2016-2017 Employee Benefits Brochure

HELPING YOU MAKE INFORMED CHOICES ABOUT YOUR EMPLOYEE BENEFITS.

Plan Year: June 1, 2016 – May 31, 2017
The 2016-2017 California Lutheran University benefit plans are summarized in this booklet. For a more detailed summary of benefits, please refer to your plan summaries available upon request from your Human Resource Department.

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Eligibility

You may enroll in the benefits plans if you are an active employee who meets the eligibility requirements. Dependents eligible for benefits include your legal spouse, and your dependent child(ren). Dependent child(ren) include:

- Natural or Biological children
- Legally adopted children or children placed for adoption
- Stepchildren
- Children whose benefits must be provided through a Qualified Medical Child Support Order
- Grandchildren who are entitled to be claimed as your dependents for federal income tax purposes

Children are eligible for medical, dental, and vision coverage from birth up to age 26, regardless of student or marital status. Proof of relationship document required (such as birth certificate, marriage certificate, etc.)

This brochure highlights your plan choices for the 2016 plan year. Be sure to review your plan choices and make your elections in a timely manner. If you miss your opportunity to enroll or make changes, you will have to wait until next open enrollment to make any plan changes.

Exceptions to this rule are only made for those who notify Human Resources of a qualified life status event change within 30 days of that event.

The following are a few examples that are considered qualified life status events, supporting documentation required:

- Marriage or divorce
- Birth or adoption of a child
- Death of a spouse or a dependent
- Beginning or end of spouse’s enrollment
- Changes in benefit status for you or your spouse
Open Enrollment

Open enrollment starts on **Monday, April 25—Monday, May 9, 2016.**

Make sure to make all your benefit elections during this time.

**Use the Checklist Below to Complete Your Enrollment**

- Attend the Open Enrollment Benefits Fair—**Tuesday, April 26** in the Ullman 103 room from 10 am to 2 pm.
- Review your current elections and make necessary changes.
- Complete the appropriate change form if making medical, dental, or vision changes (if adding dependents proof of relationship status is required)
- Update your beneficiaries for TIAA CREF, if necessary
- Update your beneficiary form for the Lincoln Financial Group Life and AD&D.
- Review, complete, and sign the 2016-2017 Benefits Worksheet with selected enrollment choices. This worksheet is **required** even if you do not make any changes to your medical, dental, and/or vision elections.
- Forward all completed and signed paperwork to Human Resources by **Monday, May 9, 2016.**

**What’s New**

**METLIFE Dental**

Welcome to the MetLife family! The MetLife Preferred Dentist Program (PDP Plus) was designed to help you get the dental care you need and help lower your costs. You get benefits for a wide range of covered services- both in and out of network.

Maximize the value of your dental benefits by:

- Making the most of your benefits- visit a participating dentist to reduce your out-of-pocket costs. Visit [www.metlife.com/dental](http://www.metlife.com/dental) and select the ‘PDP Plus’ network.
- Keeping a healthy regimen by getting routine exams and cleanings- this will help you to maintain your oral health and prevent the need for higher-cost treatments.
- Submitting Pre-Treatment estimates- for services that cost more than $300 this estimate will give you an idea of what your out-of-pocket costs will be.
- Visit the dental education website at [www.oralfitnesslibrary.com](http://www.oralfitnesslibrary.com) for important tools and resources to help you become more informed about dental care.
Medical Plan Benefits - HMO

California Lutheran University offers you the choice of two (2) HMO medical plan options with Blue Shield and Kaiser Permanente.

Blue Shield
Under the Blue Shield HMO plan you must select a Primary Care Doctor or PCP for you and each of your family members. Your PCP manages all of your medical care within the HMO network. Services received outside of the network are not covered, except for emergency care.

Kaiser Permanente
Under the Kaiser Permanente HMO plan your healthcare would be covered exclusively by Kaiser facilities. You may not receive services outside of Kaiser Permanente with the exception of life-threatening emergencies.

<table>
<thead>
<tr>
<th>Insurance Carrier Plan Name</th>
<th>Blue Shield Access + HMO</th>
<th>Kaiser Traditional HMO</th>
</tr>
</thead>
<tbody>
<tr>
<td>Lifetime Benefit Max</td>
<td>None</td>
<td>None</td>
</tr>
<tr>
<td>Annual Deductible</td>
<td>None</td>
<td>None</td>
</tr>
<tr>
<td>Annual-Out-of-Pocket Max</td>
<td>$1,500 per Ind. / $3,000 Fam.</td>
<td>$1,500 per Ind. / $3,000 Fam.</td>
</tr>
</tbody>
</table>

Doctor's Office

<table>
<thead>
<tr>
<th></th>
<th>Blue Shield Access + HMO</th>
<th>Kaiser Traditional HMO</th>
</tr>
</thead>
<tbody>
<tr>
<td>Office visit</td>
<td>$20 copay</td>
<td>$20 copay</td>
</tr>
<tr>
<td>Specialist Visit*</td>
<td>$20 copay</td>
<td>$20 copay</td>
</tr>
<tr>
<td>Preventive services</td>
<td>No charge</td>
<td>No charge</td>
</tr>
</tbody>
</table>

Hospital Services

<table>
<thead>
<tr>
<th></th>
<th>Blue Shield Access + HMO</th>
<th>Kaiser Traditional HMO</th>
</tr>
</thead>
<tbody>
<tr>
<td>Emergency Room (Copay waived if admitted)</td>
<td>$100 copay / per visit</td>
<td>$100 copay / per visit</td>
</tr>
<tr>
<td>Out-Patient Surgery</td>
<td>$100 copay (Surgery Center) $150 copay (Hospital)</td>
<td>$100 copay per procedure</td>
</tr>
<tr>
<td>In-Patient Hospitalization</td>
<td>$250 per admission</td>
<td>$100 per admission</td>
</tr>
<tr>
<td>Diagnostic X-Ray and Lab</td>
<td>No charge</td>
<td>No charge</td>
</tr>
<tr>
<td>Complex Imaging : (CT, CAT, MRI)</td>
<td>No charge</td>
<td>No charge</td>
</tr>
</tbody>
</table>

Prescription Drugs

<table>
<thead>
<tr>
<th></th>
<th>Blue Shield Access + HMO</th>
<th>Kaiser Traditional HMO</th>
</tr>
</thead>
<tbody>
<tr>
<td>Brand Name Deductible</td>
<td>$250 deductible</td>
<td>No deductible</td>
</tr>
<tr>
<td>Retail</td>
<td>30-day supply</td>
<td>30-day supply</td>
</tr>
<tr>
<td>Generic</td>
<td>$15 copay</td>
<td>$15 copay</td>
</tr>
<tr>
<td>Brand Name</td>
<td>$30 copay</td>
<td>$35 copay</td>
</tr>
<tr>
<td>Non-Formulary Brand Name</td>
<td>$45 copay</td>
<td>$35 copay</td>
</tr>
<tr>
<td>Specialty Drugs</td>
<td>20% up to $200 Max</td>
<td>$35 copay</td>
</tr>
</tbody>
</table>

* Must be approved through exception process. Access + Specialist $30 copay with self-referral.

Please note that this chart is intended for comparison purposes only and is not a complete explanation of the benefits.
Medical Plan Benefit - PPO + Health Savings Account (HSA)

Blue Shield

You can save money on your healthcare expenses with a Health Savings Account that is paired with a high deductible PPO plan. The medical PPO plan works the same as any other PPO plan. You have the same provider and network flexibility. You can seek care from the provider of your choice. When your providers belong to the Blue Shield PPO network, you receive the highest level of benefit and save on out-of-pocket expenses. In addition, you have the added advantage of a Health Savings Account that offers tax savings through:

- Pre-tax or tax-deductible contributions into the HSA account.
- Tax-free interest or investment earnings
- Funds in the HSA account are used to pay for qualified healthcare expenses.

The HSA belongs to you, even if you leave employment at California Lutheran University. If you have any unused balance at the end of the year will roll over year to year.

<table>
<thead>
<tr>
<th>Insurance Carrier</th>
<th>Blue Shield PPO + HSA</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>In-Network</td>
</tr>
<tr>
<td>Lifetime Benefit Max</td>
<td>None</td>
</tr>
<tr>
<td>Annual Deductible</td>
<td>$1,500 Ind. / $3,000 Fam.</td>
</tr>
<tr>
<td>Annual-Out-of-Pocket Max</td>
<td>$5,000 Ind. / $10,000 Fam.</td>
</tr>
</tbody>
</table>

**Doctor’s Office**
- Office visit: 20%, after deductible / 40%, after deductible
- Preventive services: No charge / Not covered

**Hospital Services**
- Emergency Room (Copay waived if admitted): 20%, after deductible
- Out-Patient Surgery: 20%, after deductible / 40%, after deductible
- In-Patient Hospitalization: 20%, after deductible / 40%, after deductible
- Diagnostic X-Ray and Lab: 20%, after deductible / 40%, after deductible
- Complex Imaging: (CT, CAT, MRI): 20%, after deductible / 40%, after deductible

**Prescription Drugs**
- Retail
  - Generic: 30-day supply $10 copay
  - Brand Name: 30-day supply $25 copay + 25%
  - Non-Formulary Brand Name: $40 copay + 25%
  - Specialty Drugs: 30% up to $200 Max

Please note that these charts are intended for comparison purposes only and are not a complete explanation of the benefits.
Medical Plan Benefits - Custom PPO

Blue Shield

Under the Blue Shield Preferred Provider Plan (PPO) you do not need to select a PCP. You can seek care from the provider of your choice. When your providers belong to the Blue Shield PPO network, you receive the highest level of benefit and save on out-of-pocket expenses.

<table>
<thead>
<tr>
<th>Insurance Carrier Plan Name</th>
<th>Blue Shield Custom PPO</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>In-Network</td>
</tr>
<tr>
<td>Lifetime Benefit Max</td>
<td>None</td>
</tr>
<tr>
<td>Annual Deductible</td>
<td>$750 Ind. / $2,250 Fam.</td>
</tr>
<tr>
<td>Annual-Out-of-Pocket Max</td>
<td>$5,000 Ind. / $10,000 Fam.</td>
</tr>
<tr>
<td>Doctor’s Office</td>
<td></td>
</tr>
<tr>
<td>Office visit</td>
<td>$15 copay</td>
</tr>
<tr>
<td>Preventive services</td>
<td>No charge</td>
</tr>
<tr>
<td>Hospital Services</td>
<td></td>
</tr>
<tr>
<td>Emergency Room (Copay waived if admitted)</td>
<td>20%, after deductible</td>
</tr>
<tr>
<td>Out-Patient Surgery</td>
<td>20%, after deductible</td>
</tr>
<tr>
<td>In-Patient Hospitalization</td>
<td>20%, after deductible</td>
</tr>
<tr>
<td>Diagnostic X-Ray and Lab</td>
<td>$15 copay</td>
</tr>
<tr>
<td>Complex Imaging : (CT, CAT, MRI)</td>
<td>20%, after deductible</td>
</tr>
<tr>
<td>Prescription Drugs</td>
<td></td>
</tr>
<tr>
<td>Brand Name Deductible</td>
<td>$150</td>
</tr>
<tr>
<td>Retail</td>
<td>30-day supply</td>
</tr>
<tr>
<td>Generic</td>
<td>$15 copay</td>
</tr>
<tr>
<td>Brand Name</td>
<td>$30 copay</td>
</tr>
<tr>
<td>Non-Formulary Brand Name</td>
<td>$45 copay</td>
</tr>
<tr>
<td>Specialty Drugs</td>
<td>30% up to $200 Max</td>
</tr>
</tbody>
</table>

Please note that this chart is intended for comparison purposes only and is not a complete explanation of the benefits.
Find a Blue Shield Medical Provider

A. Find a Blue Shield HMO Network Doctor

You do not need to log in to find a provider on www.blueshieldca.com; simply follow the instructions below.

If you are an existing member and have registered on the site, log in and you’ll automatically be directed to your plan network.

- Step 1, Go to www.blueshieldca.com/findaprovider
- Step 2, “Select a plan,” click the Select a Plan button
- Step 3, Under “Medical Plan and Network,” choose:
  - Access + HMO. The Sub Plan is also Access + HMO. Click set plan.
- Step 4, Select the type of provider that you are searching for
- Click on Advanced Search to further filter your search, such as by name, specialty, facility type, and more
- Enter your city and state or ZIP code, then click Find now

To find out your provider’s quality of care rankings go to blueshieldca.com/findaprovider where you can view quality and efficiency indicators and patient satisfaction scores for HMO medical groups and hospitals through the Performance Profile.

B. Find a Blue Shield PPO Provider

To find a PPO provider please follow the steps outlined below:

- Step 1, Go to www.blueshieldca.com/findaprovider
- Step 2, Next to “Select a plan,” click the Select a Plan button
- Step 3, Under “Medical Plan and Network,” choose one of the following: - Blue Shield of California PPO Network. This option is the same for the PPO+HSA Plan. Click Set plan
- Select the type of provider that you are searching for
- Click on Advanced Search to further filter your search, such as by name, specialty, facility type, and more
- Enter your city and state or ZIP code, then click Find Now
Dental Benefits

Metlife Dental PPO
You can visit any dentist under the Dental PPO plan, but you will maximize your plan value by selecting an in-network dentist. PPO in-network dentists have agreed to reduced contracted rates and can’t balance bill you for additional fees. To find a dentist go to page 10.

<table>
<thead>
<tr>
<th>Delta Dental PPO</th>
<th>In-Network</th>
<th>Out-of-Network</th>
</tr>
</thead>
<tbody>
<tr>
<td>Calendar Year Maximum</td>
<td>$1,800 /Person</td>
<td></td>
</tr>
<tr>
<td>Calendar Year Deductible</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Individual</td>
<td>$50</td>
<td>$50</td>
</tr>
<tr>
<td>Family</td>
<td>$150</td>
<td>$150</td>
</tr>
<tr>
<td>Preventive &amp; Diagnostic Services (Routine Oral Exams, X-Rays, Cleanings)</td>
<td>No Charge</td>
<td></td>
</tr>
<tr>
<td>Restorative (Fillings)</td>
<td>10%</td>
<td>20%</td>
</tr>
<tr>
<td>Endodontic &amp; Periodontal Services (Root Canal / Gum Procedures)</td>
<td>10%</td>
<td>20%</td>
</tr>
<tr>
<td>Major Services (Crown Prosthetics, Inlays, Onlays)</td>
<td>40%</td>
<td>50%</td>
</tr>
<tr>
<td>Orthodontic Maximums</td>
<td>$1,500 Lifetime</td>
<td></td>
</tr>
</tbody>
</table>

Vision Benefits

VSP Vision
Regular eye examinations can help determine your need for corrective eyewear, but also detect general health problems in their earliest stages.

Selecting a doctor is easy. You can find a VSP network doctor at vsp.com or by calling (800) 877-7195.

No need for an ID card or claim form. Just make an appointment and tell your doctor you are a VSP member. Your doctor and VSP will handle the rest.

<table>
<thead>
<tr>
<th>VSP</th>
<th>Frequency</th>
</tr>
</thead>
<tbody>
<tr>
<td>Exam</td>
<td>Once every 12 months, based on service date</td>
</tr>
<tr>
<td>Lenses</td>
<td>Once every 12 months, based on service date</td>
</tr>
<tr>
<td>Frames*</td>
<td>Once every 24 months, based on service date</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>In-Network</th>
<th>Out-Of-Network</th>
</tr>
</thead>
<tbody>
<tr>
<td>Exam (for glasses or contact lenses)</td>
<td>$10 copay</td>
</tr>
<tr>
<td>Frame Allowance</td>
<td>$130 allowance and 20% after</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Lenses</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Single Vision Lenses</td>
<td>No charge</td>
</tr>
<tr>
<td>Bifocal Lenses</td>
<td>No charge</td>
</tr>
<tr>
<td>Trifocal Lenses</td>
<td>No charge</td>
</tr>
<tr>
<td>Contact Lenses (in lieu of glasses)</td>
<td>$130 allowance after copay</td>
</tr>
</tbody>
</table>

*Contact lenses are in lieu of spectacle lenses and frames for 12 months.

Please note these charts are intended for comparison purposes only and are not a complete explanation of the benefits.
Find a Participating Dentist in the Preferred Dentist Program

There are thousands of general dentists and specialists to choose from nationwide — so you are sure to find one who meets your needs. You can find the names, addresses, languages spoken and telephone numbers of participating dentists by searching our online “Find a Dentist” directory by visiting www.metlife.com/dental and following the steps outlined below.

Step 1: Find a Dentist
Enter your ZIP Code and select the PDP Plus network

Step 2: Advanced Search
Use the Advanced Search option to locate a dentist by Name, Spoken Language, Specialty or Gender

Find a Dentist
Enter ZIP Code

Select your network

PDP Plus
Dental HMO/Managed Care
Federal Dental (FEDVIP)
TRICARE

Like most group benefit programs, benefit programs offered by MetLife and its affiliates contain certain exclusions, exceptions, waiting periods, reductions, limitations and terms for keeping them in force. Please contact MetLife or your plan administrator for complete details.
Life and AD&D, and Long Term Disability Insurance

**Lincoln Basic Life and AD&D**
California Lutheran University provides paid Life and Accidental Death and Dismemberment (AD&D) insurance coverage through Lincoln Financial Group. Please make sure to update your “Beneficiary Designation Form” in case anything has changed from your prior designation.

**Eligibility:**
All Full-time Administrative and Faculty Employees: 20 hours per week.
All Full-time staff employees: 30 hours per week.

**Benefit Information:**
200% of basic annual earnings, rounded to the next higher $1,000. Maximum benefit is $600,000. Age reduction at 65 and 70.

**Accelerated Death Benefit:**
Also called the Living Benefit. This benefit allows advanced payment of part of the Insured Person's personal life insurance. It may be paid to a terminally ill person in a lump sum once during their lifetime. The withdrawn benefit will be reduced from the benefit payable at death. Any amount withdrawn may be taxable income, so consult a tax advisor before applying for this benefit. The benefit is 75% of the insured's life insurance or $250,000 (whichever is less).

Portability: Portability is not available for the Basic Life and AD&D plan. Conversion is available for the Basic Life policy if completed within 31 days after the termination of coverage and the member has been covered under the policy for at least five years. This is not available for AD&D.

**Lincoln Long-Term Disability**
Long Term Disability Insurance pays you a percentage of your gross monthly salary if you cannot work due to a covered injury or illness. It can provide a monthly benefit whether your disability prevents you from working at all or limits your ability to work.

**Eligibility:**
All Full-time Administrative and Faculty Employees: 20 hours per week. All Full-time staff employees: 30 hours per week.

**Benefit Information:**
66.67% of the basic monthly earnings; Max Benefit: $10,000; Min Benefit: $100 or 10% of the insured employee's monthly benefit, whichever is greater.

Please note the benefits listed above are for comparison purposes only and not a complete explanation of the benefits.
# Employee Contributions

<table>
<thead>
<tr>
<th>PLAN</th>
<th>EE ONLY</th>
<th>EE+SPOUSE</th>
<th>EE+CHILD(REN)</th>
<th>EE+FAMILY</th>
</tr>
</thead>
<tbody>
<tr>
<td>Blue Shield Access + HMO—Medical</td>
<td>No Cost</td>
<td>$276.35</td>
<td>$126.91</td>
<td>$732.17</td>
</tr>
<tr>
<td>Kaiser Traditional HMO—Medical</td>
<td>No Cost</td>
<td>$276.35</td>
<td>$126.91</td>
<td>$732.17</td>
</tr>
<tr>
<td>Blue Shield PPO + HSA—Medical</td>
<td>$154.68</td>
<td>$964.33</td>
<td>$730.94</td>
<td>$1587.58</td>
</tr>
<tr>
<td>Blue Shield Custom PPO—Medical</td>
<td>$407.38</td>
<td>$1362.41</td>
<td>$1079.76</td>
<td>$2117.38</td>
</tr>
<tr>
<td>Metlife—Dental PPO</td>
<td>No Cost</td>
<td>$46.10</td>
<td>$46.10 (child)</td>
<td>$83.72</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>$83.72 (children)</td>
<td></td>
</tr>
<tr>
<td>VSP—Vision</td>
<td>No Cost</td>
<td>$10.81</td>
<td>$10.81 (child)</td>
<td>$19.85</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>$19.85 (children)</td>
<td></td>
</tr>
</tbody>
</table>
403(b) Retirement Plans

Enroll. Save. Retire.

California Lutheran University’s 403(b) retirement plans make it easier than ever for you to start preparing for your retirement. Whether it’s years down the road or just around the corner, the time to start saving for retirement is now (based on eligibility in accordance to the plan provisions).

Defined Contribution Plan

- Cal Lutheran makes contributions equivalent to 10% of your base annual wages
  - Automatic enrollment, no action required on your part
- Employees must be 22 years of age and work at least 20 hours per week
- One-year waiting period

Tax Deferred Annuity Voluntary Plan

- Voluntary deduction as elected by employee
  - Money deducted from your pay is pre-tax
  - Complete the Tax Deferred Annuity agreement form available on the HR webpage
- No waiting period

Online
www.tiaa-cref.org/CLU

Participant Services Group
888-583-0291
Carrier Contacts

ID Cards and Questions?

Blue Shield Medical HMO & PPO

HMO Group ID-H53536
PPO Group ID-943417
PPO+HSA Group ID-977968
Phone: (800) 424-6521 (HMO)
(800) 200-3242 (PPO)
(888) 852-5345 (PPO+HSA)
www.blueshieldca.com

Health Equity (HSA)
Phone: (877) 857-6810
healthequity.com

Kaiser Medical HMO

Group ID-228855
Phone: (800) 464-4000
www.kp.org

Metlife Dental PPO

Group ID-165139
Phone: (800) 942-0854
www.metlife.com/dental

VSP Vision

Group ID-0093154
Phone: (800) 877-7195
www.vsp.com

Lincoln Financial Group

Customer Service Center
Phone: (800) 423-2765
Mon –Thurs. 7am-7pm Central Time
Friday, 7am-7pm Central Time

EmployeeConnect (EAP)
Employee Assistance Program
Phone: (877) 757-7587
www.eapadvantage.com
Password: connect

LifeKeys Services
Phone: (855) 891-3684
or visit Lincoln4Benefits.com
(Web ID—LifeKeys)