



2018 Providence Benefits-at-a-Glance

Benefits are effective on the day you are hired into an eligible position.
Visit the HR portal at Caregiver.eHR.com to learn more.

University of Providence

This document provides a high-level overview of the benefits for those considering employment with University of Providence. Please refer to the 'Next Steps' section for more information if you have accepted a position.

Health

MEDICAL PLANS

You and University of Providence share the cost of coverage.

Health Reimbursement Medical Plan (administered by Providence Health Plan) <i>comes with Health Reimbursement Account (HRA)</i>	Annual deductible	\$1,150/person (\$2,300 max/family)
	Providence health incentive contribution to HRA (New hires initially receive account funding without action needed)	Hired before July 1: up to \$700/person (up to \$1,400/family) Hired on or after July 1: \$350/person (\$700/family)
	Preventive care	100% coverage
	Most services	You pay copay or coinsurance after deductible; higher level of benefits for in-network care
	Prescription drugs	You pay copay or coinsurance, based on type of drug
Health Savings Medical Plan (administered by Providence Health Plan) <i>comes with Health Savings Account (HSA)</i>	Annual deductible	\$1,500 employee only (\$3,000 if covering dependents)
	Providence health incentive contribution to HSA (New hires initially receive account funding without action needed)	Hired before July 1: up to \$700/person (up to \$1,400 /family) Hired on or after July 1: \$350/person (\$700/family) Must submit election prior to 12/1. Must be eligible for a health savings account to receive the incentive.
	Preventive care	100%
	Most services	You pay coinsurance after deductible; higher level of benefits for in-network care
	Prescription drugs	You pay coinsurance, based on type of drug

Note: Facility and specialist physician services under the HRA and HSA medical plans are covered at a higher level when utilizing Providence or other preferred hospitals and providers.

DENTAL PLANS

You pay the full cost of coverage.

		PPO 1500	PPO 2000	DHMO
PPO 1500, PPO 2000 (administered by Delta Dental), DHMO (administered by DeltaCare USA) <i>(DHMO availability based on home zip code)</i>	Annual deductible	\$50/person (\$150 max/family)		None
	Annual maximum benefit	\$1,500 per person	\$2,000 per person	None
	Diagnostic and preventive care	100% PPO dentist 80% Non-PPO dentist		Copay based on schedule of services
	Orthodontia	Not covered	50% after \$50 lifetime deductible; \$2,000 lifetime maximum	

VISION PLAN

You pay the full cost of coverage.

VSP Vision Plan	Vision exam	Covered in full every 12 months after a \$15 copay
	Lenses	Covered in full every 12 months
	Frames	Up to \$120 every 24 months; then 20% off additional costs
	Contacts	Up to \$200 every 12 months allowance in lieu of prescription glasses
	Extra discounts	Laser vision correction discounts and extra savings on lens options not covered by the plan

Financial Well-being

Medical Premiums (Monthly)

	Health Reimbursement (HRA) Medical Plan	Health Savings (HSA) Medical Plan
FULL-TIME – 30 or more hours per week (0.75 to 1.0 FTE)		
Employee Only	\$23.60	\$0.00
Plus Child(ren)	\$46.20	\$22.60
Plus Spouse/ABR*	\$62.60**	\$39.10**
Family	\$86.20**	\$61.70**
PART-TIME – At least 20 but less than 30 hours per week (0.50 to 0.74 FTE)		
Employee Only	\$49.30	\$24.70
Plus Child(ren)	\$87.30	\$62.70
Plus Spouse/ABR*	\$112.90**	\$88.40**
Family	\$150.90**	\$126.40**

*Adult benefits recipient (ABR) is someone who has been and will continue to be part of your family, whether legally related or not.

**Working spouse surcharge of \$75, deducted twice-monthly, may apply if you enroll a spouse/ABR on medical coverage who has other coverage through their employer and waives that coverage.

Dental Premiums (Monthly)

	Dental PPO 1500	Dental PPO 2000	Dental DHMO*
Employee Only	\$49.64	\$57.16	\$26.06
Plus Child(ren)	\$79.42	\$91.46	\$55.84
Plus Spouse/ABR*	\$99.28	\$114.34	\$52.12
Family	\$129.06	\$148.64	\$83.52

*Plan available based on home zip code.

Vision Premiums (Monthly)

Employee Only	\$12.44
Plus Child(ren)	\$22.40
Plus Spouse/ABR*	\$24.88
Family	\$37.32

Financial Well-being

LIFE AND DISABILITY

University of Providence pays the full cost of coverage.

Basic Life	2x your annual base pay, up to \$300,000.
Short-term disability (offered beginning early 2018)	60% of base pay through the 26th week of disability, after a seven-day unpaid waiting period. Vacation or sick leave can be used to cover regular hours missed during the waiting period, or to supplement benefits to 100% of pay.
Long-term disability	60% of earnings after 180-day waiting period; additional buy-up option is available with the difference in cost being your responsibility.

SUPPLEMENTAL LIFE INSURANCE

You pay the full cost of coverage.

Your coverage	You may purchase up to the lesser of 6 times annual pay or \$1,000,000; statement of health required for election exceeding the lesser of 4 times annual pay or \$500,000.
Spouse coverage	You may purchase up to the lesser of 100% of your basic and supplemental life insurance combined or \$250,000; statement of health required for election exceeding \$50,000.
Child coverage	You may purchase a flat \$20,000 amount for your child(ren).

VOLUNTARY AD&D INSURANCE

You pay the full cost of coverage.

Coverage for you, your spouse and your child(ren)	You may purchase coverage for yourself, as well as coverage for your spouse and/or child(ren).
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VOLUNTARY BENEFITS

You pay the full cost of coverage.

Providence makes available the following voluntary benefits and special offers:

- MetLife Auto, Home
- Pet Insurance
- Commuter benefits
- Legal Insurance
- Identity and Credit Protection
- Unum Voluntary Short-term Disability Insurance

These benefits are sponsored by independent vendors and made available to you with Providence's permission.

Flexible Spending Accounts

You pay the full cost of coverage.

Health care and dependent care Flexible Spending Accounts (FSA) through HealthEquity enable employees to set aside pre-tax dollars from their paycheck to pay for eligible health care and/or dependent care expenses.

Financial Well-being

University of Providence 403(b) DC Plan

For more information visit the TIAA website at www.tiaa-cref.org

Pre-Tax Contributions	You can contribute (save) a portion of your pay on a pre-tax basis, up to the annual IRS limit (\$18,500 for 2018). If you will be age 50 or older by the end of 2018, you may also defer an additional \$6,000 to the age-related catch-up.
University of Providence Employer Discretionary Contributions	Each month, University of Providence expects to contribute 4% of base pay for each eligible employee after one year of service or the date of the employee's 25th birthday, whichever comes later.
Eligibility	Eligible Employees can begin making contributions from their date of hire. Employees over 25 years of age become eligible for employer contributions after one year of service.
Immediate Vesting	You immediately own your contributions as well as University of Providence employer discretionary contributions to the plan.
Investment Options	You can select among a variety options available through the plan with Teacher's Insurance and Annuity Association (TIAA) www.tiaa-cref.org

Paid Leave

PAID TIME OFF *

University of Providence provides a market-competitive paid time off program which includes time off for vacation, sick time, personal days and holidays.

Length of Service	Vacation**	Maximum Accrual	Sick	Maximum Accrual
0 – 3 years (0 - 36 months)	8 hours/month	96 hours/12 days	8 hours/month	720 hours/90 days
3 – 5 years (37 – 60 months)	9.33 hours/month	112 hours/14 days	8 hours/month	720 hours/90 days
5 – 7 years (61 – 84 months)	10.67 hours/month	128 hours/16 days	8 hours/month	720 hours/90 days
7 – 10 years (85 – 120 months)	12 hours/month	144 hours/18 days	8 hours/month	720 hours/90 days
10+ years	13.33 hours/month	160 hours/20 days	8 hours/month	720 hours/90 days

The 2017-2018 academic year holidays are Labor Day, Thanksgiving, Christmas, New Year's Day, President's Day, Good Friday, Easter Monday, Memorial Day, Independence Day and **two personal days**. *Vacation accruals listed above do not include the paid holidays listed here.*

*Accrual rates shown are representative of a 1.0 Full-Time Equivalent (FTE) employee; accruals are prorated for part-time employees. Please connect with Human Resources, or reference the policy for more details.

**Vacation and personal leave is not available for use until the successful completion of the introductory period of employment (6 months)

Next Steps

This information is provided for those who have accepted a position

Visit the HR portal at Caregiver.eHR.com to learn about the benefits programs available. If you have not yet started, please use the Guest Sign-in section, and select **Providence**.

A benefits enrollment guide with enrollment instructions is available on the HR portal.

During your new employee orientation, you will receive instructions on how to enroll through the HR portal. Your benefits are effective on your date of hire or the date you become benefits-eligible.



Take action! You will have **30 days from your hire date** to enroll in benefits. Once you hit submit on the enrollment site, your enrollment period will end and your coverage will be in effect as of your date of hire (or date of eligibility for benefits). If you don't take action, you will automatically be assigned coverage. Benefits will be retroactive to your date of hire (or date of eligibility for benefits), and retroactive paycheck deductions may apply.

Questions? Need help enrolling? Contact the **Benefits Service Center** at 888-615-6481, weekdays from 7:30am to 6:00pm PST.

