



# 2021 BENEFITS



2021

JANUARY 1 - DECEMBER 31, 2021

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# Welcome Xavier Community

We are committed to providing you with a competitive, comprehensive benefits program that provides the care you and your family need to lead healthy, productive lives. Please review this guide carefully for highlights of our benefits and discuss your options with your family.



# Medical Plans



We are proud to offer you a choice between five different medical plans that provide comprehensive medical and prescription drug coverage. The plans also offer many resources and tools to help you maintain a healthy lifestyle. Following is a brief description of each plan.

## HUMANA HMO

With the HMO plan, you select a primary care physician (PCP) from the participating network of providers who will coordinate your health care needs, refer you to specialists (if needed) and approve further medical treatment. Services received outside of the HMO's network are not covered, except in the case of emergency medical care.

## HUMANA SIMPLICITY AND ENHANCED PPO

The PPO plans give you the freedom to seek care from the provider of your choice. However, you will maximize your benefits and reduce your out-of-pocket costs if you choose a provider who participates in the Humana PPO network. The calendar-year deductible must be met before certain services are covered.

## HUMANA HIGH DEDUCTIBLE HEALTH PLANS & HSA

Like the PPO plans, the High-Deductible Health Plans (HDHP) give you the freedom to seek care from the provider of your choice. You will maximize your benefits and reduce your out-of-pocket costs if you choose a provider who participates in the Humana network. In addition, the HDHP comes with a health savings account (HSA) that allows you to save pre-tax dollars to pay for any qualified health care expenses as defined by the IRS, including most out-of-pocket medical, prescription drug, dental and vision expenses.

Here's how the HSA plan works:

- ◆ **Annual Deductible:** You must meet the entire annual deductible before the plan starts to pay for non-preventive medical and prescription drug expenses. **NOTE:** *If you enroll one or more family members, you must meet the full FAMILY deductible before the plan starts to pay expenses for any one individual.*
- ◆ **Coinsurance:** Once you've met your plan's annual deductible, you are responsible for a percentage of your medical expenses, which is called coinsurance.

- ◆ **Out-of-Pocket Maximum:** Once your deductible and coinsurance add up to the plan's annual out-of-pocket maximum, the plan will pay 100% of all eligible covered services for the rest of the calendar year. **NOTE:** *if you enroll one or more family members, you must meet the full FAMILY out-of-pocket maximum before the plan starts to pay covered services at 100% for any one individual.*
- ◆ **Health Savings Account (HSA):** You may contribute to your HSA through pre-tax payroll deductions to help offset your annual deductible and pay for qualified health care expenses. **To be eligible for the HSA, you cannot be covered through Medicare Part A or Part B or TRICARE programs.**

**Important:** Your contributions may not exceed the annual IRS limits listed below.

HSA Contribution Limit	2021
Employee Only	\$3,600
Family (employee +1 or more)	\$7,200
Catch-up (age 55+)	\$1,000

Your HSA is yours for life. The money is yours to spend or save, regardless of whether you change health plans, retire or leave the University. There is no "use it or lose it" rule. Your account grows tax free over time as you continue to roll over unused dollars from year to year. You decide how or if you want to spend your HSA funds. You can use them to pay for you and your dependents' HSA eligible expenses including doctor's visits, prescriptions, braces, glasses - even laser vision correction surgery.

# Medical Coverage

	Plan A: \$2,500 HDHP with HSA	Plan B: Simplicity PPO	Plan C: Ochsner HMO	Plan D: \$1,500 HDHP with HSA	Plan E: Enhanced PPO
<b>Physician Visit</b>					
Preventive Care Services	100% Covered	100% Covered	100% Covered	100% Covered	100% Covered
Primary Care	Deductible + 20%	\$25 Copay	\$30 Copay	Deductible Only	\$25 Copay
Specialist	Deductible + 20%	\$65 Copay	\$60 Copay	Deductible Only	\$40 Copay
Urgent Care	Deductible + 20%	\$100 Copay	\$50 Copay	Deductible Only	\$75 Copay
Emergency Room Visit	Deductible + 20%	\$375 Copay	\$250 Copay waived if admitted to hospital	Deductible Only	\$150 Copay waived if admitted to hospital
Inpatient Hospital Stay	Deductible + 20%	\$700 Copay per day, Max 3 Days	\$300 Copay per day, Max 3 Days	Deductible Only	Deductible Only
Imaging (CT/PET/MRI)	Deductible + 20%	\$375 Copay	\$0	Deductible Only	Deductible Only
<b>Deductible &amp; Coinsurance</b>					
Individual	\$2,500	\$0	\$0	\$1,500	\$750
Family	\$5,000	\$0	\$0	\$3,000	\$1,500
Coinsurance	80%	100%	100%	100%	100%
<b>Out-of-Pocket Max</b>					
Individual	\$3,400	\$5,000	\$3,500	\$1,500	\$4,000
Family	\$6,800	\$10,000	\$7,000	\$3,000	\$8,000
Super Max OOP	n/a	\$6,250 - Individual \$12,500 - Family	\$6,250 - Individual \$12,500 - Family	n/a	n/a
<b>Out-of-Network Costs</b>					
Deductible	\$7,500 - Individual \$15,000 - Family	\$5,000 - Individual \$10,000 - Family	n/a	\$4,500 - Individual \$9,000 - Family	\$2,250 - Individual \$4,500 - Family
Coinsurance	50%	50%	n/a	70%	60%
Out-of-Pocket Max	\$10,200 - Individual \$20,400 - Family	\$15,000 - Individual \$30,000 - Family	n/a	\$7,000 - Individual \$14,000 - Family	\$12,000 - Individual \$24,000 - Family
<b>Prescription Drugs</b>					
Tier 1	Deductible + 20%	\$10 Copay	\$10 Copay	Deductible Only	\$10 Copay
Tier 2	Deductible + 20%	\$40 Copay	\$30 Copay	Deductible Only	\$25 Copay
Tier 3	n/a	\$70 Copay	\$50 copay	n/a	\$40 Copay
Tier 4	n/a	25% Coinsurance	25% Coinsurance	n/a	n/a
Specialty Rx	n/a	35% Coinsurance	35% Coinsurance	n/a	35% Coinsurance
Mail Order (up to 60-day supply)	Same as Retail	2.5x Retail Copay	2.5x Retail Copay	Same as Retail	2x Retail Copay

# Contributions

## Medical Coverage: Monthly Rate

Medical	Plan A: \$2,500 HDHP	Plan B: Simplicity PPO	Plan C: Ochsner HMO	Plan D: \$1,500 HDHP	Plan E: Enhanced PPO
Employee	\$0	\$75.82	\$124.08	\$104.19	\$228.94
Employee + Spouse	\$325.15	\$530.36	\$626.89	\$587.10	\$836.61
Employee + Child(ren)	\$236.31	\$431.26	\$522.95	\$485.15	\$722.19
Family	\$507.62	\$835.93	\$990.40	\$926.74	\$1,325.95

## Medical Coverage: Bi-Weekly Rate

Medical	Plan A: \$2,500 HDHP	Plan B: Simplicity PPO	Plan C: Ochsner HMO	Plan D: \$1,500 HDHP	Plan E: Enhanced PPO
Employee	\$0	\$37.91	\$62.04	\$52.10	\$114.47
Employee + Spouse	\$162.58	\$265.18	\$313.45	\$293.55	\$418.31
Employee + Child(ren)	\$118.16	\$215.63	\$261.48	\$242.58	\$361.10
Family	\$253.81	\$417.97	\$495.20	\$463.37	\$662.98



## Flexible Spending Account

We provide you with an opportunity to participate in up to two different flexible spending accounts (FSAs) administered through Humana. FSAs allow you to set aside a portion of your income, before taxes, to pay for qualified health care and/or dependent care expenses. Because that portion of your income is not taxed, you pay less in federal income, Social Security and Medicare taxes.

### Healthcare FSA

For 2021, you may contribute up to \$2,750 to cover qualified health care expenses that are not paid for by insurance such as deductibles, copays and prescription drugs. You have access to the full annual amount of your healthcare FSA on the first day of plan year, prior to money being deducted from your paycheck. **You may rollover up to a maximum of \$500 of any unused amount from the current plan year to the following plan year.** Any unused amount in excess of \$500 that remains unused will be forfeited at the end of the year.

You can access your FSA funds through the Humana Access MasterCard Debit Card or pay out-of-pocket and get reimbursed by submitting a paper Spending Account Claim Form.

### Dependent Care FSA

For 2021, you may contribute up to \$5,000 per year if you are single or married filing joint tax return and \$2,500 if you are married filing separate tax returns (per IRS guidelines). The Dependent Care FSA may be used for eligible child care and adult day care for a dependent child (children under 13) or adult while you are at work.

### DON'T FORGET!

You are required to designate the pre-tax amount you want to contribute for the 2021 plan year. This contribution may not be changed during the course of the year.

## Dental & Vision

Dental Plan Features	Low Plan	High Plan
Annual Deductible (single/family)	\$50/\$150	\$50/\$150
Annual Maximum Benefit	\$1,000	\$2,500
Preventive (oral exams, x-rays, cleanings, sealants*, space maintainers*)	Plan pays 100%	Plan pays 100%
Basic (fillings, oral surgery, extractions)	Plan pays 80% after deductible	Plan pays 80% after deductible
Major (crowns, dentures, bridges, root canals)	Plan pays 50%	Plan pays 70%
Orthodontia (up to age 19)	Plan pays 50%	Plan pays 50%
Orthodontia Lifetime Max	\$1,000	\$2,500

\*Provided for covered persons age 14 years and younger.

Vision Plan Features	
Exam	\$10 copay
Frames	Up to \$130 retail allowance, 20% off exceeding balance
Lenses Single, Biofocal, Trifocal	\$15 copay
Contact Lenses	Up to \$130 allowance, 15% off exceeding balance Medically necessary - 100%
Benefit Frequency	Exams - 1x every 12 months Lenses/Contacts - 1x every 12 months Frames - 1x every 24 months

# Contributions

## Dental Coverage: Monthly Rate

Dental	Low Plan	High Plan
Employee	\$24.99	\$36.81
Employee + Spouse	\$49.93	\$73.53
Employee + Child(ren)	\$52.84	\$77.83
Family	\$82.76	\$121.87

## Vision Coverage: Monthly Rate

Vision	
Employee	\$5.58
Employee + Spouse	\$10.60
Employee + Child(ren)	\$11.16
Family	\$16.74

## Dental Coverage: Bi-Weekly Rate

Dental	Low Plan	High Plan
Employee	\$12.50	\$18.41
Employee + Spouse	\$24.97	\$36.77
Employee + Child(ren)	\$26.42	\$38.92
Family	\$41.38	\$60.94

## Vision Coverage: Bi-Weekly Rate

Vision	
Employee	\$2.79
Employee + Spouse	\$5.30
Employee + Child(ren)	\$5.58
Family	\$8.37



# Life & AD&D

## Basic Life/AD&D Coverage

This coverage is provided by the University at no cost to you. Coverage is effective on the first day of the month following your date of hire.

NOTE: Be sure to update your beneficiary information each year.

Employer Paid Life/AD&D	
Life Amount	1x basic annual earnings to a max of \$150,000
AD&D	Matches life amount
Age Reductions	Benefit reduces to 65% at age 65; to 40% at age 70, and to 20% at age 75 of the in force amount



## Voluntary Life/AD&D

This coverage is 100% employee paid. Insurance may be purchased on the employee, his/her spouse and/or dependent children. Employee must be insured for dependents to be covered.

	Amount	Guaranteed Issue
Employee	\$10,000 increments, to a maximum of \$500,000	\$150,000
Spouse	\$5,000 increments, to a maximum of \$250,000, not to exceed 50% of employee's benefit	\$50,000
Child(ren)	14 days to 6 months: \$500 6 months to 26 years: \$10,000,	\$10,000
Benefit Reductions	Benefits reduce to 65% at age 65; to 40% at age 70 and to 20% at age 75	
Accelerated Death Benefit	Up to 75%	

## Voluntary Life/AD&D Rates

Age	Monthly Rate with AD&D	Bi-Weekly Rate with AD&D
<30	\$0.072	\$0.036
30-34	\$0.096	\$0.048
35-39	\$0.108	\$0.054
40-44	\$0.126	\$0.063
45-49	\$0.199	\$0.100
50-54	\$0.340	\$0.170
55-59	\$0.576	\$0.288
60-64	\$0.800	\$0.400
65-69	\$1.561	\$0.781
70-74	\$2.710	\$1.355
75+	\$4.871	\$2.436
Dependent Child	\$4.56/Family Unit	\$2.28/Family Unit

### How to calculate contribution per paycheck:

(Amount of Life Benefit divided by 1,000) X Rate = Monthly Cost  
 (Monthly Cost X 12) / 24 = Bi-Weekly contribution



# Disability

## Voluntary Short Term Disability

This coverage is 100% employee paid. Insurance may be purchased on the employee. Disability income protection insurance provides a benefit resulting from a covered injury or sickness. Benefits begin at the end of the elimination period and continue while you are disabled up to the maximum benefit duration.

Note: This benefit is only available at Open Enrollment.

### Short-Term Disability (STD)

Income Replacement	60% of covered weekly earnings
Monthly Max Benefit	\$1,500 per week
When Benefit Begins	14 days accident/14 days sickness
Duration of Benefits	11 weeks
Pre-Existing Limitation	3/12

## Long Term Disability

This coverage is provided by the University at no cost to you. Disability income protection insurance provides a benefit resulting from a covered injury or sickness. Benefits begin at the end of the elimination period and continue while you are disabled up to the maximum benefit duration. Benefits become effective 1st of the month following 30 days of your date of hire.

Note: This benefit is provided for full time benefit eligible employees only.

### Long-Term Disability (LTD)

Income Replacement	60% of covered monthly earnings
When Benefit Begins	90 consecutive days of Total Disability
Duration of Benefits	Benefits will not accrue beyond the duration specified below.

Age at Disablement	Duration of Benefits (in years)
61 or less	To Age 65
62	3.5
63	3
64	2.5
65	2
66	1.75
67	1.5
68	1.25
69 or more	1

# Voluntary Benefits (only available at Open Enrollment)

## Critical Illness Insurance

To protect yourself and your dependents from the financial fallout as a result of accident, injury, or even death, you have the option to purchase voluntary accident and critical illness insurance at discounted group rates.

With critical illness insurance, you'll receive a lump-sum benefit if you are diagnosed with a covered condition (e.g., heart attack, cancer or stroke) to pay for treatments, prescriptions, travel, living expenses and more. For more information, please see policy for details.

### Sample Rates

Issue Age	Non Tobacco Monthly	Non Tobacco Bi-Weekly	Tobacco Monthly	Tobacco Bi-Weekly
20	\$11.00	\$5.50	\$14.99	\$7.49
30	\$18.20	\$9.10	\$27.82	\$13.91
40	\$34.79	\$17.40	\$60.01	\$30.00
50	\$64.00	\$32.00	\$113.01	\$56.50
60	\$108.42	\$54.21	\$174.59	\$87.29

## Accident Insurance

Accident Insurance can soften the financial impact of an unexpected, non-work related accident by providing a monetary benefit to help cover unexpected costs related to your injuries such as emergency room care or related surgery. Benefits are paid directly to you. Coverage is also available to your spouse and dependents. For more information, please see policy for details.

### Sample Rates

Coverage	Monthly Rate	Bi-Weekly Rate
Employee	\$20.00	\$10.00
Employee + Spouse	\$32.93	\$16.47
Employee + Child	\$38.13	\$19.07
Family	\$51.09	\$25.55

## Whole Life

Whole Life is designed to pay a death benefit to your beneficiaries, but can also build cash value for you to use while you are living. Once your cash value builds to a certain level, you can borrow from it or use it to buy a smaller "paid-up" policy with no more premiums due. If you are diagnosed with a medical condition that limits life expectancy to 12 months or less, you can request up to 100% of the benefit amount, maximum of \$150,000. For more information, please see policy for details.

### Sample Rates

Issue Age	Non Tobacco Monthly	Non Tobacco Bi-Weekly	Tobacco Monthly	Tobacco Bi-Weekly
20	\$15.75	\$7.88	\$27.21	\$13.61
30	\$22.53	\$11.27	\$37.09	\$18.55
40	\$36.31	\$18.16	\$60.30	\$30.15
50	\$64.06	\$32.03	\$105.47	\$52.74
60	\$127.34	\$63.67	\$205.73	\$102.87

## LifeLock: Identity Theft Protection

Lifelock Identity Theft Protection will help keep you safe from potential threats to your identity and financial assets such as 401(k) and investment accounts. It will detect identity theft and alert you while specialists work to restore and resolve the problem.

### Sample Rates

Coverage	Benefit Elite Monthly	Benefit Elite Bi-Weekly	Ultimate Plus Monthly	Ultimate Plus Bi-Weekly
Employee	\$8.49	\$4.25	\$13.99	\$6.99
Employee +	\$16.98	\$8.49	\$27.98	\$13.99

# Retirement

All eligible employees have the opportunity to save for retirement by participating in the Xavier University 403(b) plans. You can participate in this plan by making pre-tax contributions.

## Not yet contributing to the 403(b) plan?

To start your contributions to the 403(b) plan, schedule an appointment with a plan representative to complete the enrollment process. Upon completion, return the salary reduction agreement to the Office of Human Resources. You must be enrolled in the retirement plan before payroll deductions are effective. The university will match your 403(b) contributions, dollar for dollar **up to the first 6%.** **Please note that in addition to completing and returning a salary reduction agreement, you must also establish an account with the appropriate investment provider that you have selected on the salary reduction agreement.** You may also need to provide any additional information that may be required to enroll you in the 403(b) plan.

## Already contributing to the 403(b) plan?

Great News! You have an opportunity to increase your contributions to the 403(b) Plan. If you are currently contributing to the 403(b) plan, you may be able to increase your pre-tax contributions or change providers if you deem appropriate. Please note that you can contribute to both TIAA and VOYA at the same time or to either of these providers if you prefer, but your total contributions cannot exceed the allowable limits.

If your current financial situation means that you need to lower saving for retirement, you can change your contribution rate by completing and returning a salary reduction agreement as described above.

## How much can I contribute?

The general limit on salary reduction for 2021 is \$19,500; however, this amount may be adjusted annually. If you have been employed with the University for 15+ consecutive years, you may be eligible to contribute up to an additional \$3,000 in 2021, based on your prior contributions. For employees age 50 or over, an additional catch up contribution of \$6,500 may be contributed for 2021. If you are eligible for both catch-ups, the IRS requires that you first contribute under the 15 Years of Service catch-up before contributing under the Age 50+ catch up. This limit must not exceed the statutory

**Note: Upon eligibility, it is the responsibility of the eligible employee to inform the office of Human Resources of any special enrollment circumstances that may waive the two year waiting period for employer match. Proper documentation is required.**

# Employee Assistance Program

Life is full of challenges, and sometimes balancing it is difficult. We are proud to provide a confidential program dedicated to supporting the emotional health and well-being of our employees and their families. The employee assistance program (EAP) is provided at **NO COST** to you through Humana, and allows three face-to-face sessions with credentialed professional counselors.

The EAP can help with the following issues, among others:

- » Mental health
- » Relationships or marital conflicts
- » Child and eldercare
- » Substance abuse
- » Grief and loss
- » Legal or financial issues

Call 866-440-6556 or  
visit [www.humana.com/eap](http://www.humana.com/eap)  
Username: eapt  
Password: eapt



# Benefits Contact Directory

TOPIC	CONTACT	PHONE NUMBER	WEBSITE & NETWORK
Xavier Human Resources	Adicia Waddell, Director	504-520-7537	<a href="mailto:awaddell1@xula.edu">awaddell1@xula.edu</a>
Medical Coverage Policy #680135	Humana	1-866-427-7478	<a href="http://www.humana.com">www.humana.com</a>
Dental Coverage Policy #680135	Humana	1-800-233-4013	<a href="http://www.humana.com">www.humana.com</a>
Vision Coverage Policy #680135	Humana	1-866-995-9316	<a href="http://www.humana.com">www.humana.com</a>
Health Savings Account (HSA) Flexible Spending Accounts (FSA)	Humana	1-866-427-7478	<a href="http://www.humana.com">www.humana.com</a>
Life & AD&D Policy #158319	Reliance Standard	504-520-5280	<a href="mailto:nthoma13@xula.edu">nthoma13@xula.edu</a>
Short Term Disability Policy #327634	Reliance Standard	504-520-5280	<a href="mailto:nthoma13@xula.edu">nthoma13@xula.edu</a>
Long Term Disability Policy #125732	Reliance Standard	504-520-5280	<a href="mailto:nthoma13@xula.edu">nthoma13@xula.edu</a>
Voluntary Benefits	Unum	1-800-635-5597	<a href="http://www.unum.com">www.unum.com</a>
Employee Assistance Program (EAP)	Humana	1-866-440-6556	<a href="http://www.humana.com/eap">www.humana.com/eap</a>
403(b) Retirement	VOYA or TIAA	1-800-873-2161 - VOYA 1-800-842-2776 - TIAA	<a href="http://www.voyaretirementplans.com">www.voyaretirementplans.com</a> <a href="http://www.tiaa.org/xula">www.tiaa.org/xula</a>
Identity Theft	Lifelock	1-844-698-8640	<a href="http://www.lifelock.com">www.lifelock.com</a>

