preventive Care	100%	100%
Basic Care	60%	60%
Major Care	50%	50%
Orthodontia		
Coverage	Children to age 19	
Benefit	50%	50%
Lifetime Maximum	\$1,500	

Delta Dental Buy-Up Plan		
	IN-NETWORK	OUT OF NETWORK
Calendar Year Deductible		
Individual	\$50	\$50
Family	\$150	\$150
Plan Features		
Calendar Year Maximum Benefit	\$2,000	\$2,000
Preventive Care	100%	100%
Basic Care	60%	60%
Major Care	50%	50%
Orthodontia		
Coverage	Children to age 19	
Benefit	50%	50%
Lifetime Maximum	\$1,500	

Voluntary Life and AD&D

For additional protection, voluntary life insurance is available. This benefit is funded by you, 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 between the ages of live birth and 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 eligibility period. Employees with new hire eligibility have a Guarantee Issue amount of \$150,000 for Employee and \$30,000 for spouse.

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. While on STD benefits, all employees will receive 100% of weekly earnings (maximum \$2,500) for up to 25 weeks.

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.

Vision

The FPU vision plan is offered to you through EyeMed. Coverage is available for both in-network and non-network providers.

EyeMed INSIGHT Network Plan		
	IN-NETWORK	OUT-OF-NETWORK
Cost		
Exam	\$10	Reimbursed up to \$50
Materials	\$25	N/A
Benefit Frequency		
Exams	12 months	
Lenses	12 months	
Frames	24 months	
Contacts	12 months	
Covered Services - Lenses		
Single Lenses	\$25 Copay	Reimbursed up to \$50
Bifocals	\$25 Copay	Reimbursed up to \$70
Trifocals	\$25 Copay	Reimbursed up to \$90
Frames	\$0 Copay; \$130 allowance, 20% off balance over \$130	Reimbursed up to \$98
Covered Services - Contacts (Contacts in lieu of Frames/Lenses)		
Contacts - Elective - Conventional	\$0 Copay, \$130 allowance, 15% off balance over \$130	Reimbursed up to \$130

Life and AD&D

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.

Additional Benefits From Mutual of Omaha

Employee Assistance Program

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.

Hearing Aid Discount Program

To learn more contact Amplifon at 1-888-534-1747 or visit amplifyonusa.com/mutualofomaha

Will Preparation Help

Create your free will in just 10 minutes at willing.com/mutualofomaha

Worldwide Travel Assistance

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

Flexible Spending Accounts

You have the option to set aside pre-tax dollars with a Flexible Spending Account (FSA). There are two types of FSAs:

Healthcare FSA: Contribute pre-tax dollars to use on IRS qualified health care expenses. You can contribute up to the 2019 FSA maximum of \$2,700.

Dependent Care FSA: Contribute pre-tax dollars to use on dependent care expenses for children up to age 13 and/or disabled dependents of any age or a disabled spouse. To be eligible, you and your spouse must work, be looking for work or be a full-time student. You can contribute up to the 2019 FSA maximum of \$5,000.

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).

FPU 403(b) Plan

Eligibility	In accordance with the Retirement Plan Document, eligible employees will receive a University paid contribution into a retirement account. The amount is 100% vested. All employees may contribute pre-tax dollars into your retirement account. The maximum deferral is based on a flat dollar amount, not to exceed plan limits set by the IRS. The IRS limit for 2019 is \$19,000.
Vesting	The plan provides immediate vesting at 100%.

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. The maximum catch-up contribution is \$6,000 for 2019. See your plan administrator for more details.

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.

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
TOTAL Pay Out	\$2,850

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