Work-Life Benefits

Employee Assistance Program (EAP) – CONCERN: EAP

Summary

The University of San Francisco recognizes that personal problems which are untreated may increase in severity and affect you and your family member's ability to lead a productive life.

EmployeeAssistance Program (EAP) offers free, confidential short-term counseling for employees and their families for personal, family, and work/life balance issues. EAP can help you clarify the issues, assist in the development of an action plan, and get you started on the path towards the desired outcome.

Contact EAP:

By phone 24/7 live intake: **800-344-4222**
Informational Web site: www.concern-eap.com
Company code: **USF or University San Francisco**

Eligibility:

All benefit eligible employees, your legal spouse/LDA and dependent children are eligible to receive services.

Effective:

The effective date for your coverage is the 1st day of employment to the last day you are an employee.

Confidentiality:

All records are confidential and protected by federal and state laws. No information will ever be disclosed to anyone, including your employer, without your knowledge or consent, except as required by law.
Legally required exceptions include cases in which there is a threat of harm to the client or others, or suspicion of child or elder abuse.

Coverage Summary:

Short-term Counseling: You and your eligible family members receive up to 8 visits per problem in a 12 month period at no cost to you. Services include the following counseling topics.

- Marriage and family problems
- Parenting concerns
- Difficulty with relationships
- Stress, anxiety, depression and other emotional problems
- Loss and death

- Alcohol and substance abuse

When your EAP benefit visits are exhausted: You may opt to continue with the counselor for up to ten additional visits at no more than $75 out of pocket per visit and then, if you so desire, on a cash basis or through your insurance on an in or out-of-network basis, or be referred to alternative sources of help. It is recommended to bring this issue up to discuss alternatives with the counselor very early on in your visits, as changing counselors in midstream is often undesirable.

Parenting and Childcare Resources: The EAP has a wide variety of pre-screened resources that can help you find:
- Prenatal resources (call for a free prenatal kit)
- Daycare centers and nursery schools (with current openings)
- Private or public schools (from kindergarten through graduate school)
- After school care, summer camps
- Tutoring, special needs

Legal Consultations: The EAP offers you a 30 minute in office or telephonic consultation for qualified attorneys who specializes in the legal area in which you are interested. If you decide to retain the attorney you will receive a 25% discount from their standard fees.
- Adoption
- Bankruptcy
- Child custody/support
- Estate planning
- Wills & Trusts
- Personal Injury

Eldercare Services: If you are caring for an elderly relative or for an adult with special needs, the EAP can help you find resources to address their needs:
- Clarify and prioritize your specific needs
- Develop an action plan
- Find groups or programs in the community
- Evaluate financial circumstances and insurance options

Financial Services: For questions regarding your finances, call the EAP for a free one-hour telephonic consultation with a financial counselor. Find help to manage a budget, consolidate bills or develop long-term financial security. You have unlimited access to the financial help-line to address common money questions.

Career Management Services: If you are interested in alternative career options in your organization or looking for ways to advance in your current profession, the EAP can help with a one-hour face to face consultation with a career counselor:

- Assess your interests, preferences, values and skills
- Understand ways to explore career paths within your organization
- Prepare for effective performance reviews
- Explore educational options to enhance your skills

On-Line Services: www.concern-eap.com From the CONCERN website you may request work/life services, ask questions and receive a response within 24 business hours. Through the educational portal ***LifeAdviser*** you have access to a wealth of information including streaming videos, health risk assessments, and personal and professional interactive training. You will find over 4,000 articles on a wide range of topics such as depression, parenting, communication, financial and health and wellness. You can register for the website by using the company code: **USF or University San Francisco**

What services are not covered?
The following services are not covered by the FSAP benefit:

- Medical Emergency Care
- Acupuncture
- Aversion therapy
- Biofeedback and hypnotherapy
- Medical treatment or diagnostic testing related to learning disabilities, attention deficit disorder and other development disorders
- Services for the medical treatment of mental retardation or defects and deficiencies of functional nervous disorders, including chronic mental illness.
- Services received from a non-participating provider
- Sleep therapy
- Services in response to any involuntary requirements to seek counseling, including orders by a local, state, or federal jurisdiction, e.g., based on any section of the California Penal Code or Vehicle Code
- Medical treatment associated with organic brain disease, Alzheimer's disease and autism
- Medical treatment for speech and hearing impairments IQ testing
- Medical treatment for chronic pain
- Services involving medication management or medication consultation with a psychiatrist

USF CHILDCARE SUBSIDY PROGRAM

The University has established a childcare subsidy program for full-time faculty and staff to help meet the expenses of pre-kindergarten childcare.

The following criteria shall apply to fund distribution:

- To be eligible, you must be a full-time faculty or staff member.
- Children are eligible up until kindergarten.
- Funding levels vary depending on faculty rank or staff income. The exact funding levels will be determined each year.
- The funding amount is based on your current faculty rank or annual staff salary. You will receive an additional amount equal to 75% of your initial amount for each additional pre-kindergarten child in your family.
- The funding will be deposited into a Dependent Care Flexible Spending Account in your name. You must enroll in the Flexible Spending Account Program in order to participate in the Childcare Subsidy Program. Please see Flexible Spending Accounts for further details on enrollment periods and eligibility. As in personally funded Dependent Care Flexible Spending Accounts, deposits made from the childcare fund are also non refundable.
- Eligible expenses are those that enable you to work (and, if you are married, enable your spouse to work or go to school full-time at least five months during the year, unless he/she is incapable of self care).
- If both parents work at USF, funding will be distributed based on the status of the parent eligible for the highest level of funding (i.e. dual USF families receive funding once.)

Dependent Care Flexible Spending Accounts (FSA) – The Lipman Company

Dependent care flexible spending accounts are administered by The Lipman Company. A dependent care flexible spending account (FSA) allows you to spend money for eligible dependent care expenses free of Federal and State income taxes and Social Security taxes. Expenses you pay for the care of your legal dependents are eligible for reimbursement from your FSA. The expenses must be incurred to allow you to work or to look for work.

WHAT ARE THE DISADVANTAGES OF AN FSA?

It is very important that you estimate your expenses carefully, because amounts deposited to your account that are not used in the calendar year (or IRS extended year) will be forfeited. Also, because you are reducing your social security contribution, there could be an effect on your future social security benefit. If you participate in the 403 (b) voluntary tax deferred annuity plan, your tax deferral maximum calculation must be based on your salary amount after the reduction for your flexible spending account has been made. This could reduce the amount that you may contribute to the 403(b) plan. Although these reductions usually are not significant amounts, you need to be aware of them. The University of San Francisco is responsible for the payment of claims up to the amount that you have deposited at that time.

When Am I Eligible?

You are eligible to enroll upon eligible employment for the remainder of that calendar year or annually for the following calendar year. New enrollment forms must be completed each year that you wish to participate in the program. Once you have made your decision to participate, you may not change your designation unless there is a change in your family status which requires the change (such as gain or loss of dependents).

HOW DO I FILE A CLAIM?

Claims are reported on voucher forms. Voucher forms are available from Human Resources or from The Lipman Company at 1-800-533-0113. Claims may be mailed or faxed to The Lipman Company at:

The Lipman Company
3340 Walnut Avenue, #290
Fremont, CA 94538
FAX (510) 795-0858

HOW MAY I RECEIVE MORE INFORMATION?

A separate portfolio of information is available in the Office of Human Resources which includes a brochure of detailed information, questions and answers about the flexible spending accounts program, and an enrollment form. If you have additional questions after reviewing the portfolio, your Benefits Representative will be able to provide assistance.

USF WELL-LIFE

The University sponsors USF Well-Life, a comprehensive health promotion and health education program. This program is designed to reduce health risks through various behavior modification classes and individual counseling. For more information, please contact the University's Well-Life Coordinator in the Office of Human Resources at (415) 422-2442 or online at www.usfca.edu/hr/wellness.

Long Term Care Insurance – John Hancock

WHO IS ELIGIBLE TO APPLY?

- All full-time faculty and staff member on US payroll working at least .80 FTE or 30 hours per week and all full-time counseling psychologists on US payroll working at least .66 FTE
- Retirees
- Spouses (issue age 18 or older) of eligible faculty and staff and retirees
- Parents and parents-in-law of eligible faculty and staff
- Grandparents and grandparents-in-law of eligible faculty and staff
- Siblings (natural, adoptive, or step) (issue age 18 or older) of eligible faculty and staff, retirees and their spouses
- Children (natural, adoptive, or step) (issue age 18 or older) of eligible faculty and staff, retirees and their spouses. Also includes spouses (issue age 18 or older) of eligible children

Eligible family members may apply whether or not the active faculty and staff member or retiree applies.

All applicants, other than eligible active faculty and staff members and their spouses, must reside in the U.S. (50 states or DC) on the date of application and on the effective date of coverage.

WHAT ARE MY COVERAGE CHOICES?

When you apply for coverage, you will choose your Daily Maximum Benefit (DMB) from the options listed below. The DMB is the most the insurance may pay for all covered services received on any day. Each option has a corresponding Lifetime Maximum Benefit (LMB). The LMB is the total pool of money payable for covered expenses except for the Stay at Home Benefit, which is not included as part of this pool.
* If you are a resident of Kansas, this benefit varies slightly. (Call 1-800-482-0022 for details)
** This includes Adult Day Care (Washington refers to this as Adult Day Health Care) and the following services provided in you home: Home Health Care, Hospice Care and Homemaker Services, Personal Care and Respite Care that are provided by a qualified provider.

Nonforfeiture Benefit Option

You may elect at enrollment to include in your coverage the Nonforfeiture Benefit which allows you to stop making premium payments for any reason and retain a reduced level of coverage if you have been continuously insured under the plan for at least three years. If you exercise this benefit, you will keep your full DMB amount, but the LMB will be reduced. Your reduced LMB will equal the greater of 30 times your DMB or the sum of premiums paid. If you exercise this benefit after a minimum of 10 years of continuous coverage, the reduced LMB would be equal to the greater of 90 times your DMB or the sum of premiums paid.

HOW DO I BECOME ELIGIBLE FOR BENEFITS?

A licensed health care practitioner must certify that you require substantial assistance (hand on or stand by) from another person to perform at least two Activities of Daily Living (ADLs) due to loss of functional capacity, which is expected to continue for at least 90 days or that you need substantial supervision due to a cognitive impairment. You become eligible for benefits when a John Hancock Care Coordinator verifies that you meet the benefit eligibility requirements under the policy, and you have completed the Qualification Period.

ADL Dependence

The six ADLs are:

- Bathing
- Dressing
- Eating
- Maintaining continence
- Toileting
- Transferring

Cognitive Impairment

Cognitive impairment is deterioration or loss of intellectual capacity that is comparable to and includes Alzheimer's Disease and similar forms of irreversible dementia. The need for substantial supervision due to severe cognitive impairment must be established by clinical evidence and standardized tests that reliably measure impairment in a person's short-term or long-term memory; orientation as to person, place, or time; or deductive or abstract reasoning, or judgement as it relates to safety awareness.

Qualification Period

The Qualification Period is the period of time you must wait from the date John Hancock verifies that you meet the benefits eligibility requirements under the policy until the date benefits are payable for covered charges you incur. The Qualification Period is 90 days and needs to be met only once as long as you remain continuously insured. No expenses need to be incurred during this period of time. You must remain eligible for benefits during this period, but you don't have to receive long-term care services or be hospitalized. The policy will pay benefits for covered charges you incur after the Qualification Period is met as long as you remain eligible for benefits.

WHAT WILL HAPPEN IF THE COST OF LONG-TERM CARE SERVICES INCREASES IN THE FUTURE?

You will be offered additional amounts of coverage every three years to keep up with inflation. The amount of each adjustment will reflect a benefit increase of at least 5% compounded annually for the applicable period. An inflation adjustment will not be available if you are issue age 85 or older, or if you have met the benefit eligibility requirements under the policy in the six months prior to the increase effective date or if your coverage is in reduced paid-up status. (If you are a resident of CT, DE, IN or KS, this provision varies slightly. Call 1-800-482-0022 for details.)

WHAT ADDITIONAL FEATURES ARE INCLUDED?

Return of Premium at Death Benefit

A Return of Premium at Death Benefit is included in you coverage. The Return of Premium at Death Benefit will pay to your estate, a portion of the premiums you paid less any benefits paid or payable should you die prior to age 75 while covered under the plan. The portion of the premium is based on your age at the time of death.

Waiver of Premium
Your premium payments will be waived once you complete the Qualification Period, provided you meet the benefit eligibility requirements under the policy on that date. The waiver will continue as long as you remain eligible for benefits.

Portability
If you retire or leave the University of San Francisco, your coverage may be continued at the same premium rate as that paid by active faculty and staff. You will pay premiums directly to John Hancock.

Bed Reservation Benefit
The plan will continue to pay nursing home or residential care facility benefits for up to 60 days per calendar year if you leave the facility on a short-term basis while receiving plan benefits.

Benefits Unlisted
You may ask John Hancock to pay benefits not stated in the policy. John Hancock, as its sole discretion, may approve alternatives to the current plan that are both appropriate for you and cost effective. Any benefits paid will reduce the LMB.

Stay at Home Benefit
The plan includes a Stay at Home Benefit, which can be used to pay for expenses for: Care Planning Visit, home Modifications, Emergency Medical Response System, Durable Medical Equipment, Caregiver Training, Home Safety Check, and Provider Care Check. The Stay at Home Benefit amount is the most the plan will pay for the cost of all covered services received while you are insured, and will not exceed 30 times the DMB. It is available during the Qualification Period and does not reduce you LMB. The Stay at Home benefit amount will be recalculated whenever your DMB changes due to inflation increases, benefit increases, and decreases provided you have not exhausted this benefit. Any benefits paid out will be subtracted from the recalculated amount. Except for the Care Planning Visit, you must be residing in you home to be eligible. The maximum amount payable for caregiver training will not exceed 5 times your DMB.

Restoration of Benefits

The Restoration of Benefits feature allows you to restore your LMB if you provide proof that you:

- Have not met the benefit eligibility criteria during the 24-month period up to and immediately proceeding the date you request to restore your LMB,
- Have not exhausted your LMB, and
- Have been continuously insured on a premium-paying basis for at least 24 months just prior to the date you request to restore you LMB

Restoration does not apply if coverage is in reduced paid-up status.

International Benefits

This plan will pay actual charges incurred for any day of covered services, up to the International Daily Benefit Maximum, if the following conditions are met:

- You are permanently residing outside the U.S. (50 states and DC)
- You provide John Hancock with proof of benefit eligibility, including certification by a licensed health care practitioner (LHCP) of dependency in two of six ADLs due to a loss of functional capacity that is expected to last for at least 90 days or that you have a severe cognitive impairment that requires substantial supervision.
- Services are based on a plan of care prescribed by a LHCP.
- The Qualification Period has been met.
- You continue to meet the eligibility requirements under the policy.

Each level of benefits will be paid up to 75% of the DMB level that would apply in the U.S. The total of benefits payable for all charges incurred on any day will not exceed the International Daily Benefit Maximum, which is equal to 75% of the Nursing Home DMB. All documentation provided to John Hancock must be in English. The benefit will be paid directly to the insured or his or her legal representative. Benefit payment will be made in U.S. currency, based upon the exchange rate effective on the last day of the month in which covered services were received.
The Stay at Home and Respite Care Benefits are not available to insured persons residing outside the U.S. Coordination of Benefits does not apply. No benefits are payable under the policy for care received outside the U.S. (all 50 states and the District of Columbia) except as provided in the International Benefits Provision.

HOW DO I APPLY FOR COVERAGE?

You apply for coverage by completing the enrollment forms included in the accompanying folder, "Enrollment information," and returning them to John Hancock.

Will I be Automatically Accepted?

You will be automatically accepted for coverage, regardless of your current health status, if you are:

- Eligible, actively-at-work faculty or staff applying during the designated 2003 enrollment period, March 1 – March 31, 2003
- Eligible faculty or staff on leave of absence or disability during the designated 2003 enrollment period applying within 31 days of returning to work on a regular basis
- Newly hired eligible or newly eligible, actively-at-work faculty or staff applying within 31 days of first becoming eligible for benefits

DO I NEED TO PROVIDE PROOF OF GOOD HEALTH?

You will need to provide proof of good health if you are:

- Actively-at-work faculty or staff who applies after the designated 2003 enrollment period (other than active faculty or staff who returns to work on a regular basis from a leave of absence or disability that occurred during the designated 2003 enrollment period or newly hired eligible or newly eligible, actively-at-work faculty or staff, applying as previously described)

- A retiree, spouse, parent, parent-in-law, grandparent, grandparent-in-law, sibling or adult child applying at any time, including during the designated 2003 enrollment period

HOW DO I PROVIDE PROOF OF GOOD HEALTH?

You provide proof of good health by completing the entire application, including the Statement of Health. Before you complete the entire application, you may want to know if you have a condition that will automatically prohibit you from obtaining coverage. For this reason, a Health Question section is included at the beginning of the application. If you answer "yes" to any of the questions in that section, you are advised not to complete the rest of the application. If you answer "no" to all of the questions, you should proceed with completing the entire application. The Health Question Section does not apply to residents of certain states. No physical examination is required to apply for coverage. However, John Hancock may request a statement from your doctor. The underwriting evaluation may also include a personal interview administered by a trained clinician. The statement from your doctor is obtained and the interview is conducted at John Hancock's expense.

WHEN WILL MY COVERAGE BECOME EFFECTIVE?

You effective date of coverage will be May 1, 2003 or the first of the month after your application is approved, whichever is later. If you are an eligible faculty or staff member who is not actively at work on the date your coverage would otherwise have become effective, your coverage will not become effective until the first of the month following your return to work on a regular basis. If you are an eligible person other than an eligible faculty or staff member and you are disabled on the date your coverage would otherwise have become effective, your coverage will not become effective until he first of the month following the date you are no longer disabled, provided you are still eligible.

HOW DO I CALCULATE MY PREMIUM RATE?

In the Enrollment Information folder, you will find rate sheets each including the four available DMB choices. Once you have made your coverage choice, look at the premium for your issue age. Your issue age is your age on the later of: May 1, 2003 (plan effective date), or the date your application is received by John Hancock. Premiums will not be increased because of age, illness, or use of benefits. Premiums will be adjusted only if they are changed for an entire group or class.

HOW WILL I PAY MY PREMIUMS?

Active faculty and staff and their spouses will have their premium payments deducted from the paycheck of the active faculty or staff. All other participants will have the option of paying premiums directly to John Hancock or through automatic withdrawal from a bank account.

WHOM CAN I CALL IF I HAVE QUESTIONS?

You may call the John Hancock Customer Service Center at 1-800-482-0022. Long-term Care Service Consultants are available Monday through Friday, between 8:30 a.m. and 6:30 p.m. ET. The toll-free number for the hearing impaired is 1-800-255-1808. If you are calling from outside the United States, the number is (617) 886 – 8713. You can also send us an e-mail at gltc@jhancock.com or visit our Long-term Care we site at http://longtermcare.jhancock.com/longetermcare/usfca (username: usfca; password: mybenefit)

ARE THERE ANY EXCLUSIONS UNDER THE PLAN?

John Hancock will not pay benefits for charges incurred by the insured for conditions resulting from the following:

- Your intentionally self-inflicted injury.
- War, whether declared or not, or any act of war, or service in any armed forces or auxiliary units.
- Your commission of or attempt to commit a felony;
- Your engaging in an illegal occupation; or
- Your participating in an insurrection or riot.
- Care, services or treatment required as a result of detoxification or rehabilitation for alcohol or drug addiction; or
- Charges normally not made in the absence of insurance; or
- Care, treatment or charges provided by a member of your immediate family, or by a person who ordinarily resides in your home.
- Care, services or supplies furnished by or covered as a benefit under a program of any government or its subdivisions or agencies, except as required by law and except:
    1. A program established by the Federal government for its civilian employees;
    2. Medicare; and
    3. Medicaid (This means any state medical assistance program under Title XIX of the Social Security Act as amended from time to time); or
- Any service or supply to the extent that charges for it are reimbursable under Medicare, or would be so reimbursable but for the application of a deductible or coinsurance or co-payment amount under Medicare. This exclusion will not apply in those instances where Medicare is determined to be secondary payor or under applicable law.

No benefit is payable under the policy for care received outside the United States (50 states and the District of Columbia) except as described in international Benefits.

These exclusions may not apply in all states and may vary depending on the state in which you live. The Certificate of Insurance you receive once you are approved for coverage will outline the exact exclusions for your state. If you move to another state, the state guidelines where the Certificate of Insurance was originally delivered to you will apply.

Long-term care providers must meet the qualifications specified in the Certificate of Insurance that will be issued to you when you become approved for coverage, and services and supplies must be provided in accordance with a plan of care prescribed by a licensed health care practitioner.