



► 2025 - 2026 | BENEFITS GUIDE

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CARRIER CONTACTS / MEMBER SERVICES

Coverage	Policy Number	Customer Service / Website
Personify Claims Administration (Medical)	117433	(800) 843-3831
Rx Benefits Prescription Drug Administrator		(800) 334-8134 M-F, 5:00 a.m. – 6:00 p.m. Pacific Email: RxHelp@RxBenefits.com
Optum RX (Mail order prescriptions)		https://www.optumrx.com/public/landing
Kaiser Permanente	607808	(800) 278-3296 https://www.kp.org
Sterling HSA and FSA	GCA399654 GFSA402738	(800) 617-4729, option 3 www.sterlingadministration.com
Telemedicine		PPO/HDHP 800-Teladoc www.teladoc.com to sign up. Or download the Teladoc App Kaiser HMO 866-454-8855 Kp.org/mydoctor/video Or download the My Doctor Online Mobile App
Principal Dental and Vision	1190857	(800) 247-4695
Principal Life and Long-Term Disability	1190857	(800) 245-1522
Empower Retirement 403 (b) Retirement		(855) 756-4738 www.empower-retirement.com/participant
Smart Connect Medicare		(833) 998-9312 https://smartmatch.com/connect/puc/
Principal Employee Assistance Program		(800) 450-1327 Member.MagellanHealthcare.com
MetLife Pet Insurance		800-GET-MET8
Human Resources Administration		Main: 707-965-6231
Kathleen Slack	Human Resources Manager	kslack@puc.edu 707-965-6281
Jordon M. Cowen	Administrative Manager	jcowen@puc.edu 707-965-6699

WELCOME

Pacific Union College is pleased to provide you and your eligible dependents with a comprehensive employee benefits program that helps you and your dependents stay healthy, feel secure, and maintain a positive work/life balance. These benefits provide health coverage for you and your family and protect you and your survivors in the event of your death or disability. Employee benefits are a valuable part of your total compensation package.



This benefits guide is intended to provide a convenient summary of PUC's Benefit Plans. It is not intended to be a legal document. If there are any inconsistencies between the information in this brochure and the plan documents or contracts, the plan document and contracts will prevail. All benefits, and your eligibility for benefits, are subject to the terms and conditions of the benefit plans, including group insurance contracts. PUC reserves the right to modify or terminate any of the described benefits at any time and for any reason. This guide is not a guarantee of current or future employment or benefits.

BENEFITS ELIGIBILITY

Medical (including HSA, FSA, Telemedicine), Dental, Vision

Eligible to employees working 30 hours or more per week. Your spouse and children up to age 26 are eligible dependents and may be added to these benefits.

Empower Retirement

Employees working 20 or more hours per week are eligible for an employer-paid Basic contribution of 5%, whether the employee invests or not. Employees also receive an employer-paid Matching contribution of up to 3%. Employees working less than 20 hours per week are also eligible to contribute to the retirement plan but are not eligible for the Basic and Matching.

Basic and Supplemental Life & Accidental Death & Dismemberment, and Long-Term Disability Insurance

Employees working 30 hours or more per week are eligible for Basic Life and AD&D, Supplemental Life and AD&D, and Long-Term Disability Insurance for themselves and for eligible dependents through age 20 (and through age 24 if a registered full-time student at an accredited educational institution). Employees who choose to purchase Supplemental Life Insurance can pay for coverage by payroll deduction.

Employee Assistance Program (EAP)

PUC offers an Employee Assistance Program to all eligible PUC Employees and dependents. The EAP is available 24 hours per day/7 days per week/365 day per year.

Use Of Gym and Field Facilities

All PUC employees have free access to the gym, fitness center, weight room, pool, tennis courts, and ball fields when not in use by academic programs.

Wellbeing Program

PUC has partnered with Personify to provide a wellbeing program for members enrolled in the medical plans. When you participate you will receive a Wellness Discount of \$75 on your medical plan cost.





COST SUMMARY

PUC offers a choice of PPO, HDHP, and HMO Medical coverage, as well as Dental and Vision plans. See below for monthly costs.

Employee Monthly Insurance Contribution Rates July 1, 2025 – June 30, 2026

Medical Plan Costs						
	PPO		HDHP		Kaiser HMO	
	Wellness	Non-Wellness	Wellness	Non-Wellness	Wellness	Non-Wellness
Employee Only	\$150.00	\$225.00	\$65.00	\$140.00	\$150.00	\$225.00
Employee + Spouse	\$300.00	\$375.00	\$130.00	\$205.00	\$300.00	\$375.00
Employee + Child(ren)	\$280.00	\$355.00	\$115.00	\$190.00	\$280.00	\$355.00
Employee + Family	\$415.00	\$490.00	\$175.00	\$250.00	\$415.00	\$490.00

Dental Plan Costs	
Employee Only	\$15.00
Employee + 1	\$30.00
Employee + 2 or more	\$60.00

Vision Plan Costs	
Employee Only	\$5.00
Employee + 1	\$10.00
Employee + 2 or more	\$15.00

ENROLLMENT

Open Enrollment is during May of Each Year

This is your annual opportunity to make changes to your benefit elections for yourself and/or your eligible family members. Your current elections will continue if no changes are made (except for F.S.A. and H.S.A. elections: these elections must be made annually).

Any benefit changes you make during this time will be effective July 1, 2025 through June 30, 2026.

This will be the only opportunity you will have to make a benefit change without a “qualifying event.”

This is also a good time to update any changes that you would like to make to your beneficiary designations.

Qualifying Events

Outside of new employment and Open Enrollment, unless you experience a life-changing qualifying event, you cannot make changes to your benefits until the next open enrollment period. Qualifying events include:

- Marriage, divorce, or legal separation
- Birth or adoption of a child
- Change in child's dependent status
- Death of a spouse, child or other qualified dependent
- Spousal loss of other coverage

You can make changes consistent with your life event within 30 days of the event. If you miss the 30-day period, you will have to wait until the next Open Enrollment to change your benefits.

Spouses

Those who have a spouse who is employed and earns over \$50,000 per year (not including PUC employment), will be subject to a Buy-in Premium to be on PUC's Health, Dental, and Vision plans. For questions, please refer to PUC's Health Plan Manager 707-965-6281.

PUC's Benefits Website

For more information about your benefits, including plan summaries, pharmacy formularies, claim forms, other documents, and resources please visit:

Website: puc.lockbenefits.com

How to Enroll or Change Enrollment

Step 1: Fill out Enrollment Form. This form is available in the Human Resources Department during Open Enrollment and can be found on PUC's Benefit Main Website. See next page for Benefit Main log-on information.

Step 2: You can either fill out the form online (pdf) or print it and fill it out. You can send completed forms encrypted, by e-mail, to hr@puc.edu, or send it through the mail, intercampus mail, or bring it in to the office and put it in the Financial Administration drop box (preferably in an envelope).

Please be certain to complete all information on the form, especially birthdates and SSN's. A complete form, and your signature on the final page, are required in order to add you and any dependents to the insurance.

After You Enroll

Salary Employees - benefits are effective the date employment begins. Hourly Employees - benefits are effective 60 days after first date of employment. You should receive a new insurance card within 2-3 weeks after we receive your enrollment form. If you need an ID card earlier, a paper copy of your insurance card can be downloaded when you log onto your Personify user portal. This can also be used if your insurance card is misplaced, or you are waiting for additional cards.

To find this insurance card, you must first be registered and logged in to the Personify portal (see below). You will find the Virtual ID Card option on the Home Page.

Your Personify Account

You can access many resources through your Personify Account.

How to register on Personify:

1. Have your medical ID card in front of you
2. Go To: HOnline.healthcomp.com
3. On the Welcome Page, click “Sign on for online access”
4. Complete the Access Page and click the Submit button

From this website you can access your EOBs, claims, track your deductibles, find In-Network physicians, as well as access the prescription formulary, order additional insurance cards, and view plan documents.

MEDICAL INSURANCE

(SELF-FUNDED CLAIMS, ADMINISTRATION BY PERSONIFY)

Administered by Personify

Group #: 117433

Customer Service #: 800-843-3831

Our medical coverage provides you and your family the protection you need for everyday health issues or when the unexpected happens.

Pacific Union College offers an option of PPO or High Deductible Health Plan (HDHP with HSA).

PPO:

- The PPO has a deductible, copays, and coinsurance.
- More common services, such as doctor visits, are covered 100% after a copay.
- If you enroll in the PPO, you can contribute pre-tax funds to a Healthcare Flexible Spending Account (FSA), which can be used to pay for eligible healthcare expenses.

HDHP with HSA:

- The HDHP has a much higher deductible and higher coinsurance than the PPO.
- All services except preventive care are subject to the deductible and coinsurance.
- If you enroll in the HDHP with HSA, Pacific Union College funds a portion of your deductible each year; you can also contribute pre-tax money to this account, and it is your personal bank account that stays with you even if you leave the college.

Both plans offer:

- Comprehensive health care benefits
- In-network preventative care covered at 100%
- Coverage for eligible children up to age 26
- Prescription drug coverage

Depending upon the plan you select, your out-of-pocket costs will vary based on whether you seek care from a network or non-network provider.

Save When you Use In-Network Providers

In-network providers offer the highest level of benefits and lower out-of-pocket costs. In-network providers charge you reduced fees but providers outside the plan's network set their own rates, which means you may have to pay the difference if a provider's fees are above the Reasonable and Customary (R&C) limits. To find an in-network provider, please log onto HOnline.healthcomp.com.

Finding an In-Network Health Care Provider

To find an In-Network health care provider, sign into your Personify portal. From the Home Page, under Useful Links, select PHCS Practitioner Only Network. Once selected, you enter the type of provider, range within home, and apply other filters as needed. From the links page, there are also useful links to Claim Forms, Teladoc, Optum Rx, Amps, and the Pacific Union College-Benefits Login.

Finding a Hospital:

The PPO and HDHP plan generally allow you to go to any hospital. There are two exceptions: Coverage at Sutter hospitals is reduced to 50%. Also, Kaiser hospitals do not accept the PPO and HDHP plans.

Choose the Plan that is Right for You

The key difference between the plans is the amount of money you'll pay each pay period when you need care. The plans have different:

- Annual deductible amounts - the amount you pay each year for eligible in-network and out-of-network charges before the plan begins to pay.
- Out-of-pocket maximums - the most you will pay each year for eligible in-network services including prescriptions.
- Copay and coinsurance - money you pay toward the cost of covered services.

Medical Plan Costs Per Service

Medical Plans	PUC PPO	PUC HDHP W/ HSA
Physicians Network	PHCS	PHCS
Deductible	\$800 single \$1,600 Family	\$3,200 Single \$6,400 Family
Out of Pocket Maximum	\$4,500 Single \$9,000 Family	\$5,500 Single \$11,000 Family
Office Visit:		
PCP	\$30 copay	\$35 copay after deductible
Specialist	\$45 copay	\$45 copay after deductible
Teladoc (Telemedicine)	\$10 copay	\$55 copay
Preventative Care	No Charge	No Charge
Inpatient/Outpatient	20% after deductible	20% after deductible
Emergency Room	\$200 copay + 20% after deductible	20% after deductible
Pharmacy copays	After Deductible: 30-day supply	
Generic	\$10	\$10
Brand Name	\$30	\$30
Non-preferred	\$85	\$85
Specialty	20% up to \$175	20% up to \$175
Out of Network Coinsurance – Physicians	50% after deductible	50% after deductible
Additional Services	The PUC plan also provides limited coverage for Massage Therapy, Refractive Eye Surgery, Hearing Aids, and Marriage and Family Counseling. See SPD for details	

More information available:

Website: puc.lockbenefits.com

RX BENEFITS

Phone: 800-334-8134

Availability: M-F, 7:00 a.m. – 8:00 p.m. Central

Email: RxHelp@RxBenefits.com

Website: <https://www.optumrx.com/public/landing> - to order medication and view prescriptions.

Rx Benefits has partnered Optum Rx to provide your pharmacy coverage.

Your benefits are being provided by OptumRx, but RxBenefits administers the services for a more personal, manageable approach. You should contact RxBenefits for any pharmacy-related questions.

You can contact **RxBenefits at 800-334-8134** with any pharmacy-related questions.

Optum Rx has a mobile app that you can review medication tiers, drug pricing, local pharmacies, plan details, drug formulary list, and ways to maximize benefits.

If you have not been on the website, you will need to create an account.

Website – Access Prescriptions Through Optum Rx Website

Visit <https://www.optumrx.com/public/landing> to view prescriptions and order them online (prices may be cheaper than regular pharmacies). You will need to register if you are a first-time user.

Specialty Medications – Briova Rx

Phone: 855-427-4682

Specialty medications are covered when purchased through OptumRx's Specialty Pharmacy, known as BriovaRx.

Members currently using specialty medications should expect to have their information transferred to the new program, requiring no action on their part to continue to have these filled by BriovaRx.

Members can also contact RxBenefits Member Services for assistance.





MEDICAL INSURANCE

(KAISER PERMANENTE)

Group #: 117433

Customer Service #: 800-278-3296

Website: www.kaiserpermanente.org

The Kaiser HMO plan offers the highest percentage paid for covered services. You must choose a primary care physician to coordinate your care, and you can use only providers and hospitals within the Kaiser network except for emergency care, urgent care, and authorized referrals.

HMO:

- The HMO has a deductible, copays, and coinsurance.
- In-network preventative care and Telehealth services are covered at 100%.
- If you enroll in the Kaiser HMO, you can contribute pre-tax funds to a Healthcare Flexible Spending Account (FSA), which can be used to pay for eligible healthcare expenses.
- Coverage for eligible children up to age 26
- Prescription drug coverage

Use In-Network Providers

If you enroll in the Kaiser HMO plan, you can only receive care from a Kaiser provider and you must select a primary care physician except for covered emergency care, urgent care, and authorized referrals.

Finding an In-Network Health Care Provider

To find an In-Network health care provider, visit <https://healthy.kaiserpermanente.org/doctors-locations>. Select your region, choose the type of provider you are looking for, range within home, and apply other filters as needed.

Medical Plan Costs Per Service

Medical Plan	Kaiser HMO
Deductible	\$750 Single \$1,500 Family
Out of Pocket Maximum	\$3,000 Single \$6,000 Family
Office Visit: PCP Specialist	\$30 copay (deductible does not apply) \$40 copay (deductible does not apply)
Telehealth	No charge
Preventative Care	No charge
Inpatient	20% after deductible
Outpatient	20% after deductible
Most Lab and X-Ray	\$10 copay (deductible does not apply)
Emergency Room	20% after deductible
Prescription Drug	30 Day Supply
Generic	\$10 copay
Brand Name	\$30 copay
Non-preferred	Not covered
Specialty	20% up to \$250
Out of Network	Not covered except emergencies



HEALTH SAVINGS ACCOUNT (HSA)

Administered by Sterling Administration

Phone #: 800-617-4729, option 4

Website: <https://www.sterlingadministration.com/>

An HSA is a personal savings account you can use to pay for qualified out-of-pocket medical expenses with pretax dollars -- now or in the future. Once you're enrolled in the HSA, you'll receive a debit card from HSA Bank to help manage your HSA reimbursements. Your HSA can also be used for your expenses and those of your spouse and dependents, even if they are not covered by an HDHP medical plan.

Eligibility: You must be enrolled in a High Deductible Health Plan

Your Contributions

You contribute on a pretax basis and can change how much you contribute from each paycheck up to the IRS maximum of \$4,300 for single coverage or \$8,550 if you enroll in family coverage. You can make an additional catch-up contribution of \$1,000 annually if you are age 55 or over.

PUC's Contribution

Employee Only	\$1,200
Family Coverage	\$2,400

Note: PUC's Contribution counts towards the IRS maximum

Eligible Expenses

Medical, dental, vision, and prescription drug expenses incurred by you and your eligible family members. If you want to enroll in a Health Care FSA, you are eligible to enroll in a Limited Purpose FSA (Can only be used to pay for eligible vision and dental expenses) and Dependent Care FSA.

Using your Account

Use the debit card linked to your HSA to cover eligible expenses or pay for expenses out of your own pocket and save your HSA money for future health care expenses. Keep all your receipts.

Remaining Funds

Money left in your HSA at the end of the year will roll over to the next year. If you leave the company or retire, you can take your HSA with you and continue to pay and save for future eligible health care expenses.

Your HSA is Always Yours - No Matter What!

One of the best features of an HSA is that any money left in your HSA account at the end of the year rolls over so you can use it next year or sometime in the future. And if you leave the company or retire, your HSA goes with you!

Triple Tax Advantage

1. You can use your HSA funds to cover qualified medical, dental, and vision expenses - tax free.
2. Unused funds grow and can earn interest over time - tax free.
3. You can save your HSA funds to use for your health care when you leave PUC and continue to use these funds for medical costs tax free. Or access them when you turn age 65 as another retirement account (taxable distributions apply).

More information available:

Website: puc.lockbenefits.com



FLEXIBLE SPENDING ACCOUNTS (FSA)

Administered by Sterling Administration

Phone #: 800-617-4729, Option 5

Website: www.sterlingadministration.com

Flexible Spending Accounts (FSAs) allow you to pay for eligible health care and dependent care expenses using tax-free dollars. There are three types of FSAs - the Health Care FSA, the Limited Purpose FSA, and the Dependent Care FSA:

Health Care Flexible Spending Account

Used to pay for services not covered by your medical, dental, or vision plan such as copays, coinsurance, deductibles, prescription expenses, lab exams and tests, contact lenses, and eyeglasses.

Limited Purpose Flexible Spending Account

Used if you are enrolled in the HDHP with a medical plan; it works the same way as the standard Health Care FSA; however, you may only use it to pay for eligible vision and dental expenses.

Dependent Care Flexible Spending Account

Used to pay for daycare expenses associated with caring for elder or child dependents that are necessary for you or your spouse to work or attend school full time. You cannot use your Health Care FSA to pay for Dependent Care expenses.

It's Easy to Use These Accounts

1. First you contribute to the account(s) with pretax dollars deducted from your paycheck. That means no taxes (federal, state, or Social Security) will be withheld from any of those dollars.
2. Then you pay for certain eligible expenses out of your pocket as usual. You may use your debit card or submit a claim (along with the appropriate documentation) to be reimbursed for those expenses from the dollars in your account. Keep your receipts.

Important Note: There is a “use it or lose it” rule imposed by the IRS. You can roll over up to \$660 in your FSA, but any unused dollars over that amount in your account by the deadline will be forfeited.

Using a Health Savings Account and an FSA account?

If you are a participant in a Health Savings Account (HSA), you are only eligible to participate in the Limited purpose FSA and the Dependent Care FSA.

Health care	Limited Purpose	Dependent Care
Contribute up to \$3,300 per year, pretax		Contribute up to \$5,000 per year, pretax, or \$2,500 if married and filing separate tax returns.
Receive a debit card to pay for eligible medical expenses (funds must be available in your account)	Receive a debit card to pay for eligible dental and vision (funds must be available in your account)	You must submit claims and be reimbursed if you enroll in this FSA; no debit cards are provided.
Eligible expenses include medical copays, coinsurance, deductibles, eyeglasses, over-the-counter medications prescribed by your doctor.	Eligible expenses include dental and vision copays, coinsurance, deductibles, eyeglasses, and over-the-counter medications prescribed by your doctor.	Can only be used to pay for eligible dependent care expenses including day care, after-school programs, and elder care programs.
Submit claims up to 90 days beyond the end of the plan year which is July 1 to June 30 of the following year.		
If you did not spend all the money in this FSA by June 30, unused dollars over \$660 will be forfeited per IRS regulations for pretax contributions.		

How You Can Save on Taxes with FSAs

Here's an example of how much you can save when you use the FSAs to pay for your predictable health care and dependent care expenses.

	Health Care FSA		Dependent Care FSA	
	Without Account	With Account	Without Account	With Account
Your Taxable Annual Income	\$50,000	\$50,000	\$50,000	\$50,000
Account Deposit (Before Taxes)	N/A	\$2,500	N/A	\$5,000
Taxable Wages	\$50,000	\$47,500	\$50,000	\$45,000
Federal & Social Security Taxes	\$14,325	\$13,609	\$14,325	\$12,894
Expense (After Taxes)	\$2,500	N/A	\$5,000	N/A
Take Home (Net)	\$33,175	\$33,891	\$30,675	\$32,106
Annual Tax Savings	\$0	\$716	\$0	\$1,431

More information available:

Website: puc.lockbenefits.com

TELEMEDICINE

PPO/HDHP - Teladoc

Phone #: 800-Teladoc (800-835-2362)

Visit <https://www.teladochealth.com/> or download the Mobile App

Telemedicine through Teladoc lets you get the care you need - including most prescriptions - for a wide range of minor conditions. Now you can connect with a board - certified doctor 24/7 via video chat or phone without leaving your home, office, or hotel- when, where, and how it works best for you and/or your family!

The Cost Savings Are Clear

Teladoc can be a cost-effective alternative to a convenience care clinic or urgent care center and cost less than going to the emergency room. The cost of a phone or online visit is:

- \$10 for the PPO
- \$55 for the HDHP

How to use Teladoc

3 Simple Steps

1. **Request a visit with a doctor** 24 hours a day, 365 days a year, by web, phone, or mobile app
2. **Talk to the doctor.** Take as much time as you need... there's no limit!
3. If medically necessary, a prescription will be sent to the pharmacy of your choice. **It's that easy.**

Teladoc Care Can Treat Many Common Health Issues

Say it's the middle of the night and your child is sick. Or you're at work and not feeling well. If you pre-register, you have quicker access to speaking with a doctor for immediate care.

On call doctors can help with the below conditions and more:

- | | | |
|-----------------------|------------------|--------------------|
| ▪ Cold & flu symptoms | ▪ Acne | ▪ Depression |
| ▪ Bronchitis | ▪ Skin rash | ▪ Addiction |
| ▪ Allergies | ▪ Abrasions | ▪ Domestic abuse |
| ▪ Pink eye | ▪ Moles/warts | ▪ Grief counseling |
| ▪ Skin infection | ▪ Stress/anxiety | |

TELEMEDICINE (CONT'D)

A Nationwide Network

We'll search our national network of U.S. board-certified physicians, dermatologists, and therapists and pair you with a doctor licensed in your state.

Review of Medical Records

The doctor will review your medical records. Your medical history provides valuable information to the doctor regarding past conditions, medications, allergies, as well as information about your family's medical history. Specialist services may not be available to all members. Log in to access your available services.

Kaiser HMO – Telemedicine

Phone #: 866-454-8855

Visit [Kp.org/mydoctor/video](https://kp.org/mydoctor/video) **or download the My Doctor Online Mobile App**

For some health problems, a phone call or video call with a doctor or nurse can save you time and money. Many hospitals and clinics offer virtual care as another way for you to see a doctor. The doctor or nurse can ask you questions. They may be able to check your blood pressure, pulse, and other body functions through special tools connected to your computer. You may get a prescription to fill if you need medicine.

The Cost Savings Are Clear

Telemedicine can be a cost-effective alternative to a convenience care clinic or urgent care center and cost less than going to the emergency room. There is no cost for a phone or online visit.

How to use Telemedicine

Depending on your care needs, you may be offered a video visit when scheduling an appointment by phone, online, or through the mobile app.





MEDICARE PROGRAM

Administered by Smart Connect

Phone #: 833-998-9312

Website: <https://smartmatch.com/connect/puc/>

We understand how challenging Medicare can be once you or a family member becomes eligible. That's why we've partnered with Lockton SmartConnect to offer a comprehensive program that includes trusted Medicare resources, personalized consultations with licensed agents, and educational sessions, all designed to help you make informed, confident decisions about your healthcare coverage.

Access To Trusted Medicare Resources

Digital resources that cover the basics of Medicare, facts about Medicare while working, and how to get started with Medicare when retiring.

Free Medicare Consultations With A Licensed Agent

Lockton SmartConnect is powered by SmartMatch, an independent agency licensed in all 50 states. With access to view and compare the entire Medicare marketplace, our agents help each person understand their options, and if they find a plan suited for their needs, our agents help them enroll in and confidently transition off the group plan.

Educational Webcasts & Benefit Fair Presentations

Our educational approach ensures your employees have all the Medicare facts. Our monthly webcasts allow employees to be prepared for their Medicare journey — either while working or in retirement. Benefit fair presentations are available to help employees learn more about the Lockton SmartConnect process and how to connect with us.

Schedule a Medicare Consultation: smartconnectplan.com/schedule

DENTAL

Administered by Principal

Group# 1190857

Phone #: 800-247-4695

Pacific Union College's dental plan helps you maintain good dental health through affordable options for preventive care, including regular checkups and other dental work. The dental plan is designed to encourage preventive treatment, allowing employees to achieve optimal oral health while striving to minimize dental costs.

Dental Network	Principal Dental PPO Plan	Non-network
Annual Deductible	\$100 Individual / \$200 Family	
Calendar Year Benefit Maximum		
Per Covered Member	\$2,500	
Preventive Services		
(Cleanings, exams, and bitewing x-rays)	Covered 100%, deductible waived Two exams and cleanings per Calendar Year	Covered 100% UCR*, deductible waived Two exams and cleanings per Calendar Year
Basic Services		
(Fillings, endodontics, and periodontics)	20% after deductible	20% after deductible UCR*
Major Services		
(Crowns, bridges, dentures)	20% after deductible	20% after deductible UCR*
Orthodontia		
Children to Age 26	50% deductible waived \$2,500 Lifetime Limit	50% deductible waived \$2,500 Lifetime Limit

This table provides an overview of the benefits and coverage.

**UCR means Usual Customary and Reasonable charges. Charges in excess of UCR are the member's responsibility.*

When you enroll in the Principal Dental Plan, you may visit any dentist you choose, but in-network providers offer larger discounts and can file your claims for you. If you prefer to see an out-of-network provider, keep in mind, since they are not under a contract, they may charge you for any amount billed in excess of the negotiated discounted rate. To look up Dentists in the Principal network, go to: www.principal.com/find-dentist. For best results register with Principal to find providers and track your claims.

More information available:

Website: puc.lockbenefits.com

VISION PLAN

Administered by Principal

Group # 1190857

Phone #: 800-247-4695

Pacific Union College's vision care benefits include coverage for eye exams, standard lenses and frames, and contact lenses. The vision plan does not have a network of eye-care providers; you can use any provider you choose.

Eye exams are important as they can tell your doctor a lot about your overall health. It is important to schedule regular exams to help detect significant medical conditions before they become too serious (i.e. diabetes, high blood pressure).

Vision Network	VSP Choice Network	Non Network Benefits
Maximum	\$400 per person including exams and materials	
Examination	Once every 12 months	
Lenses/Contacts	Once every 12 months	Up to \$30 single, up to \$50 bifocal
Frames	Once every 12 months	Up to \$70
Allowances		
Vision Exam	\$10 copay	Up to \$45
Prescription Glasses and Frames		
Single, Bifocal, Trifocal Lenses	\$25 copay	
Contacts	Elective: \$60 copay for exam; \$250 allowance Necessary contact: \$25 then covered in full for specific conditions.	Up to \$105 elective, up to \$210 necessary contacts
Frames	\$250 allowance; 20% off amount over allowance	Up to \$70
Excludes		
No payments will be made for:	Medical or surgical treatment of the eye; Services or supplies in connection with orthoptics; vision training; Non-prescription lenses	

NOTE: Visit vsp.com to locate VSP doctors close to you -- or to see if your current eye care professional is in the VSP network.

You'll need to choose the Choice doctor network to view the VSP doctors for your coverage. Or call 800-877-7195

Are benefits the same for all VSP doctors?

- Yes, with the exception of Costco®, Walmart®, and Sam's Club®. The frame allowance at these locations is \$80 which is equivalent to a \$150 allowance at other VSP doctor locations. Not all providers at participating retail chains are in-network for exam services.
- Benefits may also vary by location due to state law.

EMPOWER RETIREMENT

Phone #: 855-756-4738

Website: <https://participant.empower-retirement.com/participant/>

Roth 403(b)

PUC offers a retirement savings plan through Empower. Employees who work at least 20 hours per week are eligible to receive a Basic Contribution of 5% and up to 3% in employer-paid matching contributions when they contribute 3% or more themselves.

Employees eligible to make employee contributions to the plan are automatically enrolled by their employer with a 3% voluntary contribution. The plan annually increases the contribution by 1% to reach 15%*. An employee can decline to make voluntary contributions, but if you do, you will miss out on the employer match contribution.

Contributions are made through a salary reduction agreement and deducted from each paycheck. Your Empower account will be accessible 15 days after your first payroll check has been issued.

Account Registration

Step 1: Visit <https://participant.empower-retirement.com/participant/> and select REGISTER from the Login box.¹

Step 2: If you know your PIN choose "I have a PIN."

- Enter your Social Security number and PIN and click CONTINUE.
- Provide your contact information and create a username and password. Click REGISTER.

If you don't know your PIN

- Choose "I do not have a PIN."
- Complete the requested personal information and click CONTINUE.
- Provide your contact information and create a username and password. Click REGISTER.

Future Logins

For future visits to the website, enter your username and password and select SIGN IN. You will be asked to confirm your identity by requesting that a verification code be sent to you via email, text or phone call. Choose your preferred delivery method and click CONTINUE.

**7% is the minimum recommended contribution.*



LIFE AND ACCIDENTAL DEATH & DISMEMBERMENT (AD&D) INSURANCE

Administered by Principal

Group# 1190857

Phone #: 800-245-1522

It's important to give some serious thought to what expenses and income needs your dependents would have if something happened to you. To make sure you have financial protection, Pacific Union College offers several different types of Life and AD&D insurance.

Basic Life Insurance is provided at no cost to employees who work at least 30 hours/week. Eligible employees and their dependents are automatically enrolled even if they don't elect medical insurance (Enrollment Form required).

Voluntary Life and AD&D

We are happy to provide you with the opportunity to purchase additional life and/or AD&D insurance to meet the financial needs for you and your family in the event of an untimely death. (Please note that Evidence of Insurability details will be required if requested amount exceeds guaranteed issue caps.)

- Spouse coverage is available if you purchase additional life insurance for yourself.
- Coverage of \$10,000 is available for your child or children if you purchase additional coverage for yourself.

Basic Life	
Employee Benefit	\$100k
Spouse Benefit	\$50k
Dependent Child Benefit	\$10k
Voluntary Life and AD&D	
Employee Benefit	Increments of \$10k
Employee Guarantee Issue	Lesser of 5x earnings or \$100k
Employee Maximum	\$500k
Spouse Benefit	Increments of \$5k
Spouse Guarantee Issue	\$25k
Spouse Maximum	\$100k; not to exceed 50% of employee's amount
Child Benefit	Flat Amount: \$1,000, \$2,000, \$4,000, \$5,000, or \$10,000
Child Guarantee Issue	\$10k (\$1k if under 6 months of age)
Child Maximum	\$10k (\$1k if under 6 months of age); not to exceed 100% of employee's amount

Evidence of Insurability (EOI)

Application process in which you provide required documentation on the condition of your, or your dependents' health, to get or increase the amount of certain types of insurance coverage. As a new employee, Evidence of Insurability is required for elected amounts above the Guarantee Issue limits. Evidence of Insurability is also required for any elected amounts or increased coverage after your initial new hire enrollment period.



LONG TERM DISABILITY INSURANCE

Administered by Principal

Group# 1190857

Phone #: 800-245-1522

Long Term Disability (LTD)

Pacific Union College provides an LTD benefit to all eligible employees. In the event you are unable to work due to an accident or illness, you may qualify for the following benefit.

In general, Disability insurance is a simple form of insurance that ensures that you are covered for any time you need to take off work due to illness or injury recovery. It helps ensure you don't accrue debt and that all your fixed expenditures are covered for the period of time while you are unable to earn. If you were to become disabled, whether temporarily or permanently, the last thing you want on your mind is bills and debts.

Benefits Begin	After a 180-day elimination (waiting) period of continuous disability from the date your disabling condition occurs
Monthly Benefit	66 2/3% of your covered monthly earnings
Maximum Benefit	\$6,000 per month

<https://puc.benefitmain.com/income-protection/#disability>

Benefit Duration is determined by your age when Disability begins, as follows:	62 or younger...To age 65 62...42 months 63...36 months 64...30 months 65...24 months 66...21 months 67...18 months 68...15 months 69 or older...12 months
Definition of Disability	Own occupation for up to 24 months

This is only a brief overview of your benefits. Please refer to the Plan Summary or Evidence of Coverage for specific plan information and limitations.

EMPLOYEE ASSISTANCE PROGRAM (EAP)

Administered by Principal

Group# 1190857

Phone #: 800-450-1327

PUC is contracted with Principal for EAP services. These confidential services are provided at PUC's expense to provide Employee Assistance to all of our employees and their dependent family members

Please see information below for services and session limitations.

The EAP is available 24/7/365

The EAP can help you:

- Resolve personal and emotional difficulties
 - Up to 3 face-to-face visits
- Address marital and relationship issues
- Deal with stress, anxiety, and depression
- Understand grief and bereavement
- Find solutions for work-related issues
- Work towards life goals
- Find resources for your family in the community
- Address alcohol and drug misuse
- Identity and fraud resolution
- Find solutions relating to Legal or Financial
- Daily living research and referrals

More information about services and sessions available in link below:

Pacific Union College:

Member.MagellanHealthcare.com

When creating an account, enter Pacific Union College as the program name.

The EAP is available 24/7/365
Anytime, anywhere EAP access & support

VOLUNTARY SUPPLEMENTAL PLANS

Administered by Principal

Group# 1190857

Phone #: 800-986-3343

Voluntary Supplemental Medical Benefits give you the cash to cover your bills when you need it most. Whether you spend it on medical care or living expenses, you'll appreciate the extra help so you can focus on your health.

If you have an accident or a serious illness, your out-of-pocket copays and deductibles can add up quickly even with medical insurance and cause a financial burden. To help you bridge the financial gap, you may purchase voluntary benefits plans to complement your existing medical coverage. Benefits are paid directly to you, and you decide how to use the funds. Premiums are conveniently deducted from your paycheck on a post-tax basis.

Accidental Insurance

The accident plan pays you a lump sum benefit depending on the covered accident you experience. Examples of covered accidents include fractures, dislocations, lacerations, burns, and some hospital care. Other advantages of accident insurance include the following:

- Receive a \$50 wellness benefit for covered health screening tests like a blood test payable once per year per covered person.
- You receive cash benefits for expenses that may not be covered under your medical insurance, and you use the money as you see fit.
- There are no health questions to answer and no waiting period.
- You can insure your spouse and children.
- There is no limit to the amount of accidents you can claim under the policy (with exception to policy rules).

Accident Insurance	Monthly Costs
Employee Only	\$8.01
Employee + Spouse	\$13.26
Employee + Child(ren)	\$14.98
Employee + Family	\$23.61

Additional Information

To learn more, please see the plan document for a full list of covered accidents.





Critical Illness

If you are diagnosed with a critical illness, you will need extra financial support to help offset the treatment costs and cover your day-to-day expenses, so you can focus on your health. The critical illness plan pays a lump sum benefit if you are diagnosed with a covered illness, and you can use the benefit as you see fit. Examples of covered illnesses are: stroke, invasive cancer, heart attack, blindness etc. There are also numerous other illnesses where a partial benefit is also available.

- You may elect coverage for yourself, your spouse, and/or children.
- A set amount of money is paid directly to you to be used however you choose based on the amount you elect:
 - Employee: Minimum of \$5,000 up to Maximum of \$100,000 (Guaranteed Issue: \$30,000 if you apply during initial enrollment)
 - Spouse: Minimum of \$2,500 up to Maximum cannot exceed 50% of employee's up to \$50,000 (Guaranteed Issue: \$15,000 if you apply during initial enrollment)
 - Child are automatically covered for 25% of an employee's benefit.
- There are no medical exams or health questionnaires to complete.
- The cost for this coverage depends on your age.
- Employee and spouse are charged separately, based on individual ages.

**Child and Spouse amounts not to exceed 100% of the Employee amount*

Monthly costs for Employee and Spouse Rate per (\$1,000)					
Age	Cost	Age	Cost	Age	Cost
24 & under	\$.302	40 - 44	\$.856	60 - 64	\$3.172
25 - 29	\$.408	45 - 49	\$1.175	65 - 69	\$4.424
30 - 34	\$.568	50 - 54	\$1.662	70 & over	\$6.409
35 - 39	\$.647	55 - 59	\$2.248		

Hospital Indemnity

Expenses from hospital visits can pile up quickly. While medical insurance typically pays the majority of the cost for hospital care, deductibles, copays, and non-covered medical services may be expensive.

- The hospital indemnity plan pays the following benefits:
 - \$1,000 per hospital admission
 - \$2,000 per ICU admission
 - \$100 per day hospital confinement benefit up to 30 days per year.
- Benefits are paid regardless of what is covered by medical insurance, and payments would be made directly to you to spend as you see fit.
- There are no medical exams or health questionnaires to complete.
- You may purchase this plan for yourself, your spouse, and/or your dependent children.

Hospital Indemnity Plan	Monthly Costs
Employee Only	\$18.53
Employee + Spouse	\$40.43
Employee + Child(ren)	\$27.49
Employee + Family	\$51.08





PUC GYM FACILITIES

Phone #: 707-339-0609

Email: hgranados@puc.edu

All employees are able to use PUC's Gym Facilities at no extra cost (additional fees may be required for family members).

Facility Center and Gym Hours:

M-Th 6-8am and 3-10pm

Friday 6am-8am and 3pm-5pm

Saturday: Closed all day

Sunday 8-10am and 6-10pm

For more information call or email Hernan Granados at (707)339-0609, hgranados@puc.edu

Fitness Center: treadmills, ellipticals, upright and recumbent bikes. *

Weight Room: free weights, weight machines. *

Pool: PUC offers specified times for Lap Swim and Open Swim, please check link above for available times. *

Gym: the PUC gym is open to many games, please check ahead for availability due to school events and regularly scheduled practices. *

Ball Fields: PUC has two ball fields. *

Tennis Courts: PUC has tennis courts. *

**Classes using PUC gym facilities have priority over employee use of facilities, and access may be restricted during these times. Please check availability.*



PET INSURANCE

Administered by MetLife

Phone #: 800-GET-MET8

Website: www.metlife.com/getpetquote

More than ever, pets play such a huge role in our lives. We want to do everything to keep them safe and healthy. We have partnered with MetLife to help make sure your furry family members are protected against unplanned vet expenses for covered accidents or illnesses with MetLife Pet Insurance.

- If you want unlimited coverage, be sure to call in for a live representative and tell them you work for Pacific Union College.

EASE

Guide to Online Enrollment Portal

1. You'll receive an email with a Log in link to EASE. You'll be prompted to change your password.
2. Click **"Start Enrollment"** to begin your enrollment
3. Follow the prompts on each page to complete your benefit enrollment. Click **"Continue"** to proceed to the next section.
4. Verify your personal information is correct and enter in any of your dependent information.
5. Please select your benefits by selecting **"Enrolled"** or **"Waived"** or for each plan. Click **"Continue"** to proceed to the next benefit.
6. You will then be prompted to provide any missing data. Once you have done this, you will be able to review and sign your forms using your mouse or mobile device. Click **"Sign Form"**
7. Before you review your forms type your name. then sign your signature
8. If you have questions, reach out to
Kathleen L. Slack - kslack@puc.edu or 707-965-6281

WELLBEING PROGRAM

Personify

Pacific Union College has partnered with Personify to provide a great wellbeing program for members enrolled in the medical plans.

This program is built to improve overall health by empowering members to make better decisions about their health and wellbeing. It is designed to meet diverse needs and interests for those enrolled in the medical plans. There will be a variety of features like challenges, an expanded digital health content and rewards.

Create your account and begin participating in the wellness plan to get your monthly discount of \$75.

Sign up at join.personifyhealth.com/puc.





2025 - 2026 PUC HOLIDAY SCHEDULE

Holiday Date Observed

Independence Day July 4, 2025

Labor Day September 1, 2025

Thanksgiving November 27, 2025

Christmas December 25, 2025

New Year's Day January 1, 2026

Martin Luther King, Jr. Day January 19, 2026

Memorial Day May 25, 2026

President's Day* February 16, 2026

Personal Holiday*

**Please note that staff members accrue paid leave for Presidents' Day.*

As the offices will be open on President's Day and your personal holiday (i.e. Birthday), Please arrange with your department supervisor to schedule these holidays.

IMPORTANT INFORMATION

90-Day Continuation of Coverage

In the event that you end PUC employment, you have the option of continuing your Medical, Dental, and Vision insurance for a period of up to 90 days at full (non-employee) cost.

The rate will be given to you at the time you sign up for extended coverage and will include the amount that PUC pays in addition to your usual premium.

In order to ensure your continued coverage, you must provide payment prior to the start of the 90-day period (the specific timeframe will be provided by the HR Team at the time this coverage begins). Payment can be mailed to the HR office or given to the Cashier.

1095-C

PUC will send you your 1095-C form in the mail by January 31st of each year. Please make sure to update your mailing address using WebAdvisor to receive your 1095-C.

HSA tax form 1099-SA

You will receive your 1099- SA form (around Jan-Feb) from Sterling if you have an HSA account.

HSA Form 5498

Sterling will mail those with an HSA IRA their Form 5498. The IRS will also be mailed this form so keep your copy for your records.



GLOSSARY OF TERMS

AD&D (Accidental Death and Dismemberment) - A Plan that provides benefits in the event of an accidental death or dismemberment (generally an accident that results in death, loss of a part of the body, or the loss of use of part of the body)

Beneficiary - A person designated by a participant who may become entitled to receive a benefit under the plan.

Claim - A bill for medical services rendered.

Coinsurance - The amount or percentage that you pay for certain covered health care services under your health plan. This is typically the amount paid after a deductible is met and can vary based on the plan design.

Copayment (copay) - A fixed amount you pay for a covered health care service, usually when you receive the service.

Deductible - A specific dollar amount you pay out of pocket before benefits are available through a health plan. Under some plans, the deductible is waived for certain services.

Evidence of Insurability - Proof of good health required by an insurance company before the company will cover them.

Explanation of Benefits (EOB) - A statement sent from the health insurance company to a member listing services that were billed by a provider, how those charges were processed, and the total amount of patient responsibility for the claim.

Out-of-pocket Expense - Amount that you must pay toward the cost of health care services. This includes deductibles, copayments and coinsurance.



Out-of-pocket Maximum (OOPM) - The maximum amount you should have to pay for your health care during one year, excluding the monthly premium. After you reach the annual OOPM, your health insurance or plan begins to pay 100 percent of the allowed amount for covered health care services or items for the rest of the year.

Primary Care Physician (PCP) - A doctor that is selected to coordinate treatment under your health plan. This generally includes family practice physicians, general practitioners, internists, pediatricians, etc.

Provider - A clinic, hospital, doctor, laboratory, health care practitioner or pharmacy.

Qualifying Life Event - A life event designated by the IRS that allows you to amend your current plan or enroll in new health insurance. Common life events include marriage, divorce, and having or adopting a child.



Benefits highlighted in this guide are governed by Pacific Union College plan contracts and policies, applicable state and federal law and company policy. If there is a conflict between the wording of this guide and the group policies and contracts, the policies, contracts and applicable laws govern. Pacific Union College reserves the right to alter, amend or terminate any of the benefits described in this guide at any time.