

The Department of Human Resources is pleased to provide this brief description of employee benefits. This summary shall not constitute a contractual obligation in providing employee benefits. Only the specific Summary Plan Description or policy on file shall govern specific benefits. If you have questions or want additional information, please contact the Department of Human Resources at 415-929-6468.

SMART BENEFITS

UNIVERSITY OF THE
PACIFIC

2012 Benefit Summary

UNION

Medical/Vision, Dental, Flex Benefits, Life Insurance, Retirement and Other Benefit Plans:

Coverage for eligible full-time and part-time employees becomes effective the first day of the month following the date of employment. However, if employment starts the first day of the month, that will become the effective date.

MEDICAL PLANS (THREE PLAN CHOICES)

- 1) Anthem Blue Cross HMO* (Health Maintenance Organization):** Plan pays for covered items including \$20 copayment office visits, and routine physical with a \$0 copayment; \$100 copayment for Emergency Room (waived if admitted to hospital); \$100 copayment for hospital admission then 100% inpatient and outpatient hospitalization; vision care under VSP (Vision Services Plan) by schedule; chiropractic care (\$10 copayment, 30 visits per year). Prescription drugs with \$15 (generic) or \$25 (brand name: formulary) or \$45 (brand name: non-formulary) or \$45 compound drugs or self administered injectables (except insulin) 20% (maximum \$100); Specialty Pharmacy Program (see Anthem Blue Cross website). Other services per schedule. No Limits, No deductible. www.anthem.com/ca & www.vsp.com.
- 2) Anthem Blue Cross Point-of-Service*:** Three tiers of coverage at time of service:
 - Anthem Blue Cross HMO (Health Maintenance Organization): Plan pays for covered items including \$20 copayment office visits, and routine physical, well-baby care with \$0 copayment; \$100 copay for Emergency Room (waived if admitted to hospital); \$100 copayment for hospital admission, then 100% inpatient and outpatient hospitalization;
 - Prudent Buyer PPO (Preferred Provider Organization – In-Network Providers): Plan pays for physician visit with \$30 copayment. Other covered items at 80% with a \$300** individual deductible/\$900** maximum per family, \$100 copayment for hospital admission ; \$100 copay for Emergency Room (waived if admitted to hospital);
 - Prudent Buyer PPO (Preferred Provider Organization – Out-of -Network Providers): Plan pays covered items at 70% of UCR (Usual, Customary and Reasonable costs) with a \$300** individual deductible/\$900** maximum per family.; \$100 copay for Emergency Room (waived if admitted to hospital);

* Anthem Blue Cross Health Plan believes their coverage being offered, with the exception of Anthem Blue Cross Point of Service (POS) plan, are "grandfathered health plans" under the Patient Protection and Affordable Care Act. If you have questions about grandfathered health plans, please call Anthem at the telephone number printed on the back of your member identification card.

** Deductibles for Prudent Buyer PPO and Out-of-Network are combined. No lifetime maximum benefit.



Covered on all three tiers-Vision care under VSP (Vision Service Plan) by schedule; chiropractic care (\$10 copayment, 30 visits per year). Prescription drugs with \$15 (generic) or \$25 (brand name: formulary) or \$45 (brand name: non-formulary) or \$45 compound drugs or self administered injectables (except insulin) 20% (maximum \$100); Specialty Pharmacy Program (see Anthem Blue Cross website). Other services per schedule. No Limits, No deductible.

www.anthem.com/ca & www.vsp.com

1) Kaiser Permanente Health Plan HMO* (Health Maintenance Organization): Plan pays for covered items including \$20 copayment office visits, and routine physical with a \$0 copayment; \$100 copayment for Emergency Room (waived if admitted to hospital); \$100 copayment for hospital admission then 100% inpatient and outpatient hospitalization; vision care under VSP (Vision Services Plan) by schedule; chiropractic care (\$15 copayment, 30 visits per year). Prescription drugs covered with a \$10 copayment for 100-day supply, \$30 for Brand Name drugs. Other services per schedule. No limit, no deductible.

www.kp.org & www.vsp.com

DENTAL PLANS (TWO PLAN CHOICES)

DELTA DENTAL PPO – Yearly deductible of \$50 per person per year to maximum of \$150 per family; coverage 100% Preventative (no deductible); 90% Basic Services; 60% Major Services (includes Implants); \$1,500 limit per person per year. Orthodontic coverage at 50% to \$1,500 lifetime maximum. Orthodontic coverage becomes effective on the first day of the month following 6 months of employment.

www.deltadentalins.com

DELTA CARE USA PPO – No or low copayments for over 300 procedures; No annual deductible; No maximums for covered benefits; No waiting periods including Orthodontic benefits; no employee payroll contributions. DeltaCare will assign a dental office to you when you first enroll under the plan. However, you may contact Delta Dental and select a different DeltaCare California network dentist for each family member (limit of up to 3 per family). www.deltadentalins.com

Plan Coverage	Union Full-Time Employee		Union Part-Time Employee	
	Option 1	Option 2	Option 1	Option 2
Anthem Blue Cross HMO				
Employee Only	\$ 45		\$ 88	
Employee + One	\$ 93	\$ 117	\$ 184	\$ 232
Employee + Family	\$ 133	\$ 153	\$ 264	\$ 304
Anthem Blue Cross POS				
Employee Only	\$ 68		\$ 136	
Employee + One	\$ 145	\$ 183	\$ 285	\$ 359
Employee + Family	\$ 205	\$ 235	\$ 406	\$ 466
Kaiser HMO				
Employee Only	\$ 42		\$ 84	
Employee + One	\$ 80	\$ 99	\$ 166	\$ 209
Employee + Family	\$ 118	\$ 138	\$ 247	\$ 287
Delta Dental				
Employee Only	\$ 7		\$ 13	
Employee + One	\$ 16		\$ 22	
Employee + Family	\$ 19		\$ 30	
DeltaCare USA DHMO				
Employee Only	\$ 0		\$ 0	
Employee + One	\$ 0		\$ 0	
Employee + Family	\$ 0		\$ 0	

FLEXIBLE BENEFIT PLANS

HEALTH CARE FLEXIBLE SPENDING ACCOUNT: Up to \$5,000 of pre-tax dollars may be set aside to lower tax liability. Eligible unreimbursed expenses may be submitted to receive “tax free” dollars, thereby resulting in tax savings to the employee. The Payflex Card is available which allows you to directly pay for services.

www.healthhub.com

DEPENDENT CARE FLEXIBLE SPENDING ACCOUNT: Up to \$5,000 of pre-tax dollars (\$2,500 if married and filing a separate income tax return) may be set aside to lower tax liability. Eligible unreimbursed expenses may be submitted to receive “tax free” dollars, thereby resulting in tax savings to the employee. The Payflex Card is available which allows you to directly pay for services.

www.healthhub.com

Remember, if enrolling after January 1 of the plan year, eligible expenses will be from the date of participation. Additionally, mid-year changes can only be made if there is a Qualifying Life Event and HR must receive your enrollment/change form within 31 days of the event.

LIFE INSURANCE

BASIC LIFE AND ACCIDENTAL DEATH AND DISMEMBERMENT INSURANCE – Eligible full-time and part-time employees receive at no cost, life and accidental death and dismemberment at one times the employee’s annual base salary. New no cost Emergency Travel Assistance and Identity Theft programs are provided through Assist America.

VOLUNTARY LIFE AND AD&D INSURANCE – Employees may purchase Voluntary Life and Accidental Death and Dismemberment coverage for themselves and eligible family members. Guaranteed issue amount for newly eligible employees is one (1) times annual salary, spouse/domestic partner is \$20,000 and child(ren) is \$20,000.

DISABILITY INSURANCE

LONG-TERM DISABILITY – This is a mandatory plan and coverage for eligible full-time and part-time employees becomes effective the first day of the month following the date of employment. However, if employment starts the first working day of the month, that will become the effective date. The plan provides a benefit equivalent to 60% of regular monthly base salary, not to

exceed \$6,000 per month, less the sum of the benefits from other sources. The plan also pays a 10% contribution to your regular, mandatory retirement plan. The plan is portable upon termination. Pacific shares in the cost of this benefit.

* *Kaiser Permanente Health Plan believes this coverage is a “grandfathered health plan” under the Patient Protection and Affordable Care Act. If you have questions about grandfathered health plans, please call Health Plan’s Member Service Call Center at 1-800-464-4000.*

VOLUNTARY SHORT TERM DISABILITY (VSDI) / PAID FAMILY LEAVE INSURANCE (PFLI) – California law requires employees to participate in a State disability insurance and Paid Family Leave Insurance and pay the cost.

VSDI – Pacific automatically enrolls all eligible employees in their Voluntary Short Term Disability Plan, which offers you a greater benefit than the mandatory State plan at the same cost. The benefit, after seven days of disability or upon hospitalization, is paid in conjunction with sick leave or vacation pay. The minimum weekly benefit is \$50 based on salary at time of disability and can pay to a maximum of \$1,011 per week. Pays an additional \$15 daily while hospitalized. Payable for a maximum of 52 weeks. The cost for 2012 is 1.0% of first \$95,585 of earnings and this cost also covers the Paid Family Leave Insurance.

PFLI – Provides disability income (up to six weeks within any 12-month period) to employees who take time off work to care for their seriously ill child, spouse, parent, or to bond with a new child. Benefits will be paid up to \$1,011 per week, however, you will be required to use one week of sick leave or a combination of sick leave and vacation time if applicable, prior to receiving Paid Family Leave benefits. The cost for 2012 is included in the VSDI contribution rate above.

EMPLOYEE ASSISTANCE PLAN

ComPsych Guidance Resources – Confidential outpatient counseling, including financial and legal issues, available through Guidance Resources providers. Call 1-877-595-5281 for referral. Provides private and confidential counseling to employees and their household members; daytime and evening appointments; licensed, professional counselors. Benefit provided at no cost to employee. www.guidanceresources.com New enrollees: Web ID-EAPBusiness Employer Name-UNIVE

RETIREMENT PLANS

GROUP RETIREMENT ANNUITY PLAN (GRA) – Group Retirement Annuity Plan (GRA) - If you are an Eligible Employee, age 26 or older, and have a minimum of one (1) Year of Eligible Service, you are eligible to participate beginning on the first day of the month following the date you meet the eligibility conditions. Service with another institution of higher education may count toward the one year service requirement. Participation requires you to contribute 5% of your eligible earnings to TIAA-CREF funds of your choice. The University contributes 10% of eligible earnings. All contributions, Employee and Employer, are tax-deferred and immediately 100% vested.

GROUP SUPPLEMENTAL RETIREMENT ANNUITY PLAN (GSRA) – The University provides voluntary tax-deferred annuities through TIAA-CREF. Regardless of age or years of service, all non-student employees are eligible to elect to participate in the GSRA. Employees may contribute up to \$17,000 of base annual salary on a tax deferred basis not to exceed IRS limit. Catch-up contributions are available to employees age 50 or older. www.tiaa-cref.org/pacific/

Enrolling from Work or Home

Pacific is pleased to provide you an opportunity to have access to your benefits information at any time, i.e., 24 hours a day, 7 days a week, 365 days a year. Pacific’s Smart Benefit website will allow you to complete a Smart Benefits Enrollment Form, examine your benefit options, find links to carriers or other plan documents, and investigate the Insider. Simply follow the steps below to gain access to Pacific’s Smart Benefits information.

1. Connect to the Internet.
2. Enter the following URL in your browser’s address line:
<http://www.mypacific.myusi.com>
3. Enter the User ID: mypacific
4. Enter the Password: benefits
5. Click on the “Smart Benefits” Icon at the top and/or middle of the page to access the “Smart Benefits Center”
6. Under “Take Action”, click on the “Enroll in my benefit plans” link for the Smart Benefits Enrollment Form
7. You can complete your enrollment form online and print off your completed Smart Benefits Enrollment Form*
(**Note:** you cannot save your entries to this form)
8. Submit your signed Smart Benefits Enrollment/Change form to Human Resources with any supporting documentation, i.e. marriage or domestic partner certificates, Student Certification Forms, etc.

Additional Benefits, Opportunities & Services

VOLUNTARY PLANS (LONG TERM CARE PARTNERS AND AFLAC PLANS) – Benefit eligible employees may request to apply for any of these programs. Premium Payments are made by Employee Direct Billing, Bank Draft, or Credit Card. Access www.mypacific.myusi.com for more information.

TRANSPORTATION MANAGEMENT PROGRAM – Participation in the Transportation Management Program allows you to set aside pre-tax dollars to pay for qualified parking expenses, transit passes or vanpooling expenses. www.flexamerica.com.

SOCIAL SECURITY – In 2012, the employee will contribute 4.2% and Pacific will contribute 6.2% of the first \$110,100 of annual salary to Social Security plus 1.45% of all salary. <http://ssa.gov>

WORKERS' COMPENSATION INSURANCE – Paid by Pacific, covers medical expenses for work-related illnesses or injuries, plus a disability allowance. All injuries, however minor, must be reported to your Supervisor and the Department of Human Resources on the day of the injury. Specific treatment and reporting procedures must be followed.

UNEMPLOYMENT COMPENSATION INSURANCE – Pacific contributes to a self-insured unemployment insurance fund from which all benefits are paid. Basic benefits are payable to eligible former employees for a maximum of 26 weeks.

TRAVEL ACCIDENT INSURANCE – Paid by Pacific when employee travels on University business. Provides \$175,000 coverage for accidental death or dismemberment.

TUITION REMISSION – Employees and eligible dependents are entitled to tuition remission benefits. Specific policy rules on tuition remission are available from the Department of Human Resources. Tuition remission granted for up to 90% of eligible employee's full-time equivalency.

<http://www.pacific.edu/Documents/hr/acrobat/TuitionRemissionPolicy2005Revised.pdf>

TUITION EXCHANGE – Programs are available for eligible dependents of employees to attend colleges participating in the Tuition Exchange Plan. Details may be obtained from the Office of Financial Aid.

www.tuitionexchange.org

DISCOUNT CARDS – Department of Human Resources has available special discount cards to various vacation destinations.

CREDIT UNION – Employees are eligible to join the San Francisco Federal Credit Union. For information regarding membership benefits:

www.sanfranciscofcu.com

SEE'S CANDIES DISCOUNT PROGRAM – Pacific employees are able to enjoy up to 24% off retail prices between November 1, 2011 through October 31, 2012. Discount purchases are only available at See's Quantity Discount Stores: South San Francisco - 400 South Airport Boulevard - Phone: (650) 583-6349.

For additional See's Candies Quantity Discount locations visit

http://qd.sees.com/index.cfm/shop_locations/Discount_Shop_List

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