



VILLANOVA
UNIVERSITY

PATHWAYS

The Villanova University Benefits Program

2009-2010



The Villanova University Benefits Program

Pathways is Villanova University's employee benefits program. This enrollment brochure provides you with information about the health and welfare benefit plans for which you make elections during enrollment. It is intended to help guide you easily through the enrollment process. Each component of the medical, dental and life insurance plans is outlined for your convenience. If, after reviewing this brochure, you have any questions regarding the enrollment process, please contact the Human Resources Department.

Your Choices Are in Effect for the Full Plan Year (June 1 – May 31)

It is important to note that the Open Enrollment period is the only time you can enroll, cancel coverage, add or remove dependents, or change supplemental and dependent life insurance coverage with the exception of a Qualified Life Status Change.

Qualified Life Status Change

Any benefit change must be consistent with a life status change. You must notify Human Resources within 31 days of the life status change to be eligible to make changes to your benefit elections. After this grace period, you will not be able to make any changes in your coverage until the next Annual Open Enrollment period in accordance with IRS regulations.

Loss of Dependent Status

When a child graduates from college, or when a dependent is no longer eligible for benefits, it is the employee's responsibility to contact Human Resources for continuation of coverage for dependents under COBRA provisions. Dependents are covered until the age of 19, unless they are full-time students. Full-time students are covered until the age of 23, under the medical and dental plans; age 25 under the dependent life plan, or when the full-time student status ends.

The Internal Revenue Service defines a Qualified Life Status Change as a change in coverage due to the following:

- Marriage or divorce
- Change in full-time student status of your unmarried dependent child
- Birth or adoption of a child
- Death of a spouse or child
- Judgment, decree or order
- Change in employment/benefit status of you or your spouse
- Medicare entitlement
- Termination of Medicaid or CHIP coverage (notification must be made within 60 days)
- Eligibility for Premium Assistance under Medicaid or CHIP (notification must be made within 60 days)

Eligibility

All full-time staff and faculty are eligible for coverage under the University's medical, dental and life insurance plans beginning on the first day of the month following the first day of work or the change from part-time to full-time status.

Need More Information?

For more detailed information on the Keystone Flex HMO, the Keystone Direct Point-of-Service (DPOS), or the Personal Choice Flex PPO, call Independence Blue Cross at **1-800-ASK-BLUE (275-2583)**
<http://www.ibx.com>

Medical Plans

The University offers comprehensive medical, prescription and vision coverage. Your medical plan choices are: a health maintenance organization (HMO), a Point-of-Service (POS) or a preferred provider organization (PPO). If you wish to waive medical coverage, you must provide proof of other coverage.

Keystone Flex Plan (HMO)

An HMO is a managed care program that provides a wide range of health care services through an organized network of physicians and hospitals. You are required to select a primary care physician (PCP) to guide your care. Referrals from the PCP are required for specialist visits.

Keystone Direct Point-of-Service (POS)

The Keystone Direct POS plan provides you in and out of network benefits and allows you to select your own doctors and hospitals. You must select a Primary Care Physician (PCP) from the Keystone network, but can utilize most services in-network or out-of-network without a referral. Referrals are required for certain services including routine X-rays, podiatry, spinal manipulation and physical and occupational therapy. By staying in the Keystone network you will maximize your benefits, however if you choose to see an out-of-network provider, you will incur higher out-of-pocket costs.

Personal Choice Flex Plan (PPO)

The Independence Blue Cross Personal Choice Flex PPO plan utilizes a network of doctors and hospitals. A PPO offers a high level of benefits when services are provided by a participating physician or hospital within the network. Higher costs are incurred when services are provided outside the network. A PPO differs from an HMO, in that you are NOT required to coordinate your care through a primary care physician, or to obtain a referral to see a specialist.

Need More Information?

For more detailed information on the Medco Prescription Drug Plan, call Medco at **1-800-711-0917**
<http://www.medco.com>

Medco Prescription Drug Plan

If you enroll in any of the University's medical plans, you are automatically enrolled in the prescription drug plan, which is administered through Medco.

Summary of Keystone Flex Health Maintenance Organization (HMO)

BENEFITS	COVERAGE	
Office Visits (PCP)	\$10 co-pay	*Inpatient hospital co-pay of \$500 reimbursed by the University. Obtain reimbursement form from Human Resources website at www.hr.villanova.edu .
Routine Physicals/Well-Baby Care	\$10 co-pay	
Specialists Visit	\$20 co-pay (referral required)	
Pediatric Immunizations	Covered at 100% ** ** Office visits subject to \$10 co-pay	
Maternity/Newborn Care		
Hospital	\$500 co-pay/Admission*	
Physician	\$10 co-pay first visit	
Inpatient Hospital Care		
Surgery & Anesthesia	\$500 co-pay/Admission* Covered 100%	
Outpatient Surgery		
Laboratory Services	\$100 co-pay Covered 100%	
General Services		
Routine Radiology	\$20 co-pay	
MRI/CT/PET Scans	\$40 co-pay	
Chemotherapy & Radiation Therapy	Covered 100%	
Emergency Room	\$50 co-pay (not waived if admitted)	
Physical Therapy	\$20 co-pay (up to 30 visits per calendar year)	
Hospice & Home Health Care	Covered 100%	
Routine Gynecological Exam and Pap Smear	\$10 co-pay	
Mammography Screening	Covered 100%	
Psychiatric Care		
Inpatient	\$500 co-pay/Admission* (up to 30 days per calendar year)	
Outpatient	Up to 20 visits/year, \$20 co-pay	
Serious Mental Illness		
	60 outpatient days/visits/calendar year covered with a \$20 co-pay/visit. \$500 co-pay/Admission* (up to 30 inpatient days/calendar year)	
Substance Abuse Care		
Inpatient detox	Incorporated with Inpatient rehab	
Inpatient rehab	\$500 co-pay/Admission* (up to 30 days/ calendar year); lifetime maximum of 90 days	
Outpatient	\$20 co-pay, up to 60 outpatient visits per calendar year; lifetime maximum of 120 visits	
Annual Copayment Maximum		
	Individual \$1,500 Family \$3,000	
Vision Care: Davis Vision Program		
Exam	\$20 co-pay (participating provider)	
Glasses/Contacts	Up to \$100, every two years	
Medco Prescription Drugs		
	\$10 co-pay generic; \$20 co-pay brand (from formulary) \$35 co-pay for non-formulary prescription drugs	

Summary of Keystone Direct Point-of-Service (POS)

BENEFITS	IN-NETWORK	OUT-OF-NETWORK
Deductible	No deductible	\$500 per individual (\$1500 per family) (per calendar year)
Out of Pocket Maximum	None	\$3,000 per individual (\$9,000 per family) (per calendar year)
Lifetime Maximum	Unlimited	\$1,000,000
General Office Visits	\$15 co-pay (at PCP)	70% (after deductible)
Routine Physicals/Well-Baby-Care	\$15 co-pay (at PCP)	70% (after deductible)
Specialists Visits	\$20 co-pay	70% (after deductible)
Maternity/New Born Care (hospital)	\$100/day (max 5 co-pays/admission)	70% (after deductible)
Inpatient Hospital Care	\$100/day (max 5 co-pays/admission)	70% (after deductible) (up to 70 days per calendar year)
Surgery & Anesthesia	Covered at 100%	70% (after deductible)
Outpatient Surgery	\$100 co-pay	70% (after deductible)
Laboratory	100%	70% (after deductible)
General Services		
Routine Radiology	\$20 co-pay (referral required)	70% (after deductible)
MRI/CT/PET/Scans	\$40 co-pay (referral required)	70% (after deductible)
Chemotherapy/Radiation Therapy	100%	70% (after deductible)
Emergency Room	\$50 co-pay (not waived if admitted)	\$50 co-pay (not waived if admitted)
Physical Therapy	\$20 co-pay (max 30 visits per calendar year) (referral required)	70% (after deductible) (max 30 visits per calendar year)
Hospice & Home Health Care	100%	70% (after deductible)
Mammography Screening	100%	70% (no deductible)
Routine Gynecological Exam and Pap Smear	\$15 co-pay	70% (no deductible)
Psychiatric Care		
Inpatient	\$100/day (max 5 co-pays/admission) 30 days per calendar year	70% (after deductible) (up to 20 days)
Outpatient	\$20 co-pay; 20 visits per calendar year	50% (after deductible); 20 visits per calendar year
Serious Mental Illness		
Inpatient:	\$100/day (max 5 co-pays/admission) 30 days per calendar year	70% (after deductible) (up to 30 days)
Outpatient:	\$20 co-pay; 60 visits per calendar year	50% (after deductible); 60 visits per calendar year
Substance Abuse Care		
Inpatient detox (4 admissions per lifetime)	\$100/day (max 5 co-pays/admission) up to 7 days/admission	70% (after deductible) up to 7 days/ admission
Inpatient rehab (lifetime maximum of 90 days)	\$100/day (max 5 co-pays/admission) up to 30 days/calendar year	70% (after deductible) up to 30 days/per calendar year
Outpatient (lifetime maximum of 120 visits)	\$20 co-pay per visit up to 60 visits/calendar year	70% (after deductible) up to 60 visits/calendar year
Vision Care: Davis Vision Program		
Exam	\$20 co-pay	Not Covered
Glasses/Contacts		Up to \$100, every two years under Davis Vision Program
Medco Prescription Drugs		
		\$10 co-pay generic; \$20 co-pay brand (from formulary) \$35 co-pay for non-formulary prescription drugs

Summary of Independence Blue Cross Personal Choice Flex (PPO)

BENEFITS	IN-NETWORK	OUT-OF-NETWORK <i>with deductible except where noted</i>
Deductible	No deductible	\$500 per individual (\$1500 per family)
Out of Pocket Maximum	None	\$3000 per individual (\$9000 per family)
Lifetime Maximum	Unlimited	\$1,000,000
General Office Visits	\$15 co-pay	70% (after deductible)
Routine Physicals/Well-Baby-Care	\$15 co-pay	70% (after deductible)
Specialists Visits	\$25 co-pay	70% (after deductible)
Maternity/New Born Care (hospital)	\$100/day (max 5 co-pays/admission)	70% (after deductible)
Inpatient Hospital Care	\$100/day (max 5 co-pays/admission)	70% (after deductible) (up to 70 days per year)
Surgery & Anesthesia	Covered 100%	70% (after deductible)
Outpatient Surgery	\$100 co-pay	70% (after deductible)
Laboratory	Covered 100%	70% (after deductible)
General Services		
Routine Radiology	\$20 co-pay	70% (after deductible)
MRI/CT/PET Scans	\$40 co-pay	70% (after deductible)
Chemotherapy/Radiation Therapy	Covered 100%	70% (after deductible)
Emergency Room	\$50 co-pay (not waived if admitted)	\$50 co-pay (not waived if admitted)
Physical Therapy	\$20 co-pay (max 30 per plan year, combination of in/out-of-network)	70% (after deductible)
Hospice & Home Health Care	Covered 100%	70% (after deductible)
Mammography Screening	Covered 100%	70% (no deductible)
Routine Gynecological Exam and Pap Smear (1 per plan year for women of any age)	\$15 co-pay	70% (no deductible)
Psychiatric Care		
Inpatient (max 30 days per plan year, combination in and out-of-network)	\$100/day (max 5 co-pays/admission)	70% of Plan allowance (up to 30 days)
Outpatient (max 20 visits per plan year, combination in and out-of-network)	\$20 co-pay	50% (after deductible)
Serious Mental Illness Care		
Inpatient: 30 day maximum per plan year, combination of in/out-of-network	\$100/day (max 5 co-pays/admission)	70% (after deductible)
Outpatient: 60 day maximum per plan year, combination of in/out-of-network	\$20 co-pay	50% (after deductible)
Substance Abuse Care		
Inpatient detox (maximum 4 admissions per lifetime, combination in and out-of-network)	\$100/day (max 5 co-pays/admission) up to 7 days/admission,	70% (after deductible) up to 7 days/admission
Inpatient rehab (up to 30 days/year, combination in and out-of-network) (lifetime maximum of 90 days, combination in and out-of-network)	\$100/day (max 5 co-pays/admission)	70% (after deductible) up to 30 days/plan year,
Outpatient (lifetime maximum of 120 visits, combination in and out-of-network)	\$20 co-pay up to 60 visits/plan year,	70% (after deductible) up to 60 visits/plan year,
Vision Care:	Davis Vision Program	
Exam	Covered 100% (participating provider)	\$35 reimbursement (non-participating provider)
Glasses/Contacts		Up to \$100, every two years under Davis Vision Program
Medco Prescription Drugs		
	\$10 co-pay generic; \$20 co-pay brand name (from formulary) \$35 co-pay non-formulary drugs	

Dental Plan

The University's dental plan focuses on the importance of regular and preventive dental care. It is administered by Delta Dental. The plan offers dental coverage through a network of participating dentists both locally and nationwide.

Delta Dental covers a percentage of most dental services.

Preventive services are covered at 100%; other eligible dental services are paid at 80%, 60% and 50%, depending on the service, after you pay a plan year deductible of \$50 per person (maximum 3 per family). You may choose a dentist from the Premier network or the PPO network. The maximum benefit amount per person for services other than orthodontic work is \$1,500 per plan year for the Premier Plan or \$1,750 per plan year for the PPO Plan. The lifetime maximum benefit paid for a child's orthodontic care is \$1,500 under both the Premier and PPO Plans.

Delta Dental payments to dentists or reimbursements to subscribers are based on the Delta Dental network allowance. If you use a dentist who is not a member of the Delta Dental network, you may be subject to a balance bill in addition to any deductible and co-payments required. When you utilize a participating dentist, your out-of-pocket costs are reduced and no claim forms are necessary.

If you have other dental coverage under a spouse's plan, or you do not want coverage at all, you may waive this benefit.

Employees who waive dental coverage will be required to wait two (2) years before enrolling in the plan in the following open enrollment period.

Summary of Delta Dental Plan

PREVENTIVE CARE 100% NO DEDUCTIBLE	BASIC RESTORATIVE 80% AFTER DEDUCTIBLE	MAJOR RESTORATIVE 60% AFTER DEDUCTIBLE	ORTHODONTIA 50% NO DEDUCTIBLE
Oral Exams <i>(2 per 12 months)</i>	Fillings	Full/partial dentures	Diagnosis & treatment <i>(only covers children to age 19)</i>
Cleanings* <i>(2 per plan year)</i>	Extractions	Bridgework	\$1,500 lifetime maximum per patient
Periodontal Cleanings <i>(2 per plan year)</i>	Oral Surgery	Crowns	
Bitewing x-rays	Emergency treatment of pain	Pontics	
Full mouth x-rays <i>(1 every 3 years)</i>	Anesthesia	Inlays	
Fluoride for Children under 18 <i>(1 per a 6 month period)</i>	Periodontia	Onlays	
<small>* 1 additional cleaning for pregnant women</small>	Root Canal	Gold restorations	
	Endodontia	Implants	
	Repair of dentures		
	Specialist consultants		

Life Insurance

As a Villanova University faculty or staff member, you are covered for Basic Life insurance and Accidental Death and Dismemberment (AD&D) insurance. In addition, the University also offers you the option of purchasing Supplemental Life and Dependent Life insurance.

Basic Life

The amount of your Basic Life insurance is equal to \$50,000. This coverage is provided to you at no cost and paid to your designated beneficiary in the event of your death. The coverage is reduced to \$25,000 for faculty and staff who are actively employed at age 70.

Accidental Death and Dismemberment (AD&D) Coverage

If your death is the result of a covered accident, your beneficiary will receive an accidental death benefit of an additional \$50,000. If you suffer the loss of a limb or the loss of eyesight as a result of a covered accident, you will receive 100% or 50% of the AD&D benefit, depending on the extent of the loss.

Supplemental Life Insurance

This coverage requires a monthly premium paid through payroll deductions. These rates are found on the enclosed Pathways rate sheet.

If you decide you need more life insurance protection, you can purchase additional life insurance at group rates through payroll deductions.

Each year at open enrollment, you can purchase between \$10,000 and \$300,000 of life insurance coverage, in increments of \$10,000. Benefits are paid to your designated beneficiary (the same beneficiary as noted under your Basic Life/AD&D coverage) in the event of your death. There is no AD&D coverage for Supplemental Life.

You may elect up to \$50,000 of additional insurance coverage without proof of medical insurability. Requests for amounts over \$50,000 will be subject to the requirements of and approval by the insurance company. Any request for coverage in excess of \$50,000 will require the completion of a medical history questionnaire. Supplemental life insurance is reduced 50% for faculty and staff who are actively employed at age 70.

Supplemental Life insurance premiums are determined by your age as of June 1st each plan year. Please refer to the Pathways Rate Sheet to determine your monthly premium.

Dependent Life Insurance

If both husband and wife are actively employed by the University, the purchase of dependent life insurance is not permitted for the spouse.

You can purchase Dependent Life Insurance for your spouse and dependent child(ren). Coverage consists of \$25,000 of life insurance on your legal spouse and \$5,000 for each (eligible dependent) child. Dependent children are covered until age 19, unless they are full-time students. Full-time students are covered until age 25 or when their full-time student status ends. It is the employee's responsibility to notify Human Resources of changes in dependent status. Benefits are paid to you should your spouse and/or child die. There is no AD&D coverage for this part of the plan. This coverage requires a monthly premium paid through payroll deductions.

Benefit Costs

The benefit program premiums for faculty and staff not paid over 12 months will be pro-rated accordingly. The premiums can be found on the enclosed Pathways Group Benefit Plan Rate sheet.

Benefits Coverage During Disability

The University provides long-term disability insurance equal to 60% of regular salary when a personal illness or injury requires continued consecutive absence from work in excess of one hundred eighty (180) days.

If an employee is considered approved as disabled, under the University's Long-Term Disability Plan, the active employee coverage under the University's medical and dental programs continues for the first 24 months following the employee's date of long-term disability. Premiums for the first 24 months are at active employee rates. If the employee remains on long term disability beyond 24 months, continued coverage for medical and dental is available for an additional 29 months under COBRA. Under the Group Life Insurance Policy, the employee may be eligible for waiver of premium.

You may access the Human Resources website at www.hr.villanova.edu to download the Villanova Benefits Enrollment/Change Form.

* Open enrollment for the Flexible Spending Accounts is held each fall for the following plan year, which is January 1st through December 31st.

Other Benefit Plans available through the University

Visit the HR website www.hr.villanova.edu for further information on all benefit options including:

- **Retirement Plan**
403(b) administered by TIAA-CREF and The Vanguard Group
- **Health Care Flexible Spending Account**
(for eligible medical, dental, vision expenses) *
- **Dependent Care Flexible Spending Account**
(for eligible child care/elder care expenses) *
- **Commuter Benefit**
(for eligible public transportation expenses)
- **Tuition Remission**
- **Tuition Exchange**
- **Child Care Assistance**
- **Employee Assistance Plan**
- **Short & Long Term Disability**
- **Business Travel Accident Insurance**

Discounts and Services available through the University

- **Liberty Mutual Homeowners and Automobile Insurance**
- **Villanova Alumni Association Benefits:**
(Life & Disability Insurance, Credit Card, Travel)
- **Ford College Partner Recognition Program**
(X-Plan)
- **Wachovia at Work Banking**
(including on-site full service bank/ATMs)
- **Credit Union membership with Comtrust Federal Credit Union**
- **Direct Deposit to Wachovia, Comtrust Federal**
or any other bank/credit union
- **Payroll savings plan for U.S. Savings Bonds**
- **Payroll deduction of United Way donations**
- **University Shop discount with use of University Wildcard account**
- **Use of Wildcard as a debit card at many on and off campus locations**
- **Discounts on Villanova theater tickets**
- **Limited access/use to athletic department facilities**
(fitness centers, exercise classes, tracks, pools)

Human Resources Benefits Staff

Rose Clinton

Employee Benefits Assistant **9-4598** **rose.clinton@villanova.edu**
 Medical and Dental Plan Enrollment;
 Eligibility and Health Plan Continuation (COBRA);
 Tuition Remission and Tuition Exchange

Benefits Help Line **9-6666**
Human Resources Fax **9-6667**

Human Resources on the Internet:
<http://www.hr.villanova.edu>

Annette Lucidi

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 Health Plan Administration,
 Disability, Workers' Compensation,
 Flexible Spending, Child Care Assistance
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Beth Green

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 Retirement/403(b) and Life Insurance;
 Retiree Medical

Mary Burke

Associate Director, Human Resources **9-5135** **mary.burke@villanova.edu**
 Management of Benefit Plans

Service Provider Contacts

Are you aware of the many valuable resources available to assist with your benefit and claim inquiries? We thought it would be helpful to provide you with a listing of frequently requested benefit contacts information. While you are always welcome to contact the Human Resources Department with your general benefits questions, at ext. 9-7900, or leave a message on the Benefits Help Line at ext. 9-6666, the following is a list of key benefit contacts, by plan, for specific benefit information.

Medical

**Keystone Flex Plan (HMO),
Keystone Direct (POS), and
Personal Choice Flex Plan (PPO)** **1-800-ASK-BLUE (275-2583) or
www.ibx.com**

Prescription Drugs

Medco **1-800-711-0917 or www.medco.com**

Dental

Delta Dental **1-800-932-0783 or
www.midatlanticdeltadental.com**

Flexible Spending Accounts, Child Care Subsidy Plan and Commuter Plan Information

WageWorks **1-877-924-3967 or www.wageworks.com**

Short-Term Disability

Cigna **1-800-362-4462**

Employee Assistance Program & Back Up Reimbursement (Just-In-Case)

Ceridian (LifeWorks) **1-888-267-8126 or www.lifeworks.com
User ID: Villanova
Password: 1009**

403(b) Plan Information

Vanguard **1-800-523-1188 or www.vanguard.com**
TIAA CREF **1-800-842-2776 or www.tiaa-cref.org**

About this Brochure

This brochure is only a summary of the Medical, Dental and Life Insurance benefit plans at Villanova University and is not meant to be a controlling legal document or a contract of employment between you and the University. If any questions should arise, the legal plan documents, contracts and insurance policies will always govern.

Villanova University plans to continue these plans, but reserves the right to terminate, suspend, withdraw, amend or modify any benefit plan at any time.



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