



Employee Benefit Guide

January 1, 2024 - December 31, 2024

Prescott College Inc
Human Resources Offices
Phone: 928.350.4200
Email: HR@Prescott.edu
www.prescottcollegebenefits.com

How to Enroll



Full time employees are eligible to participate in benefit plans on the first day following 14 days of continued service. Full time employment is defined as working a minimum of 30 hours per week. Your eligible dependents include your spouse, registered domestic partner, and dependent children. Dependent children are eligible to age 26.

Eligible employees enroll via the website below. You will receive an enrollment email from Human Resources when your access is granted, and you must elect or waive coverage by the deadline date provided.

- Go to www.prescottcollegebenefits.com
- If you are a new employee or an employee that has not logged in previously, you must first register by inputting your social security number, date of birth and zip code.
- The 'Company Key Code' is [benefits](#)

If you do not complete your enrollment during your designated window, you may not be able to enroll or make changes unless you experience a qualifying event, or until the next open enrollment period.

If you experience a qualified "change in status," you must make any associated enrollment or benefit changes within 30 days of the event.

Contact Information



To hear a presentation on our benefits, go to:

<https://www.brainshark.com/bbbrown/PrescottCollege240E>

Because the world of healthcare and insurance can be confusing and hard to navigate, we are pleased to introduce your Account Manager at Brown & Brown Insurance who will be able to assist you with all things related to your benefits. Your Account Manager will be working in conjunction with the Human Resources Department so that benefit needs are addressed in a timely fashion.

Michelle Comorre

Account Manager

Brown & Brown of Prescott

(928) 776-2702

BenefitsDesk@bbrown.com

Office Hours: Monday through Friday
8:00 am to 4:30 pm Arizona time

Susan Krause

Director of Human Resources

Prescott College

(928) 350-4200

HR@Prescott.edu

Office Hours: Monday through Friday
8:00 am to 5:00 pm Arizona time

Plan	Carrier	Phone	Website
Medical	Blue Cross Blue Shield of AZ Group #026426	Customer Service: 800.232.2345 Nurse On Call: 866.422.2729	AZBlue.com
Dental	Principal Financial Group Group #1050118	800.247.4695	principal.com
Vision	VSP Vision Care Group #1050118	800.877.7195	vsp.com
Life and AD&D Insurance	Principal Financial Group Group #1050118	800.245.1522	principal.com
Disability Insurance	Principal Financial Group Group #1050118	800.245.1522	principal.com
Employee Assistance Program	SupportLinc Username: Prescott	888.881.LINC (5462)	SupportLinc.com Text 'SUPPORT' to 51230 Username: Prescott
Health Savings Account	HSA Bank	800.357.6246	hsabank.com
Flexible Spending Account	HR Pro	800.989.8776	accounts@hrpro.com



Employee Contributions

The Prescott College Benefits Plan is designed under “Section 125” of the IRS Code. This allows you to take advantage of federal and state laws by purchasing some of your benefits with pre-tax dollars. Under Section 125, any required contributions for medical, dental, vision, critical illness, accident, and hospital indemnity will be made with pre-tax dollars. **You may only change your pre-tax benefit elections once per year, during open enrollment, unless you experience a qualified “change in status.”** You may waive participation in the Section 125 Plan and elect to pay all contributions with after-tax dollars. Contact Human Resources for a waiver form if you elect to pay for your benefits with after-tax dollars.

Medical Plans Bi-Weekly Contributions

Coverage Level	BCBS HSA Saver Plan	BCBS PPO 750 Plan
Employee Only	\$35.08	\$66.51
Employee & Spouse	\$154.41	\$200.16
Employee & Child(ren)	\$147.15	\$191.16
Employee & Family	\$246.20	\$314.55

Dental Plans Bi-Weekly Contributions

Coverage Level	Principal \$1500 Dental Plan	Principal \$2000 Dental Plan
Employee Only	\$6.91	\$8.72
Employee & Spouse	\$16.39	\$20.66
Employee & Child(ren)	\$20.24	\$26.02
Employee & Family	\$29.38	\$37.61

Vision Plan Bi-Weekly Contributions

Coverage Level	Principal
Employee Only	\$1.74
Employee & Spouse	\$5.52
Employee & Child(ren)	\$5.73
Employee & Family	\$9.12

Voluntary Life and AD&D Cost

Your cost will be calculated in the enrollment system when making your elections

Medical Plans

The medical plans are arranged through Blue Cross Blue Shield Arizona

Preferred Provider Organization (PPO) Plans allow you to choose to see PPO providers or non-network providers. When you use a provider who participates in the Statewide Network your out-of-pocket expenses for covered services will be lower. Therefore, it is to your advantage to use PPO providers, but it is not required. Employees should check with their doctors, facilities, and other health professionals to make sure they are in the Network before receiving care.

Benefits	BCBS HSA Saver Plan		BCBS PPO \$750 Plan	
	PPO Network	Non-Network ¹	PPO Network	Non-Network ¹
Annual Deductible	\$3,200 Individual \$6,400 Family ²	\$5,000 Individual \$10,000 Family ²	\$750 Individual \$1,500 Family ²	\$2,000 Individual \$4,000 Family ²
Annual Out of Pocket Maximum (Includes Deductible & Copays)	\$4,500 Individual \$9,000 Family	\$10,000 Individual \$20,000 Family	\$4,500 Individual \$9,000 Family	\$10,000 Individual \$20,000 Family
Preventive Care	Plan pays 100%	Plan pays 60% AD	Plan pays 100%	Plan pays 60% AD
Physician Office Visit	Plan pays 90% AD	Plan pays 60% AD	\$35 copay	Plan pays 60% AD
Specialist Office Visit	Plan pays 90% AD	Plan pays 60% AD	\$55 copay	Plan pays 60% AD
Outpatient Surgery	Plan pays 90% AD	Plan pays 60% AD	Plan pays 80% AD	Plan pays 60% AD
Inpatient Hospitalization	Plan pays 90% AD	Plan pays 60% AD	Plan pays 80% AD	Plan pays 60% AD
Emergency Room	Plan pays 90% AD		\$300 copay (waived if admitted) then plan pays 80% AD	
Urgent Care	Plan pays 90% AD	Plan pays 60% AD	\$50 copay	Plan pays 60% AD
Lab	Plan pays 90% AD	Plan pays 60% AD	Office Visit copay	Plan pays 60% AD
Advanced Imaging	Plan pays 90% AD	Plan pays 60% AD	Plan pays 80% AD	Plan pays 60% AD
Prescription Drugs	Deductible, then:	Deductible, then:		
Retail (30-day supply)	Plan pays 90%	Plan pays 60%	\$10 copay \$30 copay \$50 copay	\$10 copay \$30 copay \$50 copay
Mail Order (90-day supply)	Plan pays 90%	Plan pays 60%	\$20 copay \$60 copay \$100 copay	Not Covered
Specialty (30-day supply)	Plan pays 90%	Not Covered	\$30 copay \$60 copay \$90 copay \$120 copay	Not Covered

AD = After Deductible

¹ You are responsible for any difference between the covered expense and the actual non-participating providers charge in addition to any applicable copayments, coinsurance and/or deductible. This amount does not apply to the out-of-network out-of-pocket limit.

² PPO Network and Non-Network deductibles do not cross accumulate. Three members must satisfy family deductible.

³ If you request a brand name drug when a generic is available and prescriber does not write "dispensed as written", you will pay the difference in cost plus applicable copay.





Connect with a Provider 24/7



Discover the convenience, comfort, and savings of BlueCare AnywhereSM

If you don't have a regular doctor, or if your primary care provider isn't available, you can visit with a board-certified doctor in the privacy and comfort of home. See a doctor, counselor, or psychiatrist from your phone, computer, or tablet. So you can get the care you need—from wherever you are. Plus, BlueCare Anywhere visits often cost less than an urgent care visit.

What services are offered?



MEDICAL

Get treated for minor injuries and illnesses and non-emergency health issues like cold and flu symptoms, fevers, rashes, and stomach bugs. Doctors can also prescribe medications from your pharmacy of choice, if needed.



COUNSELING

You can get the benefits of an in-person counseling session online. Schedule an appointment with a board-certified counselor or psychologist to get help for depression and anxiety, as well as stress caused by grief, divorce, parenting challenges, job loss, and other major life changes.



PSYCHIATRY

A board-certified psychiatrist is available by appointment. Experienced psychiatrists can help you address common behavioral health challenges, and provide assessments and treatments, as well as assist with medication management.



Connect with a provider in two ways:

1. Download the BlueCare Anywhere app from the Apple[®] App Store[®] or Google Play[™] online marketplaces.
2. Visit [BlueCareAnywhereAZ.com](https://www.BlueCareAnywhereAZ.com).



An Independent Licensee of the Blue Cross Blue Shield Association

Dental Plans

The dental plans are arranged through Principal Financial Group.

Preferred Provider Organization (PPO) Plans provide you with the freedom to use a dentist of your choice or access the PPO network of dentists. If you use a dentist participating in the PPO network, your out-of-pocket expenses will be reduced, as fees are subject to a negotiated rate. If you use a non-network provider, you are responsible for paying the difference in cost between the non-network provider's charges and the allowed amount. It is recommended that any services in excess of \$300 be sent to Principal Financial Group for pre-determination before services are rendered.

Benefits	Principal Dental PPO Option 1 (Low Plan)		Principal Dental PPO Option 2 (High Plan)	
	PPO Network	Out-of-Network ¹	PPO Network	Out-of-Network ¹
Annual Deductible	\$50 per individual and \$150 per family Deductible is waived for Preventive Services		\$50 per individual and \$150 per family Deductible is waived for Preventive Services	
Annual Plan Maximum	\$1,500 per individual		\$2,000 per individual	
Orthodontia Lifetime Maximum	\$1,250 per child No adult ortho		\$2,000 per individual Includes children and adults	
Type I: Preventive Services				
Routine Exam	Plan pays 100%	Plan pays 100% ¹	Plan pays 100%	Plan pays 100% ¹
Teeth Cleaning	Plan pays 100%	Plan pays 100% ¹	Plan pays 100%	Plan pays 100% ¹
Panoramic X-rays	Plan pays 100%	Plan pays 100% ¹	Plan pays 100%	Plan pays 100% ¹
Type II: Basic Services				
Simple Extraction	Plan pays 80%	Plan pays 80% ¹	Plan pays 80%	Plan pays 80% ¹
Root Canal Endodontic	Plan pays 80%	Plan pays 80% ¹	Plan pays 80%	Plan pays 80% ¹
Periodontal Scaling	Plan pays 80%	Plan pays 80% ¹	Plan pays 80%	Plan pays 80% ¹
Type III: Major Services				
Implant	Plan pays 50%	Plan pays 50% ¹	Plan pays 50%	Plan pays 50% ¹
Crown	Plan pays 50%	Plan pays 50% ¹	Plan pays 50%	Plan pays 50% ¹
Type IV: Orthodontic Services				
Initial Exam	Plan pays 50%	Plan pays 50% ¹	Plan pays 50%	Plan pays 50% ¹
Records	Plan pays 50%	Plan pays 50% ¹	Plan pays 50%	Plan pays 50% ¹
Treatment—Child to age 19	Plan pays 50%	Plan pays 50% ¹	Plan pays 50%	Plan pays 50% ¹
Treatment—Adult	Not covered	Not covered	Plan pays 50%	Plan pays 50% ¹
Retention	Plan pays 50%	Plan pays 50% ¹	Plan pays 50%	Plan pays 50% ¹

¹ If you use a non-network provider, you are responsible for paying the difference in cost between the non-network provider's charges and the allowed amount.



Vision Plan

The vision plan is arranged through Principal Financial Group and VSP Vision Care.

The vision plan provides you with the freedom to use an eye doctor of your choice or access the VSP Vision Care vision network of providers. If you use a provider participating in the network, your out-of-pocket expenses will be reduced. If you use a non-network provider, in-network benefits and discounts will not apply and benefits will be paid according to a set benefit reimbursement schedule.

Extra Savings: In addition to the coverage below, the plan provides savings on additional pairs of glasses and sunglasses, retinal screening, and laser vision correction.

Benefits	VSP Vision Care – Choice Network	
	In-Network	Out-of-Network
Eye Exams	\$10 copay	Reimbursed up to \$45
Eyeglass Lenses and Frames		
Single Standard Lenses	\$10 copay	Reimbursed up to \$30
Bifocal Standard Lenses	\$10 copay	Reimbursed up to \$50
Trifocal Standard Lenses	\$10 copay	Reimbursed up to \$65
Lenticular Standard Lenses	\$10 copay	Reimbursed up to \$100
Frames	\$150 allowance; 20% off balance	Reimbursed up to \$70
Contact Lenses		
Standard Fit and Follow Up	Up to \$60 copay	Not applicable
Conventional Lenses	\$150 allowance	Reimbursed up to \$105
Medically Necessary Lenses	\$10 copay	Reimbursed up to \$210
Frequency		
Eye Exam	Once every 12 months	
Lenses—Eyeglass or Contact	Once every 12 months	
Frames	Once every 12 months	

Life and AD&D Insurance

Group Life and AD&D Insurance

Group Life and AD&D Insurance is arranged through Principal Financial Group. All eligible employees receive a life and accidental death & dismemberment (AD&D) insurance benefit of \$15,000.

This benefit is provided at no cost to you.

Group Life Age Reduction Schedule

Group Life and AD&D Insurance benefits reduce by 25% at age 65 with an additional 25% reduction at age 70.

Voluntary Life Insurance

Voluntary Life Insurance is arranged through Principal Financial Group. You have the option of purchasing additional Life Insurance at attractive rates and the convenience of payroll deduction. Your cost is based on your insurance age and amount of coverage you select. Age-related cost adjustments will occur on the policy anniversary date, January 1. You must elect coverage for yourself to cover your spouse/children.

When initially eligible, you are guaranteed the insurance amounts below without submitting any evidence of insurability (EOI) or proof of good health as long as you enroll within 31 days of your initial eligibility date. Any life insurance coverage over the Guarantee Issue Amount(s) will be subject to evidence of insurability. It is your responsibility to complete and submit the required EOI forms, to obtain the amount in excess of the guaranteed issue amount, within 31 days of the date you apply for coverage. If you choose not to participate at the time you are initially eligible and elect to enroll at a later time, you may be required to submit evidence of insurability for all amounts of coverage.

Voluntary AD&D Insurance

Voluntary Accidental Death & Dismemberment (AD&D) Insurance is arranged through Principal Financial Group. If you elect Voluntary Life Insurance, you have the option of purchasing Voluntary Accidental Death & Dismemberment (AD&D) coverage. Benefit amount will be equal to your Voluntary Life Insurance election. Coverage is not available for Dependent Children.

Coverage	Benefit Amounts	Guarantee Issue
Employee	Increments of \$10,000 up to a maximum of \$500,000	\$140,000 under 70 \$10,000 over 70
Spouse or Domestic Partner	Increments of \$5,000 up to a maximum of \$200,000	\$50,000 under 70 \$10,000 over 70
Child(ren)	Increments of \$5,000 up to a maximum of \$20,000. Dependent children are eligible from age 14 days to 26 years. Dependent children under 14 days old receive a \$1,000 benefit.	Not Applicable

Voluntary Life Age Reduction Schedule

Voluntary Life and AD&D Insurance benefits reduce by 35% at age 70 with an additional 20% reduction at age 75. You must be actively at work on the effective date, or your coverage will be delayed until you return to active employment.



Disability Insurance

Group Short Term Disability Insurance

Group Short Term Disability (STD) Insurance is arranged through Principal Financial Group. After a 15-day elimination (benefit waiting) period for accident or sickness, the plan pays 60% of weekly earnings while you are meeting the definition of disability. The benefit amount may be reduced by other income such as sick leave and state disability income. The maximum weekly benefit is \$1,500. The maximum benefit duration is 11 weeks. This benefit is provided at no cost to you.

Group Long Term Disability Insurance

Group Long Term Disability (LTD) Insurance is arranged through Principal Financial Group. After a 90-day elimination period, the plan pays 60% of monthly earnings reduced by other income (i.e., SDI, Social Security) while you are meeting the definition of disability. The maximum monthly benefit is \$6,000. The maximum benefit period is to Social Security Normal Retirement Age (SSNRA). A pre-existing condition limitation applies. This benefit is provided at no cost to you.

Employee Assistance Program

The Employee Assistance Program (EAP) is arranged through SupportLinc. The EAP offers confidential support to help you meet life's challenges. A simple phone call connects you with a team of experienced professionals ready to assist you with a wide range of personal, family, and work issues. The EAP is available 24 hours a day, 7 days a week and includes face-to-face counseling visits, an unlimited number of phone consultations, assistance with financial and legal matters, and referrals to community resources. (Limitations may apply.) You are automatically enrolled in the plan and this benefit is provided at no cost to you.

- SupportLinc.com
- Username: **Prescott**
- Text 'SUPPORT' to 51230
- 888.881.LINC (5462)

Sharecare Wellness Program

This program is only available to the following

- Employees electing one of the BCBS Medical Plans
- Spouse/Partner of employee electing one of the BCBS Medical Plans

Register at azblue.sharecare.com

Naturopathic Benefits

Per Pay Period Cost: \$3.69 per number of people enrolled

- Reimbursement is 75% per claim
- Subject to a maximum of \$300 annually

Health Savings Account (HSA)

Employees who participate in a qualified High Deductible Health Plan (HDHP) may be eligible to set aside money in a Health Savings Account (HSA). The money you contribute to an HSA is exempt from taxes; you save FICA and Federal taxes when contributing through payroll, and you spend the money tax-free when you spend it on qualified expenses. **Qualified expenses include unreimbursed medical, dental and vision expenses incurred by you and your eligible dependents** - even if you don't cover your dependents. An HSA is similar to a Flexible Spending Account (FSA); however, the HSA is a personal bank account, not a plan, so there's no "use-it or lose-it" rule. The money in your HSA remains in your HSA until you're ready to spend it; there's no time limit. If you change jobs or retire, you take the HSA with you. HSA funds can also be spent on Medicare, Cobra and Long-Term Care insurance premiums.

The HSA is not an automatic feature of enrolling in a HDHP; it is a separate application that you must make with HSA Bank. If you would like to set-up direct deposit into your HSA, you must provide payroll with your HSA account and routing numbers. Similar to other direct deposits you may already have, you can increase, decrease, start or stop your HSA contributions throughout the year.

Who is eligible to open and fund an HSA?

- Anyone who is:
- covered by a qualified HDHP (BCBS PPO Saver Plan) and
 - not covered under another medical plan that is not a qualified HDHP - including Medicare, Medicaid, TriCare, VA and/or a Health Care Flexible Spending Account (FSA)

How much can I contribute to an HSA?

- The IRS sets a contribution limit every calendar year. For 2024, the contribution limits are:
- \$4,150 for Individual Coverage - just you on the plan
 - \$8,300 for Family Coverage - you and any number of dependents
 - If you're age 55 or older, you can contribute up to \$1,000 more than the limits listed here

What if I establish an HSA mid-year? Your HSA contributions are generally determined on a monthly basis. If you establish an HSA mid-year, you're allowed to make the full year's contribution, provided you are eligible on December 1 of that year and you remain eligible to make HSA contributions throughout the next calendar year.

How do I make contributions to my HSA? You can contribute to your HSA through payroll deductions.

Where can I find a list of qualified expenses? Refer to the list found at [irs.gov](https://www.irs.gov) - search Publication 502.

When can I start using the funds in my HSA? You can use the funds in your HSA once they are available. If you incur expenses under the qualified HDHP prior to having enough funds in your HSA, you can reimburse yourself months or years later, once you do have the funds available - so long as you were enrolled in the qualified HDHP at the time of service and the HSA was established at the time of service.

Can I use my HSA to pay for non-qualified expenses? Money withdrawn from an HSA for non-qualified expenses is taxable and subject to a 20% penalty. Although the 20% penalty goes away at age 65, the non-qualified expenses are always subject to income tax.

What happens to my HSA if I leave my employer? The HSA is yours to keep. If you continue to meet the eligibility criteria for funding the account, you can continue making contributions to your HSA. If you are no longer eligible to fund the account, you're still eligible to spend the money (tax-free) on qualified expenses.

Can I use the money in my HSA to pay for my dependents' health care expenses? You can use the money in your HSA to pay for the health care expenses belonging to your eligible spouse and/or dependent children - even if they are not covered as your dependents. Refer to Internal Revenue Code Section 152 to determine if your spouse and/or child is an eligible dependent.

Can couples establish a "joint" HSA and both make contributions, including "catch-up" Contributions? "Joint" HSAs are not permitted. Each spouse should consider establishing an HSA in his or her own name. This allows you to both make catch-up contributions when you are age 55 or older.

For more information on HSAs, visit:

- [irs.gov](https://www.irs.gov) - search Publication 502 and Publication 969
- [hsacenter.com](https://www.hsacenter.com) - view videos, presentations, and frequently asked questions



Flex Spending Account (FSA)

You have the opportunity to pay for out-of-pocket Medical, Dental, Vision, and/or Dependent Care expenses with pre-tax dollars through the Flexible Spending Account (FSA).

Important Note: If you will be funding an HSA, you cannot participate in the Health Care FSA.

- **Plan Year:** January 1, 2024, to December 31, 2024
- **Health Care Contribution Limit:** \$3,200
- **Dependent Care Contribution Limit:** \$5,000

A Health Care FSA is used to reimburse out-of-pocket health care expenses incurred by you, your spouse and/or your children; whether you cover them or not. Eligible expenses include deductibles, coinsurance, copays, etc. Your Health Care contribution is pre-loaded to a debit card; you have immediate access to the funds and will pay them back throughout the year via payroll deduction.

A Dependent Care FSA is used to reimburse work related expenses; while you or your spouse work, look for work or attend school full-time or are physically unable to care for your dependent. Eligible children are under age 13, or a dependent who is physically or mentally not able to care for himself. Eligible expenses include nanny, nursery school, before care/after care, late pick-up fees, day camp, or day care. Your Dependent Care contribution is not pre-loaded to a debit card; you can only access what has been payroll deducted and is in your FSA.

Contributions to your FSA come out of your paycheck before any taxes are taken out. This means that you don't pay federal income or FICA taxes on the portion of your paycheck you contribute to your FSA.

You should contribute the amount of money you expect to pay out-of-pocket for eligible expenses incurred during the Plan Year. If you still have money in the account at the end of the Plan Year (December 31, 2023), you will have a 2.5 month extension period to incur additional eligible expenses. [Any money remaining in the account when the extension period ends on March 15, 2024 is forfeited; this is the "use-it or lose-it" rule.](#)

Do your homework and consider known expenses. Make an informed decision when you elect your contribution for the year. FSA elections can only be changed during Open Enrollment or due to a Qualifying Event.



HSAs and FSAs

Provisions	Health Savings Account (HSA) (Must elect the PPO Saver Plan to contribute)	Flexible Spending Account (FSA) (Cannot contribute if you elected the PPO Saver Plan)
Plan Requirements	HDHP	You cannot contribute to the FSA if you elected the PPO Saver Plan.
Other Requirements	Cannot be enrolled in any other health insurance including an FSA	N/A
Account Owner	You	Employer
Qualified Expenses	<ul style="list-style-type: none"> · Unreimbursed medical, dental and vision expenses · Some insurance premiums: Medicare, long term care and COBRA 	Unreimbursed medical, dental and vision expenses
OTC Medicines	Only with a prescription	Only with a prescription
2024 Annual Contribution Limits	\$4,150 individual \$8,300 family Plus \$1,000 catch-up at age 55	\$3,200
Access to Funds	Available balance only	Up front availability
Ability to Use Funds for Non-Qualified Expenses	Yes, but taxable and subject to a 20% penalty (no penalty after age 65)	No
Ability to Change Contribution	Same as all direct deposit banking	Open Enrollment only unless qualified event
Rollover of Funds	Yes	No
Recordkeeping	Retain receipts in case of IRS audit	Submit receipts when requested by Plan Administrator
Eligible Dependents	Legal spouse and dependent children (IRC Section 152)	Legal spouse and dependent children (IRC Section 152)

Required Notifications

Important Notices are all available on the enrollment system under your Document Library.

- **Medicare Part D Credibility Notice**
- **Marketplace Notice**
- **ACA Required Notices**
- **Summary Benefits Coverage (SBC)**

Please Login to Review your Notices:

www.prescottcollegebenefits.com



This Benefit Guide provides a brief description of plan benefits. For more information on plan benefits, exclusions, and limitations, please refer to the Plan documents or contact the carrier/administrator directly. If any conflict arises between this Guide and any plan provisions, the terms of the actual plan document or other applicable documents will govern in all cases. Benefits are subject to modification at any time.

Brown & Brown Insurance of Arizona Inc • Brown & Brown of Prescott
(928) 776-2702 | BenefitsDesk@bbrown.com
BBrown.com