

FranklinPierce
UNIVERSITY

2024 Benefits Guide

Introduction

Dear Franklin Pierce Colleagues,

At Franklin Pierce University, we know the value of providing our community with a comprehensive and competitive benefits package. I am pleased to announce that the 2024 employee benefits package continues to provide a sound foundation for employee health and well-being. The 2024 Benefits Guide is meant to be a resource to help you make the best choices for you and your family.

In 2024, we welcome Anthem Blue Cross Blue Shield as our new medical and prescription drug insurance provider. With Anthem, Franklin Pierce now offers the freedom to choose your medical providers across an extensive national network, better aligning with the needs of all our employees, regardless of location. Our partnership with Anthem also brings lower out of pocket maximums, more robust wellness programs, and access to preventative healthcare.

By paring down from six medical plans to two medical plans, some employees will see a decrease in their medical premiums. However, employees who see an increase in their premium may be eligible for a benefits stipend to make up the difference. No employee staying at the same tier (e.g., employee only, employee plus spouse, employee plus child(ren), employee plus family) will pay more for their medical and prescription drug coverage premium in 2024.

Should you have any questions about any of the benefits offered, please do not hesitate to reach out to the Office of Human Resources at hrdept@franklinpierce.edu. Thank you for your continued dedication and hard work on behalf of Franklin Pierce University and our students.

Sincerely,
Kim Mooney '83
President

Table of Contents

Introduction	2
Medical	3
Two Plans	4
Anthem BlueChoice Open Access Advantage with HRA Plan	5
Anthem BlueChoice Open Access Advantage with HSA/HRA	6
Dental	7
Vision	9
Flexible Spending Account	10
Health Savings Account	11
Life, AD&D & Disability	12
Accident, Critical Illness & Hospital Indemnity Plans	13
Retirement	14
Pet Insurance	15
Health Advocate	16
EAP & Work/Life Benefits	17
Eligibility & Enrollment	18
Contact Information	19



Don't Forget:

Beyond health benefits, your employment at Franklin Pierce offers you access to a wide range of low to no-cost programs including:

- Disability Insurance
- Employee Assistance Program
- Flexible Spending Account
- Health Savings Accounts
- Health Advocate
- Life Insurance
- Telemedicine Benefits
- Pet Insurance
- Travel Discounts

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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.

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.

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 & 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.

Employee Eligibility

You are eligible for health insurance if you are regularly scheduled to work 30 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 Member Eligibility:

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.

Virtual Care Telehealth

Connect with care – anywhere.

You can make appointments on your mobile phone, tablet, or computer with a camera.

Board-certified doctors available 24/7 for advice, treatment, and prescriptions.

Appointments with licensed therapists or psychiatrists.

Appointments available 7 days a week. Cost is less than or equal to an in-person office visit.

[REGISTER OR SIGN IN](#)

Two Plans

Franklin Pierce University pays 65% of each claim		Allows you to fund an HSA for future use	
Unlimited	After \$8,000 Health Insurer Pays All	Unlimited	After \$8,000 Health Insurer Pays All
\$8,000.	EE Cost Share 35% Med & Rx	\$8,000.	Share Account (HRA) Pays 100% Medical
	Max \$2,800.		100% Pharmacy after First \$2,800
	Share Account (HRA) Pays 65% Medical 65% Pharmacy	\$5,200.	Max \$5,200
\$2,800.			EE Cost Share First \$2,800 sub-deductible
\$0.	Max \$5,200	\$0.	Max \$2,800

January 2024 to December 2024

Both plans limit your out-of-pocket maximum to \$2,800.



Anthem BlueChoice Open Access Advantage with Health Reimbursement Arrangement (HRA) Plan

Each of the plans has comprehensive coverage for medical and prescription needs which includes Preventative Care covered at 100%. You can find full plan summaries in **Employee Navigator**.

What is an HRA?

An employer established account that reimburses employees for covered health care services and eligible medical expenses. The FPU health reimbursement account or HRA has been established to pay the member's deductible and coinsurance responsibility for inpatient and outpatient hospital services.

Deductible HRA - pays member's provider 65% of the deductible. Member will be responsible to pay the remaining 35% HRA pays \$5,200 of the individual deductible or \$10,400 of the family deductible.

Employee Out of Pocket - Employee's out of pocket max for in-network services is \$2,800. Family's out of pocket maximum for in-network services is \$5,600.

Anthem BlueChoice Open Access Advantage with Health Reimbursement Arrangement (HRA) Plan			
Health Reimbursement (HRA) Pays 65% of Member's Deductible			
Coverage	Anthem HDHP	FPU HRA Pays	You Pay
Deductible			
<i>Employee Only</i>	\$8,000 per person	65%	35%
<i>Employee + Spouse/DP, Child(ren), Family</i>	\$16,000	65%	35%
Coinsurance after Deductible	100%	0%	0%
MEDICAL SERVICES			
Preventative & Well Care			
Annual Physicals, Well Child Visits, Well Woman Care, & Immunizations	Covered in Full	\$0	\$0
Primary Care Office Visit	Deductible then covered in full	65%	35%
Telemedicine	Deductible then covered in full	65%	35%
Specialist Office Visit	Deductible then covered in full	65%	35%
Emergency Room	Deductible then covered in full	65%	35%
Inpatient Hospital	Deductible then covered in full	65%	35%
Outpatient Surgery	Deductible then covered in full	65%	35%
Outpatient Physical/ Occupational Therapy	Deductible then covered in full	65%	35%
PRESCRIPTIONS – Retail and Mail Order			
Tier 1 – Generic	Deductible then covered in full	65%	35%
Tier 2 – Formulary Brands	Deductible then covered in full	65%	35%
Tier 3 – Non-Formulary Brands	Deductible then covered in full	65%	35%
Tier 4	Deductible then covered in full	65%	35%
<i>See the carrier plan booklet for limitations, exclusions, and full benefit details including continuation of coverage options.</i>			

Anthem BlueChoice Open Access Advantage with Health Savings Account (HSA)/HRA

Each of the plans has comprehensive coverage for medical and prescription needs which includes Preventative Care covered at 100%. You can find full plan summaries in **Employee Navigator**.

What is an HSA?

An HSA is a tax-advantaged medical savings account that can be established and combined with a qualified high deductible health plan to help pay for healthcare expenses today and down the road. You never lose funds put into your HSA account! The amount rolls over year after year. HSAs have a triple tax advantage. They allow you to:

- Save money – tax-free!
- Accumulate interest and earnings – tax-free!
- Spend it on qualified healthcare expenses – tax-free!

Sub-Deductible – This amount (\$2,800) is the member’s responsibility and can be funded by your HSA.

Deductible HRA - pays member's provider 65% of the deductible. Member will be responsible to pay the remaining 35% HRA pays \$5,200 of the individual deductible or \$10,400 of the family deductible.

Employee Out of Pocket - Employee’s out of pocket max for in-network services is \$2,800. Family’s out of pocket maximum for in-network services is \$5,600.

Anthem BlueChoice Open Access Advantage Health Savings Account (HSA) / HRA		
Coverage	Anthem HSA Eligible Option	You Pay
Deductible <i>Employee Only</i> <i>Employee + Spouse/DP, Child(ren), Family</i>	\$8,000 \$16,000	Sub-Deductible \$2,800 Sub-Deductible \$5,600
MEDICAL SERVICES		
Preventative & Well Care Annual Physicals, Well Child Visits, Well Woman Care, & Immunizations	Covered in Full	\$0
Primary Care Office Visit	Deductible then covered in full	Covered in Full after Sub-Deductible
Telemedicine	Deductible then covered in full	Covered in Full after Sub-Deductible
Specialist Office Visit	Deductible then covered in full	Covered in Full after Sub-Deductible
Inpatient Hospital	Deductible then covered in full	Covered in Full after Sub-Deductible
Outpatient Surgery	Deductible then covered in full	Covered in Full after Sub-Deductible
Emergency Room	Deductible then covered in full	Covered in Full after Sub-Deductible
Physical or Occupational Therapy (PT/OT)	Deductible then covered in full	Covered in Full after Sub-Deductible
PRESCRIPTIONS – Retail & Mail Order		
Tier 1 – Generic	Deductible then covered in full	Covered in Full after Sub-Deductible
Tier 2 – Formulary (Preferred) Brands	Deductible then covered in full	Covered in Full after Sub-Deductible
Tier 3 – Non-Formulary Brands	Deductible then covered in full	Covered in Full after Sub-Deductible
Tier 4	Deductible then covered in full	Covered in Full after Sub-Deductible
Preventive Care Drug List	No Deductible Covered in full	No Deductible Covered in full
See the carrier plan booklet for limitations, exclusions, and full benefit details including continuation of coverage options.		



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 dentists directly, so you don't have to pay the covered amount up front and wait for a reimbursement check.

To find out if your dentist participates in our PPO or Premier network, you can call your dentist; visit our website at 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
Calendar Year Deductible		
Individual	\$50	\$50
Family	\$150	\$150
Plan Features		
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 (Composite Fillings, Simple Extractions, Root Canals, etc.)	60% after deductible	60% after deductible
Major Care (Crowns, Onlays, Bridges, etc.)	50% after deductible	50% after deductible
Orthodontia		
Coverage	Children to age 19	
Benefit	50% (deductible waived)	50% (deductible waived)
Lifetime Maximum	\$1,500	

The Buy-up Plan has a \$2,000 calendar year maximum.

Dental Coverage Plan Summary	Delta Dental Buy-Up Plan	
	Delta Dental PPO plus Premier Network	Non-Participating Dentists
Plan Features		
Calendar Year Maximum Benefit (Preventive care does not count against your calendar year maximum benefit)	\$2,000	\$2,000

See separate rate sheets for employee contribution rates.



Vision



The FPU vision plan is offered to you through EyeMed.

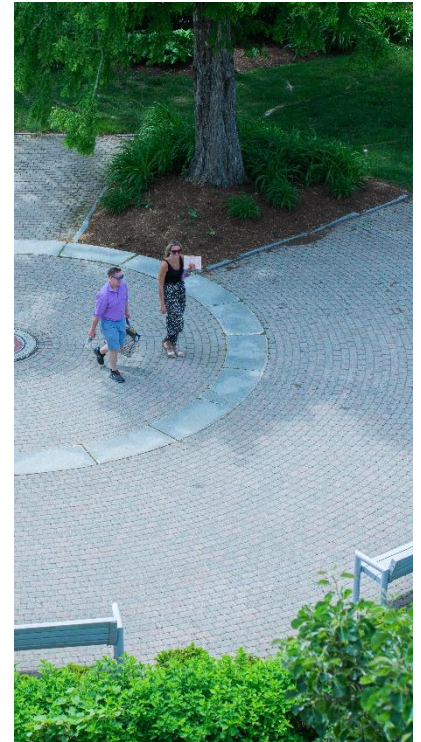
When you use one of the providers in the extensive EyeMed network, you receive a higher level of coverage, and you are only required to pay a copayment and any balance billing at the time of service.

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
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 - Medically Necessary	\$0 Copay, Paid-in-Full	Reimbursed up to \$210
Contacts - Elective - Conventional	\$0 Copay, \$130 allowance, 15% off balance over \$130	Reimbursed up to \$130
Contacts - Elective - Disposable	\$0 Copay, \$130 allowance, plus balance over \$130	Reimbursed up to \$130

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 2024 is \$3,200. 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 \$640 of unused funds from your Medical FSA.** The rollover dollars will be available for you to use in 2024 and are in addition to your 2024 FSA contribution.

For example, if you choose to elect the maximum contribution for 2024, you will have \$3,200 + rollover funds from 2023.

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 \$3200 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 an 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 an 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 \$3,200.

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.

For dependent care FSAs, you have a 60-day grace period to file for reimbursement from 2023 funds. Must be used by March 15th of 2024.

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.

Enrolling in an HSA with WEX Health Inc.:

- You notify FPU that they are enrolling in an HSA by signing up through Employee Navigator’s platform, our online benefits system.
- FPU then enrolls you into your HSA account with WEX Health Inc.
- 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 2024 plan year will go into your HSA.

HSA Contributions

	2024	2023	Change
HSA contribution limit (employer + employee)	Self-only: \$4,150 Family: \$8,350	Self-only: \$3,850 Family: \$7,750	Self-only: +\$300 Family: +\$600
HSA catch-up contributions (age 55 or older)*	\$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.



Life, AD&D & Disability



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 (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.

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

Mutual of Omaha has additional benefit offers:

- **The employee assistance program (EAP)** offers completely confidential assessments and provides screening and referrals to local providers through a network of providers. Phone: 1-800-316-2796, English. Website: mutualofomaha.com/EAP.
- **Hearing Aid Discount Program**
To learn more contact Amplifon at 1-888-534-1747 or visit amplifyonusa.com/mutualofomaha
- **Will Preparation Service:**
willing.com/mutualofomaha
- **Worldwide Travel Assistance:**
Inquiries within the US call: 1-800-856-9947
Inquiries outside the US call collect: 312-935-3658

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' 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
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

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!

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).



Franklin Pierce employer contributions are based on union/non-union status and years of service. Contact HR for contribution rate information.

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.

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 2024 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.

FPU 403(b) Plan
Eligibility*
Eligibility is based on meeting the age - a minimum of 21 years old. Part-time employees should contact Human Resources for further information.
Vesting
The plan provides immediate vesting at 100%.
IRS Limit for 2024
Limit is \$23,000. If over age 50, catch-up contribution limit is \$7,500, which increases the limit to \$30,500
<small>* Contact Human Resources if you are unsure of your eligibility.</small>





To learn more and to enroll your dog or cat, visit www.PetsNationwide.com and search for Franklin Pierce, or visit 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.

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.

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	✓	

FAQs

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.

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.

HealthAdvocateSM

We can help you navigate
the complexities of the
healthcare system

Health Advocate
Support is yours
24/7!

Phone:
866-695-8622

Web:
www.HealthAdvocate.com/members

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.



EAP & Work/Life Benefits

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



Features	Value to Company and Employees
Employee Family Clinical Services	<ul style="list-style-type: none"> An in-house team of Master’s level EAP professionals who are available 24/7/365 to provide individual assessments Outstanding customer service from a team dedicated to ongoing training and education in employee assistance matters Access to subject matter experts in the field of EAP service delivery
Counseling Options	<ul style="list-style-type: none"> Three sessions per year (per household) conducted by either face-to-face* or counseling or video telehealth via a secure, HIPAA compliant portal
Exclusive Provider Network	<ul style="list-style-type: none"> National network of more than 10,000 licensed clinical providers for face-to-face counseling
Access	<ul style="list-style-type: none"> 1-800 hotline with direct access to a Master’s level EAP professional 24/7/365 services available Telephone support available in more than 120 languages Online submission form available for EAP service requests EAP professionals will help members develop a plan and identify resources to meet their individual needs
Employee Family Legal Services	<ul style="list-style-type: none"> Valuable resources — legal libraries, tools and forms — available on EAP website A counseling session may be substituted for one legal consultation (up to 30 minutes) with an attorney 25% discount for ongoing legal services for same issue
Employee Family Financial Services	<ul style="list-style-type: none"> Inclusive financial platform powered by Enrich that includes financial assessment tools, personalized courses, articles and resources, and ongoing progress reports to help members monitor their financial health A counseling session may be substituted for one financial consultation (up to 30 minutes) with an attorney
Employee Family Work/Life Services	<ul style="list-style-type: none"> Child care resources and referrals Elder care resources and referrals
Online Services	<p>An inclusive website with resources and links for additional assistance, including:</p> <ul style="list-style-type: none"> Current events and resources Family and relationships Emotional well-being Financial wellness Substance abuse and addiction Legal assistance Physical well-being Work and career Bilingual article library
Employee Communication	All materials available in English and Spanish
Eligibility	Full-time employees and their immediate family members; including the employee, spouse and dependent children (unmarried and under 26) who reside with the employee
Coordination with Health Plan(s)	EAP professionals will coordinate services with treatment resources/providers within the employee’s health insurance network to provide counseling services covered by health insurance benefits, whenever possible

Available services when you need help the most. Visit the Employee Assistance Program website to view timely articles and resources on a variety of financial, well-being, behavioral and mental health topics. mutualofomaha.com/eap or call us: 1-800-316-2796.



Eligibility & Enrollment

Employee Eligibility

You are eligible for health insurance if you are regularly scheduled to work 30 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 adjust your benefits.

- 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

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.



Contact Information

Coverage	Plan Information	Contacts
Medical		
Anthem Blue Cross Blue Shield Group # L09268	Medical Plan	1-833-772-4122
Dental		
Delta Dental Group # 3106	Delta Dental	1-603-223-1000 www.nedelta.com
Visio n		
Eye Med Group # VC-19	INSIGHT Network	1-866-723-0513 EyeMed.com
Accounts		
WEX Health Inc.	Flexible Spending Accounts (FSA)	1-866-451-3399 www.wexinc.com
WEX Health Inc.	Health Savings Account (HSA)	1-866-451-3399 www.wexinc.com
TIAA Group # 150894	403(b) Retirement Account	1-800-842-2888 www.tiaa.org/public/tcm/franklinperce
Disability Coverage		
Mutual of Omaha (G000B95V)	Short Term Disability	www.mutualofomaha.com
Mutual of Omaha (G000B95V)	Long Term Disability	www.mutualofomaha.com
Life and AD&D Coverage		
Mutual of Omaha (G000B95V)	Basic Life and AD&D	www.mutualofomaha.com
Mutual of Omaha (G000B95V)	Voluntary Life and AD&D	www.mutualofomaha.com
Additional Benefits		
Mutual of Omaha (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 Accident Plan Critical Illness Plan	1-800-433-3036 www.aflac.com
Nationwide	Pet Insurance	1-877-738-7874 www.petinsurance.com/franklinperce