

**Teachers Insurance and
Annuity Association
College Retirement Equities Fund
(TIAA-CREF)**

Annuity Contributions:

The university establishes a retirement annuity for all benefit-eligible employees, and contributes monthly to the annuity on behalf of the employee. Employees vest on the first day of employment. Total annual contribution amounts are equivalent to a percentage of the employee's salary, as outlined below:

Non-Exempt Support Staff:

6% of annual salary

Administrative Staff:

6% of annual salary (employees <29)

10% of annual salary (employees >29)

Administrators & Faculty:

13% of annual salary

Supplemental Retirement Annuities

Option for employees to set up a tax-advantaged investment in addition to the annuity established for them by Antioch. SRA's are funded with voluntary, pre-tax dollars under a salary-reduction agreement. More information is available at New Employee Orientation.

Leave Plans

Vacation Leave

All exempt employees are eligible for paid vacation leave on their first day of employment. Non-exempt employees earn vacation on a monthly basis, also starting with the first day of employment. Vacation leave increases after 2 and 5 years of service.

Sick Leave

All employees accrue sick leave on a monthly basis, which can accumulate up to 455 hours for Non-Exempt staff and to 65 days for Exempt Employees.

**Additional Benefits Available to
Antioch Employees**

Long Term Disability:

An income protection program for exempt employees is available after two years of employment. LTD is a shared-cost benefit (employee and employer each pay 50% of the monthly premiums).

Accidental Death & Dismemberment:

Shared-cost accident insurance is available to all employees on first day of employment.

Tuition Remission:

Antioch pays tuition equal to the employee's percentage of time worked (example: half-time employees receive 50% tuition rate) after one year of employment. Employee is subject to Federal fringe benefits tax rules and regulations. Options are available for participation in Limited Residency programs at Antioch campuses in Ohio and California. Dependents under the age of 25 may qualify for tuition remission. Some exclusions apply.

Holidays:

Antioch University observes the following paid holidays. In some cases, classes will be held on the observed holiday although the Administrative Offices will be closed.

- ❖ Independence Day
- ❖ Labor Day
- ❖ Thanksgiving Day & the day after
- ❖ December 24 through January 1
- ❖ Martin Luther King's Birthday
- ❖ Presidents' Day
- ❖ Memorial Day

QUESTIONS?

Specific benefits questions should be directed to the Antioch University Human Resource Manager at 206-441-5352, extension 5006.



ANTIOCH UNIVERSITY SEATTLE

**Group Benefit Plans
Summary**

*For Plan Year
July 1, 2005 through
June 30, 2006*



Note: This is not a contract. The information contained in this brochure is a brief summary of plan options. All new employees receive a certificate of coverage outlining specific limitations and options for the group plans. Additional questions regarding benefits should be directed to the Human Resource Manager at Antioch University Seattle.

Beech Street Network

Preferred PPO

Plan 2A on the Antioch Benefits Enrollment Form!

Comprehensive Major Medical Benefits

- \$15 network office visit co-pay
- \$200 network deductible for employee and covered dependents
- \$400 non-network for employee and covered dependents
- 85% network co-insurance
- 65% non-network co-insurance
- \$600 network out-of-pocket limit
- \$1500 non-network out-of-pocket limit

Details about mental health counseling, acupuncture treatment, midwifery, or extended and home health care are available in the Plan Document received at New Employee Orientation.

Group Life Insurance Plan

- Coverage equal to 2 times annual salary
- Employer-paid; no cost to employee

MedBen Dental Services

- \$50 per covered person deductible
- 100% preventative
- 80% restorative
- 50% major restorative
- No orthodontic coverage
- \$1000 calendar year maximum

MedBen Vision Services

- Free annual exam to employee and covered dependents
 - Lenses and frames at \$50 per employee and covered dependents
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Group Health Cooperative

Preferred HMO

Plan 2B on the Antioch Benefits Enrollment Form!

Comprehensive Major Medical Benefits

- \$10 co-pay for medical office visits, outpatient surgery
- \$10 co-payment for outpatient prescription drugs
- \$5 co-pay for routine eye examinations at the See Center
- \$0 network deductible for employee and covered dependents
- No out-of-network options for employee and covered dependents

Details about mental health counseling, birthing center, and other non-traditional coverage are available in the Plan Document received at New Employee Orientation.

Prescription Services

- Coverage only at Group Health Pharmacies
- \$10 co-pay for 30-day supply
- Includes legend drugs, insulin and related supplies, contraceptives. See Plan Document.

Group Life Insurance Plan

- Coverage equal to 2 times annual salary
- Employer-paid; no cost to employee

MedBen Dental Services

- \$50 per covered person deductible
- 100% preventative
- 80% restorative
- 50% major restorative
- No orthodontic coverage
- \$1000 calendar year maximum

MedBen Vision Services

- Free annual exam to employee and covered dependents

Supplemental Dental & Vision

For employees who wish to supplement an independently selected (not offered by Antioch) medical benefits plan

Plan 3 on the Antioch Benefits Enrollment Form!

Comprehensive Major Medical Benefits

- *None.*

Prescription Services

- *None.*

Group Life Insurance Plan

- Coverage equal to 3 times annual salary
- Employer-paid; no cost to employee

MedBen Dental Services

- \$50 network deductible for employee and covered dependents
- 100% preventative
- 90% restorative
- 60% major treatment
- \$1,000 orthodontia – maximum coverage at 50% benefit
- \$1,500 maximum benefit per year

MedBen Vision Services

- Free annual exam to employee and covered dependents
- Lenses and frames at \$50 per employee and covered dependents

Medical Plan Costs

Monthly premiums vary by plan. Adding dependents and domestic partners to group plans carries additional cost to the employee. If this brochure does not contain an insert outlining the Plan Year Costs, employees should contact the Human Resource Manager regarding monthly premium information.

Summary Supplement: Year 2003 Plan Cost Outline

Note: the following costs are determined by the medical plan carriers and their agents, and are subject to changes. All employee-paid premiums are made via automatic payroll deductions.

MedBen (Beechstreet) Monthly Premiums

<i>Coverage</i>	<i>Employee pays</i>	<i>Antioch pays</i>
Employee only	\$43.79	\$398.26
Employee +1	\$534.79	\$398.26
Employee +2	\$991.79	\$398.26

Group Health Monthly Premiums

<i>Coverage</i>	<i>Employee pays</i>	<i>Antioch pays</i>
Employee only	\$0.00	\$300.85
Employee +spouse	\$370.12	\$300.85
Employee plus domestic partner (WA only)	\$370.12	\$300.85
Employee +child	\$202.53	\$300.85
Employee+ 2 children	\$380.44	\$300.85
Employee plus spouse and child	\$572.65	\$300.85
Employee plus spouse & 2 or more children	\$750.56	\$300.85

Supplemental Plan Monthly Premiums

<i>Coverage</i>	<i>Employee pays</i>	<i>Antioch pays</i>
Employee only	\$0.00	\$37.00
Employee +1	\$0.00	\$78.00

Employee +2	\$0.00	\$105.00
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