



# **Roanoke College**

## **Faculty Benefits**

### **Overview**

*2022*





# Roanoke College

## Summary of Faculty Benefits

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Core benefits (health, dental, and vision) are effective the first of the month following the hire date. If hired on the first day of a month, benefits are effective that day. Benefit plan provisions are subject to change from time to time at direction of the Roanoke College Board of Trustees or the Virginia Private Colleges Benefits Consortium (VPCBC) Board of Directors. For maximum benefits, use in-network providers.

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## Insurance

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### Health Insurance

The College offers three Anthem health insurance plans to choose from: a PPO plan, an HMO plan and a HDHP. The employee's portion of the premium is paid via payroll deduction. Employees who wish to cover their spouses on the College health insurance must complete a spousal affidavit verifying that their spouse has no access to Affordable Healthcare Coverage (as defined by the Affordable Care Act) through their non- VPCBC employer.

### Prescription Drug Insurance

The College's prescription plan is administered by IngenioRx. Prescriptions may be filled by mail order or by using a qualified retail pharmacy. The premium for prescription drug coverage is included in your health insurance premium.

### Dental Insurance

The College offers a Low and High option plan. Under either plan two annual cleanings per year are at no cost. The High option plan covers more services and orthodontics.

### Flexible and Health Spending Accounts

Depending on your health plan selection, you may elect to participate in an FSA or HSA by setting aside pre-tax income for later reimbursement when incurring out of pocket medical, dental, and/or vision expenses. Employees can also establish an account for dependent care (daycare) expenses.

### Vision Insurance

The College offers a vision insurance plan. This plan is primarily for employees who need corrective lenses. Employees pay the full cost of this benefit.

### Life Insurance

Life insurance coverage is provided with the premium paid by the college. The coverage is equal to an employee's annual salary, to a maximum of \$200,000 and includes an ADD feature. Eligibility is established in the same manner as for health insurance. Employees may purchase extra life insurance on themselves and eligible dependents.

### Disability Insurance

Employees are eligible for long-term disability insurance after one year of service with a 60% income replacement benefit. All premiums are paid by the college.

## Retirement Plan

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### Defined Contribution Plan

Roanoke College sponsors a 403(b) defined contribution retirement plan through TIAA. After one year of service in a regular position, the college will begin contributing a designated percentage of an employee's base salary. Employees who have prior 403(b) retirement plans may begin participating first of the month following employment.

### Tax Deferred Annuity Plan

The College also sponsors a supplemental 403(b) tax deferred annuity plan. Employees may begin voluntary contributions to this plan immediately upon hire.

## Other Benefits

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### Employee Assistance Program

The College offers free, confidential, short-term counseling, crisis intervention, referral and follow-up services through a professional Employee Assistance Program.

### MaroonsRWell Employee Wellness Program

The College offers a wellness program available to benefit-eligible employees and spouses covered by our medical plans. Participation is voluntary and at no cost. Activities include flu shots, monthly educational programming, and other challenges and events.

### Fitness Center

Employees may utilize the college's Belk Fitness Center at no charge.

### Tuition Remission

After one year of service, employees, their spouses and dependent children are eligible for tuition remission at Roanoke College. (Dependents may be eligible for tuition exchange at other colleges.)

## Questions

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For human resources and/or employee related benefits questions, contact Roanoke College Human Resource, at (540) 375-2455 or [hr@roanoke.edu](mailto:hr@roanoke.edu).

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The above information is intended as a summary only. Complete details of each benefit are available from Human Resources.

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# Roanoke College Medical Plan Designs

Plan Year Effective January 1, 2022

Benefit plan provisions are subject to change from time to time at direction of the Virginia Private Colleges Benefits Consortium (VPCBC) Board of Directors. **Disclaimer:** The benefit booklet will govern the final claim payment process for the above benefits.

All Plans are Non-Grandfathered	Plan 4 - PPO	Plan 9 - HMO (Open Access)	Plan 7 - PPO HDHP
<b>Medical Plan Designs</b>			
<b>Deductible</b>	\$750/\$1,500	None	\$3,000/\$6,000 (embedded)
<b>Medical Out-of-Pocket Maximum</b> (includes copays and coinsurance)	\$3,250/\$6,500 (deductible is included)	\$2,500/\$5,000	\$3,000/\$6,000 (includes deductible and Rx)
<b>Inpatient Hospital</b> (per admission)	20% after deductible	\$350/day to \$1,750	0% after deductible
<b>Outpatient Surgery</b>	20% after deductible	\$300	0% after deductible
<b>Complex Diagnostic</b>	20% after deductible	\$300	0% after deductible
<b>PCP Office Visit</b>	\$20 not subject to deductible	\$25	0% after deductible
<b>Specialist Office Visit</b>	\$40 not subject to deductible	\$50	0% after deductible
<b>Preventive Care</b>	0% not subject to deductible	0%	0% not subject to deductible
<b>LiveHealth Online Visit</b>	\$5 not subject to deductible	\$5	\$50 or 0% after deductible
<b>Mental &amp; Nervous Disorders &amp; Substance Abuse Treatment</b>			
<b>Inpatient</b> (no limit)	20% after deductible	\$350/day to \$1,750	0% after deductible
<b>Outpatient</b> (no limit)	Office Visit: \$20 Outpatient Facility: 100% after deductible	\$25	0% after deductible
<b>Blue View Vision By Anthem</b>			
<b>Vision Exam</b>	\$15 not subject to deductible	\$15 not subject to deductible	\$15 not subject to deductible
<b>OOP Maximum</b>	\$4,500/\$9,000	\$3,500/\$7,000	\$6,000/\$12,000 (not combined with in-network)

All Plans are Non-Grandfathered	Plan 4 - PPO	Plan 9 - HMO (Open Access)	Plan 7 - PPO HDHP
<b>Prescription By IngenioRx</b>			
<b>Certain Preventive Medications Will Be Covered at No Cost to The Member</b>			
<b>Prescription Drug Deductible</b>	\$150/\$300 (excludes generics)	\$150/\$300 (excludes generics)	Medical deductible applies prior to coinsurance being applicable
<b>Out-of-Pocket Maximum: Rx</b> (includes copays and coinsurance)	\$3,600/\$7,200	\$4,100/\$8,200	See above
<b>Retail Pharmacy Benefits</b>			
<b>Generic</b>	\$10	\$10	0% after deductible
<b>Brand</b>	30% Coinsurance Minimum of \$40 (unless less than \$40) Maximum of \$80	30% Coinsurance Minimum of \$40 (unless less than \$40) Maximum of \$80	0% after deductible
<b>Non Preferred Brand</b>	40% Coinsurance Minimum of \$60 (unless less than \$60) Maximum of \$120	40% Coinsurance Minimum of \$60 (unless less than \$60) Maximum of \$120	0% after deductible
<b>Specialty</b>	50% coinsurance up to a \$200 Maximum	50% coinsurance up to a \$200 Maximum	0% after deductible
<b>Mail Order Pharmacy Benefits</b>			
<b>Generic</b>	\$10	\$10	0% after deductible
<b>Brand</b>	30% Coinsurance Minimum of \$80 (unless less than \$80) Maximum of \$160	30% Coinsurance Minimum of \$80 (unless less than \$80) Maximum of \$160	0% after deductible
<b>Non Preferred Brand</b>	40% Coinsurance Minimum of \$120 (unless less than \$120) Maximum of \$240	40% Coinsurance Minimum of \$120 (unless less than \$120) Maximum of \$240	0% after deductible
<b>Specialty</b>	50% coinsurance up to a \$200 Maximum	50% coinsurance up to a \$200 Maximum	0% after deductible

Not Embedded means the first listed limit applies if employee-only coverage is elected; the second listed limit applies if a spouse or any dependents are also covered. There is no lesser limit per covered life.

**LOW DENTAL OPTION**

<b>COINSURANCE</b>	
Type 1 - Preventive	100%
Type 2 - Basic	80%
<b>DEDUCTIBLE</b>	\$50/Calendar Year Type 2 & 3
	Waived Type 1
	3 Family Maximum
<b>MAXIMUM (per person)</b>	\$1,000 per calendar year
<b>Allowance</b>	90th U&C

**Sample Procedure Listing** (Current Dental Terminology © American Dental Association.)

<b>TYPE 1 - PREVENTIVE</b>	<b>TYPE 2 - BASIC</b>	<b>TYPE 3 - MAJOR</b>
<ul style="list-style-type: none"> <li>• Routine Exam (2 per benefit period)</li> <li>• Bitewing X-rays (2 per benefit period)</li> <li>• Full Mouth/Panoramic X-rays (1 in 3 years)</li> <li>• Periapical X-rays</li> <li>• Cleaning (2 per benefit period)</li> <li>• Child Fluoride 18 and under (1 per benefit period)</li> <li>• Sealants (age 16 and under)</li> <li>• Space Maintainers</li> </ul>	<ul style="list-style-type: none"> <li>• Restorative Amalgams</li> <li>• Restorative Composites</li> <li>• Endodontics (nonsurgical &amp; surgical)</li> <li>• Periodontics (nonsurgical &amp; surgical)</li> <li>• Denture Repair</li> <li>• Simple Extractions</li> <li>• Complex Extractions</li> <li>• Anesthesia</li> </ul>	<ul style="list-style-type: none"> <li>• Non-Applicable</li> </ul>

**HIGH DENTAL OPTION**

<b>COINSURANCE</b>	
Type 1 - Preventive	100%
Type 2 - Basic	80%
Type 3 - Major	50%
<b>DEDUCTIBLE</b>	\$50/Calendar Year Type 2 & 3
	Waived Type 1
	3 Family Maximum
<b>MAXIMUM (per person)</b>	\$1,000 per calendar year
<b>Allowance</b>	90th U&C

**ORTHODONTIA SUMMARY - ADULT AND CHILD COVERAGE**

<b>ALLOWANCE</b>	U&C
<b>COINSURANCE</b>	50%
<b>LIFETIME MAXIMUM (per person)</b>	\$1,000

Note: A member must be covered under this Ameritas plan prior to starting an Orthodontic treatment program in order to be eligible for reimbursement. Orthodontia reimbursement through Ameritas is paid on a quarterly basis based on the start of the treatment program. The first payment is released 3 months following the banding date and quarterly payments are then automatically released thereafter until the member has reached the lifetime Orthodontia maximum of \$1000. Reimbursement for records will be paid separately and will apply towards the Orthodontia maximum.

**Sample Procedure Listing** (Current Dental Terminology © American Dental Association.)

<b>TYPE 1 - PREVENTIVE</b>	<b>TYPE 2 - BASIC</b>	<b>TYPE 3 - MAJOR</b>
<ul style="list-style-type: none"> <li>• Routine Exam (2 per benefit period)</li> <li>• Bitewing X-rays (2 per benefit period)</li> <li>• Full Mouth/Panoramic X-rays (1 in 3 years)</li> <li>• Periapical X-rays</li> <li>• Cleaning (2 per benefit period)</li> <li>• Fluoride for Children 18 and under (1 per benefit period)</li> <li>• Sealants (age 16 and under)</li> <li>• Space Maintainers</li> </ul>	<ul style="list-style-type: none"> <li>• Restorative Amalgams</li> <li>• Restorative Composites</li> <li>• Endodontics (nonsurgical &amp; surgical)</li> <li>• Periodontics (nonsurgical &amp; surgical)</li> <li>• Denture Repair</li> <li>• Simple Extractions</li> <li>• Complex Extractions</li> <li>• Anesthesia</li> </ul>	<ul style="list-style-type: none"> <li>• Onlays</li> <li>• Crowns (1 in 5 years per tooth)</li> <li>• Crown Repair</li> <li>• Prosthodontics (fixed bridge; removable complete/partial dentures) (1 in 5 years)</li> </ul>

# UniView Vision®

Virginia Private Colleges Benefits Consortium



## Welcome to your UniView Vision plan!

You have many choices when it comes to using your benefits. As a UniView Vision plan member, you have access to one of the nation's largest vision networks. You may choose from many private practice doctors, local optical stores, and national retail stores including LensCrafters®, Target Optical®, and most Pearle Vision® locations. You may also use your in-network benefits to order eyewear online at Glasses.com and ContactsDirect.com. To locate a participating network eye care doctor or location, log in at [unicare.com](http://unicare.com), or from the home page, select **Find a Doctor**. You may also call member services for assistance at **1-888-884-8428**.

**Out-of-Network** – If you choose to, you may instead receive covered benefits outside of the UniView Vision network. Just pay in full at the time of service, obtain an itemized receipt, and file a claim for reimbursement up to your maximum out-of-network allowance

YOUR UNIVIEW VISION PLAN BENEFITS	IN-NETWORK	OUT-OF-NETWORK	FREQUENCY
<b>Routine Eye Exam</b>			
A comprehensive eye examination	\$15 copay	Up to \$50 allowance	Once every calendar year
<b>Eyeglass Frames</b>			
One pair of eyeglass frames	\$130 allowance, then 20% off any remaining balance	Up to \$100 allowance	Once every two calendar years
<b>Eyeglass Lenses</b>			
One pair of standard plastic prescription lenses:			
• Single vision lenses	\$15 copay	Up to \$50 allowance	Once every calendar year
• Bifocal lenses	\$15 copay	Up to \$80 allowance	
• Trifocal lenses	\$15 copay	Up to \$110 allowance	
<b>Eyeglass Lens Enhancements</b>			
When obtaining covered eyewear from a UniView Vision provider, you may choose to add any of the following lens enhancements at no extra cost.			
• Transitions Lenses (for a child under age 19)			Same as covered eyeglass lenses
• Standard polycarbonate (for a child under age 19)	\$0 copay	No allowance when obtained out-of-network	
• Factory scratch coating	\$0 copay		
<b>Contact Lenses (<i>in addition to eyeglass lenses</i>)</b>			
Contact lens allowance will only be applied toward the first purchase of contacts made during a benefit period. Any unused amount remaining cannot be used for subsequent purchases in the same benefit period, nor can any unused amount be carried over to the following benefit period.			
• Elective conventional (non-disposable) OR	\$130 allowance, then 15% off any remaining balance	Up to \$130 allowance	Once every calendar year
• Elective disposable OR		Up to \$130 allowance	
• Non-elective (medically necessary)	\$130 allowance (no additional discount) Covered in full	Up to \$210 allowance	

**Roanoke College**  
**Group Health, Dental & Vision Coverage**  
**Monthly Premium**  
**January 1, 2022**

**Health Insurance**

Health Insurance Provided by Anthem  
 Prescription Drug Coverage Provided by IngenioRx

Group Health Plans	PPO Plan 4	HMO Plan 9	PPO HD Plan 7
Employee Only	\$211.20	\$168.33	\$137.00
Employee + Child(ren)	\$380.10	\$299.90	\$253.23
Employee + Spouse**	\$422.40	\$344.03	\$282.37
Family**	\$663.00	\$579.66	\$437.99

Employer Health Savings Contribution for PPO 7 Enrollment	
Employee Only	\$500
Family**	\$1,000

**Spousal Coverage:** Employees who wish to carry their spouse on the Roanoke College health insurance must sign a spousal affidavit verifying that their spouse does not have access to other affordable minimum essential coverage.

**Dental Insurance**

Dental Coverage Provided by Ameritas Dental  
 Roanoke College pays the cost of employee participation in the low option plan. There is an additional cost for enhanced coverage or additional dependent coverage.

Group Dental Plans	Low Option	High Option
Employee Only	\$0.00	\$12.60
Employee + Child(ren)	\$34.20	\$55.68
Employee + Spouse	\$34.20	\$55.72
Family	\$68.16	\$98.68

**Vision Insurance**

Voluntary Vision Provided by UniView Vision  
 The vision plan is a voluntary, employee-paid plan which supplements the basic vision coverage provided under the health plans.

Voluntary Vision Plan	Employee Cost
Employee Only	\$6.90
Employee + Child(ren)	\$11.12
Employee + Spouse	\$11.61
Family	\$17.88



# Roanoke College Human Resources

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## *Mission Statement*

The human resources team is committed to supporting the strategic goals of Roanoke College by leveraging our professional expertise in the delivery of services that promote equitable treatment of all faculty, staff and students, open communications, employee welfare, personal accountability, trust and mutual respect. We will seek out and provide solutions to workplace issues that promote an excellent employee experience and that support the Vision, Purpose and Mission of the College.

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The Human Resources Department is located on the first floor of College Hall. Office hours are from 8:00 a.m. to 4:30 p.m. Monday through Friday.

## **Human Resources Office Contact Information**

Roanoke College  
221 College Lane  
Salem, VA 24153  
**Office:** (540) 375-2455  
**Fax:** (540) 378-5165  
**[Hr@roanoke.edu](mailto:Hr@roanoke.edu)**

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# Campus Map and Parking

