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## **Employee Benefits Summary**

# **2025**



# 2025 Medical Benefits

## Highmark Blue Cross Blue Shield PPO

The plan you elect remains in effect for you and your eligible dependents through the calendar year. The following pages contain additional plan details. Medical insurance plans include prescription drug and telemedicine services, with many participating providers in the region. Click the link below to search for your provider (choose BCBS PPO in network dropdown):



[Highmark Health Care Provider Directory](#)

Network: BCBS PPO

Health Choice 2000 - Copays		Health Saver - HSA	
<p>In the Health Choice 2000 plan, many services are provided on a copay basis, rather than paid out-of-pocket until a deductible is met.</p> <p>Employees who choose this plan design pay a little more in the form of contributions up front, but since basic visits and most prescriptions only require copays, many prefer this predictability.</p> <p>Health Choice 2000 allows for employees to elect participation in a Flexible Spending Account, to set aside some of their own pre-tax funds (deducted from pay) to cover out-of-pocket expenses. The H.S.A. (Health Savings Account), is <i>not</i> available to employees selecting this plan. However, if an employee has an HSA from a previous plan, they are free to continue using the funds left in the account.</p>		<p>The Health Saver plan is the high-deductible plan option for employees who want to take advantage of participation in the Health Savings Account.</p> <p>This plan requires employees and dependents to meet the established single/family deductible before claims are paid by the plan. Usually, patients are billed for services rather than paying upfront.</p> <p>Employees electing the Health Saver Standard plan are automatically enrolled in the H.S.A. with the online bank, HealthEquity. This account belongs to the employee. In 2025, the University will contribute \$300 (\$11.54 per pay) for a single and \$600 (\$23.08 per pay) for a family into this account over the course of the plan year. Employees may also make their own pre-tax contributions.</p>	
Employee Premium Cost Share <u>Per Pay</u>		Employee Premium Cost Share <u>Per Pay</u>	
Employee Only	\$83.99	Employee Only	\$64.35
Employee + Spouse	\$196.15	Employee + Spouse	\$148.49
Employee + Child(ren)	\$152.36	Employee + Child(ren)	\$115.64
Employee + Family	\$261.37	Employee + Family	\$197.41

# Health Choice 2000

Effective 01/01/2025

<b>IN-NETWORK</b>	Deductible for individual coverage	\$2,000
	Deductible for family coverage (Embedded deductible)	\$4,000
	Plan pays/individual pays (co-insurance) after deductible	80%/20%
	Maximum out-of-pocket (medical and prescription)	\$5,750 individual / \$11,500 family
	Primary care or retail clinic visit	\$25
	Specialist office visit (includes virtual visits)	\$45
	Teladoc®	\$0
	Wellness and preventative care (primary care/ specialist)	0% no deductible
	Hospital inpatient (including maternity)	20% after deductible
	Outpatient surgery	20% after deductible
	Emergency room services	\$250 copay, then 20%
	Urgent care	\$50
	Outpatient services (CT scans, MRI, diagnostic)	20% after deductible
	Outpatient PT/OT/ST (30 visit limit per therapy type; visit limit waived with mental health services diagnosis)	\$45
	Chiropractic services (12 visits annually)	\$45
<b>OUT-OF-NETWORK</b>	Mental health/substance abuse: inpatient services	20% after deductible
	Mental health/substance abuse: office visit	\$25
	Vision exam (one exam every 12 months)	\$25
	Deductible for an individual	\$4,000
	Deductible for a family	\$8,000
	Plan pays/individual pays (co-insurance) after deductible	50%/50%
	Co-insurance and deductible out of pocket limit for an individual	\$24,000
	Co-insurance and deductible out of pocket limit for a family	\$28,000
	Wellness and preventive care	Not covered
	Hospital inpatient (including maternity)	\$500 copay, then 50% after deductible
	Outpatient surgery	50% after deductible
	Emergency Room Services	See In-Network Emergency Room Services
	Mental health/substance abuse: inpatient services	\$500 copay, then 50% after deductible
Mental health/substance abuse: office visit	50% after deductible	

# PRESCRIPTION DRUG PROGRAM<sup>1</sup>

RETAIL	30-Day Supply	Generic	\$15
		Preferred	\$50
		Non-Preferred	\$75
MAIL ORDER/ RETAIL	90-Day Supply	Generic	\$30
		Preferred	\$100
		Non-Preferred	\$150
		Diabetic Supplies	\$20
		Participating Insulin	\$75
SPECIALTY	30-Day Supply	Generic	\$50
		Preferred	\$75
		Non-Preferred	\$100

## Additional Plan Information

The participant pays the Copayment or drug cost, whichever is less.

Maintenance drugs filled at retail, other than the member selected retail pharmacy (CVS or Walgreens), will incur a \$10 penalty after the second retail fill. The \$10 penalty does not accumulate toward the deductible or the maximum out-of-pocket limit. This penalty does not apply to ACA preventive medications.

If a non-generic drug is purchased when a generic drug is available, the participant must pay a penalty of the difference in drug cost of the non-generic drug over its generic equivalent. This penalty does not accumulate toward the deductible or the maximum out-of-pocket limit.

A 90-day supply of maintenance drugs can be filled either by member selected retail pharmacy (Walgreens or CVS) or by mail order. Prices may vary.

Medical claims incurred outside the United States where no network exists will be considered In-Network.

Accumulators are met by both medical and prescription expenses. Copays do not accumulate towards your deductible.

Copays for certain specialty medications will be set to the maximum available manufacturer Copay assistance. This Copay adjustment will only apply after deductible satisfaction if this is a qualified high deductible plan. These Copays will be paid by the manufacturer after the participant applies for Copay assistance and will not apply toward MOOP.

Insulin Copay applies to select insulin products whose manufacturers have chosen to participate in the Patient Assurance Program.

## Health Saver

This is an HSA-qualified High Deductible Health Plan, eligible for use with a Health Savings Account(HSA).

Effective 01/01/2025

<b>IN-NETWORK</b>	Deductible for individual coverage	\$3,300
	Deductible for family coverage (Embedded deductible)	\$6,600
	Plan pays/individual pays (co-insurance) after deductible	80%/20%
	Maximum out-of-pocket (medical and prescription)	\$5,000 individual / \$10,000 family
	Primary care or retail clinic visit	20% after deductible
	Specialist office visit (includes virtual visits)	20% after deductible
	Teladoc®	0% after deductible
	Wellness and preventative care (primary care/ specialist)	100% no deductible
	Hospital inpatient (including maternity)	20% after deductible
	Outpatient surgery	20% after deductible
	Emergency room services	\$250 copay, then 20% after deductible
	Urgent care	20% after deductible
	Outpatient services (CT scans, MRI, diagnostic)	20% after deductible
	Outpatient PT/OT/ST (30 visit limit per therapy type; visit limit waived with mental health services diagnosis)	20% after deductible
	Chiropractic services (12 visits annually)	20% after deductible
<b>OUT-OF-NETWORK</b>	Mental health/substance abuse: inpatient services	20% after deductible
	Mental health/substance abuse: office visit	20% after deductible
	Vision exam (one exam every 12 months)	20% after deductible
	Deductible for an individual	\$5,600
	Deductible for a family	\$11,200
	Plan pays/individual pays (co-insurance) after deductible	50%/50%
	Co-insurance and deductible out of pocket limit for an individual	\$25,600
	Co-insurance and deductible out of pocket limit for a family	\$35,200
	Wellness and preventive care	Not covered
	Hospital inpatient (including maternity)	\$500 copay, then 50% after deductible
	Outpatient surgery	50% after deductible
Emergency Room Services	See In-Network Emergency Room Services	
Mental health/substance abuse: inpatient services	\$500 copay, then 50% after deductible	
Mental health/substance abuse: office visit	50% after deductible	

# PRESCRIPTION DRUG PROGRAM<sup>1</sup>

RETAIL	30-Day Supply	Generic	20% after deductible
		Preferred	20% after deductible
		Non-Preferred	20% after deductible
MAIL ORDER/ RETAIL	90-Day Supply	Generic	20% after deductible
		Preferred	20% after deductible
		Non-Preferred	20% after deductible
		Diabetic Supplies	20%
		Participating Insulin	\$75
SPECIALTY	30-Day Supply	Generic	20% after deductible
		Preferred	20% after deductible
		Non-Preferred	20% after deductible

## Additional Plan Information

This plan does not constitute “creditable coverage” for Massachusetts residents.

If a non-generic drug is purchased when a generic drug is available, the participant must pay a penalty of the difference in drug cost of the non-generic drug over its generic equivalent. This penalty does not accumulate toward the deductible or the maximum out-of-pocket limit.

A 90-day supply of maintenance drugs can be filled either by member selected retail pharmacy (Walgreens or CVS) or by mail order. Prices may vary.

Medical claims incurred outside the United States where no network exists will be considered In-Network.

Accumulators are met by both medical and prescription expenses. Co-pays do not accumulate towards your deductible.

Co-pays for certain specialty medications will be set to the maximum available manufacturer Co-pay assistance. This Co-pay adjustment will only apply after deductible satisfaction if this is a qualified high deductible plan. These Co-pays will be paid by the manufacturer after the participant applies for Co-pay assistance and will not apply toward MOOP.

Insulin Co-pay applies to select insulin products whose manufacturers have chosen to participate in the Patient Assurance Program.

# Dental Plans

## Benefits Options and Costs

Three plan options are available. The plan you elect remains in effect for you and your eligible dependents through the calendar year. The Cigna Dental Care DHMO is the most cost effective but requires participants to use the Cigna DHMO network\*\*. The Premier and Choice Dental Care Plan options represent a mid- and high-level PPO (Preferred Provider Option).

**\*In 2025, Dental Cards will be ELECTRONIC ONLY. No physical cards will be provided.**

**\*\*The DHMO Plan requires that you choose a dental provider upon sign up.**

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Per Pay Employee Rates for Dental	Cigna Premier Plus PPO	Cigna Choice Plus PPO	Cigna DHMO
Employee Only	\$13.28	\$8.71	\$7.36
Employee + Child(ren)	\$33.81	\$22.39	\$17.38
Employee + Spouse	\$27.88	\$18.75	\$12.45
Employee + Family	\$49.51	\$33.52	\$20.45

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Monthly Rates	Premier Plus Dental Care Plan <sup>1</sup>	Choice Plus Dental Care Plan <sup>1</sup>	Cigna Dental Care DHMO Plan
Providers	May use any provider or save with network providers	May use any provider or save with network providers	May use only providers in the network
Deductible (per person per year) <sup>2</sup>	\$50	\$50	No deductible
Annual maximum benefit (per person)	\$1,500	\$1,200	No annual maximum
Preventive services	0%	10%	\$5 office visit co-pay + applicable fee (if any) <sup>3</sup>
Basic restorative care	20%	30%	\$5 office visit co-pay + applicable fee (if any) <sup>3</sup>
Major restorative care	50%	50%	\$5 office visit co-pay + applicable fee (if any) <sup>3</sup>
Orthodontia	50% with a lifetime maximum benefit of \$1,000	50% with a lifetime maximum benefit of \$1,000	\$5 office visit co-pay + applicable fee (if any) <sup>3</sup>

<sup>1</sup>Coverage percentages based on reasonable and customary charges.

<sup>2</sup>Deductibles apply to basic and major services for the Premier Plus Dental Care and Choice Plus Dental Care plans.

<sup>3</sup>The Cigna DHMO is not available in the following states: AK, ME, MT, NH, NM, ND, SD, VT and WY.



## Dental Plans

Dental Benefits	Premier Plus Dental	Choice Plus Dental	Cigna Dental Care
	Care Plan <sup>1</sup>	Care Plan <sup>1</sup>	DHMO Plan <sup>3</sup>
<b>Providers</b>	May use any provider or save	May use any provider or save	Limited to network providers
<b>Deductible (per person, per year)</b>	\$502	\$502	No deductible
<b>Annual maximum benefit</b>	\$1,500	\$1,200	No annual maximum
<b>Out-of-network annual maximum benefit (per person)</b>	\$1,200	\$1,000	No annual maximum
<b>Preventive and Diagnostic Care</b>	<b>100%</b>	<b>90%</b>	<b>\$5 office visit copay + applicable fee<sup>3</sup></b>
Routine oral examinations – two per calendar year	100%	90%	No charge
Routine dental cleanings – two per calendar year	100%	90%	No charge
Bitewing x-rays – once every 12 months	100%	90%	No charge
Fluoride treatments for children under age 14 – one treatment per 12 months	100%	90%	No charge <sup>4</sup>
<b>Basic Restorative Care</b>	<b>80%</b>	<b>70%</b>	<b>\$5 office visit copay + applicable fee<sup>3</sup></b>
Panoramic x-ray – once every 60 months	80%	70%	No charge <sup>5</sup>
New fillings or replacement fillings – once every 24 months per filling	80%	70%	\$17 - 35 for simple fillings; \$22 - \$115 for composite fillings
Simple extractions	80%	70%	\$53
<b>Major Restorative Care</b>	<b>50%</b>	<b>50%</b>	<b>\$5 office visit copay + applicable fee<sup>3</sup></b>
Endodontic treatment (root canal)	50%	50%	\$38 - 675
Dentures	50%	50%	\$430 - 670
Crowns	50%	50%	\$105 - 515
Implants	50%	50%	\$770 - 970
<b>Orthodontia</b>	<b>50%</b> <b>(\$1,000 lifetime maximum benefit)</b>	<b>50%</b> <b>(\$1,000 lifetime maximum benefit)</b>	<b>\$5 office visit copay + applicable fee<sup>3</sup></b> <b>(24 month limitation)</b>

<sup>1</sup> Coverage percentages based on reasonable and customary charges; patients may be responsible for charges above that amount.

<sup>3</sup> Fees based on the Cigna Dental Care DHMO Plan Patient Charge Schedule W1-V9. The Cigna DHMO provider network is the Cigna Dental Care Access Plus Network.

<sup>4</sup> Limit of two times per calendar year for the Cigna Dental Care DHMO Plan only.

<sup>5</sup> Limit once every three years for the Cigna Dental Care DHMO Plan only.

<sup>6</sup> 50+ employee enrollment requirement for the Premier Plus and Choice Plus Dental Care Plans.

• **The Cigna Dental Care DHMO Plan is not available in: AK, HI, ME, MT, NH, NM, ND, PR, SD, VI, VT, WV, WY.**

# Vision Plan

Per Pay Employee Rates for VSP Vision	
Employee Only	\$4.00
Employee + Child(ren)	\$7.24
Employee + Spouse	\$6.84
Employee + Family	\$10.87

VSP vision is online only—there are no physical cards. Simply tell your doctor that you have VSP vision and they can find you in their system.

## Your VSP Vision Benefits Summary

GuideStone Standard Vision Plan  
Group Plans

**PROVIDER NETWORK:**

VSP Choice

**EFFECTIVE DATE:**

01/01/2024



BENEFIT	DESCRIPTION	COPAY	FREQUENCY
<b>Your Coverage with a VSP Provider</b>			
<b>WELLVISION EXAM</b>	<ul style="list-style-type: none"> <li>Focuses on your eyes and overall wellness</li> </ul>	\$10	Every twelve months
<b>ESSENTIAL MEDICAL EYE CARE</b>	<ul style="list-style-type: none"> <li>Retinal screening for members with diabetes</li> <li>Additional exams and services beyond routine care to treat immediate issues from pink eye to sudden changes in vision or to monitor ongoing conditions such as dry eye, diabetic eye disease, glaucoma, and more.</li> <li>Coordination with your medical coverage may apply. Ask your VSP doctor for details.</li> </ul>	\$0 per screening \$20 per exam	Available as needed
<b>PRESCRIPTION GLASSES</b>		<b>\$25</b>	
<b>FRAME*</b>	<ul style="list-style-type: none"> <li>\$170 featured frame brands allowance</li> <li>\$150 frame allowance</li> <li>20% savings on the amount over your allowance</li> <li>\$80 Costco® frame allowance</li> <li>\$150 Walmart® / Sam's Club® frame allowance</li> </ul>	Included in Prescription Glasses	Every twenty-four months
<b>LENSES</b>	<ul style="list-style-type: none"> <li>Single vision, lined bifocal, and lined trifocal lenses</li> <li>Impact-resistant lenses for dependent children</li> </ul>	Included in Prescription Glasses	Every twelve months
<b>LENS ENHANCEMENTS</b>	<ul style="list-style-type: none"> <li>Standard progressive lenses</li> <li>Premium progressive lenses</li> <li>Custom progressive lenses</li> <li>Average savings of 30% on other lens enhancements</li> </ul>	\$0 \$95 - \$105 \$150 - \$175	Every twelve months
<b>CONTACTS (INSTEAD OF GLASSES)</b>	<ul style="list-style-type: none"> <li>\$150 allowance for contacts</li> <li>Contact lens exam (fitting and evaluation)</li> </ul>	Up to \$60	Every twelve months
<b>EXTRA SAVINGS</b>	<b>Glasses and Sunglasses</b> <ul style="list-style-type: none"> <li>Extra \$20 to spend on featured frame brands. Go to <a href="https://vsp.com/offers">vsp.com/offers</a> for details.</li> <li>20% savings on additional glasses and sunglasses, including lens enhancements, from any VSP provider within 12 months of your last WellVision Exam.</li> </ul>		
	<b>Routine Retinal Screening</b> <ul style="list-style-type: none"> <li>No more than a \$39 copay on routine retinal screening as an enhancement to a WellVision Exam</li> </ul>		
	<b>Laser Vision Correction</b> <ul style="list-style-type: none"> <li>Average 15% off the regular price or 5% off the promotional price; discounts only available from contracted facilities</li> </ul>		

### YOUR COVERAGE GOES FURTHER IN-NETWORK

With so many in-network choices, VSP makes it easy to get the most out of your benefits. You'll have access to preferred private practice, retail, and online in-network choices. Log in to [vsp.com](https://vsp.com) to find an in-network provider.

This vision product is administered by Vision Service Plan Insurance Company through GuideStone Financial Resources' benefits program.

# Life, AD&D, Disability

## Cairn Employee Term Life, AD&D, Disability Plans

- **Cairn University provides** Employee Term Life insurance, Accidental Death & Dismemberment Insurance, and Long-Term Disability, **at no cost to the employee.**
- The life and accidental death plan coverages are 1.5x the employee's annual salary, and the disability plan is based on the employee's monthly income.

## Optional Employee Life Insurance

- Additional optional term life is available for purchase for only a nominal deduction per pay for up to \$50,000 in coverage for new employees.
- See the charts on the following pages to find your per-pay cost. First, locate your age bracket. Next, multiply the rate by the number of thousands, times 12 months, divided by 26 pays to get your per-pay rate.

## Optional Spouse Life Insurance

- Additional optional term life for your spouse for up to \$15,000 in coverage is available for purchase for only a nominal deduction per pay for new employees.
- See the charts on the following pages to find your per-pay cost. First, locate your age bracket. Next, multiply the rate by the number of thousands, times 12 months, divided by 26 pays to get your per-pay rate.

## Optional Child Life Insurance

- Additional optional term life coverage of \$10,000 for your child(ren) is available for purchase for only .35 per pay for new employees.
- This low amount covers ALL of the children in your family together.

## Additional Employee and Spouse Life Insurance

- You can purchase a much larger amount of optional employee and spouse life insurance, at the same cost as the plans above. However, you will need to fill out medical paperwork for underwriting. Please see HR for details.

# Term Life & Accident Plan Rates

CAIRN UNIVERSITY

## Life Insurance Rates

Per \$1,000 Coverage			
Age	Term Life- Employee Optional	Term Life- Spouse	Term Life- Spouse Optional
0-24	\$0.040	\$0.040	\$0.040
25-29	\$0.050	\$0.050	\$0.050
30-34	\$0.060	\$0.060	\$0.060
35-39	\$0.100	\$0.100	\$0.100
40-44	\$0.150	\$0.150	\$0.150
45-49	\$0.250	\$0.250	\$0.250
50-54	\$0.430	\$0.430	\$0.430
55-59	\$0.650	\$0.650	\$0.650
60-64	\$1.030	\$1.030	\$1.030
65+	\$2.250	\$2.250	\$2.250

## Child Term Life

The monthly rate of child life coverage, regardless of the number of children, up to age 26

Per \$10,000 Coverage	
Product Name	Rate
Term Life-Child	\$0.75

## Accidental Death and Dismemberment (AD&D)

Monthly rates

Per \$1,000 Coverage	
Product Name	Rate
AD&D	\$0.025
Employee Supplemental AD&D	\$0.025
Spouse Supplemental AD&D	\$0.025

# ADDITIONAL CAIRN UNIVERSITY BENEFITS FOR FULL-TIME AND BENEFITED PART-TIME EMPLOYEES

## ***Pre-Tax Payroll Deduction Options for Medical & Dental Insurance***

This IRS benefit allows for payroll deductions for your contributions toward the cost of medical and/or dental insurance premiums to be made on a pre-tax basis. Employees enrolling in group medical and/or dental insurance must elect or decline pre-tax deductions. The election may be changed at open enrollment.

## ***Flexible Spending Accounts (FSA)***

Employees may elect participation in the FSA upon full-time hire, and annually during open enrollment. The election may be changed at open enrollment or on the occasion of a qualifying event. FSAs are IRS-regulated. Contact HR for an enrollment form.

### **HEALTH CARE ACCOUNT**

An IRS Section 125 benefit, the health care FSA allows you to reduce your taxable income by setting money aside on a pre-tax, calendar year basis to pay for certain *medical, dental, pharmacy, and vision* expenses not covered by Cairn's or other insurance plans. Examples of eligible expenses include co-pays, deductibles, and some medical supplies. The 2025 contribution maximum for health care expenses is \$3,300. Up to \$500 per year may roll-over to the following year's account if unused by Dec. 31. The employee must request this rollover through HealthEquity. Employees who enroll in the medical insurance plan that partners with a Health Savings Account may not participate in the health care FSA, but may enjoy similar benefits in the H.S.A.

### **DEPENDENT CARE ACCOUNT**

A DCA FSA allows you to set aside money on a pre-tax, calendar year basis to pay for the cost of caring for dependents while you are working. The 2025 DCA contribution maximum \$5,000 per household (\$2,500 per spouse if filing separately). Employees may participate in the DCA FSA even if enrolled in a Health Savings Account.

## ***Health Savings Account (HSA)***

Employees who enroll in medical insurance Plan B – H.S.A. Compatible are registered for an H.S.A. with our online bank partner, HealthEquity. For employees in this plan, the University contributes \$300/yr for a Single and \$600/yr for a Family. Contributions are prorated on a per-pay basis. Funds in an H.S.A. do not expire and may be

used to pay for health-related expenses. An employee may receive employer and make employee contributions so long as s/he remains enrolled in a Cairn high-deductible health plan. Funds may be withdrawn even after the employee discontinues enrollment in a qualified high deductible health plan.

**NOTE:** Employees aged 65 and over who have registered for Medicare may not make or have contributions made to an H.S.A. Those employees may take advantage of using the funds already accumulated in their H.S.A.s, and may still enroll in the medical insurance plan that partners with an H.S.A.

The 2025 annual maximum is \$4,300 single and \$8,550 family (+ \$1,000 for employees 55 or older), and there is flexibility as to how employee-elected contributions may be made throughout the year. H.S.A.s are IRS-regulated.

## ***Paid Time Off***

*See policies 5506-04 and 5521-06.*

### **2025 HOLIDAY SCHEDULE:**

**Wednesday, January 1**

**Monday, January 20**

**Friday, April 18**

**Monday, May 26**

**Mon-Fri, June 30-July 4**

**Mon-Tue, Oct 13-14**

**Wed-Fri, Nov 26-28**

**Wed-Wed, Dec 24-31**

**New Year's Day**

**MLK Day**

**Good Friday**

**Memorial Day**

**Independence Week**

**Fall Break**

**Thanksgiving Break**

**Christmas Break**

**PAID TIME OFF - Staff** who are benefit-eligible receive personal paid time off to use for illness, personal reasons, and vacation. Staff members' PTO for the calendar year in which they are hired, or attain benefit-eligible status, is prorated by calendar year quarter. As of Jan. 1 following eligibility, new employees have 18 days of personal PTO per year. As of Jan. 1 following completion of 5 years, personal PTO increases to the maximum amount of 22 days per year.

**PAID TIME OFF – Faculty** use sick/personal time as needed. Faculty receive four weeks of paid vacation per calendar year.

**Staff and Faculty PTO** is allocated on a calendar year basis and **does not carry over** from one year to the next.

## **Retirement Plan 403(b)**

The 403(b), a defined contribution plan, allows employees to put money aside on a pre-tax or post-tax basis to be invested for use as income during retirement years. Regular employees working at least 1,000 hours per year are eligible to enroll.

Newly eligible employees must elect or waive enrollment at the time they become eligible. A change in election or contribution amount may be made at any time by contacting the Human Resources Department.

Cairn University offers matching funds for employee

contributions. The match, which is subject to change, is currently 3%.

The IRS annual contribution limit is \$23,500 for 2025. The catch-up contribution for individuals aged 50 and over is \$7,500. The Secure Act 2.0 also allows for those aged 60-63 to catch up \$11,250.

The University partners with the Standard as the plan record keeper, and Retirement Plan Advisors for consulting, fiduciary, and employee educational services.

## **BENEFITS FOR FULL- AND CERTAIN PART-TIME EMPLOYEES**

### **Commuter Benefit**

The program allows regular employees (consistently paid bi-weekly) to purchase train or bus fare up to a monthly maximum which is established by the IRS and subject to change. Transit voucher purchases are made directly with SEPTA. By presenting your monthly receipts to Human Resources, the University collects the cost for fare or monthly passes from your pay on a pre-tax basis, then reimburses your expenses (equal to the deductions) by way of non-taxable earnings, through payroll.

### **Employee Service Awards**

Each December or January, regular faculty and staff are invited to attend a program during which employees are recognized for milestone years of service. Awards are given to those who, during the recent calendar year, completed 5, 10, 15, 20, 25, 30, etc., years of service.

### **Leaves of Absence**

The University offers various types of leaves of absence. Some are available to full-time employees only, some to certain part-time employees as well, and some to all employees. Please read the referenced policies for details.

**BEREAVEMENT** See policies 5506-04 and 5521-06.

The University offers paid leave for up to three workdays in the event of a death in your immediate family. In the case of a death of a non-immediate family member, one paid day off is provided.

**JURY AND WITNESS DUTY**

See policies 5506-04 and 5521-06.

If you are called to serve on jury duty, or to be a witness on behalf of or related to the business of the University, you will receive full regular pay for time missed.

**MILITARY DUTY** See policy 5521-11

Cairn complies with the Uniformed Services Employment

and Re-employment Rights Act (USERRA) which established standards for job security and continuation of benefits for employees serving in the uniformed services.

**FAMILY/MEDICAL LEAVE** See policy 5521-08

Employees who have worked at least 12 months and 1,250 hours within the 12-month period immediately preceding the leave are eligible. FMLA is provided for your own serious health condition, or that of your spouse, child or parent who requires you to provide care; or for the birth, adoption or foster care placement of a child as your dependent. The University requires the use of employee PTO (when available) during FMLA leave.

During FMLA, when used for your own serious health condition, the University provides:

**SHORT-TERM DISABILITY** to allow for a level of income continuation during the FMLA leave and, under certain circumstances, personal leave.

**PERSONAL LEAVE** See policy 5521-10

You may request a personal leave of absence to follow an FMLA leave taken for your own illness, or for other reasons of a personal nature. Leaves are considered for approval on a case-by-case basis and, if approved, may be granted for up to three one-month periods.

**Tuition Assistance** See policy 5521-03

Tuition for undergraduate programs is provided to full-time employees and eligible dependent children (up to age 24). Regular part-time employees working at least 1,000 hours per year and their dependents receive ½ the tuition benefit offered to full-time and part-time benefited employees. Coverage for fees, housing, books, materials, etc. are not included in tuition assistance program. Employees interested in using the undergrad tuition benefit should email their request to [human.resources@cairn.edu](mailto:human.resources@cairn.edu).

The following chart shows the benefit available to employees and dependents:

Summary of Tuition Remission Eligibility and Benefit/Scholarship Level

THIS TABLE PROVIDES A SUMMARY ONLY. PLEASE REVIEW POLICY FOR DETAILS AND EXCEPTIONS.	UNDERGRADUATE COURSES INCLUDING DUAL-LEVEL AND DEGREE COMPLETION			GRADUATE COURSES	
	Employee Tuition Remission*	Spouse Tuition Remission	Child(ren) Tuition Remission	Employee Tuition Benefit / Scholarship	Spouse Child(ren) Graduate Scholarship
EMPLOYEE IS A:					
Full-time or benefitted part-time employee who is employed 12 mos/yr and works at least 30 hrs/wk (18 cr/yr if faculty) *	Trad: 100% up to 6 cr/sem, max. 18 cr/yr, D.C.: 100% up to 18 cr/yr.	Hired prior to 1/1/08: 100% Hired after 1/1/08: 25% during 1 <sup>st</sup> yr; 50% after 1 full year.	Traditional Undergraduate only: 100%. (See 3.5.2 of Policy.)	Benefit. Max. 6 cr/sem, max. 18 cr/yr. Hired prior to 1/1/08: 100%; Hired after 1/1/08: 50% during 1 <sup>st</sup> yr; 100% after 1 full year. Benefit is taxable in excess of \$5,250/calendar year.	50%   50%
Part-time employee who is employed 12 mos/yr & who works 1,000+ hrs/yr (12 cr/yr if faculty) *	half of above	half of above	half of above	Benefit. half of above	half of above   half of above
Cairn-assigned FT Independent Contractor **	After one year of full-time service, same as PT Employee hired prior to 1/1/08.				
Residential Intern ***	N/A	N/A	N/A	Scholarship. 100% for 3 credits/sem.	N/A   N/A
Graduate Assistant ****	N/A	N/A	N/A	Scholarship. 100% for full-time enrollment	N/A   N/A
Head and Assistant Coaches *****	N/A	N/A	N/A	Scholarship. 100% for maximum 18 credits per academic year	N/A   N/A

\* Takes effect the semester immediately following employee date of hire/eligibility, provided such date is on or before the last day of the drop/add period.  
 \*\* Takes effect semester immediately after IC has served one year in a FT capacity, provided such date is on or before the last day of the drop/add period.  
 \*\*\* In effect in the full semester(s) during which Internship or Graduate Assistantship is served. For GAs, includes summer session.  
 \*\*\*\*\* In effect during the academic year during which the coach is actively employed. Does not apply to full-time employees who also coach part-time.

## OTHER EMPLOYEE BENEFITS

### Discounts

#### CAMPUS STORE

The Cairn campus store offers discounts to employees of up to 10% on certain items, excluding textbooks. Present your employee ID at time of purchase to receive your discount.

#### CAFETERIA – Pioneer College Caterers (PCC)

PCC, Cairn’s food services provider, welcomes your use of the Dining Commons and Highlanders. Go to <https://oncampusdining.com/cairn/product/flex-dollars> where you can purchase \$25 to \$200 of cafeteria flex dollars on their account. Funds take 1-2 business days to register to your account. To use, simply present your Cairn ID at point of purchase. Flex Dollars are **nonrefundable**, so be sure to only put in as much money as you plan to use.

#### MERCHANT DISCOUNTS

From time to time, area businesses offer a variety of coupons or discounts to Cairn employees. See [HERE](#) for a list of area restaurants which provide employee discounts.

### Fitness Center

We all know how important it is to exercise and stay fit. With that in mind, the University encourages use of the Fitness Center at no charge to employees. Spouses and dependents, age 16 and over, may also use the Fitness Center. Access to the Fitness Center is provided to both

employees and guests by means of a university-issued identification card. General hours are Monday through Saturday 5:30 am to 1:00am; Sunday 1:00pm to 1:00am. Hours are subject to change during breaks in the University’s academic schedule.

### Counseling Services

The Center for Christian Counseling & Relationship Development (CCCRD) provides Christian counseling services here on campus to Cairn employees for the discounted rate of only \$60 per session. To set up an appointment, please use their website: <https://cccrd.org/>

### Free Living Will Service

Estate planning can be confusing and costly. FreeWill offers free tools for estate planning, thanks to support from nonprofit organizations. Cairn University teams up with FreeWill to provide these tools to its faculty, staff, students, alumni, and supporters. It's private and free! You can use the tools to plan for your family’s future in the way that suits you best. Click [here](#) to explore and use this resource.

# PROVIDER PHONE AND WEBSITE INFORMATION

## Medical Insurance Customer Support

Use the number on the back of your medical card to contact Highmark Clarity for customer support.

## Dental, Life, Accident, and Long-term Disability Insurance

**DENTAL PLANS - Cigna** Website: [my.Cigna.com](http://my.Cigna.com)

Cigna Member Services: 1-800-224-6224

GuideStone Dental Plan No., PPOs 317200

GuideStone Dental Plan No., DHMO 10112922

## Other Plans and Providers

### Flexible Spending Account - HealthEquity

**Client Number: 37922**

**PHONE INFORMATION:** For Customer Service, call

**1-877-924-3967** M-F, 8:00am to 8:00pm.

- ➔ FSA participants, keep in mind that your FSA ID number is your 9-digit Cairn ID, not your social security number.

#### WEBSITE INFORMATION

- [HealthEquity.com](http://HealthEquity.com)
- Select EMPLOYEES, then review FSA information for “Healthcare” or “Dependent Care”
- Enrolled employees are encouraged to register as an online user through “Account Management”

### Health Savings Account – HealthEquity

**Client Number: 42863**

**PHONE INFORMATION:** For Customer Service, call

**1-877-915-3233** (24/7)

- ➔ HSA participants, keep in mind that your HSA is a personal bank account. While you can change your contributions thru HR, debit card issues or changes to personal information must be handled directly between you and HealthEquity.

#### WEBSITE INFORMATION

- [my.healthequity.com](http://my.healthequity.com)

### 403(b) Retirement Plan – The Standard

**Plan Number 809681**

**PHONE INFORMATION:** STANDARD CUSTOMER SERVICE, **1-800-858-5420**

- Call this number between 8:00 a.m. and 8:00 p.m. Eastern Time, or email to [savings@standard.com](mailto:savings@standard.com)

**WEBSITE INFORMATION** - [www.standard.com/retirement](http://www.standard.com/retirement) to access your account balance, make investment changes or initiate a loan/distribution.

**RETIREMENT PLAN ADVISORS (RPA), 1-855-772-2344** - Contact Financial Advisor and Client Service Specialist, Tom Clooney, for investment advice, assistance completing enrollment forms, and transfer/rollover paperwork related to Cairn’s retirement plan, or other questions about your Cairn 403(b). E-mail: [tclooney@retirementplanadvisors.com](mailto:tclooney@retirementplanadvisors.com); phone: 855.772.2344.

### Medicare Advice

Cairn has a relationship with two Medicare advisors who offer free consultations for those who are in the retirement process. Malloy is a Medicare Supplemental Plan Broker and their advisors are well-informed about plan options, Medicare enrollment timing, and processes. Daniel Cardone is a licensed sales representative for Medicare, and gives Medicare education seminars.

**CONTACT INFORMATION:** Malloy Advisors: 1-800-933-8129 Mr. Daniel Cardone: 1-215-913-6800

### Cairn HR Department

Assistant Director of Payroll & Benefits—Suzanne Vanhooose 215-702-4545 or [svanhooose@cairn.edu](mailto:svanhooose@cairn.edu)

Assistant Director of Employment—Nancy Rivera 215-702-4211 or [nrivera@cairn.edu](mailto:nrivera@cairn.edu)

General HR Questions: 215-702-4841 or [human.resources@cairn.edu](mailto:human.resources@cairn.edu)



# List of Benefit-Related Smartphone Apps:



**Highmark BCBS** – Medical Plan Account



**Express Scripts Mail Order Pharmacy**



**Teladoc Health** - Telemedicine



**myCigna** – Dental Plan Account



**HealthEquity** – HSA and FSA account



**Guidestone** – Life insurance, Medical, Dental (to confirm plan choices only)



**Unum** –Life Insurance Account



**The Standard**—403(b) Account



**Paycor**—PTO, Hours, Wages, Pay Stubs, and Tax documents



**MyVSP**—Vision account and Electronic Card

