

YOUR EMPLOYEE BENEFITS 2019



Buena Vista University offers a comprehensive program of employee benefits. These benefits are designed to promote physical, emotional and financial wellbeing for you and your family.

BENEFIT	PAGE #	CONTACT INFORMATION	
MEDICAL	2	WELLMARK BLUECROSS AND BLUESHIELD OF IOWA	
		(800) 524-9242	WWW.WELLMARK.COM
PRESCRIPTION DRUGS	2	BLUE RX COMPLETE / WELLMARK BLUECROSS AND BLUESHIELD OF IOWA	
		(800) 622-8310	WWW.WELLMARK.COM
SPECIALTY DRUGS	2	HY-VEE PHARMACY SOLUTIONS (877) 794-9833	CVS CAREMARK SPECIALTY PHARMACY SERVICES (800) 237-2767
WELLNESS	4	SIMPLYWELL	
		(888) 848-3723	WWW.CONNECT.SIMPLYWELL.COM
FLEXIBLE SPENDING ACCOUNTS	4	WAGeworks	
		(877) 924-3967	WWW.WAGeworks.COM
HEALTH SAVINGS ACCOUNTS	4	WAGeworks	
		(877) 924-3967	WWW.WAGeworks.COM
DENTAL BENEFITS	5	WELLMARK BLUECROSS AND BLUESHIELD OF IOWA	
		(877) 333-0164	WWW.WELLMARK.COM
VISION BENEFITS	5	AVESIS, INC.	
		(800) 828-9341	WWW.AVESIS.COM
EMPLOYEE ASSISTANCE PROGRAM	5	LIFeworks	
		(888) 267-8126	WWW.LIFeworks.COM
DISABILITY BENEFITS	6	CIGNA LIFE INSURANCE COMPANY	
		(800) 362-4468	WWW.CIGNA.COM
LIFE INSURANCE BENEFITS	6	CIGNA LIFE INSURANCE COMPANY	
		(800) 362-4468	WWW.CIGNA.COM
VOLUNTARY SUPPLEMENTAL INSURANCE	7	MISTEE MARTIN, ACCOUNT MANAGER	
		(515) 440-8434	MISTEE_MARTIN@AJG.COM
RETIREMENT SAVINGS PLAN	7	TIAA CREF	
		(800) 842-2273	WWW.TIAA-CREF.ORG
PAID TIME OFF	7	BUENA VISTA UNIVERSITY HUMAN RESOURCES	
		(712) 749-2052	HUMANRESOURCES@BVU.EDU
EDUCATIONAL TUITION GRANT	7	BUENA VISTA UNIVERSITY HUMAN RESOURCES	
		(712) 749-2049	HUMANRESOURCES@BVU.EDU
TRAVEL ASSISTANCE BENEFITS	8	CIGNA SECURE TRAVEL	
		(888) 226-4567	CIGNA@EUROPASSISTANCE-USA.COM
TOBACCO CESSATION	8	ALERE WELLBEING	
		(866) 784-8454	WWW.QUITNOW.NET
QUESTIONS		BUENA VISTA UNIVERSITY HUMAN RESOURCES	
		(712) 749-2052	HUMANRESOURCES@BVU.EDU

ELIGIBILITY

Your benefits are effective on the first day of the month after employment except the Employee Assistance Program (EAP) which is effective on your date of employment.

Coverage is available to same sex and opposite sex domestic partners that meet eligibility requirements. Contact Human Resources for information.

MEDICAL BENEFITS

WELLMARK BLUECROSS AND BLUESHIELD OF IOWA - WWW.WELLMARK.COM

To find information on the following, please visit www.wellmark.com or call the Customer Service number on your ID card

- PPO provider network: **Alliance Select**
- Prescription drug plan: **Blue Rx Complete**
- Drugs requiring prior authorization or step therapy

NOTIFICATION REQUIREMENTS

Hospitalization and other services require notification for precertification and/or prior authorization or your benefits may be reduced or denied. For a complete list of services requiring notification, contact:(800) 558-4409 or go to www.wellmark.com

FILING CLAIMS

Participating providers should file your claims for you. You are responsible for filing any claims not filed by your medical providers. Refer to your medical plan ID card for claim filing instructions. All claims must be filed with Wellmark within 180 days following the date of service or they will be denied.

DEFINITIONS

PPO providers - It is your responsibility to verify that the provider you are using is a member of the PPO network. If your provider is not in the network, covered charges will be limited to the network maximum allowable amount. The provider may bill you for charges over this amount in addition to your deductible and coinsurance.

Deductible - You must satisfy a calendar year deductible before certain benefits are payable. Note: Claims for all family members may be combined to meet the family deductible. Deductible amounts for PPO and Other Providers apply toward the deductible for both PPO and Other Providers.

Coinsurance - This is the percentage paid by the plan after your deductible is met.

Out-of-pocket maximum - This is the limit of deductible and coinsurance amounts you must pay in a calendar year. Note: Claims for all family members may be combined to meet the family out-of-pocket maximum. Out-of-pocket amounts for PPO and other providers apply toward the out-of-pocket maximum for both PPO and Other Providers.

Copayment (copay) - A copay is a dollar amount or percentage you must pay for certain services.

Specialty drugs - Specialty drugs are typically high-dollar drugs requiring special handling or administration. They are often used to treat cancers, multiple sclerosis, rheumatoid arthritis, psoriasis and other ongoing conditions. Contact the Plan to find out if your drug is considered a specialty drug.

YOUR MONTHLY COST	BASIC	HDHP WITH HSA
WITHOUT WELLNESS		
EMPLOYEE	\$97.00	\$69.00
FAMILY	\$448.00	\$305.00
WITH WELLNESS		
EMPLOYEE	\$39.00	\$12.00
FAMILY		
EMPLOYEE OR SPOUSE/DOMESTIC PARTNER	\$384.00	\$240.00
EMPLOYEE AND SPOUSE/DOMESTIC PARTNER	\$333.00	\$190.00

Your health plan cares about your health. Rewards for participating in the wellness program are available to all employees. If you think you might be unable to meet a standard for a reward under the wellness program, you might qualify for an opportunity to earn the same reward by different means. Contact Human Resources and we will work with you to find a different way to qualify.

MEDICAL BENEFITS Continued

WELLMARK BLUECROSS AND BLUESHIELD OF IOWA - WWW.WELLMARK.COM

	BASIC	HDHP WITH HSA
Deductible Per Year	\$2,000 single \$4,000 family	\$2,700 single \$5,400 family
Coinsurance (plan pays)	80%	80%
Out-of-Pocket Maximum Includes deductible, office visit and prescription drug copays, coinsurance	\$4,000 single \$8,000 family	\$5,000 single \$10,000 family
PHYSICIAN OFFICE SERVICES		
Office Visit	\$35 copay	80% after deductible
Telehealth	\$15 copay	\$49 per visit towards deductible Psychologist: \$80-\$125 per visit towards deductible (depending upon length)
Chiropractor Office visits 20 visits max per year	80% after deductible	80% after deductible
Mental Health/Substance Abuse Inpatient Outpatient Office visits Other services	80% after deductible No charge 80% after deductible	80% after deductible 80% after deductible 80% after deductible
PRESCRIPTION DRUGS: BLUE RX COMPLETE		
	Retail (30-day supply)	Retail (30-day supply)
Generic	\$10 copay	80% after deductible
Preferred Brand	\$30 copay	
Nonpreferred Brand	\$50 copay	
Specialty	\$80 copay	
	Mail (90-day supply)	Mail (90-day supply)
Generic	\$25 copay	80% after deductible
Preferred Brand	\$75 copay	
Nonpreferred Brand	\$125 copay	
Emergency Care		
Urgent Care	\$35 copay	80% after deductible
Emergency Room	80% after deductible	80% after deductible
PREVENTIVE CARE		
Preventive Care	100%	100%
<ul style="list-style-type: none"> Includes colonoscopy, certain contraceptives, immunizations, mammogram (including 3D mammogram), pap smear, prostate screening. Preventive services have limitations based on frequency, age and gender. Consult Wellmark BlueCross and BlueShield of Iowa to confirm that the service is considered preventive care and what the limitations are. Preventive care benefits apply to routine screenings only. Diagnostic services are generally subject to deductible and coinsurance except for the cancer screening services listed above. 		
Vision exam 1 per year	100%	100%
Tobacco Cessation Office services Prescription drugs Includes OTC nicotine replacement	100% 100%, up to 2 90-day supplies	100% 100%, up to 2 90-day supplies

WELLNESS PROGRAM

SIMPLYWELL – WWW.CONNECT.SIMPLYWELL.COM

FEATURES

- Health risk questionnaire
- Health screening including important lab tests
- 24-Hour Nurse line
- Online wellness education
- Online wellness activity tracking

REQUIREMENTS

- Health risk questionnaire
- Health screening
- Preventative Exam

WELLNESS PREMIUM DISCOUNT	PER YEAR	
Employee Only	Over \$675	Your health plan cares about your health. Rewards for participating in the wellness program are available to all employees. If you think you might be unable to meet a standard for a reward under the wellness program, you might qualify for an opportunity to earn the same reward by different means. Contact Human Resources and we will work with you to find a different way to qualify.
Employee OR Spouse OR Domestic Partner	Over \$750	
Employee AND Spouse or Domestic Partner	Over \$1,375	

FLEXIBLE SPENDING ACCOUNTS (FSA)

WAGEWORKS – WWW.WAGEWORKS.COM

The Buena Vista University flexible benefit plan saves you money by allowing you to pay certain expenses with pre-tax dollars.

HEALTH CARE FSA

You may set aside up to \$2,700 on a pre-tax basis to pay qualifying health care expenses. Examples include your deductibles, copays, coinsurance and other out-of-pocket costs.

Up to \$500 in unused funds from 2018 may be carried over to 2019.

DEPENDENT CARE FSA

You may set aside up to \$5,000 on a pre-tax basis for qualifying dependent care expenses. This includes care for your dependent child (under the age of 13) and dependent adult/elder while you and your spouse are working and/or attending school full-time.

Important: If you contribute to a Health Savings Account (HSA), you may only elect a Limited Purpose Health Care Flexible Spending Account (FSA) for dental and vision expenses. Once you meet the annual medical deductible, you may convert your Limited Purpose Health Care FSA to a General Purpose Health Care FSA for all of your eligible medical expenses.

NOTE: Claims must be for dates of service January 1 through December 31 and they must be received by WageWorks before March 31 of the following year or they will be denied.

HEALTH SAVINGS ACCOUNTS (HSA)

WAGEWORKS – WWW.WAGEWORKS.COM

HSA ADVANTAGES

- Tax savings on qualifying health expenses
- Carryover of unused account balance to future years
- Contribution changes may be made at any time
- Contributions are allowed after you have medical expenses (you must make the contribution on or before April 15th of the following year) as long as your HSA account is open at the time you incurred the health expense

ELIGIBILITY

- HDHP that meets Federal guidelines for deductibles and out-of-pocket limits
- No other health coverage (including spouse Health Care FSA and Medicare)
- You may be enrolled in a Limited Purpose Health Care FSA
- You may not be a dependent on another tax return

CONTRIBUTIONS

- Up to \$3,500 per individual and \$7,000 per family in 2019 (employee and employer contributions combined)
- An additional \$1,000 if you are age 55 or older
- Buena Vista contribution: Single - \$20.85 per month / Family - \$41.75 per month

Refer to the Health Savings Account Questions and Answers for more information.

DENTAL BENEFITS

WELLMARK BLUECROSS AND BLUESHIELD OF IOWA – WWW.WELLMARK.COM

To find information on the following, please visit www.wellmark.com or call the number on your ID card

- PPO provider network: Blue Dental (Grid +)

PRETREATMENT REVIEW

A treatment plan for gum and bone disease, high cost restorations, bridges and dental implants may be forwarded to Wellmark for an estimate of benefits payable.

	IN-NETWORK BENEFITS	MONTHLY COSTS
Deductible per year	\$50 single / \$150 family	Employee: \$5.00 Family: \$37.00
Wellmark's Annual maximum	\$1,500	
Preventive services Cleanings, exams, fluoride, x-rays, sealants	100% Routine cleanings and exams limited to twice per benefit period	
Basic services Fillings, gum treatment, root canals, surgery	80% after deductible	
Major services Bridges, crowns, dentures, implants	50% after deductible	
Orthodontic services \$2,000 lifetime Adults and children	50% after deductible	

VISION BENEFITS

AVESIS – WWW.AVESIS.COM

To find information on participating providers, please visit www.avesis.com

	NETWORK PROVIDERS	OTHER PROVIDERS
Copayment - Frames & lenses	\$15	N/A
Lenses - Each 12 months Single vision/bifocal/trifocal	100%	Up to \$25 / \$40 / \$50
Frames - Each 24 months	Approximate retail value of \$100-\$150	Up to \$45
Contacts (instead of lenses and frames) Each 12 months Includes fitting fee	Up to \$130	Up to \$130
Laser surgery - One time only Instead of all other services for the benefit year	Up to \$300, plus a 5% - 25% discount	Up to \$300
MONTHLY COSTS	Employee	\$8.24
	Employee / Spouse or Domestic Partner	\$16.48
	Employee / Child(ren)	\$15.45
	Family	\$20.60

EMPLOYEE ASSISTANCE PROGRAM

LIFEWORKS – WWW.LIFEWORKS.COM

Assistance for you and members of your household that includes up to 5 free counseling sessions per issue for:

- Alcohol / drug problems
- Anxiety / depression
- Financial problems
- Legal issues
- Marriage / family problems
- Personal relationship issues
- Stress management

www.lifeworks.com
User ID: buenavista
Password: university

LifeWorks Services
(888) 267-8126

DISABILITY BENEFITS

	SHORT TERM DISABILITY Buena Vista University	LONG TERM DISABILITY Cigna Life Insurance Company
Waiting Period	10 working days of disability	180 days of disability
Benefit	60% of earnings up to \$2,308/week	60% of earnings up to \$10,000 per month
Maximum Period	26 weeks	Up to Social Security Normal Retirement Age
Your Monthly Cost	N/A	\$0.08 / \$100 of monthly pay

A staff employee eligible for Short Term Disability (STD) will have an 80-hour elimination period, in which the employee will be required to supplement with their PTO*. After an employee has exceeded the 80-hour elimination period, an employee will be paid at 60% of their earnings from the short-term disability account, up to a \$2,308/week. After the elimination period, employees will be required to exhaust all but 40 hours of their PTO balance to supplement the 40%. If an employee's PTO balance is 80 hours or below at the beginning of the elimination period, they will be required to exhaust their PTO balance during the elimination period.

Contracted staff and faculty members will be paid at 60% of their earnings up \$2,308/week, while on short term disability during their contracted period.

A fitness for duty release completed by a medical doctor is required to be released from short term disability.

*Employees who have a grandfathered Leave of Absence Bank (LOAB) may also use their banked hours.

**Head and Assistant Coaches see Human Resources for details.

You pay 50% of your long-term disability premiums on an after-tax basis to allow you to receive 50% of your benefits tax-free.

VOLUNTARY SUPPLEMENTAL INSURANCE

ALLSTATE – MISTEE_MARTIN@AJG.COM

Allstate offers two supplemental insurance policies available to eligible faculty/staff on a voluntary basis. All premiums are payroll deducted on a pre-tax basis. All policies are portable and guaranteed renewable for life. Annual open enrollment occurs during a specified period each fall.

Full-time and part-time faculty/staff (excluding adjunct) may select the following optional benefits:

- Accident
- Critical Illness

RETIREMENT SAVINGS PLAN

TIAA CREF – WWW.TIAA-CREF.ORG

	TIAA/CREF
Required Contribution	5% of gross monthly earnings
Institutional Contribution	6.5% of gross monthly earnings

Supplemental Retirement Annuity (SRA) available through TIAA/CREF for any additional contribution over the required 5% that you would like to make.

TRAVEL ASSISTANCE BENEFITS

CIGNA SECURE TRAVEL

Assistance when you travel for business or personally including pre-trip information, emergency personal services and emergency medical assistance if you are more than 100 miles away from home.

Contact Cigna Secure Travel at: (888) 226-4567; Fax: (202) 331-1528; Email: Cigna@europassistance-usa.com
Policy #: OK968615

TOBACCO CESSATION PROGRAM

ALERE WELLBEING QUIT NOW – WWW.QUITNOW.NET

You and your spouse/domestic partner are eligible for the QuitNow program if you participate in the Buena Vista University health plan. The entire cost is paid by Buena Vista University.

This program is provided by Alere Wellbeing. For more information, go to www.quitnow.net. If you and/or your spouse/domestic partner are interested, contact Human Resources or:

Alere Wellbeing
Quit for Life
(866) QUIT4LIFE (1-866-784-8454)

LIFE INSURANCE BENEFITS

CIGNA LIFE INSURANCE COMPANY – WWW.CIGNA.COM

BASIC LIFE Paid for by Buena Vista University	
For You Benefits reduce at age 70	200% of annual earnings up to \$450,000; Includes Accidental Death & Dismemberment Note: Employer-provided amounts greater than \$50,000 are subject to tax.
For Your Spouse	\$2,000
For Your Eligible Children From birth to 19 or 26 th birthday for full-time students, unmarried	\$2,000
VOLUNTARY LIFE AVAILABLE VIA PAYROLL DEDUCTION	
For You Benefits reduce at age 70	\$10,000 to \$500,000 in multiples of \$10,000 up to 500% of annual earnings <i>Amounts over \$200,000 require medical questions and coverage may be denied.</i>
For Your Spouse Benefits reduce at spouse age 65 and terminate at employee age 70	\$5,000 to \$100,000 in multiples of \$5,000 up to 50% of employee amount <i>Amounts over \$50,000 require medical questions and coverage may be denied.</i>
For Your Eligible Children From birth to 26th birthday, unmarried	\$2,000 to \$10,000 in multiples of \$2,000

Age	For You (Per \$1,000)	For Your Spouse (Per \$1,000)
<30	\$0.05	\$0.05
30-34	\$0.04	\$0.04
35-39	\$0.08	\$0.08
40-44	\$0.14	\$0.14
45-49	\$0.20	\$0.20
50-54	\$0.39	\$0.39
55-59	\$0.61	\$0.61
60-64	\$0.64	\$0.64
65-69	\$1.18	\$1.18
70-74	\$2.49	NA
75-79	\$7.36	NA
80+	\$16.02	NA

For Your Children* (Per \$2,000)
\$0.132

* One premium covers all of your eligible children

PAID TIME OFF (PTO)

BENEFIT

Paid time off accrues at the rates below with a maximum accrual of 40 days (320 hours) for full time staff:

ACCRUAL IS ON THE 1 ST DAY OF THE MONTH
0-9 years - 17.33 hours/month (26 days/year)
10th year - 17.66 hours/month (26.5 days/year)
11th year - 17.99 hours/ month (27 days/year)
12th year - 18.33 hours/month (27.5 days/year)
13th year - 18.66 hours/month (28 days/year)
14th year - 18.99 hours/month (28.5 days/year)
15th year - 19.33 hours/month (29 days/year)
16th year - 19.66 hours/month (29.5 days/year)
17th year - 19.99 hours/month (30 days/year)
18th year - 20.33 hours/month (30.5 days/year)
19th year - 20.66 hours/month (31 days/year)

For details on an approved Leave of Absence for staff members, please contact Human Resources.

EMPLOYEE TUITION GRANT- UNDERGRADUATE

ELIGIBILITY

Full time employees and their spouses and/or dependents are eligible for a tuition grant towards a baccalaureate degree or 66 credit hours towards a second baccalaureate degree. Employees are eligible for this benefit the first day of the month following the date of employment. Employees must apply for federal and state aid in order to be eligible for this benefit.

BENEFIT

The benefit includes free tuition at Buena Vista University and other participating schools. BVU participates in the following three tuition exchange programs. Admittance is not guaranteed and other exceptions may apply.

Tuition Exchange - www.tuitionexchange.org

Council for Independent Colleges - www.cic.edu

Association of Presbyterian Colleges and Universities - WWW.PRESBYTERIANCOLLEGES.ORG

EMPLOYEE TUITION GRANT- GRADUATE

ELIGIBILITY

Full time employees are eligible for a tuition grant towards a Master's Degree from BVU. Employees are eligible for this benefit the first day of the month following the date of employment. Dependents are not eligible. An Admissions Review Committee will evaluate and select employees for admittance. Admittance is not guaranteed.

BENEFIT

The benefit includes free tuition in Buena Vista University's Master's Degree Program. Admittance is not guaranteed and other exceptions may apply.

This summary is not intended to be a complete description of your benefits. Please consult your summary plan description and/or insurance certificate for additional details including plan limitations and exclusions. Buena Vista University reserves the right to change or terminate any benefit at any time.