Benefits Orientation

for Benefit Eligible New Hires

Gina Hall, Benefits Coordinator
478.301.2787
List of Available Benefits for Full-time eligible employees:

1. Health Insurance  (payroll deduction for premium-Mercer pays a portion)
2. Dental Insurance  (payroll deduction for premium)
3. Basic Life Insurance  (paid by Mercer University)
4. Additional Life Insurance  (payroll deduction for premium)
5. Cancer Insurance  (AFLAC-payroll deduction for premium)
6. Flex Spending Accounts
7. Long-term Disability Insurance  (paid by Mercer University)
8. Retirement  (Mercer pays 6% of salary after 2 years 10% after 7 years/employee contribution is optional)
9. Time off Benefit
10. Educational Benefits
1. MERCER HEALTH PLAN

*Available to Regular Full-time Employees for the premiums specified below*

The Mercer Health Plan is a self-insured PPO (Preferred Provider Organization) Plan that does not restrict participants to specific physicians or hospitals. You may choose your own health provider. However, a higher patient co-payment applies for charges outside the Patient First Network.

*Claims are paid based on the medical necessity of service provided.*

**Effective date of coverage:**
1\textsuperscript{st} day of month following date of hire

**Calendar Year Deductible Per Insured Individual:**
$600 for In-network charges– per covered participant
$1200 for Out-of-network charges- per covered participant

**Calendar Year Out-of-Pocket Limit: (includes deductible)**
In Network Maximum: $3500 (maximum of 3 insured persons per family unit) Out-of-Network: there is NO calendar year limit when out-of-network providers are used
Co-Insurance after deductible met:
In Network (Patient 1st Providers): Mercer pays 80% & Individual pays 20%
Out-of-Network: Mercer pays 60% of reasonable & customary fees

Covered Medical Services:
Services medically necessary for inpatient and outpatient care and treatment of a covered illness or injury to include physician, hospital, lab, radiology, etc. Some exclusion applies. Please refer to the full plan document for details.

Emergency Care (Outpatient)
Accidental injury coverage: Treatment obtained during the first 14 days following accident is paid at 100% and deductible does not apply. (Emergency Care facility for Non-Accident Treatment: Employee pays $25 fee-up front (unless admitted to hospital) and deductibles do apply.)

Routine Annual Physical:*
If using a Patient 1st Provider, first $300 in charges paid at 100% and deductible does not apply. Includes: Pap smear, prostate exam, routine lab work (i.e. lipid profiles).
Routine mammogram charges are paid at 100% & deductible does not apply.
Mercer Health Plan continued

*If provider is not on the Patient 1st Network, charges will be subject to deductible and health plan will pay 60% of reasonable and customary charges. Covered Exam charges are limited to: Pap smear, mammogram, prostate exams, and routine lab work (i.e. lipid profiles).

Prescription Drug Plan:
All employees and dependents enrolled in Mercer’s Health Plan are automatically enrolled in our prescription drug plan. The health plan deductibles and out-of-pocket maximums do not apply to Prescription Drugs.

Traditional Pharmacy/30 day supply:
Co-payment is the greater of the flat rate or percentage of:

<table>
<thead>
<tr>
<th>RETAIL PHARMACY</th>
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<th>RETAIL PHARMACY</th>
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</thead>
<tbody>
<tr>
<td>Day Supply</td>
<td>30</td>
<td>60</td>
</tr>
<tr>
<td>Generic Drugs:</td>
<td>$20 or 20%</td>
<td>$40 or 20%</td>
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<tr>
<td>Brand Name Drugs (No Generic Available)</td>
<td>$35 or 20%</td>
<td>$70 or 20%</td>
</tr>
<tr>
<td>Brand Name (By Preference)</td>
<td>$60 or 20%</td>
<td>120 or 20%</td>
</tr>
</tbody>
</table>

Total costs not to exceed $150 for any 30-day supply

Mail Order: 90-day supply available through mail order at the price of only two co-pays (total costs not to exceed $300 for any 90-day supply.)
Monthly Premium Costs for Health Ins (including pharmacy plan):

<table>
<thead>
<tr>
<th>Plan Type</th>
<th>Salary Under $50k</th>
<th>Salary Between $50k &amp; $100k</th>
<th>Salary Over $100k</th>
</tr>
</thead>
<tbody>
<tr>
<td>Employee Only</td>
<td>$91</td>
<td>$101</td>
<td>$110</td>
</tr>
<tr>
<td>Employee + 1 Child</td>
<td>$240</td>
<td>$256</td>
<td>$271</td>
</tr>
<tr>
<td>Employee + Spouse</td>
<td>$292</td>
<td>$306</td>
<td>$317</td>
</tr>
<tr>
<td>Employee + Family</td>
<td>$402</td>
<td>$422</td>
<td>$440</td>
</tr>
</tbody>
</table>

The University contributes $945 per month for each employee.
2. MERCER DENTAL PLAN

*Available to all Regular Full-Time Employees at 100% of premium costs*

The Mercer Dental Plan does not restrict participants to use any specific physicians or hospitals. You may choose your own licensed dental provider. A summary of this plan is as follows:

<table>
<thead>
<tr>
<th>Effective date of coverage:</th>
<th>1st day of month following date of hire</th>
</tr>
</thead>
<tbody>
<tr>
<td>Calendar Year Deductible:</td>
<td>$ 75 per individual</td>
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<td></td>
<td>$ 225 per family unit (75 applies to each person until 3 family members are met)</td>
</tr>
</tbody>
</table>

**Dental Services after deductible has been met:**

- 80% of next $750 in dental services, per person
- 50% of next $1200 in dental services, per person

Insured person must participate in our dental plan for one full year before any major restorative services are covered. (Bridges, crowns, partials, etc.)

**Orthodontia:**

Mercer pays 50% of charges until the individual’s Lifetime Orthodontia Maximum of $1000 is met. The insured person must participate in plan for one full year before orthodontia services are covered.

**Calendar Year Maximum Benefit:**

$1200 per person
3. Basic Life Insurance

Available to all Regular Full-Time Employees at no costs to them
Effective date of basic coverage: 1st day of month following date of hire

1 X salary up to $50,000

The University pays 100% of the premium

(Reduces to 65% at age 70 and then at varying increments every five years)
4. Additional Life Insurance

Available to all Regular Full-Time Employees paying 100% of premium costs

May be purchased in increments of $10,000 up to 2 x annual salary

Schedule of Life Insurance Premiums

<table>
<thead>
<tr>
<th>Age</th>
<th>Monthly Rate per $1,000 of benefit</th>
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<tbody>
<tr>
<td>34 &amp; Under</td>
<td>$0.08</td>
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<tr>
<td>35 - 39</td>
<td>$0.12</td>
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<tr>
<td>40 - 44</td>
<td>$0.16</td>
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<td>45 - 49</td>
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<td>50 - 54</td>
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<td>55 - 59</td>
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<td>60 - 64</td>
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<tr>
<td>65 - 69</td>
<td>$1.57</td>
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<tr>
<td>70 - 74</td>
<td>$2.10</td>
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<tr>
<td>75 - 79</td>
<td>$2.59</td>
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</tbody>
</table>

Dependent Life Insurance:

Available to all Regular Full-Time Employees at 100% of premium costs

Premium is $2.66 per family

After-tax deduction (employee is automatically the named beneficiary)

Spouse Coverage: $10,000
Dependent Child Coverage: 10 days to 6 months $1,000

6 months – age 23 $10,000
(extended to age 25 for full-time students)

*Special Provisions do apply. Maximum lifetime benefit is equal to ½ employee’s salary.

Call x2787 to ask about additional Dependent Life Insurance coverage available to employees who have Supplemental Life Insurance policies through payroll deduction.
5. CANCER INSURANCE PLAN (AFLAC)

Mercer employees have the option of purchasing a cancer supplemental insurance policy to protect you and your family in the event you are diagnosed with Cancer, Leukemia, and Hodgkin’s disease. Coverage is provided through American Family Life Assurance Company of Columbus (AFLAC). Contact Benefits at extension 2827 for more detailed coverage information.

**Effective date of coverage:**

1\textsuperscript{st} day of month following acceptance by AFLAC

All claims are payable to the insured and AFLAC is not assigned to a physician, hospital or other provider. Checks are payable to the insured and release of funds is at the insured’s discretion. (*Premiums vary by age-See Brochure for current monthly costs*)
6. FLEXIBLE SPENDING ACCOUNTS

Available to: Regular Full-time Employees
Mercer employees have the option of depositing funds into a pre-tax account for the purpose of paying medical and dental expenses not covered by insurance, such as deductibles, co-payments, disallowed charges, etc. Funds withheld from your salary for this account will not be subject to State, Federal, or Social Security Taxes. Charges submitted for reimbursement must have occurred during the plan year in which they were withheld. Funds not used can be rolled over forty-five days after the plan year ends. The rollover amount is limited to $500.

**Maximum Contribution:** $2600 annually for Medical Expense and $5000 for Dependent Care (For Dependent Care, the max is $2500 if married, filing separately)

**Medical Expense Reimbursement Account**
Qualifying Expenses: For a listing of eligible medical expenses please see United States Code 26 Section 213(d) or IRS Publication 502. Special Note: While insurance premiums are included in Publication 502, they are NOT reimbursable expenses for FSA purposes. Insurance premiums, including those for Long-Term Care and Temporary Continuation of Coverage, are not eligible for reimbursement. Also, expenses incurred within the first 90 days of benefit eligibility are not eligible for reimbursement.

**Dependent Child Care Reimbursement Account**
You may take advantage of this benefit the 1st day of month following date of hire. You may not be reimbursed for more than you have put in to the fund at any given time.
Qualifying Expenses: Day care expenses incurred in order for you to work.

Children must be aged 13 years or less and be your tax dependents. Spouse qualifies if he/she is physically or mentally incapable of caring for him/her self while you work.

**Election to participate in Flexible Spending Plans**
must be renewed each year during Open Enrollment.
7. LONG TERM DISABILITY

Available to all Full-time employees, upon completion of 1 year of service

Effective date of coverage:
1st day of month following 1 year of eligible service

Disability Benefits:
Our policy pays a monthly income benefit equal to 60% of your monthly wage base, less the sum of benefits from any other income sources. Coverage is provided through The Standard Life Insurance Company.

Coverage:
6-month elimination period (Eligibility only after disability has persisted for 6 months)
Underwriter for The Standard Life Insurance Company must approve benefit.
Contact Benefits & Payroll Administration for additional information.

Monthly Premium Cost: The University pays 100% of the premium
8. MERCER RETIREMENT PLAN

*Available to Regular Full-time Employees and Regular Part-time (with FTE of .50 or greater)*

Mercer provides a defined contribution retirement plan under Section 403(b) of the Internal Revenue Code into which the University makes contributions for eligible employees.

Mercer also permits employees to make voluntary salary reduction contributions to purchase supplemental tax-deferred annuities.

**Eligibility for University contributions:**
Completion of 2 years credited service & attainment of age 21

**% University Contributions:**
After completing the first 2 Years of continuous service---6% of salary
After completing the next 5 years (following the first two) ---10% of salary *(up to the annual compensation limit set by the Internal Revenue Code)*

**Your contributions:**
You are immediately eligible to make voluntary personal contributions based on the annual maximums established by the Internal Revenue Code for 403(b) plans.

**Vesting:**  Immediately 100% vested in both the University and personal contributions.
9. TIME AWAY FROM WORK
Available to Regular Part-time & Regular Full-time Employees

Holidays
Holidays observed by Mercer University:
- New Year’s Day
- Memorial Day
- Martin Luther King Day
- Good Friday
- Independence Day
- Labor Day
- Thanksgiving Day & the Friday after
- Christmas Eve & Christmas Day

To receive pay for a holiday, you must be in a pay status the day before and the day after the holiday. Employees who observe religious holidays not observed above may make special arrangements with their supervisor to use sick leave. There is a maximum of 3 days per fiscal year for this arrangement.

Vacation
Available to Regular Part-time & Regular Full-time Employees

Regular Full-Time Classified Employees & Regular Part-time Employees
A. Regular Full-time Staff Non-Exempt Classified Staff and Regular Part-time Non-Exempt Classified Staff
(Category I) in all areas of the University:
- 0 thru 3 years of employment: 10 days
- 4 thru 6 years of employment: 12 days
- 7 thru 9 years of employment: 15 days
- Over 10 years of employment: 18 days

*Roll over up to amount accrued in a 1 year period if participated in leave tracking
Regular Part-time Non-Exempt Classified Staff (Category I) accrue Vacation in a ratio equivalent to their percentage of time worked.

B. Regular Full-time Exempt Professional/Administrative Staff in all areas of the University:
   - 0 thru 3 years of employment: 12 days
   - 4 thru 6 years of employment: 15 days
   - 7 thru 9 years of employment: 18 days
   - Over 10 years of employment: 22 days

*Roll over up to amount accrued in a 1 year period if employee maintained leave tracking system*

C. 12-Month Faculty receive 22 working days of vacation each Fiscal Year. Up to a maximum of 11 days may be "carried over" for use in the next year (whenever the 12-month contract remains in place for that year).

Sick Leave
Available to Regular Part-time & Regular Full-time Employees

Granted for any of the following reasons:
Employee illness or injury or Medical/Dental treatments
Illness of immediate family member requiring employee’s presence

Accrual of Sick Leave:
All Regular Full-time Non-Exempt Classified University, MERC Staff, and Full-time Exempt Administrative and Professional Staff accrue Sick Leave at the rate of one working day per calendar month of service. (when tracked-maximum accrual=120 days)
All Regular Part-time Staff in Category I in all areas of the University accrue Sick Leave in a ratio equivalent to their percentage of time worked.

Category II Part-time Staff and Temporary Staff in all areas of the University are not eligible for paid Sick Leave.

Regular Full-time and Part-time Faculty do not accrue Sick Leave.

**Bereavement Leave**

*Available to: Regular Part-time & Regular Full-time Employees*

Sick Leave may also be approved for Bereavement Purposes.

Up to five days may be approved for immediate family members (spouse, child, or parent) and up to three for extended family members (siblings and grandparents).

**Military Leave**

*Available to: All employees regardless of classification.*

Military Leave for National Guard or Military Reserve Duty or other Military Training Duty may be taken with or without pay when scheduled and authorized by the individual’s supervisor. See employee handbook for allowable days.

The individual requesting Military Leave must present his/her orders to report for the Military Service to validate their request for Military Leave. Re-employment rights after completing the military leave are determined in accordance with applicable federal law.

**Jury & Witness Duty Leave**

*Available to Regular Part-time & Regular Full-time Employees*

When summoned to jury duty or subpoenaed to appear as a witness in a court action in which neither you nor the University is a party, Mercer will continue to pay the employee’s regular salary. Mercer will make no attempt to have your service on a jury postponed except where University conditions necessitate such action.
10. EDUCATIONAL BENEFITS

Employee Tuition Benefits

_Undergraduate and Graduate Tuition Waivers_ are available for Regular full-time employees and their qualified dependents at varying percentages based on an employee’s years of continuous service. *(See full policy for details)*

Undergraduate Tuition is waived at 50-100% for qualifying students up to a lifetime maximum of 160 credit hours, less any grant or scholarship assistance for which the student qualifies.

Graduate tuition may be limited and no amount may be waived for postgraduate work. Please see full Tuition Waiver Policy for details.

Some of the excluded Graduate and Professional Programs (others may not be listed see policy):

- Executive MBA
- School of Theology
- School of Law
- School of Pharmacy
- School of Medicine
- All Doctoral programs

All Tuition Waiver forms must be submitted directly to Benefits & Payroll Administration.
OTHER EMPLOYEE BENEFITS
(& PAYROLL DEDUCTION OPTIONS)

University Fitness Center
Employees and their dependents may utilize the Fitness Center at no charge. For dependent access, contact Pam Simpson in the University Center @ 301-5153.

On Site Conveniences
Post Office                      Fitness Center                      Library
Bookstore                       Food Court, Chick-fil-a, Panda Express, Etc.) Cafeteria
Mercer Snack Bar                ATM Services

Direct Deposit for Checking & Savings
Mercer offers employees the convenience of having their payroll checks directly deposited to their checking and/or savings accounts. The following banks offer discounted services to Mercer Employees:

Mid South Federal Credit Union- Macon         Georgia United Credit Union- Atlanta
Wells Fargo at-Work- All locations              Suntrust- All locations

Tax-Deductible Contributions:
Mercer University  Employees may make contributions to the University through payroll deduction by contacting Linda Deal in University Advancement x2725.

United Way  Employees may make contributions to United Way by contacting the Payroll & Benefits Office.

Grand Opera House
Discount tickets are available to Mercer Employees for many shows throughout the year. Season tickets and special show packages may be purchased through Payroll deduction.
**1. PERSONAL INFORMATION**

<table>
<thead>
<tr>
<th>EMPLOYEE NAME (LAST, FIRST, MI)</th>
<th>SOCIAL SECURITY NUMBER</th>
<th>DATE OF BIRTH</th>
</tr>
</thead>
<tbody>
<tr>
<td>ADDRESS</td>
<td>CIRCLE MARITAL STATUS</td>
<td>M S</td>
</tr>
<tr>
<td>CITY,STATE,ZIP</td>
<td>DATE EMPLOYED</td>
<td></td>
</tr>
<tr>
<td>BASIC ANNUAL SALARY</td>
<td>PLAN YEAR</td>
<td></td>
</tr>
<tr>
<td>CIRCLE GENDER</td>
<td>HOME PHONE NUMBER</td>
<td></td>
</tr>
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</table>

**2. ELECTION OF BENEFITS**

<table>
<thead>
<tr>
<th>CHECK THE PLAN(S) YOU ELECT FOR PARTICIPATION</th>
<th>CIRCLE APPROPRIATE CONVERGE LEVEL</th>
<th>PRE-TAX</th>
<th>AFTER TAX</th>
</tr>
</thead>
<tbody>
<tr>
<td>MERCER HEALTH PLAN</td>
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<tr>
<td>MERCER DENTAL PLAN</td>
<td>EE</td>
<td>EE+Spouse</td>
<td>EE+Child</td>
</tr>
<tr>
<td>BASIC LIFE INSURANCE</td>
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<tr>
<td>SUPPLEMENTAL LIFE INSURANCE</td>
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<tr>
<td>DEPENDENT LIFE INSURANCE</td>
<td>BASIC $2.66</td>
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<tr>
<td>LONG TERM DISABILITY</td>
<td>ELIGIBLE AFTER ONE YEAR-PAID BY MERCER</td>
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<tr>
<td>CANCER INSURANCE</td>
<td>(Variable Rates—contact Benefits for Options)</td>
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<tr>
<td>MEDICAL REIMBURSEMENT ACCOUNT</td>
<td>$_________PER PAY PERIOD/ 90-DAY WAITING PERIOD</td>
<td></td>
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<tr>
<td>DEPENDENT CARE REIMBURSEMENT ACCOUNT</td>
<td>$_________PER PAY PERIOD/ NO WAITING PERIOD</td>
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</table>

**3. EMPLOYEE &DEPENDENT INFORMATION**

<table>
<thead>
<tr>
<th>RELATIONSHIP</th>
<th>SIGN</th>
<th>NAME (LAST, FIRST, MI)</th>
<th>DATE OF BIRTH</th>
<th>SEX</th>
<th>MED</th>
<th>DENTAL</th>
<th>DEPLIFE</th>
<th>CANCER</th>
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<td>DEPENDENT CHILD</td>
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**4. SUNLIFE ASSURANCE COMPANY (BENEFICIARY DESIGNATIONS)**

<table>
<thead>
<tr>
<th>PRIMARY BENEFICIARY</th>
<th>RELATIONSHIP</th>
<th>ADDRESS (INCLUDE CITY, STATE, ZIP)</th>
<th>PERCENT %</th>
</tr>
</thead>
<tbody>
<tr>
<td>PRIMARY BENEFICIARY</td>
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<tr>
<td>CONTINGENT BENEFICIARY</td>
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<tr>
<td>CONTINGENT BENEFICIARY</td>
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</tr>
<tr>
<td>NAMED GUARDIAN (FOR MINOR CHILDREN ONLY)</td>
<td>RELATIONSHIP</td>
<td>ADDRESS (INCLUDE CITY, STATE, ZIP)</td>
<td>PERCENT %</td>
</tr>
</tbody>
</table>

**Important**: You must sign and date this form for your designation to become effective.

Employee Signature X____________________________________________ Date Signed_____________________

**BENEFITS TRACKING**

<table>
<thead>
<tr>
<th>ELIGIBILITY DATABASE</th>
<th>HRS RECORDS CREATED</th>
<th>BENEFICIARY DATABASE</th>
<th>CORE DATABASE UPDATED</th>
<th>RECEIVED</th>
</tr>
</thead>
</table>