



**KING'S  
COLLEGE**  
TRANSFORMATION. COMMUNITY. HOLY CROSS.

# 2018 OPEN ENROLLMENT

KING'S COLLEGE

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Employee Benefits Program

Plan Year: July 1, 2018 - June 30, 2019



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# EMPLOYEE BENEFITS

## Employee Benefits Program Plan Year: July 1, 2018 - June 30, 2019

It is the goal of King's College to offer a strong benefits program while striving to maintain an equitable cost versus benefits balance. Our commitment to a well-rounded benefits program goes beyond medical and prescription benefits to include dental and vision coverage, as well as life insurance and long term disability, retirement benefits and a flexible spending account.

As a full-time employee, the following benefits are available to you and outlined on the following pages:

- **Pages 3-7: Medical & Prescription - Highmark Blue Cross Blue Shield / SwiftMD**
- **Page 8: Dental - Delta Dental**
- **Page 9: Vision - Vision Benefits of America**
- **Pages 10-11: Life Insurance/AD&D and Long Term Disability - Guardian**
- **Page 12: Retirement Benefits - TIAA**
- **Page 13: Flexible Spending Accounts - Ameriflex**

### Highmark Blue Cross and Blue Shield ID Cards

As a reminder, if you elect to change plans, Highmark will issue new ID cards for both you and your dependents. Each dependent will receive their own card.



### HOW TO ENROLL

**PLEASE NOTE:** *You must take action in order to secure coverage with all benefit lines on/and after July 1, 2018. You are required to enter the Benefit Enrollment Portal in Web Advisor to re-elect your benefit options or to make any modifications to your current benefit elections, i.e. add/remove a dependent, change plan options or enroll for the first time.*

Once you have made your benefit elections, they will remain in effect until the next Open Enrollment unless you experience a "change in status" e.g. marriage, divorce, birth, adoption, or a child reaching the plan age limit (26).

If you wish to change your benefits, you have 30 days from the date of a qualifying change in status to notify your HR department. If you do not make the notification within that time frame, your changes will not be effective until the next Open Enrollment period.

# EMPLOYEE SERVICE REPRESENTATIVES

*Benefits can be confusing. Insurance companies are hard to reach.*

We understand. Trust the ESR team at Creative Benefits, Inc. to help. The team members' combined benefits experience of over 40 years will guide you through the confusion.

## MEET YOUR ESR TEAM

**Charmaine Harrison-Tummings**

*ESR Team Leader*

**Marie D'Antonio, Marlene Loose, Katelyn Martin, Sherece McKenley, Christa Wisneski**

*Employee Service Representatives*

**Your ESR Team will assist with the following:**



questions or concerns about your benefits



a claim that was denied by your insurance



a doctor bill for which you are not responsible



ordering a new ID card for you



enrolling in benefits for the first time or making changes



finding providers that are in your network

## CONTACT INFORMATION

**Hours of Operation:** 7:30AM to 6PM EST

**Phone:** 844.231.8414

**Email:** ESR@creativebenefitsinc.com

***Allow us to help you!***

***\*\*When initially contacting us, please be prepared to provide your name, subscriber name and college, subscriber social security number or ID and date of birth.***

# MEDICAL BENEFITS



## Highmark Blue Cross and Blue Shield

King's College will continue to offer the choice of three medical plans - the Value Plan, the Core Plan, and the Premier Plan. The Custom PPO and PPO programs give you the freedom to choose the doctor, specialist, or hospital to provide your care. The choice is yours, but there are advantages to choosing in-network providers, such as lower copays and reduced out-of-pocket expenses.

To locate a participating doctor or facility, visit [www.highmarkbcbs.com](http://www.highmarkbcbs.com). For customer service, call **1-800-241-5704**.

BI-WEEKLY MEDICAL BENEFIT PAYROLL DEDUCTIONS			
	VALUE PLAN	CORE PLAN	PREMIER PLAN
Single	\$56.00	\$84.00	\$113.00
Employee + Child(ren)	\$139.00	\$209.00	\$251.00
Employee + Spouse	\$164.00	\$235.00	\$293.00
Family	\$198.00	\$295.00	\$371.00

	VALUE PLAN CUSTOM PPO - \$300 DED	CORE PLAN PPO - \$500 DED	PREMIER PLAN PPO - \$150 DED
IN-NETWORK COVERAGE	13-COUNTY NETWORK	BLUECARD NETWORK	BLUECARD NETWORK
In-Network Member Deductible Responsibility	\$300 Single \$600 Family	\$500 Single \$1,000 Family	\$150 Single \$300 Family
Co-Insurance	20%	20%	10%
Co-Insurance Maximum	\$3,000 Single \$6,000 Family	\$3,000 Single \$6,000 Family	\$2,000 Single \$4,000 Family
Out-of-Pocket Maximum (deductible, co-insurance & copays are included)	\$6,600 Single \$13,200 Family	\$6,600 Single \$13,200 Family	\$6,600 Single \$13,200 Family
Primary Doctor Visit	\$25 copay	\$15 copay	\$15 copay
Specialist Visit	\$35 copay	\$25 copay	\$25 copay
Urgent Care	\$50 copay	\$50 copay	\$50 copay
Emergency Room (waived if admitted)	\$100 copay (no deductible)	\$100 copay (no deductible)	\$100 copay (no deductible)
Preventive Tests ACA approved preventive services	100% (office visits may be subject to applicable copay)	100% (office visits may be subject to applicable copay)	100% (office visits may be subject to applicable copay)
*Basic Radiology	\$25 copay at Vision Imaging \$50 copay at all other	\$25 copay at Vision Imaging \$50 copay at all other	\$25 copay at Vision Imaging \$50 copay at all other
*Complex Radiology (i.e. MRI)	\$75 copay at Vision Imaging \$150 copay at all other	\$75 copay at Vision Imaging \$150 copay at all other	\$75 copay at Vision Imaging \$150 copay at all other
Physical, Speech & Occupational Therapy, Chiropractic Care (limits apply)	20% after deductible	20% after deductible	10% after deductible
Outpatient Mental Health & Durable Medical Equipment	20% after deductible	20% after deductible	10% after deductible
Inpatient Hospital Care, Outpatient Surgery, Lab Services	20% after deductible	20% after deductible	10% after deductible
OUT-OF-NETWORK COVERAGE	BLUECARD NETWORK/TIER 2	OUT-OF-NETWORK	OUT-OF-NETWORK
Deductible	\$1,200 Single \$2,400 Family	\$2,000 Single \$4,000 Family	\$1,000 Single \$2,000 Family
Co-Insurance	40%	30%	30%
Co-Insurance Maximum	\$8,000 Single \$16,000 Family	\$8,000 Single \$16,000 Family	\$5,000 Single \$10,000 Family

\*For further detail on the radiology program and Vision Imaging, please refer to page 6 of this booklet.

This is a brief summary only, refer to your plan document for complete details. If any discrepancies exist between the above and the plan document, the plan document will prevail.

# NETWORKS

## Custom PPO (Value Plan)

### Network Providers:

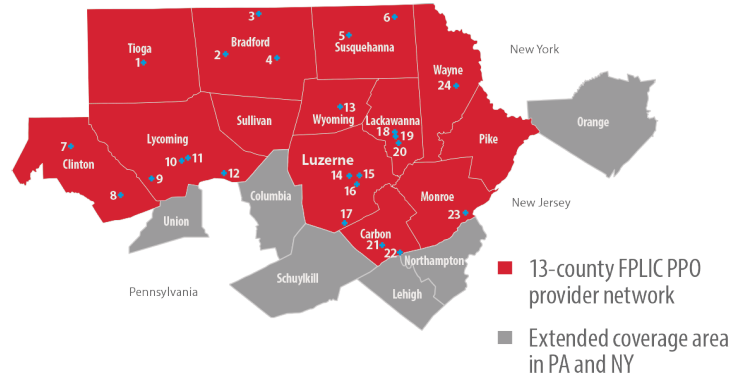
13-County FPLIC PPO Provider Network and Blue Distinction® Centers for Transplants.

### BlueCard Network Providers:

BlueCard® PPO national network providers and any other non-participating providers.

### Out-of-Network Providers:

Non-participating Blue Cross providers and facilities. Balance billing may apply.



## FPLIC PPO Network Hospitals

Counties	Tioga Bradford Susquehanna	Clinton Lycoming Sullivan	Luzerne Wyoming	Lackawanna	Carbon Monroe Pike Wayne
<b>Hospitals</b>	<ol style="list-style-type: none"> <li>Soldiers + Sailors Memorial Hospital</li> <li>Troy Community Hospital</li> <li>Robert Packer Hospital</li> <li>Memorial Hospital--Towanda</li> <li>Endless Mountains Health System</li> <li>Barnes Kasson County Hospital</li> </ol>	<ol style="list-style-type: none"> <li>Bucktail Medical Center</li> <li>Lock Haven Hospital</li> <li>Jersey Shore Hospital</li> <li>Williamsport Hospital</li> <li>Divine Providence Hospital</li> <li>Muncy Valley Hospital</li> </ol>	<ol style="list-style-type: none"> <li>Tyler Memorial Hospital</li> <li>Wilkes-Barre General Hospital</li> <li>Geisinger Wyoming Valley Medical Center</li> <li>Department of Veterans Affairs Medical Center</li> <li>Lehigh Valley Hazleton, Hospital</li> </ol>	<ol style="list-style-type: none"> <li>Regional Hospital of Scranton</li> <li>Moses Taylor Hospital</li> <li>Geisinger Community Medical Center</li> </ol>	<ol style="list-style-type: none"> <li>Gnaden Huetten Memorial Hospital</li> <li>Palmerton Hospital</li> <li>Pocono Medical Center</li> <li>Wayne Memorial Hospital</li> </ol>

- AND, several hospitals and their participating doctors, located just beyond our 13-county service area:

PA					NY
Columbia County	Lehigh County	Northampton County	Schuylkill County	Union County	Orange County
<ul style="list-style-type: none"> <li>Berwick Hospital Center</li> <li>Geisinger-Bloomsburg Hospital</li> </ul>	<ul style="list-style-type: none"> <li>Lehigh Valley Hospital, Allentown</li> <li>St. Luke's University Hospital, Allentown Campus</li> </ul>	<ul style="list-style-type: none"> <li>St. Luke's University Hospital, Bethlehem Campus</li> <li>St. Luke's University Hospital, Anderson Campus, Easton</li> <li>Lehigh Valley Hospital-Muhlenberg, Bethlehem</li> </ul>	<ul style="list-style-type: none"> <li>St. Luke's University Hospital, Miners Campus, Nesquehoning</li> </ul>	<ul style="list-style-type: none"> <li>Evangelical Community Hospital, Lewisburg</li> </ul>	<ul style="list-style-type: none"> <li>Bon Secours Community Hospital, Port Jervis</li> </ul> <p>This hospital is in network. Not all doctors affiliated with this hospital are in network.</p>

## PPO (Core and Premier Plans)

### In-Network Providers:

National BlueCard Network. Access to nationwide physicians and facilities.

### Out-of-Network Providers:

Non-participating Blue Cross providers and facilities. Balance billing may apply.

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# PRESCRIPTION BENEFITS

## Express Scripts

Your prescription drug coverage is a formulary-based plan administered by Express Scripts in conjunction with your medical plan. A formulary plan is a defined list of drugs that are FDA approved and selected by the Pharmacy Benefit Manager (PBM) based on effectiveness and value. The medical plan in which you enroll determines your copays for prescription, please see below for applicable copays:

	VALUE PLAN	CORE PLAN	PREMIER PLAN
<b>RETAIL PHARMACY (30-DAY SUPPLY)</b>			
Select Generics	\$0 copay	\$0 copay	\$0 copay
Generic Formulary	\$10 copay	\$10 copay	\$10 copay
Brand Formulary	\$35 copay	\$20 copay	\$20 copay
Non-Formulary Brand	\$55 copay	\$35 copay	\$35 copay
Specialty	20% coinsurance up to \$150	\$35 copay	\$35 copay
<b>MAIL ORDER PHARMACY (90-DAY SUPPLY)</b>			
Select Generics	\$0 copay	\$0 copay	\$0 copay
Generic Formulary	\$20 copay	\$20 copay	\$20 copay
Brand Formulary	\$70 copay	\$40 copay	\$40 copay
Non-Formulary Brand	\$165 copay	\$105 copay	\$105 copay
Specialty	20% coinsurance up to \$150	\$105 copay	\$105 copay

### Prescription Plan Highlights:

**Mandatory Generic:** The prescription drug plan requires a member take a generic prescription when available. If the member chooses to use the brand name of the drug when there is a generic equivalent, the member will be charged a copay plus the difference in the cost of the generic & brand name medication.

**Mail Order:** Mail order is available for maintenance drugs. Maintenance medications are those prescribed for an extended period of time to treat a chronic condition (e.g. high blood pressure). To participate in this program, you should ask your doctor to write two prescriptions for you—one for a 30 day supply to be filled immediately at the retail pharmacy and one for the 90 day supply (plus any refills) to be filled via the mail order program.

### Prior Authorizations & Step Therapy:

Certain medications require prior authorization by your physician or the use of a therapeutic alternative prior to the use of the medication that requires prior authorization.



You can check how your drugs are covered on Highmark's formulary website at [highmarkbcbs.com](http://highmarkbcbs.com). Simply click on the 'Find a Doctor or Rx' tab at the top of the page.

**Formulary Name:**  
**The Comprehensive Incentive Formulary**

**\*\*Please note that Walgreens Retail Pharmacies are NOT participating pharmacies.**

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# RADIOLOGY BENEFITS

## Vision Imaging of Kingston

### Hours of Operation:

Monday to Thursday:  
8:00AM to 6:00PM

Friday:  
8:00AM to 5:00PM

Saturday:  
7:00AM to 11:00AM

### Contact Information:

Address:  
517 Pierce Street  
Kingston, PA 18704

Phone:  
570.714.7226

Fax:  
570.714.6288

**King's College will continue to participate in Vision Imaging of Kingston's Preferred Member Program!**

### Take advantage of Diagnostic Imaging Services in Kingston, PA!

- Request an appointment online at [www.visionimagingofkingston.com](http://www.visionimagingofkingston.com) or call at (570) 714.7226.
- Saturday appointments are available and Walk-in X-Rays are welcome!

### Benefits of Choosing Vision Imaging:

- **REDUCED COPAY** for all radiology services
- Same or next day appointments, as well as weekend appointments
- 24 hour turn around time on reports and results
- Walk-in X-Rays welcome
- Advanced Womens Imaging Program including new 3D equipment
- Open MRI available for claustrophobic patients
- On-site Radiologist
- Cinema vision television or music available with MRI machines
- Comfortable facility with friendly staff
- Free parking

### Imaging Services:

- CT
- DEXA
- Interventional Radiology
- Mammography
- MRI / Open MRI
- Nuclear Medicine
- PET / CT
- Ultrasound
- X-Ray



For more detailed information, please visit [www.visionimagingofkingston.com](http://www.visionimagingofkingston.com).



# TELEMEDICINE

## SwiftMD

**Available to all members enrolled on the King's College medical plan!**

### **Healthcare on Demand**

SwiftMD is a telemedicine service that delivers quality health care directly to patients in need. Members enjoy access to high quality, convenient medical care over the phone or via videoconferencing, 24 hours a day, seven days a week -- while saving you money!

### **Benefits that SwiftMD members enjoy include:**

- 24/7/365 nationwide access to U.S. Board-Certified physicians
- Consults with doctors via phone or videoconferencing, where doctor makes diagnosis and recommends treatment
- Doctor calls in prescription when appropriate
- Members can avoid unnecessary visits to the ER and long waits for an appointment at the doctor's office
- **NO COPAYS AND NO COST TO YOU!** Your employer is paying for your membership

### **Member Testimonials:**

"The doctor that I spoke with was kind and had an excellent bedside manner."

"This service is amazing and convenient. I love it!"

"Especially on the occasion you are unable to get in to see your primary physician, SwiftMD is a tremendous service. Prompt service and professional knowledgeable staff that let you know you are in good hands."

### **To Access your SwiftMD Account:**

Simply call our toll-free phone number (**1.877.999.7943**) when seeking health advice. Your membership will be verified, and then your appointment will be scheduled! You will receive a call back within 30 minutes of scheduling the appointment.



For more detailed information, please visit [www.swiftmd.com](http://www.swiftmd.com).

### **Some of the Conditions Treated through SwiftMD:**

- Allergies
- Fever & Flu
- Headache
- Insect Bites & Stings
- Pink Eye
- Prescriptions, when appropriate  
*(Rx copays will apply)*
- Rashes
- Sore Throat
- Upper Respiratory Infections
- Upset Stomach
- Urinary Tract Infections
- Vomiting
- Your Individual Medical Concerns

# DENTAL BENEFITS



## Delta Dental

With Delta, you have three network levels from which to choose: in-network PPO; in-network Premier; or out-of-network.

- The **PPO network** of dentists accept reduced fees for covered services (typically lower than the Premier network dentists), so you will usually pay the least when you visit a PPO network dentist.
- **Premier network** dentists also accept a discounted fee, but not quite as low as the PPO dentists, so you may have higher coinsurance share for services performed by a Premier dentist.
- For **out-of-network** services, you will be balance-billed for the difference between Delta Premier network's allowance and the provider's charge (in addition to the coinsurance).

Benefits may be subject to age or frequency limitations. If the charge for any dental treatment is expected to exceed \$300, have your dentist submit a dental treatment plan for review before treatment begins.

BI-WEEKLY DENTAL BENEFIT PAYROLL DEDUCTIONS	
PLAN COSTS	
Single	\$10.51
Employee + 1	\$19.05
Family	\$27.86



Go to [www.deltadentalins.com](http://www.deltadentalins.com) to find an in-network dentist; select "Find a Dentist," and choose either the PPO or Premier networks. For Customer Service, please call [800.932.0783](tel:800.932.0783).

	PPO NETWORK	PREMIER NETWORK	OUT-OF-NETWORK
<b>Benefits Maximum</b>	\$1,500 Per Calendar Year Per Person		
<b>Annual Deductible</b> Waived for Diagnostic and Preventive	\$50 Per Individual Per Plan Year \$150 Per Family Per Plan Year		
<b>Out-of-Network Reimbursement</b>	Premier Network Contracted Fees (balance billing may occur)		
<b>Exams, Bitewing X-Rays, Cleanings, Fluoride Treatments, Sealants</b>	100%	100%	100%
<b>Amalgam and Composite Restorations, Periodontics, Endodontic, Oral Surgery</b>	100%	100%	100%
<b>Crowns/Inlays, Bridges, Dentures</b>	60%	60%	60%
<b>Orthodontic Benefits - Children Only</b>	50%	50%	50%
<b>Orthodontic Maximums</b>	\$1,500 Per Lifetime Per Child		

This is a brief summary only, refer to your plan document for complete details. If any discrepancies exist between the above and the plan document, the plan document will prevail.

# VISION BENEFITS



## Vision Benefits of America

Your vision plan through VBA allows you to see any eyecare provider that's right for you. However, your out-of-pocket costs will be lower if you see a VBA participating doctor.

**\*\* No ID card is necessary.** Prior to your appointment, visit [www.vbaplans.com](http://www.vbaplans.com) and either print your benefit form or find a provider that uses the e-claim system. If you use a doctor that files an e-claim, simply make your appointment, tell the doctor that you are a VBA member and that you would like to use the e-claim system.

*If you visit a doctor that is not in VBA's network, you will need to pay the full fee at the time of the service and then submit an itemized bill to VBA for reimbursement.*

To find a VBA doctor, visit [www.vbaplans.com](http://www.vbaplans.com).

For Customer Service, call **800-432-4966**.

### BI-WEEKLY VISION BENEFIT PAYROLL DEDUCTIONS

PLAN COSTS	
Single	\$1.57
Family	\$4.38



	IN-NETWORK	OUT-OF-NETWORK
<b>EXAMINATIONS (EVERY 12 MONTHS)</b>		
Exams	100%	Up to \$40 Reimbursement
Materials	\$10 copay	N/A
<b>STANDARD LENSES (EVERY 12 MONTHS)</b>		
Single Vision	\$10 copay	Up to \$40 Reimbursement
Bifocal	\$10 copay	Up to \$50 Reimbursement
Trifocal	\$10 copay	Up to \$75 Reimbursement
Lenticular	\$10 copay	Up to \$100 Reimbursement
Progressive	Controlled Cost*	Up to \$75 Reimbursement
<b>CONTACT LENSES, EVALUATION &amp; FITTING (IN LIEU OF GLASSES, EVERY 12 MONTHS)</b>		
Elective	Up to \$100 allowance	Up to \$100 Reimbursement
Medically Necessary	100% UCR**	Up to \$300 Reimbursement
Contact Fitting	15% Discount off UCR**	N/A
<b>FRAMES (EVERY 12 MONTHS)</b>		
At Provider's Location	\$50 wholesale allowance (approximately \$125-\$150 retail)	Up to \$50 Reimbursement

\* Progressive lenses typically retail from \$150 to \$400, depending on lens options. VBA's controlled costs generally range from \$45 to \$175.

\*\* Usual, Customary and Reasonable as determined by VBA

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# LIFE/AD&D INSURANCE & LONG TERM DISABILITY

## Guardian

If you have questions about any of the following insurance plans, please contact Luzan Bent at Creative Benefits at 866-306-0200 or [lbent@creativebenefitsinc.com](mailto:lbent@creativebenefitsinc.com).

Your Employee Assistance Program is through Guardian. For additional information regarding this benefit, contact your Human Resource Department.

### LIFE/ACCIDENTAL DEATH & DISMEMBERMENT - PAID BY KING'S COLLEGE

Eligible Class	All eligible employees – Administration and staff working 35+ hours and faculty working 15+ hours
Life Benefit	1.5 X Salary to \$100,000
Accidental Death & Dismemberment	1.5 X Salary to \$100,000
Reduction Schedule	To 67 percent at age 70; to 45 percent at age 75; to 30 percent at age 80
Waiver of Premium	Included
Conversion/Portability	Included
Accerelated Death Benefit	Included
Benefits Terminate	Upon retirement or termination

**IMPUTED INCOME:** Under Section 79 of the Internal Revenue Code, employer provided group term life coverage will generate additional taxable income to the employee if covered for more than \$50,000.

### LONG TERM DISABILITY - PAID BY KING'S COLLEGE

Eligible Class	All eligible employees – Administration and staff working 35+ hours and faculty working 15+ hours
LTD Benefit	60% to \$6,000 monthly
Benefit Duration	To Age 65
Benefits Begin After	180 days
Pre-Existing Condition Limitation	3/12 - A pre-existing condition is defined as one where you sought treatment for months prior to being covered.



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# VOLUNTARY LIFE INSURANCE

## Guardian

If you have questions about any of the following insurance plans, please contact Luzan Bent at Creative Benefits at 866-306-0200 or [lbent@creativebenefitsinc.com](mailto:lbent@creativebenefitsinc.com).

### VOLUNTARY LIFE BENEFIT - PAID BY EMPLOYEE

<b>Life Benefit</b>	<b>Employee:</b> \$10,000 increments up to \$300,000 (Guarantee Issue: \$50,000) <b>Spouse:</b> \$10,000 increments up to \$300,000— not to exceed 100% of employee election. (Guarantee Issue: \$10,000) <b>Child (14 days—26 if FT student):</b> \$10,000 (Guarantee Issue: \$10,000)
<b>Reduction Schedule</b>	To 67 percent at age 70; to 45 percent at age 75; to 30 percent at age 80
<b>Portability/Conversion Option</b>	Termed coverage can be continued on an individual basis should you leave. (Termed rates also age banded)
<b>Accelerated Death of Benefit</b>	75% of the amount of the life insurance benefit is available to you if terminally ill, not to exceed \$300,000.
<b>Waiver of Premium</b>	If it is determined that you are totally disabled, your life insurance benefit will continue without payment of premium, subject to certain conditions.

*Employees can opt to purchase additional life insurance through payroll deductions. The rates are age-banded, therefore your rates will change only when you move from one age-band to another. Employees and dependents who are currently enrolled and who do not wish to make any changes will continue to be enrolled for the upcoming plan year.*

*Please note that employees have to elect coverage for themselves in order to be eligible to elect dependent coverage.*

*Please see the Human Resources Department or go to <http://www.kings.edu/hr/benefits> to obtain the necessary forms for enrollment in this voluntary benefit.*



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# RETIREMENT BENEFITS

TIAA



**The Retirement Benefits at King's College are provided by TIAA. A summary of this valuable benefit is as follows:**

- New employees may begin participating the first of the month following date of hire. However, there is a one year waiting period for eligibility for the employer contribution.
- Once eligibility begins, participants are fully vested.
- For new hires that have a current active account, where contributions were made within the past 12 month period, the one year waiting period to receive the employer contribution is waived.
- Contributions are based on a discretionary sliding scale.
- Mandatory enrolled in the plan is 2 years or age 30, whichever comes later.
- The ability to open a Roth 403B is now available to all eligible employees.

**The current contributions are as follows:**

EMPLOYEE CONTRIBUTION	EMPLOYER CONTRIBUTION
1%	4.5%
2%	5.5%
3%	6.5%
4%	7.5%
5%	8.5%

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# FLEXIBLE SPENDING ACCOUNTS



## AmeriFlex

### Healthcare Spending Account

This account will reimburse you with pre-tax dollars for healthcare expenses not reimbursed under your medical plan. In general, expenses incurred to treat a medical condition or to alleviate pain are eligible for reimbursement. **The annual contribution maximum for the medical spending account is \$2,650 per year.** The amount you elect for the year is deducted on a pre-tax basis for this purpose (deductions are made in equal increments over the course of the year). There is a **\$300 minimum** contribution that needs to be made per year.

Some Examples of eligible expenses are:

- Office visit and prescription copays
- Dental expenses, including orthodontia payments (**AmeriFlex will require proof of charges for all dental expenses, so please keep your receipts and EOB's**)
- Eye Exams and Materials, Laser Eye Surgery (**AmeriFlex will require proof of charges for all vision expenses, so please keep your receipts and EOB's**)
- Certain over-the-counter items i.e.: contact lens solutions, band aids
- *Over-the-counter (OTC) Medications will require a prescription prior to the purchase to be considered an eligible FSA expense*

### Dependent Care Spending Account

This account will reimburse you with pre-tax dollars for daycare expenses for your children and other qualifying dependents so that you and your spouse may go to work or school. Up to **\$5,000** may be set aside on a pre-tax basis (or **\$2,500** if you are married and file separate returns). Eligible Dependents include children under age 13 and children or other dependents of any age who are physically or mentally unable to care for themselves and who qualify as dependents on your federal tax return. **There is a \$300 minimum contribution that needs to be made per year.**

Eligible Expenses include:

- Daycare, including nursery school or preschool; Before and after school programs
- Adult daycare
- Summer day camp

### Debit Cards

You will receive a debit card that can be used to pay for eligible expenses. However, if a purchase amount does not match a copay amount, you will be asked to substantiate a claim. If you do not respond to the request, your debit card will be deactivated. If you have a current debit card that is not expired and are electing to enroll, you may continue to use the card you have. If it is expired, you will be sent a new one when AmeriFlex receives your enrollment election. **You can also submit a paper claim for reimbursement and have the amount deposited into your checking or savings account.**

### Rollover Provision

King's College continues to include the rollover provision allowing up to \$500 of unused Medical FSA funds from 2017/2018 to rollover into their 2018/2019 account with no restriction for accessing those funds in 2018/2019.

**Run Out Claims:** Employees have 60 days after the end of the plan year to submit for expenses incurred in 2018/2019 via a paper claim.

To check your balance, visit [www.flex125.com](http://www.flex125.com) or call Customer Service at **888-868-FLEX (3539)**.

### See the Difference

	With FSA	Without FSA
Income Before Taxes	\$25,000	\$25,000
Pre-Tax Expenses (FSA Election)	(\$1,000)	-\$0
Taxable Income	\$24,000	\$25,000
Taxes (15%)	(\$3,600)	(\$3,750)
After Tax Expenses (Medical Expenses)	\$0	(\$1,000)
<b>Take Home Pay</b>	<b>\$20,400</b>	<b>\$20,250</b>

This is a brief summary only, refer to your plan document for complete details. If any discrepancies exist between the above and the plan document, the plan document will prevail.



**Provided by Creative Benefits, Inc.**

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