



**St. Louis Community College
Summary of Insurance Benefits
Effective June 1, 2013**

Employees are eligible to enroll on the first day of employment and coverage becomes effective on the date the enrollment forms are signed. **Enrollment forms must be completed and returned to Human Resources within 31 days from your date of hire.** Otherwise, you will not be able to enroll until the next annual election or a change in your family status occurs.

MEDICAL INSURANCE	Anthem Blue Cross and Blue Shield	Effective 6/1/13 – 5/31/14
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Monthly Premium:	Employee Cost	College Cost	Total Premium	
Employee Only	\$56.82	\$511.34	\$568.16	Employee only coverage: College pays 90% of the premium
Employee + Spouse	\$327.62	\$917.55	\$1,245.17	Dependent coverage: College pays 60% of the premium
Employee + Child(ren)	\$264.43	\$822.77	\$1,087.20	
Family	\$420.14	\$1,056.34	\$1,476.48	

Anthem Blue Cross & Blue Shield provides medical care through an extensive network of physicians. You may also receive care from a physician of your choice. However, some services are only available through network physicians. The plan allows you to direct your medical treatment because you do not need a primary care physician or a referral to see a specialist. New participants are not subject to pre-existing condition exclusions.

	In-Network	Out-of-Network
Office Visit	\$15 copayment	Deductible; then 60%
Deductible (calendar year)	\$250 employee; \$500 family	\$1,000 employee; \$2000 family
Coinsurance	90% after deductible met; 100% after out-of-pocket maximum met	60% after deductible met; 100% after out-of-pocket maximum met
Out-of-Pocket Maximum (calendar year)	\$1,250 employee; \$2,500 family	\$3,000 employee; \$6,000 family

Prescription Benefit – Network pharmacies only

Tier One - \$10.00 **Tier Two**-\$25.00 **Tier Three** - \$40.00

Mail order is available through Express Scripts for up to a 90-day supply of maintenance drugs at a cost of 2 monthly co-payments per prescription.

VISION CARE INSURANCE	EyeMed Vision Care	Effective 6/1/13 – 5/31/14
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Monthly Premium:	Employee Cost	College Cost	Total Premium	
Employee only coverage:	\$.44	\$ 3.95	\$ 4.39	Employee only coverage: College pays 90% of the premium
Dependent Coverage	\$3.04	\$ 3.05	\$ 6.09	Dependent coverage: College pays 50% of the premium
TOTAL Family coverage	\$3.48	\$ 7.00	\$10.48	

Vision care may be obtained from a participating provider in the EyeMed network or from a provider of your choice. Examination, frames, lenses or contacts are available once every 12 months.

VISION CARE INSURANCE

EyeMed Vision Care (Continued)

Effective 6/1/13 – 5/31/14

	In-Network	Out-of-Network
Examination	\$10 copayment (Excluding Contacts Fit & Follow-up)	Up to \$45 (Excluding Contacts Fit & Follow-up)
Lenses	\$15 copayment	Single Vision up to \$50; Bifocal up to \$70; Trifocal up to \$90
Frames	\$130 allowance + 20% off balance over \$130	Up to \$45
Contacts	\$130 allowance + 15% off balance over \$130	Up to \$115
Disposables	\$130 allowance	Up to \$115
LASIK and PRK Vision Correction	15% off retail price or 5% off promotional pricing	Not Covered

DENTAL INSURANCE

Aetna Dental PPO or Dental Source DHMO

Effective 6/1/13 – 5/31/14

	<u>Aetna Dental - PPO</u>			<u>Dental Source Dental- DHMO</u>		
Monthly Premium:	Employee Cost	College Cost	Total Premium	Employee Cost	College Cost	Total Premium
Employee only coverage:	\$ 3.76	\$ 33.81	\$ 37.57	\$ 1.30	\$ 11.70	\$ 13.00
Family coverage	\$ 35.17	\$ 65.22	\$ 100.39	\$ 9.80	\$ 20.20	\$ 30.00

Employee only coverage: College pays 90% of the premium
 Dependent coverage: College pays 50% of the premium

Aetna Dental – PPO

Dental care is provided from a network of dentists or a dentist of your choice. Network dentists have an agreement with the insurance company to accept fees which are generally 15-30% below community average. For out-of-network dentists, the plan pays a percentage of reasonable and customary charges.

	In-Network	Out-of-Network
Preventative	100%	100% of Reasonable & Customary Fee
Basic & Major	80%	80% of Reasonable & Customary Fee
Orthodontia	60%	60% of Reasonable & Customary Fee

Annual Deductible – single coverage \$50; family coverage up to \$150
 Annual Maximum Benefit – \$1,500 per person
 Adult/Child Orthodontics Maximum – \$2,000 per person

Bridges and Dentures:

- Initial placement to replace one or more natural teeth which are lost while covered by the plan.
- Dentures and bridgework replacement: one every 5 years.
- Replacement of an existing temporary full denture if the temporary denture cannot be repaired and the permanent denture is installed within 12 months after the temporary denture was installed: once every 5 years.

Dental Source Dental - DHMO

Dental care is available only from Dentals Source’s network of general dentists; You must be referred to a specialist for treatment.

Office Visit - \$0
 Preventive Care – 100%
 Established copayments for procedures
 No annual deductible
 No annual maximum benefit
 Orthodontia – 75% and no lifetime maximum
 No pre-existing condition limitations

LIFE AND ACCIDENTAL DEATH AND DISMEMBERMENT INSURANCE	Standard	Effective 6/1/13 – 5/31/14
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	Employee Cost	College Cost	Total Monthly Premium	Premium calculation: Amount of Coverage = Annual salary x 3
Employee Coverage	\$0.014/\$1,000	\$0.124/\$1,000	\$0.138/\$1,000	Employee monthly premium = Coverage ÷ 1,000 x .014
Dependent Coverage	\$1.25 (flat)	\$1.25 (flat)	\$2.50 (flat)	Family coverage = \$1.25

The College pays 90% of the Employees Premium
 The College pays 50% of the Dependent's Premium

Example: Annual salary = \$60,000; Coverage = \$60,000 x 3 = \$180,000
 Employee monthly premium = \$180,000 ÷ 1,000 x .014 = \$2.52
 Family coverage = + \$1.25
 Family monthly premium = \$3.77

The plan provides employee basic life and accidental death and dismemberment coverage of three times your annual salary and dependent coverage in the amount of \$10,000 for a spouse and \$5,000 per eligible child. If you are applying for the first time or adding dependent coverage for a spouse, a Proof of Insurability form must be completed and submitted to the insurance company to determine insurability. Human Resources will send you the form. Evidence of Insurability is not required for dependent children. Your beneficiary will receive double payment if your death is caused by an accident. Life insurance will be reduced to 65% at age 65, and 50% at age 70. In accordance with IRS regulations, employee coverage over \$50,000 may incur a tax liability.

LONG-TERM DISABILITY INSURANCE	Cigna	Effective 6/1/13 – 5/31/14
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The plan provides a 60% or 70% monthly wage replacement in the event of total disability. Benefits are payable after 90 days and approval by Cigna. The monthly benefit may be reduced by Social Security disability benefits, retirement income, workers' compensation benefits, sick leave pay, etc.

	Monthly Premium per \$100 of Monthly Salary			
	Employee Cost	College Cost	Total Premium	
<u>60% "Core" Benefit Option</u>				
Public School Retirement Plan Participants:	0.040	0.360	0.400	College pays 90% of the premium
Non-Certificated Retirement Plan Participants:	0.029	0.261	0.290	
<u>70% "Buy-Up" Benefit Option</u>				
Public School Retirement Plan Participants:	0.130	-0-	0.130	Employee pays the full premium on the difference between the 60% and 70% option
Non-Certificated Retirement Plan Participants:	0.080	-0-	0.080	

Premium calculation:

60% Option: monthly salary ÷ 100 × appropriate employee rate from 60% option = monthly premium

70% Option: monthly salary ÷ 100 × appropriate employee rate from 60% option = 60% portion of monthly premium

monthly salary ÷ 100 × appropriate employee rate from 70% option = 70% portion of monthly premium
 monthly premium

Example: PSR @ 60%	\$4,000 ÷ 100 × 0.040 =	\$1.60	NCERP @ 60%	\$2,000 ÷ 100 × 0.029 =	\$.58 Monthly Premium
@ 70%	\$4,000 ÷ 100 × 0.130 =	<u>+5.20</u>	@ 70%	\$2,000 ÷ 100 × 0.080 =	<u>+1.60</u>
		\$6.80 Monthly Premium			\$2.18 Monthly Premium

VOLUNTARY SHORT-TERM DISABILITY INSURANCE**Cigna****Effective 6/1/13 – 5/31/14****Monthly premium per \$10 of benefit**

\$.26

Employee pays the total premium

Premium calculation: Annual Salary ÷ 52 = weekly earnings x 66.66% = STD weekly benefit ÷ 10 x .26 = monthly premium

Example: \$30,000 ÷ 52 = \$576.92 x 66.66% = \$384.57 ÷ 10 = 38.45 x .26 = \$10.00 per month

The plan provides an income to employees whose accrued “paid leave time” is insufficient to cover time off work due to a short term illness or accident. The plan will also help bridge the 90-day waiting period before long-term disability benefits begin. The plan provides an income of 66⅔% of your basic weekly earnings for a maximum of 13 weeks with a minimum benefit of \$15 and a maximum benefit of \$1,700 per week. If you are disabled due to an accident, benefits begin on the first day of disability; for illness, pregnancy or mental disorder, benefits begin on the 8th day of disability. If you are hospitalized during the 7-day waiting period, benefits will begin on the date you are hospitalized. You must use all of your accrued sick/personal before full short-term disability benefits begin. The 13-week maximum benefit period includes any period of paid sick/personal and vacation. If you decline short term disability during your initial 31st day enrollment eligibility period and elect coverage at a later date, you will not be eligible for benefits during the first year of coverage for the first 60 days of disability, if your disability is caused by a pre-existing condition. Disabilities caused by an accident are covered immediately.

VOLUNTARY ACCIDENTAL DEATH & DISMEMBERMENT INSURANCE**Chubb****Effective 6/1/13 – 5/31/14**

The plan provides additional accidental death and dismemberment coverage for the employee and family plus in-hospital accident insurance for the employee only. You may choose coverage from \$10,000 to \$750,000 in increments of \$10,000; however, amounts over \$350,000 cannot exceed 10 times the employee’s base annual salary. A spouse is covered for 60% and each dependent child limit is capped at 15% of the employee’s coverage up to a maximum of \$100,000.

Monthly Premium per \$10,000 increments

Employee pays the full premium

Employee only coverage: \$.14

Family coverage: \$.20

Premium calculation: coverage amount ÷ 10,000 x appropriate rate = monthly premium

Example: Employee 200,000 ÷ 10,000 x \$.14 = \$2.80

Family 300,000 ÷ 10,000 x \$.20 = \$6.00

Note: The summary of benefits is a partial outline of services covered in each individual plan’s Certificate of Coverage. The summary should not be relied upon to fully determine coverage. If any differences exist between the summary of benefits and the Certificate of Coverage, the certificate governs.

FLEXIBLE SPENDING ACCOUNTS**ADP – Flexible Spending Account****Effective 6/1/13 – 5/31/14**

The College offers Flexible Spending Accounts (FSA), this benefit allows you to set aside a portion of your pay, on a pre-tax basis, to reimburse yourself during the year for eligible expenses not covered by your medical, dental or vision plans. You will have the option to elect participation in two types of FSA:

- **Healthcare FSA, for you and your dependents’ out-of-pocket medical expenses.** The money you contribute to your Healthcare FSA is tax free – so you cannot take income tax deductions for expenses you pay with your Healthcare FSA.
- **Dependent Care FSA, for expenses related to care of eligible dependents while you and your spouse work.** The money you contribute to your Dependent Care FSA is tax free – so you cannot take the federal tax credit for the same expenses you paid through the Dependent Care FSA.

The annual contribution limits are as follows:

- Healthcare FSA: Minimum - \$100.00 Maximum - \$2,500.00
- Dependent Care FSA: Minimum - \$100.00 Maximum - \$5,000.00 (\$2,500 if married filing separately)

Your elected annual contributions will be deducted from each payroll on a pre-tax basis and are subject to Section 125 of the Internal Revenue Code. Changes to your election can only be made during a scheduled annual election or a change in family status. According to the IRS’s “use it or lose it” rule, if you do not use all the money in your FSA for expenses incurred during the plan year, you will forfeit the unused balance. Your unused balance cannot be carried over into the next year.

Insurance Enrollment and Eligibility Guidelines and Additional Information

Enrollment is optional and you may elect coverage for yourself and your dependents in any of the plans that best suit your needs. If you have questions, please contact the Total Compensation Office at 314-539-5235, 5259, 5177 or 5203.

Eligibility and Effective Date of Coverage: You are eligible to enroll on the first day of employment, but **no later than 31 days** following your date of hire; coverage is effective on the date the enrollment forms are signed. However, please allow at least 72 hours to process your enrollment forms. If you need immediate services, please contact the Total Compensation Office.

Enrollment Procedures: Complete the College's enrollment forms and send the election forms to your campus business office or to Human Resources. Incomplete forms will delay enrollment.

Eligible Dependent(s): Eligible dependents include your legal spouse and dependent children for whom you provide main support and care. Dependent children include natural children, stepchildren, adopted children, children who have been placed with you for adoption and children you have been appointed as legal guardian. You cannot insure your parents. Grandchildren may only be insured if you have been appointed as legal guardian or through adoption. Eligible dependent children may continue medical and dental PPO until the end of the month of their 26th birthday regardless of student status. Eligible dependent children may continue dental HMO and vision coverage until the end of the month of their 25th birthday regardless of student status. Dependent life insurance may be continued until the end of the year in which the dependent turns age 23. Coverage for incapacitated children may be extended beyond age 25. Please contact the Benefits Department for further information. For voluntary accidental death and dismemberment insurance, the dependent must be under 19 or be a full-time student and under 25.

Reminder: Your covered children to the age of 26 are eligible to continue coverage on your plan, regardless of whether they are living with a parent, whether they are a dependent on your tax return, marital status, or whether they have access to coverage through their own employment. To cancel their coverage, please complete a new insurance election form and return to Human Resources. Election forms are available in the business office or from Human Resources.

Disabled Dependent Children: Coverage may be extended when proof of a handicap or disability is submitted to the insurance company at least 31 days before the end of the month of the 25th birthday and upon approval by the insurance company. Please send the proof of handicap or disability to Human Resources for submission to the insurance company.

Premiums: With the exception of short-term disability and life/ADD coverage, your share of any premiums will be paid through payroll deduction on a pre-tax basis. As permitted by Section 125 of the Internal Revenue Code, deductions will be subtracted from your gross salary and the remaining salary will be taxed which results in a tax savings to you.

Premiums deducted from your paycheck pay for the following month's premium. Therefore, initially, more than one month's deduction may be taken, depending on the payroll schedule and the effective date of your coverage. Example: deductions taken in August are for September premiums.

Initial Premium Payment Schedule – Premiums are deducted a month in advance.

Anthem Blue Cross and Blue Shield – enroll between the 1st – 15th of the month the full premium is due; after the 15th of the month, no premium is due for the month.

Aetna Dental – enroll 1st day of the month, full premium due; enroll 2nd day of the month or later, premium due the following month

Dental Source Dental and EyeMed Vision Care – full premium is due regardless of enrollment date.

Life/ADD, long-term disability, short-term disability and VADD – 1st of the month following effective date.

Annual Election: During the annual election, you may change insurance plans, enroll or cancel coverage and/or add or cancel dependents. The annual election is held in the spring and coverage becomes effective June 1st.

Termination of Coverage: Coverage ends on the last day of the month in which your employment terminates; the date your premiums are due but not paid; or the date the policy is terminated.

Women's Health and Cancer Rights Act of 1998: Your plan, as required by the Women's Health and Cancer Rights Act of 1998, provides benefits for mastectomy-related services including reconstruction and surgery to achieve symmetry between breasts, prostheses and complication resulting from a mastectomy.

Salary Reduction Plan: With the exception of Short Term Disability and Life/AD&D coverage, your share of any premiums will be paid through payroll deduction on a pre-tax basis. As permitted by Section 125 of the Internal Revenue Code, deductions will be subtracted from your gross salary then your remaining salary is taxed which results in a tax savings to you.

IRS Section 125: Employee contributions for Medical, Dental, Vision, VADD and LTD insurance premiums will be collected through payroll deduction under the College's Salary Reduction Plan. This pre-tax payment of premiums is permissible under Section 125 of the Internal Revenue Code. IRS regulations and the College's Section 125 Plan require that you **MAY NOT DROP, ADD TO or CHANGE YOUR ELECTED COVERAGE** until the College's next scheduled annual election **unless** you have a **change in family status** which includes: marriage, divorce, death of a spouse or child; birth, adoption or placement for adoption of a child; change in the spouse's employment status or loss of coverage due to a change in the spouse's employment; unpaid leave of absence or a change from full-time to part-time status or vice versa of the employee or spouse; a substantial premium increase or other related family status events that may be provided by applicable law. Coverage for dependents added due to loss of coverage will become effective the 1st day following loss of coverage. You have **31 days** from the date of your change in family status to make any enrollment changes to your current insurance; otherwise, changes cannot be made until the next annual election.

Important! The insurance providers require changes to be made within 31 days of any qualifying event. For example, upon the birth or adoption of a child, the child must be added within 31 days of the child's birth or effective date of adoption or the child will not be covered until the next annual election.

Note: This benefit summary constitutes a brief overview of the benefits available and should not be relied upon to fully determine coverage. If any differences exist between the summary of benefits and the Certificate of Coverage, the certificate governs.

Revision 5/17/13