

A Guide to Your Benefits



■ ■ ■ **2024**

Part Time Faculty



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Benefit Basics



Elon believes in making an impact not only within our community, but also with our employees. Above all, we want our employees to make an impact in the communities where they live, work and play. Once you elect your Elon benefit options, your elections remain in effect for the plan year (January 1 – December 31). Elon encourages you to review all your benefits and make selections wisely.

As a part-time faculty member at Elon University, you are eligible for health benefits if you teach at least 18 credit hours in an academic year. If your letter of agreement states you are eligible for medical insurance coverage please complete and submit the enrollment form located in the back of this guide to benefits@elon.edu or in-person to the Office of Human Resources as soon as practical.

You may enroll your eligible dependents for coverage once you are eligible. Your eligible dependents include:

- Your legal spouse/domestic partner
- Dependent children (as defined by each benefit plan)

Who is an eligible dependent?

Eligible dependent(s): legal spouse, same or opposite sex qualifying domestic partner (see Elon University's domestic partner policy), dependent children and dependent children of same or opposite sex qualifying domestic partner.

Once your benefit elections become effective, they remain in effect until the end of the calendar year. You may only change coverage within 30 days of a qualified life event or during open enrollment.



Qualified Life Events



Faculty members that experience a qualifying event are able to make changes to their plan elections within 30 days of that event. Employees should notify the Office of Human Resources and complete the necessary paperwork.

Provided below is a list of eligible qualifying events:

- Legal marriage, legal separation, divorce, or death
- Change in the same or opposite sex domestic partner status
- Gain or loss of an eligible dependent for reasons such as birth, legal adoption, placement for adoption, foster care, or death
- Dependent no longer satisfies eligibility requirements for reasons such as reaching the dependent child age limit
- Changes in the legal spouse's or domestic partner's employment affecting benefits eligibility
- Changes in the legal spouse's or domestic partner's benefits coverage with another employer that affects benefits eligibility
- Change in employee work status affecting benefits eligibility
- The employee enters and/or is discharged from military service
- Eligibility for enrollment in Medicare/Medicaid
- Children's Health Insurance Plan (CHIP) eligible



Get Healthy, Wealthy and Wise

The university provides tools and information to help you make educated decisions about your health and your health care. The more you take good care of your health, the healthier we are as a group, which can reduce costs for all of us.

2024 Employee Contributions



Medical

	Plan A		Plan B		Plan C with HSA	
	Monthly	Bi-Weekly	Monthly	Bi-Weekly	Monthly	Bi-Weekly
Employee Only	\$167.81	\$77.45	\$290.89	\$134.26	\$101.55	\$46.87
Employee + Spouse/Domestic Partner*	\$460.89	\$212.72	\$827.04	\$381.71	\$317.48	\$146.53
Employee + Children	\$406.01	\$187.39	\$606.50	\$279.92	\$279.68	\$129.08
Employee + Family	\$548.66	\$253.23	\$1,015.58	\$468.73	\$377.96	\$174.44

* Single rate for domestic partner is post-tax, remainder of employee /family/ premium is pre-tax

Pre-Tax Advantage

Under the pre-tax premium plan, you pay medical contributions with pre-tax dollars. This means that your share of the cost is taken off the top of your gross pay before taxes are withheld. With this advantage, you save state, federal, and FICA taxes, which amounts to about 25% to 30% of the contributions, depending on your tax bracket.

Benefit	Who Pays	Tax Treatment
Medical & Prescription Coverage	Elon and Employee	Pre-tax

Medical Plans



The university offers a choice of medical plan options so you can choose the plan that best meets your needs – and those of your family. Your medical plan provider is Blue Cross Blue Shield of North Carolina (BCBSNC).

Plan Provision	Plan A		Plan B		Plan C with HSA	
	In-Network	Out-of-Network	In-Network	Out-of-Network	In-Network	Out-of-Network
Elon Contribution to HSA (Individual / Family)	N/A		N/A		\$500 / \$1,000	
Annual Deductible (Individual / Family)	\$700 / \$2,100	\$2,300 / \$6,900	\$300 / \$900	\$1,500 / \$4,500	\$1,500 / \$3,900	\$3,900 / \$11,700
Out-of-Pocket Maximum (Individual / Family)	\$5,500 / \$9,000	\$10,000 / \$20,000	\$3,500 / \$5,500	\$7,500 / \$15,000	\$6,300 / \$12,600	\$7,500 / \$15,000
Lifetime Maximum	Unlimited		Unlimited		Unlimited	
Preventive Care	100%	50%*	100%	60%*	100%	50%*
Primary Physician Office Visit	\$35	50%*	\$25	60%*	70%*	50%*
Specialist Office Visit	\$55	50%*	\$40	60%*	70%*	50%*
X-Ray and Lab	100%	50%*	100%	60%*	70%*	50%*
MRI's, MRA's, CAT Scans, and PET Scans **Please contact your provider to verify whether your procedure is billed as a copay.	70%*	50%*	80%*	60%*	70%*	50%*
Inpatient Hospital Services	70%*	\$250 / admission; 50%*	80%*	\$250 / admission; 60%*	70%*	50%*
Outpatient Hospital Services	70%*	50%*	80%*	60%*	70%*	50%*
Telemedicine – Teladoc	\$15 copay	Not Covered	\$10 copay	Not Covered	70%*	Not Covered
Urgent Care	\$55 copay	50%*	\$40 copay	60%*	70%*	50%*
Emergency Room Care Copay waived if admitted	\$150 copay; 70%* if admitted		\$100 copay; 80%* if admitted		70%*	
Retail Prescription Drugs (30-day supply) • Tier 1 - Generic • Tier 2 - Brand Preferred • Tier 3 - Brand Non-preferred	\$12 copay \$45 copay \$90 copay	Not Covered	\$10 copay \$35 copay \$70 copay	Not Covered	70%* 70%* 70%*	Not Covered
Mail Order Prescription Drugs (90-day supply) • Tier 1 - Generic • Tier 2 - Brand Preferred • Tier 3 - Brand Non-preferred	\$24 copay \$90 copay \$180 copay	Not Covered	\$20 copay \$70 copay \$140 copay	Not Covered	70%* 70%* 70%*	Not Covered

* After Deductible

** If seen in a doctor office - PCP / Specialist copay applies

Specialty medications will need to be filled by Accredo.

Important Notes: This is a summary of the benefits offered only. Please refer to the summary plan description for the full scope of coverage. In-network services are based on negotiated charges; out-of-network services are based on Reasonable & Customary (R&C) charges.

For Plan SPD's and Highlights please visit: <https://www.elon.edu/u/bft/hr/benefits/health-care-plans/>

Medical Plan Programs & Resources



Telemedicine – Teladoc

Telemedicine is a 24/7 service that provides access to board-certified doctors by mobile app, online video, or telephone. Whether you are at home, at work, traveling or you simply want a more convenient way to see a doctor, it is easy to use and available anytime, anywhere.

BCBSNC partners with Teladoc to provide Acute Care and Behavioral Health telemedicine services to you. Download the Teladoc app, visit www.teladoc.com, or call 1-800-835-2362 to set up your account.

Livongo

BCBSNC partners with Livongo to offer a more effective way to manage Pre-Diabetes, Diabetes, and Cardiovascular issues.

The Livongo program offers personalized, actionable and timely support including:

- Lifestyle behavior change tools
- Expert health coaching
- Provider coordination
- Cellular-connected devices
- Personalized plans for reaching health goals

If you are interested in participating in this program, please contact BCBSNC.

Nurse Support Condition Care

When you're managing a chronic condition, things can get complicated and overwhelming. BCBSNC can help you manage your condition. As you work with your primary care provider, the Nurse Support Program Condition Care also connects you to more tools, resources and care. And this program is available to you as a benefit of your health plan at no additional cost. To learn more, visit the Wellbeing section on BlueConnectNC.com and click on Nurse Support Program. The program is available to members with conditions such as:

- Asthma
- Chronic Obstructive Pulmonary Disease (COPD)
- Congestive Heart Failure (CHF)
- Coronary Artery Disease (CAD)
- Diabetes
- Hypertension

Member Services Website

The BCBSNC Member Services website is a way to manage medical benefits in an organized and efficient way. It is intended to help empower, educate and excite members to take charge of their health and use all the BCBS tools to achieve their goals. Visit bcbsnc.com to register. Signing up will give you access to:

- View plan benefits to see how the plan will cover a particular service
- Review explanation of benefits to understand what the plan paid and what is the member's responsibility
- Understand out-of-pocket expenditures and see how much has been applied toward the annual deductible and co-insurance in that plan year
- Request a new ID card
- Find in-network doctors

Blue Distinction Centers (BDCs)

The Blue Distinction program helps you find hospitals that deliver superior specialty care. Hospitals earn the distinction by meeting objective quality standards for patient safety and outcomes. To find a BDC near you, call the customer service number on the back of your member ID card. Or visit the Find a Doctor tool on BlueConnectNC.com and use the "All Blue Distinction Programs" filter.

Blue365 Discounts

Blue365 offers exclusive health and wellness deals, keeping you healthy and happy, every day of the year. Visit <https://www.blue365deals.com/how-it-works> for information on how to register for Blue365.

Pharmacy Utilization Management



What is Utilization Management (UM)?

Utilization management is a way for Blue Cross and Blue Shield of North Carolina (BCBSNC), to ensure that drugs are used in a safe, effective, and cost-efficient manner. This means that before you can receive a drug at the pharmacy, BCBSNC may require your provider to submit information about how and why a medication is used.

This information is reviewed by a team of physicians and pharmacists to ensure the most appropriate drug(s) are used to provide the best outcomes for our members.

UM is broken up into four different types or reviews: Exclusive Specialty, Prior Authorization, Step Therapy, and Quantity Limitations.

Exclusive Specialty

Specialty medications will need to be filled by Accredo. To set up your Accredo account, call the number on the back of your ID card and be ready to give information about your prescription and doctor who prescribed it. Accredo will ship your specialty medicine and supplies via next-day delivery.

Prior Authorization (PA)

Prior authorization means BCBSNC needs to ensure the requested medication meets your medical necessity criteria. Drugs which are identified for PA may:

- Have a use that has not been approved as safe and effective by the Food and Drug Administration (called Off Label use)
- Have specific testing requirements that your provider needs to conduct
- Have safety requirements that need to be confirmed

Step Therapy (ST)

Step therapy requires trying another drug(s) before BCBSNC benefits will be available for the requested drug. Drugs which are stopped identified for ST may:

- Not be considered the first medication to use for the specific condition
- Treat the same condition as a lower cost medication

Quantity Limits (QL)

Quantity limits are put in place to prevent too much of a drug being given when filled at the pharmacy. Drugs that have these limits:

- Have not been studied at higher levels
- May be dangerous at higher quantities
- Could be taken at a lesser amount of a higher strength (one 10mg tablet instead of two 5mg tablets)

When QL is in place, any quantity limit will be dispensed without BCBSNC requiring additional information.

Further details can be found at BCBSNC's Utilization Management site below:

<https://www.bluecrossnc.com/members/health-plans/forms-resources/drug-search>



Plan C – High Deductible Health Plan with a Health Savings Account (HSA)



To better serve our diverse faculty and employee community, Elon University offers a High Deductible Health Plan (HDHP) with a Health Savings Account (HSA). The HDHP plan is administered through BCBSNC just as Plan A and Plan B; however, the HSA is administered through HealthEquity.

HDHPs are designed to give you more **control over how you spend** your health care dollars. You also have the opportunity to enroll in an HSA, a bank account that you may contribute to through pre-tax payroll deductions and withdraw from to pay for eligible out-of-pocket expenses.

You have the freedom to see any health care provider, including specialists, without a referral, although you will save money if you see in-network providers. This is especially important since instead of a copay, you will be paying the full cost of a doctor's visit or service until you satisfy your deductible. Once you meet the annual deductible, you will pay a lower coinsurance percentage when you use an in-network provider.

To encourage a healthy lifestyle and active management of your health, eligible preventive care services, such as routine physicals and well-woman exams, are covered at 100%. Some preventive care prescriptions will also be covered at 100%. All other services (including prescription drugs) are subject to the deductible before the Plan pays a portion of the cost. Once you meet the deductible, you and the Plan share the costs of your care (coinsurance).

What is a Health Savings Account (HSA)?

A Health Savings Account is a tax-favored savings account created for the purpose of paying for eligible health care expenses if you enroll in the High Deductible Plan. The Health Savings Account is an account set up by you. It allows tax free withdrawals to pay for qualified medical expenses. Health Equity is the HSA administrator.

A Health Savings Account is an account you can contribute to on a pretax basis, usually through payroll deductions. The money in your HSA account is 100% vested and earns interest tax free.

Who is eligible to participate in a Health Savings Account?

1. Under IRS guidelines, you must meet the following to enroll in an HSA:
 - Be covered under a High Deductible Health Plan
 - Not covered under other health insurance
 - Not enrolled in a Medical Flexible Spending Account (FSA) at all during the plan year or covered by a spouse's FSA
 - Not enrolled in Medicare or Tricare
 - Not another person's dependent
2. Employees who elect Plan C with the HSA cannot enroll in the Medical FSA for 2024.

For 2024, the university will fund the HSA with an annual contribution of \$500 for individual coverage and \$1,000 for family coverage (**HSA contributions are prorated for new hires**). You may contribute to an HSA up to the 2024 annual IRS limit (including employer contributions) for individual (\$4,150) or family coverage (\$8,300). Plan participants age 55 and older may make an additional (\$1,000) catch-up contribution. When calculating your annual contribution maximum, be sure to subtract the university's contribution.

You own your HSA and the account balance rolls over year-to-year.

For more information, please contact HealthEquity at 1-877-713-7682 or www.myhealthequity.com.

Important Note

Due to IRS requirements of a High Deductible Health Plan, if you elect to participate in Health Plan C with the HSA, the services you can receive at Elon University's Faculty/Staff Health and Wellness Clinic may be limited and a \$40 copay may be charged based on Plan C cost guidelines. Please contact their office at 336-278-5569 if you have any questions about your eligibility status.

Retirement Plan



Elon University's 403(b) retirement plan, Retirement Choice Plan (RC) (also referred to as "Elon University Defined Contribution Plan" or the "Defined Contribution Plan"), with Teacher's Insurance Annuity Association (TIAA) provides an opportunity for eligible participants to contribute a percentage (4%) of their annual base salary (pre-tax) with the university contributing a portion (8%) of the employee's annual base salary. Participation is mandatory for all active, full-time faculty/staff who have satisfied a one-year waiting period.

The university's plan allows for the waiver of the one-year waiting period if an employee is coming from an "eligible employer" and has participated in their retirement plan for at least one year. An eligible employer is defined as any educational organization, teaching institution or an institution of higher education. Please note that a Statement of Previous Participation must be completed in order to waive the waiting period.

All employees are eligible to participate in the Retirement Choice Plus (RCP) offered through TIAA (also referred to as the "Elon University Tax Deferred Annuity Plan" or the "Tax Deferred Annuity Plan"). Please note that this is a voluntary benefit. The university does NOT contribute to the TIAA Supplemental or ROTH plans.

For More Information

More detailed information regarding TIAA can be found on the Human Resources website or on the TIAA investment choices website.

Human Resources Website

<https://www.elon.edu/u/bft/hr/benefits/retirement/retirement-plan/>

TIAA Investment Choices Website

www.tiaa-cref.org/elon

403(b) Elective Deferral Limit

The 403(b) contribution limit is \$23,000 for 2024. If you are age 50 or older, you may make an additional catch up contribution. The maximum catch up contribution is \$7,500.

Contact Information



	Contact	Phone Number	Website
Medical Benefits	Blue Cross Blue Shield of North Carolina	1-877-275-9787	www.bcbsnc.com
Telemedicine	Teladoc	1-800-835-2362	www.teladoc.com
Health Savings Account	Health Equity	1-877-713-7682	www.myhealthequity.com
Retirement	TIAA	1-800-842-2733	www.tiaa.org/public/index.html
Office of Human Resources		1-336-278-5560	http://www.elon.edu/e-web/bft/hr/
Elon Benefits Call Center		1-877-382-9808	

Elon Benefits Call Center

Have questions on the Elon University benefit offerings? Looking for guidance on the difference between the medical plan options? The Elon Benefits Call Center is there to help answer those questions and many more!

Benefit Counselors are available Monday – Friday | 9am - 9pm EST. Just call 1-877-382-9808.

The Elon University Mobile Wallet

If you click this link <http://www.mymobilewalletcard.com/elon/> you will be directed to a mobile wallet card that lists all of Elon's benefit carriers for your convenience. Simply bookmark this site and you will have quick access to carrier phone numbers, websites, etc. 24/7. Or, you can use the QR Code pictured at the right to access our mobile wallet card.



Notes





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