

UNIVERSITY OF THE
PACIFIC

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UNIVERSITY OF THE PACIFIC

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Pacific Fresh Benefits!

Every year benefit offerings are reviewed to ensure you and your family have the best choice of plans. New opportunities presented themselves which allow for greater variety of medical plans to choose from, options to save for the future and a way to control your costs.

With our sights on a bright future for Pacific benefits, we offer you great new and fresh benefit choices for 2015! Please take time to review the offerings and choose your benefit plan for 2015 wisely and well.

What is changing?

- All Anthem Blue Cross plans are ending December 31, 2014.
- All participants in Anthem Point of Service, Anthem HMO, Anthem PPO and Anthem Medicare Supplement plans must choose a new plan for 2015.
- PayFlex will no longer process flex medical, dependent care or transportation care accounts.

What is new?

New fresh medical plan choices

- Pacific Preferred Provider Plan (uses Anthem networks) (PPO)
- Pacific Preferred Provider High Deductible Plan w/Health Savings Account (PPO-HD) (uses Anthem networks)
- Pacific Exclusive Provider Network Plan (uses Anthem networks) (EPO)
- Kaiser High Deductible Plan w/Health Savings Account
- Health Savings Accounts for Pacific as well as Kaiser plans
- Dameron Ambulatory Care Center \$0 co-payment and discounted prescription benefit for participants in the Pacific PPO and EPO plans
- New Flexible Spending COBRA and Retiree Benefit Administrator

New supplemental insurance options and payroll deduction opportunity

- Aflac adds new Hospitalization benefit
- Aflac deductions can be processed pre-tax to help you save more

New! After tax Roth account

- Additional way to save for retirement after tax
- Provides tax-free stream of income in retirement
- No required distributions

**Open Enrollment
November 1
through
December 3, 2014**

This is the one time each year that you can elect to make changes to your health insurance coverage.

What is staying the same?

These plan benefit offerings are staying the same, some rate changes will occur

- Continued medical preventative care services paid at 100%
- Continued access to Anthem networks for those choosing a Pacific medical plan
- Kaiser HMO
- Delta Dental PPO
- DeltaCare USA HMO
- Flexible Spending Plan offerings

Where can I find more information?

- Check the Pacific Insider for news and information as well as our Benefits web page
- Come to one of the Benefits Fairs to speak with benefit providers face-to-face
- Call or email the Benefit Resource Center
- Review your Benefit Statement on Inside Pacific

How can I enroll?

- Complete an enrollment form and turn it in to Human Resources on or before December 3
- Provide copies of marriage certificates or certificate of domestic partnership if adding dependent spouse/domestic partner
- Review offerings carefully

Benefit Fairs dates and times

Date	Location		Time
11/04/14	San Francisco	Executive Conference Room 437 155 5th St San Francisco, CA 94103	10 AM - 2 PM
11/06/14	Stockton	The DeRosa University Center Ballrooms 3601 Pacific Avenue Stockton, CA	11 AM - 2 PM
11/12/14	Sacramento	Lecture Halls, S2 and S3 3200 Fifth Avenue Sacramento, CA	11 AM - 1 PM

As in previous years, any employee who would like to enroll in a Medical or Dependent Flexible Spending Account must complete an application.

CHOOSE WELL! LIVE WELL! BE WELL!

What are the payroll contribution rates?

Rates per pay period:

Plan Coverage	Full-Time Employee		Part-Time Employee	
	OPTION 1	OPTION 2	OPTION 1	OPTION 2
Pacific PPO				
Employee	188		276	
Employee +1	399	505	586	741
Employee + Family	615	723	907	1068
Pacific PPO w/HD and H.S.A.	ER H.S.A. cont.		ER H.S.A. cont.	
	OPTION 1	OPTION 2	OPTION 1	OPTION 2
Employee	23		47	
Employee +1	47	59	97	122
Employee + Family	67	77	139	160
Pacific EPO	OPTION 1	OPTION 2	OPTION 1	OPTION 2
Employee	77		156	
Employee +1	166	211	341	434
Employee + Family	281	339	584	706
Kaiser HMO	OPTION 1	OPTION 2	OPTION 1	OPTION 2
Employee	30		60	
Employee +1	58	72	118	147
Employee + Family	85	99	177	207
Kaiser HMO HD w/ H.S.A.	ER H.S.A. cont.		ER H.S.A. cont.	
	OPTION 1	OPTION 2	OPTION 1	OPTION 2
Employee	0		42	
Employee +1	0		83	104
Employee + Family	0		123	143
Delta Dental PPO				
Employee	11		13	
Employee +1	18		25	
Employee + Family	25		32	
DeltaCare USA DHMO				
Employee	0		0	
Employee +1	0		0	
Employee + Family	0		0	
AFLAC	SEE SUPPLEMENTAL RATE TABLE			

Enrollment Notes

Pacific will continue to apply the "Working Spouse Rate Option"

Employees covering their spouse/domestic partner must check the following information to determine their contribution:

- **Option 1:** Employee's spouse/domestic partner does not have other coverage available.
- **Option 2:** Employee's spouse/domestic partner is eligible to participate in his/her own employer's medical plan but waives coverage in his/her employer's medical plan.
- If your situation changes regarding a spouse/domestic partner, it is your responsibility to contact Human Resources and submit an enrollment change form so that the correct payroll deductions can be applied. Changes will be applied on a go-forward basis.
- If both you and your spouse/domestic partner work for Pacific and you are enrolled together under the medical plan, Option 1 payroll deductions will apply.
- If you are covering a child or children under the medical plan and your spouse/domestic partner is not enrolled, Option 1 payroll deductions will apply. When participating in open enrollment, please keep in mind that with a few limited exceptions, the choices you make will be permanent until the next annual open enrollment period arrives. For this reason, it is very important to spend time carefully reviewing open enrollment materials to make sure you select the plans that best meet your coverage and financial needs. Please note: retirement plans, health savings accounts (HSAs) and some voluntary benefits continue to be offered year-round, and coverage can be added and modified outside of an open enrollment period.

OPEN ENROLLMENT! FIND OUT MORE HERE!

Where to find more information?

Pacific Benefit Resource Center

Human Resources would like to remind you that *Pacific's Benefit Resource Center* is an additional resource for your benefit concerns and questions.

Benefits specialists are trained to respond to benefit inquires for Pacific's plans as well as other plans. Over-the-phone interpretation services are also available.

Specialists are available Monday through Friday from 8:00 a.m. to 5:00 p.m. (PST) to provide you with secure and professional assistance with your issue. The Benefit Resource Center can be reached at 1-866-4-our-brc (1-866-468-7272), or via email at 4ourbrc@kpc.com. (When emailing, please indicate that you are an employee of University of the Pacific.)

The Benefit Resource Center (BRC) is now available as an additional resource for employees to contact regarding any of the following issues:

- Claim processing timeline questions
- Claim not paid or paid incorrectly
- Claim/service denials
- Assistance with claim appeals
- Check on your retirement at www.tiaa-cref.org/pacific
- Remember the Financial IQ quiz!
- Benefit clarification
- Any escalated issues

Personal Benefit Statement

Your Personal Benefit Statement is available through *Inside Pacific!*

As a reminder, benefit information at your fingertips through Inside Pacific is available 24/7! Simply log-in to *Inside Pacific*, select the Administrative tab, go to the Administrative Services channel and select the "Click here to" link. Select the Employee link and you will find extensive information regarding your benefits, pay stubs, tax withholdings, vacation and sick leave balances at your fingertips. For information regarding your benefits, select Benefits and Deductions. From there, you have an assortment of options to view your benefits including your Personal Benefit Statement!

Email: employee_benefits@pacific.edu

Find us on facebook 

facebook.com/UniversityOfThePacificBenefits

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Benefit Plan Features	Pacific PPO	Pacific PPO w/HD and HSA	Pacific EPO	Kaiser HMO	Kaiser HMO HD w/HSA
Provider	Anthem Blue Cross Networks and doctors	Anthem Blue Cross Networks and doctors	Anthem Blue Cross Networks and doctors	Kaiser Networks and doctors	Kaiser Networks and doctors
Preventive Care	Paid 100%	Paid 100%	Paid 100%	Paid 100%	Paid 100%
Pacific's contribution to Employee Health Savings Account (pro-rated per pay period)		Employee—\$1,250 per year, Employee +1 or Employee + Family—\$2,500 per year			Employee—\$1,250 per year, Employee +1 or Employee + Family—\$2,500 per year
Deductible (Per calendar year)	In-network—\$300, Family \$900, out-of-network—same	In-network—\$2,500, Family \$5,000, out-of-network—same	NONE	NONE	In-network—\$2,600, Family \$5,200
Out-of-pocket Maximum (Per calendar year)	In-network—Individual \$1,500, Family \$4,500 Out-of-Network—\$4,500, Family \$9,000	In-network—Individual \$5,000, Family \$10,000 Out-of-Network—\$5,000, Family \$10,000 (Maximum limits are separate for both In and Out-of-Network)	In-network—Individual \$500, Family \$1,500 (does not include prescription co-pays) Out-of-Network—No coverage, participants pays 100%	In-network—Individual \$1,500, Family \$3,000 (does not include prescription co-pays) Out-of-Network—No coverage, participants pays 100%	In-network—Individual \$5,200, Family \$10,400 (does not include prescription co-pays) Out-of-Network—No coverage, participants pays 100%
Doctor Visit	After Deductible—In-Network 20% or 30% of out-of-network services. After Out-of-Pocket Maximums—0%	After Deductible—Employee pays 10% of In-network services or 30% of out-of-network services. After Out-of-Pocket Maximums—0%	\$20 co-pay	\$20 co-pay	After Deductible—Individual pays 20% Out-of-Network—No coverage, participants pays 100%)
Hospitalization	Same as Doctor Visit	Same as Doctor Visit	\$100 co-pay	\$100 co-pay	Same as Doctor Visit
Emergency care	Same as Doctor Visit	Same as Doctor Visit	\$100 co-pay	\$100 co-pay	Same as Doctor Visit
Prescription coverage	(30 days) Generic \$15, Brand formulary \$25, Brand Non-formulary \$45, Self Injectable and Specialty 20% to Max of \$150 Mail order (90 days) Generic \$15, Brand formulary \$25, Brand Non-formulary \$45, Self Injectable 20% to Max of \$300	After Deductible—(30 days) Generic \$10, Brand formulary \$30, Brand Non-formulary \$50, Self Injectable and Specialty 30% Mail order (90 days) Generic \$10, Brand formulary \$60, Brand Non-formulary \$100, Self Injectable 30% Max of \$300	(30 days) Generic \$15, Brand formulary \$25, Brand Non-formulary \$45, Self Injectable and Specialty 20% to Max of \$150 Mail order (90 days) Generic \$15, Brand formulary \$25, Brand Non-formulary \$45, Self Injectable 20% to Max of \$300	Generic—\$10 for up to 100 day supply. Brand Name- \$30 for up to 100 day supply	After Deductible—Generic-\$10 for up to 30 day supply, \$20 for up to 100 day supply, Brand Name—\$30 for up to 30 day supply, \$60 for up to 100 day supply
Dameron Ambulatory Care Center (DACC) & Prescription coverage	Not subject to Deductibles—\$0 co-pay, \$0 co-pay for prescriptions issued by DACC and filled at Linacia Pharmacy	Discounted rates—refer to DACC brochure for more information	Not subject to deductibles—\$0 co-pay, \$0 co-pay for prescriptions issued by DACC and filled at Linacia Pharmacy	Not Available	Not Available
Chiropractic	\$10 copay/30 visits calendar year + \$50 appliance allowance through Anthem network/Non-Network After deductible, 30% to 30 visit max	After deductible, 10% in network, 30% out of network—30 visits calendar year + \$50 appliance allowance through Anthem network	\$10 copay/30 visits calendar year + \$50 appliance through Anthem. No coverage out of network	\$15 copay/30 visits calendar year + \$50 appliance through American Specialty Health network	After Deductible- \$15 copay/30 visits calendar year + \$50 appliance through American Specialty Health network

For Comparison purposes only. Refer to Summary Plan Description for complete details.