



# VISIONARY

CLAFLIN UNIVERSITY

*The World Needs Visionaries*



HISTORIC TINGLEY MEMORIAL HALL  
circa 1908  
Clayton University

**Annual Benefits Enrollment Guide**  
**February 1, 2018 - January 31, 2019 Plan Year**

# ELIGIBILITY

## Am I Eligible?

To determine the benefits for which you may be eligible, please refer to the chart below. You are eligible to participate in these plans upon meeting each plan's eligibility requirements. You also have the option to enroll your eligible dependents.

Eligible dependents may include:

- Your legal spouse\*
- Your dependent children to age 26, regardless of full-time student status or marital status
- Your unmarried children of any age who are incapable of self-support due to a mental or physical disability and who are totally dependent on you

**\*Working Spouse Rule:** If your spouse works full-time and is eligible for healthcare coverage through their employer, the spouse will not be eligible for coverage under Claflin's plan.

Additional information on the eligibility requirements is available in the Summary Plan Description.

## Change in Status

Once you have made your elections and your enrollment is closed, you cannot make changes until the next open enrollment period unless you experience a qualified change in status such as:

- A change in your legal marital status (such as marriage, divorce or death of a spouse)
- A change in the number of dependents (such as birth or adoption of a child, or death of a dependent)
- A change in your spouse's employment status (including commencement or termination of employment, a change from full-time to part-time status or vice versa)
- Your dependent satisfying or ceasing to satisfy an eligibility requirement for coverage as a dependent
- You become eligible for Medicare or Medicaid

You have **30 days** from the date of the qualifying event to notify Human Resources and provide appropriate documentation to change your benefits. Requests received after **30 days** will not be accepted.

**Note:** A change in status does not permit a change in benefit plan elections. A change in election is permitted only when it is determined that the change in status affects eligibility for coverage of the employee, a spouse or a dependent under a benefit plan.

Benefit Plan	Employment Status	New Hire Waiting Period
Medical, Prescription, Vision & Dental	Full-Time ≥ 30 hours per week	First of the month following hire date
Flexible Spending Accounts (FSAs)		
Short-Term Disability		
Long-Term Disability		Date of Hire (No waiting period)
Basic & Voluntary Life Insurance		First of the month following 30 days of hire date
All Other Optional Benefits		First of the month following hire date
Retirement Defined Contribution		1 year
Supplemental Retirement Annuity		Available Immediately

# 2018 BENEFIT NEWS

Each year the Claflin leadership is faced with the challenge of continuing to offer an affordable comprehensive Benefit Plan that is competitive in the marketplace and meets the needs of our diverse workforce.

To accomplish this objective we need your participation in managing our benefit costs by engaging in preventive activity that benefits both you and the University. In fact our plan is designed to encourage you to get the screenings, immunizations, preventive medications and certain types of counseling at no cost to you – see pages 7 & 8 for a summary listing of preventive services. For example, eating according to your blood type.

Please take advantage of the wellness programs that are offered throughout the year—Healthy Eating, Aerobics, Line Dancing, Water, Walking, and Weight Challenges, etc.

Unlike many employers or other Universities, Claflin has a negative healthcare cost trend of an average annual change of -3.9% (2008 -2015). As a result, we have had little change to employee contributions – no increase (2010, 2012, 2014, and 2015), modest increases (2011, 2016, & 2017), and even one decrease (2013). This year contributions will increase 2% on all coverage levels, except for the employee only rate.

We have had another challenging year with a number of high cost claimants. Our pharmacy costs are still high, but we have made progress as a result of the new Rx programs we put into place. Keep up the good work!

- High Cost Claimants – This year high cost claimants have made up 48.7% of the total plan cost. For perspective, in previous years this percent has been as low as 22% (2013), as high as 54.2% (2011), 51.9% (2008), and 64.5% in (2016) with the other years in the 30s (39.7%, 37.8%, 37.4% and 31.5%).
- Prescriptions - We have seen improved prescription performance due to the Rx programs implemented this past year. During plan year February 1, 2016, the plan paid \$561,467 in prescriptions. However, in the current plan year February 1, 2017, the plan is projected to pay \$518,200 in Rx claims, a decrease from the prior year. Also a huge improvement from prior years is the rate at which our members choose a low cost generic drug is currently at 85.2%, whereas in prior years it was 83.1%, 77.3%, 75.3%, 70.7%.

I encourage you to review and understand all of the benefits associated with your employment at Claflin University. Please reach out to our HR/Benefits team with any questions you may still have.

On behalf of Claflin University, we appreciate all of your efforts and look forward to a healthy year for all.

Warm Regards,

Shirley Biggs  
Senior Director of Human Resources/Title IX Coordinator



# ENROLLMENT INFORMATION

## Annual Open Enrollment January 10 – 19, 2018

### All 2018 Benefit Elections Must Be Submitted During This Period

**All employees are required** to make new elections for 2018 using **Benefit Focus** regardless of your current enrollment status, even if you previously waived coverage under Claflin University benefit plan.

#### **Making Benefit Elections**

Attend the Benefit Fair on Wednesday, January 10<sup>th</sup> any time between 10am and 6pm.

The first day you can log in to Benefit Focus is Wednesday, January 10, 2018

Take your materials home and review the benefits with your family (if applicable).

Make thoughtful decisions on your benefit choices.

Input your elections on the Benefit Focus Website no later than Friday, January 19, 2018

When adding a dependent to medical coverage a social security number is required.

Call any member of the HR Department if you have questions.

#### **Medical, Dental & Vision:**

You may enroll in coverage.

You may cancel coverage.

You may drop dependents from coverage.

You may add dependents with evidence of their eligibility (birth certificate, marriage license, etc.).

#### **Flexible Spending Accounts:**

You must enroll **every year** if you wish to participate in either the health care or dependent care FSA.

#### **Life/AD&D Insurance:**

Review and update your beneficiary designations as appropriate.

#### **Disability - Income Protection:**

No change to Short-Term Disability as it is provided by Claflin University, when you elect medical coverage.

#### **ID cards**

Your current ID card will remain valid through January 31, 2019.

If you make a coverage level change or are newly electing coverage, your new id card will arrive at your home by the end of February 2018. If you need a temporary ID card, contact Human Resources.

#### **Reminder:**

After open enrollment ends, you **cannot** make benefit changes until the next annual open enrollment, unless you experience a qualifying status change.

# MEDICAL

Claflin University continues to offer quality Medical and Prescription Drug coverage administered by PAI. BCSSC & Caremark will continue to be the network for the medical and prescription drug benefits in South Carolina. For services outside of South Carolina, you will receive in-network benefits by utilizing the First Health network of providers.

	PPO Plan	
Services	In-Network (You Pay)	Out-of-Network (You Pay)
Lifetime Maximum	Unlimited	
Plan Year Deductible		
-Individual	\$3,400	\$6,800
-Family	\$6,800	\$13,600
Out-of-Pocket Maximum (includes deductibles, coinsurance & copays)		
-Individual	\$7,150	\$15,000
-Family	\$14,300	\$30,000
Preventive Services* (for most updated list services visit, <a href="http://www.healthcare.gov/coverage/prventive-care-benefits/">www.healthcare.gov/coverage/prventive-care-benefits/</a> )	Covered at 100%	Not Covered
Office Visit		
-Retail Clinic	\$20 Copay	Deductible, then 50%
-Primary Care	\$30 Copay	
-Specialist (referral not required)	\$40 Copay	
Urgent Care Center	\$50 Copay	
Emergency Room	\$150 Copay per visit, then deductible, then 30%	
Hospitalization		
-Inpatient	Deductible, then 30%	Deductible, then 50%
-Outpatient		
Hospital Charges	Deductible, then 30% \$30 Copay \$30 Copay	Deductible, then 50%
Physician Charges		
Clinic Visits		

\*When both preventive and diagnostic or therapeutic services occur at the same visit, members will pay a cost share for the diagnostic or therapeutic services. Additionally, when a preventive service turns into a diagnostic or therapeutic service in the same visit, the appropriate cost sharing will apply.

## Your Plan Year Cost

Coverage Level	24 Pay Periods	22 Pay Periods	20 Pay Periods	18 Pay Periods
Employee Only	\$110.88	\$120.96	\$133.06	\$147.84
Employee + Spouse	\$276.42	\$301.55	\$331.70	\$368.56
Employee + Child(ren)	\$240.73	\$262.61	\$288.88	\$320.97
Family	\$368.22	\$401.69	\$441.86	\$490.96

# PRESCRIPTION DRUGS

## Caremark: Advance Choice Pharmacy Network

	Retail (30 day supply)	Mail Order (90 day supply)
Tier 1 (Generic)	\$10 Copay	\$20 Copay
Tier 2 (Preferred Brand)	\$40 Copay	\$80 Copay
Tier 3 (Non-Preferred Brand)	\$60 Copay	\$120 Copay
Tier 4 (Specialty)	25% (Min \$60, Max \$150)	25% (Min \$120, Max \$300)
Dispense As Written Rule	If a generic drug is available and you request a brand you will pay the cost difference	

**Please Note:** The Advanced Choice pharmacy network includes 50,000 pharmacies. The network includes CVS/pharmacy, Wal-Mart, Kroger/Safeway and Target, but does **not** include Walgreens.

### Prescription Drugs Programs

In order to control the fastest growing healthcare cost segment and still provide a comprehensive pharmacy benefit, Caremark introduced several clinical pharmacy programs in 2016, shown in Figure 1. These programs were put in place to ensure that you have access to safe, appropriate and effective medications.

### How To Save on Your Drug Cost ?

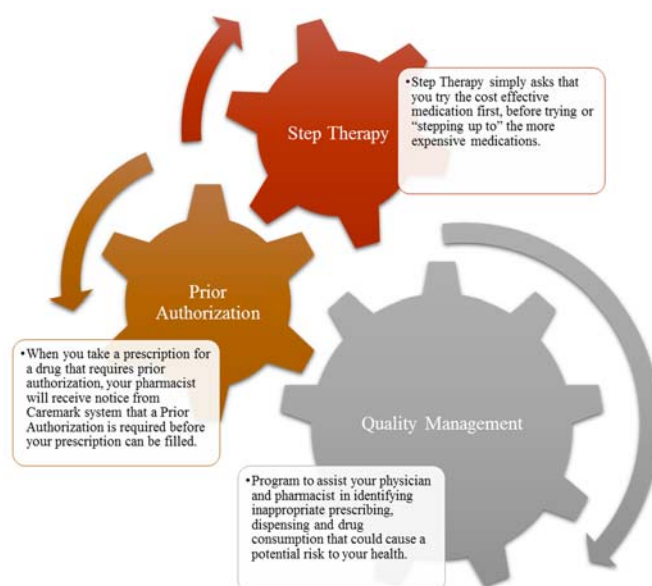
- Use a pharmacy that is in-network
- Use home Delivery (aka mail order) for prescriptions that you use regularly – maintenance medications – a 90 day supply for two 30 day retail copays
- Use generic whenever possible. Generics are “copies” of brand drugs whose patent protection has expired and are approved by the FDA
- Discuss Caremark’s preferred drug list (formulary) with your doctor. If the generic is not an option using a formulary drug will save you money over non-formulary brand drugs

### Home Delivery

Home delivery is an easy reliable way to get your medications and at a lower price to you than at a retail pharmacy. Chronic conditions such as diabetes or high blood pressure use medications that must be taken daily and are often referred to as “Maintenance Medications.” Other medications such as birth control pills and allergy medications are also classified as maintenance medications.



Figure 1:



### Partnership for Prescription Assistance (PPA)

Partnership for Prescription Assistance is a FREE service that connects individuals with payment assistance programs for prescriptions and other medical supplies. PPA provides a single point of access to more than 475 patient assistance programs. For a full list of programs, visit [www.pparx.org/](http://www.pparx.org/).

### LowestMed Mobile App!



Download the free app LowestMed on your iPhone, Android, or Windows phone. This app will compare prescription drug costs in your area. You provide the drug name and quantity and it compares the costs at various pharmacies in your area. Go to [lowestmed.com](http://lowestmed.com) for more information.

# PREVENTIVE CARE SERVICES

The following services are covered without a co-pay, co-insurance or deductible when the services are provided by an in-network provider. The services listed may also be subject to age, gender and frequency guidelines.

Services*	Adults		Special Populations	
	Men	Women	Pregnant Women	Children
<b>Immunizations</b>				
Hepatitis A	X	X		X
Hepatitis B	X	X		X
Herpes Zoster	X	X		
Human Papillomavirus	X	X		X
Haemophilus Influenza Type b				X
Influenza (flu shot)	X	X		X
Inactive Poliovirus				X
Mumps, Measles & Rubella	X	X		X
Meningococcal	X	X		X
Pneumococcal	X	X		X
Rotavirus				X
Tetanus, Diphtheria, Pertussis	X	X		X
Varicella	X	X		X
<b>Prevention &amp; Preventive Medications</b>				
Aspirin for the Prevention of Cardiovascular Disease	X	X		
Breast Cancer, medications		X		
Folic Acid Supplementation		X		
Gonococcal Ophthalmia Neonatorum, Medication				X
Iron Deficiency Anemia, Prevention				X
Tobacco Use in Children and Adolescents, Primary Care Interventions				X
<b>Counseling</b>				
Alcohol Misuse Screening & Behavioral Counseling	X	X	X	
Breastfeeding, Counseling		X	X	
Falls in Older Adults, Counseling & Medication	X	X		
Sexually Transmitted Infections, Counseling	X	X		X
Skin Cancer, Counseling	X	X	X	X
Tobacco Use in Adults, Counseling and Interventions	X	X		

# PREVENTIVE CARE SERVICES

Services*	Adults		Special Populations	
	Men	Women	Pregnant Women	Children
<b>Screenings</b>				
Abdominal Aortic Aneurysm	X			
Bacteriuria			X	
BRCA-Related Cancer in Women		X		
Breast Cancer		X		
Cervical Cancer		X		
Chlamydial Infection		X	X	
Colorectal Cancer	X	X		
Congenital Hypothyroidism				X
Depression in Adults	X	X		
Diabetes Mellitus	X	X		
Gestational Diabetes Mellitus			X	
Gonorrhea		X	X	
Hearing Loss in Newborn				X
Hepatitis B Virus in Pregnant Women			X	
Hepatitis C Virus Infection in Adults	X	X		
High Blood Pressure in Adults	X	X		
HIV Infection	X	X	X	X
Intimate Partner Violence and Elderly Abuse		X		
Iron Deficiency Anemia			X	
Lipid Disorders in Adults	X	X		
Lung Cancer	X	X		
Major Depressive Disorder in Children & Adolescents				X
Obesity in Adults	X	X		
Obesity in Children and Adolescents				X
Osteoporosis		X		
Phenylketonuria (PKU)				X
Sickle Cell Disease in Newborns				X
Syphilis Infection (Pregnant Women)			X	
Visual Impairment in Children Ages 1 to 5				X

**Note:** \*Source - USPSTF A and B Recommendations and [www.healthcare.gov/preventive-care-benefits/](http://www.healthcare.gov/preventive-care-benefits/)



# DENTAL

Claflin University dental plan continues to be offered through PAI. If you elect medical, dental is included with your medical cost. If you choose, you may elect dental only coverage, but there is a separate dental only premium. You may seek treatment from the dentist of your choice.

The chart below provides a summary of your benefits:

Services	Dental PPO Plan (Benefits)	
	In-Network (You Pay)	Out-of-Network (You Pay)
<b>Calendar Year Deductible*</b>		
<b>Individual</b>	\$50	
<b>Family</b>	\$150	
<b>Calendar Year Maximum</b>	\$1,000	
<b>Preventive Services (Oral Exams, X-Rays, Basic Cleaning)</b>	Covered at 100% - Deductible waived	
<b>Basic Services (Oral Surgery, Extractions, Filling)</b>	80% after deductible	
<b>Major Services (Crowns, Bridgework, Dentures)</b>	50% after deductible	
<b>Orthodontic Services (Children up to age 19)</b>	50% up to \$1,000 Lifetime Maximum	
<b>Reimbursement Rate</b>	Based on Negotiated Rate	90th percentile of U&C

## Your Plan Year Cost

Coverage Level	24 Pay Periods	22 Pay Periods	20 Pay Periods	18 Pay Periods
Employee only	\$18.23	\$19.89	\$21.88	\$24.31
Employee & Spouse	\$36.47	\$39.78	\$43.76	\$48.62
Employee & Child(ren)	\$40.11	\$43.76	\$48.13	\$53.48
Family	\$60.17	\$65.63	\$72.20	\$80.22



# VISION

Clafin University offers vision coverage on a voluntary basis administered by Superior Vision. Employees and their dependents are eligible for this benefit. The plan is an inexpensive way to purchase coverage to pay for your eye exams, glasses and contacts.

The chart below provides a summary of your benefits:

Benefit Detail	In-Network (You Pay)	Out-of-Network (You Pay)
Exam Office Visit Contact Lens Fitting	\$10 copay \$25 copay	\$34 Allowance for MD \$26 Allowance for an OD
Frames	\$130 Allowance	\$63 Allowance
Lenses Single Standard lined Bifocal Standard lined Trifocal	\$20 copay \$20 copay \$20 copay	\$29 Allowance \$43 Allowance \$53 Allowance
Contacts Elective Medically necessary	\$130 Allowance Covered in Full	\$100 Allowance \$210 Allowance
Frequency Exams Lenses Contacts Frames	12 months 12 months 12 months 12 months	

## Your Plan Year Cost

Coverage Level	24 Pay Periods	22 Pay Periods	20 Pay Periods	18 Pay Periods
Employee only	\$4.11	\$4.48	\$4.93	\$5.47
Employee & Spouse	\$7.25	\$7.90	\$8.69	\$9.66
Employee & Child(ren)	\$7.25	\$7.90	\$8.69	\$9.66
Family	\$10.39	\$11.33	\$12.47	\$13.85

# FLEXIBLE SPENDING ACCOUNT

**Claflin University** offers Flexible Spending Accounts (FSA) administered through PAI. You can INCREASE your take-home pay while paying for eligible medical and/or dependent day care expenses. To participate in the FSA for the 2018 plan year, you MUST enroll using Benefit Focus. The Flexible Spending Accounts help you save money by providing a way to pay for certain types of health care and dependent care on a pre-tax basis.

Annual Contribution Limits	Minimum	Maximum
<b>Health Care FSA</b>	\$100	\$2,650
<b>Dependent Care FSA*</b>	\$100	\$5,000

**Note:** Dependent Care FSA is \$2,500 if you are married and filing separately.

**How an FSA Works:** During the open enrollment period you decide how much money you want to contribute to each account for the year - see limits above. The amount you designate for the year is taken out of your paycheck in equal installments each pay period and placed in the appropriate FSA account type. The contributions you make to an FSA are deducted from your pay **BEFORE** your Federal, State, or Social Security taxes are calculated.

**Health Care FSA's** may be used to pay for eligible expenses related to healthcare expenses not fully covered by your medical plan for you or your dependents. Use the worksheet below to estimate your healthcare expenses.

Health Care Expense Worksheet					
Medical/Rx		Vision		Dental	
Deductibles	\$	Exams	\$	Routine Exam	\$
Copays	\$	Eye Surgery	\$	Filling/Crowns	\$
Prescriptions	\$	Lenses & Frames	\$	Orthodontia	\$
Other	\$	Contacts & Solutions	\$	Other	\$
Total	\$	Total	\$	Total	\$
Health Care Total:					\$

**Dependent Care FSA's** may be used to pay for eligible expenses related to the care and supervision of your child (to age 13) or adult dependent on your tax return. Use the worksheet below to estimate your dependent day care expenses.

Dependent Day Care Expense Worksheet				
	Dependent 1	Dependent 2	Dependent 3	Total
Child Care Centers	\$	\$	\$	\$
Before/After School Care/Day Camps	\$	\$	\$	\$
Adult Daycare	\$	\$	\$	\$
Other	\$	\$	\$	\$
Dependent Care Total:				\$

Flexible Spending Accounts	Expense Incurred	Submit Expenses for Reimbursement
Healthcare	February 1, 2018 – March 31, 2019	February 1, 2018 – May 31, 2019
Dependent Care	February 1, 2018 – January 31, 2019	February 1, 2018 – May 31, 2019

# SHORT-TERM DISABILITY

**Clafin University** is committed to providing eligible employees with a comprehensive benefits package. We are pleased to continue to provide Short-Term Disability Income Benefits to those who elect medical coverage through PAI.

Short-Term Disability Income Benefits are provided in the event an employee becomes disabled due to a non-work related injury or illness for longer than 31 days. The benefit is payable for up to 22 weeks and employees are eligible for 60% of their pre-disability earnings (not to exceed \$1,153.85 per week) if you qualify as disabled under this plan.

See below for a summary of this valuable benefit:

Benefit Detail	Short-Term Disability Income
Elimination Period	30 days (Accident and Illness)
Benefits Begin	On the 31 <sup>st</sup> day (Accident and Illness)
Benefits Payable/Duration	Up to 22 weeks maximum
Percentage of Income Replaced	60% of your pre-disability weekly earnings
Maximum Benefit Amount	\$1,153.85 per week



# BASIC TERM LIFE & AD&D

Claflin University provides all eligible full-time employees who enroll in medical coverage with Basic Term Life and Accidental Death & Dismemberment (AD&D) Insurance. This coverage is provided in the amount of \$10,000 for each employee, **at no cost to you**. The coverage will be administered through HCC Life.

Each employee also has the opportunity to elect other voluntary Life and AD&D coverage. Please remember to update your beneficiary form if you have a change.

Benefit Detail	Basic Life & AD&D
Basic Life Amount	\$10,000
Waiver of Premium	Total Disability, 9 consecutive months, starting on the date You were last Actively at Work
Accelerated Benefit	80% of benefit or \$8,000 whichever is less; minimum 10% of the amount of insurance or \$1,000 whichever is greater
Age Reduction Schedule	35% at age 65, 50% at age 70, and 35% at age 75. All coverage terminates at retirement
Conversion*	Available after coverage ends under the group plan.

**\*Please note:** You must contact HCC Life within 31 days after your coverage ends under the group plan.

# VOLUNTARY MEDICAL GAP COVERAGE

Claflin University will continue to offer you the opportunity to purchase Medical Gap coverage to help protect against those out-of-pocket expenses that may occur when it comes to you and your family member's health care. Below is a summary of the benefits. **Please be sure to review the detailed materials distributed by Colonial Life for specific benefits and semi-monthly costs.**

Benefit Detail	Medical Gap Coverage Amounts
Wellness Benefits	<ul style="list-style-type: none"> <li>\$50; Payable once per covered person per calendar year</li> </ul>
Diagnostic Procedure	<ul style="list-style-type: none"> <li>\$500 calendar max; Pays a lump sum benefit amount (Tier 1 or 2) per covered diagnostic procedure per covered person up to the maximum</li> </ul>
Hospital Confinement	<ul style="list-style-type: none"> <li>\$1,000 or \$1,500; Payable once per covered person per calendar year</li> </ul>
Outpatient Surgical Procedure	<ul style="list-style-type: none"> <li>\$2,500 calendar max; Pays a lump sum benefit amount (Tier 1 or 2) per covered surgical procedure per covered person up to the maximum</li> </ul>
Inpatient Surgical Procedure	<ul style="list-style-type: none"> <li>Inpatient pays a lump sum, up to \$1,500, when approved and performed while confined to a hospital</li> <li>Calendar Year combined Maximum per covered person per year: \$2,500</li> </ul>
Observation Room Benefit	<ul style="list-style-type: none"> <li>\$100 per visit, up to a max of 2 visits per covered person per calendar year; Payable for treatment in an observation room in a hospital for less than 20 hours</li> <li>Not payable on the same dates as a hospital confinement benefit is paid</li> <li>Not payable for treatment in an emergency room or observation following an outpatient procedure</li> </ul>
Rehabilitation Unit Benefit	<ul style="list-style-type: none"> <li>\$100 per day up to 15 days per confinement as an inpatient in a rehabilitation unit 30-day maximum per covered person per calendar year Must occur immediately after the hospital confinement</li> </ul>
Optional Benefits	<ul style="list-style-type: none"> <li>Daily Hospital confinement and/or Enhanced Intensive Care Unit Confinement</li> </ul>
Waiver of Premium	<ul style="list-style-type: none"> <li>Premium is waived after 30 continuous days of hospital confinement of the named insured. Premium is waived as long as the confinement continues</li> </ul>
Portability	<ul style="list-style-type: none"> <li>Coverage is portable should you leave employment with Claflin University</li> </ul>
Payment of Benefits	<ul style="list-style-type: none"> <li>Benefits are paid directly to the insured, unless you specify otherwise</li> </ul>

# VOLUNTARY MEDICAL GAP COVERAGE

The chart below is a comparison of out-of-pocket expenses with and without medi-gap plan for an inpatient hospital stay.

## Surgical Procedure – Inpatient Hospital Service Example

	Without GAP	With GAP
<b>In-Patient Hospital Charges</b>	\$5,000	\$5,000
Group Medical Plan Deductible - Employee Expense	\$3,400	\$3,400
<b>Hospital Charges Balance</b>	<b>\$1,600</b>	<b>\$1,600</b>
<b>Group Medical Plan Cost Share</b>		
Group Medical Plan 70% - Medical Plan Pays	\$1,120	\$1,120
Group Medical Plan 30% - Employee Expense	\$480	\$480
<b>Cost Share Balance</b>	<b>\$1,600</b>	<b>\$1,600</b>
<b>Hospital Charges Balance minus Medical Plan Cost Share</b>	\$0	\$0
<b>Remaining In-Patient Hospital Balance</b>	<b>\$0</b>	<b>\$0</b>
<b>Total Employee Cost - Group Medical Plan Only</b>	<b>\$3,880</b>	<b>\$3,880</b>
<b>Medical Gap Plan - Payment to Employee</b>	<b>\$0</b>	<b>\$1,500</b>
<b>Total Employee Cost - With Medical Gap Coverage</b>	<b>\$3,880</b>	<b>\$2,380</b>

# OTHER MEDICAL BENEFITS

In addition to the benefits shown above, we have several other benefits and coverage lines available to employees of Claflin University.

These benefits include the following:

Benefit	Provider
Group Life Insurance	The Standard
Long-Term Care Indemnity Insurance	UNUM
Legal/Identity Theft Protection	Legal Shield (formerly Pre-Paid Legal Plan)
Long-Term Disability Insurance	The Hartford
Optional Life Insurance	The Standard
Personal Accident Indemnity Plan	AFLAC
Supplemental Insurance Coverage	Washington National Insurance (formerly Conseco)
Universal Life Insurance/ Supplemental Insurance Coverage	Allstate Insurance Company
Universal, Whole and Term Life	New York Life
Sam's Club Membership	Annual \$45 payment at renewal or for new memberships. Cash or check is an acceptable form of payment.



# RETIREMENT PLAN

Claflin University offers a defined contribution plan through TIAA and a Group Supplemental Retirement Annuity account (GSRA) offered through TIAA. You may choose to enroll in either account or both based upon the period of eligibility.

Please contact the Human Resources department for additional information on how to enroll.

Internal Revenue Service (IRS) regulations on the retirement plan may limit the annual amount of your salary deferral contributions. If you meet a salary deferral contribution limit, you may continue to defer up to the catch-up contribution limit if you are eligible

IRS Contribution Limits	2018	2017
Contributions	\$18,500	\$18,000
Catch-up Contributions Age 50+	\$6,000	\$6,000

**Please note:** You must be age 50 or older by the end of the current calendar year.

Benefit Detail	Defined Contribution	GSRA
Eligibility	1 year from date of Full-time (FT) employment	Immediately Full-time/Part time employees
Enrollment Not Automatic	Voluntary, On-line any time after 1 year of FT employment	Voluntary, On-line anytime
Contributions	Up to 4% of gross earnings	Up to IRS Limits
Employer Match	7.5% of gross earnings	N/A
Vesting Contributions Match	Immediate Immediate	Immediate N/A

# ANNUAL LEGISLATIVE NOTICES

## Premium Assistance Under Medicaid and the Children’s Health Insurance Program (CHIP)

If you or your children are eligible for Medicaid or CHIP and you’re eligible for health coverage from your employer, your state may have a premium assistance program that can help pay for coverage, using funds from their Medicaid or CHIP programs. If you or your children aren’t eligible for Medicaid or CHIP, you won’t be eligible for these premium assistance programs but you may be able to buy individual insurance coverage through the Health Insurance Marketplace. For more information, visit [www.healthcare.gov](http://www.healthcare.gov).

If you or your dependents are already enrolled in Medicaid or CHIP and you live in a State listed below, contact your State Medicaid or CHIP office to find out if premium assistance is available.

If you or your dependents are NOT currently enrolled in Medicaid or CHIP, and you think you or any of your dependents might be eligible for either of these programs, contact your State Medicaid or CHIP office or dial 1-877-KIDS NOW or [www.insurekidsnow.gov](http://www.insurekidsnow.gov) to find out how to apply. If you qualify, ask your state if it has a program that might help you pay the premiums for an employer-sponsored plan.

If you or your dependents are eligible for premium assistance under Medicaid or CHIP, as well as eligible under your employer plan, your employer must allow you to enroll in your employer plan if you aren’t already enrolled. This is called a “special enrollment” opportunity, and you must request coverage within 60 days of being determined eligible for premium assistance. If you have questions about enrolling in your employer plan, contact the Department of Labor at [www.askebsa.dol.gov](http://www.askebsa.dol.gov) or call 1-866-444-EBSA (3272).

If you live in one of the following states, you may be eligible for assistance paying your employer health plan premiums. The following list of states is current as of October 10, 2017.

Contact your State for more information on eligibility.

State	South Carolina Medicaid	North Carolina Medicaid	Georgia Medicaid
Phone	1-888-549-0820	919-855-4100	1-404-656-4507
Website	<a href="http://www.scschhs.gov">http://www.scschhs.gov</a>	<a href="http://ncdhhs.gov/dma">http://ncdhhs.gov/dma</a>	<a href="http://dch.georgia.gov">http://dch.georgia.gov</a>

To see if any more States have added a premium assistance program since January 31, 2017, or for more information on special enrollment rights, you can contact either: U.S. Department of Labor, Employee Benefits Security Administration at [www.dol.gov/ebsa](http://www.dol.gov/ebsa) or 1-866-444-EBSA (3272) or U.S. Department of Health and Human Services Centers for Medicare & Medicaid Services at [www.cms.hhs.gov](http://www.cms.hhs.gov) or 1-877-267-2323, Menu Option 4, Ext. 61565.

To see if any other states have a premium assistance program, or for more information on special enrollment rights, contact either:

U.S. Department of Labor  
Employee Benefits Security Administration  
[www.dol.gov/ebsa](http://www.dol.gov/ebsa)  
1-866-444-EBSA (3272)

U.S. Department of Health and Human Services  
Centers for Medicare & Medicaid Services  
[www.cms.hhs.gov](http://www.cms.hhs.gov)  
1-877-267-2323, Menu Option 4, Ext. 61565

# ANNUAL LEGISLATIVE NOTICES

## **HIPAA Notice of Special Enrollment Rights**

If you are declining enrollment for yourself or your dependents (including your spouse) because of other health insurance or group health plan coverage, you may be able to enroll yourself and your dependents in this plan if you or your dependents lose eligibility for that other coverage (or if the employer stops contributing towards your or your dependents' other coverage). However, you must request enrollment within 30 days after your or your dependents' other coverage ends (or after the employer stops contributing toward the other coverage).

If you have a new dependent as a result of marriage, birth, adoption, or placement for adoption, you may be able to enroll yourself and your dependents. However, you must request enrollment within 30 days after the marriage, birth, adoption, or placement for adoption.

If you decline enrollment for yourself or for an eligible dependent (including your spouse) while on Medicaid coverage or covered under a state children's health insurance program, you may be able to enroll yourself and your dependents in this plan, if you or your dependents lose eligibility for that other coverage. However, you must request enrollment within 60 days after your or your dependents' coverage ends under Medicaid or a state children's health insurance program.

If you or your dependents (including your spouse) become eligible for a state premium assistance subsidy from Medicaid or through a state children's health insurance program with respect to coverage under this plan, you may be able to enroll yourself and your dependents in this plan. However, you must request enrollment within 60 days after your or your dependents' determination of eligibility for such assistance.

To request special enrollment or obtain more information, contact Human Resources.

## **Newborns' and Mothers' Health Protection Act**

Group health plans and health insurance issuers generally may not, under Federal law, restrict benefits for any hospital length of stay in connection with childbirth for the mother or newborn child to less than 48 hours following a vaginal delivery, or less than 96 hours following a cesarean section. However, Federal law generally does not prohibit the mother's or newborn's attending provider, after consulting with the mother, from discharging the mother or her newborn earlier than 48 hours (or 96 hours as applicable). In any case, plans and issuers may not, under Federal law, require that a provider obtain authorization from the plan or the insurance issuer for prescribing a length of stay not in excess of 48 hours (or 96 hours).

### **Women's Health and Cancer Rights Act Annual and Enrollment Notice**

If you have had or are going to have a mastectomy, you may be entitled to certain benefits under the Women's Health and Cancer Rights Act of 1998 (WHCRA). For individuals receiving mastectomy-related benefits, coverage will be provided in a manner determined in consultation with the attending physician and the patient, for:

- All stages of reconstruction of the breast on which the mastectomy was performed;
- Surgery and reconstruction of the other breast to produce a symmetrical appearance; Prostheses
- Treatment of physical complications of the mastectomy, including lymphedema.

These benefits will be provided subject to the same deductibles and coinsurance applicable to other medical and surgical benefits provided under our plans. Therefore, the following deductibles and coinsurance that apply can be found on pages 5 of this guide.

If you would like more information on WHCRA benefits, contact the Claims Administrator, PAI.

# ANNUAL LEGISLATIVE NOTICES

## **Genetic Information Nondiscrimination Act “GINA”**

On November 9, 2010, the Equal Employment Opportunity Commission (“EEOC”) issued the final rule implementing Title II of the Genetic Information Nondiscrimination Act (“GINA”), which applies to all employers with fifteen or more employees, as well as unions, employment agencies and labor management training programs. This final rule is effective January 10, 2011, and prohibits the use of genetic information in the employment context, restricts an employer’s deliberate acquisition of genetic information, requires employers to maintain employee genetic information as confidential, and strictly limits employers from disclosing genetic information.

## **Prohibition on Use of Genetic Information by Employers**

According to GINA, an employer may not discriminate against an applicant, employee or former employee on the basis of genetic information in hiring, compensation, promotion or demotion, seniority, discipline, employment termination, or any other term, condition or privilege of employment. GINA also prohibits employers from limiting, segregating, or classifying employees based on genetic information and prohibits entities from causing an employer to discriminate based on genetic information.

## **What is Genetic Information?**

- Genetic information is defined broadly to include:
- Genetic tests of an individual or a family member;
- The manifestation of a disease or disorder in an individual’s family medical history;
- An individual’s request or receipt of genetic services;
- Participation in genetic clinical research by an individual or a family member; and
- The genetic information of a fetus carried by an individual or a pregnant family member using assisted reproductive technology. Information about the sex or age of an individual or a family member, however, is specifically excluded from the definition of genetic information.

## **The Practical Effects of GINA**

The following guidelines are designed to help employers comply with GINA’s requirements:

- Post the revised Equal Employment Opportunity (“EEO”) poster, which includes GINA information and can be found at <http://www1.eeoc.gov/employers/poster.cfm>.
- Update medical requests, such as Family and Medical Leave Act (“FMLA”) and fitness for duty forms, to include the new safe harbor language.
- Review and revise employee handbooks or other EEO statements and antidiscrimination/ anti-retaliation policies to include genetic information in the list of protected traits.
- Review and revise, as necessary, social media policies to prevent GINA liability for inadvertent acquisition of information from employee social media profiles.
- Train managers about casual conversations/communications with employees concerning their health or the health of their family members.
- Maintain all genetic information in a separate and confidential medical file. However, there is no need for a separate GINA section if a medical file already exists, as genetic information can be kept in an ADA file.
- Confirm that all company sponsored wellness programs are compliant with the final rule. To learn more information regarding GINA please refer to the following website: designed to help employers comply with GINA’s requirements: <http://www.eeoc.gov/laws/statutes/gina.cfm>

# NOTES

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# CONTACT INFORMATION

## Human Resources Department

**Main HR Phone:** 803-535-5635

Shirley A. Biggs

**Email:** sbiggs@claflin.edu

**Phone:** 803-535-5268

Betty Johnson-Pringle

**Email:** bjohnson-pringle@claflin.edu

**Phone:** 803-535-5420



For questions how to use the enrollment system  
Call Betty Johnson-Pringle at 803-535-5420 or call  
877-336-8082



**BENEFITFOCUS®**

For questions on Medical, Dental, or STD benefits,  
call Planned Administrators (PAI) at: 800-768-4375 or  
log in to [www.paisc.com](http://www.paisc.com)



For questions on Prescription Drug benefits,  
Call CareMark at: 888-963-7290 or log in to [www.paisc.com](http://www.paisc.com)  
and click on the CareMark link



For questions regarding FSA accounts,  
Call Planned Administrators (PAI) at: 800-300-5248 or log in  
to [www.checkmyfsa.com](http://www.checkmyfsa.com)



For questions regarding Vision,  
Call Superior Vision at: 800-507-3800 or log in to  
[www.superiorvision.com](http://www.superiorvision.com)



**SUPERIOR VISION**

To file a Basic Life insurance claim,  
Call HCC Life at: Phone: 855-899-9311 or  
Fax: 855-564-0530 [www.hcclife.com](http://www.hcclife.com)



**HCC**

HCC Life Insurance Company

For questions regarding Retirement Savings,  
Call TIAA at: Phone: 800-842-2888 or log into [www.tiaa.org](http://www.tiaa.org)





The information in this Enrollment Guide is presented for illustrative purposes and was taken from various summary plan descriptions and benefit information. While every effort was made to accurately report your benefits, discrepancies or errors are always possible. In case of discrepancy between the Guide and the actual plan documents, the actual plan documents will prevail. All information is confidential, pursuant to the Health Insurance Portability and Accountability Act of 1996. If you have any questions about your Enrollment Guide, contact Human Resources.