



FranklinPierce
UNIVERSITY

2025 Benefits Guide

(Non-Union)

Introduction

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Don't Forget:

Beyond medical benefits, your employment at Franklin Pierce University (FPU) offers you access to a wide range of low to no cost programs including:

- Flexible Spending Account
- Health Savings Accounts
- Dental Insurance
- Health Advocate
- Life Insurance
- Telemedicine Benefits
- Travel Benefits
- Pet Insurance

Benefits highlighted in this guide are governed by Franklin Pierce University (FPU) plan contracts and policies, CBA, applicable state and federal law and FPU policies.

If there is a conflict between the wording of this guide and the group policies and contracts, the policies, contracts and applicable laws govern. Franklin Pierce University reserves the right to alter, amend or terminate contracts based on our current policies and procedures.

Alera Group Support Team: 1-800-836-0026

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Employee Eligibility

All full-time employees are entitled to medical insurance and all other benefits. If you are a new employee, benefits will begin on the first of the month after date of hire.

Family Member Eligibility:

If you are an eligible employee, you may enroll the following dependents:

- Your Spouse.
- Children up to age 26, including natural children, stepchildren, legally adopted children, children for whom you are the legal guardian, foster children, children for whom you are legally responsible to provide health coverage under a Qualified Medical Child Support Order (QMCSO).
- Disabled children over age 26 incapable of self-support, dependent on you for primary support and the disability occurred before the age of 26.

Making Changes to Your Benefits

Every year you will have an opportunity to make changes to your benefits and covered dependents during Open Enrollment. When it is not Open Enrollment, you must have a qualifying event that satisfies federal regulations.

FPU and the insurance carriers reserve the right to request documentation from you (for example, marriage, birth certificates) to verify eligibility.

Examples of Qualifying Events:

If one of the following qualifying events below occurs, you may adjust your benefits.

- Marriage, legal separation or divorce.
- Birth or adoption of a child.
- Change in eligibility of a child.
- Death of a dependent family member.
- Change in the employment status of you, your Spouse, or eligible dependent.
- Your Spouse reaches age 65. and is covered by Medicare.
- FMLA special requirements.
- HIPAA special enrollment rights.
- Transfer to or from benefits-eligible position.

Anthem BlueChoice Open Access Advantage with Health Reimbursement Arrangement (HRA) Plan

This plan offers comprehensive coverage for medical, and prescription needs which includes Preventative Care covered at 100%. You can find full plan summaries in **Employee Navigator**.

HRA OPTION FOR IN NETWORK CLAIMS			
Health Reimbursement (HRA) funds 65% of Member's Deductible			
COVERAGE		HRA FUNDS	YOU PAY
Deductible		65%	35%
Single Coverage	\$8,000	\$5,200	\$2,800
Employee + Spouse/DP, Child(ren), Family	\$16,000	\$10,400	\$5,600
Coinsurance after Deductible	100%	0%	0%
MEDICAL SERVICES			
Preventative & Well Care	Covered in Full	\$0	\$0
Annual Physicals, Well Child Visits, Well Woman Care, & Immunizations			
Primary Care Office Visit Telemedicine Specialist Office Visit Emergency Room Inpatient Hospital Outpatient Surgery Outpatient Physical/ Occupational Therapy	Deductible then covered in full	65%	35%
PRESCRIPTIONS – Retail and Mail Order			
Tier 1 – Generic	Deductible then covered in full	65%	35%
Tier 2 – Formulary Brands			
Tier 3 – Non-Formulary Brands			
Tier 4 – Specialty			
Preventive Care Drug List	No Deductible Covered in full	\$0	\$0
<i>See the carrier plan booklet for limitations, exclusions, and full benefit details including continuation of coverage options.</i>			

What is an HRA?

The FPU health reimbursement account (HRA) has been established to fund a portion of the member's deductible and coinsurance responsibility for inpatient and outpatient hospital services, prescriptions and other eligible expenses.

HRA

Funds 65% of the deductible. Member will be responsible to pay the remaining 35%. HRA funds \$5,200 of the individual deductible or \$10,400 of the family deductible.

Employee Out of Pocket

An employee's out of pocket max for in-network services is \$2,800. A family's out of pocket maximum for in-network services is \$5,600.

Please refer to plan documents for details, including important coverage exclusions and limitations. If there are any discrepancies between this benefits summary and plan documents, the plan documents will govern.

Flexible Spending Account

The medical and dependent care flexible spending accounts FSA(s) let you set aside pre-tax funds via convenient payroll deductions. You can then use the money for eligible health care and/or dependent care expenses.

How the Plans Work

At the beginning of each plan year, you determine the annual amount of your contributions to a plan.

The maximum amount you can elect for 2025 is \$3,300. An equal portion of that amount is deducted from your paycheck and credited to your FSA(s). When you have eligible expenses, you pay for them from your account(s) or reimburse yourself.

Benefit Card

If you enroll in a medical flexible spending account, a benefit card will be mailed to you. This card works like a debit card and makes paying for qualified expenses convenient and hassle-free. Please see your Summary Plan Description for more information

Carryover

For FSAs, it is important to carefully estimate your annual contribution. **You can carry over up to \$660 of unused funds from your Medical FSA.** The rollover dollars will be available for you to use in 2026 and are in addition to your 2026 FSA contribution.

Health Care FSA

You can open a Health Care FSA and contribute up to \$3300 each year to cover qualified out-of-pocket costs, such as:

- Medical, dental and vision care deductibles, copayments and/or coinsurance
- Pharmacy (Prescriptions and OTC)
- Hearing aids
- Eyeglasses, contact lenses or Lasik surgery
- Orthodontia expenses

Attention HSA Participants

If you participate in the high deductible health plan and have an HSA, you are not eligible to open a Health Care FSA. You may, however, participate in the Limited Purpose Health Care FSA for vision and dental-related expenses.

Limited Purpose Health Care FSA

The Limited Purpose FSA is available for employees with an HSA. The funds in a Limited Purpose FSA can only be used for qualified expenses related to vision and dental care. The annual contribution limit for the Limited Purpose FSA is \$3,300.

Dependent Care FSA

Money you contribute to the Dependent Care FSA can be used toward care for dependent children under the age of 13 who live with you and for whom you provide more than 50% support, or for any dependent living with you who is physically or mentally incapable of caring for himself or herself. The annual contribution limit for the Dependent Care FSA is \$5,000.

For dependent care FSAs, you have a 60-day grace period to file for reimbursement from 2025 funds. There is no carryover.



Anthem BlueChoice Open Access Advantage with Both Health Savings Account (HSA) and Health Reimbursement Arrangement (HRA) Plan

This plan has comprehensive coverage for medical and prescription needs which includes Preventative Care covered at 100%. You can find full plan summaries in **Employee Navigator**.

HRA Option with HSA for in Network Claims		
COVERAGE TYPE	MAX OOP	
Deductible		
<i>Single Coverage</i>	\$8,000	\$2,800
<i>Employee + Spouse/DP, Child(ren), Family</i>	\$16,000	\$3,300
HRA funds remaining deductible after employee meets out of pocket max		
MEDICAL SERVICES		
Preventative & Well Care		
Annual Physicals, Well Child Visits, Well Woman Care, & Immunizations	Covered in Full	\$0
Primary Care Office Visit Telemedicine Specialist Office Visit Emergency Room Inpatient Hospital Outpatient Surgery Outpatient Physical/ Occupational Therapy	Deductible then covered in full	Covered in Full after Deductible
PRESCRIPTIONS – Retail & Mail Order		
Tier 1 – Generic	Deductible then covered in full	Covered in Full after Deductible
Tier 2 – Formulary (Preferred) Brands		
Tier 3 – Non-Formulary Brands		
Tier 4 – Specialty		
Preventive Care Drug List	No Deductible Covered in full	\$0
<i>See the carrier plan booklet for limitations, exclusions, and full benefit details including continuation of coverage options.</i>		

What is an HSA?

An HSA is a pre-tax medical savings account that can be established and combined with a qualified high deductible health plan to help pay for healthcare expenses today and down the road. You never lose funds put into your HSA account! The amount rolls over year after year. HSAs have a triple tax advantage. They allow you to:

- Save money – tax-free!
- Accumulate interest and earnings – tax-free!
- Spend it on qualified healthcare expenses – *tax-free!*

HRA Funds after the employee meets the Out of Pocket for in-network services (\$5,200 of the individual deductible or \$12,700 of the family).

Employee Out of Pocket -

Employee's out of pocket maximum for in-network services. An employee's out of pocket max for in-network services is \$2,800. A family's out of pocket maximum for in-network services is \$3,300.

Please refer to plan documents for details, including important coverage exclusions and limitations. If there are any discrepancies between this benefits summary and plan documents, the plan documents will govern.

Health Savings Account (HSA)

The high deductible health plan is designed to work with a Health Savings Account to give you more control over how your health care dollars are saved and spent.

Federal legislation allows you to contribute to your HSA on a pre-tax basis and then use these funds to pay for qualified health expenses until you meet your deductibles and out-of-pocket maximums. If you do not use all of the money in your HSA in a given calendar year, the remaining money “rolls over” for use in future years.

At the beginning of each plan year, you determine the annual amount of contributions to a plan.

HSA Contributions

	2025	2024	Change
HSA contribution limit	Self-only: \$4,300 Family: \$8,550	Self-only: \$4,150 Family: \$8,350	Self-only: +\$150 Family: +\$200
HSA catch-up contributions (age 55 or older)	\$1,000	\$1,000	No change

Catch-up contributions can be made during the plan year by HSA-eligible participants who will turn 55 by year-end.



Always Save Itemized Receipts.

Receipts can be attached to an expense from the **AleraPay** mobile app using the camera on your mobile device!



SAVE itemized receipts from every healthcare payment card transaction and each Explanation of Benefits (EOBs) sent from your health/pharmacy/dental insurance plans.

Login to your **ALERAPAY** account through aleraedge.com.

Easily File Claims online at your AleraPay account OR on the AleraPay app without the need for a claim form.

- 1-From the home page, or your **AleraPay** account or App, select "File a Claim"
- 2-From there, follow the prompts to input provider and payee info and then uploading a receipt (using your cell phone camera), with an option to Add Another (claim).

Don't want to go paperless?

Designate an envelope or folder to store your documentation. Using this process will help you find documentation, if requested.

- 1-From your **AleraPay** account online, select Tools & Support to download the claim form.
- 2-Submit your claim with receipts/EOBs via

Email: AleraEdgePay@AleraGroup.com

Fax: 585-641-7500

THE DOS AND DON'TS OF RECEIPTS

Do

- ▶ Send an itemized bill including
 - WHERE–Provider name and address
 - WHEN–Date of service/purchase
 - WHO–Patient name
 - WHAT–Description of service/purchase
 - WHAT \$–Your Cost
- ▶ Send a copy of the Explanation of Benefits (EOB) from the insurance provider.
- ▶ Send documentation on white paper
- ▶ Tape small receipts to a larger, blank piece of paper
- ▶ Make a copy of everything for your personal records

Don't

- ▶ Submit cancelled checks or credit card receipts
- ▶ Submit balance forward statements
- ▶ Submit bank statements
- ▶ Highlight names/prices/dates on receipts
- ▶ Submit handwritten receipts for prescriptions or over the counter items
- ▶ Submit pre-treatment estimates or estimated insurance statements
- ▶ Submit date expense was paid, except for orthodontia payments

Dental

FPU offers high-quality dental healthcare. With a range of covered services, the dental plans help you save money and manage your health.

Delta Dental PPO plus Premier Network

You will get the best value from your Delta Dental Plan when you receive your dental care from one of the PPO (greatest savings) or Premier network participating dentists:

- No Balance Billing
- You will typically pay less fees for services when you visit a participating dentist
- No Claims Paperwork – Participating dentists will prepare and submit claims for you
- Direct Payment: Northeast Delta Dental pays participating dentist directly, so you don't have to pay the covered amount up front and wait for reimbursement.

Non-Participating Dentists
If you visit a non-participating dentist, you may be required to submit your own claim and pay for services at the time they are provided. It is your responsibility to make full payment to the dentist.



To find out if your dentist participates in the PPO or Premier network, you can call your dentist; visit the website at nedelta.com or call Customer Services at 1-800-832-5700.

Dental Coverage Plan Summary	Base Plan	Buy-up Plan
Delta Dental PPO plus Premier Network and/or Non-Participating Dentists		
Calendar Year Deductible		
Individual	\$50	\$50
Family	\$150	\$150
Plan Features		
Calendar Year Maximum Benefit (preventive care does not count against your calendar year maximum benefit)	\$1,000	\$2,000
Preventive Care (Cleanings, Oral Examinations, Fluoride Treatments, etc.)	100% (deductible waived)	100% (deductible waived)
Basic Care (Composite Fillings, Simple Extractions, Root Canals, etc.)	60% after deductible	60% after deductible
Major Care (Crowns, Onlays, Bridges, etc.)	50% after deductible	50% after deductible
Orthodontia		
Coverage	Children to age 19	Children to age 19
Benefit	50% (deductible waived)	50% (deductible waived)
Lifetime Maximum	\$1,500	\$2,000*

Vision

The FPU vision plan is offered to you through EyeMed.

When you use one of the providers in the extensive EyeMed network, you receive a higher level of coverage, and you are only required to pay a copayment and any balance billing at the time of service.

Members can go to EyeMed.com to register for an account and:

- Find an eye doctor
- Schedule appointments on-the-fly
- View your member ID card
- See current benefits eligibility and in-network benefit details
- Get answers to commonly asked questions
- Contact Customer Service at 1-866-723-0513

Vision Coverage Plan Summary	EyeMed INSIGHT Network Plan	
	In-Network	Out-of-Network
Cost		
Exam	\$10	Reimbursed up to \$50
Materials	\$25	N/A
Benefit Frequency		
Exams	12 months	
Lenses	12 months	
Frames	24 months	
Contacts	12 months	
Covered Services - Lenses		
Single Lenses	\$25 Copay	Reimbursed up to \$50
Bifocals	\$25 Copay	Reimbursed up to \$70
Trifocals	\$25 Copay	Reimbursed up to \$90
Frames	\$0 Copay; \$130 allowance, 20% off balance over \$130	Reimbursed up to \$98
Covered Services - Contacts (In lieu of Frames/Lenses)		
Contacts - Medically Necessary	\$0 Copay, Paid-in-Full	Reimbursed up to \$210
Contacts - Elective - Conventional or Disposable	\$0 Copay, \$130 allowance, 15% off balance over \$130	Reimbursed up to \$130



Using an Out of Network Provider

If you use an out of network provider, you will be required pay for services at the time of service, and then submit your claim for reimbursement.



Retirement

Franklin Pierce University Retirement Plan is a Defined Contribution Plan that operates under Section 403(b) of the Internal Revenue Code. This plan provides retirement benefits for eligible employees. Benefits are provided through Teachers Insurance and Annuity Association (TIAA).



Franklin Pierce employer contributions are based on union/non-union status and years of service. Contact HR for contribution rate information.

It's important to plan for your retirement. You can make voluntary, pre-tax contributions to your 403(b) through payroll deductions up-to the annual IRS maximum. We recommend you review your investment options on a regular basis to ensure you are maximizing your savings and investment potential.

Catch-up Contributions

If you are or will be age 50 or older in this calendar year and contribute the maximum allowed to your account, you may also make additional "catch-up contributions" to your account. The catch-up contribution is intended to help you accelerate your progress toward your retirement goals.

Changing or Stopping Your Contributions

You may enroll or cancel your contributions at any time. All changes will become effective as soon as administratively feasible and will remain in effect until modified or terminated by you. You may discontinue your contributions anytime. Once you stop contributions, you may start again.

Consolidating Your Retirement Savings

If you have an existing qualified retirement plan (pre-tax) with a prior employer, you may transfer or roll over that account into the FPU Plan at any time. To initiate a rollover into your Plan, contact a TIAA Representative at 1-800-842- 2888, or online at

tiaa.org/public/retire/enroll-now/franklinpierce

Investing in the Plan

You decide how to invest the assets in your account. The University's 403(b) Retirement and Savings Plan offers a selection of investment options for you to choose from. You may change your investment choices anytime.

FPU 403(b) Plan

Eligibility*

Eligibility is based on meeting the age - a minimum of 21 years old. Part-time employees should contact Human Resources for further information.

Vesting

The plan provides immediate vesting at 100%.

IRS Limit for 2025

Limit is \$23,500. If over age 50, catch-up contribution limit is \$7,500, which increases the limit to \$31,000.

* Contact Human Resources if you are unsure of your eligibility.



Life, Accidental Death & Dismemberment & Disability

Life and AD&D insurance benefits are some of the most valuable benefits available. These are often referred to as “survivor” benefits because they provide financial security to your loved ones if you die or are severely injured in an accident.

The benefit is 100% funded by Franklin Pierce University and provided through Mutual of Omaha.

The Life and AD&D benefits are as follows:

- Class 1: Executive & Officer
3x Annual Earnings up to \$500,000.
- Class 2: Admin Employees
2x Annual Earnings up to \$225,000.
- Class 3 Non- Exempt Employees
1.5x Annual Earnings up to \$225,000.

After Age 70, the benefit amount will be reduced.

Please see the Mutual of Omaha Benefit Summary for reduction schedule. If your death or injury is due to an accident, you or your beneficiaries may be entitled to AD&D benefits equal to:

- Class 1: Executive & Officer
3x Annual Earnings up to \$500,000.
- Class 2 Admin Employees
2x Annual Earnings up to \$225,000.
- Class 3 Non-Exempt Employees
1.5x Annual Earnings up to \$225,000.

Beneficiary Information

To ensure your family’s financial security, keep beneficiary information up to date in Employee Navigator and on file with Human Resources.

Voluntary Life and AD&D

For additional protection, voluntary life insurance is available. This benefit is funded by you through payroll deductions and provided through Mutual of Omaha.

Coverage amounts are available as follows:

- Employee: Up to 5 times salary in increments of \$10,000. Not to exceed \$500,000.
- Spouse: Up to 100% of employee amount in increments of \$10,000 not to exceed \$250,000. Benefits will be paid to the employee.
- Child: Up to 100% of employee coverage amount in increments of \$2,500 not to exceed \$10,000. The maximum death benefit for a child under 6 months is \$1,000. Benefits will be paid to the employee.



Disability

An unexpected injury or illness that keeps you out of work for a long time can use up your savings rapidly. Disability insurance can help replace lost wages and can be an important part of personal financial planning.

Important: Disability benefits are reduced by other income, if any, that you receive (e.g. Social Security, state disability benefits, pension benefits and Workers Compensation).

Short Term Disability

Short-term disability (STD) coverage is designed to replace a portion of your earnings if you are unable to work due to a non-work-related short-term illness or injury. This benefit is funded by FPU and provided through Mutual of Omaha.

Benefits begin after 7 days of disability and can be covered by earned sick leave. While on STD employees will receive 66.67% of weekly earnings (maximum \$2,500) for up to 25 weeks. Please contact Human Resources for additional guidance and application.

Long Term Disability

Long term disability (LTD) insurance provides financial protection should you experience a serious illness or injury that prevents you from working for an extended time. This benefit is funded by FPU and provided through Mutual of Omaha.

Benefits begin after 180 days of disability. You will receive 60% of pre-disability earnings to a maximum of \$10,000 per month up to Social Security Normal Retirement Age

Evidence of Insurability (EOI) will be required for all employees who enroll outside of their initial new hire eligibility period. Employees with new hire eligibility have a Guarantee Issue amount of \$150,000 for Employee and \$30,000 for spouse.

EAP & Work/Life Benefits

Mutual of Omaha will provide comprehensive EAP services including clinical assessment, referral and short-term problem resolution, as well as integrated work-life referrals.



Features	Value to Company and Employees
Employee Family Clinical Services	<ul style="list-style-type: none"> An in-house team of master's level EAP professionals who are available 24/7/365 to provide individual assessments Outstanding customer service from a team dedicated to ongoing training and education in employee assistance matters Access to subject matter experts in the field of EAP service delivery
Counseling Options	<ul style="list-style-type: none"> Three sessions per year (per household) conducted by either face-to-face counseling or video telehealth via a secure, HIPAA compliant portal
Exclusive Provider Network	<ul style="list-style-type: none"> National network of more than 10,000 licensed clinical providers for face-to-face counseling
Access	<ul style="list-style-type: none"> 1-800 hotline with direct access to a master's level EAP professional 24/7/365 services available Telephone support available in more than 120 languages Online submission form available for EAP service requests EAP professionals will help members develop a plan and identify resources to meet their individual needs
Employee Family Legal Services	<ul style="list-style-type: none"> Valuable resources — legal libraries, tools and forms — available on EAP website A counseling session may be substituted for one legal consultation (up to 30 minutes) with an attorney 25% discount for ongoing legal services for same issue
Employee Family Financial Services	<ul style="list-style-type: none"> Inclusive financial platform powered by Enrich that includes financial assessment tools, personalized courses, articles and resources, and ongoing progress reports to help members monitor their financial health A counseling session may be substituted for one financial consultation (up to 30 minutes) with an attorney
Employee Family Work/Life Services	<ul style="list-style-type: none"> Childcare resources and referrals Elder care resources and referrals
Online Services	<p>An inclusive website with resources and links for additional assistance, including:</p> <ul style="list-style-type: none"> Current events and resources Family and relationships Emotional well-being Financial wellness Substance abuse and addiction Legal assistance Physical well-being Work and career Bilingual article library
Employee Communication	All materials available in English and Spanish
Eligibility	All employees and their immediate family members; including the employee, spouse and dependent children (unmarried and under 26) who reside with the employee
Coordination with Health Plan(s)	EAP professionals will coordinate services with treatment resources/providers within the employee's health insurance network to provide counseling services covered by health insurance benefits, whenever possible

Available services when you need help the most.

Visit the Employee Assistance Program website to view timely articles and resources on a variety of financial, well-being, behavioral and mental health topics. at mutualofomaha.com/eap or call: 1-800-316-2796.

Additional Benefits

Mutual of Omaha has additional benefit offers:

Hearing Aid Discount Program

To learn more contact Amplifon at 1-888-534-1747 or visit amplifyonusa.com/mutualofomaha

Will Preparation Service:

willing.com/mutualofomaha

Worldwide Travel Assistance:

Inquiries within the US call: 1-800-856-9947 Inquiries outside the US call collect: 312-935-3658

Accident, Critical Illness & Hospital Indemnity Plans

Aflac Accident Plan

The Aflac Accident Plan pays cash benefits directly to you if you are faced with a covered accidental injury or hospitalization. This plan can help mitigate the financial exposure associated with your health plan. Listed below are examples of the payment schedule for common medical services. Please note, this plan is for off the job accidents only.

Benefit	Payments Made To You
ER Treatment	\$200
Urgent Care	\$200
Doctors' Office Treatment	\$100
Lacerations	\$50-\$800
Major Diagnostic Exams	\$200
X-Ray	\$50
Dislocations/Fractures	\$120-\$4,000
Tendons, Ligaments & Rotator Cuff	\$400-\$1,000
Ruptured Disc or Torn Cartilage (Surgery)	\$400-\$1,000
Initial Hospitalization	\$1,250
Daily Hospital Confinement	\$300 x 365
Follow Up Visits	\$50 x 6
Physical Therapy	\$50 x 10
Crutches	\$100
Ground Ambulance	\$400
Air Ambulance	\$1,200
Emergency Dental Work	\$150
Open Abdominal or Thoracic Surgery	\$400-\$1,000
Lodging	\$200 x 30
AD&D	Included
Burns (Skin Grafts typically at 50&	\$100-\$20,000
Blood and Plasma	\$200
Prosthesis	\$3,000
Paralysis	\$5,000/\$10,000
Concussion	\$500
Coma	\$10,000



How does your accident plan work?

Example: Covered Adult Fractures Hand: ER Visit/X-Ray/1 Follow up Visit/3 Physical Therapy Sessions

Benefit	Pay Out
Emergency Room	\$200
X-Ray	\$50
Fractured Hand	\$2,400
1 Follow Up Visit	\$50
3 Physical Therapy Sessions	\$50 x 3
TOTAL Pay Out	\$2,850

Aflac Hospital Indemnity Plan

The Aflac Hospital Indemnity Plan pays a daily benefit if you have a covered stay in a hospital, critical care unit or rehabilitation facility. This plan can help mitigate the financial exposure associated with your health plan.

Listed below are examples of the payment schedule.

Benefit	Payments Made To You
Admission	\$1,000
Daily Confinement	\$100 x 31
ICU Daily Confinement	\$200 x 10
Pregnancy Covered	Yes
Portability	Yes
Pre-Existing Conditions	Waived

Aflac Critical Illness Plan

The Aflac Critical Illness insurance can help by paying a lump sum payment directly to you at the first diagnosis of a covered condition. The guaranteed issue for this plan is \$10,000 and you can also cover your spouse and children. Additionally, you can receive \$100 each year for completing an annual checkup!



To learn more and to enroll your dog or cat visit www.petinsurance.com/franklinpierce to view the discounted options. You can also call 1-877-738-7874 and mention that you are a Franklin Pierce employee to receive your discount.

Pet Insurance

Nationwide Pet Insurance is the nation’s oldest, largest and number one veterinarian-recommended pet health insurance provider. With their comprehensive plans designed to protect you financially when the unexpected occurs, affordable coverage from Nationwide Pet Insurance allows you to focus on providing optimal healthcare for your pet rather than worrying about the cost of treatment.

Two plans are available. Just like all other pet insurers, Nationwide does not cover pre-existing conditions.* However, they include extra features such as emergency boarding, lost pet advertising and more. Plus, both plans have a low \$250 annual deductible and a generous \$7,500 maximum annual benefit.

Benefit	My Pet Protection with Wellness	My Pet Protection
Accidents, including poisonings and allergic reactions	✓	✓
Injuries, including cuts, sprains and broken bones	✓	✓
Common illnesses, including ear infections, vomiting and diarrhea	✓	✓
Serious/chronic illnesses, including cancer and diabetes	✓	✓
Hereditary and congenital conditions	✓	✓
Surgeries and hospitalization	✓	✓
X-rays, MRIs and CT scans	✓	✓
Prescription medications and therapeutic diets	✓	✓
Wellness exams	✓	
Vaccinations	✓	
Spay/neuter	✓	
Flea and tick prevention	✓	
Heartworm testing and prevention	✓	
Routine blood tests	✓	

FAQs

Can I still use my vet?

Absolutely! You can visit any licensed veterinarian anywhere in the world — even specialists and emergency providers.

What do your plans cover?

Nationwide offers coverage for accidents, injuries and illnesses — even hereditary and new chronic and recurring conditions. All medical decisions are left solely up to you. Simply pay at the time of service and submit a claim.

What is not covered?

Coverage varies by plan, but they do not cover pet food, grooming or pre-existing conditions.

Do claims increase my premium?

Nope! So get your pet the care you need as often as they need it — it won’t affect your costs.

Is this a payroll deduction?

Not deducted via payroll. Discount only.

Contact Information

Coverage	Plan Information	Contacts
Medical		
Anthem Blue Cross Blue Shield Group # L09268	Medical Plan	1-833-772-4122
Dental		
Delta Dental Group # 3106	Delta Dental	1-603-223-1000 nedelta.com
Visio n		
Eye Med Group # VC-19	INSIGHT Network	1-866-723-0513 EyeMed.com
Accounts		
AleraPay	Flexible Spending Accounts (FSA) Health Savings Account (HSA) Health Reimbursement (HRA)	800-622-6233 and Press 1 aleraedge.aleragroup.com/
TIAA Group # 150894	403(b) Retirement Account	1-800-842-2888 tiaa.org/public/tcm/franklinpierce
Disability Coverage		
Mutual of Omaha (G000B95V)	Short Term Disability Long Term Disability	mutualofomaha.com
Life and AD&D Coverage		
Mutual of Omaha (G000B95V)	Basic Life and AD&D Voluntary Life and AD&D	mutualofomaha.com
Additional Benefits		
Mutual of Omaha (G000B95V)	Employee Assistance Program	1-800-316-2796 mutualofomaha.com/eap
Voluntary Benefits		
Aflac	Hospital Indemnity Plan Accident Plan Critical Illness Plan	1-800-433-3036 aflac.com
Nationwide	Pet Insurance	1-877-738-7874 petinsurance.com/franklinpierce