



2024

BENEFITS GUIDE



JANUARY 1, 2024 - DECEMBER 31, 2024

NEW & NOTEWORTHY

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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.

New & Noteworthy

- ◆ **Premiums for 2024:** We are very pleased to announce there will be no increases to employee premiums on our medical plans. Dental premiums will be decreasing for both plans and Vision premiums will not increase.
- ◆ **Medical Plans Administered by UnitedHealthcare (UHC):** Starting on January 1st, the medical benefits will be administered by UnitedHealthcare. Some of your benefits like deductibles and copays are a little different than they have been in the past and you'll be accessing new networks. More details can be found on page 3.
- ◆ **New Wellness Platform:** UHC Rewards will replace Go365 starting on January 1st. This robust wellness program allows you to earn incentives up to \$1,000 in rewards by completing healthy activities throughout the year.
- ◆ **New Medical ID Cards:** You will be receiving a new medical ID card through UnitedHealthcare if you enroll in any of our 5 medical plan options.
- ◆ **Dental & Vision Plans with UnitedHealthcare (UHC):** Starting on January 1st, United Healthcare will administer your dental and vision benefits. You will not receive mailed cards for Dental and Vision. Digital cards are available online at myuhc.com. You can also utilize your UHC member ID or your SSN/DOB at the provider office. Additional details can be found on page 6.
- ◆ **Flexible Spending Accounts:** If you would like to participate in the Healthcare FSA or Dependent Care FSA in 2024, OCA will provide those benefits to you. You will still use your remaining 2023 FSA funds through Ameri-Flex within the existing timelines and deadlines for use (March 31, 2024).
- ◆ **Health Savings Accounts:** For those who participate in one of the High Deductible Plans and are eligible for the HSA, your HSA accounts will be with OCA starting on January 1st. You will still have access to your HSA balance with Ameri-Flex with the option to transfer these funds or spend them down.
- ◆ **New Employee Assistance Program (EAP):** On January 1st, Optum will be our new EAP provider. This program includes access to three face-to-face (per incident) visits with licensed counselors.

Medical Plans | UnitedHealthcare



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

UHC HMO (Plan C)

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, but still in-network with UHC are covered at a lesser benefit. Emergency coverage out of network is covered.

UHC ESSENTIAL AND ENHANCED PPO COPAY (Formerly Simplicity and Enhanced PPO) (Plan B & E)

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 UHC's Choice + Network. The calendar-year deductible must be met before certain services are covered.

UHC HIGH DEDUCTIBLE HEALTH PLANS & HSA (Plan A & D)

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 UHC's Choice + Network. In addition, the HDHP comes with a health savings account (HSA) through OCA 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 | 2024 |
|------------------------------|---------|
| Employee Only | \$4,150 |
| Family (employee +1 or more) | \$8,300 |
| 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.

Find a Provider in UnitedHealthcare's Network:

- ◆ **Plan A, B, D, & E**
Visit connect.werally.com/plans/uhc > Medical Directory > Employer and Individual Plans > Select "Choice Plus" Network > Set Location > Search
- ◆ **Plan C Only**
Visit uhc.com/laselect > Let's Get Started > Select "LA Select Tiered (EPO) Provider Search" > Set Location > Search

Medical Coverage | UnitedHealthcare

| Carrier | UnitedHealthcare | | | | |
|-------------------------------------|--|--|---|---|--|
| Network | Choice Plus | Choice Plus | Select Ochsner Tiered | Choice Plus | Choice Plus |
| Plan | Plan A: \$2,500 HDHP with HSA | Plan B: Essential PPO Copay | Plan C: Ochsner HMO | Plan D: \$1,600 HDHP with HSA | Plan E: Enhanced PPO Copay |
| Physician Visit | | | | | |
| Preventive Care Services | 100% Covered | 100% Covered | 100% Covered | 100% Covered | 100% Covered |
| Primary Care | Deductible + 20% | \$25 Copay | Ochsner - \$30 Copay Choice + - \$40 PCP | Deductible Only | \$25 Copay |
| Specialist | Deductible + 20% | \$65 Copay | Ochsner - \$60 Copay Choice + - \$70 PCP | Deductible Only | \$40 Copay |
| Urgent Care | Deductible + 20% | \$100 Copay | \$50 Urgent Care | Deductible Only | \$75 Copay |
| Emergency Room Visit | Deductible + 20% | \$375 Copay | \$250 Copay | Deductible Only | \$150 Copay |
| Inpatient Hospital Stay | Deductible + 20% | \$750 per day (3 day max) | Ochsner - \$300 (3 day max) Choice + - \$250 + 20% | Deductible Only | Deductible Only |
| Imaging (CT/PET/MRI) | Deductible + 20% | \$375 Copay | \$0 | Deductible Only | Deductible Only |
| Deductible & Coinsurance | | | | | |
| Plan Type | Aggregate | Embedded | Embedded | Aggregate | Embedded |
| Individual | \$2,500 | \$0 | \$0 | \$1,600 | \$750 |
| Family | \$5,000 | \$0 | \$0 | \$3,200 | \$1,500 |
| Coinsurance | 80% | 100% | Ochsner - 100% Choice + - 80% | 100% | 100% |
| Out-of-Pocket Max | | | | | |
| Individual | \$3,400 | \$6,250 | \$6,250 | \$1,600 | \$4,000 |
| Family | \$6,800 | \$12,500 | \$12,500 | \$3,200 | \$8,000 |
| Out-of-Network Costs | | | | | |
| 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% | 70% |
| 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 |
| Prescription Drugs | | | | | |
| Tier 1 | Deductible + 20% | \$10 Copay | \$10 Copay | Deductible Only | \$10 Copay |
| Tier 2 | Deductible + 20% | \$35 Copay | \$35 Copay | Deductible Only | \$35 Copay |
| Tier 3 | Deductible + 20% | \$70 Copay | \$70 Copay | Deductible Only | \$70 Copay |
| Mail Order (up to 90-day supply) | Same as Retail | 3x Retail Copay | 3x Retail Copay | Same as Retail | 3x Retail Copay |

Contributions

Medical Coverage: Monthly Rate

| Medical | Plan A: \$2,500 HDHP | Plan B: Essential PPO Copay | Plan C: Ochsner HMO | Plan D: \$1,600 HDHP | Plan E: Enhanced PPO Copay |
|-----------------------|-------------------------|--------------------------------|------------------------|-------------------------|-------------------------------|
| Employee | \$15.27 | \$96.85 | \$148.33 | \$127.11 | \$260.18 |
| Employee + Spouse | \$368.69 | \$587.58 | \$690.54 | \$648.10 | \$914.24 |
| Employee + Child(ren) | \$274.77 | \$482.72 | \$580.51 | \$540.20 | \$793.03 |
| Family | \$576.78 | \$926.97 | \$1,091.73 | \$1,023.83 | \$1,449.65 |

Medical Coverage: Bi-Monthly Rate

| Medical | Plan A: \$2,500 HDHP | Plan B: Essential PPO Copay | Plan C: Ochsner HMO | Plan D: \$1,600 HDHP | Plan E: Enhanced PPO Copay |
|-----------------------|-------------------------|--------------------------------|------------------------|-------------------------|-------------------------------|
| Employee | \$7.64 | \$48.43 | \$74.17 | \$63.56 | \$130.09 |
| Employee + Spouse | \$184.35 | \$293.79 | \$345.27 | \$324.05 | \$457.12 |
| Employee + Child(ren) | \$137.39 | \$241.36 | \$290.26 | \$270.10 | \$396.52 |
| Family | \$288.39 | \$463.49 | \$545.87 | \$511.92 | \$724.83 |

Flexible Spending Account | OCA

We provide you with an opportunity to participate in up to two different flexible spending accounts (FSAs) administered through OCA. 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 2024, you may contribute up to \$3,200 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 \$640 of any unused amount from the current plan year to the following plan year.** Any unused amount in excess of \$640 that remains unused will be forfeited at the end of the year.

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

Dependent Care FSA

For 2024, 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 2024 plan year. This contribution may not be changed during the course of the year.

Dental & Vision | UnitedHealthcare

| Carrier | UnitedHealthcare | |
|---|-------------------------|----------------|
| Network | National Options PPO 30 | |
| 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% | Plan pays 80% |
| Major (crowns, dentures, bridges, root canals) | Plan pays 50% | Plan pays 70% |
| Orthodontia** | Plan pays 50% | Plan pays 50% |

*Provided for covered persons age 14 years and younger.

**Up to age 19 for Low Plan and age 22 for High Plan.

| Carrier | UnitedHealthcare |
|--------------------------------------|---|
| Network | UHC Vision Network - Spectera Eyecare |
| Vision Plan Features | |
| Exam | \$10 copay |
| Frames | Up to \$130 retail allowance, 30% off exceeding balance |
| Lenses Single, Biofocal, Trifocal | \$15 copay |
| Contact Lenses | Up to \$130 allowance 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 | \$24.73 | \$36.43 |
| Employee + Spouse | \$49.42 | \$72.77 |
| Employee + Child(ren) | \$52.30 | \$77.02 |
| Family | \$81.91 | \$120.61 |

Dental Coverage: Bi-Monthly Rate

| Dental | Low Plan | High Plan |
|-----------------------|----------|-----------|
| Employee | \$12.37 | \$18.22 |
| Employee + Spouse | \$24.71 | \$36.39 |
| Employee + Child(ren) | \$26.15 | \$38.51 |
| Family | \$40.96 | \$60.31 |

Vision Coverage: Monthly Rate

| Vision | |
|-----------------------|---------|
| Employee | \$5.58 |
| Employee + Spouse | \$10.60 |
| Employee + Child(ren) | \$11.16 |
| Family | \$16.73 |

Vision Coverage: Bi-Monthly Rate

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

Life & AD&D | Reliance Standard

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% | |

How to calculate contribution per paycheck:

(Amount of Life Benefit divided by 1,000) X Rate = Monthly Cost
 Monthly Cost / 2 = Bi-Monthly contribution

Voluntary Life/AD&D Rates

| Age | Monthly Rate with AD&D | Bi-Monthly 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 |

Disability | Reliance Standard

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 |

Retirement | TIAA & Voya

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.

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.



How much can I contribute?

The general limit on salary reduction for 2024 is \$23,000; 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 2024, based on your prior contributions. For employees age 50 or over, an additional catch up contribution of \$7,500 may be contributed for 2024. 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 limitation under IRC section 414(v). Each catch-up has its own limits. All employee contributions cannot exceed the allowable limits.

Voluntary Benefits (only available at Open Enrollment)

Critical Illness Insurance | Reliance Standard

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-Monthly | Tobacco Monthly | Tobacco Bi-Monthly |
|-----------|---------------------|------------------------|-----------------|--------------------|
| 20 | \$3.60 | \$1.80 | \$4.00 | \$2.00 |
| 30 | \$6.00 | \$3.00 | \$7.80 | \$3.90 |
| 40 | \$12.00 | \$6.00 | \$13.00 | \$6.50 |
| 50 | \$16.40 | \$8.20 | \$30.00 | \$15.00 |
| 60 | \$29.00 | \$14.50 | \$48.00 | \$24.00 |

Identity Theft Protection | LifeLock

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 Premier Monthly | Benefit Premier Bi-Monthly |
|-------------------|-------------------------|----------------------------|
| Employee | \$0 | \$0 |
| Employee + Family | \$11.49 | \$5.75 |

Accident Insurance | Reliance Standard

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-Monthly Rate |
|-------------------|--------------|-----------------|
| Employee | \$18.05 | \$9.03 |
| Employee + Spouse | \$26.75 | \$13.38 |
| Employee + Child | \$31.20 | \$15.60 |
| Family | \$40.83 | \$20.42 |

Employee Assistance Program | Optum

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 **Optum**, 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 1-888-887-4114

Benefits Contact Directory

| TOPIC | CONTACT | PHONE NUMBER | WEBSITE & NETWORK |
|--|---------------------------------------|--|--|
| Xavier Human Resources | Nichelle Thomas, Benefits Coordinator | 1-504-520-7537 | nthoma13@xula.edu |
| Medical Coverage Policy #934053 | UnitedHealthcare | 1-888-842-4571 | www.myuhc.com |
| Dental Coverage Policy #934053 | UnitedHealthcare | 1-888-842-4571 | www.myuhc.com |
| Vision Coverage Policy #934053 | UnitedHealthcare | 1-888-842-4571 | www.myuhc.com |
| Health Savings Account (HSA) Flexible Spending Accounts (FSA) | OCA | 1-855-622-0777 | www.oca125.com |
| Life & AD&D Policy #158319 | Reliance Standard | 1-800-351-7500 | www.reliancestandard.com |
| Short Term Disability Policy #327634 | Reliance Standard | 1-800-351-7500 | www.reliancestandard.com |
| Long Term Disability Policy #125732 | Reliance Standard | 1-800-351-7500 | www.reliancestandard.com |
| Voluntary Benefits | Reliance Standard | 1-800-351-7500 | www.reliancestandard.com |
| Employee Assistance Program (EAP) | Optum | 1-888-887-4114 | www.myuhc.com |
| 403(b) Retirement | VOYA or TIAA | 1-800-873-2161 - VOYA 1-800-842-2776 - TIAA | www.voyaretirementplans.com www.tiaa.org/xula |
| Identity Theft | Lifelock | 1-844-698-8640 | www.lifelock.com |

