

# 2019 Benefit Summary



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# Benefit Contacts

Refer to this list when you need to contact one of your benefit vendors or make a coverage election change. For general information, contact Human Resources at 828.898.8743 or [furstm@lmc.edu](mailto:furstm@lmc.edu).

## Medical and Prescription

Board of Pensions  
Blue Cross Blue Shield  
*Utilizing: BCBS Network*  
1-800-773-7752  
[www.pensions.org](http://www.pensions.org)

## Dental

Guardian  
1-888-600-1600  
[www.guardiananytime.com](http://www.guardiananytime.com)

## Vision

Principal  
1-800-877-7195  
[www.vsp.com](http://www.vsp.com)

## Basic Life, Dependent Life, and Voluntary Life

Guardian  
1-888-600-1600  
[www.guardiananytime.com](http://www.guardiananytime.com)

## Long-Term Disability

Guardian  
1-888-600-1600  
[www.guardiananytime.com](http://www.guardiananytime.com)

## FSA

Flores & Associates  
1-704-335-8211  
<https://www.flores247.com>

# Medical Insurance: Board of Pensions/BCBS

## Who is Eligible and When

All full-time employees working a minimum of 30 hours per week are eligible the first of the month following 30 days of service.

Lees-McRae College pays the majority of the employee-only coverage and offers the option to enroll spouse and dependent children.

### Bi-weekly Payroll Deductions

Employee Only	\$44.19
Employee + Spouse	\$146.58
Employee + Child(ren)	\$129.97
Family	\$230.40

## Board of Pensions — Blue Cross Blue Shield

You will have the opportunity to elect medical coverage for yourself and any eligible family members through the Benefits Plan of the Presbyterian Church (U.S.A.) — including:

- medical coverage (includes a vision eye exam benefit and Teladoc access)
- prescription coverage
- preventive care benefits
- a well-being initiative
- an employee assistance program (EAP)

## Call to Health Well-being Initiative

Call to Health promotes wholeness through the spiritual, health, financial, and vocational aspects of our lives, and offers you the opportunity to save money on medical deductibles for you and your family.



# Key Provisions PPO – 2019

## Medical Plan

Benefit	PPO 2019	
	Minimum effective salary	Maximum effective salary
Network deductible (standard)	\$660/member <sup>1</sup> \$660/all other family members <sup>1,2</sup>	\$1,305/member <sup>1</sup> \$1,305/all other family members <sup>1,2</sup>
Network deductible (Call to Health)	\$440/member <sup>1</sup> \$440/all other family members <sup>1,2</sup>	\$870/member <sup>1</sup> \$870/all other family members <sup>1,2</sup>
Spending account compatibility	Healthcare FSA	
Medical coverage after deductible (copayment)	Member pays 20%	
Cigna EAP services	6 sessions/issue at no cost	
Preventive care <sup>3</sup>	Covered 100%	
Teladoc	\$10 copay	
Primary and behavioral office visit	\$25 copay	
Specialist office visit	\$45 copay	
Urgent care visit	\$45 copay	
Basic diagnostic services (imaging, lab, X-rays, etc.)	Member pays 20%, after deductible	
Advanced imaging (MRI, CAT, PET, etc.)	Member pays 20%, after deductible	
Physical, speech, and occupational therapy	Member pays 20%, after deductible	
Hearing aid (device and fitting) (plan maximum of \$2,500 every 3 years)	Member pays 20% after deductible	
Hospital inpatient and outpatient	Member pays 20%, after deductible	
Emergency room	Member pays 20%, after deductible	
Infertility treatment (3 procedure life maximum)	Member pays 20% after deductible	
ABA therapy	Member pays 20%, after deductible	
Select surgeries	Member pays 0% after deductible when these select surgeries are performed in a BCBS Blue Distinction Center: Bariatric surgery, knee replacement surgery, hip replacement surgery, spinal surgery, and transplants. Family travel benefit also available depending upon distance.	
Medical out of network	Minimum effective salary	Maximum effective salary
Out-of-network deductible	\$1,100/member <sup>1</sup> \$1,100/family <sup>1,2</sup>	\$2,170/member <sup>1</sup> \$2,170/family <sup>1,2</sup>
Out-of-network after-deductible coverage	Member pays 40% (50% with no deductible for doctors office visits)	
Out-of-network out-of-pocket maximum (member and family combined)	\$6,600 <sup>1</sup>	\$13,020 <sup>1</sup>

## Prescription drugs (OptumRx)

Benefit	PPO 2019	
	Minimum effective salary	Maximum effective salary
Preventive prescription drugs generic retail (30/90)/mail (90)	\$5 / \$15 / \$12.50	
Preventive prescription drugs formulary brand retail (30/90)/mail (90)	\$20 / \$60 / \$50	
Preventive prescription drugs non-formulary brand	Does not apply	
Generic retail (30/90)	\$10 / \$30	
Generic mail (90)	\$25	
Formulary brand retail (30/90)	30% of cost; 30 days: \$20 min to \$100 max 90 days: \$60 min to \$300 max	
Formulary brand mail (90)	30% of cost; \$50 min to \$250 max	
Non-formulary brand retail (30/90)	50% of cost; 30 days: \$50 min to \$150 max 90 days: \$150 min to \$450 max	
Non-formulary brand mail (90)	50% of cost; \$125 min to \$375 max	
Prescription copayment maximum	\$3,000 (member & family combined)	
Medical copayment maximum	\$2,200/family <sup>1</sup>	\$4,340/family <sup>1</sup>
Combined maximum out-of-pocket	\$5,860/member <sup>4</sup> \$6,520/family <sup>4</sup>	\$7,900/member <sup>4</sup> \$9,950/family <sup>4</sup>

## Vision exam benefits (VSP)

Benefit	PPO 2019
Vision exam	\$25 at VSP provider

<sup>1</sup> See full deductible and copayment maximum charts for PPO deductibles and copayment maximums at all effective salary levels.

<sup>2</sup> Members with covered spouses and/or children are responsible for two medical deductibles, one for themselves and one for all other family members combined.

<sup>3</sup> Coverage for preventive services exceeds ACA definition.

<sup>4</sup> Includes network deductible, copayment maximum, and prescription maximum.



*The Board of Pensions administers the Benefits Plan of the Presbyterian Church (U.S.A.), offering retirement, healthcare, death, and disability benefits to qualifying members. The Board also provides financial and vocational grants through the Assistance Program.*

## Summary

The Medical Plan provides healthcare coverage for enrolled employees and their eligible family members through one of three medical coverage options: a preferred provider organization (PPO), an exclusive provider organization (EPO), or a qualified high deductible health plan (HDHP). The services covered under each option are largely the same, although the costs differ.

This Benefits Overview covers the benefits for the PPO. For information on the EPO and HDHP, see the applicable Healthcare Coverage Benefits Overviews on [pensions.org](https://pensions.org).

**Important!** Employees who have the option of choosing coverage under two or more medical coverage options should closely compare the provisions of each option. The option with the lowest contribution costs may have the highest out-of-pocket costs when care is received.

## Eligibility

**Menu options:** The PPO is available, at the employer's choice, to employees, including ministers not in installed positions, who are regularly scheduled to work at least 20 hours a week, and to ministers in self-employed validated service regardless of the number of hours they are regularly scheduled to work.

Enrollment is by coverage level:

- Member-only
- Member + Spouse
- Member + Child(ren)
- Member + Family

Children younger than 26 may be enrolled for coverage, regardless of their financial dependency, student status, marital status, or residency. Dependent, totally disabled children who are covered under the plan before they reach age 26 also are eligible.

**Pastor's Participation:** Installed pastors *must* be enrolled in PPO coverage through Pastor's Participation. Employers are encouraged to enroll all ministers working at least 20 hours per week in Pastor's Participation. The eligible family members of ministers enrolled in Pastor's Participation are automatically covered.

## Medical Coverage Waiver

Members enrolled in menu options may waive medical coverage for themselves or their eligible family members. If they waive medical coverage for themselves, their family members are not eligible for coverage. (See Waiving Medical Coverage Offered through Menu Options in *Guide to Your Healthcare Benefits 2018*.)

Ministers in Pastor's Participation may not waive medical coverage for themselves but may waive it for family members. Such a waiver will not affect the church's dues amount, however.

## Contributions

**Menu options:** For medical coverage under menu options, employers may offer either the PPO, the EPO, or the HDHP, any two options, or all three. The employer must contribute at least 50 percent of the cost of Member-only coverage in the lowest-cost option offered — regardless of which option or coverage level the employee elects. Those enrolled in menu options may be required to pay

- the balance of the cost for Member-only coverage; and/or
- up to 100 percent of the incremental cost of coverage for their eligible family members.

**Pastor's Participation:** Employers must provide full family coverage at no cost to ministers in Pastor's Participation.

## Medical Plan Coverage

The PPO encourages use of network physicians and hospitals to access

- preventive care benefits;
- hospital and medical/surgical coverage;
- behavioral health benefits; and
- prescription drug coverage.

The PPO also provides resources to improve health and well-being.

Employees and their covered family members may use out-of-network providers, but will pay a greater share of the cost if they do.

## Medical and Behavioral Health

Blue Cross Blue Shield (BCBS) is the network of physicians, hospitals, and other healthcare providers available to eligible plan members. Highmark provides access to the provider network nationally, and is responsible for processing claims for all eligible medical expenses. (OptumRx administers the prescription drug program; for details, see the applicable prescription drug Benefits Overview on pensions.org.)\*

## Deductibles, Office Copays, and Copayments

The medical deductible is the amount a member pays annually before the plan pays its portion for certain services. Members with covered spouses and/or children are responsible for two medical deductibles, one for themselves and one for all other family members combined (see PPO Deductibles and Copayment Maximums chart on the reverse side).

Except for preventive care, members are responsible for a fixed copay for each in-network office visit: \$25 for primary and behavioral health care visits, \$45 for visits to a specialist. Members also pay a copay when they use the telemedicine benefit with Teladoc or seek care at an urgent care center. Copays do not count toward the plan deductible or copayment maximum. For copay amounts, see the Key Provisions: PPO chart on pensions.org.

After reaching the deductible amount, members are still responsible for paying a defined percentage of the cost for certain services — a copayment — up to a maximum annual amount. For PPO network services, the copayment is 20 percent of the allowable charges; for out-of-network care, it is 40 percent (50 percent with no deductible for doctors office visits).

A member's copayment maximum is based on his or her effective salary. Unlike deductibles, only one copayment maximum applies per family (see PPO Deductibles and Copayment Maximums chart). After a member reaches the plan copayment maximum, the plan pays 100 percent of all additional eligible expenses incurred by the member for the remainder of the year.

There are separate copay requirements for the vision benefit (see Benefits Overview: Vision Benefit on pensions.org) and prescription drugs (see Prescription Drug Cost Comparison chart to the right).

Members can reduce their costs by using network providers, generic drugs, when available, and prescription mail-order services. For further information, see *Guide to Your Healthcare Benefits 2018* on pensions.org.

\* Triple-S and GeoBlue enrollees should consult their plans' provisions for information about covered services.

## Enrollment

Employees may enroll for benefits within 60 days of starting employment or an initial benefits eligibility date set by the employer, if it is later. Retroactive enrollments are not permitted. Coverage is effective upon enrollment.

Employees may also enroll or change benefits elections during annual enrollment, in the fall. The only other time a member may enroll or make changes is if he or she experiences a qualifying life event, such as a marriage or birth of a child. Changes must be made within 60 days of the qualifying life event.

Enrollment is through Benefits Connect, accessible from the pensions.org home page. Employees elect benefits from those the employer has selected to offer their benefit group.

To elect coverage for a spouse, a member must provide the Board of Pensions with a copy of the marriage certificate; for children, a member must provide a copy of the birth certificate, legal documentation for wards, or a letter of intent or decree for adoption.

PRESCRIPTION DRUG COST COMPARISON		
Prescription Drugs	Retail (30/90 days)	Mail order (90 days)
Preventive generic	\$5/\$15	\$12.50
Preventive formulary brand	\$20/\$60	\$50
Preventive non-formulary brand	Does not apply	
Generic	\$10/\$30	\$25
Formulary brand	30% of cost; 30 days: \$20 min to \$100 max 90 days: \$60 min to \$300 max	30% of cost; \$50 min to \$250 max
Non-formulary brand	50% of cost; 30 days: \$50 min to \$150 max 90 days: \$150 min to \$450 max	50% of cost; \$125 min to \$375 max
Prescription copayment maximum	\$3,000 member & family combined	

## Copays, Deductibles, and Copayment Maximums

<b>PPO DEDUCTIBLES AND COPAYMENT MAXIMUMS</b>				
<i>(for covered inpatient and outpatient medically necessary services; does not include prescription drug costs and office copays you are required to make)</i>				
<b>SALARY RANGE<sup>1</sup></b>	<b>DEDUCTIBLE<sup>2,3,4,5</sup></b>		<b>COPAYMENT MAXIMUM<sup>6</sup></b>	
	<b>Network &amp; Non-Network 1.5%</b>	<b>Out of Network 2.5%</b>	<b>Network &amp; Non-Network 5%</b>	<b>Out of Network 15%</b>
\$0 - \$48,759	\$660	\$1,100	\$2,200	\$6,600
\$48,760 - \$53,514	\$735	\$1,220	\$2,440	\$7,320
\$53,515 - \$58,269	\$805	\$1,340	\$2,680	\$8,040
\$58,270 - \$63,024	\$875	\$1,460	\$2,915	\$8,745
\$63,025 - \$67,779	\$950	\$1,580	\$3,155	\$9,465
\$67,780 - \$72,534	\$1,020	\$1,695	\$3,390	\$10,170
\$72,535 - \$77,289	\$1,090	\$1,815	\$3,630	\$10,890
\$77,290 - \$82,044	\$1,160	\$1,935	\$3,865	\$11,595
\$82,045 - \$86,799	\$1,235	\$2,055	\$4,105	\$12,315
\$86,800 or more	\$1,305	\$2,170	\$4,340	\$13,020

<sup>1</sup> Deductibles and copayment amounts are based on salary range, subject to a minimum and maximum salary.

<sup>2</sup> Members with eligible family members are responsible for two deductibles, one for the member and one for all other family members combined. Deductibles do not count toward the copayment maximum.

<sup>3</sup> Completion of Call to Health reduces deductibles for the following calendar year.

<sup>4</sup> The annual deductible for a disabled member and his/her eligible family is based on the lesser of the disabled member's last effective salary or the congregational teaching elders' median at the time the disability began.

<sup>5</sup> The annual deductible for individuals enrolled for medical continuation coverage shall be established on the basis of the congregational teaching elders' median.

<sup>6</sup> After a member reaches the annual copayment maximum; the Medical Plan pays 100 percent of eligible expenses up to the plan allowance, except for office visit copays. The copayment maximum applies to the member and family combined. Note: The combined individual and family medical and prescription drug copays, deductibles, and copayment maximums are capped at the Affordable Care Act annual limitations of \$7,900 and \$15,800.

*This is not a full description of benefits and limitations of the plan. If there is any difference between the information presented here and the provisions of the Benefits Plan of the Presbyterian Church (U.S.A.), the plan terms will govern. Visit [pensions.org](http://pensions.org) or call the Board at 800-773-7752 (800-PRESPLAN) for a copy of the plan document.*



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## Summary

Individuals covered by the Medical Plan will be automatically enrolled in the VSP vision exam benefit. The vision exam benefit includes an annual routine eye exam, certain diabetic eye care, and discounts on vision-related items and services purchased from VSP network providers. This benefit is separate from vision eyewear coverage, which may be offered at the employer's option.

An identification card is not required. Members tell their provider that they are covered by VSP, under group number 30022595, and then provide the last four digits of their Social Security number.

Members are encouraged to use VSP network providers to maximize their vision benefit. For a complete listing of VSP providers, log in or register at [vsp.com](http://vsp.com) or call VSP at 800-877-7195.

## Eligibility

Those enrolled in the Medical Plan and their covered spouses and children are automatically enrolled in the VSP vision exam benefit. Subscribers to medical continuation coverage are also covered.

## Annual exam

There is a \$25 copay for an annual eye exam with an optometrist or ophthalmologist who participates in the VSP network. The benefit covers the remaining cost of the exam, without a deductible.

Members who use an out-of-network provider for their annual exam pay the full cost of the exam up front. Then, they must complete a VSP Member Reimbursement Form, available by calling the Board of Pensions at 800-773-7752 (800-PRESPLAN), and submit the form to VSP. They can be reimbursed up to \$45 after the \$25 copay is deducted.

## Diabetic Eyecare Plus program

There is a \$20 copay for each follow-up medical eye exam. Follow-up medical eye care services are available as needed for those with diabetic eye disease, glaucoma, or age-related macular degeneration (AMD). Follow-up medical eye care services include

- medical follow-up exams,

- visual field and acuity tests,
- specialized screenings and diagnostic tests,
- diagnostic imaging of the retina and optic nerve,
- retinal screening for eligible members with diabetes.

The program also provides supplemental coverage for non-surgical medical eye conditions such as diabetic retinopathy, abnormal blood vessel growth on the eye (rubeosis), and diabetic macular edema.

## Additional items/services

The vision exam benefit includes discounts on vision-related items and services when purchased through a VSP optometrist or ophthalmologist:

- prescription glasses
  - 20 percent discount on lenses (with purchase of a complete pair of glasses)
  - 20 percent discount on frames (with purchase of a complete pair of glasses)
  - 20 percent discount on additional glasses and sunglasses (when purchased within 12 months of annual exam by VSP doctor)
- contact lens exams
  - 15 percent discount on contact lens exams (fitting and evaluation; no discount on contact lens)
- prescription lens enhancements
  - 20 percent discount on enhancements (such as progressives and anti-reflective coatings) when purchasing a complete pair of glasses or sunglasses (within 12 months of annual exam by VSP doctor)
- laser vision correction
  - average discount of 15 percent off regular price or 5 percent off promotional price (available only from contracted facilities)

## Enrollment

The vision exam benefit is automatic with enrollment in the Medical Plan.<sup>1</sup>

<sup>1</sup> Individuals enrolled in the HDHP will be automatically enrolled in the VSP vision exam benefit. The vision exam benefit is not considered part of the HDHP.

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# Dental Insurance: Guardian

## Who is Eligible and When

All full-time employees working 30 hours per week are eligible the first of the month following 30 days of service. Employees who enroll after the initial offer will be permitted to enroll at open enrollment however they will have a waiting period before they are eligible for full benefits.

### Bi-weekly Payroll Deductions

Employee Only	\$18.46
Employee + Spouse	\$37.93
Employee + Child(ren)	\$40.70
Family	\$65.76

### Deductible (Calendar Year)

\$50 Individual; \$150 Family

### Calendar Year Maximum

\$1,000 per covered member

Service	Benefit
<b>Preventive Services</b>	
<b>Type of Service:</b> Cleaning (Prophylaxis) <b>Frequency:</b> Once every six months <b>Limits:</b> Oral exams, sealants per tooth (under age 19), X-rays	Covered at 100% of usual and customary
<b>Basic Services</b>	<b>Deductible applies</b>
<b>Type of Service:</b> Anesthesia; fillings; repair and maintenance of crowns, bridges and dentures; simple extractions	<b>In-network Services</b> Covered at 100% of usual and customary <b>Out-of-network Services</b> Covered at 80% of usual and customary
<b>Major Services</b>	<b>Deductible applies</b>
<b>Type of Service:</b> Bridges and dentures; inlays; onlays; veneers; periodontal surgery; periodontal maintenance (once every six months); root canal; scaling and root planing (per quadrant); single crowns; surgical extractions	<b>In-network Services</b> Covered at 60% of usual and customary <b>Out-of-network Services</b> Covered at 50% of usual and customary

If the estimated cost of a recommended treatment plan exceeds \$300, a treatment plan should be submitted by your dentist to Guardian for review before treatment begins. This will also assist you in finding out what your cost for the services will be.

# Vision Insurance: Principal

## Who is Eligible and When

All full-time employees working 30 hours per week are eligible first of the month following 30 days of service.

### Bi-weekly Payroll Deductions

Employee Only	\$4.32
Employee + Spouse	\$18.18
Employee + Child(ren)	\$18.18
Family	\$26.70

Service	Benefit
<b>Eye Examination</b> Comprehensive exam of visual functions and prescription of corrective eyewear. <i>Frequency: One exam every 12 months</i>	Covered after a \$10 co-pay
<b>Provider Network: VSP Choice Network</b>	
<b>Materials/Eyewear</b>	<b>\$25 co-pay</b>
Lenses	Two lenses (one pair) every 12 months
Single Vision	Covered after eyewear co-pay
Lined Bifocal	Covered after eyewear co-pay
Lined trifocal	Covered after eyewear co-pay
Lenticular	Covered after eyewear co-pay
<b>Standard Lens Options</b> Polycarbonate lenses for dependent children under age 18.	Covered after eyewear co-pay
<b>Frames Allowance</b> <i>Frequency: One set every 24 months</i>	Covered up to \$150 allowance after eyewear co-pay
<b>Contact Lenses</b>	
Contact fitting and evaluation <i>Frequency: Once every 12 months</i>	Covered in full with a co-pay not to exceed \$60
Elective Lenses	Covered up to \$150 allowance
Necessary <i>Frequency: Once every 12 months</i>	Covered after eyewear co-pay
<b>NOTE: Contacts are instead of frames and lenses.</b>	

## Out of Network

### Eye Examination

*Frequency: One exam every 12 months*

Covered up to \$45 allowance

### Lenses

#### One pair per 12 month period

Single Vision

Covered up to \$30 allowance

Lined Bifocal

Covered up to \$50 allowance

Lined Trifocal

Covered up to \$65 allowance

Lenticular

Covered up to \$100 allowance

### Frames Allowance

*One set per 24 month period*

Covered up to \$70 allowance

### Contact Lenses

Elective Lenses

Covered up to \$105 allowance

Necessary

Covered up to \$210 allowance

# Life/AD&D Insurance: Guardian

## Who is Eligible and When

All full-time employees working 30 hours per week are eligible the first of the month following 30 days of service.

## Basic Life and AD&D Insurance

Lees-McRae College provides full-time employees with one times their annual salary to a maximum of \$150,000 for group life and accidental death and dismemberment (AD&D) insurance, and pays the full cost of this benefit.

## Spouse Life

Lees-McRae College provides full-time employees with spousal life of \$2,000, and pays the full cost of this benefit.

## Dependent Child(ren) Life

Lees-McRae College provides full-time employees with dependent children life of \$2,000, and pays the full cost of this benefit.

# Voluntary Life/AD&D Insurance: Guardian

## Who is Eligible and When

All full-time employees working 30 hours per week are eligible the first of the month following 30 days of service.

## Voluntary Employee Life Insurance

Lees-McRae College offers full-time active employees the opportunity to purchase additional voluntary life insurance coverage in \$10,000 increments to a maximum benefit amount of \$150,000 with no health questions. Cost is determined by your age and amount of coverage elected.

## Voluntary Dependent Life Insurance

Lees-McRae College provides full-time employees the ability to purchase additional voluntary dependent life coverage for their spouse in \$5,000 increments to a maximum of \$50,000 with no health questions. Voluntary life coverage for dependent children of \$10,000 is also available. Cost for this voluntary spouse benefit is determined by age and amount of elected coverage. See chart below for details.

Employee/Spouse Age	Monthly Rate Per \$1000 of Benefit
15 - 29	\$0.060
30 - 34	\$0.070
35 - 39	\$0.090
40 - 44	\$0.160
45 - 49	\$0.240
50 - 54	\$0.360
55 - 59	\$0.570
60 - 64	\$0.930
65 - 69	\$1.460
70 - 99	\$2.930
Children	\$0.167

# Disability Insurance: Guardian

## Who is Eligible and When

All full-time employees working 30 hours per week are eligible the first of the month following 30 days of service.

## Benefits You Receive

Lees-McRae College provides full-time employees with long-term disability income benefits and pays the full cost of this coverage. In the event you become disabled from an injury or sickness, disability income benefits are provided as a source of income.

### **Benefits Begin**

After 90 days

### **Benefits Payable Maximum**

SSNRA (Social Security Normal Retirement Age)

### **Percentage of Income Replaced**

60% of monthly income

### **Maximum Benefit**

\$6,000 monthly

# Flexible Spending Accounts: Flores

## Who is Eligible and When

All full-time employees working 30 hours per week are eligible the first of the month following 30 days of service.

## Benefits You Receive

Lees-McRae College provides full-time employees with the opportunity to establish a health and/or dependent care flexible spending accounts (FSA). FSAs save you money by allowing you to use pretax dollars to pay for qualifying expenses.

**Health Care FSA** – You can contribute up to \$2,700 for eligible health, dental, or vision expenses not covered by insurance. These expenses can be for you or for your eligible tax dependents, whether or not they are covered on the Lees-McRae medical plan.

**Dependent Care FSA** – You can contribute up to \$5,000 (per household) for child and adult day care expenses for eligible dependent expenses.

Remember: FSAs are use it or lose it. The health care FSA for 2019 will allow employees to carry over to 2020 any unused health care contributions up to \$500.