



Medical – Cigna	Point of Service (POS)	
	In-Network	Out-of-Network
Coinsurance	100%	70%
Plan Year Deductible		
- Individual	\$500	\$1,000
- Family	\$1,500	\$3,000
Out-of-Pocket Maximum (Deductible included)		
- Individual	\$500	\$1,500
- Family	\$1,500	\$4,500
Office Visit Copay		
- Primary	\$15 Copay (Cigna Designated Care Network) / \$25	30% After deductible
- Specialist	\$30 (Cigna Designated Care Network) / \$50	30% After deductible
Inpatient Services	Deductible	30% After deductible
Outpatient Services	Deductible	30% After deductible
Emergency Room Services (Waived if admitted)	\$150 Copay	\$150 Copay
Urgent Care	\$60 Copay	30% After deductible
Lifetime Max. Benefits	Unlimited	Unlimited

Prescription Coverage (30 day supply)	Point of Service (POS)	
	In-Network	Out-of-Network
Tier 1	\$15 Copay	
Tier 2	\$35 Copay	
Tier 3	\$60 Copay	
Tier 4	20% Coinsurance, \$100 Max/Rx	
Mail Order (90 day supply)	Point of Service (POS)	
	In-Network	Out-of-Network
Tier 1	\$15 Copay	
Tier 2	\$70 Copay	
Tier 3	\$180 Copay	

Employee Rates (Per paycheck)	Point of Service (POS)		
	Full Time Monthly	Full Time Bi-weekly	Half Time Monthly
Employee Only	\$75.05	\$37.53	\$413.75
Employee + 1	\$386.73	\$193.37	\$786.12
Family	\$601.33	\$300.67	\$1,179.17

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

Employee Rates (Per paycheck)	DPPO		
	Full Time Monthly	Full Time Bi-weekly	Half Time Monthly
Employee Only	\$7.95	\$3.98	\$18.80
Employee + 1	\$40.39	\$20.20	\$40.39
Family	\$99.38	\$49.69	\$99.38

Employee Rates (Per paycheck)	DHMO		
	Full Time Monthly	Full Time Bi-weekly	Half Time Monthly
Employee Only	\$2.30	\$1.15	\$9.12
Employee + 1	\$12.65	\$6.33	\$15.43
Family	\$30.45	\$15.23	\$30.45

Vision Plan – VSP	In-Network	
	Exams	Other Services
Exams	\$10 Copay	
Eyeglasses		
Single Vision	\$25 Copay	
Bifocal	\$25 Copay	
Trifocal	\$25 Copay	
Progressive	\$50 Copay	
Frames	\$120 Allowance	
Contact Lenses		
Conventional/Disposable	\$120 Allowance	
Frequency of Services	Exam/Lenses/Frames/Contact Lenses 24/24/24/24 Months	

Employee Rates (Per paycheck)	Full Time Monthly	Full Time Bi-weekly	Half Time Monthly
	Employee Only	\$6.03	\$3.02
Employee + 1	\$8.75	\$4.38	\$8.75
Family	\$15.68	\$7.84	\$15.68



Basic Life/AD&D – Unum 100% Employer Paid

Basic Life AD&D Benefit	1.5x Salary up to \$250,000
-------------------------	-----------------------------

Voluntary Life – Unum 100% Employee Paid

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.

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 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.

Long Term Disability (LTD) – Unum 100% Employer Paid

Monthly Benefit Percentage	60%
Maximum Monthly Benefit	\$7,500
Benefit Waiting Period	180 days

Flexible Spending Account – Benefit Alternatives

An FSA offers a way to pay for qualified medical and dependent care expenses while reducing your taxable income at the same time. You can use pre-tax dollars toward eligible expenses.

The annual maximum allowed for medical is \$2,700 and the maximum for dependent care is \$5,000. Please remember that you can now carry over up to \$500 of your unused medical FSA elected funds to help pay for qualified expenses that occur in fiscal 2019: July 1, 2019, to June 30, 2020.

Retirement

Full-time and half-time employees who complete at least 1,000 continuous work hour 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 also makes a contribution of no less than 8.2 percent, which may be amended from year to year, as determined by the college administration.

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.

LegalShield

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.

Employee Assistance Plan (EAP)

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:

1-800-869-0276
www.espyr.com

Contact Information

Please contact your Client Advocate at Northwestern Benefit with any plan design questions or claim issues. The Client Advocate is there to assist you with any plan issues.

Vanessa Wilder
Phone: 1.404.846.3154
Facsimile: 1.404.846.3125
Toll Free: 1.800.304.6157
vwilder@onedigital.com

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

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

Basic Life/AD&D, Vol Life and LTD | Unum
Member Services: 1.800.421.0344
www.unum.com

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

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