



2018 Benefit Summary

Benefits Overview

Knox College is proud to offer a comprehensive benefits package to eligible employees. Eligibility is based on employees scheduled to work 30 hours or more per week, except for a few “grandfathered” positions, which are 20 hours/week. The complete benefits package is briefly summarized in this booklet. You will receive plan booklets, which give you more detailed information about each of these programs.

You share the costs of some benefits (medical and dental), and Knox College provides other benefits (life insurance) at no cost to you. In addition, there are voluntary benefits with reasonable group rates that you can purchase through Knox College.

Benefit Plans Offered

- » Medical
- » Dental
- » Vision
- » Life Insurance
- » Accidental Death & Dismemberment (AD&D) Insurance
- » Flexible Spending Account (FSA)
- » Health Savings Account (HSA)
- » Optional Life and AD&D
- » Long-Term Disability

Eligibility

You and your dependents are eligible for Knox College benefits on the first day of employment.

Eligible dependents are your spouse/domestic partner, children under age 26 and disabled dependents of any age. Elections made now will remain until the next open enrollment unless you or your family members experience a qualifying event. If you experience a qualifying event, you must contact HR within 30 days.

Changing Your Benefits During the Year:

Make your elections during this enrollment period carefully because you can only make changes during the year unless you have a qualifying life event based on IRS regulations. The following events qualify for a mid-year change in coverage:

- » Marriage
- » Divorce or legal separation
- » Birth or placement for adoption of a child
- » Death of a dependent
- » Ineligibility of a dependent
- » Loss of other coverage
- » Change in your employment status or that of your spouse
- » Significant change in health coverage attributable to your employment or that of your spouse
- » A qualified domestic relations order or similar court order
- » Entitlement to Medicare or Medicaid

If you experience one of these events and want to change your benefits, you must make the change within 30 days after the event occurs. Changes cannot be made before the event. If you miss the window for making a change, you will need to change your elections during the next Annual Enrollment period (late 2018 for a January 1, 2019 effective date).

This document is an outline of the coverage proposed by the carrier(s), based on information provided by your company. It does not include all of the terms, coverage, exclusions, limitations, and conditions of the actual contract language. The policies and contracts themselves must be read for those details. Policy forms for your reference will be made available upon request.

The intent of this document is to provide you with general information regarding the status of, and/or potential concerns related to, your current employee benefits environment. It does not necessarily fully address all of your specific issues. It should not be construed as, nor is it intended to provide, legal advice. Questions regarding specific issues should be addressed by your general counsel or an attorney who specializes in this practice area.

Medical Benefits

Administered by BlueCross BlueShield of Illinois (BCBSIL)

Comprehensive and preventive healthcare coverage is important in protecting you and your family from the financial risks of unexpected illness and injury. A little prevention usually goes a long way—especially in healthcare. Routine exams and regular preventive care provide an inexpensive review of your health. Small problems can potentially develop into large expenses. By identifying the problems early, often they can be treated at little cost.

Comprehensive healthcare also provides peace of mind. In case of an illness or injury, you and your family are covered with an excellent medical plan through Knox College.

Knox College offers a PPO network. With the PPO, you may select where you receive your medical services. If you use in-network providers, your costs will be less.

Knox College offers a PPO plan and a CDHP plan. The difference in plans are the deductible amounts. If an employee chooses the CDHP, the employee must enroll in a health savings account (HSA). With an HSA you can use money in your account to pay for eligible medical, prescription drug, dental and vision expenses (now or in the future). Knox College will contribute money to your HSA, \$300 for Single coverage and \$600 for employee plus one and family, on January 1 of each year. If hired mid-year the HSA contribution is paid at the quarter (April, July, Oct)

	PPO Plan BCBSIL Network: Participating Provider Organization (PPO)		CDHP Plan BCBSIL Network: Participating Provider Organization (PPO)	
	Network Providers	Non-Network Providers	Network Providers	Non-Network Providers
Annual Deductible (Single/Employee + 1/Family)	\$750/\$1,500/ \$1,500	\$1,500/\$3,000/ \$3,000	\$1,350/\$2,600/ \$2,700	\$2,600/\$5,200/ \$5,200
Annual Out-of-Pocket Maximum (includes deductible and Rx copay) (Single/Employee + 1/Family)	\$2,750/\$6,500/ \$6,500 (no more than \$2,750 per covered individual)	\$5,500/\$13,000/ \$13,000 (no more than \$5,500 per covered individual)	\$3,300/\$7,600/ \$7,600 (no more than \$3,300 per covered individual)	\$6,600/\$15,200/ \$15,200 (no more than \$6,600 per covered individual)
Coinsurance	10%	30%	10%	30%
Doctor's Office – amounts you pay after deductible, except where otherwise noted:				
Office Visit (Chiropractic Calendar Year Maximum 10 visits)	10% coinsurance	30% coinsurance	10% coinsurance	30% coinsurance
Wellness Care (routine exams, x-rays/tests, immunizations, well baby care and mammograms)	No charge	30% coinsurance	No charge	30% coinsurance
Prescription Drugs – amounts you pay after deductible, except where otherwise noted:				
Retail—Generic Drug (30-day supply)	\$10 copay, no deductible	Generally, not covered	\$10 copay after deductible	Generally, not covered
Retail—Preferred Brand Drug (30-day supply)	\$25 copay, no deductible	Generally, not covered	\$25 copay after deductible	Generally, not covered
Retail—Nonpreferred Brand Drug (30-day supply)	\$40 copay, no deductible	Generally, not covered	\$40 copay after deductible	Generally, not covered

	PPO Plan BCBSIL Network: Participating Provider Organization (PPO)		CDHP Plan BCBSIL Network: Participating Provider Organization (PPO)	
	Network Providers	Non-Network Providers	Network Providers	Non-Network Providers
Mail Order—Generic Drug (90-day supply)	\$20 copay, no deductible	N/A	\$20 copay after deductible	N/A
Mail Order—Preferred Brand Drug (90-day supply)	\$50 copay, no deductible	N/A	\$50 copay after deductible	N/A
Mail Order—Nonpreferred Brand Drug (90-day supply)	\$80 copay, no deductible	N/A	\$80 copay after deductible	N/A
Hospital Services – amounts you pay after deductible				
Emergency Room (Emergency)	10% coinsurance	10% coinsurance	10% coinsurance	10% coinsurance
Emergency medical transportation	10% coinsurance	10% coinsurance	10% coinsurance	10% coinsurance
Urgent Care	10% coinsurance	30% coinsurance	10% coinsurance	30% coinsurance
Outpatient Surgery (facility/physician/surgeon)	10% coinsurance	30% coinsurance	10% coinsurance	30% coinsurance
Hospital	\$250 Non-compliance penalty per occurrence		\$250 Non-compliance penalty per occurrence	
Inpatient (facility/physician/surgeon)	10% coinsurance	30% coinsurance	10% coinsurance	30% coinsurance
Mental/Behavioral Health Services – amount you pay after deductible				
Inpatient Services	10% coinsurance	30% coinsurance	10% coinsurance	30% coinsurance
Outpatient Services	10% coinsurance	30% coinsurance	10% coinsurance	30% coinsurance
Substance Use Disorder Services – amount you pay after deductible				
Inpatient Services	10% coinsurance	30% coinsurance	10% coinsurance	30% coinsurance
Outpatient Services	10% coinsurance	30% coinsurance	10% coinsurance	30% coinsurance

	PPO Plan BCBSIL Network: Participating Provider Organization (PPO)		CDHP Plan BCBSIL Network: Participating Provider Organization (PPO)	
	Network Providers	Non-Network Providers	Network Providers	Non-Network Providers
Other Services – amount you pay after deductible				
Maternity: Prenatal and postnatal care (except as required under Preventive Care Services)	10% coinsurance	30% coinsurance	10% coinsurance	30% coinsurance
Maternity: Delivery and all inpatient services (\$250 non-compliance penalty per occurrence)	10% coinsurance	30% coinsurance	10% coinsurance	30% coinsurance
Home Health Care (calendar year maximum 100 visits (not to exceed 4 hours per visit))	10% coinsurance	30% coinsurance	10% coinsurance	30% coinsurance
Rehabilitation services (calendar year maximum 30 visits per condition (includes Multiple Sclerosis))	10% coinsurance	30% coinsurance	10% coinsurance	30% coinsurance
Habilitation services (calendar year maximum 30 visits per condition (includes Multiple Sclerosis))	10% coinsurance	30% coinsurance	10% coinsurance	30% coinsurance
Skilled Nursing Care (calendar year maximum 100 days; \$250 non-compliance penalty per occurrence)	10% coinsurance	30% coinsurance	10% coinsurance	30% coinsurance
Durable Medical Equipment	10% coinsurance	30% coinsurance	10% coinsurance	30% coinsurance
Hospice Service	10% coinsurance	30% coinsurance	10% coinsurance	30% coinsurance
Vision (see vision benefit)	Discounts may be available from BCBSIL network providers		Discounts may be available from BCBSIL network providers	
Dental check-up	See Dental Benefit Discounts may be available from BCBSIL network providers		See Dental Benefit Discounts may be available from BCBSIL network providers	

Voluntary Dental Benefits

Administered by BlueCross BlueShield of Illinois (BCBSIL)

BCBSIL's Dental program will include a PPO network. If you use a PPO network provider, you will not be responsible for amounts in excess of usual and prevailing amounts, and you may receive a discount from the dentist normal fees.

Annual Deductible (does not apply to Preventive Services)	Individual: \$100 Family: \$300
Annual Benefit Maximum	\$1,000
Preventive Dental Services (cleanings, exams, x-rays)	Plan covers 100%; you pay 0% (plus amounts in excess of usual and prevailing)
Basic Dental Services (fillings, root canal therapy, oral surgery)	Plan covers 80%; you pay 20% (plus amounts in excess of usual and prevailing)
Major Dental Services (extractions, crowns, inlays, onlays, bridges, dentures, repairs)	Plan covers 50%; you pay 50% (plus amounts in excess of usual and prevailing)
Orthodontic Services (for all Covered Individuals) <ul style="list-style-type: none"> • Deductible • Coinsurance • Lifetime Maximum 	\$100 Plan covers 50%; you pay 50% \$1,500

Voluntary Vision Insurance

Administered by VSP

Regular eye examinations can not only determine your need for corrective eyewear but also may detect general health problems in their earliest stages. Protection for the eyes should be a major concern to everyone.

VSP Coverage Effective Date: 01/01/2017

Benefits	Description	Copay	Frequency
WellVision Exam	Focuses on your eyes and overall wellness	\$10	Every calendar year
Prescription Glasses			
Frame	<ul style="list-style-type: none"> \$150 allowance for a wide selection of frames \$170 allowance for featured frame brands 20% savings on the amount over your allowance \$80 Costco frame allowance 	Included in prescription glasses	Every other calendar year
Lenses	<ul style="list-style-type: none"> Single vision, Lined Bifocal, and Lined Trifocal lenses Polycarbonate lenses for dependent children 	Included in prescription glasses	Every calendar year
Lens Enhancements	<ul style="list-style-type: none"> Standard progressive lenses Premium progressive lenses Custom progressive lenses Average savings of 20-25% on other lens enhancements 	\$55 \$95-\$105 \$150-\$175	Every calendar year
Contacts (instead of glasses)	<ul style="list-style-type: none"> \$130 allowance for contacts; copay does not apply Contact lens exam (fitting and evaluation) 	Up to \$60	Every calendar year
Extra Savings	Glasses and Sunglasses		
	<ul style="list-style-type: none"> Extra \$20 to spend on featured frame brands. Go to vsp.com/special offers for details. 20% savings on additional glasses and sunglasses, including lens enhancements, from any VSP provider within 12 months of your last WellVision Exam. 		
	Retinal Screening		
	<ul style="list-style-type: none"> No more than a \$39 copay on routine retinal screening as an enhancement to a WellVision Exam 		
	Laser Vision Correction		
	<ul style="list-style-type: none"> Average 15% off the regular price or 5% off the promotional price; discounts only available from contracted facilities. 		
Your Coverage With Out-of-Network Providers			
Visit vsp.com for details, if you plan to see a provider other than a VSP Network provider.			
Exam		Up to \$45	
Frame		Up to \$70	
Single Vision Lenses		Up to \$30	
Lined Bifocal Lenses		Up to \$50	
Lined Trifocal Lenses		Up to \$65	
Progressive Lenses		Up to \$50	
Contacts		Up to \$105	
Coverage with a participating retail chain may be different. Once your benefit is effective, visit www.vsp.com for details. Coverage information is subject to change. In the event of a conflict between this information and your organization's contract with VSP, the terms of the contract will prevail. Based on applicable laws, benefits may vary by location.			

Employee Contributions for Benefits

Payroll deductions for are based on your current gross annual wages as outlined below.

Plan	Income	Employee Only	Employee & One (Employee and spouse/ partner or Employee and one child)	Employee & Family
PPO Plan (including Dental/Vision)	Under \$25,000	\$202.00	\$381.00	\$572.00
	\$25,000 - \$49,999	\$205.00	\$387.00	\$580.00
	\$50,000 - \$74,999	\$208.00	\$392.00	\$589.00
	\$75,000 - \$99,999	\$211.00	\$398.00	\$598.00
	\$100,000+	\$214.00	\$405.00	\$607.00
CDHP Plan (including Dental/Vision)	Under \$25,000	\$157.00	\$286.00	\$433.00
	\$25,000 - \$49,999	\$158.00	\$289.00	\$437.00
	\$50,000 - \$74,999	\$159.00	\$292.00	\$441.00
	\$75,000 - \$99,999	\$161.00	\$294.00	\$446.00
	\$100,000+	\$162.00	\$298.00	\$450.00
Dental/Vision (excluding Medical)	Under \$25,000	\$12.00	\$20.00	\$30.00
	\$25,000 - \$49,999	\$12.00	\$20.00	\$30.00
	\$50,000 - \$74,999	\$12.00	\$20.00	\$30.00
	\$75,000 - \$99,999	\$12.00	\$20.00	\$30.00
	\$100,000+	\$12.00	\$20.00	\$30.00

Flexible Spending Accounts (FSAs)

Administered by PNC Bank

You can save money on your healthcare and/or dependent day care expenses with an FSA. You set aside funds each pay period on a pretax basis and use them tax-free for qualified expenses. You pay no federal income or Social Security taxes on your contributions to an FSA. (That's where the savings comes in.) Your FSA contributions are deducted from your paycheck before taxes are withheld, so you save on income taxes and have more disposable income.

Healthcare Spending Limit \$2,650

Dependent Care Spending Limit \$5,000

Here's How an FSA Works

1. You decide the annual amount you want to contribute to the FSA based on your expected healthcare and/or dependent childcare/elder care expenses.
2. Your contributions are deducted from each paycheck before income and Social Security taxes, and deposited into your FSA.
3. You can pay with the Healthcare FSA debit card for eligible healthcare expenses. For dependent care, you pay for eligible expenses when incurred, and then submit a reimbursement claim form or file the claim online.
4. You are reimbursed from your FSA. So, you actually pay your expenses with tax-free dollars

Life and Accidental Death & Dismemberment Insurance

Insured by Prudential

Life Insurance

Life insurance provides financial security for the people who depend on you. Your beneficiaries will receive a lump-sum payment if you die while employed by Knox College. The company provides Basic Term Life Insurance 2.5 times your base annual earnings to a maximum of \$100,000, Basic Dependent Term Life Insurance for your Spouse or domestic Partner in the amount of \$2,000 and Basic Dependent Term Life Insurance for your child(ren) in the amount of \$2,000.

Accidental Death and Dismemberment (AD&D) insurance provides payment to you or your beneficiaries if you lose a limb or die in an accident. Knox College provides Basic Accidental Death & Dismemberment (AD&D) Insurance 2.5 times your base annual earnings to a maximum of \$100,000. This coverage is in addition to your company-paid life insurance described above.

Voluntary Life and AD&D Insurance

Insured by Prudential

You may purchase life and AD&D insurance in addition to the company-provided coverage. You may also purchase life and AD&D insurance for your dependents if you purchase additional coverage for yourself. You are guaranteed coverage (up to \$200,000 and up to \$20,000 for your spouse) without answering medical questions.

Employee— in increments of \$10,000 from \$10,000 to \$300,000, not to exceed 5 times your covered annual earnings.

Spouse or Domestic Partner— in increments of \$5,000 from \$5,000 to \$150,000, not to exceed 50% of your Optional Life coverage amount.

Child(ren)— in increments of \$2,000 from \$2,000 to \$10,000, not to exceed 50% of your Optional Life coverage amount.

Long-Term Disability Insurance

Insured by Prudential

Employees are enrolled in the Long Term Disability program upon hire.

Meeting your basic living expenses can be a real challenge if you become disabled. Your options may be limited to personal savings, spousal income and possibly Social Security. Disability insurance provides protection for your most valuable asset—your ability to earn an income. It will also continue all contributions to your retirement fund if you are a participant.

LTD coverage provides income when you have been disabled for 180 days or more. Your benefit is 60% of your monthly earnings, up to \$5,000 per month. This amount may be reduced by other deductible sources of income or disability earnings. Benefit payments can continue to age 65 if you are under age 60 at the time of disability.

Contact Information

If you have specific questions about any of the benefit plans, please contact the administrator listed below, or your local human resources department.

Benefit	Administrator	Phone	E-mail	Website
Knox College	Jamie Ball	309.341.7474	jkball@knox.edu	
Medical	BCBSIL			bcbsil.com
Dental	BCBSIL			bcbsil.com
Vision	VSP			vsp.com
Flexible Spending (FSA/DCAP)	PNC Bank	844.356.9993		
Life and AD&D Insurance	Jamie Ball	309.341.7474	jkball@knox.edu	
Long-Term Disability	Jamie Ball	309.341.7474	jkball@knox.edu	
Voluntary Life and AD&D Insurance	Jamie Ball	309.341.7474	jkball@knox.edu	