Additional Benefits

Retirement (401B) | University Funded
After one year of employment, the University will contribute the equivalent of 9 percent of your income to either TIAA-CREF or VALIC. There is no employee contribution required. If you worked as a benefited employee for an educational institution for one full year immediately preceding your employment with Pacific, the one-year waiting period will be waived.

Supplemental Retirement Annuity (403B) | Employee Funded
You may start contributing to your retirement account from your first pay date. You may choose to invest with TIAA-CREF or VALIC. IRS maximum limitations apply:
- Plan Contribution and Benefit Limits, for 2015: $18,000.
- Catch-up contributions for employees age 50 and above, for 2015: $6,000.

Life and Accidental Death and Dismemberment | University Funded
The University provides each employee with 1/2 times their annual salary (to a maximum of $200,000) for both life and AD&D insurance. This is provided at no cost to the employee.

Supplemental Life Insurance | Employee Funded
Supplemental Life Insurance gives employees and their spouses flexibility in meeting life insurance needs. You may apply for any amount from $10,000 to $500,000, not to exceed five times your covered annual earnings, in $10,000 increments ($30,000, $40,000, $50,000, etc.). An employee can elect to apply for supplemental life insurance at any time. An employee may choose up to $150,000 of coverage within the first 30 days of employment, without having to provide a health history. After that window of time, the employee or spouse must provide a health history. The cost for each $10,000 of Supplemental Life Insurance is based upon age. The monthly premium is paid through payroll deduction.

| Employee Monthly Rate Per $10,000 of coverage: | |
| --- | --- | --- | --- | --- | --- |
| Age Group | 0-19 | 20-24 | 25-29 | 30-34 | 35-39 | 40-44 | 45-49 | 50-54 |
| Cost | $0.54 | $0.54 | $0.67 | $0.93 | $1.06 | $1.18 | $1.82 | $2.84 |

| Age Group | 55-59 | 60-64 | 65-69 | 70-74 | 75-79 | 80-84 | 85+ |

Spouse Monthly Rate Per $10,000 of coverage:

| Age Group | 0-19 | 20-24 | 25-29 | 30-34 | 35-39 | 40-44 | 45-49 | 50-54 |
| Cost | $0.45 | $0.54 | $0.66 | $0.80 | $0.99 | $1.36 | $1.93 | $3.22 |

| Age Group | 55-59 | 60-64 | 65-69 | 70-74 | 75-79 | 80-84 | 85+ |
| Cost | $5.72 | $9.13 | $15.39 | $26.62 | $45.50 | $75.80 | $117.18 |

Short Term Disability | University Funded
Short term disability is provided to benefit eligible employees to protect them from income loss due to extended illness or accidental injury which requires ongoing physician’s care. Short term disability payments are made by salary continuance. The waiting period is 30 calendar days. Short term disability payments for staff pays 100% for the first 30 days of a leave, and 60% thereafter, up to 180 days. Staff may use accrued sick and vacation time to keep their pay whole. Short term disability payments for faculty pay 100% for up to 180 days of leave.

Long Term Disability | University Funded
The University provides this insurance for all benefited employees. If an employee is disabled for a period of 180 days or longer, they may apply for Long Term Disability, which provides for 60 percent of their income.

Vacation Time
STAFF: All benefited staff accrue vacation starting with their first day of employment. Staff can begin using their accrued vacation balances after three months of employment. Vacation is accrued as follows:
- Exempt (Salaried) Employees: Accrue 13.36 hours per month.
- Non Exempt (Hourly) Employees: Accrue 0.833 days per month from date of hire to the end of the fifth year, then accrue 1.25 days per month from sixth year to end of the 10th year, then accrue 1.67 days per month at 11+ years.

FACULTY: Faculty do not accrue vacation.

Sick Time
STAFF: Exempt (Salaried) Employees: 30 days of sick time (not accrued).
Non Exempt (Hourly) Employees: Accrue 1 day per month.

FACULTY: Faculty do not accrue sick time.

Holiday Pay | University Funded
Employees are eligible for holiday pay upon employment. Employees receive 15 1/2 days of holiday pay each year.

(NOTE: This includes 2 floating holidays.)

Compassionate Leave | University Funded
Three days of pay.

Jury Duty | University Funded
Employees are paid for time spent on Jury Duty.

Health and Wellness
As a Pacific University employee, you, your spouse and your dependent children may use the Pacific University Athletic Complex. In addition, Human Resources periodically sponsors wellness brown bag sessions, annual mammogram van campus visits, and “Boxer Bootcamp” program.

Employee Assistance Program | University Funded
This benefit provides employees and their families with confidential short-term counseling, financial counseling, legal counseling and dependent and elder care resource and referral. There is also a homeownership program, a personal wellness program, and identity theft services among the other services.

Tuition Remission | University Funded
Benefited employees are eligible for waived tuition after one year of employment. The employee, the employee’s spouse, and the employee’s college-age dependents may take undergraduate courses at the University. If you worked at least half-time for an educational institution for one full year immediately preceding your employment with Pacific, the one year waiting period will be waived.

Tuition Exchange
Benefited employees are eligible to apply for this benefit for their dependent children (up to age 24) after one year of employment. The employee’s college-age dependents may apply for a tuition exchange scholarship at other participating institutions.
**Medical Plans**

**Pioneer Educators Health Trust (Regence)**

- **No need to elect a primary care physician**
- **May self-refer to specialists**
- **In-network coverage for Regence Preferred & Participating Providers:**
  - $500 annual deductible ($1,500 family) applies to out-of-pocket maximum.
  - $3,500 out-of-pocket maximum ($10,500 family) plus co-pay.
- **Doctor’s office visits and Urgent Care:** Preferred $25 co-pay; Participating 60%.

**Preventive Care Services:** 100%.

- **Lab and X-ray:** Preferred 80%; Participating 60%.
- **Hospitalization:** Preferred 80%; Participating 60%.
- **Emergency Room:** Preferred and Participating $250 co-pay and 80% per visit.

**Prescriptions — Three Levels**

<table>
<thead>
<tr>
<th>30 day supply at pharmacy</th>
<th>Mail Delivery, 90 day supply</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. $20 Generic drug</td>
<td>1. $30 Generic drug</td>
</tr>
<tr>
<td>2. $40 Preferred brand drug</td>
<td>2. $60 Preferred brand drug</td>
</tr>
<tr>
<td>3. $60 Non-preferred brand drug</td>
<td>3. $90 Non-preferred brand drug</td>
</tr>
</tbody>
</table>

**Costs per month**

<table>
<thead>
<tr>
<th></th>
<th>Tier 1</th>
<th>Tier 2</th>
</tr>
</thead>
<tbody>
<tr>
<td>Employee Only</td>
<td>$ 94.67</td>
<td>$ 157.78</td>
</tr>
<tr>
<td>Employee + Spouse</td>
<td>$ 315.57</td>
<td>$ 631.14</td>
</tr>
<tr>
<td>Employee + Child(ren)</td>
<td>$ 284.01</td>
<td>$ 568.03</td>
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<tr>
<td>Employee + Family</td>
<td>$ 301.17</td>
<td>$ 883.61</td>
</tr>
</tbody>
</table>

**Kaiser Permanente**

**Must seek care at a Kaiser facility**

- **No annual deductible**
- **$1,000 out-of-pocket maximum ($2,000 family) including all co-pays**
- **$20 co-pay for doctor’s office visits (primary care)**
- **Lab and X-ray — covered: $20 co-pay**
- **Hospitalization, inpatient — covered 100%**
- **$20 co-pay for Urgent Care**

**Prescriptions — Three Levels**

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**Costs per month**

<table>
<thead>
<tr>
<th></th>
<th>Tier 1</th>
<th>Tier 2</th>
</tr>
</thead>
<tbody>
<tr>
<td>Employee Only</td>
<td>$ 75.46</td>
<td>$ 125.77</td>
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<tr>
<td>Employee + Spouse</td>
<td>$ 251.55</td>
<td>$ 503.10</td>
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<tr>
<td>Employee + Child(ren)</td>
<td>$ 226.39</td>
<td>$ 452.79</td>
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<tr>
<td>Employee + Family</td>
<td>$ 422.60</td>
<td>$ 704.33</td>
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</table>

**Dental Plans**

**Pioneer Plan | Fee for Service**

- **May use any licensed dentist**
- **Maximum Annual Payout:** $1,500 per claimant
- **Annual Deductible:** $50  ($150 family)
- **Preventive Services:** 100%
- **Routine Services:** 80%
- **Major Services:**
  - **Orthodontia:** 50% to lifetime maximum of $1,500
  - Deductible waived for preventive services.

**Costs per month**

<table>
<thead>
<tr>
<th></th>
<th>Tier 1</th>
<th>Tier 2</th>
</tr>
</thead>
<tbody>
<tr>
<td>Employee Only</td>
<td>$ 11.22</td>
<td>$ 18.67</td>
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<tr>
<td>Employee + Spouse</td>
<td>$ 39.28</td>
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<td>Employee + Child(ren)</td>
<td>$ 32.31</td>
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<tr>
<td>Employee + Family</td>
<td>$ 70.70</td>
<td>$ 96.07</td>
</tr>
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</table>

**Pioneer Plan | Willamette Dental**

- **Must use Willamette Dental Clinics**
- **Maximum Annual Payout:** Unlimited
- **Annual Deductible:** $0
- **Preventive Services:** $10 co-pay
- **Routine Services:** $10 co-pay
- **Major Services:** See schedule of fees
- **Orthodontia:** $150 intake co-pay
- **$1,200 co-pay for treatment.

**Costs per month**

<table>
<thead>
<tr>
<th></th>
<th>Tier 1</th>
<th>Tier 2</th>
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</thead>
<tbody>
<tr>
<td>Employee Only</td>
<td>$ 10.00</td>
<td>$ 12.52</td>
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<tr>
<td>Employee + Spouse</td>
<td>$ 26.46</td>
<td>$ 41.34</td>
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<tr>
<td>Employee + Child(ren)</td>
<td>$ 26.46</td>
<td>$ 41.34</td>
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<tr>
<td>Employee + Family</td>
<td>$ 53.14</td>
<td>$ 70.40</td>
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</table>

**Kaiser Permanente**

**Must use Kaiser Dental Clinics**

- **Dental Office Visit Charge:** All Visits $5
- **Maximum Annual Payout:** Unlimited
- **Annual Deductible:** $0
- **Preventive Services:** 100% covered after co-pay
- **Basic Services:** 100% covered after co-pay
- **Major Services:** 50% after co-pay
- **Orthodontia:** 50% to a lifetime maximum of $3,000

**Costs per month**

<table>
<thead>
<tr>
<th></th>
<th>Tier 1</th>
<th>Tier 2</th>
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</thead>
<tbody>
<tr>
<td>Employee Only</td>
<td>$ 12.12</td>
<td>$ 20.18</td>
</tr>
<tr>
<td>Employee + Spouse</td>
<td>$ 40.81</td>
<td>$ 65.90</td>
</tr>
<tr>
<td>Employee + Child(ren)</td>
<td>$ 33.29</td>
<td>$ 57.40</td>
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<tr>
<td>Employee + Family</td>
<td>$ 71.43</td>
<td>$ 103.86</td>
</tr>
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</table>

**Vision Plan**

- **Eligibility:** First of the month following your date of hire.
- **Eye Exams / 12 months:** $10 co-pay
- **Lenses / 12 months:** $25 co-pay for frame and lenses
- **Frames / 24 months:** $130 allowance for most frames / $150 allowance for featured brands / 20% discount over your allowance
- **Contact Lenses:** $130 allowance with up to $60 co-pay

**Flexible Spending Accounts | Employee Funded**

The University has three flexible spending accounts for you to choose. These plans allow you to set aside pre-tax dollars to pay for the following uncovered expenses:

1. Health Flexible Savings Arrangements (FSA) Salary Reduction Limit, for health costs: $2,550 annual limit.
2. Dependent care expenses: $5,000 annual limit.
3. Mass transit and parking expenses (has effect of lowering taxable income):
   - Parking: $250 monthly limit.
   - Transit: $130 monthly limit.
4. Adoption Assistance: $13,400 annual limit.

**Questions? Contact Us**

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Forest Grove, OR 97116