

# Marshall University School of Medicine

## New *Dual Employee* Benefits Packet



Marshall University

Marshall Health

Edwards School of Medicine

1600



Marshall University Medical Center

**Welcome to our Herd!**





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## MU Medical School Contacts

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# Overview

Welcome to Marshall University

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Getting Started

Campus Map  
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2

Health & Wellness

Employee Fitness Program  
Diabetes Management Program  
PEIA Wellness Program  
Naturally Slim, etc.

3

Benefits Overview

Health Insurance  
Life Insurance  
Optional Benefits  
Retirement, etc.

# 1 Getting Started

## Our Facilities



The Marshall University School of Medicine has numerous facilities located throughout the Huntington Area.

<https://jcesom.marshall.edu/about/facilities/> Above is a video of all the facilities.

## MU Mobile

Marshall University's [mobile application](#) is designed with users in mind. Whether you're on campus or around the world, this app delivers features with an enhanced browsing experience. The visual interface makes sorting through content easy. This allows the user to quickly locate important tools & information. The platform also allows for account information, campus maps, virtual tours, news and events, social media, and more. This app is available to everyone, not just current and potential students.

### Features

- Latest News: Keep up to date with important news and information easily.
- Campus Map: Explore the various campuses with an intuitive map that lists all campus buildings, points of interest, and more.
- Campus Directory: Search for faculty and staff contact information. Calling or sending an email has never been easier.
- Event Calendar: View events happening all across campus by category so you can be sure to find those that interest you most.
- Athletics: Get news, schedules and scores for all your favorite Herd sports.
- Courses: Access the current course information to make course planning a breeze.
- Important Account Information: Receive crucial information including holds to stay in the loop about your account.
- Social Media: Stay up to date with the latest news from the official Marshall University social media accounts including Facebook, Twitter, YouTube, and more.
- Campus Photos: View favorite photos from all around campus.
- How do I access it?

Downloads are available from the [Apple App Store](#) and on [Google Play](#). It's Free!



# 1 Getting Started

## Faculty and Staff Identification Cards



### ID for Marshall University

A picture [I.D. card](#) will be issued to each employee. Some departments require that the card be worn in a visible manner; the supervisor will inform the employee if this is a requirement.

The I.D. card enables faculty and staff members to use several on-campus services and facilities.

Human Resource Services verifies employment by submitting a form to the Campus I.D. Office, located in the Drinko Library, Room 143 allowing faculty and staff to obtain an ID.

Carry your card with you . . . some local businesses offer Marshall employee discounts.

### ID For Marshall Health

Your clinical department will coordinate with CHH (Cabell Huntington Hospital) and you may be required to go to CHH HR to facilitate creating the badge needed.

## MyMU User Accounts

### Marshall University IT Support

Your MyMU Account will be created automatically based on your employment date. To obtain your username and password to the system, you will need to contact the IT Service Desk

- **Email** - [servicedesk@marshall.edu](mailto:servicedesk@marshall.edu)
- **Phone** - (304)-696-3200
- **Chat** - <https://www.marshall.edu/it/departments/it-service-desk/>



How do I . . . resource for Information Technology.  
<https://www.marshall.edu/it/departments/it-service-desk/howdoi/>

### Marshall Health/Med School IT Support

For technical assistance with any of the information technology resources maintained for the School of Medicine or Marshall Health, contact our [Help Desk](#) at the following phone number or email address:

#### **Clinical Support:**

- **Email** - [somhelpdesk@marshall.edu](mailto:somhelpdesk@marshall.edu)
- **Phone** – (304)-691-1748 (on campus = 117"IT")

The clinical help desk is staffed between the hours of 8:00am – 4:30pm on Monday – Friday. An on-call technician receives email and voicemail messages at all other times,

#### **For Pre-Clinical IT Support:**

**Phone** – (304)-696-MUIT (6848)

**Email** - [somit@marshall.edu](mailto:somit@marshall.edu)

The pre-clinical help desk is staffed between the hours of 8:00am – 4:30pm on Monday – Friday.

How do I . . . resource for Information Technology.

<https://jcesom.marshall.edu/helpdesk>

# 1 Getting Started

## Parking Permits

### Marshall University Parking Permits

Permits and annual renewal stickers may be purchased from the Parking Office located in the Bliss Charles Public Safety Building at 1801 Fifth Avenue .

Employee Parking Permit Application can be accessed at [Employee Parking](#). Please note that payroll deduction is a payment option.

### Marshall Health Parking Permits

Your parking permit for Marshall Health is your badge access to the parking areas for the hospital. You will receive this during your orientation.



## Payroll Office



### Marshall University Payroll

Information and Forms needed:

- Complete W-4 and State Tax Forms
- arrange for direct deposit/ WV Pay Card
- complete a Huntington City Service Users Fee Waiver if your worksite is not located within city limits.
- confirm home address on record
- [Faculty Pay Option](#) (9 Month Faculty)

**Faculty** - you can either complete these forms in the Payroll Office, located in Old Main, Room 203 or email. at [payroll@marshall.edu](mailto:payroll@marshall.edu)

**Staff** - you will complete the forms needed during your onboarding process with MU Human Resources.

### Marshall Health Payroll

For Marshall Health, you will complete most of the necessary forms in Onboarding through the payroll and benefits system, Dayforce. The remainder of the forms will be completed during your New Hire Payroll & Benefits session scheduled by your clinical department.



# 1 Getting Started

## Emergency Procedures

All [fire and/or smoke conditions](#) must be reported to the Marshall University Police Department at 696-4357 (HELP) or to the Huntington Fire Department (911) immediately.

The person making the report must provide the following information:

- Nature of fire or smoke and exact location.
- Your name and your position in the University.
- THEN activate the building fire alarm. Marshall University Building Representatives will ensure evacuation of academic and administration buildings, Resident Advisors will ensure evacuation of Residence Halls.

The following procedures are to be followed for EVERY fire alarm activation:

- Everyone must evacuate the building in a neat and orderly fashion.
- Elevators are not to be used to evacuate the building. Persons should use the nearest clear exit or stairwell.
- Handicapped persons are to be assisted along the exit route to the nearest exit that is not blocked by fire or smoke.
- Persons confined to wheelchairs above or below the ground floor shall be assisted to the nearest stairwell and should wait there for evacuation by the City Fire Department.
- If an immediate threat to life exists, then these individuals should be evacuated by whatever means necessary.
- Persons are to move a safe distance away from the building. Reentry to the building is strictly prohibited until advised it is safe to do so by the Fire Department or the Marshall University Police Department.
- PERSONS ARE ADVISED TO NOT ASSUME THAT AN ALARM IS FALSE. The fire alarm system will be used to evacuate a building for any type of emergency.

For any assistance or questions related to fire and/or smoke and actions to take, please contact [Environmental Health and Safety](#).

## Inclement Weather

Should there be [weather conditions](#) that make travel potentially dangerous, students and employees are reminded to use their own judgment before venturing out.

- **Faculty members** should make every effort to notify students in advance if they need to cancel class.
- **Students** should inform and work with their instructors regarding expected absences due to weather, including any updates to their course schedules and assignments.
- If weather conditions prevent **Employees** from getting to work or getting to work on time, they should notify their supervisor as soon as possible to make arrangements to charge accrued annual leave for the portion of the workday missed.

### How will I know if there are delays or cancellations?

- [MU Alert emergency messaging system](#) automated text messages, e-mails and/or phone calls
- [Marshall homepage](#)
- Local television, radio stations and Social media – @marshallu on [Facebook](#) and [Twitter](#)

### The following terminology often is used in notifications:

**University Closed:** All classes suspended, and offices closed

**Classes Cancelled:** All classes suspended and offices open

**Delay Code A:** Classes are delayed, but no delay in the opening of offices

**Delay Code B:** Classes and office openings are delayed

# 1 Getting Started

[Come Learn More . . . Campus and Community](#)

- **About the ComMUnity** - At Marshall University, we change lives and inspire extraordinary futures. Now that you are a new Son or Daughter of Marshall, [come learn more](#).



- **Our Campuses** - Marshall University Main Campus has a strong presence as a regional university serving the Tri-State area of West Virginia, Kentucky and Ohio. It also serves communities throughout the rest of the United States and internationally. [Come on a tour](#) or view [our virtual map](#)!

- **The Cities that Surround Us** - Numerous cities surround Marshall University giving you multiple options to visit or live. That are located in Ohio, Kentucky, and West Virginia. Each offer a [little something different](#).
- **Area School Information** - For new employees with families, it is important to know the [options of local school systems](#). Below, we have listed area schools to help in your search. These schools are located in the three surrounding states, WV, KY, and OH.





# 1 Getting Started

## Starting Documents to Complete

### New Employee Drug-Free Workplace

Please click on the Drug-Free Workplace Policy and read. Once complete, please click and sign the receipt.

### New Employee Drug- Free Workplace Receipt



Human Resource Services **POLICY RESOURCES**  
207 Old Main, One John Marshall Drive, Huntington, West Virginia 25755, Phone 304.696.6455  
FAX 304.696.6844, E-mail [human-resources@marshall.edu](mailto:human-resources@marshall.edu), Web <http://www.marshall.edu/human-resources/>

|                     |                            |
|---------------------|----------------------------|
| Applies to:         | Marshall University        |
| Title:              | Drug-Free Workplace Policy |
| Number:             | MU-HR-21                   |
| Effective Date:     | 12/03/03                   |
| Last Revision Date: | 10/19/10                   |

The Drug-Free Workplace Act of 1988 requires that all institutions receiving grants from any federal agency certify that they will maintain a drug free workplace. Marshall University (hereinafter the University) has developed the following policy to accomplish this purpose.

#### **POLICY:**

The University is committed to maintaining a workplace free from the unlawful manufacture, possession or distribution of controlled substances. All employees of the University will receive a copy of this policy and must abide by this policy. Each employee agrees to notify his/her immediate supervisor within five days after any conviction under a criminal drug statute for a violation that occurs in the workplace.

The University through Human Resource Services (see policy and procedure on Human Resources Support), will distribute literature informing employees of the dangers of drug abuse in the workplace, and provide information on any available drug counseling, rehabilitation, and employee assistance programs.

#### **SANCTIONS:**

An employee who violates the University policy or who is convicted under a criminal drug statute for a violation occurring in the workplace will be subject to the University's disciplinary procedure up to and including dismissal and may be required to participate satisfactorily in a drug assistance or rehabilitation program.

West Virginia sanctions depend on the classification of controlled substance, the particular activity involved (possession or trafficking) and whether multiple convictions are involved. Under West Virginia law, the most severe penalties for drug violations are for possession with intent to sell. On a first offense conviction, one may receive a fine of up to \$25,000 and/or imprisonment for 15 years. Sanctions for violations of State alcohol laws vary according to the severity of the offense, with the minimum vehicular violation calling for imprisonment in the county jail for 24 hours, and a \$500 fine.

Sanctions for non-compliance of the Drug-Free Workplace Act of 1988 include: suspension of payments under a grant; suspension of termination of a grant; and suspension or debarment from federal assisted activities.

The University will make a good faith effort to comply with the drug-free workplace regulations.

Help is available on campus through Student Health Education Programs, 145 Prichard Hall, 686-4800. Services are free and confidential. An Alcoholics Anonymous group meets on campus and is open to all interested parties. Community resources are also available and can be accessed through the number listed above. The University will support the effort of any employee seeking assistance in a treatment program.

Copies of this policy will be distributed annually to all members of the Marshall University community.

IF YOU ARE VIEWING THIS POLICY ON THE WEB, PLEASE CLICK THE "BACK" BUTTON ON THE WEB BROWSER AS DIRECTED TO RETURN TO THE POLICY TOP PAGE. IF VIEWING THIS POLICY ON PAPER, THE POLICY TOP PAGE CAN BE VIEWED ON THE WEB AT <http://www.marshall.edu/human-resources/policy>. THIS POLICY IS COPYRIGHTED BY MARSHALL UNIVERSITY. FOR ANY QUESTIONS ON THIS POLICY, PLEASE CONTACT HUMAN RESOURCE SERVICES AT THE ADDRESS AT THE TOP OF THIS POLICY.

MU-HR-21

## Voluntary Self-Disclosure

Please click on the below link and complete the form.

### Voluntary Self - Disclosure Form

|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |           |          |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------|----------|
| Voluntary Self-Disclosure Statement<br>For Persons with Disabilities<br>And<br>For Disabled Veterans and Veterans of the Vietnam Era                                                                                                                                                                                                                                                                                                                                                                                                                           |           |          |
| Employee's Name                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | Job Title | Division |
| The purpose of this form is to assure compliance with Federal, State and Local Laws and Regulations, which require that the University take affirmative action to employ and advance in employment qualified veterans and individuals with disabilities.                                                                                                                                                                                                                                                                                                       |           |          |
| "Disabled Veteran" means a person entitled to disability compensation under laws administered by the Veterans Administration for disability rated at 30 per centum or more, or a person whose discharge or release from active duty was for a disability incurred or aggravated in the line of duty.                                                                                                                                                                                                                                                           |           |          |
| "Veteran of the Vietnam era" means a person who (1) served on active duty for a period of more than 180 days, any part of which occurred between August 4, 1964, and May 7, 1975, and was discharged or released therefrom with other than a dishonorable discharge, or (2) was discharged or released from active duty for a service-connected disability if any part of such active duty was performed between August 5, 1964 and May 7, 1975. No veteran may be considered to be a veteran of the Vietnam era under this paragraph after December 31, 1991. |           |          |
| Federal Regulations define a person with disabilities as any person who:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |           |          |
| <ol style="list-style-type: none"><li>1. Has a physical or mental impairment which substantially limits one or more of his/her major activities;</li><li>2. Has a record of such an impairment; or</li><li>3. Is regarded as having impairment.</li></ol>                                                                                                                                                                                                                                                                                                      |           |          |
| <u>Examples included</u> , but are not limited to: loss of an arm, leg, or other body system, or a disease or condition which affects the heart, brain, vision, speech, hearing, or emotional well-being of the individual.                                                                                                                                                                                                                                                                                                                                    |           |          |
| Disclosure of this information is voluntary. Information obtained will be kept in a SEPARATE FILE and be considered confidential. Supervisors, managers, and administrators may be informed on a need-to-know basis in order to make reasonable accommodations on your job. First aid personnel may be informed as applicable and government officials may be informed where required.                                                                                                                                                                         |           |          |
| We request that all employees voluntarily complete the disclosure statement and return it to the Office of Human Resource Services 207 Old Main.                                                                                                                                                                                                                                                                                                                                                                                                               |           |          |

# 1 Getting Started

## Starting Documents to Complete

### Affordable Care Act

Please click the below link to the ACA packet and employee sign off.

[ACA Packet with Employee Sign-Off](#)

|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |
| September 16, 2013                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |
| Dear Marshall University Employee:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |
| The Patient Protection and Affordable Care Act requires employers to provide notice to all employees (whether benefit-eligible or not) regarding the availability of the new Health Insurance Marketplace. Enclosed is the formal notice prepared by the federal government that we are required to distribute. We have tailored the second page of the document to include specific information about the availability of health insurance coverage to employees of Marshall. This notice does not require any additional action on your part nor does it require that you contact us about the availability of coverage in the Marketplace.                     |
| If you are interested in pursuing additional information about the Health Insurance Marketplace, you should follow the direction of this notice and go to <a href="#">HealthCare.gov</a> . If you visit that website, additional information you may need to determine your eligibility to participate in the Marketplace includes the following:                                                                                                                                                                                                                                                                                                                 |
| <ul style="list-style-type: none"><li>There is no waiting period for health insurance in our system so if you are not eligible now, you will not be eligible within the next three months unless your employment status changes to meet the definition of "eligible employees" contained in this notice.</li><li>Our health plans do meet the minimum value standard.</li><li>Premiums to participate in our health plan are based on salary levels and information regarding the cost you is available at <a href="#">PEIA.wv.gov</a>.</li><li>There are no major changes affecting eligibility that are that are anticipated in the coming plan year.</li></ul> |
| We, as your employer do not maintain information about the availability of or access to the Health Insurance Marketplace. Again, please visit <a href="#">HealthCare.gov</a> for any additional information.                                                                                                                                                                                                                                                                                                                                                                                                                                                      |
| Marshall University Human Resource Services                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |

### Authorization for Release of Information

By completing this [Authorization Form](#), you authorize Human Resource Services to release information to a specified person. Examples of information that can be released are:

- PEIA
- FBMC
- Securian
- Standard
- TIAA

|                                                                                                                                                                                                                                                                                                                                                                  |                                                                                                                                                                                                                                                                                                                                   |                                                                  |                                                        |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------|--------------------------------------------------------|
|                                                                                                                                                                                                                                                                               |                                                                                                                                                                                                                                                                                                                                   |                                                                  |                                                        |
| Authorization for Release of Information                                                                                                                                                                                                                                                                                                                         |                                                                                                                                                                                                                                                                                                                                   |                                                                  |                                                        |
| EMPLOYEE INFORMATION                                                                                                                                                                                                                                                                                                                                             |                                                                                                                                                                                                                                                                                                                                   |                                                                  |                                                        |
| Name:                                                                                                                                                                                                                                                                                                                                                            |                                                                                                                                                                                                                                                                                                                                   |                                                                  |                                                        |
| Date of Birth:                                                                                                                                                                                                                                                                                                                                                   | MUID:                                                                                                                                                                                                                                                                                                                             | Phone Number:                                                    |                                                        |
| Address:                                                                                                                                                                                                                                                                                                                                                         |                                                                                                                                                                                                                                                                                                                                   |                                                                  |                                                        |
| City:                                                                                                                                                                                                                                                                                                                                                            | State:                                                                                                                                                                                                                                                                                                                            | Zip:                                                             |                                                        |
| AUTHORIZATION                                                                                                                                                                                                                                                                                                                                                    |                                                                                                                                                                                                                                                                                                                                   |                                                                  |                                                        |
| <input type="checkbox"/> I authorize the Human Resource Services Office to release information to:                                                                                                                                                                                                                                                               |                                                                                                                                                                                                                                                                                                                                   |                                                                  |                                                        |
| Name:                                                                                                                                                                                                                                                                                                                                                            |                                                                                                                                                                                                                                                                                                                                   |                                                                  |                                                        |
| Address:                                                                                                                                                                                                                                                                                                                                                         |                                                                                                                                                                                                                                                                                                                                   |                                                                  |                                                        |
| City:                                                                                                                                                                                                                                                                                                                                                            | State:                                                                                                                                                                                                                                                                                                                            | Zip:                                                             |                                                        |
| Phone/Fax Number (Include Area Code):                                                                                                                                                                                                                                                                                                                            |                                                                                                                                                                                                                                                                                                                                   |                                                                  |                                                        |
| Relationship:                                                                                                                                                                                                                                                                                                                                                    |                                                                                                                                                                                                                                                                                                                                   |                                                                  |                                                        |
| RECORDS AUTHORIZED                                                                                                                                                                                                                                                                                                                                               |                                                                                                                                                                                                                                                                                                                                   |                                                                  |                                                        |
| SPECIFIC INFORMATION AUTHORIZED: (select one or more as appropriate)                                                                                                                                                                                                                                                                                             |                                                                                                                                                                                                                                                                                                                                   |                                                                  |                                                        |
| A) <input type="checkbox"/>                                                                                                                                                                                                                                                                                                                                      | All Benefit Information                                                                                                                                                                                                                                                                                                           |                                                                  |                                                        |
| B) <input type="checkbox"/>                                                                                                                                                                                                                                                                                                                                      | <input type="checkbox"/> PEIA                                                                                                                                                                                                                                                                                                     | <input type="checkbox"/> FBMC                                    | <input type="checkbox"/> Securian                      |
|                                                                                                                                                                                                                                                                                                                                                                  | <input type="checkbox"/> TIAA                                                                                                                                                                                                                                                                                                     | <input type="checkbox"/> WV Consolidated Public Retirement Board | <input type="checkbox"/> Standard Long-Term Disability |
|                                                                                                                                                                                                                                                                                                                                                                  | <input type="checkbox"/> Other: (please describe)                                                                                                                                                                                                                                                                                 |                                                                  |                                                        |
| TERMS OF DISCLOSURE                                                                                                                                                                                                                                                                                                                                              |                                                                                                                                                                                                                                                                                                                                   |                                                                  |                                                        |
| <input type="checkbox"/>                                                                                                                                                                                                                                                                                                                                         | Periodic Use/Disclosure: I authorize the periodic use/disclosure of the information described above to the person identified as often as necessary to fulfill the purpose identified in this document. This authorization will expire upon my separation from employment at Marshall University unless otherwise indicated below: |                                                                  |                                                        |
| Alternate Expiration date option:                                                                                                                                                                                                                                                                                                                                |                                                                                                                                                                                                                                                                                                                                   |                                                                  |                                                        |
| <input type="checkbox"/>                                                                                                                                                                                                                                                                                                                                         | One year from this date.                                                                                                                                                                                                                                                                                                          |                                                                  |                                                        |
| <input type="checkbox"/>                                                                                                                                                                                                                                                                                                                                         | Other:                                                                                                                                                                                                                                                                                                                            |                                                                  |                                                        |
| <input type="checkbox"/>                                                                                                                                                                                                                                                                                                                                         | One-time Use/Disclosure: I authorize the one-time use or disclosure of the information described above to the person/provider/organization/facility/program(s) identified. My authorization will expire when the requested information has been provided.                                                                         |                                                                  |                                                        |
| SIGNATURES                                                                                                                                                                                                                                                                                                                                                       |                                                                                                                                                                                                                                                                                                                                   |                                                                  |                                                        |
| I understand that:<br>I do not have to sign this authorization and that my refusal to sign will not affect my abilities to receive benefits.<br>I may cancel this authorization at any time by submitting a <u>written</u> request to the Human Resource Services Office, except where a disclosure has already been made in reliance on my prior authorization. |                                                                                                                                                                                                                                                                                                                                   |                                                                  |                                                        |
| Employee Signature:                                                                                                                                                                                                                                                                                                                                              |                                                                                                                                                                                                                                                                                                                                   |                                                                  |                                                        |
| HR Signature:                                                                                                                                                                                                                                                                                                                                                    |                                                                                                                                                                                                                                                                                                                                   |                                                                  |                                                        |



# 1 Getting Started

## Starting Documents to Complete

### Supplemental Employee Information

This form is used to gather information such as emergency contact as well as other years of West Virginia State employment.

#### Supplemental Information Form



#### Supplemental Employee Information

| EMPLOYEE INFORMATION                                                                                                                                                                                                                                                                               |       |               |    |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------|---------------|----|
| Employee Name:                                                                                                                                                                                                                                                                                     |       | MU ID or SSN: |    |
| Emergency Contact (This information can be changed at any time. Please contact HR Services.)                                                                                                                                                                                                       |       |               |    |
| Contact Name:                                                                                                                                                                                                                                                                                      |       | Relationship: |    |
| Telephone Number(s):                                                                                                                                                                                                                                                                               |       |               |    |
| YEARS OF SERVICE                                                                                                                                                                                                                                                                                   |       |               |    |
| <b>Years of West Virginia State Employment</b>                                                                                                                                                                                                                                                     |       |               |    |
| The information requested below may be used to determine the following                                                                                                                                                                                                                             |       |               |    |
| a) placement on a salary schedule,                                                                                                                                                                                                                                                                 |       |               |    |
| b) entitlement of benefits upon retirement,                                                                                                                                                                                                                                                        |       |               |    |
| c) Calculation of the annual experience increment, and                                                                                                                                                                                                                                             |       |               |    |
| d) annual leave accrual rate.                                                                                                                                                                                                                                                                      |       |               |    |
| Please list only those years or months in a benefit eligible position.                                                                                                                                                                                                                             |       |               |    |
| Agency                                                                                                                                                                                                                                                                                             | Title | From          | To |
|                                                                                                                                                                                                                                                                                                    |       |               |    |
|                                                                                                                                                                                                                                                                                                    |       |               |    |
|                                                                                                                                                                                                                                                                                                    |       |               |    |
| It is the employee's responsibility to secure written verification for all experience listed above. Employees are not credited with the above experience until verification from former employer(s) is received. Please ask the Human Resources Office of that agency to send the verification to: |       |               |    |
| Marshall University<br>Human Resources Services<br>One John Marshall Drive<br>Huntington, WV 25755                                                                                                                                                                                                 |       |               |    |
| SIGNATURES                                                                                                                                                                                                                                                                                         |       |               |    |
| Employee Signature:                                                                                                                                                                                                                                                                                |       |               |    |
| HR Signature:                                                                                                                                                                                                                                                                                      |       |               |    |

### Address/Information Changes

If you have moved here from a different location, please make sure to update your address with Human Resources and Payroll.

When completing the form, make sure to change both the “PR” permanent address and “WP” payroll address. Forms may be dropped off in Old Main 203 or 207 or emailed to [human-resources@marshall.edu](mailto:human-resources@marshall.edu)

#### Employee Information Change Form

| MARSHALL                                                                                                                           |                                                           |                                    |                           |
|------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------|------------------------------------|---------------------------|
| Employee Information Change Form                                                                                                   |                                                           |                                    |                           |
| NAME: (Please print)                                                                                                               |                                                           | POSITION NO: (For office use only) |                           |
| BIRTHDATE:                                                                                                                         |                                                           | LAST FOUR DIGITS OF SSN:           | MU ID NUMBER: (901XXXXXX) |
| NAME CHANGE INFORMATION                                                                                                            |                                                           |                                    |                           |
| PLEASE NOTE: A copy of your Social Security card is required if changing information regarding NAME and/or SOCIAL SECURITY NUMBER. |                                                           |                                    |                           |
|                                                                                                                                    | PREVIOUS                                                  | NEW                                |                           |
| Last Name:                                                                                                                         |                                                           |                                    |                           |
| First Name:                                                                                                                        |                                                           |                                    |                           |
| Middle Name:                                                                                                                       |                                                           |                                    |                           |
| Preferred First Name:                                                                                                              |                                                           |                                    |                           |
| Prefix: (Dr., Mrs., Mr., Miss, etc.)                                                                                               |                                                           |                                    |                           |
| Suffix: (Jr., Sr., III, etc.) (Does not mean degree or                                                                             |                                                           |                                    |                           |
| SOCIAL SECURITY NUMBER CHANGE INFORMATION                                                                                          |                                                           |                                    |                           |
|                                                                                                                                    | PREVIOUS                                                  | NEW                                |                           |
| Social Security Number:                                                                                                            |                                                           |                                    |                           |
| MU ID Number:                                                                                                                      |                                                           |                                    |                           |
| ADDRESS CHANGE INFORMATION                                                                                                         |                                                           |                                    |                           |
| Please mark all address change boxes that apply.                                                                                   |                                                           |                                    |                           |
| <input type="checkbox"/> PR – Permanent                                                                                            | <input type="checkbox"/> WP – MU Employee Payroll Address |                                    |                           |
| Address Line 1:                                                                                                                    |                                                           |                                    |                           |
| Address Line 2:                                                                                                                    |                                                           |                                    |                           |
| Address Line 3:                                                                                                                    |                                                           |                                    |                           |
| City:                                                                                                                              |                                                           | State:                             | ZIP:                      |
| County:                                                                                                                            |                                                           | Nation:                            |                           |
| Telephone (home):                                                                                                                  |                                                           |                                    |                           |
| Telephone (work):                                                                                                                  |                                                           |                                    |                           |
| Telephone (campus):                                                                                                                |                                                           |                                    |                           |
| By signing below, I certify that the information provided is correct.                                                              |                                                           |                                    |                           |

# 1 Getting Started

## Starting Documents to Complete

### Employee Receipt for Health and Safety Policy

This form acknowledges that you understand all the safety requirements in the [Environmental Health and Safety Manual](#).

### Employee Receipt for Health and Safety Form



### Employee Receipt for Safety and Health Policy

View the [Director's Welcome Message](#). The [Marshall University Environmental Health and Safety Manual](#) is available for all employees to review.

#### **Marshall University Employee Safety Agreement**

I have read and I understand all of the safety requirements of Marshall University as described in the Environmental Health and Safety Manual.

I agree to take responsibility for my own safety and the safety of those around me by complying with all federal, state, local, and University regulations and policies regarding safety, occupational health, and the environment.

I understand that the University safety rules do not constitute any form of binding promise or contract for my continued employment for any specific period of time or under any specific circumstances.

I understand that failure to comply with all of the safety requirements outlined in the Environmental Health and Safety Manual may subject me to disciplinary action.

I also understand that Marshall University may modify its safety requirements due to regulatory updates as well as in response to changes in work conditions.





# 2 Health and Wellness

## Employee Fitness Program

Marshall Health and Marshall Campus Recreation have a wellness program for employees who have chosen Marshall Health as their medical home through PEIA.

Membership types and rates can be found at

<https://www.marshall.edu/campusrec/memberships/rates/>

Participants must make a one-year commitment to the fitness program, and will be required to do the following:

- Within six weeks of joining the program, have a one-on-one personal training session, including an initial fitness assessment, conducted by campus recreation staff;
- Schedule and participate in quarterly fitness assessments, which include biometric screenings;
- Have cholesterol, blood pressure, glucose levels and other health-related information regularly checked and submitted to the Primary Care Physician;
- Participate in individual or group activity at the Rec Center a minimum of four times in each three-month period;
- Abide by all other terms of the Marshall Recreation Center membership agreement.

Also, your dependents/significant other/spouse who have PEIA may participate as secondary members with the same annual membership.



# 2 Health and Wellness

## Virgin Pulse

### Getting Started

You've joined and signed in—now what? Complete your profile and tell us a little bit about yourself. Then start building healthier habits one day at a time. Here are a few options to help you get started.

### Personalize your experience

Go to the More tab and discover the many ways you can customize your wellness program. Connect your activity tracker or another wellness app and set your topics of interest to focus on what matters to you most.

### Complete the Health Check

The Health Check asks questions about your current health status and wellness habits. Complete it to see your health score, learn about possible health risks and get practical tips to help you maintain and improve your wellness. You'll find the survey under the Health tab.

### Track your Healthy Habits

Healthy Habits help you build a healthy routine and improve your wellness. Over time, these small steps add up to big changes that'll make you successful. Your Healthy Habits are based on your Health Check results and the interests you set in your profile. Go to Healthy Habits to change up the habits you try over time.

The PEIA wellness program helps you achieve your health goals with a fun and engaging experience.

#### Who can participate?

All policyholders are invited to join.

#### How to join

- Go to [join.virginpulse.com/PEIA](https://join.virginpulse.com/PEIA)
- Accept the terms and conditions
- Download the Virgin Pulse mobile app from the App Store or Google Play



#### Don't miss out!

To get the most out of your mobile experience, go to your phone's settings and turn on notifications for your Virgin Pulse app. You'll get encouraging reminders and learn about upcoming opportunities like team challenges and more.

## Weight Management Program

Maintaining a healthy weight is essential to a long and productive life. PEIA offers PEIA PPB members a [weight management program](#) which uses the services of registered dietitians and exercise professionals.

To qualify you must:

- have PEIA Preferred Provider Benefit Insurance
- be 18 years of age or older
- have either a body mass index of 25 or greater
- or a waist circumference of 35 inches or more for a woman or 40 inches or more for a man
- and be ready to make permanent lifestyle changes.

Members are not eligible if they have undergone any bariatric surgery within the last 10 years, have exhausted the lifetime benefit, do not have approval from their physician or nurse practitioner, are under the age of 18, or if there is not yet a participating facility in the area or no facility is accepting new clients.

There is no coinsurance or deductible, only \$20 per month copayment per participant.



# 2 Health and Wellness

## Face-to-Face Diabetes Management Program

PEIA offers a Face-to-Face Diabetes Program for PEIA PPB Plan members who have diabetes? Under the program, eligible members and their dependents sign an agreement stating they will make regular visits to a participating provider of their choosing for counseling services regarding diabetes. These counseling sessions help participants get the best diabetes care available as the provider works with them to ensure they:

- are current on all recommended testing and treatment
- know how to properly take prescribed medicines
- have a physical activity and nutrition plan that will assist in achieving optimal health



## PEIA Wellness Program

Maintaining a healthy weight is essential to a long and productive life. PEIA offers PEIA PPB members a weight management program which uses the services of registered dietitians and exercise professionals.

To qualify you must:

- have PEIA Preferred Provider Benefit Insurance
- be 18 years of age or older
- have either a body mass index of 30 or greater
- or a waist circumference of 35 inches or more for a woman or 40 inches or more for a man
- and be ready to make permanent lifestyle changes.

Members are not eligible if they have undergone any bariatric surgery within the last 10 years, have exhausted the lifetime benefit, do not have approval from their physician or nurse practitioner, are under the age of 18, or if there is not yet a participating facility in the area or no facility is accepting new clients.

There is no coinsurance or deductible, only \$20 per month copayment per participant.

# 2 Health and Wellness

## Naturally Slim

PEIA is giving you an opportunity to lose weight – at no cost to you – a program called [Wondr](#).



Wondr is a weight loss program that is clinically-proven to help you lose weight, sleep better, stress less, and so much more. We'll teach you simple skills that are based on behavioral science, so you can enjoy your favorite foods and feel better than ever—at no cost to you.



### Not a diet

No points, plans or restrictions. You'll learn how to eat your favorite foods to lose weight, sleep better, stress less, and live stronger.



### A digital weight loss program

Our entirely digital program offers intriguing, on-demand master classes like the science of eating pizza, as well as nonstop support in our Wondr app and community.



### Science-based & clinically-proven

Born from behavioral science, Wondr has helped hundreds of thousands of people learn clinically-proven skills to improve their overall health for good.

## Sleep Management Services

Approximately 70 million Americans suffer from sleep disorders, of which Obstructive Sleep Apnea (OSA) is the most common<sup>1</sup>. Those with unmanaged Sleep Apnea are six times more likely to miss a full day of work and three times more likely to have an auto accident or work injury<sup>2</sup>. They are twice as likely to have a stroke and more likely to be obese, develop high blood pressure, heart disease, and diabetes. These issues cause them to incur progressively higher annual healthcare costs.

Diagnostic testing for sleep disorders is primarily done in high-cost settings such as inpatient facilities and sleep centers.

After diagnostic testing for a sleep disorder, the patient receives a comprehensive plan to manage their condition. This plan is called “sleep management.” The goal of this plan is to manage and treat the patient’s sleep condition, which begins at diagnosis and follows the patient through therapy and adherence.

## The CareCentrix Approach

[CareCentrix](#) has unparalleled experience managing sleep benefits on behalf of health plans. We accomplish results by:

- Providing comprehensive coordination from diagnosis through sleep therapy management
- Redirecting sleep tests to the home when clinically appropriate
- Facilitating patient remote monitoring
- Increasing therapy adherence with an integrated patient engagement program



# 2 Health and Wellness

## Hemophilia Program

To provide quality care at a reasonable cost, PEIA has partnered with the Charleston Area Medical Center (CAMC) and West Virginia University Hospitals (WVUH) to provide a [Hemophilia Care Program](#) to PEIA PPB Plan members. Members who participate in the program will be eligible for varying benefits based on the benefit plan chosen.



# Disclaimer

PEIA **requires** documentation to enroll a dependent into a benefits plan. Some of the information needed for enrollment will be;

- Name
- Address
- Date of Birth
- Social Security Number
- You will need a copy of the current Visa and Passport dependents without a social security card.
- May need legal court documents

New employees will have to provide birth certificates and/or marriage certificates when enrolling dependents for health and/or life insurance. Please have these documents available when enrolling dependents. We will not be able to complete your enrollment without them.

If your dependents do not have social security numbers, you will be unable to enroll electronically in the PEIA system. Please reach out to [benefits@marshall.edu](mailto:benefits@marshall.edu) and we will send you the paper forms to enroll in medical coverage.





# 3 Benefits Overview

## Benefit Comparisons

Marshall University and Marshall Health Dual Employees

| Benefit Comparison for Dual Employees |                                                                                                                                                                                                                                                                                                                                                                                                                                   |                                                                                                                                                                                                                                                                                                                                                                                 |
|---------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
|                                       | <br>Marshall University                                                                                                                                                                                                                                                                                                                          | <br>Marshall Health                                                                                                                                                                                                                                                                          |
| Health Insurance                      | Cost split between employer and employee. Based on Academic Salary from Marshall <u>ONLY</u>                                                                                                                                                                                                                                                                                                                                      |                                                                                                                                                                                                                                                                                                                                                                                 |
| Optional Benefits                     | <b>Employee Paid</b> <ul style="list-style-type: none"> <li>Dental</li> <li>Vision</li> <li>Hearing</li> <li>Group Legal Insurance</li> <li>Flexible Spending Accounts</li> <li>Health Savings Account</li> <li>Limited Care FSA</li> <li>Accident</li> <li>Critical Illness</li> <li>Hospital Indemnity</li> </ul>                                                                                                               |                                                                                                                                                                                                                                                                                                                                                                                 |
| Short-Term Disability                 | <b>Employee Paid</b> <ul style="list-style-type: none"> <li><b>Based on Academic Salary ONLY</b></li> <li>The weekly benefit is seventy percent of your pre-disability earnings, and the maximum weekly benefit is \$750.</li> </ul> <b>*Waiting period- 30 days</b>                                                                                                                                                              |                                                                                                                                                                                                                                                                                                                                                                                 |
| Long Term Disability                  | <b>Employee Paid</b><br>FBMC- Premiums based on age <ul style="list-style-type: none"> <li><b>Plan 1</b> – Fifty percent of the first \$6,000 of your monthly pre-disability earnings. Maximum monthly benefits is \$3,000.</li> <li><b>Plan 2</b> – Seventy percent of the first \$8,571 of your monthly pre-disability earnings. The maximum monthly benefits is \$6,000.</li> </ul> <b>Standard – Premiums based on salary</b> | <b>Employer Paid</b> <ul style="list-style-type: none"> <li><b>Based on Clinical Salary ONLY</b></li> <li>Plan offered by:               <ul style="list-style-type: none"> <li><u>Northwestern Mutual</u></li> <li>Sixty percent of annual salary up to the maximum of \$100,000. Maximum monthly payout of \$5,000.</li> </ul> </li> </ul> <b>*Waiting period- six months</b> |



|                             |                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                                                                                                                                                                                                                                                                                                                                                                                          |
|-----------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Long Term Disability, cont. | <ul style="list-style-type: none"> <li>Sixty percent of monthly wage base paid by the employer, not to exceed a benefit of \$5,000/month.</li> </ul> <b>*Waiting period- six months</b><br><b>*Disability plans only cover the MU salary</b>                                                                                                                                                                                                     |                                                                                                                                                                                                                                                                                                                                                                                          |
| Retirement                  | <b>TIAA – Employer and Employee Paid</b> <ul style="list-style-type: none"> <li><b>401(a) plan</b> – six percent of your Academic salary with six percent university match.</li> </ul>                                                                                                                                                                                                                                                           | <b>TIAA – Employer and Employee Paid</b> <ul style="list-style-type: none"> <li><b>401(a) plan</b> – Marshall Health will match your mandatory six percent contribution from your clinical salary, up to the IRS wage limit.</li> <li><b>403(b) plan</b>- mandatory six percent contribution from your clinical salary, up to the IRS wage limit.</li> </ul>                             |
| Supplemental Retirement     | <b>TIAA – Employee Paid</b> <ul style="list-style-type: none"> <li><b>403(b) Supplemental Retirement Account and Catch-Up</b> – Can enroll if you are not participating in 403(b) or Catch-up with Marshall Health.</li> <li><b>457(b) Supplemental Retirement Account and Catch-Up</b> – Optional if you are participating in 403(b) with Marshall Health.</li> </ul> <b>*To participate in the Catch-up, you must be over 50 years of age.</b> | <b>TIAA – Employee Paid</b> <ul style="list-style-type: none"> <li><b>403(b) plan Supplemental Retirement Annuity</b> - Can participate in elective retirement contributions up to the IRS contribution limit for the calendar year. SRA Catch-Up contributions available for participants over age 50 and contributing the IRS maximum amount allowed for the calendar year.</li> </ul> |





# 3 Benefits Overview

Benefits refer to products, services, and/or entitlements made available to benefits-eligible employees at Marshall University. We offer a variety of benefits to employees according to employment type such as health and life insurance, retirement, dental, vision, disability, savings, education, etc.

Benefits comprise a generous portion of the salary package for eligible employees and are provided by the University and the State of West Virginia. Benefits are available to “full-time employees” which is defined as working a minimum of nine months of a twelve-month period or at least 1,040 hours (.53 Full-Time Equivalent [FTE]) per year on a continuing basis. Non-tenure track faculty who are hired in a full-time position but who work as a temporary for one academic year or one semester are considered full-time for purposes of this policy.

Marshall University offers outstanding [benefits packages](#) to eligible employees that include:

[Health Insurance](#)

[Life Insurance](#)

[Optional Benefits](#)

[Retirement Plans](#)

[Employee Leave and Holidays](#)

[Educational/Tuition Benefits for employees and dependents](#)

A great highlight with Marshall University during December is that ALL Marshall University employees receive almost two weeks off for Winter Break!



# 3 Benefits Overview

## Health Insurance

### The Health Plan

The Health Plan offers three plans:

1. Health Plan A (HMO)
2. Health Plan B (HMO)
3. Health Plan C (POS)

West Virginia’s Public Employee Insurance Agency (PEIA) is The Health Plan’s largest fully insured account, with over 14,000 members, since 1981. [The Health Plan](#), a West Virginia company, is offered in all 55 counties in West Virginia.

You have low **\$10 copay** for primary care visits on all three of our options! If you are an active employee or non-Medicare retiree living or working in West Virginia, you are eligible for The Health Plan.

An employee must be living in one of the designated areas to be eligible for this plan and must use the providers that participate in the Health Plan. The designated areas include all West Virginia counties and select counties in Maryland, Ohio and Pennsylvania.

**Note:** If your address does not fall in the areas where the Health Plan is available, you will not see the option online.

Listed below are just some of the benefits PEIA members receive:

- Ambulatory patient services
- Rehabilitative and habilitative services and devices
- Emergency services
- Lab services
- Hospitalization, maternity and newborn care
- Preventive and wellness services
- Mental health and substance use disorder
- Chronic disease management
- Pediatric services including oral and vision care
- Prescription drugs (Plan B and C is generic prescriptions only)

View the [Summary of Benefits](#)

| THE HEALTH PLAN OFFERS 3 PLAN DESIGNS: |                                         |
|----------------------------------------|-----------------------------------------|
| HMO Plan A                             |                                         |
| Deductible                             | \$600/\$1200                            |
| Out-of-Pocket Max                      | \$6850/\$13,700                         |
| Office Visit – Primary Care            | \$10                                    |
| Office Visit – Specialty Care          | \$40                                    |
| Emergency Room                         | \$250                                   |
| Urgent Care                            | \$50                                    |
| Inpatient Care                         | 85% covered                             |
| Preventive Care                        | 100% covered                            |
| Rx                                     | \$10 generic<br>50% Preferred Brand     |
| HMO Plan B                             |                                         |
| Deductible                             | \$1000/\$2000                           |
| Out-of-Pocket Max                      | \$6850/\$13,700                         |
| Office Visit – Primary Care            | \$10                                    |
| Office Visit – Specialty Care          | \$40                                    |
| Emergency Room                         | \$250                                   |
| Urgent Care                            | \$50                                    |
| Inpatient Care                         | 70% covered                             |
| Preventive Care                        | 100% covered                            |
| Rx                                     | \$10 Generic ONLY                       |
| POS                                    |                                         |
| Deductible                             | In: \$1200/\$2400<br>Out: \$2400/\$4800 |
| Out-of-Pocket Max                      | In: \$6850/\$13,700<br>Out: \$10K/\$20K |
| Office Visit – Primary Care            | \$10                                    |
| Office Visit – Specialty Care          | \$40                                    |
| Emergency Room                         | \$250                                   |
| Urgent Care                            | \$50                                    |
| Inpatient Care                         | 70% covered                             |
| Preventive Care                        | 100% covered                            |
| Rx                                     | \$10 Generic ONLY                       |

Summary only above. Please refer to THP full schedule of benefits.

# 3 Benefits Overview

## Health Insurance

### PEIA

There are seven health benefit plans that are available to employees offered by the West Virginia Public Employees Insurance Agency (PEIA).

- PPB Plans A-D: Plan C is the High Deductible Health Plan and Plan D is the West Virginia ONLY plan where all care must be provided in WV
- Health Plans A & B (HMOs)
- Health Plan C (POS)

The levels of coverage include **Employee Only, Employee and Children, Family, Family with Employee Spouse, Family with Spousal Surcharge.**

**Note:** You must have [Basic Life Insurance](#) to enroll for Health Insurance or [Optional /Dependent Life Insurance Coverage](#). You may choose to enroll in the Basic Life coverage without enrolling for Health Insurance

### PEIA offers four plans:

1. PPB Plan A
2. PPB Plan B
3. PPB Plan C
4. PPB Plan D – For WV Residents Only

- Monthly premiums are based on the employee's annual salary and type of coverage elected.
- All plans are eligible to receive a \$25 tobacco free discount for employee policies and a \$50 discount for employee and child(ren) and family policies.

**NOTE:** The medical benefits in the PEIA Plans A,B, and D are identical. The difference is in the deductibles, coinsurance, and out-of-pocket maximums, and in Plan D's provider network.



# 3 Benefits Overview

## Health Insurance

### PEIA

#### PPB Plans

These are Preferred Provider Benefit (PPB) plans. PPB Plan A pays for a wide range of health care services for employees and their dependents. These plans are based on the yearly base salary of an employee.

The benefits are identical and include hospital services, medical services, surgery, durable medical equipment and supplies, and prescription drugs. The difference in these plans are the deductibles and out-of-pocket maximums.

#### Plan A

- Pays 80/20 in WV
- Pays 70/30 Out of State in network w/approval

#### Plan B

- Pays 70/30 in WV
- Pays 65/35 Out of State in network w/approval

### Plan C

This is a High Deductible Health Plan (HDHP) and can be paired with the Health Savings Account (HSA). The HDHP premium is *not* salary based.

A HDHP is a plan that includes higher annual deductible than typical health plans. This plan also has higher out-of-pocket maximum that includes amounts paid toward the annual deductible and any coinsurance that you must pay for covered expenses. **It is the only IRS approved high deductible plan for HSA.**

The deductible in this plan is combined medical services and prescription drug costs and must be met before the plan will pay for medical services or prescription drugs. The deductible does not include premiums.

#### PEIA PPB Plan D – West Virginia Residents ONLY!

**This plan you must have all services and care in West Virginia.** The only services/care allowed outside of West Virginia is emergency care to stabilize patients for transport back to a West Virginia facility.

This is a Preferred Provider Benefit (PPB) plan and is based on yearly base salary.

The benefits are identical to PPB Plans A and the premiums are lower than Plan A and include hospital services, medical services, surgery, durable medical equipment and supplies, and prescription drugs. The difference in these plans are the WV only services/care, deductibles and out-of-pocket maximums.

- Pays 80/20

# 3 Benefits Overview

## Health Insurance

### Monthly Premiums – Employee Only

| Salary Range          | The Health Plan HMO Plan A | The Health Plan HMO Plan B | The Health Plan POS (Plan C) | PEIA PPB Plan A Premium | PEIA PPB Plan A Annual Deductible | PEIA PPB Plan A Out-of-Pocket Maximum | PEIA PPB Plan B Premium | PEIA PPB Plan B Annual Deductible | PEIA PPB Plan B Out-of-Pocket Maximum | PEIA PPB Plan C (not salary-based) | PEIA PPB Plan C Annual Deductible | PEIA PPB Plan C Out-of-Pocket Maximum | PEIA PPB Plan D Premium | PEIA PPB Plan D Annual Deductible | PEIA PPB Plan D Out-of-Pocket Maximum |
|-----------------------|----------------------------|----------------------------|------------------------------|-------------------------|-----------------------------------|---------------------------------------|-------------------------|-----------------------------------|---------------------------------------|------------------------------------|-----------------------------------|---------------------------------------|-------------------------|-----------------------------------|---------------------------------------|
| \$0 - \$30,400        | \$125                      | \$61                       | \$80                         | \$90                    | \$460                             | \$2,550                               | \$58                    | \$600                             | \$3,350                               | \$111                              | \$2,250                           | \$3,500                               | \$75                    | \$460                             | 2,550                                 |
| \$30,401 - \$40,400   | \$149                      | \$69                       | \$104                        | \$114                   | \$525                             | \$3,000                               | \$66                    | \$700                             | \$3,900                               |                                    |                                   |                                       | \$95                    | \$525                             | \$3,000                               |
| \$40,401 - \$46,400   | \$159                      | \$73                       | \$114                        | \$124                   | \$600                             | \$3,200                               | \$70                    | \$800                             | \$4,175                               |                                    |                                   |                                       | \$105                   | \$600                             | \$3,200                               |
| \$46,401 - \$52,400   | \$168                      | \$76                       | \$123                        | \$133                   | \$630                             | \$3,500                               | \$73                    | \$850                             | \$4,750                               |                                    |                                   |                                       | \$110                   | \$630                             | \$3,500                               |
| \$52,401 - \$60,400   | \$189                      | \$84                       | \$144                        | \$154                   | \$675                             | \$3,900                               | \$81                    | \$875                             | \$5,025                               |                                    |                                   |                                       | \$130                   | \$675                             | \$3,900                               |
| \$60,401 - \$72,900   | \$222                      | \$97                       | \$177                        | \$187                   | \$850                             | \$4,000                               | \$94                    | \$1,100                           | \$5,150                               |                                    |                                   |                                       | \$157                   | \$850                             | \$4,000                               |
| \$72,901 - \$85,400   | \$242                      | \$106                      | \$197                        | \$207                   | \$875                             | \$4,050                               | \$103                   | \$1,175                           | \$5,200                               |                                    |                                   |                                       | \$174                   | \$875                             | \$4,050                               |
| \$85,401 - \$110,400  | \$283                      | \$122                      | \$238                        | \$248                   | \$925                             | \$4,100                               | \$119                   | \$1,200                           | \$5,300                               |                                    |                                   |                                       | \$210                   | \$925                             | \$4,100                               |
| \$110,401 - \$135,400 | \$345                      | \$172                      | \$300                        | \$310                   | \$1,025                           | \$4,200                               | \$169                   | \$1,350                           | \$5,575                               |                                    |                                   |                                       | \$260                   | \$1,025                           | \$4,200                               |
| \$135,401 - +         | \$387                      | \$202                      | \$342                        | \$352                   | \$1,175                           | \$4,600                               | \$199                   | \$1,525                           | \$6,000                               |                                    |                                   |                                       | \$298                   | \$1,175                           | \$4,600                               |

### Monthly Premiums – Employee & Children

| Salary Range          | The Health Plan HMO Plan A | The Health Plan HMO Plan B | The Health Plan POS (Plan C) | PEIA PPB Plan A Premium | PEIA PPB Plan A Annual Deductible | PEIA PPB Plan A Out-of-Pocket Maximum | PEIA PPB Plan B Premium | PEIA PPB Plan B Annual Deductible | PEIA PPB Plan B Out-of-Pocket Maximum | PEIA PPB Plan C (not salary-based) | PEIA PPB Plan C Annual Deductible | PEIA PPB Plan C Out-of-Pocket Maximum | PEIA PPB Plan D Premium | PEIA PPB Plan D Annual Deductible | PEIA PPB Plan D Out-of-Pocket Maximum |
|-----------------------|----------------------------|----------------------------|------------------------------|-------------------------|-----------------------------------|---------------------------------------|-------------------------|-----------------------------------|---------------------------------------|------------------------------------|-----------------------------------|---------------------------------------|-------------------------|-----------------------------------|---------------------------------------|
| \$0 - \$30,400        | \$243                      | \$96                       | \$128                        | \$182                   | \$925                             | \$5,050                               | \$104                   | \$1,225                           | \$6,750                               | \$235                              | \$4,500                           | \$7,000                               | \$146                   | \$925                             | \$5,050                               |
| \$30,401 - \$40,400   | \$278                      | \$108                      | \$163                        | \$217                   | \$1,050                           | \$5,900                               | \$116                   | \$1,425                           | \$7,750                               |                                    |                                   |                                       | \$174                   | \$1,050                           | \$5,900                               |
| \$40,401 - \$46,400   | \$291                      | \$114                      | \$176                        | \$230                   | \$1,200                           | \$6,300                               | \$122                   | \$1,600                           | \$8,450                               |                                    |                                   |                                       | \$185                   | \$1,200                           | \$6,300                               |
| \$46,401 - \$52,400   | \$310                      | \$119                      | \$195                        | \$249                   | \$1,300                           | \$7,000                               | \$127                   | \$1,700                           | \$9,300                               |                                    |                                   |                                       | \$200                   | \$1,300                           | \$7,000                               |
| \$52,401 - \$60,400   | \$359                      | \$150                      | \$244                        | \$298                   | \$1,350                           | \$7,700                               | \$158                   | \$1,800                           | \$10,300                              |                                    |                                   |                                       | \$241                   | \$1,350                           | \$7,700                               |
| \$60,401 - \$72,900   | \$419                      | \$197                      | \$304                        | \$358                   | \$1,700                           | \$7,850                               | \$205                   | \$2,250                           | \$10,400                              |                                    |                                   |                                       | \$291                   | \$1,700                           | \$7,850                               |
| \$72,901 - \$85,400   | \$466                      | \$225                      | \$351                        | \$405                   | \$1,750                           | \$8,000                               | \$233                   | \$2,350                           | \$10,700                              |                                    |                                   |                                       | \$328                   | \$1,750                           | \$8,000                               |
| \$85,401 - \$110,400  | \$557                      | \$283                      | \$442                        | \$496                   | \$1,850                           | \$8,150                               | \$291                   | \$2,450                           | \$10,850                              |                                    |                                   |                                       | \$403                   | \$1,850                           | \$8,150                               |
| \$110,401 - \$135,400 | \$648                      | \$359                      | \$533                        | \$587                   | \$2,050                           | \$8,400                               | \$367                   | \$2,700                           | \$11,100                              |                                    |                                   |                                       | \$478                   | \$2,050                           | \$8,400                               |
| \$135,401+            | \$730                      | \$415                      | \$615                        | \$669                   | \$2,350                           | \$9,100                               | \$423                   | \$3,050                           | \$12,100                              |                                    |                                   |                                       | \$546                   | \$2,350                           | \$9,100                               |



# 3 Benefits Overview

## Health Insurance

### Monthly Premiums – Family

| Salary Range          | The Health Plan HMO Plan A | The Health Plan HMO Plan B | The Health Plan POS (Plan C) | PEIA PPB Plan A Premium | PEIA PPB Plan A Annual Deductible | PEIA PPB Plan A Out-of-Pocket Maximum | PEIA PPB Plan B Premium | PEIA PPB Plan B Annual Deductible | PEIA PPB Plan B Out-of-Pocket Maximum | PEIA PPB Plan C (not salary-based) | PEIA PPB Plan C Annual Deductible | PEIA PPB Plan C Out-of-Pocket Maximum | PEIA PPB Plan D Premium | PEIA PPB Plan D Annual Deductible | PEIA PPB Plan D Out-of-Pocket Maximum |
|-----------------------|----------------------------|----------------------------|------------------------------|-------------------------|-----------------------------------|---------------------------------------|-------------------------|-----------------------------------|---------------------------------------|------------------------------------|-----------------------------------|---------------------------------------|-------------------------|-----------------------------------|---------------------------------------|
| \$0 - \$30,400        | \$299                      | \$222                      | \$251                        | \$265                   | \$925                             | \$5,100                               | \$161                   | \$1,225                           | \$6,750                               | \$414                              | \$4,500                           | \$7,000                               | \$209                   | \$925                             | \$5,100                               |
| \$30,401 - \$40,400   | \$370                      | \$259                      | \$322                        | \$336                   | \$1,075                           | \$5,950                               | \$198                   | \$1,400                           | \$7,700                               |                                    |                                   |                                       | \$269                   | \$1,075                           | \$5,950                               |
| \$40,401 - \$46,400   | \$409                      | \$278                      | \$361                        | \$375                   | \$1,200                           | \$6,350                               | \$217                   | \$1,600                           | \$8,400                               |                                    |                                   |                                       | \$301                   | \$1,200                           | \$6,350                               |
| \$46,401 - \$52,400   | \$451                      | \$300                      | \$403                        | \$417                   | \$1,275                           | \$7,050                               | \$239                   | \$1,700                           | \$9,250                               |                                    |                                   |                                       | \$335                   | \$1,275                           | \$7,050                               |
| \$52,401 - \$60,400   | \$524                      | \$344                      | \$476                        | \$490                   | \$1,350                           | \$7,750                               | \$283                   | \$1,800                           | \$10,250                              |                                    |                                   |                                       | \$396                   | \$1,350                           | \$7,750                               |
| \$60,401 - \$72,900   | \$621                      | \$404                      | \$573                        | \$587                   | \$1,700                           | \$7,900                               | \$343                   | \$2,250                           | \$10,400                              |                                    |                                   |                                       | \$478                   | \$1,700                           | \$7,900                               |
| \$72,901 - \$85,400   | \$669                      | \$437                      | \$621                        | \$635                   | \$1,775                           | \$8,050                               | \$376                   | \$2,350                           | \$10,650                              |                                    |                                   |                                       | \$517                   | \$1,775                           | \$8,050                               |
| \$85,401 - \$110,400  | \$792                      | \$530                      | \$744                        | \$758                   | \$1,850                           | \$8,150                               | \$469                   | \$2,450                           | \$10,800                              |                                    |                                   |                                       | \$621                   | \$1,850                           | \$8,150                               |
| \$110,401 - \$135,400 | \$961                      | \$650                      | \$913                        | \$927                   | \$2,050                           | \$8,450                               | \$589                   | \$2,700                           | \$11,100                              |                                    |                                   |                                       | \$762                   | \$2,050                           | \$8,450                               |
| \$135,401+            | \$1,106                    | \$743                      | \$1,058                      | \$1,072                 | \$2,350                           | \$9,150                               | \$682                   | \$3,000                           | \$12,050                              |                                    |                                   |                                       | \$882                   | \$2,350                           | \$9,150                               |

### Monthly Premiums – Family with Employee Spouse

| Salary Range          | The Health Plan HMO Plan A | The Health Plan HMO Plan B | The Health Plan POS (Plan C) | PEIA PPB Plan A Premium | PEIA PPB Plan A Annual Deductible | PEIA PPB Plan A Out-of-Pocket Maximum | PEIA PPB Plan B Premium | PEIA PPB Plan B Annual Deductible | PEIA PPB Plan B Out-of-Pocket Maximum | PEIA PPB Plan C (not salary-based) | PEIA PPB Plan C Annual Deductible | PEIA PPB Plan C Out-of-Pocket Maximum | PEIA PPB Plan D Premium | PEIA PPB Plan D Annual Deductible | PEIA PPB Plan D Out-of-Pocket Maximum |
|-----------------------|----------------------------|----------------------------|------------------------------|-------------------------|-----------------------------------|---------------------------------------|-------------------------|-----------------------------------|---------------------------------------|------------------------------------|-----------------------------------|---------------------------------------|-------------------------|-----------------------------------|---------------------------------------|
| \$0 - \$30,400        | \$236                      | \$171                      | \$199                        | \$213                   | \$925                             | \$5,100                               | \$124                   | \$1,225                           | \$6,750                               | \$349                              | \$4,500                           | \$7,000                               | \$165                   | \$925                             | \$5,100                               |
| \$30,401 - \$40,400   | \$289                      | \$195                      | \$252                        | \$266                   | \$1,075                           | \$5,950                               | \$148                   | \$1,400                           | \$7,700                               |                                    |                                   |                                       | \$211                   | \$1,075                           | \$5,950                               |
| \$40,401 - \$46,400   | \$322                      | \$215                      | \$285                        | \$299                   | \$1,200                           | \$6,350                               | \$168                   | \$1,600                           | \$8,400                               |                                    |                                   |                                       | \$237                   | \$1,200                           | \$6,350                               |
| \$46,401 - \$52,400   | \$350                      | \$229                      | \$313                        | \$327                   | \$1,300                           | \$7,050                               | \$182                   | \$1,700                           | \$9,250                               |                                    |                                   |                                       | \$262                   | \$1,300                           | \$7,050                               |
| \$52,401 - \$60,400   | \$410                      | \$259                      | \$373                        | \$387                   | \$1,350                           | \$7,750                               | \$212                   | \$1,800                           | \$10,250                              |                                    |                                   |                                       | \$311                   | \$1,350                           | \$7,750                               |
| \$60,401 - \$72,900   | \$489                      | \$305                      | \$452                        | \$466                   | \$1,700                           | \$7,900                               | \$258                   | \$2,250                           | \$10,400                              |                                    |                                   |                                       | \$377                   | \$1,700                           | \$7,900                               |
| \$72,901 - \$85,400   | \$546                      | \$346                      | \$509                        | \$523                   | \$1,800                           | \$8,050                               | \$299                   | \$2,350                           | \$10,650                              |                                    |                                   |                                       | \$425                   | \$1,800                           | \$8,050                               |
| \$85,401 - \$110,400  | \$682                      | \$450                      | \$645                        | \$659                   | \$1,850                           | \$8,150                               | \$403                   | \$2,450                           | \$10,800                              |                                    |                                   |                                       | \$539                   | \$1,850                           | \$8,150                               |
| \$110,401 - \$135,400 | \$853                      | \$571                      | \$816                        | \$830                   | \$2,050                           | \$8,450                               | \$524                   | \$2,700                           | \$11,100                              |                                    |                                   |                                       | \$681                   | \$2,050                           | \$8,450                               |
| \$135,401+            | \$980                      | \$664                      | \$943                        | \$957                   | \$2,350                           | \$9,150                               | \$617                   | \$3,000                           | \$12,050                              |                                    |                                   |                                       | \$789                   | \$2,350                           | \$9,150                               |

# 3 Benefits Overview

## Health Insurance

### Monthly Premiums – Family with Spousal Surcharge

| Salary Range          | The Health Plan HMO Plan A | The Health Plan HMO Plan B | The Health Plan POS (Plan C) | PEIA PPB Plan A Premium | PEIA PPB Plan A Annual Deductible | PEIA PPB Plan A Out-of-Pocket Maximum | PEIA PPB Plan B Premium | PEIA PPB Plan B Annual Deductible | PEIA PPB Plan B Out-of-Pocket Maximum | PEIA PPB Plan C (not salary-based) | PEIA PPB Plan C Annual Deductible | PEIA PPB Plan C Out-of-Pocket Maximum | PEIA PPB Plan D Premium | PEIA PPB Plan D Annual Deductible | PEIA PPB Plan D Out-of-Pocket Maximum |
|-----------------------|----------------------------|----------------------------|------------------------------|-------------------------|-----------------------------------|---------------------------------------|-------------------------|-----------------------------------|---------------------------------------|------------------------------------|-----------------------------------|---------------------------------------|-------------------------|-----------------------------------|---------------------------------------|
| \$0 - \$30,400        | \$654                      | \$554                      | \$587                        | \$620                   | \$925                             | \$5,100                               | \$493                   | \$1,225                           | \$6,750                               | \$750                              | \$4,500                           | \$7,000                               | \$560                   | \$925                             | \$5,100                               |
| \$30,401 - \$40,400   | \$725                      | \$591                      | \$658                        | \$691                   | \$1,075                           | \$5,950                               | \$530                   | \$1,400                           | \$7,700                               |                                    |                                   |                                       | \$620                   | \$1,075                           | \$5,950                               |
| \$40,401 - \$46,400   | \$764                      | \$610                      | \$697                        | \$730                   | \$1,200                           | \$6,350                               | \$549                   | \$1,600                           | \$8,400                               |                                    |                                   |                                       | \$652                   | \$1,200                           | \$6,350                               |
| \$46,401 - \$52,400   | \$806                      | \$632                      | \$739                        | \$772                   | \$1,300                           | \$7,050                               | \$571                   | \$1,700                           | \$9,250                               |                                    |                                   |                                       | \$686                   | \$1,300                           | \$7,050                               |
| \$52,401 - \$60,400   | \$879                      | \$676                      | \$812                        | \$845                   | \$1,350                           | \$7,750                               | \$615                   | \$1,800                           | \$10,250                              |                                    |                                   |                                       | \$747                   | \$1,350                           | \$7,750                               |
| \$60,401 - \$72,900   | \$976                      | \$736                      | \$909                        | \$942                   | \$1,700                           | \$7,900                               | \$675                   | \$2,250                           | \$10,400                              |                                    |                                   |                                       | \$829                   | \$1,700                           | \$7,900                               |
| \$72,901 - \$85,400   | \$1,024                    | \$769                      | \$957                        | \$990                   | \$1,800                           | \$8,050                               | \$708                   | \$2,350                           | \$10,650                              |                                    |                                   |                                       | \$868                   | \$1,800                           | \$8,050                               |
| \$85,401 - \$110,400  | \$1,147                    | \$862                      | \$1,080                      | \$1,113                 | \$1,850                           | \$8,150                               | \$801                   | \$2,450                           | \$10,800                              |                                    |                                   |                                       | \$972                   | \$1,850                           | \$8,150                               |
| \$110,401 - \$135,400 | \$1,316                    | \$982                      | \$1,249                      | \$1,282                 | \$2,050                           | \$8,450                               | \$921                   | \$2,700                           | \$11,100                              |                                    |                                   |                                       | \$1,113                 | \$2,050                           | \$8,450                               |
| \$135,401+            | \$1,461                    | \$1,075                    | \$1,394                      | \$1,427                 | \$2,350                           | \$9,150                               | \$1,014                 | \$3,000                           | \$12,050                              |                                    |                                   |                                       | \$1,233                 | \$2,350                           | \$9,150                               |





# 3 Benefits Overview

## Health Insurance

### Comprehensive Care Partnership (CCP) Program

PEIA offers a healthcare program that allows you to receive primary care services while paying less. This program, called the Comprehensive Care Partnership (CCP) program, is designed to promote quality of care, preventive services and appropriate use of health services to identify health problems early and maintain control of chronic conditions. This benefit option is available to PEIA PPB Plan A, B and D insureds.

Members who enroll in the CCP Program will have reduced or no copayments, deductibles or coinsurance for specified services at their CCP provider. CCP providers are expected to provide primary care services, coordination of care, and with some CCP locations also provide specialty care services, pharmacy benefits and/or laboratory services.

- [Provider Request for More Information Form](#)
- [Provider Directory](#)
- [Comprehensive Care Program Enrollment Form \(for members\)](#)

The purpose of the CCP and the “Patient-Centered Medical Home” is to promote the use of health services to keep the patient well, identify health problems early, maintain control of chronic conditions and to promote efficient utilization of healthcare resources. As such, the following is required of the CCP health center:

- Remind you when services are due
- Perform an initial evaluation to include an assessment of your preventive health care services and overall health status
- Provide the information you need to care for yourself
- Maintain an electronic medical record, which includes a summary of key health and preventive care history, medicines, and a provision for delivering such information to you as needed
- Provide 24-hour telephone access to a medical provider
- Coordinate with specialists to ensure that all information and treatment plans are consistent
- Notify you of any changes to covered services
- Notify PEIA of non-compliant members who should be removed from the program

Members who enroll in the CCP do so by choice. The member agrees to receive all of his/her primary healthcare from the CCP provider. The success of the program requires a working partnership between the CCP provider and the patient/member. Participating members agree to:

- Use their chosen CCP provider for all health care available at their designated CCP. Contact their CCP provider before receiving medical care from providers with the exception of emergency cases
- Participate in initial and regular health assessments at least every two years. The purpose of the assessment is to collect the health history and clinical data needed to identify the preventive services needed, plan the patient’s care, and address all healthcare questions.
- Members who do not comply with the requirements of the program may be dis-enrolled.

**NOTE:** If you want to continue using other primary care providers and/or specialists for much of your health care, the CCP may not be for you.

# 3 Benefits Overview

## Life Insurance

**Basic Life Insurance** is **provided to employees at no cost and paid by the employer**. This is a \$10,000 life insurance policy with accidental death and dismemberment benefits. Employees may enroll for basic, optional and dependent life insurance, even if they choose not to take any health insurance through [PEIA](#).

**Note:** After initial enrollment period a statement of health form is required and after the age 65 the coverage will decrease.

**If you are electing any of the medical plans, you must sign up for Basic Life Insurance.**

### Basic Life Insurance

- Available to [Benefits-eligible employees](#)
- Term insurance has no cash or loan value
- Policy doubles in cases of accidental death
- Enrollment period is the month of hire.
- An employee may enroll for the basic life insurance policy only, even if not enrolled for medical insurance
- A statement of health form to PEIA is required for approval of insurance coverage after the initial enrollment period.



# 3 Benefits Overview

## Life Insurance

### Optional Life Insurance

PEIA offers active employees up to \$500,000 of [optional life insurance](#) which is also decreasing term coverage.

There are 18 options available by the employee's age. However, if an employee chooses more than \$100,000 of coverage, he or she will be required to complete an Evidence of Insurability Application form.

- **Premiums for optional life insurance are paid by the employee.** Tobacco-free [rates](#) are available to those who submit an affidavit stating that the policyholder does not use tobacco.
- An employee may choose optional life insurance during the month of employment.
- Active employees may increase their optional life insurance at any time by submitting an Evidence of Insurability form and being approved by the life insurance carrier.
- This is term insurance that has no cash or loan value.

### Dependent Life Insurance

PEIA offers five dependent life insurance plans for eligible spouse and dependent children.

- The plans range from \$5,000 to \$40,000 for a spouse and \$2,000 to \$15,000 for each eligible child.
- [Premium](#) is paid by employee.
- Coverage begins the first day of the month following enrollment and employment for basic, optional life and dependent life plans.
- Plan 5 **requires** Evidence of Insurability Application form





# Disclaimer

**NOTE:** If you have a change in status, the following documentation will be required:

| Status Change Event                                                                                | Documentation Required                                                                                                                                        |
|----------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Divorce                                                                                            | Copy of the divorce decree showing the date the divorce is final.                                                                                             |
| Marriage                                                                                           | Copy of valid marriage license or certificate.                                                                                                                |
| Birth of child                                                                                     | Copy of child's birth certificate.                                                                                                                            |
| Adoption                                                                                           | Copy of adoption papers.                                                                                                                                      |
| Adding coverage for a dependent child                                                              | Copy of child's birth certificate.                                                                                                                            |
| Adding coverage for any other child who resides with policyholder                                  | Copy of court-ordered guardianship papers.                                                                                                                    |
| Open enrollment under spouse's or dependent's employer's benefit plan                              | Copy of printed material showing Open Enrollment dates and the employer's name.                                                                               |
| Death of spouse or dependent                                                                       | Copy of the death certificate.                                                                                                                                |
| Beginning of spouse's or dependent's employment                                                    | Letter from the spouse's employer stating the hire date, effective date of insurance, what coverage was added, and what dependents are covered.               |
| End of spouse's or dependent's employment                                                          | Letter from the employer stating the termination or retirement date, what coverage was lost, and dependents that were covered.                                |
| Significant change in health coverage due to spouse's or dependent's employment                    | Letter from the insurance carrier indicating the change in insurance coverage, the effective date of that change, and dependents covered.                     |
| Unpaid leave of absence by employee, spouse, or dependent                                          | Letter from your, your spouse's, or your dependent's personnel office stating the date the covered person went on unpaid leave or returned from unpaid leave. |
| Change from full-time to part-time employment or vice versa for policyholder, spouse, or dependent | Letter from the employer stating the previous hours worked, the new hours worked, and the effective date of the change.                                       |

Please review all online material below to prepare for your upcoming benefits enrollment session as this packet cannot cover all information

- [PEIA Summary Plan Description](#)
- [PEIA Shopper's Guide](#)

Premiums can be found in the [Shopper's Guide](#).



# 3 Benefits Overview

## Optional Benefits



PEIA sponsors this [Mountaineer Flexible Benefits](#) as a vehicle to provide additional benefits to eligible state employees and a tax savings to the participating employees and the state. The Plan qualifies as a Cafeteria Plan authorized by Section 125 of the Internal Revenue Code. **Fringe Benefits Management Company** is the third-party administrator under PEIA.

**There will be NO cards issued for any of these plans except for Flexible Spending, Health Savings Accounts, Dental, and Vision.** Coverage begins the **first day of the month after enrollment**. Premiums are paid by employee with pre-tax dollars except Legal.

**Mountaineer Flexible Benefits makes available to benefits-eligible employees:**

- [Dental](#) – Marshall University provides dental insurance through [Sun Life](#).
- [Disability](#) – Marshall University employees are offered Short-Term and Long-Term Disability Insurance through the [Standard](#) and FBMC.
- [Flexible Spending Accounts](#) – A Flexible Spending Account (FSA) lets you pay for eligible expenses with tax-free money. There are two types of FSAs – **Healthcare FSA** and **Dependent Care FSA**.
- [Health Savings Accounts](#) – Providing economical Healthcare while costs are rising is a major issue. To deal with this issue and help you plan for future health expenses, you will have the choice of enrolling in a **Health Savings Account (HSA)**.
- [Legal](#) – Marshall University and Retirees are offered a **Group Legal Plan**. This is a payroll deductible, post-tax benefit.
- [Vision](#) – There are two plans that are available to employees provided by Humana powered by EyeMed, **Full-Service Plan** and **Exam Plus**.
- **Hearing** - Hearing is a valued life asset that can be protected and treated through a program for hearing healthcare. With EPIC Hearing Healthcare (EPIC),
- [Critical Illness Insurance](#) - This coverage helps protect your finances from an illness. When you, your spouse or child is diagnosed with a covered condition, you can receive a cash benefit to help pay unexpected costs not covered by your health plan
- [Hospital Indemnity Insurance](#) - Hospital Indemnity Insurance helps protect your finances if you, your spouse, or child experience a hospital stay.
- [Accident Insurance](#) - Accident Insurance helps protect your finances after a mishap.



# 3 Benefits Overview

## Dental

Marshall University provides dental insurance through Sun Life Dental Insurance. Good health starts with your teeth. Annual preventive care alone can help prevent health problems such as heart disease and diabetes. Sun Life, your NEW dental insurance provider, helps protect your teeth for a lifetime. Enhancements have been made to the plans. Rates have been lowered, and a NEW Premier Dental Plan has been added.

Four Plans are Available:

**Assistance Plan:** 100% coverage in-network for preventative services (cleanings, exams, and X-rays); 40% of cost for basic services (new fillings, simple extractions and biopsy); 25% for major services (dentures and bridges)

**Basic Plan:** 100% coverage in-network for preventative services (cleanings, exams, and X-rays); 75% of cost for basic services (new fillings, simple extractions and biopsy); 40% for major services (dentures and bridges)

**Enhanced Plan:** 100% coverage in-network for preventative services (cleanings, exams, and X-rays); 80% of cost for basic services (new fillings, simple extractions, and biopsy); 60% for major services (dentures, bridges, and TMJ treatment); 40% of the cost of ortho services (no age limit orthodontic treatment)

**Premier Plan:** 100% coverage in-network for preventative services (cleanings, exams, and X-rays); 90% of cost for basic services (new fillings, simple extractions, and biopsy); 75% for major services (dentures, bridges, and TMJ treatment); 50% of the cost of ortho services (no age limit orthodontic treatment)



# 3 Benefits Overview

## Dental

| SUN LIFE                                                                            | ASSISTANCE PLAN                              |                            | BASIC PLAN                                   |                            | ENHANCED PLAN                                |                            | PREMIER PLAN                                 |                            |
|-------------------------------------------------------------------------------------|----------------------------------------------|----------------------------|----------------------------------------------|----------------------------|----------------------------------------------|----------------------------|----------------------------------------------|----------------------------|
|                                                                                     | In Network                                   | Out of Network             | In Network                                   | Out of Network             | In Network                                   | Out of Network             | In Network                                   | Out of Network             |
| Plan Year Deductible (Per Person)                                                   | \$25 (applies Type II and III services only) |                            | \$25 (applies Type II and III services only) |                            | \$50 (applies Type II and III services only) |                            | \$75 (applies Type II and III services only) |                            |
| Maximum Totals Per Family Deductible                                                | \$75                                         |                            | \$75                                         |                            | \$150                                        |                            | \$225                                        |                            |
| Plan Year Maximum Benefit (Per Person)                                              | \$750                                        | \$500                      | \$1,000                                      | \$500                      | \$1,500                                      | \$1,000                    | \$2,500                                      | \$1,500                    |
| Other Maximums                                                                      |                                              |                            |                                              |                            |                                              |                            |                                              |                            |
| Ortho Lifetime Max (Paid over two plan years)                                       | Not Covered                                  | Not Covered                | Not Covered                                  | Not Covered                | \$1,250                                      | \$500                      | \$2,500                                      | \$1,000                    |
| TMJ Disorder Lifetime Max                                                           | Not Covered                                  | Not Covered                | Not Covered                                  | Not Covered                | \$1,000                                      | \$1,000                    | \$1,000                                      | \$1,000                    |
| BENEFIT                                                                             | In Network (Plan Pays)                       | Out of Network (Plan Pays) | In Network (Plan Pays)                       | Out of Network (Plan Pays) | In Network (Plan Pays)                       | Out of Network (Plan Pays) | In Network (Plan Pays)                       | Out of Network (Plan Pays) |
| Type I: Preventive Dental Services                                                  | 100%                                         | 80%                        | 100%                                         | 80%                        | 100%                                         | 80%                        | 100%                                         | 80%                        |
| Type II: Basic Dental Services                                                      | 40%                                          | 25%                        | 75%                                          | 50%                        | 80%                                          | 60%                        | 90%                                          | 70%                        |
| Type III: Major Dental Services                                                     | 25%                                          | 10%                        | 40%                                          | 25%                        | 60%                                          | 40%                        | 75%                                          | 50%                        |
| Type IV: Orthodontic Services<br>• No orthodontic treatment age limitation          | Not Covered                                  | Not Covered                | Not Covered                                  | Not Covered                | 40%                                          | 25%                        | 50%                                          | 50%                        |
| Treatment for TMJ Disorder<br>• Non-Surgical TMJ treatment \$1,000 lifetime maximum | Not Covered                                  | Not Covered                | Not Covered                                  | Not Covered                | 60%                                          | 40%                        | 75%                                          | 50%                        |

## Your Tax-Free Dental Rates

| ASSISTANCE            | 10 PAY  | 12 PAY  | 18 PAY  | 20 PAY  | 21 PAY  | 22 PAY  | 24 PAY  | 26 PAY  |
|-----------------------|---------|---------|---------|---------|---------|---------|---------|---------|
| Employee Only         | \$13.14 | \$10.95 | \$7.30  | \$6.57  | \$6.26  | \$5.97  | \$5.48  | \$5.05  |
| Employee + Spouse     | \$29.39 | \$24.49 | \$16.33 | \$14.69 | \$13.99 | \$13.36 | \$12.25 | \$11.30 |
| Employee + Child(ren) | \$26.34 | \$21.95 | \$14.63 | \$13.17 | \$12.54 | \$11.97 | \$10.98 | \$10.13 |
| Employee + Family     | \$42.66 | \$35.55 | \$23.70 | \$21.33 | \$20.31 | \$19.39 | \$17.78 | \$16.41 |

| BASIC                 | 10 PAY  | 12 PAY  | 18 PAY  | 20 PAY  | 21 PAY  | 22 PAY  | 24 PAY  | 26 PAY  |
|-----------------------|---------|---------|---------|---------|---------|---------|---------|---------|
| Employee Only         | \$19.90 | \$16.58 | \$11.05 | \$9.95  | \$9.47  | \$9.04  | \$8.29  | \$7.65  |
| Employee + Spouse     | \$44.41 | \$37.01 | \$24.67 | \$22.21 | \$21.15 | \$20.19 | \$18.51 | \$17.08 |
| Employee + Child(ren) | \$39.85 | \$33.21 | \$22.14 | \$19.93 | \$18.98 | \$18.11 | \$16.61 | \$15.33 |
| Employee + Family     | \$64.40 | \$53.67 | \$35.78 | \$32.20 | \$30.67 | \$29.27 | \$26.84 | \$24.77 |

| ENHANCED              | 10 PAY   | 12 PAY  | 18 PAY  | 20 PAY  | 21 PAY  | 22 PAY  | 24 PAY  | 26 PAY  |
|-----------------------|----------|---------|---------|---------|---------|---------|---------|---------|
| Employee Only         | \$33.58  | \$27.98 | \$18.65 | \$16.79 | \$15.99 | \$15.26 | \$13.99 | \$12.91 |
| Employee + Spouse     | \$78.05  | \$65.04 | \$43.36 | \$39.02 | \$37.17 | \$35.48 | \$32.52 | \$30.02 |
| Employee + Child(ren) | \$67.21  | \$56.01 | \$37.34 | \$33.61 | \$32.01 | \$30.55 | \$28.01 | \$25.85 |
| Employee + Family     | \$111.48 | \$92.90 | \$61.93 | \$55.74 | \$53.09 | \$50.67 | \$46.45 | \$42.88 |

| PREMIER               | 10 PAY   | 12 PAY   | 18 PAY  | 20 PAY  | 21 PAY  | 22 PAY  | 24 PAY  | 26 PAY  |
|-----------------------|----------|----------|---------|---------|---------|---------|---------|---------|
| Employee              | \$44.16  | \$36.80  | \$24.53 | \$22.08 | \$21.03 | \$20.07 | \$18.40 | \$16.98 |
| Employee + Spouse     | \$103.42 | \$86.18  | \$57.45 | \$51.71 | \$49.25 | \$47.01 | \$43.09 | \$39.78 |
| Employee + Child(ren) | \$88.78  | \$73.98  | \$49.32 | \$44.39 | \$42.27 | \$40.35 | \$36.99 | \$34.14 |
| Employee + Family     | \$147.85 | \$123.21 | \$82.14 | \$73.93 | \$70.41 | \$67.21 | \$61.61 | \$56.87 |

# 3 Benefits Overview

## Disability

Marshall University employees are offered Short-Term and Long-Term Disability Insurance. Short-Term is offered through FBMC and Long-Term is offered through [FBMC](#) and the [Standard](#).

It offers benefits-eligible employees the opportunity to have income replacement protection in the event of an accident or illness which results in the loss of pay.

Disability Income Plans can help safeguard your family's lifestyle and provide some peace of mind in the event you become disabled and are unable to work.



### Short-Term Disability

Short-Term Disability insurance can help pay the bills if you become disabled and can't work for a short amount of time.

It will cover a weekly benefit of 70% of your pre-disability earnings with a maximum of \$1,000. These benefits become payable after the 30-day waiting period and the exhaustion of your sick leave, up to 180 days.

### Calculating Your Short-Term Disability Income Plan Rate

YOUR PRETAX RATES

**Example:** If your weekly salary is \$350, your monthly premium would be calculated:  
 $\$350 \times \$0.0257 = \$8.99^*$  per month.

\*Actual premium may vary slightly due to rounding

WORKSHEET:

1. Your weekly salary (maximum \$1,000.00)

X \$0.0257

2. This is your monthly premium

If you are paid more than 12 times a year, you can calculate the amount to be deducted from your paycheck by completing the following chart.

3. Enter the monthly premium amount from **Line 2**

4. Multiply by 12

5. This is your annual premium

6. Divide by the number of regular paychecks you receive annually

Per Paycheck Deduction



# 3 Benefits Overview

## Disability

### Long-Term Disability

Long-Term Disability insurance can help pay the bills if you become disabled and can't work for a longer amount of time. It has two plans that are available to employees.

#### FBMC Long-Term

The pre-taxed monthly premiums are paid by the employee and are based on employee's age and are adjusted on an annual basis according to age.

- **Plan 1:** 50 percent of the first \$6,000 of your monthly pre-disability earnings, reduced by deductible income. The maximum monthly benefit is \$3,000.
- **Plan 2:** 60 percent of the first \$10,000 of your monthly pre-disability earnings, reduced by deductible income. The maximum monthly benefit is \$6,000.

If an LTD claim is approved by FBMC, benefits become payable

- 9 Month Faculty – 3 month waiting period
- 12 Month Employee – 6 month waiting period

See Long-Term [disability rates](#). Exclusions and limitations apply.

### The Standard Long-Term

If an LTD claim is approved by The Standard, benefits become payable for different employment types:

- 9 Month Faculty – 3 month waiting period
- 12 Month Employee – 6 month waiting period

Total cost of the premium is paid by the employee, based on salary, and is post-tax.

**Note:** during a long-term disability period, this Standard policy not only protects income, but also insures the six percent retirement contribution of both the employee and employer.

Click on The Standard Long-Term Disability pamphlet to learn more.



This information is only a brief description of the group LTD insurance policy sponsored by your employer. The Standard may cancel this group policy or increase premiums at its discretion. The group insurance certificate contains a detailed description of the insurance coverage including the definitions, exclusions, limitations, reductions, when benefits and insurance end, and the terms under which the group policy may be amended and terminated. The controlling provisions will be in the group policy issued by The Standard. Neither the certificate nor this information modifies the group policy or the insurance coverage in any way. For costs and complete details of the coverage, contact your human resources representative or refer to the group insurance certificate.

Standard Insurance Company  
1100 SW Sixth Avenue  
Portland OR 97204  
www.standard.com

### Group Long Term Disability Insurance

**Benefits at a Glance for Marshall University**

|                             |                 |
|-----------------------------|-----------------|
| Group Policy Effective Date | October 1, 2003 |
| Group Policy #              | 134296          |

Group Long Term Disability (LTD) insurance from Standard Insurance Company provides financial protection for eligible employees by promising to pay a percentage of monthly earnings in the event of a covered disability. The monthly income benefit payable is based on the amount of the employee's monthly wage base.

#### Eligibility

**Eligible Classes**  
Class 1- All eligible faculty employees.  
Class 2- All eligible non-faculty employees.

**Work Test**  
All active full-time employees of Marshall University and former employees of West Virginia Graduate College, who must work at least 20 hours a week to be considered full-time employee under the group policy. Except that if you are an otherwise eligible employee, you will not become ineligible for insurance by reason of a reduction in your schedule due to participation in your Employer's Phased Retirement Program.

**Waiting Period Before Becoming Eligible for Insurance**  
None.

**Cost**  
The employee pays the cost of this coverage.

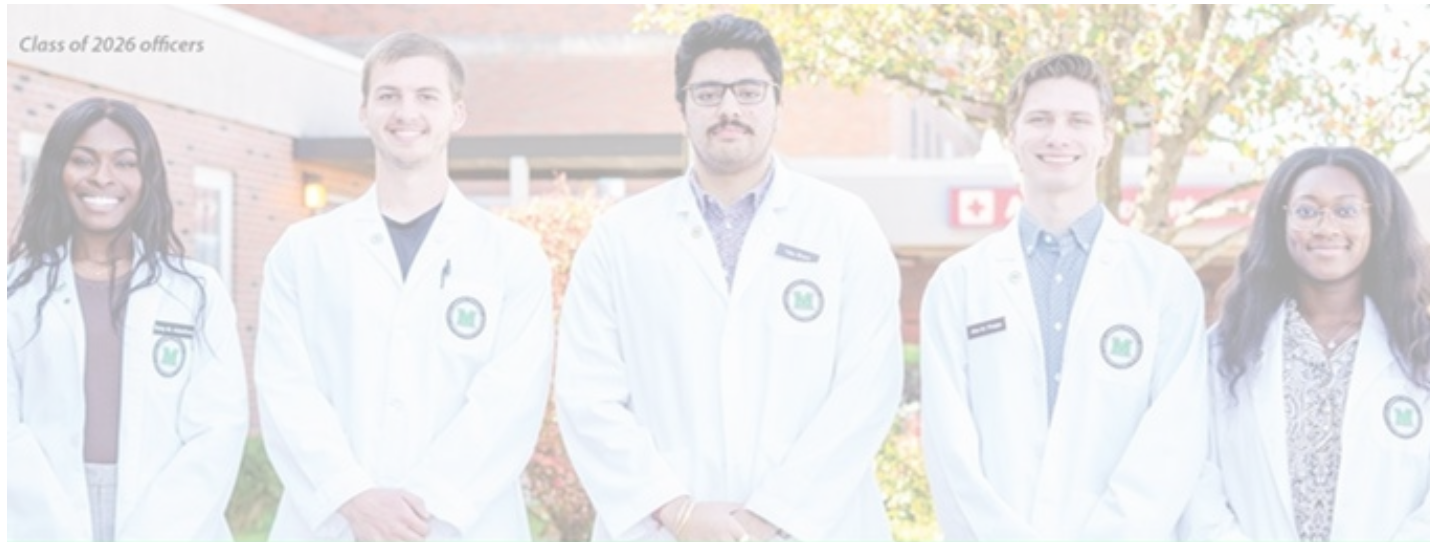
#### Benefits

**Monthly Income Benefit**  
60 percent of monthly wage base paid by the employer, not to exceed a benefit of \$5,000 a month, less the sum of benefits from other sources that apply to the same month (e.g., Social Security, workers' compensation, state disability, etc.).  
In no event will the monthly income benefit be less than \$100; or greater, 10 percent of the Monthly Income Benefit before benefits from other sources are subtracted.

**Monthly Annuity Premium Benefit**  
Continues contributions to the employee's TIAA-CREF or Great West Retirement Services retirement annuity while receiving monthly income benefits. The amount of the monthly annuity premium benefit is equal to 12 percent of the employee's monthly wage base.

# 3 Benefits Overview

## Flexible Spending Account



A Flexible Spending Account (FSA) lets you pay for eligible expenses with tax-free money. You contribute to an FSA with pretax money from your paycheck. This, in turn, may help lower your taxable income. There are two types of Flexible Spending Accounts (FSA):

- **Medical Expense FSA:** You have a maximum deposit \$3,200 and this can be used for medical expenses not covered by your insurance plan.
- **Dependent Care FSA:** You have either a maximum of \$2,500 or \$5,000 and is determined by how you file your taxes. This account can be used for dependent care expenses, such as school care, babysitting, elder care, etc.

If you sign up for a Flexible Spending account, you will receive a Flexible Spending Account debit card in the mail.



### Annual Contribution Limits For Healthcare FSA:

- Minimum Annual Contribution: \$150
- Maximum Annual Contribution: \$3,200\*

### For Dependent Care FSA:

- Minimum Annual Contribution: \$150
- The maximum contribution depends on your tax filing status.
- If you are married and filing separately, your maximum annual contribution is \$2,500\*.
- If you are single and head of household, your maximum annual contribution is \$2500\*.
- If you are married and filing jointly, your maximum annual contribution is \$5,000\*.
- If either you or your spouse earn less than \$5,000\* a year, your maximum annual contribution is equal to the lower of the two incomes.
- If your spouse is a full-time student or incapable of self-care, your maximum annual contribution is \$3,000\* a year for one dependent and \$5,000 a year for two or more dependents.

# 3 Benefits Overview

## Health Savings Account

Providing economical Healthcare while costs are rising is a major issue. To deal with this issue and help you plan for future health expenses, you will have the choice of enrolling in

- **Health Savings Account (HSA) Must have PEIA Plan C. There are two options**
  - **Mountaineer Flexible Benefits (FBMC)** in partnership with PayFlex
  - **TIAA Health Equity**
- **Limited Healthcare (FSA)**

This option allows you and your family to take greater responsibility for your medical care to reduce your insurance premiums and save money for future health expenses.

| PRETAX BENEFITS SAVINGS EXAMPLE*                                                                                                                                        |                                    |               |  |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------|---------------|--|
| (With HSA)                                                                                                                                                              |                                    | (Without HSA) |  |
| \$31,000                                                                                                                                                                | Annual Gross Income                | \$31,000      |  |
| - 5,000                                                                                                                                                                 | HSA Deposit for Recurring Expenses | - 0           |  |
| \$26,000                                                                                                                                                                | Taxable Gross Income               | \$31,000      |  |
| - 5,369                                                                                                                                                                 | Federal, Social Security Taxes     | -6,401        |  |
| \$20,631                                                                                                                                                                | Annual Net Income                  | \$24,599      |  |
| - 0                                                                                                                                                                     | Cost of Recurring Expenses         | -5,000        |  |
| \$20,631                                                                                                                                                                | Spendable Income                   | \$19,599      |  |
| By using an HSA to pay for anticipated recurring expenses, you convert the money you save in taxes to additional spendable income. That's a potential annual savings of |                                    |               |  |
| \$1,032!                                                                                                                                                                |                                    |               |  |

A **Health Savings Account (HSA)** is a tax-free account that can be used to pay Healthcare expenses. Unlike money in a Flexible Spending Account, the funds do not have to be spent in the plan year they are deposited. Money in the account, including interest or investment earnings, accumulates tax-free, so the funds can be used to pay qualified medical expenses in the future. An important advantage of an HSA is that it is owned by the employee. If you leave your job, you can take the account with you and continue to use it for qualified medical expenses.

If you enroll in a Health Savings account, you cannot enroll in a Health Care Flexible Spending Account but may enroll in a Limited Health Care Spending Account.

The 2024 annual HSA contribution limit for individuals with self-only HDHP coverage will be \$4,150. The 2024 Limit for individuals with family HDHP coverage will be \$8,300. Limited Healthcare FSA limits are \$150 minimum and \$3,200 Maximum.

### Who is eligible to contribute to an HSA?

- Employees must be covered by an eligible, high deductible health plan (PEIA Plan C).
- Employees cannot be covered by any other health plan that is not a qualified high deductible health plan, including Medicare. However, they may be covered for specific injuries, accidents, disability, dental care, vision care and long-term care.
- Participants cannot be claimed as a dependent on another person's tax return.



# 3 Benefits Overview

## Health Savings Account

### **Mountaineer Flexible Benefits (FBMC) HSA in partnership with PayFlex**

- An HSA is a tax-free account that can be used to pay healthcare expenses.
- Unlike an FSA, the funds do not have to be spent in the plan year they are deposited.
- Money in the account including interest or investment earnings accumulate tax-free.
- An HSA is employee- owned and the account can be taken with you and use it for qualified medical expenses.

The PayFlex Card® can give your employees instant access to their HSA to pay for eligible expenses at qualified merchants. If they have an Apple® or Samsung® device, they can add the card to their digital wallet. Then use it for a no-touch payment. It's a fast, easy and secure way to pay. Members can also use our Eligible Expense Scanner in the PayFlex Mobile® app to find out what's eligible.



#### Manage your health care costs

Put tax-free money into an HSA to help pay for current and future health care expenses. If you don't use all the money, that's OK. It rolls over, year after year. And if you change employers or health plans, the HSA goes with you.



#### Build retirement savings for a healthy future

With an HSA, you can set aside money to help cover your health care expenses in the future, even into retirement. It's like a 401(k) for health care, with options to invest and grow your balance. And it gets even better — your contributions, earnings and withdrawals are all tax-free.



#### Enjoy easy access to your money

Your employer may offer the PayFlex Card® with your HSA. If so, you can use the card to pay for eligible expenses at qualified merchants. Don't have the card? No problem. Just pay for those expenses out of pocket. Then pay yourself back with your HSA through the PayFlex Mobile® app or website. You can even request payment directly to a provider.

# 3 Benefits Overview

## Health Savings Account

### TIAA Health Equity

**TIAA** is working with HealthEquity to provide an integrated, online HSA experience. HSA funds are held in one of two cash account options offered by HealthEquity. Once your balance in the cash account is \$1,000 or more, you can allocate to a diversified menu of mutual funds.

Consider opening a TIAA Health Savings Account

An HSA is a triple tax-advantaged<sup>1</sup> savings account that allows you to save and pay for qualified medical expenses now and in the future. However, it's important to remember that in order to contribute to an HSA, you need to be enrolled in a qualified high deductible health plan.

Benefits of HSA ownership

\$

HSA-qualified health plans typically cost less than traditional health plans

DEC 31

Unused HSA funds automatically roll over to the next year

You own the HSA and all funds, even if you change jobs or retire

You can invest<sup>2</sup> your HSA funds for increased tax-free earning potential

Two people icon

HSA funds can be used all the way through retirement

Stethoscope icon

Funds can be spent tax free on qualified medical expenses.  
For a list of qualified medical expenses, visit the TIAA HSA Resource Center

ANNUAL CONTRIBUTION LIMITS:

|            |         |            |         |
|------------|---------|------------|---------|
| Individual | Family  | Individual | Family  |
| \$3,600    | \$7,200 | \$3,650    | \$7,300 |
| 2021       |         | 2022       |         |

### How an HSA works

Pairing the TIAA Health Savings Account administered by HealthEquity with an HSA-qualified health plan allows you to make pre-tax<sup>1</sup> contributions to a cash account<sup>2</sup> that is eligible for federal deposit insurance (FDIC). Balances earn tax-free interest and can be used to pay for qualified medical expenses. HSA-qualified health insurance plans generally have lower premiums and higher deductibles than traditional plans and the money saved can be contributed to your HSA.

### HSAs empower savings

- Contributions to your HSA are not taxed
- You earn tax-free interest on HSA balances
- HSA funds used for qualified medical expenses are not taxed
- If you meet the minimum balance requirements, you can invest<sup>3</sup> your HSA balances into mutual funds for increased tax-free earning potential

### HSA funds remain yours to grow

With an HSA, you own the account and all contributions. Unlike flexible spending accounts (FSAs), the entire HSA balance rolls over each year and remains yours even if you change health plans, retire or leave your employer.

### You can win with an HSA

Regardless of your personal medical situation, an HSA can empower you to maximize savings while building a reserve for the future. Contrary to what many may think, healthy individuals aren't the only users who benefit from an HSA.

Marshall University Human Resource Services

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# 3 Benefits Overview

## Legal

Did you ever wish you could pick up the phone and call a lawyer for some quick advice? Marshall University employees and Retirees are offered a Group Legal Plan through [ARAG Legal Center](#). It's affordable legal counsel for everyday life matters like:

- Dispute with a contractor
- Buying or selling a home
- The need for estate planning.

The plan provides you with the peace of mind knowing that attorney fees for most covered legal matters are 100 percent paid in full when you work with a Network Attorney. That means you'll avoid paying high-cost attorney fees, which currently average \$368 an hour\*.

For additional details regarding your plan's specifically-covered services, visit [ARAGLegalCenter.com](#) and enter **Access Code 18387wv** to learn more about what these plans offer, research specific legal topics and more.

### Your Post-Tax Group Legal Rates

| UltimateAdvisor®      | 10-PAY  | 12-PAY  | 18-PAY | 20-PAY | 21-PAY | 22-PAY | 24-PAY | 26-PAY |
|-----------------------|---------|---------|--------|--------|--------|--------|--------|--------|
| Employee & Family     | \$11.40 | \$9.50  | \$6.33 | \$5.70 | \$5.43 | \$5.18 | \$4.75 | \$4.38 |
| UltimateAdvisor Plus™ | 10-PAY  | 12-PAY  | 18-PAY | 20-PAY | 21-PAY | 22-PAY | 24-PAY | 26-PAY |
| Employee & Family     | \$16.68 | \$13.90 | \$9.27 | \$8.34 | \$7.94 | \$7.58 | \$6.95 | \$6.42 |



# 3 Benefits Overview

## Vision

There are two plans that are available to employees provided by Humana powered by **EyeMed**. **An insurance card will be issued to the employee.**

- **Full Service Plan**: This covers all routine eye care, including exams, lenses and frames, or contact lenses. The Copayment for materials is \$20.
- **Exam Plus Plan**: Exam Plus is an alternative to the Full Service plan. You can see any Humana powered by EyeMed doctor you want or use a non-member doctor. Benefits include an eye exam once every plan year and discounts on materials and professional services through Humana powered by EyeMed member doctors. Your Copayment is \$10 for your eye exam.



# 3 Benefits Overview

## Vision

### Your Tax-Free Vision Rates

| EXAM PLUS PLAN    | 10-PAY  | 12-PAY  | 18-PAY  | 20-PAY  | 21-PAY  | 22-PAY  | 24-PAY | 26-PAY |
|-------------------|---------|---------|---------|---------|---------|---------|--------|--------|
| Employee Only     | \$1.46  | \$1.22  | \$0.81  | \$0.73  | \$0.70  | \$0.67  | \$0.61 | \$0.56 |
| Employee + Family | \$3.31  | \$2.76  | \$1.84  | \$1.66  | \$1.58  | \$1.51  | \$1.38 | \$1.27 |
| FULL SERVICE PLAN | 10-PAY  | 12-PAY  | 18-PAY  | 20-PAY  | 21-PAY  | 22-PAY  | 24-PAY | 26-PAY |
| Employee Only     | \$8.59  | \$7.16  | \$4.77  | \$4.30  | \$4.09  | \$3.91  | \$3.58 | \$3.30 |
| Employee + Family | \$22.20 | \$18.50 | \$12.33 | \$11.10 | \$10.57 | \$10.09 | \$9.25 | \$8.54 |

## VISION

### Partial List of Covered Services

| Humana.                                                                                                                                                                                                                                           | EXAM PLUS PLAN                                                                         |                                                                                        | FULL SERVICE PLAN                                                          |                                                                            |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------|----------------------------------------------------------------------------|----------------------------------------------------------------------------|
|                                                                                                                                                                                                                                                                                                                                      | IF YOU USE AN IN-NETWORK PROVIDER (MEMBER COST)                                        | IF YOU USE AN OUT-OF-NETWORK PROVIDER (REIMBURSEMENT)                                  | IF YOU USE AN IN-NETWORK PROVIDER (MEMBER COST)                            | IF YOU USE AN OUT-OF-NETWORK PROVIDER (REIMBURSEMENT)                      |
| Frequency<br>- Examination<br>- Lenses or contact lenses<br>- Frame                                                                                                                                                                                                                                                                  | Once every Plan Year<br>Not applicable                                                 | Once every Plan Year<br>Not applicable                                                 | Once every Plan Year<br>Once every Plan Year<br>Once every other Plan Year | Once every Plan Year<br>Once every Plan Year<br>Once every other Plan Year |
| Diabetic Eye Care: care and testing for diabetic members<br>- Examination<br>- Up to (2) services per year<br>- Retinal Imaging<br>- Up to (2) services per year<br>- Extended Ophthalmoscopy<br>- Up to (2) services per year<br>- Gonioscopy<br>- Up to (2) services per year<br>- Scanning Laser<br>- Up to (2) services per year | Not covered<br>Not covered<br>Not covered<br>Not covered<br>Not covered<br>Not covered | Not covered<br>Not covered<br>Not covered<br>Not covered<br>Not covered<br>Not covered | \$0<br>\$0<br>\$0<br>\$0<br>\$0                                            | Up to \$77<br>Up to \$50<br>Up to \$15<br>Up to \$15<br>Up to \$33         |

## VISION

### Partial List of Covered Services

| Humana.                                                                                                                                                                                                                                                                                                                                                                        | EXAM PLUS PLAN                                                                                                                   |                                                                                                                      | FULL SERVICE PLAN                                                                                                                                                                                                                    |                                                                                                                                                                                                                                                                                                  |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | IF YOU USE AN IN-NETWORK PROVIDER (MEMBER COST)                                                                                  | IF YOU USE AN OUT-OF-NETWORK PROVIDER (REIMBURSEMENT)                                                                | IF YOU USE AN IN-NETWORK PROVIDER (MEMBER COST)                                                                                                                                                                                      | IF YOU USE AN OUT-OF-NETWORK PROVIDER (REIMBURSEMENT)                                                                                                                                                                                                                                            |
| Exam with dilation as necessary<br>- Retinal imaging <sup>1</sup>                                                                                                                                                                                                                                                                                                                                                                                                 | \$10<br>Up to \$39                                                                                                               | Up to \$40<br>Not covered                                                                                            | \$20<br>Up to \$39                                                                                                                                                                                                                   | Up to \$40<br>Not covered                                                                                                                                                                                                                                                                        |
| Contact lens exam options <sup>2</sup><br>- Standard contact lens fit and follow-up<br>- Premium contact lens fit and follow-up                                                                                                                                                                                                                                                                                                                                   | Up to \$40<br>10% off retail                                                                                                     | Not covered<br>Not covered                                                                                           | Up to \$40<br>\$60 copay                                                                                                                                                                                                             | Not covered<br>Not covered                                                                                                                                                                                                                                                                       |
| Frames <sup>3</sup>                                                                                                                                                                                                                                                                                                                                                                                                                                               | 35% off retail                                                                                                                   | Not covered                                                                                                          | \$150 allowance<br>20% off balance over \$150                                                                                                                                                                                        | \$75 allowance                                                                                                                                                                                                                                                                                   |
| Standard plastic lenses <sup>4</sup><br>- Single vision<br>- Bifocal<br>- Trifocal<br>- Lenticular                                                                                                                                                                                                                                                                                                                                                                | \$50<br>\$70<br>\$105<br>20% off retail                                                                                          | Not covered<br>Not covered<br>Not covered<br>Not covered                                                             | \$20<br>\$20<br>\$20<br>\$20                                                                                                                                                                                                         | Up to \$30<br>Up to \$50<br>Up to \$70<br>Up to \$80                                                                                                                                                                                                                                             |
| Covered lens options <sup>5</sup><br>- UV Coating<br>- Tint (solid and gradient)<br>- Standard scratch-resistance<br>- Standard polycarbonate - adults<br>- Standard polycarbonate - children <19<br>- Standard anti-reflective coating<br>- Standard progressive<br>- Polarized<br><br>- Photochromatic / Plastic transitions<br>- Premium anti-reflective coating<br>Tier 1   Tier 2   Tier 3<br><br>- Premium progressive<br>Tier 1   Tier 2   Tier 3   Tier 4 | \$15<br>\$15<br>\$15<br>\$40<br>\$40<br>\$45<br>\$65<br>20% off retail<br><br>Not applicable<br>Not applicable<br>Not applicable | Not covered<br>Not covered<br>Not covered<br>Not covered<br>Not covered<br>Not covered<br>Not covered<br>Not covered | \$0<br>\$15<br>\$15<br>\$40<br>\$0<br>\$45<br>\$20<br>20% off retail<br><br>\$75<br>Premium anti-reflective coatings as follows:<br>\$57   \$68   80% of charge<br><br>Premium progressives as follows:<br>\$20   \$20   \$20   \$20 | Up to \$8<br>Not Covered<br>Not Covered<br>Not covered<br>Up to \$20<br>Not covered<br>Up to \$50<br>Not covered<br><br>Not covered<br>Premium anti-reflective coatings as follows:<br>Not covered<br><br>Premium progressives as follows:<br>Up to \$50   Up to \$50<br>Up to \$50   Up to \$50 |
| Contact lenses <sup>6</sup><br>(applies to materials only)<br>- Conventional<br>- Disposable<br>- Medically necessary                                                                                                                                                                                                                                                                                                                                             | 15% off retail<br>Not covered<br>Not covered                                                                                     | Not covered<br>Not covered<br>Not covered                                                                            | \$150 allowance,<br>15% off balance over \$150<br>\$150 allowance<br>\$0                                                                                                                                                             | \$105 allowance<br>\$105 allowance<br>\$210 allowance                                                                                                                                                                                                                                            |

# 3 Benefits Overview

## Hearing

Hearing is a valued life asset that can be protected and treated through a program for hearing healthcare. With EPIC Hearing Healthcare (EPIC), you'll get the options, care and convenience to help make it easier to hear the sounds you've been missing.

With EPIC, you'll have access to:

- Name-brand and private-labeled hearing aids at significant savings. Choose from hundreds of name brand and private-labeled hearing aids from major manufacturers including Beltone™, Oticon, Phonak, ReSound, Signia, Starkey®, Unitron™ and Widex® and more at savings of up to 80% off industry prices.
- More than 5,000 credentialed hearing provider locations. Access the largest nationwide network of credentialed hearing professionals that provide hearing tests, hearing aid evaluations and follow-up support.
- Convenient ordering. Order hearing aids in person through an EPIC provider or have them delivered right to your home in 5-10 business days.
- Personal support, every step of the way. You'll receive access to professional, nationwide support, online tutorials, hearing health tips and more. \*Plus, your hearing aid order will include extra batteries, a 3-year extended warranty and a trial period so you can stay connected and get the most out of your hearing aids

## EPIC's Five-Step Plan

The EPIC Hearing Service Plan starts with an evaluation of your ears and hearing. Diagnostic tests and measures will determine the course of treatment most likely to help you hear better. The EPIC Hearing Plan's Five Basic Steps to Good Hearing include:

1. Pure Tone Hearing Test – to determine if a hearing problem exists
2. Functional Assessment – to define the magnitude of the problem and the technology best suited to treat it
3. Hearing Aid Evaluation – to determine your ability to wear a hearing aid and select the best model and make
4. Fitting and Programming your hearing aid
5. Therapy and Training – to fine tune your device and maximize the benefits you receive.

## Your Hearing Rates

|                     | 10-PAY | 12-PAY | 18-PAY | 20-PAY | 21-PAY | 22-PAY | 24-PAY | 26-PAY |
|---------------------|--------|--------|--------|--------|--------|--------|--------|--------|
| Employee Only       | \$2.18 | \$1.82 | \$1.21 | \$1.09 | \$1.04 | \$0.99 | \$0.91 | \$0.84 |
| Employee + Spouse   | \$4.33 | \$3.61 | \$2.41 | \$2.17 | \$2.06 | \$1.97 | \$1.81 | \$1.67 |
| Employee + Children | \$3.20 | \$2.67 | \$1.78 | \$1.60 | \$1.53 | \$1.46 | \$1.34 | \$1.23 |
| Employee + Family   | \$5.34 | \$4.45 | \$2.97 | \$2.67 | \$2.54 | \$2.43 | \$2.23 | \$2.05 |



# 3 Benefits Overview

## Critical Illness Insurance

### Critical Illness Insurance

This [coverage](#) helps protect your finances from an illness. When you, your spouse or child is diagnosed with a covered condition, you can receive a cash benefit to help pay unexpected costs not covered by your health plan.

It also helps cover related expenses like lost income, child care, travel to and from treatment, deductibles and co-pays. It pays a cash benefit directly to you can be used however you want, and it pays in addition to any other coverage you may already have.

What’s more, all family members on your plan are eligible for a wellness-screening benefit, also paid directly to you once each year per covered person.

### Benefits

**For you:** You can choose between \$10,000 and \$50,000 of coverage, in increments of \$10,000. No medical questions asked.

**For your spouse:** If you elect coverage for yourself, you can choose between \$10,000 and \$50,000 of coverage, in increments of \$10,000 for your spouse. Not to exceed 100% of your coverage amount.

**For your children:** If you elect coverage for yourself, you can choose between \$2,000 and \$25,000 of coverage, in increments of \$1,000 for your child. Not to exceed 50% of your coverage amount. An eligible child is defined as your child from birth to age 26

## Critical Illness Coverage Premium Rates

The below premium charts have been created utilizing the rate information provided in the Mountaineer Flexible Benefits 2025 Shopper’s Guide, which details the rate per \$1,000 of coverage.

### Employee Critical Illness Coverage

You can elect coverage for yourself in \$10,000 increments at levels between \$10,000 and \$50,000.

| Rates Per Pay Period for 9 Month Faculty (18 pay periods per year) |                            |                            |                            |                            |                            |
|--------------------------------------------------------------------|----------------------------|----------------------------|----------------------------|----------------------------|----------------------------|
| Employee Coverage Rates based on Age                               | Rate for \$10,000 Coverage | Rate for \$20,000 Coverage | Rate for \$30,000 Coverage | Rate for \$40,000 Coverage | Rate for \$50,000 Coverage |
|                                                                    |                            |                            |                            |                            |                            |
| 18-29                                                              | \$1.67                     | \$3.33                     | \$5.00                     | \$6.67                     | \$8.33                     |
| 30-39                                                              | \$3.00                     | \$6.00                     | \$9.00                     | \$12.00                    | \$15.00                    |
| 40-49                                                              | \$6.07                     | \$12.13                    | \$18.20                    | \$24.27                    | \$30.33                    |
| 50-59                                                              | \$12.13                    | \$24.27                    | \$36.40                    | \$48.53                    | \$60.67                    |
| 60-69                                                              | \$20.07                    | \$40.13                    | \$60.20                    | \$80.27                    | \$100.33                   |
| 70+                                                                | \$33.93                    | \$67.87                    | \$101.80                   | \$135.73                   | \$169.67                   |

| Rates per Pay Period for 12 Month Faculty and Staff (24 pay periods per year) |                            |                            |                            |                            |                            |
|-------------------------------------------------------------------------------|----------------------------|----------------------------|----------------------------|----------------------------|----------------------------|
| Employee Coverage Rates based on Age                                          | Rate for \$10,000 Coverage | Rate for \$20,000 Coverage | Rate for \$30,000 Coverage | Rate for \$40,000 Coverage | Rate for \$50,000 Coverage |
|                                                                               |                            |                            |                            |                            |                            |
| 18-29                                                                         | \$1.25                     | \$2.50                     | \$3.75                     | \$5.00                     | \$6.25                     |
| 30-39                                                                         | \$2.25                     | \$4.50                     | \$6.75                     | \$9.00                     | \$11.25                    |
| 40-49                                                                         | \$4.55                     | \$9.10                     | \$13.65                    | \$18.20                    | \$22.75                    |
| 50-59                                                                         | \$9.10                     | \$18.20                    | \$27.30                    | \$36.40                    | \$45.50                    |
| 60-69                                                                         | \$15.05                    | \$30.10                    | \$45.15                    | \$60.20                    | \$75.25                    |
| 70+                                                                           | \$25.45                    | \$50.90                    | \$76.35                    | \$101.80                   | \$127.25                   |

# 3 Benefits Overview

## Hospital Indemnity Insurance

### Hospital Indemnity Insurance

Hospital Indemnity Insurance helps protect your finances if you, your spouse, or child experience a hospital stay. You can receive money to help pay unexpected expenses like lost income, child care, deductibles and copays.

Hospital Indemnity insurance payments are paid directly to you, and can be used however you want. It pays in addition to any other coverage you may already have, even if you are enrolled in the HSA.

Benefits are payable for hospital stays due to:

- Sickness
- Accidents, confinements due to an accident must be within 365 days of the accident
- Routine pregnancy
- Complications of pregnancy
- Newborn complications
- Mental and nervous disorders
- Substance abuse

#### Benefit Schedule

The benefits shown in the schedule are payable for each person covered by the plan unless otherwise stated.

| FIRST DAY BENEFITS<br>Payable per benefit year                                                                                                                                       | CHOICE 1                                           |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------|
| First day hospital confinement –<br>This benefit pays the first day you stay in a regular hospital bed.                                                                              | \$1,000 per day<br>1 day                           |
| First day ICU confinement –<br>This benefit pays the first day you stay in an ICU bed.                                                                                               | \$1,000 per day<br>1 day                           |
| CONFINEMENT BENEFITS<br>Payable per benefit year                                                                                                                                     | CHOICE 1                                           |
| Hospital confinement –<br>This benefit pays for a hospital stay in a standard room.<br>Payable with:<br>• First day hospital confinement benefit                                     | \$100 per day<br>Up to 30 days                     |
| Intensive Care Unit (ICU) confinement –<br>This benefit pays for a hospital ICU stay.<br>Payable with:<br>• First day hospital confinement benefit<br>• Hospital confinement benefit | \$100 per day<br>Up to 10 days                     |
| ADDITIONAL AND ENHANCED BENEFITS<br>Payable per benefit year                                                                                                                         | CHOICE 1                                           |
| Wellness screening benefit –<br>This benefit pays for a covered wellness test or exam even without a hospital stay.                                                                  | \$50 per day<br>1 day per insured per benefit year |

### Hospital Indemnity Insurance Rates

What benefits will I receive for my newborn child? If your newborn has to stay in the Neonatal Intensive Care unit (NICU), benefits are payable. Hospital stays for routine newborn care are not covered.

### What Benefit Could you Receive?

John was in a serious accident. He had to stay in the hospital’s intensive care unit for 3 days and then spent 9 days in a regular room. Assumed benefit = \$10,000

| COVERED BENEFITS                                                                                                                                                     | ELIGIBLE DAYS |         |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------|---------|
| STANDARD BENEFIT AMOUNT                                                                                                                                              |               |         |
| First day ICU confinement                                                                                                                                            | Day 1         | \$1,000 |
| ICU confinement                                                                                                                                                      | Days 1-3      | \$300   |
| Hospital confinement                                                                                                                                                 | Days 1-12     | \$1,200 |
| Total benefit paid for John                                                                                                                                          |               | \$2,500 |
| These potential benefits are for illustrative purposes only and actual benefits may vary based on the terms of the policy and the claimant's specific circumstances. |               |         |
| CONCLUSION                                                                                                                                                           |               |         |
| Sun Life's Hospital Indemnity Insurance policy could pay John up to \$2,500                                                                                          |               |         |

### Your Hospital Indemnity Rates

|                     | 10-PAY  | 12-PAY  | 18-PAY  | 20-PAY  | 21-PAY  | 22-PAY  | 24-PAY  | 26-PAY  |
|---------------------|---------|---------|---------|---------|---------|---------|---------|---------|
| Employee Only       | \$16.38 | \$13.65 | \$9.10  | \$8.19  | \$7.80  | \$7.45  | \$6.83  | \$6.30  |
| Employee + Spouse   | \$32.90 | \$27.42 | \$18.28 | \$16.45 | \$15.67 | \$14.96 | \$13.72 | \$12.66 |
| Employee + Children | \$25.28 | \$21.07 | \$14.05 | \$12.64 | \$12.04 | \$11.50 | \$10.54 | \$9.72  |
| Employee + Family   | \$41.81 | \$34.84 | \$23.23 | \$20.90 | \$19.91 | \$19.01 | \$17.43 | \$16.08 |

If there is any discrepancy between the plan details in this benefits guide and the official plan documents, the language in the official plan documents shall prevail as accurate.

# 3 Benefits Overview

## Accident Insurance

### Accident Insurance

Accident Insurance helps protect your finances after a mishap. When you, your spouse or child has a covered accident, like a fall from a bicycle that requires medical attention, you can receive cash benefits to help cover the unexpected costs.

While health plans may cover direct costs associated with an accident, you can use accident benefits to help cover related expenses like lost income, child care, deductibles and co-pays.

Benefits are payable directly to you. Accident Insurance can be used however you want, and it pays in addition to any other coverage you may already have. And get this – there are no health questions or pre-existing conditions limitations.

What’s more, all enrolled family members on your plan are eligible for a wellness-screening benefit, also paid directly to you, once each year per covered person up to a maximum of \$300 per family per year.

### Accident Insurance Rates

|                     | 10-PAY  | 12-PAY  | 18-PAY  | 20-PAY  | 21-PAY  | 22-PAY  | 24-PAY  | 26-PAY  |
|---------------------|---------|---------|---------|---------|---------|---------|---------|---------|
| Employee Only       | \$7.80  | \$6.50  | \$4.33  | \$3.90  | \$3.71  | \$3.55  | \$3.25  | \$3.00  |
| Employee + Spouse   | \$18.72 | \$15.60 | \$10.40 | \$9.36  | \$8.91  | \$8.51  | \$7.80  | \$7.20  |
| Employee + Children | \$18.08 | \$15.07 | \$10.04 | \$9.04  | \$8.61  | \$8.22  | \$7.54  | \$6.96  |
| Employee + Family   | \$29.00 | \$24.17 | \$16.11 | \$14.50 | \$13.81 | \$13.19 | \$12.09 | \$11.16 |

| COVERED BENEFITS                                       | PAYMENT SCHEDULE | CONCLUSION                                                                                                                                                                                                                                                                                             |
|--------------------------------------------------------|------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Ambulance ride to hospital                             | \$400            | You receive up to \$3,700 to help you offset out-of-pocket expenses – without having to rely solely on your savings.                                                                                                                                                                                   |
| Emergency room or urgent care visit                    | \$200            |                                                                                                                                                                                                                                                                                                        |
| X-ray                                                  | \$100            |                                                                                                                                                                                                                                                                                                        |
| Diagnosis of leg fracture                              | \$1,500          | You can use the \$3,700 benefit to supplement out-of-pocket medical expenses like in this example, but you can also use the benefits for everyday expenses. Keep in mind that this is not tied to the medical plan; you could use it for cab fare to the hospital or for parking or taking a vacation. |
| Medical device (crutches)                              | \$400            |                                                                                                                                                                                                                                                                                                        |
| Follow-up visit (6 visits per accident @ \$100/visit)  | \$600            |                                                                                                                                                                                                                                                                                                        |
| Physical therapy (10 visits per accident @ \$50/visit) | \$500            |                                                                                                                                                                                                                                                                                                        |
| Total payments received from Sun Life Accident policy  | \$3,700          |                                                                                                                                                                                                                                                                                                        |

### What’s Covered

Once your coverage goes into effect, you can file a claim for covered accidents that occur after your insurance plan’s effective date. Unless otherwise specified, benefits are payable only once for each covered accident, as applicable. The full list of benefits is listed [here](#).



# 3 Benefits Overview

## Retirement

Every employee dreams of a secure, enjoyable retirement. Planning ahead financially can help you achieve your goals. Employees can build and protect their futures financial security by taking advantage of the opportunities available through Marshall University's retirement programs.

Experts estimate that individuals will need at least 70% of their annual income for each year of retirement. To build enough protection for your financial security, it is important to save as much as you can consistently over time!"



## Teachers Insurance and Annuity Association

Teachers Insurance and Annuity Association is a major financial services organization with a longstanding reputation for service and value. This nationwide retirement system for people working at education, research, and healthcare institutions offers high quality investment management at expense levels that are among the lowest in the insurance and mutual fund industries.

### Who is Eligible

- Full-time benefits eligible employees which are defined as below must participate in the mandated retirement plan (401(a))
- 9-month faculty: working a minimum of nine months of a twelve-month period on continuous basis
- 12-month faculty/Staff: working at least 1,040 hours (.53 Full-Time Equivalent [FTE]) per year on a continuing basis
- Non-tenure track faculty who are hired in a full-time position but who work as a temporary for one academic year or one semester
- All benefit eligible employees also have supplemental retirement programs available through TIAA

# 3 Benefits Overview

## Retirement

### Contributions

- **Employee Contribution** – Employees **must** contribute **6% of their gross salary** to the retirement plan of their choice. The 6% cannot be increased or decreased and is mandatory. Contributions **begin on the date of employment and are vested 100% immediately**. Employees may allocate monthly contributions to a variety of investment options available in their plan of choice.
- **University Contribution** – The University will **match the employees 6%** of their gross salary.
- **Contribution Limits** – According to the **IRS**, there are limits to how much employers and employees can contribute to a plan each year. The plan must specifically state that contributions or benefits cannot exceed certain limits. The limits differ depending on the [type of plan](#).

### Voluntary Retirement Programs

Additionally, the retirement plan has two voluntary retirement programs available in the form of a

- 403(b) tax-sheltered annuity plan and
- 457(b) deferred compensation plan.
- Contribution minimum is \$200 per year.

Deductions may begin or end at any time.

**These two plans are optional to the required 6% contribution by the employee and are NOT matched by the institution.**

If you wish to participate in a voluntary retirement plan, we ask that you wait at least one or two pay periods before enrolling. Doing this allows employees to see what the take home pay will be once all deductions are taken.

TIAA offers consultations and seminars online or by phone at [https://shared.tiaa.org/public/publictools/events/eventswelcome?tc\\_mcid=em\\_adviceinvite\\_04182011&tc\\_mcid=dm\\_advice\\_04052011](https://shared.tiaa.org/public/publictools/events/eventswelcome?tc_mcid=em_adviceinvite_04182011&tc_mcid=dm_advice_04052011)

Recommend every few years to re-evaluate your account/Investments

# 3 Benefits Overview

## Employee Leave and Holidays

Employees are given two types of Leave Benefits:

- Annual Leave
- Sick Leave

### Annual Leave

- Provided leave with pay to **all benefits-eligible employees**
- Not available to nine-month faculty

### Annual Leave Accrual Rates

- Classified Staff
  - Less than 5 years of service = 4.327 hours per pay (**225 hours max**)
  - 5-10 years of service = 5.193 hours per pay (**270 hours max**)
  - 10-15 years of service = 6.058 hours per pay (**315 hours max**)
  - 15+ years of service = 6.924 hours per pay (**360 hours max**)
- Non-Classified Staff and 12-month Faculty
  - Eligible for 6.924 hours per pay (**360 hours max**)

Employees who are benefits eligible and work less than full-time (between 20 and 37.5 hours per week) Accumulate annual leave on a pro-rated basis.

**NOTE:** Annual and sick leave may not be taken before it is accrued.





# 3 Benefits Overview

## Employee Leave and Holidays

### Sick Leave

Provided leave for **all benefits-eligible employees** to take paid leave for the purposes of:

- Sickness
- Injury
- Temporary disability
- Serious illness or death of a member of an employee's immediate family (Immediate family is defined as: father, mother, son, daughter, brother, sister, husband, wife, mother-in-law, father-in-law, son-in-law, daughter-in-law, grandmother, grandfather, granddaughter, grandson, stepmother, stepfather, stepchildren, or others considered to be members of the household and living under the same roof.)

**Note:** Your department might require additional documentation. Not available for nine-month faculty.

### Sick Leave Accrual Rates

All full-time employees and 12-month faculty accumulate sick leave:

- 5.193 hours per pay
- Other benefits-eligible employees accumulate sick leave on a pro-rated basis
- There is **no limit** to the number of sick leave days an employee may accumulate

## Employee Leave and Holidays

### Verification Requirements

- Sick leave for more than five consecutive days shall not be granted to an employee for illness without satisfactory proof of illness or injury, as evidenced by a statement of the attending physician or by other proof satisfactory to the institution.
- The institution may require evidence from an employee for verification of an illness or other causes for which leave may be granted under this rule, regardless of the duration of the illness.
- Falsification of documentation or abuse of sick leave may result in disciplinary action, including dismissal.

### Holidays

Marshall University observes 13 [Holidays](#):

- **New Year's Day, Martin Luther King's Birthday, Memorial Day, Juneteenth, July 4<sup>th</sup>, Labor Day, Thanksgiving Holiday (two days), Christmas Day**

The following holidays are usually taken between Christmas and New Year's Day:

- **President's Day, West Virginia Day, Flag Day, Veterans Day**

In addition, two election holidays are added to the calendar of holidays granted to faculty and staff. Additional holidays may be appointed or recommended by the Governor of West Virginia or the President of the United States for general cessation of business. Holidays occurring on a Saturday or a Sunday will be observed on either the preceding Friday or the following Monday.

# 3 Benefits Overview

## Educational Benefits

Marshall University provides [tuition benefits](#) to regular employees and their dependent children. Regular employees who have completed their initial probationary period are eligible to apply for tuition waivers and financial assistance.

Employees may be permitted to enroll for classes during regularly scheduled work hours. Certain conditions apply.

### Employee Benefits

Regular employees who have completed their initial probationary period are eligible to apply for tuition waivers and financial assistance. Employees may also be permitted to enroll for classes during regularly scheduled work hours. Assistance is offered through the Classified Staff Council and the Graduate College.

### Eligibility

- Employee must be admitted to the University as a degree seeking student.
- Employee must be enrolled in a residential program.
- Employee must maintain Financial Aid Satisfactory Academic Progress according to University Policy. [www.marshall.edu/sfa](http://www.marshall.edu/sfa).
- Employee must have a Free Application for Federal Student Aid (FAFSA) on file with the Marshall University Financial Aid Office for current Academic Year. Please go to [www.fafsa.ed.gov](http://www.fafsa.ed.gov) to apply.

### Dependent Children

Dependent Children tuition assistance allows dependent children to obtain an Undergraduate college degree at a significantly reduced cost for children under the age of 26. This is offered through the Employee Tuition Assistance Program.



# Disclaimer

**NOTE:** Again, please review all online material mentioned to prepare for your upcoming benefits enrollment session as this packet cannot cover all information

- [PEIA Shopper's Guide & Plan Description](#)
- [Mountaineer Flexible Benefits Guide & Information](#)

If you have questions, please contact our Benefits team at (304)-696-6455 or [benefits@marshall.edu](mailto:benefits@marshall.edu)







## Marshall University Human Resource Services

We are committed to providing efficient, customer-focused, and value-adding services to the employees, applicants for employment, and other customers and stakeholders at Marshall University and the Marshall University Research Corporation. We welcome visits, phone calls, paper mail, or e-mails from employees, applicants for employment, and other stakeholders.