



# TCU



# Your 2022

## GUIDE TO BENEFITS



## Contact Information

Use the following toll-free numbers and websites to get answers to questions you have about your TCU benefits. Be sure to have your Plan ID Card, Member ID number, or your Social Security Number available when you call or log on.

SERVICE	WHO TO CALL	PLAN INFORMATION	NUMBER TO CALL	WEBSITE
<b>MEDICAL</b> Benefits and Eligibility	BlueCross BlueShield of Texas	Network: Blue Choice  PPO Group ID: 213941	1.888.762.2190	<a href="http://www.bcbstx.com">www.bcbstx.com</a> (non-registered visitors)
<b>MEDICAL</b> Provider Finder	Blue Card Access	HDHP Group ID: 213942  High Performance Plan Group ID: 326236	1.800.810.2583 (select option 2 & option 1) ID on card starts with "ALT"	<a href="http://www.bcbstx.com/member">www.bcbstx.com/member</a> (registered member)
<b>PHARMACY BENEFIT MANAGER</b>	RxBenefits (Express Scripts Network)	Group ID: RXBTCHU	1.800.334.8134	<a href="http://www.express-scripts.com">www.express-scripts.com</a>
<b>TELEPHONIC MEDICAL CONSULTATION</b>	MDLIVE	n/a	1.888.680.8646	<a href="http://www.mdlive.com/bcbstx">www.mdlive.com/bcbstx</a>
<b>SURGERY CARE ADVOCATE</b>	SurgeryPlus	Access Code: surgeryplus	1.855.715.1688	<a href="http://TCU.surgeryplus.com">TCU.surgeryplus.com</a>
<b>HEALTH CARE ADVOCATE</b>	BVA (BCBSTX)	n/a	1.888.762.2190	<a href="http://www.bcbstx.com/member">www.bcbstx.com/member</a>
<b>TRIA HEALTH</b>	Chronic Condition Management	n/a	1.888.799.8742	<a href="http://www.triahealth.com/enroll">www.triahealth.com/enroll</a>
<b>HEALTH SAVINGS ACCOUNT (HSA) - HDHP Only</b>	HSA Bank	n/a	1.800.357.6246	<a href="http://www.hsabank.com">www.hsabank.com</a>
<b>EMPLOYEE ASSISTANCE PROGRAM (EAP)</b>	ComPsych - GuidanceResources	n/a	1.866.335.4914	<a href="http://www.guidanceresources.com">www.guidanceresources.com</a> WEB ID: TCU
<b>FLEXIBLE SPENDING ACCOUNTS (FSA)</b>	WEX	Group ID: 2465890	1.866.451.3399	<a href="http://www.wexflexonline.com/login">www.wexflexonline.com/login</a>
<b>DENTAL</b>	Cigna	Group ID: 3215812  DPPO Advantage (member ID card not required)  DHMO Network (member ID card required) - Mailed by Cigna	1.800.244.6224	<a href="http://www.cigna.com">www.cigna.com</a> (non-registered visitors)  <a href="http://www.mycigna.com">www.mycigna.com</a> (registered members)
<b>VISION</b>	UnitedHealthcare	Group ID: 754094	1.877.426.9300 or 1.800.638.3120	<a href="http://www.myuhcvision.com">www.myuhcvision.com</a>
<b>LIFE AND DISABILITY</b>	Unum	Group ID: 909236	1.866.679.3054	<a href="http://www.unum.com">www.unum.com</a>
<b>TCU HUMAN RESOURCES</b>			817.257.7790	<a href="http://www.hr.tcu.edu">www.hr.tcu.edu</a>



# Welcome to your 2022 Benefits Resource Guide

TCU recognizes that a quality, comprehensive benefits program is a great way to show you just how valuable you are to the University.

We understand that no two employees are alike, which is why we offer multiple benefit choices. This resource guide is designed to help you evaluate your unique needs and select the benefits program that best fits your lifestyle. The right program of benefits can help you be well and stay healthy.

## TCU Choices

Welcome to TCU — your 2022 benefits program overview brought to you by TCU Human Resources.

Each of the programs highlighted in this guide are designed to help you live your best FrogLife. Whether it's choosing to schedule an annual physical or to call the Employee Assistance Program (EAP) when you need some guidance, each of these choices is a step toward a more healthy you. So read on!

## Eligibility

You are eligible for coverage under the BCBS Texas Health Plan, CIGNA Dental Plan, and/or UnitedHealthcare Vision Plan if you are working at least 75% of full time (or at least 30 hours a week) in a regular position. You and your dependents are automatically enrolled in the Prescription Drug Program through Express Scripts with the election of a medical plan. Please see page 7 for more information.

### Which Dependents Are Eligible?

Eligible dependents include:

- Your legal spouse
- Dependent children younger than age 26
- Unmarried, dependent children of any age who become mentally or physically disabled
- Domestic partners

## How to Enroll

Current employees can choose their benefits each year during the Open Enrollment period through [my.tcu.edu](https://my.tcu.edu). For the 2022 plan year (January 1 - December 31), you must enroll to:

- Make a change to your current benefit elections
- Participate in a Flexible Spending Account (Dependent Care and/or Health Care) or a Health Savings Account
- Enroll in a new benefit

## Open Enrollment

Open Enrollment for 2022 benefits will be held October 25 to November 5, 2021.

Employees will elect their benefits online through the Open Enrollment portal at [my.tcu.edu/EmployeeCenter](https://my.tcu.edu/EmployeeCenter). Click the Open Enrollment icon to begin making your elections.

In order to participate in the FSA or HSA, you must elect a contribution amount at Open Enrollment.

## TCU Human Resources

817.257.7790  
[hrbenefits@tcu.edu](mailto:hrbenefits@tcu.edu)  
[hr.tcu.edu](https://hr.tcu.edu)





## Adding Dependents

Prior to electing benefits, employees should verify that Human Resources has proof of dependent status for any dependents who are being added. This is not required if your dependents have previously been covered through a TCU insurance plan. The following documents can be used as proof:

- Marriage license for spouse
- Birth certificates, adoption, or placement documents for children
- Signed domestic partner affidavit (available from Human Resources)

## New Hire or Change in Employment Status

If you are new to the TCU family, plan participation begins on the first of the month following your date of hire.

You have **31 days** from your initial employment date to enroll in benefits. Otherwise, you must wait for the next annual Open Enrollment. In that case, your benefits will take effect the following January 1, unless you experience a qualifying event.

If you become newly eligible for benefits, your plan participation begins on the effective date of your employment change. You have 31 days from the employment change date to enroll in benefits.

## Making Changes

You can only make changes between Open Enrollment periods if you have a qualifying “change in status.”

Changes in status, or qualifying events, include:

- Marriage, divorce or legal separation.
- Birth, adoption or change in legal custody of an eligible child.
- Death of your spouse or covered child.
- Change in your or your spouse’s work status that affects benefits eligibility.
- Change in residence or work site that affects your eligibility for coverage.
- Child’s loss of dependent status, e.g. due to reaching age 26 (loss is effective on the last day of their birth month).
- Change in your child’s eligibility for benefits provided through a governmental or educational institution.

If you experience a qualifying change in status, contact Human Resources immediately for assistance with changing your benefit elections. Changes must be received within 31 days of the date you experience a qualifying event. The election change must be consistent with the change in status. For example, enrolling in dental insurance would not be consistent with having a baby. You would only be able to add your baby to your existing coverage.

# Your Medical Choices

Having medical insurance is a healthy choice for multiple reasons:

- Coverage for doctor visits, hospital care, and prescription drugs can help you get healthy when you are sick or hurt.
- Preventive care benefits can help you stay healthy.

As a TCU employee, you can choose from three BCBS Texas Medical Plan options. All plan options utilize the BlueCross BlueShield of Texas “Blue Choice PPO” network. All plans provide preventive care at no cost to all covered participants.

## What is a self-insured plan?

SELF-INSURED MEANS THAT TCU PAYS YOUR ACTUAL CLAIMS. EVERY TIME YOU GO TO THE DOCTOR OR FILL A PRESCRIPTION, YOUR BENEFITS ARE PAID BY TCU – NOT AN INSURANCE COMPANY. TCU PAYS A FEE THAT COVERS THE COST OF THE PLAN’S ADMINISTRATION. ACTUAL CLAIMS ARE PAID BY YOUR PREMIUMS AND TCU’S CONTRIBUTIONS. EVERY DOLLAR YOU SAVE BY MAKING WISE HEALTHCARE CHOICES IS A DOLLAR SAVED BY BOTH YOU AND TCU.

## Information about out-of-network benefits.

Each of our three plans have an identical network of preferred doctors and other providers. These providers agree to discount fees and file claims for you in exchange for being part of the preferred network. Staying in-network saves you money as the member and also helps to control plan costs, which is important to our self-insured plan. If you choose to see an out-of-network provider\*:

- Your deductible will be higher.
- The percentage of the cost that the Plan pays after the deductible is met is lower (so your cost is higher).
- You may be “balance billed” for charges that are above the Plan’s allowable charge.
- You may have to pay the bill in full and then file a claim for reimbursement.

On the next page is a chart that compares each option’s in-network benefits only. Each plan also offers coverage if you choose to use doctors and other providers that are outside the Plan’s network\*. If you would like to see the out-of-network benefits for a particular option, please visit the TCU Human Resources website to view the summary of benefits for each plan.

\* Not recommended.



## Medical Plan Comparison (In-Network)

All benefits shown below reflect in-network coverage only and reflect the amount you pay for benefits. For more information on out-of-network benefits, visit [hr.tcu.edu](http://hr.tcu.edu).

	HDHP W/ HSA	PPO 80%	HIGH PERFORMANCE PLAN
<b>ANNUAL DEDUCTIBLE</b>			
Individual	\$2,800	\$950	\$550
Plus Children	\$5,400***	\$1,350	\$950
Plus Spouse or Family	\$5,400***	\$1,500	\$1,100
<b>OUT-OF-POCKET MAXIMUM</b>			
Individual	\$6,450	\$5,950	Tier 1: \$3,050 Tier 2: \$5,050
Plus Children	\$12,900***	\$11,350	Tier 1: \$5,950 Tier 2: \$8,950
Plus Spouse or Family	\$12,900***	\$11,500	Tier 1: \$6,100 Tier 2: \$9,100
<b>TCU'S CONTRIBUTION TO HSA:</b>			
Individual	\$1,000	n/a	n/a
If you cover your children, spouse or family	\$1,500	n/a	n/a
<b>PREVENTIVE CARE</b>			
Adults and Children	No charge	No charge	No charge
<b>COMMON SERVICES</b>			
Primary Care	20%*	\$25	Tier 1: \$20 Tier 2: \$40
Specialist	20%*	\$50	Tier 2 Only: \$60
MDLIVE (see pg. 12)	\$10*	\$10	Tier 2 Only: \$10
Urgent Care Facility	20%*	\$75 + 20% (no deductible)	Tier 2 Only: \$75 + 20% (no deductible)
Laboratory and Radiology	20%*	20%*	Tier 2 Only: 20%*
Hospital Admission	20%*	\$200 + 20%*	Tier 1: \$200 + 10%* Tier 2: \$300 + 20%*
SurgeryPlus	Certain surgeries provided by SurgeryPlus are no charge after deductible		
Outpatient Facility	20%*	\$100 + 20%*	Tier 1: \$100 + 10%* Tier 2: \$200 + 20%*
Emergency Room	20%*	\$150** + 20% (no deductible)	Tier 2 Only: \$150** + 20% (no deductible)
Lifetime Benefit Maximum	Unlimited	Unlimited	Unlimited

\* After the appropriate deductible is met.

\*\* Waived if admitted.

\*\*\* If you cover any dependents, the "Individual" deductible will apply as an embedded deductible. That means, if one family member reaches \$2,800 as a participant on the HDHP, the coinsurance portion for services will be 20% until the maximum out-of-pocket is reached for that individual. Further, your family's expenses will be combined to determine if the total \$5,400 "Family" deductible has been met.

PRESCRIPTION DRUGS	HDHP	PPO 80% & HIGH PERFORMANCE PLAN
<b>RETAIL PHARMACY (preventive drugs covered with no deductible)</b>		
30-day supply Generic/Brand/Preferred/Specialty	\$10*/\$35*/\$50*/\$100*	\$10/\$35/\$50/\$100
<b>HOME DELIVERY</b>		
90-day supply Generic/Brand/Preferred/Specialty	\$30*/\$105*/\$150*/\$300*	\$30/\$105/\$150/\$300

\*After the appropriate deductible is met.



# New! The High Performance Plan (HP Plan)

In an effort to improve your quality of health care and reduce your out-of-pocket expenses, TCU has implemented the High Performance Plan (HP Plan) as a new medical plan option in 2022.

The HP Plan gives you access to in-and out-of-network providers, while also giving you the opportunity to save money by choosing a Tier 1 provider (Blue Distinction Total Care Provider) for your Primary Care Physician and/or by visiting a Tier 1 facility (Blue Distinction/Blue Distinction+) when one is available to you.

## How It Works

The HP Plan works the same as any other PPO plan, but gives you the option to pay less out of your pocket by visiting a Tier 1 provider and/or facility when available to you.

### Tier 1:

**Primary Care Physicians: Blue Distinction Total Care Facilities: Blue Distinction/Blue Distinction+**

When you choose to see a Tier 1 provider or visit a Tier 1 facility when one is available to you, you will pay less out of your pocket for medical services! Tier 1 benefits provide the deepest discounts paired with the highest quality of care.

### Tier 2:

**Your In-Network PPO Providers and Facilities**

When you use an in-network provider in the PPO network, you will pay less out of your pocket than if you were to see an out-of-network provider.

### Out-of-Network Providers

Although it is not recommended and you will pay more for medical care, you do have access to out-of-network providers.

**Here's An Example:** When you enroll in the HP Plan, first check to see if your Primary Care Physician (PCP) is a Blue Distinction Total Care Provider. If they are not, consider changing your PCP to spend less out of your pocket.

You will save \$20 per visit just by visiting a Tier 1 (Blue Distinction Total Care Provider) for your primary care visits.

If you don't want to change doctors, that's okay. You still have access to in-network PPO Providers using Tier 2.

## How To Find A Tier 1 Provider and/or Facility

1. Log into Blue Access for Members
2. Select "Doctors & Hospitals" from the menu
3. Select "Find a Doctor or Hospital"

### Tier 1 PCP Physicians - Total Care Providers

- Under Browse by Category, select "Medical Care" then "Primary Care" and choose the type of PCP you want to see
- Enter your zip code
- Once results display, go to the menu at the top "More Filters", then "Awards" and select the bottom option "Total Care"

### Tier 1 Facilities – Blue Distinction/Blue Distinction+

- Under Browse by Category, select "Hospitals & Other Facilities" then either "Hospitals" or "Other Facilities"
- Once results display, go to the menu at the top "All Blue Distinction Programs" and select the type of facility you are looking for

# The HDHP Plan

## How the HDHP Plan Works

### STAGE 1:

Pay the deductible.

A deductible is the amount of money that you pay in one year before the Plan starts paying benefits.

*Note: The Plan pays 100% of the cost of your preventive visits — including annual check-ups, mammograms, baseline cancer screenings, OB/GYN exams, well-child visits, immunizations, and some preventive care medications.*

*NEW in 2022: The TCU HDHP will cover an expanded list of preventive medications at 100% with no deductible. For a full list of medications, please visit [www.hr.tcu.edu](http://www.hr.tcu.edu).*

### STAGE 2:

Split the cost with the Plan.

After you have paid the deductible, you start sharing the bill with the Plan (there is an 80/20 coinsurance split).

### STAGE 3:

If your out-of-pocket maximum is met, the Plan pays 100% of your expenses.

The Plan limits how much money you will have to pay for covered medical expenses in one year. The amount of the limit depends on whether you cover only yourself or if you also cover family members.

If you have very high medical bills — enough so that your portion of the cost reaches that limit — the Plan pays 100% of your eligible bills for the rest of the year, as long as you use providers, e.g. doctors and hospitals, that are in the network.

When you choose to enroll in the HDHP, you are automatically enrolled in a Health Savings Account (HSA) through BlueCross BlueShield of Texas' HSA vendor partner, HSA Bank. HSAs are an effective and flexible way to save tax-free money for medical expenses because:

- They have higher contribution limits than a Health Care FSA.
- Unused money can stay in the account year after year.
- Your balance can grow without limits.
- You can contribute your own funds to your HSA.
- You own the account and can take it with you if you leave TCU.
- You can even use the account balance to make COBRA payments or pay for expenses after retirement.
- You can choose to contribute via *pretax payroll deduction* at any time.

## CONTRIBUTION FROM TCU

TCU makes your HSA even better by making a contribution to your account:

- \$1,000 per year if you have individual coverage.
- \$1,500 per year if you cover any family members.

*TCU's contribution is pro-rated on a quarterly basis for new employees and those with changes due to qualifying life events, other than during Open Enrollment.*

## What You Can Pay for Using Your Health Savings Account and Healthcare Flexible Spending Account

Medical expenses not paid by Plan including:

- Deductibles
- Coinsurance
- Copays
- Amounts charged by non-network providers that are over coverage limits

Additional expenses that can be paid by your HSA or FSA:

- Dental expenses
- Vision expenses
- Prescription drugs

## Managing Your Accounts

See the table below for information about what happens to money left in your accounts at the end of the year or if you leave TCU.

	AT THE END OF THE YEAR	IF YOU LEAVE TCU
<b>HSA</b>	<p>Unused money rolls over to the next year. There is no limit on how much money you can accrue in your HSA.</p> <p>However, there are federal limits to how much you can contribute annually. The 2022 annual limits for HSA contributions - yours and TCU's combined contributions - are:</p> <ul style="list-style-type: none"> <li>• \$3,650 if you cover only yourself</li> <li>• \$7,300 if you cover any family members</li> </ul>	<p>Your HSA is yours to keep - both your contributions and TCU's.</p>
<b>Health Care FSA</b>	<p>You forfeit any money that remains after you have filed eligible calendar year reimbursement claims. However, if you have money left in your account on December 31, you may use that money to pay for medical expenses you have from January 1 - March 15 of the following year:</p> <ul style="list-style-type: none"> <li>• Healthcare FSA Annual Limit: \$2,750*</li> <li>• Dependent Care FSA Annual Limit: \$2,500 if you and your spouse file individual tax returns; \$5,000 if you are single or if you and your spouse file a joint tax return</li> </ul>	<p>You surrender any unused money in your Health Care FSA.</p> <p>You have 90 days from termination date to access unused funds.</p>

\* Amount subject to IRS changes.

## Additional Considerations

1. *If you have a previously-established HSA from a former employer, you can still use the existing balance to pay for medical expenses, but no new contributions will be permitted to the previously established account.*
2. *Medicare-covered and Tri-care covered employees cannot participate in a HSA.*
3. *Because TCU prorates HSA contributions on a quarterly basis for new employees and those with changes due to qualifying life events, you may be eligible to contribute additional dollars so you can reach the IRS contribution limit for your HSA. These additional contributions can be done directly through HSA Bank or through TCU payroll deductions. Contact TCU HR for more information.*

## Things to Consider – Which Plan is Best for Me?

Will you go to the doctor a few times ... or many? What if someone ends up in the ER? What if we plan on having a baby?

These are just a few of the questions that may go through your head when trying to choose a Medical Plan. It's hard to estimate year-to-year just what your actual expenses will be. Actual out-of-pocket expenses will depend on how you and your family utilize the benefits. Determining the right plan for you depends on many factors including your individual situation, how you prefer to pay for services and how much you will pay in premiums for the year.

If you need additional support in choosing the plan that is best for you and your family, Benefits Value Advisor (BVA) can help. Simply call the BVA number included at the front of this guide and speak to a representative who can help talk you through the plan differences to decide which path will be best for you! For more information on the BVA, see page 13.



### Medical Terms to Know

#### Deductible:

The fixed amount of money a covered member must pay out of pocket before the plan pays the claims. If a member's deductible is \$2,800, then the insurance plan will not start paying for claims until the member has met the out-of-pocket \$2,800 deductible.

#### Co-insurance:

The amount a member is responsible for paying after meeting the deductible. This can be seen as "sharing the cost" with the plan.

Co-insurance is calculated based on a percent system. If a member has a \$100 bill for a medical visit and their portion is calculated at 20%, then, assuming their deductible has already been met, the member will pay \$20 of the bill and the plan will pay the remaining \$80 of the bill.

#### Co-payment (co-pay):

The fixed amount of money a patient pays for a covered health care service at the time of service. This is in addition to what the plan pays.

#### Lifetime Maximum Benefit:

The maximum amount a plan will pay during a covered member's lifetime for their health needs. Under the Affordable Care Act, there are no lifetime maximums included on compliant health plans, including TCU's plans.

#### Out-of-Pocket Maximum (or Limit):

The highest amount a covered member will pay in their policy period (typically 12-months), before their medical plan starts paying 100% of the covered medical expenses in their plan. The member's deductible and coinsurance are counted toward achieving their maximum.



## Additional Medical Resources

Medical insurance is important and TCU is providing several programs that work together with the Medical Plan to help you get the most from your benefit programs. All TCU employees who participate in a TCU Medical Plan are **automatically eligible** to use these additional resources at no additional cost.

### SurgeryPlus:

When you need a surgery or procedure:

SurgeryPlus is a supplemental benefit that helps you plan and pay for certain covered medical procedures. Procedures are covered at 100% after you meet your deductible.

When you use SurgeryPlus, you will receive assistance in both planning and paying for covered medical expenses. To speak to a Care Advocate, call 1.855.715.1688.

### MDLIVE:

When you just can't get to the doctor:

MDLIVE is a service that employs United States board certified doctors who specialize in internal medicine, pediatrics, family medicine, and emergency medicine. When you schedule a consultation, MDLIVE will have a doctor licensed in your home state call you back. On average, you will receive a return call in less than 25 minutes.

## How to Use MDLIVE

Before your first call, you need to create an account online and set up your medical history.

Your account will contain information that you would normally provide on a patient medical history form when you have a doctor's office visit.

Having a current account ensures that MDLIVE has a good idea of your medical history before your visit.

You can also choose to store a credit card.

WHEN MDLIVE IS APPROPRIATE	WHEN MDLIVE IS NOT APPROPRIATE
<p>MDLIVE is good for routine issues such as:</p> <ul style="list-style-type: none"> <li>• Cold and flu symptoms</li> <li>• Bronchitis</li> <li>• Allergies</li> <li>• Poison ivy</li> <li>• Pink eye</li> <li>• Urinary tract infections</li> <li>• Respiratory infections</li> <li>• Sinus problems</li> <li>• Ear infections</li> </ul>	<p>MDLIVE is not good for diagnoses that require lab tests, such as strep throat, or for injuries such as sprains and broken bones.</p> <p>MDLIVE cannot write prescriptions for:</p> <ul style="list-style-type: none"> <li>• Drugs that are controlled by the DEA (like some pain medications and most ADHD medications)</li> <li>• Many drugs that have the potential for abuse or addiction</li> <li>• Drugs that do not treat a specific illness</li> </ul>

## **BVA:**

### **When you need expert assistance**

We've all been perplexed by medical issues, claims, or bills. Wouldn't it be nice to have an expert by your side to explain the intricacies of healthcare to ensure that you receive the care you need and that your claims are processed properly? You can.

TCU offers you the assistance of BVA, a health advocacy service, whenever you need it. From understanding your Explanation of Benefits to researching larger concerns or questions about your personal medical care, your Personal Health Advocate will provide the confidential, value-added expertise to help you navigate complex health care issues.

### **Use BVA to:**

- Resolve claims
- Correct billing errors
- Schedule appointments
- Find the right doctor, hospital, or testing facility (especially if you are traveling)
- Assist with the transfer of medical records
- Navigate your insurance plan
- Explain conditions and treatments
- Locate elder care services
- Resolve Medicare questions

**IF YOU HAVE A HEALTHCARE OR INSURANCE-RELATED ISSUE, CALL BVA:**

**1.888.762.2190**

Monday-Friday, 7:00 a.m. – 8:00 p.m. Central Time  
Saturday, 8:00 a.m. – 1:00 p.m. Central Time

You'll be assigned a BVA advocate, who works with you one-on-one to find solutions to otherwise time-consuming issues.



# New! Tria Health Chronic Condition Management Program

Healthcare and insurance are confusing and difficult, especially if you take a lot of medications and have chronic conditions. Tria Health is a free and confidential benefit that will support you in managing your health, medications and healthcare budget. Talk to a pharmacist over the phone and receive the personalized care you deserve.

## Who Should Participate?

Tria Health's Program is available for employees and/or dependents that are enrolled in a TCU medical plan and who are dealing with one or more chronic conditions. Tria Health is recommended for members who have any of the following conditions:

- Diabetes
- Heart disease
- High cholesterol
- High blood pressure
- Mental health conditions
- Asthma/COPD
- Osteoporosis
- Migraines

## Why Should You Participate?

Managing chronic condition(s) can be challenging and having a resource to help navigate your medications and/or understand how your condition might affect your health can be an invaluable life benefit. If you are diagnosed with a chronic condition, you are likely taking one or more medications to help manage your condition. Pharmacists are the experts in how medications work and can provide valuable feedback to you and your doctor(s). Your Tria Health pharmacist can help:

- Make sure your medications are working as intended.
- Help save you money.
- Answer any questions you have about your health.
- Coordinate care with your doctor(s).

## Active participants can earn up to \$150!

You will receive a \$50 Tria Health Rewards VISA gift card by completing your consultation over the phone. You can qualify to receive up to \$150 by attending three consultations within a 12-month period.



# New Vendor! Employee Assistance Program

## Employee Assistance Program: When You Need an Extra Hand

The Employee Assistance Program (EAP) is now offered through ComPsych GuidanceResources at no cost to you. GuidanceResources provides valuable benefits that can help you identify and resolve many workplace, family, social, financial and mental health obstacles.

**UP TO SIX FREE VISITS!**

### About GuidanceResources

GuidanceResources is completely confidential. TCU does not receive any information about who contacts GuidanceResources.

Call or go online to get help with:

- Family and marital conflicts
- Parenting concerns
- Emotional difficulties
- Health coaching and support
- Substance abuse
- Stress management
- Grief over death of a loved one or other losses
- Eating disorders
- Questions about legal or financial concerns
- Questions about child or elder care

## How to Use the EAP

If you need assistance, you can call and speak to an EAP counselor. Counselors are available 24 hours a day, including holidays. Spanish assistance is available. Call or go online to:

Online: [www.guidanceresources.com](http://www.guidanceresources.com) / Web ID: TCU

Call: 1.866.335.4914

Mobile App: GuidanceResourcesNow

Sometimes a telephone call is all it takes. But if you want or need additional counseling, you can schedule an appointment with an EAP counselor for a face-to-face assessment. **TCU will pay for up to six sessions per person, per issue each year.** The EAP can also provide referrals to other providers or community resources if you need additional assistance.

## EAP: CONFIDENTIALITY IS KEY

Any assistance you receive from the EAP is completely confidential. Your name, records, and other confidential information are not shared with TCU.





## Dental

Routine dental visits help you maintain your existing teeth, as well as prevent or address potential dental disease that, if left untreated, could cause serious health problems due to infection. The TCU benefits program includes two dental options to consider:

### About Your Dental Insurance

The **Cigna Dental HMO** has a restricted network of dentists from which you can choose. When you use a network dentist, you pay only a set fee for covered services.

The **Cigna Dental PPO** also has a network of dentists, but you may choose to use dentists outside the network as well. When you use dentists in the network, your out-of-pocket cost is typically less because they agree to limit their charges to the Plan's negotiated rates.

If your dentist is not in the network, they may charge more than these limits. In that case, you would also be responsible for paying any additional charges.

Both Dental Plan options cover the four main types of routine dental expenses:

- Preventive and diagnostic care (routine exams and cleanings, fluoride treatments, sealants, and bitewing x-rays) (2 per year)
- Basic treatment (full-mouth x-rays, pulling teeth, fillings, root canals, and oral surgery)
- Major treatment (dentures, bridges, and crowns).
- Orthodontia (braces and other appliances, including installation, removal, and follow-up care)
  - PPO (children up to age 19 are covered)
  - Dental HMO (children up to age 19 and adults are covered)

	CIGNA DHMO	CIGNA DENTAL PPO CHOICE
<b>ANNUAL DEDUCTIBLE</b>		
Individual	None	\$50
Plus children, spouse or family	None	\$150
<b>PREVENTIVE &amp; DIAGNOSTIC CARE</b>	No charge	No charge
<b>BASIC RESTORATIVE</b>	Search "F1-09 TX" online for fee schedule.	20% after deductible
<b>MAJOR RESTORATIVE</b>	Search "F1-09 TX" online for fee schedule.	50% after deductible
<b>ORTHODONTIA</b> Lifetime maximum, per person	Search "F1-09 TX" online for fee schedule. Note: some orthodontia treatment can be paid on a monthly basis. (available for children and adults)	50% after deductible \$1,000 maximum benefits (available for children up to age 19)
<b>ANNUAL MAXIMUM BENEFIT ONE PERSON CAN RECEIVE</b>		
In addition to orthodontia benefits	No limit	\$1,500 \$150 increase each year a covered member receives preventive care - see chart on next page

## Dental PPO Choice Plan Only

Get Your Checkup and Earn More Coverage!

We all know that getting dental checkups is important, but now they can also save you money! If you receive preventive care in 2022 – cleanings, exams, and/or x-rays – the Plan will pay up to another \$150 towards your dental care the next year. This applies to each family member – for example, if your dependent gets their teeth cleaned in 2022, but you don't, the next year your dependent's annual maximum benefit will be \$1,650 – but yours will remain at \$1,500. Let's see how this would work year-to-year if you never get a checkup but your dependent does.

	PPO MAXIMUM BENEFIT (per member)	MAXIMUM BENEFIT (when receiving 2 annual cleanings)
2022	\$1,500	\$1,650
2023	\$1,500	\$1,800
2024	\$1,500	\$1,950 (max amount)

Even if your dependent stops getting check-ups, their maximum benefit will never go down. It will stay at \$1,950 per year as long as they participate in the plan.

## Vision Care

UnitedHealthcare's Vision Care Plan gives you two different ways to receive benefits:

- Use the network and pay a set copayment for most expenses.
- Go to a doctor outside the network and receive a reimbursement for part of the cost of your exams, glasses, and/or contacts.\*

\*Not recommended

	IN-NETWORK	OUT-OF-NETWORK
<b>EXAM</b> (once every 12 months)	\$10	Up to \$40
<b>GLASSES</b> (frames every 24 months, lenses every 12 months)	\$25	No charge
Lenses	Included	
Single		Up to \$40
Lined bifocal		Up to \$60
Lined trifocal		Up to \$80
Lenticular		Up to \$80
Frames	Included up to \$50 wholesale (private practice provider) or \$150 retail (chain provider)	Up to \$45
<b>CONTACTS</b> (every 12 months, instead of eyeglasses)	\$25 Including fitting/evaluation, contacts and two follow-up visits. For those who choose disposable lenses, up to 4 boxes are included.	Medically necessary: Up to \$210 Not medically necessary: Up to \$125

*Note: Exams are covered twice each 12 months for diabetics. In addition, Retinal Screening Photography at a network provider is covered at no charge for diabetic patients.*

# Flexible Spending Accounts

Through the TCU Flexible Spending Accounts (FSA) program, you can use tax-free dollars to pay for:

- Most medical, dental, and vision care out-of-pocket expenses like copayments, deductibles, and prescription drugs.
- Dependent care expenses like day care, babysitters, after school programs, or elder care programs.

*Note: Dependent care spending is limited to the amount contributed from each paycheck.*

Each pay period, you make a contribution to your Health Care and/or Dependent Care FSA similar to using a savings account. Then, like a savings account, when you need money, you take it out. There are two ways to use the money in your FSA:

## Use Your FSA Debit Card from WEX

You will receive a debit card that you can use to access your Health and Dependent Care FSA without incurring out-of-pocket expenses on most services. The total amount (for health only) of your annual contribution is available immediately. After you've received service from a provider, e.g. physician's office or day care provider, you can use your debit card, and you'll actually pay the expense with money from your FSA. Please note, you may be required to provide proof of an expense, supporting documentation or a detailed receipt.

## File a Paper Reimbursement Form or Submit Online

You may also pay for services and products out-of-pocket and submit a reimbursement form with proof of purchase that reflects dates and type of service through WEX.

For more information on eligible expenses and how to file a claim, please visit WEX's website: [www.wexflexonline.com/login](http://www.wexflexonline.com/login) or call 1.866.451.3399.

## Make the Most of your FSAs

Effectively calculating your annual contribution amount is key to managing your FSA.

- By contributing to an FSA account, you can reduce your overall tax liability by using pre-tax dollars to pay for medical expenses and dependent care.
- IRS rules state that, unlike a savings account, **if you do not use all of the funds in your flexible spending account(s) each year, you forfeit the remaining amount** (see page 10 for more information.) So, it's best to be conservative in your estimates when deciding how much to contribute.

## HOW MUCH YOU CAN CONTRIBUTE

There are IRS limits on the amount you can contribute to your FSAs.

### Health Care FSA Limits \*

- A maximum of \$2,750 per year.

### Dependent Care FSA Limits \* \*

- A maximum of \$2,500 if you and your spouse file separate tax returns.
- A maximum of \$5,000 if you are single or if you and your spouse file a joint return.

*\*subject to IRS changes*

*\*\*dependent care only up to age 13*

# Income Protection Benefits

## Basic Life Insurance

TCU provides Basic Employee Life insurance at no cost to you.

- 1x your annual base pay (Minimum coverage of \$25,000)

Be advised that if your life insurance coverage is more than \$50,000, the value of the insurance in excess of \$50,000 will automatically be imputed as income to you. Please consult with your tax advisor should you have any questions.

## Basic AD&D Insurance

TCU provides Basic Accidental Death & Dismemberment (AD&D) insurance at no cost to you. AD&D insurance pays a benefit to your beneficiary if you die in an accident. However, it also pays benefits if you have certain disabling injuries.

- 1x your annual base pay (Minimum coverage of \$25,000)



## DID YOU KNOW?

- Beginning at age 70, your basic and/or supplemental coverage will reduce by half, but will not drop below the guaranteed coverage amount of \$25,000. Premiums remain the same.
- These are post tax benefits, and are not part of the enrollment process. Employees are allowed to add, change, and delete coverage at any time during the year.



### Calculate Your Monthly Premium!

(Coverage Amount/1,000) \* Age-Banded Rate

AGE	RATE
> 25	\$0.031
25-29	\$0.031
30-34	\$0.031
35-39	\$0.047
40-44	\$0.078
45-49	\$0.117
50-54	\$0.179
55-59	\$0.334
60-64	\$0.513
65-69	\$0.941
70-74	\$1.602
75+	\$1.602

### Voluntary Term Life Insurance

In addition to Basic Life Insurance, you may choose to buy Voluntary Term Life Insurance for yourself and your dependents. Employees electing any Voluntary Life Insurance, other than during their new hire period, will be required to complete the Evidence of Insurability (EOI)\*, regardless of the amount.

*\* Please note: Evidence of Insurability (EOI) is required to enroll in Voluntary Life Insurance, other than during your new hire period. EOI is the documentation of good health when enrolling or increasing your amount of Voluntary Life Insurance. EOI link is available from HR.*

### Voluntary Life Insurance for yourself

- Elect increments of coverage \$25,000, \$50,000 or 1x - 4x your annual base salary up to \$800,000
- Guaranteed Issue Amount for new hires is \$330,000

### Voluntary Life Insurance for your spouse\*

- Increments of \$5,000, no more than 50% of your Voluntary Life Insurance up to \$400,000
- Guaranteed Issue Amount for new hire spouse \$50,000

### Voluntary Life Insurance for each child\*

- Maximum coverage \$10,000

*\*Must enroll in employee voluntary life insurance to elect spouse or child life insurance.*

### Here's An Example:

John is 45 years old and is interested in 3x his salary for voluntary life. John makes an estimated \$40,000 a year. How much would his monthly premium be if he elected 3x his salary?

#### STEP 1:

$$\$40,000 \times 3 = \$120,000 \text{ life policy}$$

#### STEP 2:

$$\$120,000 \div 1,000 = 120$$

#### STEP 3:

$$120 \times \$0.117 = \$14.04 \text{ monthly premium}$$

## Short-Term Disability (STD) Coverage

STD Insurance is designed to replace a portion of your salary for a period of time should you be unable to work due to an injury or illness. STD insurance is only available for benefits eligible staff and is paid for by TCU, meaning it is completely free to you!

	STD PLAN
<b>BENEFIT YOU WILL RECEIVE</b>	60% of salary up to a maximum of \$3,000/week
<b>ELIMINATION PERIOD</b>	14 days for injury or illness
<b>HOW LONG YOU MAY RECEIVE BENEFITS WHILE STILL DISABLED</b>	26 weeks including the elimination period (24 weeks of benefit payment)
*Parental leave is covered by TCU; Unum STD policy will only cover maternity complications. Reach out to HR to learn more.	

### Filing a Short-Term Disability Claim with Unum

If your health care provider has determined you are unable to work due to illness or injury, you should notify Unum to start processing your STD claim. You can submit your claim by calling Unum at (888) 673-9940 or by going to [www.unum.com](http://www.unum.com) and following the claim submission instructions. Be prepared with the following information to submit your claim:

1. STD policy number: 909236
2. Your Social Security Number or employee ID number
3. Your supervisor's name and telephone number
4. Your last day worked and your first day absent from work due to your claim
5. The date you expect to return to work (if you know)

#### Short-Term Disability coverage is for benefits eligible staff only.

If approved for STD by UNUM, TCU will utilize your leave accruals during the 14 day elimination period. After the 14 day elimination period is over, UNUM will pay 60% of your monthly salary directly to you. Your leave accruals are used to cover the other 40% through the end of the approved STD period. If you do not have leave accruals you will be placed on a unpaid status.

## Long-Term Disability (LTD) Coverage

LTD Insurance is designed to continue a portion of your salary as long as you are disabled. Your benefits will begin after the 180 waiting period. You can choose from two different levels of coverage.

	PLAN 1	PLAN 2
<b>BENEFIT YOU WILL RECEIVE</b>	60% of salary	70% of salary
<b>MAXIMUM BENEFIT THAT YOU CAN RECEIVE</b>	\$10,000 / month	\$10,000 / month
<b>HOW LONG YOU MAY RECEIVE BENEFITS WHILE STILL DISABLED</b>	At your normal Social Security Retirement Age, if your disability starts after you turn 62, benefits may be payable past this limit.	At your normal Social Security Retirement Age, if your disability starts after you turn 62, benefits may be payable past this limit.
<b>LTD PLAN RATES</b>	\$0.302 per \$100 covered monthly payroll	\$0.391 per \$100 covered monthly payroll
*Note: Monthly salary capped at \$16,665 for Plan 1 and \$14,295 for Plan 2. Long-Term Disability payments are offset by any other payments.		

### Calculate Your Monthly Premium!

(Coverage Monthly Salary / 100) \* Rate

## After Retirement Age

Beginning at age 65, other income sources will be considered, and will offset your disability payments through this plan. In addition, once you reach age 62, the duration of your benefits will reduce with each year per the following schedule:

AGE 62	AGE 63	AGE 64	AGE 65	AGE 66	AGE 67	AGE 68	AGE 69 +
60 mos.	48 mos.	42 mos.	36 mos.	30 mos.	24 mos.	18 mos.	12 mos.

### Here's An Example:

John is interested in the LTD 70% plan. John makes an estimated \$36,000 a year. How much would his monthly premium be if he elected the LTD 70% plan?

#### STEP 1:

$\$36,000 \div 12 = \$3,000.00$  gross monthly salary

#### STEP 2:

$\$3,000 \times .70 = \$2,100.00$  covered monthly salary

#### STEP 3:

$\$2,100.00 \div 100 = 21$

#### STEP 4:

$21 \times \$0.391 = \$8.21$  monthly premium



## Medical Rates

HDHP WITH HSA				
	YOU PAY		TCU PAYS	
	Bi-Weekly	Monthly	Bi-Weekly	Monthly
<b>EMPLOYEE ONLY</b>	\$46.28	\$100.28	\$299.58	\$649.09
<b>EMPLOYEE + SPOUSE</b>	\$101.56	\$220.04	\$657.36	\$1,424.27
<b>EMPLOYEE + CHILD(REN)</b>	\$89.03	\$192.90	\$576.26	\$1,248.56
<b>FAMILY</b>	\$129.18	\$279.90	\$836.26	\$1,811.90

PPO 80				
	YOU PAY		TCU PAYS	
	Bi-Weekly	Monthly	Bi-Weekly	Monthly
<b>EMPLOYEE ONLY</b>	\$104.04	\$225.41	\$295.92	\$641.16
<b>EMPLOYEE + SPOUSE</b>	\$228.28	\$494.61	\$649.29	\$1,406.80
<b>EMPLOYEE + CHILD(REN)</b>	\$200.12	\$433.60	\$569.21	\$1,233.29
<b>FAMILY</b>	\$290.40	\$629.20	\$825.99	\$1,789.65

HP PLAN				
	YOU PAY		TCU PAYS	
	Bi-Weekly	Monthly	Bi-Weekly	Monthly
<b>EMPLOYEE ONLY</b>	\$141.04	\$305.58	\$292.93	\$634.69
<b>EMPLOYEE + SPOUSE</b>	\$309.47	\$670.51	\$642.76	\$1,392.64
<b>EMPLOYEE + CHILD(REN)</b>	\$271.29	\$587.80	\$563.47	\$1,220.86
<b>FAMILY</b>	\$393.69	\$853.00	\$817.67	\$1,771.62





## Dental Rates

DENTAL PPO PLAN				
	YOU PAY		TCU PAYS	
	Bi-Weekly	Monthly	Bi-Weekly	Monthly
<b>EMPLOYEE ONLY</b>	\$15.02	\$32.54	\$5.96	\$12.91
<b>EMPLOYEE + SPOUSE</b>	\$29.62	\$64.18	\$12.56	\$27.22
<b>EMPLOYEE + CHILD(REN)</b>	\$25.35	\$54.93	\$12.85	\$27.85
<b>FAMILY</b>	\$41.03	\$88.89	\$18.41	\$39.88

DENTAL HMO PLAN				
	YOU PAY		TCU PAYS	
	Bi-Weekly	Monthly	Bi-Weekly	Monthly
<b>EMPLOYEE ONLY</b>	\$3.02	\$6.55	\$5.95	\$12.90
<b>EMPLOYEE + SPOUSE</b>	\$6.37	\$13.81	\$12.55	\$27.19
<b>EMPLOYEE + CHILD(REN)</b>	\$6.52	\$14.13	\$12.84	\$27.82
<b>FAMILY</b>	\$9.34	\$20.23	\$18.38	\$39.83

## Vision Rates

VISION PLAN		
	YOU PAY	
	Bi-Weekly	Monthly
<b>EMPLOYEE ONLY</b>	\$2.81	\$6.08
<b>EMPLOYEE + SPOUSE</b>	\$5.35	\$11.59
<b>EMPLOYEE + CHILD(REN)</b>	\$5.59	\$12.11
<b>FAMILY</b>	\$8.64	\$18.72



## About This Guide

This guide summarizes the benefit plans and policies available to you as an eligible employee of Texas Christian University.

The details of these plans and policies are contained in the official plan and policy documents, including some insurance contracts. This guide is meant only to cover the major points of each plan or policy and it does not contain all of the details that are included in your summary plan description.

While every effort has been made to ensure the accuracy of information in this guide, if there is ever a question about one of these plans and policies, or if there is a conflict between the information in this guide and the formal language of the plan or policy documents, the formal wording in the plan or policy documents will govern.

Please note that the benefits described in this guide may be changed at any time, do not alter the employment-at-will relationship, and do not represent a contractual obligation on the part of Texas Christian University.

TCU is committed to providing a positive learning and working environment free from discrimination and harassment. TCU prohibits discrimination and harassment on the basis of age, race, color, religion, sex (including sexual harassment and sexual violence), sexual orientation, gender, gender identity, gender expression, national origin, ethnic origin, disability, genetic information, covered veteran status and any other basis protected by law, in the University's programs and activities as required by Title IX, Title VII, The Age Discrimination Act of 1975, the Americans with Disabilities Act, Section 504 of the Rehabilitation Act of 1973, and other applicable laws and regulations.

For more information: [hr.tcu.edu](http://hr.tcu.edu)







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