

2022 Employee Benefits

The following information is provided to you as a resource as you consider the various employee benefits available to you through Elizabethtown College. Please do not hesitate to contact the Human Resources Office at 717-361-1406 with questions regarding the plans. New benefits will begin on January 1, 2022.

NEW FOR 2022 - A NEW CARRIER

We are excited to announce Elizabethtown College will be changing carriers to Highmark Blue Shield. Highmark Blue Shield and Capital Blue Cross both submitted proposals during a selection process, and after considerable review, Highmark was selected as offering the best value to the College along with high network compatibility. In addition to the standard plans, Highmark is providing two Choice Blue plans which are less expensive than the standard plans and offer the same level of benefits for employees who utilize the regional medical providers, including Penn Medicine Lancaster General Health and Penn State Health Milton S. Hershey Medical Center.

Benecon will remain the administrator of our benefits.

SPOUSAL RULE FOR 2022

Spouses (of employees) with available health care insurance through their employer (i.e., working spouses that have a plan through their work) will be assessed a surcharge of \$1,200 per year for the cost of their plan (employee/spouse or family with spouse) to remain on the College plan.

Spouses who do not work, or are not eligible for benefits through their employer can remain on the College plan without incurring the surcharge.

Because of the spousal rule in 2022, we will have two tiers for each plan offered. These tiers are **employee/working spouse** and **family with working spouse**. Employees will be asked to certify the status of their spouse at the time they sign up for 2022 benefits during open enrollment.



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ELIZABETHTOWN COLLEGE | 2022 EMPLOYEE BENEFITS BULLETIN

MEDICAL AND PRESCRIPTION PLAN OPTIONS

BENEFITS	PPO \$0 (BUY UP OPTION B)		PPO \$250 (BUY UP OPTION A)		PPO \$500 (BASE CORE PLAN)		CHOICE BLUE SHARING \$500			HIGH DEDUCTIBLE PLAN		CHOICE BLUE QHDHP HEALTHY SAVINGS \$1400		
	NETWORK	NON-NETWORK	NETWORK	NON-NETWORK	NETWORK	NON-NETWORK	NETWORK ENHANCED	NETWORK STANDARD	NON-NETWORK	NETWORK	NON-NETWORK	NETWORK ENHANCED	NETWORK STANDARD	NON-NETWORK
Deductible	\$0 single \$0 family	\$1,000 single \$2,000 family	\$250 single \$500 family	\$1,000 single \$2,000 family	\$500 single \$1,000 family	\$1,000 single \$2,000 family	\$500 single \$1,000 family	\$1,000 single \$2,000 family	\$2,000 single \$4,000 family	\$1,400 single \$2,800 family		\$1,400 single \$2,800 family	\$2,800 single \$5,600 family	\$5,600 single \$11,200 family
Out-of-Pocket Maximum	\$8,700 single \$17,400 family		\$8,700 single \$17,400 family		\$8,700 single \$17,400 family		\$8,700 single \$17,400 family			\$7,050 single \$14,100 family		\$7,050 single \$14,100 family		
Telehealth Primary Office Visit Specialist or Urgent Care	\$10 \$20 \$30/\$50	N/A 20% 20%	\$10 \$20 \$30/\$50	N/A 20% 20%	\$10 \$20 \$30/\$50	N/A 20% 20%	\$10 \$20 \$30/\$50	\$20 \$40 \$60/\$100	60% after deductible	\$10 \$20 \$30/\$50	N/A 20% 20%	\$10 \$20 \$30	\$20 \$40 \$60	60% after deductible
Pediatric Preventive and Adult Preventive	\$0	20%	\$0	20%	\$0	20%	\$0		60%	\$0	20%	\$0		60%
Inpatient and Outpatient Hospital	100% after deductible	20% Dr 50% facility	100% after deductible	20% Dr 50% facility	100% after deductible	20% Dr 50% facility	100% after deductible	80% after deductible	50% after deductible 60% after deductible	100% after deductible	20% Dr 50% facility	100% after deductible	80% after deductible	60% after deductible
Major Diagnostic Services	100% after deductible	20% Dr 50% facility	100% after deductible	20% Dr 50% facility	100% after deductible	20% Dr 50% facility	100% after deductible	80% after deductible	60% after deductible	100% after deductible	20% Dr 50% facility	100% after deductible	80% after deductible	60% after deductible
Emergency Room Care	\$100 (waived if admitted)		\$100 (waived if admitted)		\$100 (waived if admitted)		\$100 (waived if admitted)			\$100 after deductible (waived if admitted)		100% After Enhanced Deductible		
Retail Pharmacy	\$25 deductible 25% (generic & preferred) 45% (non-preferred) \$150 specialty Rx		\$25 deductible 25% (generic & preferred) 45% (non-preferred) \$150 specialty Rx		\$25 deductible 25% (generic & preferred) 45% (non-preferred) \$150 specialty Rx		25% (generic & preferred) 45% (non-preferred) \$150 specialty Rx			25% (generic & preferred) 45% (non-preferred) \$150 specialty Rx		25% (generic & preferred) 45% (non-preferred) \$150 specialty Rx		
Mail Order Rx	\$25 generic \$75 brand preferred \$125 brand non-preferred		\$25 generic \$75 brand preferred \$125 brand non-preferred		\$25 generic \$75 brand preferred \$125 brand non-preferred		\$25 generic \$75 brand preferred \$125 brand non-preferred			\$25 generic \$75 brand preferred \$125 brand non-preferred		\$25 generic \$75 brand preferred \$125 brand non-preferred		

WHAT YOU PAY

EMPLOYEE COSTS	PPO \$0 PAYROLL DEDUCTION		PPO \$250 PAYROLL DEDUCTION		PPO \$500 PAYROLL DEDUCTION		CHOICE BLUE SHARING \$500 PAYROLL DEDUCTION		HIGH DEDUCTIBLE PLAN PAYROLL DEDUCTION		CHOICE BLUE QHDHP HEALTHY SAVINGS \$1400 PAYROLL DEDUCTION	
	26-PAY	24-PAY	26-PAY	24-PAY	26-PAY	24-PAY	26-PAY	24-PAY	26-PAY	24-PAY	26-PAY	24-PAY
Employee Only	\$118.67	\$128.56	\$99.66	\$107.96	\$76.20	\$82.55	\$68.61	\$74.32	\$27.93	\$30.26	\$25.14	\$27.24
Employee/Spouse*	\$347.60	\$376.57	\$258.96	\$280.54	\$189.52	\$205.32	\$140.64	\$152.36	\$134.04	\$145.21	\$120.31	\$130.34
Employee + Child	\$319.23	\$345.83	\$230.59	\$249.81	\$148.62	\$161.00	\$102.91	\$111.48	\$112.81	\$122.21	\$88.03	\$95.37
Employee + Children	\$362.59	\$392.81	\$290.93	\$315.17	\$175.65	\$190.29	\$130.35	\$141.21	\$140.21	\$151.90	\$111.51	\$120.80
Family	\$390.96	\$423.54	\$319.30	\$345.91	\$241.40	\$261.51	\$202.39	\$219.25	\$161.44	\$174.89	\$145.30	\$157.40

* \$100/mo. spousal surcharge if spouse is eligible for other insurance.

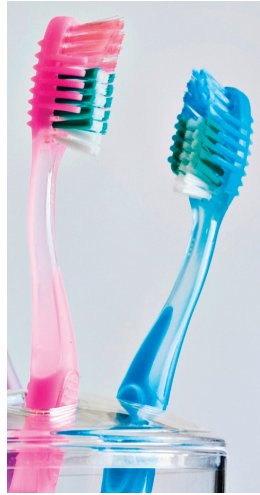
WHAT THE COLLEGE PAYS

COLLEGE COSTS	PPO \$0 PAYROLL DEDUCTION		PPO \$250 PAYROLL DEDUCTION		PPO \$500 PAYROLL DEDUCTION		CHOICE BLUE SHARING \$500 PAYROLL DEDUCTION		HIGH DEDUCTIBLE PLAN PAYROLL DEDUCTION		CHOICE BLUE QHDHP HEALTHY SAVINGS \$1400 PAYROLL DEDUCTION	
	26-PAY	24-PAY	26-PAY	24-PAY	26-PAY	24-PAY	26-PAY	24-PAY	26-PAY	24-PAY	26-PAY	24-PAY
Employee Only	\$365.44	\$395.89	\$353.34	\$382.78	\$344.03	\$372.69	\$334.95	\$362.87	\$331.54	\$359.17	\$320.08	\$346.75
Employee/Spouse	\$644.83	\$698.56	\$669.68	\$725.49	\$671.94	\$727.94	\$686.66	\$743.88	\$602.89	\$653.13	\$587.39	\$636.34
Employee + Child	\$406.94	\$440.85	\$448.91	\$486.31	\$481.72	\$521.86	\$502.43	\$544.30	\$426.40	\$461.94	\$429.80	\$465.62
Employee + Children	\$557.22	\$603.65	\$569.77	\$617.25	\$622.77	\$674.67	\$636.41	\$689.45	\$542.79	\$588.03	\$544.42	\$589.79
Family	\$1,037.16	\$1,123.59	\$1,017.04	\$1,101.80	\$998.26	\$1,081.45	\$988.12	\$1,070.46	\$899.02	\$973.94	\$873.11	\$945.87

DENTAL INSURANCE PLAN

Whether you are choosing Delta Dental or Guardian Dental, your benefit percentages for covered services are the same regardless of what dentist you choose. Please note, however, your out-of-pocket costs will be lower if you choose network providers. Make sure you select a dentist based on the appropriate network.

COVERAGE TIER	PAYROLL DEDUCTION		COLLEGE CONTRIBUTION (PER YEAR)
	26-PAY	24-PAY	
Employee Only	\$8.70	\$9.40	\$152.00
Employee + 1 (two-party)	\$22.00	\$23.84	\$243.00
Employee + Family	\$33.36	\$36.14	\$289.00



DENTAL CALENDAR YEAR DEDUCTIBLE

There is a \$50 deductible per person total per benefit year limited to a maximum of \$150 per family per benefit year. The deductible does not apply to diagnostic, preventive and orthodontic services.

DENTAL CALENDAR YEAR MAXIMUM BENEFIT

\$1,500 per person total per benefit year.
 *Check out Guardian Dental's Maximum Rollover feature.
 *Orthodontics will not exceed a lifetime maximum of \$1,000 per eligible person.

YOUR DENTAL PLAN OPTIONS

COVERED SERVICES	DELTA PPO		GUARDIAN MEMBER DENTIST	
	PLAN PAYS	YOU PAY	PLAN PAYS	YOU PAY
Diagnostic/Preventative Services	100%	0%	100%	0%
Basic Restorative	80%	20%	80%	20%
Major Restorative	50%	50%	50%	50%
Oral Surgery/Surgical Periodontics	50%	50%	50%	50%
Endodontics/Non-Surgical Periodontics	80%	20%	80%	20%
Prosthodontics	50%	50%	50%	50%
Orthodontics	50%	50%	50%	50%
General Anesthesia	50%	50%	50%	50%
Denture Repair	80%	20%	80%	20%
Simple Extraction	80%	20%	80%	20%

YOUR LONG-TERM GROUP DISABILITY AND LIFE INSURANCE PLANS

The College provides long-term disability insurance to all employees who are 75% or greater full time equivalent.

The College also provides a \$10,000 life policy to all regular employees who work 75% or greater full time equivalent. Employees may choose to purchase optional life insurance at 1x, 2x, 3x, 4x, 5x, annual salary (max. \$500,000). Employees pay the premium, which is based on age, for this optional coverage. Optional Life requests are subject to approval by Unum. Employees should not assume automatic approval.

EMPLOYEE'S PREMIUM PER PAY PER THOUSAND

AGE RANGE	26-PAY	24-PAY
Less than 30	.024	.026
30-34	.033	.036
35-39	.047	.051
40-44	.070	.076
45-49	.116	.126
50-54	.194	.210
55-59	.310	.336
60-64	.462	.501
65-69	.660	.751
70-74	1.173	1.271

WORK-LIFE BALANCE EMPLOYEE ASSISTANCE PROGRAM

Your Confidential Employee Assistance Program. Support and guidance is just a phone call away. Professional counselors are available to assist you with family and personal issues you might be facing or questions you might have.

- Anxiety / Depression
- Drug & Alcohol
- Education
- Personal Relationships
- Legal
- Parenting
- Budget & Finance
- Work Issues
- Dependent Care & Care Giving

Connect to a counselor for free support services: 1-800-854-1446
 Available 24-hours a day, 7 days a week
 Services provided by Unum in partnership with Lifeworks.

GUARDIAN VISION PLAN (VISION 1)

This voluntary vision plan will cover annual eye exams, lenses, frames, and contact lenses. The Davis Vision Plan, administered through Guardian, also covers additional services like laser correction surgery and cosmetic extras at discounted prices. Plan features include a \$0 Copay and In-Network/Out-of-Network Services.

COVERAGE TIER	PAYROLL DEDUCTION	
	26-PAY	24-PAY
Employee Only	\$5.30	\$5.75
Employee + 1 (two-party)	\$8.06	\$8.73
Employee + Family	\$14.16	\$15.34

WELLSPAN EMPLOYEE ASSISTANCE PROGRAM

The College is happy to provide you with additional work-life balance resources with the WellSpan Employee Assistance Program, at no additional cost to you. You can access an extensive WorkLife portal at: worklifeservices.net/clients/wellspan/. Additional instructions for accessing the WorkLife portal can be found at etown.edu/hr.

IN ADDITION, MANY EMPLOYEES ARE ELIGIBLE FOR THE FOLLOWING BENEFITS:

- Tuition Benefits
- Vacation & Sick Leave
- Holidays
- 10% Discount at the College Store
- Use of library and athletic facilities
- Free or reduced admission to cultural events and basketball games



GET EXCITED ABOUT A HEALTHIER YOU
View more details about the Employee Wellness Team:
etown.edu/offices/human-resources/ewt.aspx

BLUE365 VISION DISCOUNT PLAN (VISION 2)



New this year and included in all medical plan enrollments, is a complimentary vision discount plan from Highmark BlueShield. Simply show your Highmark medical ID card to any in-network provider as outlined below and save!

This program also includes hearing service discounts. Consult the HR website for more information. Discounts are only available at participating providers, so be sure to check the provider directory before securing services.

- 15% off usual & customary routine eye exams
- 35% off usual and customary on retail frames
- \$45 for single vision lenses
- \$65 for bifocal lenses
- 15% off usual & customary conventional contact lenses
- 15% off usual & customary contact lens fitting and evaluation (in lieu of glasses)

TIAA-CREF RETIREMENT PLAN

Employees who work at least 1,000 hours per year may participate in the Regular Annuity (RA) plan after two years of employment.

EMPLOYEE CONTRIBUTION	COLLEGE CONTRIBUTION
5%	10%
0%	3%

Employees may participate in Supplemental Retirement Annuity (SRA) accounts immediately upon employment.

IMPORTANT INFORMATION AND REMINDERS

- Maximum 2022 HSA Contributions: **\$3,650 / \$7,300**
- Maximum 2022 FSA Contributions: **\$2,850**

During the Open ENROLLMENT PERIOD, all employees should complete the annual enrollment, found at etown.edu/hr, by the deadline. For questions or benefit changes throughout the year, contact Human Resources: hr@etown.edu or 717-361-1406.

