

Medical – Cigna	Point of Service (POS)		High Deductible Health Plan (HDHP)	
	In-Network		In-Network	
Coinsurance (Member pays)	0%		10%	
Plan Year Deductible	Embedded		Non-Embedded	
- Individual	\$750		\$1,500	
- Family	\$2,250		\$3,000	
Out-of-Pocket Maximum (Deductible included)				
- Individual	\$1,500		\$2,000	
- Family	\$4,500		\$6,000	
Office Visit				
- Primary	\$15 Copay (Cigna Designated Care Network) / \$25		10% after Deductible	
- Specialist	\$30 Copay (Cigna Designated Care Network) / \$50		10% after Deductible	
Inpatient Services	Deductible		10% after Deductible	
Outpatient Services	Deductible		10% after Deductible	
Emergency Room Services (Waived if admitted)	\$150 Copay		10% after Deductible	
Urgent Care	\$60 Copay		10% after Deductible	
Lifetime Maximum Benefits	Unlimited		Unlimited	

Prescription Coverage (30 Day Supply)	Point of Service (POS)		High Deductible Health Plan (HDHP)	
Tier 1	\$10 Copay		10% after Deductible	
Tier 2	\$35 Copay		10% after Deductible	
Tier 3	\$60 Copay		10% after Deductible	
Tier 4	20% Coinsurance; \$100 Max/Rx		10% after Deductible	
Mail Order(90 Day Supply) Tier 1/2/3	\$10/\$70/\$180 Copay		10% after Deductible	

Employee Rates (Per Paycheck)	Point of Service (POS)		
	Full-Time Monthly	Full-Time Bi-Weekly	Half-Time Monthly
Employee Only	\$77.39	\$38.69	\$495.48
Employee + Spouse	\$428.74	\$214.37	\$995.90
Employee + Child(ren)	\$403.15	\$201.57	\$936.45
Family	\$607.93	\$280.05	\$1,412.11

Employee Rates (Per Paycheck)	High Deductible Health Plan		
	Full-Time Monthly	Full-Time Bi-Weekly	Half-Time Monthly
Employee Only	\$0.00	\$0.00	\$0.00
Employee + Spouse	\$253.14	\$126.57	\$930.06
Employee + Child(ren)	\$238.02	\$114.44	\$874.54
Family	\$358.92	\$172.56	\$1,318.75

Health Savings Account – HSA Bank

A Health Savings Account (HSA) is a way for you to save pre-tax dollars that can be used to pay for qualified health care expenses like deductibles, copays, coinsurance, prescriptions, vision and dental expenses. The funds can be taken out via payroll deductions and are deposited into the account for future use. In order to contribute to an HSA, you must be enrolled in Agnes Scott College’s High Deductible Health Plan. You will also receive a contribution from Agnes Scott College to help grow your balance faster. Employer contribution at the time of initial enrollment:

Employee - \$200
Employee + Spouse - \$300
Employee + Child(ren) - \$300
Family - \$500

Flexible Spending Accounts – Benefit Alternatives

Flexible Spending Accounts (FSAs) offer a way to pay for qualified expenses while reducing your taxable income at the same time. You can use pretax dollars toward eligible expenses.

Full Purpose FSA
Employees not enrolled in a medical plan, or employees enrolled in the POS Medical plan can participate. The annual maximum allowed for the Full Purpose FSA is \$3,050 and can be used for qualified medical, dental, and vision expenses.

Limited Purpose FSA
Employees enrolled in the college’s HDHP plan or another HDHP plan can participate. The annual maximum allowed for the Limited Purpose FSA is \$3,050 and can be used for qualified dental, and vision expenses. These funds cannot be used for medical expenses.

Dependent Care FSA
Any employee can participate in the Dependent Care FSA and can contribute up to \$5,000. At the end of the year, any leftover funds will be lost.

Long Term Care

Newly hired Agnes Scott College employees have the opportunity to get coverage with streamlined underwriting depending on their age, during the first 30 days after becoming benefits eligible.

Dental – Cigna	Dental Health Maintenance Organization (DHMO) In/Out-of-Network	Dental Preferred Provider Organization (DPPO) In/Out-of-Network
Annual Deductible Individual	These benefits are based on a payment schedule. The plan summary and summary plan description may be viewed at www.agnesscott.edu/people-and-culture .	\$50
Family		\$150
Preventive Services		80%
Basic Services		80%
Major Services		50%
Orthodontics		Not covered
Orthodontia Lifetime Maximum		N/A
Annual Plan Maximum		\$1,000

Employee Rates (Per Paycheck)	DHMO		
	Full-Time Monthly	Full-Time Bi-Weekly	Half-Time Monthly
Employee Only	\$2.30	\$1.15	\$9.58
Employee + 1	\$12.65	\$6.33	\$16.21
Family	\$30.45	\$15.23	\$30.45

Employee Rates (Per Paycheck)	DPPO		
	Full-Time Monthly	Full-Time Bi-Weekly	Half-Time Monthly
Employee Only	\$7.95	\$3.98	\$18.43
Employee + 1	\$40.39	\$20.20	\$40.39
Family	\$99.38	\$49.69	\$99.38

Basic Life and AD&D – Unum	100% Employer Paid
Basic Life and AD&D Benefit	1.5x Salary up to \$250,000

Voluntary Life – Unum	100% Employee Paid
<p>You may purchase additional life insurance through Unum up to three times your annual earnings. This optional coverage can be purchased in increments of \$1,000 up to a maximum of \$300,000, not to exceed five times earnings. Any amounts over \$200,000 will need to be medically underwritten.</p> <p>You may also purchase coverage for your spouse and/or dependent children. For your spouse, coverage can be purchased in increments of \$1,000 up to 100% of what you have elected on yourself up to a maximum of \$300,000. For your dependent children, depending on the age and status of the child, coverage can be purchased in increments of \$1,000 up to a maximum of \$10,000 for a child 6 months and over. \$1,000 can be purchased for dependent children up to 6 months old.</p> <p>Please note: If your spouse is also a benefits-eligible employee at Agnes Scott College, then you may not be eligible to purchase spousal coverage for Voluntary Life. Please refer to plan documents for details.</p>	

Long Term Disability (LTD) – Unum	100% Employer Paid
Monthly Benefit Percentage	60%
Maximum Monthly Benefit	\$7,500
Benefit Waiting Period	180 Days


Retirement
<p>Full-time and half-time employees who complete at least 1,000 continuous work hours each year are required to participate in the Agnes Scott College 403 (b) Defined Contribution Retirement Plan. Participation begins (for those working 1,000 hours or more) after the employee has completed one year of service to the college. The plan is provided through Teachers Insurance Annuity Association (TIAA). Eligible employees are required, as a condition of employment, to contribute 3.5 percent of their salary after one year of service. The college contributes, which may be amended, or suspended, from year to year, as determined by the college administration.</p>

Vision Plan – VSP	In-Network
Exams	\$10 Copay
Eyeglasses Single Vision	\$25 Copay
Bifocal	\$25 Copay
Trifocal	\$25 Copay
Frames	\$130 Allowance
Contact Lenses Conventional/Disposable	\$130 Allowance
Frequency of Services Exam/Lenses/Frames/Contact Lenses	12/12/24/12 Months

Employee Rates (Per Paycheck)	Full-Time Monthly	Full-Time Bi-Weekly	Half-Time Monthly
Employee Only	\$5.62	\$2.81	\$5.62
Employee + 1	\$8.15	\$4.08	\$8.15
Family	\$14.67	\$7.34	\$14.67

LegalShield
<p>This legal services plan offers consultation from multispecialty attorneys from top quality law firms whenever you need advice related to all legal matters. Workplace Partners: 678.579.9662 or at 404.285.5211.</p>

Employee Assistance Plan (EAP)
<p>The EAP is a confidential counseling and referral resource available to assist you and family members with personal issues such as alcohol or drug use, budget assistance, family problems, emotional concerns or stress at work or home. You may also contact the EAP for a legal consultation or for wellness services. You may access the EAP through phone or internet:</p> <p>1.800.869.0276 www.espyr.com</p>

Voluntary Benefits – Unum	100% Employee Paid
<p>Group Accident insurance* is designed to help you meet the out-of-pocket expenses and extra bills that can follow an accidental injury, whether minor or catastrophic. A set amount is paid directly to you based on the type of injury you have, the treatment you need, and the coverage you elected.</p> <p>Hospital Insurance* helps covered employees and their families cope with the financial impacts of a hospitalization. You can receive benefits when you're admitted to the hospital for a covered accident, illness or childbirth.</p> <p>Critical Illness Insurance* helps if you are diagnosed with an illness (such as a heart attack, stroke, cancer, ALS) that is covered by this insurance, you can receive a lump sum benefit payment. You can use the money however you want.</p> <p><i>*Be Well Benefit available for you and each covered family member</i></p> <p style="text-align: right;">Scan For Details</p> 	

CONTACT INFORMATION

Please contact your Client Advocate at OneDigital with any plan design questions or claim issues or assist you with any plan issues.

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Medical & Dental | Cigna
Member Services: 1.888.842.4462
www.cigna.com

Vision | VSP
Member Services: 1.800.877.7195
www.vsp.com

Employee Assistance Program (EAP) | Espyr
Member Services: 1.800.869.0276
www.espyr.com

Life, Disability & Voluntary Benefits | Unum
Member Services: 1.800.421.0344
www.unum.com

Flexible Spending Accounts | Benefit Alternatives
Member Services: 1.866.323.2363
www.benefitalt.com



*This document is intended as a convenient summary of the major points of benefit plans. This document does not cover all provisions, limitations and exclusions. The official plan documents, policies and certificates of insurance govern in all cases and are available for your inspection at any time.