



Employee Benefit Guide

DOMINICAN
UNIVERSITY
of CALIFORNIA

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Welcome to Your Benefits!



Our Mission

Our institutional mission is to educate and prepare students to be ethical leaders and socially responsible global citizens who incorporate the Dominican values of study, reflection, community and service into their lives.

Dominican University of California (DUC) recognizes that our employees are our most valuable asset. Every employee contributes to the success of the university and our mission. In recognition of your efforts, DUC provides employees with a competitive and comprehensive benefits package designed to meet the needs of you and your family. It's our goal to ensure that you have the resources to develop and succeed in both your career and your personal life.

This guide provides an overview of DUC's benefits. We encourage you to review the information in this guide before making your benefit elections.

This guide only provides highlights of the benefits offered at DUC. If there are inconsistencies between this document and the legal plan documents, the legal plan documents will govern. All legal plan documents and notices, such as the Summary of Benefits and Coverage (SBC), Summary Plan Description (SPD), HIPAA Privacy Notice and carrier-issued policy documents are available electronically on the [DUC Employee Benefits Website](#). You may request a printed copy of the Plan Documents by contacting Human Resources. A copy will be provided to you free of charge.

BENEFITS ELIGIBILITY & HOW TO ENROLL



Benefits Eligibility Requirements

Faculty and staff who work 30 hours or more each week, are eligible for benefits effective on the first of the month following their date of hire. Additionally, employees qualifying under the Affordable Care Act (ACA), or under the terms of a Collective Bargaining Agreement (CBA), are eligible for select benefits. The benefit elections that you make when you are hired or during annual open enrollment are effective for the entire plan year* unless you experience a Qualifying Event (marriage, birth, adoption, or loss of coverage).

DUC holds an annual Open Enrollment generally during the month of April for a July 1st effective date. During that time, you can make changes to your benefit plan elections such as adding or deleting your spouse, dependents and/or changing health plans.

Making Changes to Your Benefits

If you experience a Qualifying Event after open enrollment, you must notify Human Resources within 30 days of the date of the event, otherwise you will be required to wait until the next Open Enrollment to make any changes to your benefit plan elections. For additional information regarding making changes to your benefits, contact Human Resources.

*DUC's benefit plan year is from July 1 - June 30

Eligible Dependents

You may cover your dependents under many of the benefit plans as long as they are one of the following:

- Your spouse or domestic partner
- Your child(ren) up to age 26 regardless of student or marital status
- A dependent child, regardless of age, who was covered under the plan prior to reaching age 26 who is incapable of self-support. See policy documents for full information.

How Do I Enroll in Benefits?

New hires will receive instructions from Human Resources regarding the enrollment process through the online benefits enrollment system, Paycom.

Within Paycom, you can enroll yourself and eligible dependents in the plans that fit you and your family best. We have resources to help every step of the way! For additional assistance/questions please contact your Human Resources team. A contact list can be found on [page 32](#).

For New Hires: Whether you are electing or waiving benefits, you MUST log into Paycom and complete the process.



IMPORTANT INFORMATION

>> Read Before You Begin <<

Comparing HMO, PPO and HSA Medical Plan Designs

The plan designs offered through Dominican University are HMO, PPO and a HSA-Qualified High Deductible Health Plan (HDHP). We will explain and compare the plan design options available to ensure that you have the information you need in order to select the plan that meets the healthcare needs of you and your family.

What is an HMO plan?

An HMO is a Health Maintenance Organization. The plan is based on a Physician Group/Network of providers that agree to coordinate care within that Physician Group/Network in return for a certain payment rate for their services. When you're covered through an HMO, you will need to select a Primary Care Physician (PCP) to manage your health care and provide referrals to see specialists or to obtain healthcare services not provided through your PCP.

Key Takeaways

1. You will select a PCP to manage your healthcare. Generally, if you do not select a PCP, one will be assigned to you.
2. All of your care must be obtained through your assigned Physician Group/Network except for emergencies.
3. Generally, your out of pocket costs are lower.

What is a PPO plan?

A PPO is a Preferred Provider Organization (PPO). The plan is designed to give you more flexibility in choosing healthcare provider for both primary and specialty care. Your healthcare costs are typically more affordable when you utilize in-network providers. You will have more providers to choose from through a PPO network.

Key Takeaways

1. More flexibility to use providers both in-network and out-of-network.
2. You can usually visit specialists without a referral, including out-of-network specialists.
3. If you obtain services outside of the network, you will likely be subject to Balance Billing.

What is a HSA-qualified plan?

If you are enrolled in a high-deductible health insurance plan (HDHP) as defined by the IRS, you may qualify for a Health Savings Account (HSA). HDHP deductibles are often significantly higher compared to traditional PPO plan designs. The HSA allows you to pay for certain qualified healthcare expenses with tax-free money. HSA contributions from your employer are not included in your income. Distributions from an HSA that are used to pay qualified medical expenses are not taxed. If you still have an HSA balance after the age of 65, you can take withdrawals out of your HSA for non-medical expenses penalty free. Taxes may still be applicable to your withdrawal amounts, similar to Traditional IRA withdrawals, but you would avoid the 20% penalty from the IRS.

Key Takeaways

1. Higher deductibles than a traditional PPO plan.
2. HSAs were created and designed to help people offset healthcare costs in a tax efficient way.
3. If right for you, HSAs may be a good way to supplement your retirement savings.

Medical Plan Comparison

	HMO	PPO	HDHP w/ HSA
Cost	Lower premiums and out-of-pocket costs. No deductibles under DUC's plans.	Higher premiums, includes deductibles for certain services.	Lowest premiums with high deductible. Plan deductible must be met before coverage begins for medical care and prescriptions.
Network Coverage	In-network only except for emergencies.	Access to more providers and include in-network and out-of-network benefits.	Depends on plan design. DUC offers a Kaiser option and Health Net option.
PCP Designation	Primary Care Physician (PCP) manages healthcare needs.	Not required.	Not required.
Referrals	Required when specialist care is needed.	Not required.	Not required.
HSA Compatibility	Not compatible.	Not compatible.	Compatible.

MEDICAL BENEFITS

DUC offers a total of five medical plan options through Kaiser and Health Net. All plan options offer comprehensive coverage to employees and covered family members. Kaiser members have access to medical services and doctors only through Kaiser facilities. The Health Net plan options provide more flexibility with choosing your providers.

Kaiser

Kaiser Permanente is an HMO (see definition and additional information regarding HMOs on [page 6](#)). As a member with Kaiser, you may receive medical care at any Kaiser facility in your area. Both Kaiser plan options require that members select a Primary Care Physician (PCP). Your PCP will coordinate your health care needs.

Kaiser HMO: You will pay fixed Copays for all services up to the Out of Pocket Maximum. Your costs are predictable throughout the year.

Kaiser HSA: You will pay for the cost of services and prescriptions until you meet the plan deductible. Once the deductible is met, you will pay only copays and coinsurance. Your deductible, copays and coinsurance will all accumulate towards the out of pocket maximum. Your enrollment in this plan qualifies you to open and contribute to a Health Savings Account (HSA) to help offset the deductible and to save for retirement. For employees who choose an HSA Plan, Dominican contributes \$1,500 for employee-only coverage and \$3,000 for family coverage directly into your HSA. You can find out more information about HSAs on [pages 13-14](#) of this booklet.

Medical Services	Kaiser HMO	Kaiser HMO with HSA
	Kaiser Network Only	Kaiser Network Only
Individual Calendar Year Deductible	None	\$3,300
Family Calendar Year Deductible	None	\$6,600
Individual HSA Contribution from DUC	None	\$1,500
Family HSA Contribution from DUC	None	\$3,000
Individual Out of Pocket Max.	\$1,500	\$5,350
Family Out of Pocket Max.	\$3,000	\$10,700
Office & Specialist Visits	\$20	\$30 after deductible
Preventive Care	No charge	No charge

Medical Services	Kaiser HMO	Kaiser HMO with HSA
	Kaiser Network Only	Kaiser Network Only
Diagnostic Lab, X-Ray	No charge	\$10 after deductible
Complex Radiology (CT, MRI, PET) *Requires pre-authorization	No charge	\$50 after deductible
Inpatient Hospital	\$250 per admission	30% after deductible
Outpatient Surgery	\$20 per procedure	30% after deductible
Urgent Care	\$20	\$30 after deductible
Emergency	\$50	30% after deductible
Prescription (Rx) Drug Coverage: 30-day Supply when filled at a Kaiser Pharmacy		
Rx Generic	\$10	\$10 after deductible
Rx Preferred Brand Name	\$25	\$30 after deductible
Rx Specialty Drugs	\$25	\$30 after deductible

Mail-Order Prescription Program

Kaiser's Mail-Order service provides a **100-day** supply of your Generic and Brand Name medications for 2x your copay. Sign up for this service through your Kaiser online member portal www.kp.org. Specialty medications are not eligible for this service.

Nurseline and Telehealth Services

Nurseline and Telehealth are covered under all medical plans through DUC. See [page 12](#) for additional details.

Find Kaiser doctors and locations [here](#).

Continue to [page 13](#) for important HSA information.

Your Kaiser employee premium contributions are on [page 17](#).

Health Net

Health Net offers three plan types: an HMO, PPO and an HSA-compatible plan (see *definition and additional information regarding plan types on pages 6-7*). Review the plan designs carefully to ensure that you select the plan type that will best work for your needs.

Health Net HMO: You will pay fixed copays for all services up to the out of pocket maximum. Your costs are predictable throughout the year. This plan option requires that members select a Primary Care Physician (PCP) as well as a Physician Group. Your PCP will coordinate your health care needs and provide referrals to specialists or other health care providers within the same Physician Group. There is no coverage if services are obtained outside of the Physician Group or outside of the network.

Health Net PPO: You will pay a combination of fixed copays and coinsurance for all services up to the out of pocket maximum. This plan allows you to choose your own providers and self-refer to specialists. You have both in and out of network benefits; however, we recommend that you stay in-network as much as possible to keep your out of pocket costs lower.

Health Net HSA: You will pay for the cost of services and prescriptions until you meet the plan deductible. Once the deductible is met, you will pay only copays and coinsurance. Your deductible, copays and coinsurance will all accumulate towards the out of pocket maximum. Your enrollment in this plan qualifies you to open and contribute to a Health Savings Account (HSA) to help offset the deductible and to save for retirement. For employees who choose an HSA Plan, Dominican contributes \$1,500 for employee-only coverage and \$3,000 for family coverage directly into your HSA. You can find out more information about HSAs on [pages 13-14](#) of this booklet.

Medical Services	Health Net HMO	Health Net PPO	Health Net HSA
	In-Network Only	PPO Network*	PPO Network*
Calendar Year Deductible			
Individual	\$0	\$250	\$3,300
Family	\$0	\$750	\$6,600
Individual HSA Contribution from DUC	None	None	\$1,500
Family HSA Contribution from DUC	None	None	\$3,000
Out of Pocket Max.	Medical / Pharmacy	Medical / Pharmacy	Combined
Individual	\$1,500 / \$2,000	\$3,000 / \$2,000	\$5,000
Family	\$4,500 / \$4000	\$9,000 / \$4,000	\$10,000
Office & Specialist Visits	\$30	\$15	30% after deductible

***Out-of-Network Services:** The Health Net PPO and HSA plans provide out-of-network coverage. The above chart reflects benefit schedule for the in-network benefits available under each plan. If you would like to review the out-of-network costs, please see the individual plan documents available [here](#).

Medical Services	Health Net HMO	Health Net PPO	Health Net HSA
	In-Network Only	PPO Network*	PPO Network*
Preventive Care	No charge	No charge when in-network	No charge when in-network
Diagnostic Lab, X-Ray	No charge	20% after deductible	30% after deductible
Complex Radiology (CT, MRI, PET) *Re-quires pre-authorization	No charge	20% after deductible	30% after deductible
Inpatient Hospital	\$500 per admission	20% after deductible	30% after deductible
Outpatient Surgery	\$30 per procedure	20% after deductible	30% after deductible
Urgent Care	\$30	\$15	30% after deductible
Emergency	\$75	\$100 + 20% after deductible	\$100 + 30% after deductible
Prescription (Rx) Drug Coverage: 30-day Supply when filled at an In-Network Pharmacy			
Rx Generic	\$10	\$10	\$15 after deductible
Rx Preferred Brand Name	\$20	\$25	\$30 after deductible
Rx Non-Preferred Brand Name	\$35	\$35	\$50 after deductible
Rx Specialty Drugs	\$10/\$20/\$35 No charge for self-inject-ables	\$10/\$20/\$35 \$15 charge for self-injectables	\$15/\$30/\$50 30% after deductible up to \$250 max for self-injectables

Mail-Order Prescription Program

Health Net's Mail-Order service provides a 90-day supply of your Generic and Brand Name medications for 2x your copay. Sign up for this service through your Health Net online member portal www.healthnet.com. Specialty medications are not eligible for this service.

Nurseline and Telehealth Services

Nurseline and Telehealth are covered under all medical plans through DUC. See [page 12](#) for additional details.

Find Health Net contracted providers [here](#).

Continue to [page 13](#) for important HSA information.

Your Health Net employee premium contributions are on [page 17](#).

Alternative Methods for Access to Medical Care

Medical plan members have alternative options available when seeking care, aside from the traditional in-person office visit. These alternative care services continue to be available and are a safe and convenient way to get the care you need for non-urgent medical needs.

Nurseline

The nurseline/telephonic health support can be your first access point for seeking medical advice and discussing your symptoms. This service is available 24/7 at no cost.

For **Health Net** members:

800-893-5597

For **Kaiser** members:

866-454-8855

You can also seek guidance via phone by utilizing the after hours line if your Primary Care Physician offers this service.

Telehealth

Telehealth is recommended when possible and appropriate for your situation. The use of telehealth/virtual visits can help prevent **the spread of illnesses**.

For **Health Net** members, visit babylonhealth.com/us You will need to register as a new user if you have never used the service. There is no copay associated with Telehealth through Babylon.

For **Kaiser** members, login to your Kaiser member portal at kp.org for access. The service has no cost.

HEALTH SAVINGS ACCOUNTS (HSA)

Health Savings Accounts or HSAs were created by the federal government to give individuals a way to pay for qualified medical expenses and save for future needs. An HSA is considered “tax-advantaged” because you are not taxed at the federal level on contributions, earnings or withdrawals – and your balance rolls over year to year. **You own the account and the funds from day one, and you can take it with you if you ever leave the company.**

You can use your HSA funds to:

- Pay for current expenses, such as deductibles, prescription drugs, coinsurance or other health care expenses
- Pay for future health care expenses, even if you are no longer enrolled in a High-Deductible Health Plan
- Lower your taxable income and save for retirement

Coverage Level		IRS Annual Limits	DUC Contribution
2025	Individual	\$4,300	\$1,500
	Family	\$8,550	\$3,000
	Catch Up Contribution if over Age 55	\$1,000	N/A

Who is eligible for an HSA?

In order to be eligible to open an HSA and to be able to continue to make contributions, you must be enrolled in a qualifying High Deductible Health Plan (HDHP). In addition:

- You may not have any other health coverage that is not a qualified HDHP.
- You may not be enrolled in Medicare Part A or Part B.
- You may not be claimed as a dependent on someone else’s tax return.
- You or your spouse may not have a traditional Health Care Flexible Spending Account (FSA).
- You may not have received veterans benefits in the past three months.

Savings with the HSA

HSAs serve as a tax-advantaged fund that can be used to pay for current or future medical expenses. If the funds are not used, the money will roll over to the next year and continue to grow over time. One of the most attractive features of the HSA is that these funds grow through the accrual of tax-free interest or investment earnings. The HSA is proving itself to be a wise investment tool, not only for current health care needs, but also for long-term retirement planning. The HSA fund is tax-deductible, compounds tax-free interest and earnings and is tax-free to withdraw from for eligible health care expenses.

For example, if you spend \$700 a year on health care costs, anything you contribute above that is money invested for your future. Maximum allowable contributions enhance this opportunity further, particularly for those investing at a younger age. Because an HSA can be invested in the market with tax-free earnings, the opportunity for long-term growth is exponential. The same types of investments permitted for Individual Retirement Accounts (“IRA”s) are allowed for HSAs, including bank accounts, stocks, bonds, mutual funds, annuities and certificates of deposit. You can build your HSA balance by consistently making contributions and investing what you roll over to the next year.

Contributions

If you enroll in a HSA-qualified HDHP medical plan, DUC will contribute funds to your Health Savings Accounts to help you with medical expenses. The contribution from DUC will be deposited directly into your HSA in equal installments spread across the 24 pay periods throughout the year. You should plan carefully to ensure that your total annual contributions and the contributions from DUC do not exceed the IRS annual limits as outlined on [page 13](#).

Optum Bank

Upon enrollment in an HSA-qualified HDHP medical plan through DUC, a HSA will be opened in your name through Optum Bank.

HSA Recordkeeping

If you have an HSA, you are ultimately responsible for proving how the account is used because it is individually owned. To protect yourself in the event that you are audited by the IRS, keep records of all HSA documentation for at least as long as your income tax return is considered open (subject to an audit), or as long as you maintain the account, whichever is longer. Hold on to any insurer’s explanation of benefits statement that documents your expenses for services covered under your HDHP. Also, when you pay an expense from your HSA and the expense is not filed with your health insurance carrier (for example, a vision or dental expense not covered by insurance), make sure you save the receipt.

DENTAL & VISION BENEFITS

Dental Insurance

Dental coverage is provided for you and your family members through Guardian. A PPO plan offers you the most flexibility when choosing a dentist as you can seek services in and out of network. When choosing a provider please use the DentalGuard Preferred PPO network. Your dental deductible and plan year maximum are based up the Plan Year.

Dental Services	In Network	Out of Network
	DentalGuard PPO	
Preventive Care - Deductible does not apply (exams, cleanings, x-rays)	100%	100% UCR
Basic Care (basic fillings, extractions, repairs, complex oral surgery)	90%	80% UCR
Major Care (crowns, inlays and on-lays, bridges and dentures)	60%	50% UCR
Deductible	\$25 Individual / \$75 Family	\$50 Individual / \$150 Family
Maximum Benefit Per Plan Year	\$2,000	
Orthodontia Lifetime Maximum	\$2,000 - children only	

Preventive Services: All services covered under the Preventive Dental Services benefits are paid at 100% without a deductible. Each covered service is limited to one in any 6 consecutive month period, except oral exams. Orals exams are covered twice in a 12-month period; the exams do not need to be 6 consecutive months apart. Preventive services accrue towards the annual benefit maximum.

Dental Services That Exceed \$300: It is recommended that you request a Predetermination of Benefits or Pre-treatment Estimate before services are performed. Your provider can submit this request to Guardian on your behalf. Both you and your provider will receive an estimate of your out-of-pocket cost after the plan benefits are applied.

Usual, Customary and Reasonable Fee (UCR): A usual fee is the amount which an individual dentist regularly charges and receives for a given service or the fee actually charged, whichever is less. A customary fee is within the range of usual fees charged and received for a particular service by dentists of similar training in the same geographic area. A reasonable fee schedule is reasonable if it is usual and customary. *This plan pays up to the 90th percentile; this means that 90% of dentists in a given area charge that fee or less.*

Find Guardian contracted dental providers [here](#).

Vision Insurance

Vision coverage is also offered through Guardian. Your Guardian Vision Plan is paired with the VSP Choice Network which has over 23,000 eye doctors, located in rural and metropolitan areas throughout the nation. VSP doctors provide both eye exams and eye wear, making for a convenient “one-stop” means of obtaining eye care benefits. Services obtained by non-network providers will be eligible only for a fixed reimbursement amount determined by the plan.

Employees and their dependents are automatically enrolled in the vision plan upon enrollment in the medical plan through DUC. If you waive medical coverage, you can enroll in the vision plan for a cost.

VSP Choice Network	In-Network
	VSP Choice
Office Visit / Examination and Glasses (every 12 months)	\$20 <ul style="list-style-type: none">Includes Single vision, bifocal and lined trifocal lenses.Polycarbonate lenses for children
Lens Enhancements	Price varies depending on enhancement. Call member services for details.
Frame Allowance (every 12 months)	\$150 + 20% off
Contact Lenses Allowance (in lieu of glasses, every 12 months)	\$150 Includes contact lens fitting
Retinal Screening	Up to \$39 copay when done as an enhancement to a WellVision Exam

TruHearing: VSP Members are eligible for free enrollment in the Hearing Aid Discount program through TruHearing. Call 877-396-7194 for more information and identify yourself as a VSP member.

Find VSP contracted providers [here](#).

Your Guardian employee premium contributions are on [page 17](#).

Medical, Dental and Vision Costs

Employee Contributions Effective July 1, 2025

Kaiser HMO				
Coverage Tier	Full Monthly Premium	DUC Monthly Contribution	Employee Monthly Contribution	Employee Cost Per Pay Period
Employee Only	\$1,042.86	\$938.57	\$104.29	\$52.14
Employee + 1	\$2,242.15	\$1,457.40	\$784.75	\$392.38
Employee + 2 or more	\$3,076.43	\$1,845.86	\$1,230.57	\$615.29
Kaiser HSA-HDHP				
Coverage Tier	Full Monthly Premium	DUC Monthly Contribution	Employee Monthly Contribution	Employee Cost Per Pay Period
Employee Only	\$689.15	\$620.24	\$68.92	\$34.46
Employee + 1	\$1,481.68	\$963.09	\$518.59	\$259.29
Employee + 2 or more	\$2,033.00	\$1,219.80	\$813.20	\$406.60
Health Net HMO				
Coverage Tier	Full Monthly Premium	DUC Monthly Contribution	Employee Monthly Contribution	Employee Cost Per Pay Period
Employee Only	\$1,617.09	\$1,400.87	\$216.22	\$108.11
Employee + 1	\$3,476.72	\$2,151.31	\$1,325.41	\$662.70
Employee + 2 or more	\$4,770.44	\$2,862.26	\$1,908.18	\$954.09
Health Net PPO (CA)				
Coverage Tier	Full Monthly Premium	DUC Monthly Contribution	Employee Monthly Contribution	Employee Cost Per Pay Period
Employee Only	\$1,811.38	\$1,569.18	\$242.20	\$121.10
Employee + 1	\$3,894.49	\$2,409.82	\$1,484.67	\$742.34
Employee + 2 or more	\$5,343.61	\$3,206.17	\$2,137.44	\$1,068.72
Health Net PPO (OOS)				
Coverage Tier	Full Monthly Premium	DUC Monthly Contribution	Employee Monthly Contribution	Employee Cost Per Pay Period
Employee Only	\$1,054.83	\$848.97	\$205.86	\$102.93
Employee + 1	\$2,267.88	\$861.35	\$1,406.53	\$703.27
Employee + 2 or more	\$3,111.75	\$1,181.85	\$1,929.90	\$964.95
Health Net HSA-HDHP				
Coverage Tier	Full Monthly Premium	DUC Monthly Contribution	Employee Monthly Contribution	Employee Cost Per Pay Period
Employee Only	\$1,144.53	\$1,030.08	\$114.45	\$57.23
Employee + 1	\$2,460.76	\$1,599.49	\$861.27	\$430.63
Employee + 2 or more	\$3,376.37	\$2,025.82	\$1,350.55	\$675.27
Guardian DPPO Dental				
Coverage Tier	Full Monthly Premium	DUC Monthly Contribution	Employee Monthly Contribution	Employee Cost Per Pay Period
Employee Only	\$49.52	\$44.57	\$4.95	\$2.48
Employee + 1	\$98.14	\$63.79	\$34.35	\$17.17
Employee + 2 or more	\$177.34	\$106.40	\$70.94	\$35.47
Guardian Vision				
Coverage Tier	Full Monthly Premium	If You are Enrolled in Medical	Employee Monthly Contribution Standalone Election	Employee Cost Per Pay Period
Employee Only	\$9.64	Included in Medical	\$9.64	\$4.82
Employee + 1	\$14.61		\$14.61	\$7.31
Employee + 2 or more	\$25.68		\$25.68	\$12.84

LIFE & DISABILITY BENEFITS

Basic Life/AD&D and Disability Insurance

DUC provides Basic Life and Accidental Death and Dismemberment (AD&D) and Long-Term Disability insurance through Mutual of Omaha, and pays 100% of the cost. Eligible staff and faculty are automatically enrolled in these plans.

Plan	Benefit Amount	Description
Basic Life/AD&D	Flat \$50,000	In the event of your death, the plan pays this benefit to your beneficiary(ies). If your death is accidental, this plan will pay an additional \$50,000.
Long Term Disability (LTD)	60% of your pre-disability earnings, up to \$10,000 per month	Benefits begin after 180 days of disability due to illness/injury that is not work-related.

- Life/AD&D policy is subject to an age reduction schedule. When you reach age 75, the coverage reduces to 50% of the original amount. There are partial benefits available if you are seriously injured as the result of an accident.
- You can change your Beneficiary designation at anytime through Paycom.
- LTD benefits are offset by income from other sources, including CA State Disability Insurance or Workers' Compensation. Your benefits will continue as long as you are disabled until you reach Social Security Retirement Age (SSRA). If you become disabled at retirement age, you will have a set duration of benefits.

Please refer to carrier coverage booklet for complete schedule.



VOLUNTARY BENEFITS

Voluntary Life and AD&D Insurance

Employees who want to supplement their Basic Life and AD&D benefits may purchase additional Voluntary Life/AD&D coverage. When you enroll yourself and your dependents in this benefit, you pay the full cost through an after-tax payroll deduction. You can purchase coverage for yourself, your spouse or child(ren) as outlined below. Evidence of Insurability is required for applied amounts that exceed Guaranteed Issue, and for applications submitted after your initial new hire eligibility date.

	Coverage	Mutual of Omaha Voluntary Life/AD&D
¹ Children qualify as of birth up to age 26 ² Children birth to 6 months are covered for \$1,000.	Employee	<ul style="list-style-type: none"> \$10,000 increments up to 5x annual salary up to \$500,000. Guaranteed Issue Amount = 5x salary up to \$200,000
	Spouse	<ul style="list-style-type: none"> \$5,000 increments up to \$500,000 Guaranteed Issue Amount = \$25,000 Spouse coverage cannot exceed 100% of Employee Amount.
	Child(ren) ¹	<ul style="list-style-type: none"> \$1,000 increments per child up to \$10,000.² Child coverage cannot exceed 100% of Employee Amount.

The table below illustrates the rates for employees and spouses by age range. Reference these rates to calculate your post-tax monthly premium amounts using the tables on the next page. Please note that benefits are reduced to 50% of the in-force coverage amount at age 75. Please refer to the plan summary to review the full benefit reduction schedule.

Mutual of Omaha Voluntary Life/AD&D			
Age Band	Employee Rate Per \$10,000 of Coverage	Spouse Rate Per \$1,000 of Coverage	Dependent Child Life/AD&D
0-24	\$0.40	\$0.04	Dependent Child Life: \$0.17 per \$1,000 \$1.65 per \$10,000
25-29	\$0.41	\$0.04	
30-34	\$0.50	\$0.05	
35-39	\$0.70	\$0.07	
40-44	\$1.04	\$0.10	
45-49	\$1.65	\$0.17	
50-54	\$2.66	\$0.27	
55-59	\$4.44	\$0.44	
60-64	\$7.09	\$0.71	
65-69	\$13.27	\$1.33	
70-74	\$28.17	Not available	
75-89	\$28.16	Not available	
90+	\$28.13	Not available	

Additional Voluntary Benefits

Voluntary benefits are employee-paid and are a great supplement to your benefits program. Dominican University offers several options through Mutual of Omaha. Note that the below benefit tables are not an exhaustive list of the available benefits through these plans.

Critical Illness

A critical illness insurance policy provides a lump-sum cash benefit upon diagnosis of a critical illness like a heart attack, stroke, or cancer. You can make your benefit election in \$5,000 increments. Review carrier-generated plan documents for more information.

Mutual of Omaha Critical Illness	
Age	Monthly Rate per \$5,000 of Coverage
0-24	\$1.85
25-29	\$2.30
30-34	\$3.05
35-39	\$4.10
40-44	\$6.00
45-49	\$8.70
50-54	\$12.15
55-59	\$16.90
60+	\$24.65

Accident

An accident insurance policy supplements your medical coverage and provides a cash benefit for injuries you or an insured family member sustain from an accident. This benefit can be used to pay out-of-pocket medical expenses. Examples include a lump sum payment of up to \$1,500 for an ambulance ride, \$200 for an emergency room visit, \$125 for urgent care, or up to \$6,000 for a fracture. Review carrier-generated plan documents for more information.

Mutual of Omaha Accident	
Coverage Tier	Employee Monthly Contribution
Member	\$12.44
Member + Spouse	\$20.51
Member + Children	\$22.46
Member + Family	\$30.53

Short Term Disability

The voluntary short term disability policy can replace income in the event that you become unable to work due to accident or illness. Benefits begin on the 8th day of illness or injury. The benefit is equivalent to 25% of your pre-tax weekly earnings not to exceed \$1,200 per week. Please review the carrier-generated plan documents for more information. To calculate your cost to participate, use the following steps:

Short Term Disability: Premium Contribution Calculator		
	Employee Monthly Contribution	Example Earnings \$40,000 per year
List your weekly earnings (maximum \$4,800)	\$	\$769.23
Multiply by premium factor	\$0.155000	\$0.155000
Your estimated monthly premium	\$	\$11.92

FLEXIBLE SPENDING ACCOUNTS & COMMUTER BENEFITS

Healthcare, Limited Purpose and Dependent Care FSA

The FSA plans are administered through Navia Benefit Solutions. Funds you set aside in the FSA can be used to pay for qualified medical, dental, vision, and dependent care expenses with pre-tax dollars through the 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 tax, Social Security taxes, and state and local income taxes on the portion of your paycheck you contribute.

You should contribute only the amount you expect to pay out of pocket for eligible expenses. You have 60 days to submit your expenses for reimbursement once the Plan Year ends. The last day of the Plan Year is June 30th.

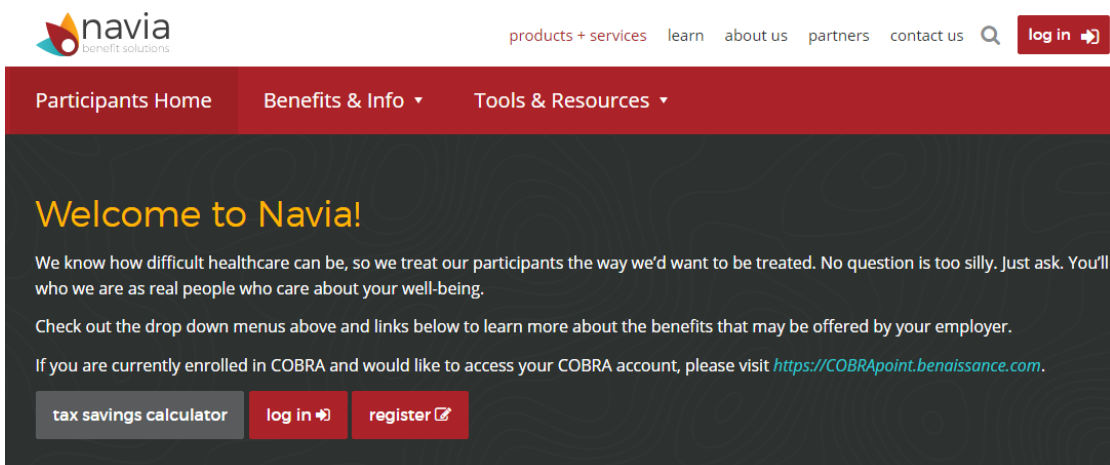
2025 Contribution Limits:

**Healthcare & Limited Purpose
FSA: \$3,300**
**Dependent Care FSA:
\$5,000**

**Minimum Annual
Election: \$120**

For the Health Care FSA, up to \$660 of remaining balance in your FSA on 6/30/2026 can be rolled over to the 2026-2027 plan year. Unused Dependent Care FSA funds are forfeited at the end of the year.

Navia has compiled a comprehensive library of participant tools and resources that will help you maximize your FSA benefits through DUC. Visit the [Navia participant portal](#) to learn more!



FSA Comparison Chart

Plan Features	Healthcare FSA	Limited Purpose FSA	Dependent Care FSA
Maximum Election	\$3,300 per year For 2025-2026 Plan Year	\$ 3,300 per year For 2025-2026 Plan Year	\$5,000 per household For 2025 Calendar Year
HSA Compatible?	No. Not available if you are enrolled in one of the HSA medical plans.	Yes	Yes
Pre-funded by Employer	Yes. Full election is available for your use on the first day of the Plan Year.	Yes. Full election is available for your use on the first day of the Plan Year.	No. You may only claim what you have contributed at the time the claim is filed.
Rollover?	Up to \$660 as of balance on 6/30/2026.	Up to \$660 as of balance on 6/30/2026.	Not available.
How to Access Your Funds	Debit Card	Debit Card	Debit Card
Eligible Expenses	Medical, Prescription, Dental & Vision.	Dental & Vision Only.	Childcare for children under age 13 while parent is at work, looking for work or going to school.
OTC Medications	Eligible without a prescription.	Not eligible.	Not eligible.
Household Items	<ul style="list-style-type: none"> • First Aid Kits / Supplies • Sunscreen • Hearing Aid Batteries • Heating Pads & Wraps • Thermometers • Vaporizers & Inhalers • Pregnancy & Fertility Test 	Limited to Dental / Vision Only <ul style="list-style-type: none"> • Contact Lens Solution • Denture Cream & Cleansers • Eye Glass & Lens Accessories • Dental Emergency Kit 	Not applicable.
Recordkeeping / Substantiation	Since your reimbursement plan is a tax-based benefit, IRS regulations require you to verify that your expenses are eligible under your plan. Navia is able to auto-verify many of your debit card transactions but there are some expenses that do require the submission of documentation to determine if the expense was eligible. Find more information here .		

To best manage your FSA, file claims online and sign up for direct deposit, register on Navia's member portal. Start [here](#).

Review a list of FSA-eligible expenses [here](#).

Shop online through the [FSA Store](#).

Commuter Benefits

Commuter Benefits allow employees to pay for certain workplace commuting expenses, including mass transit and parking, on a tax-free basis through payroll deductions. By enrolling in a commuter benefit plan, you can pay for qualified workplace mass transit and parking expenses with tax-free contributions, meaning that you will not pay federal income taxes, social security (FICA) taxes, or state income taxes (may vary by state) on these expenses. When you enroll in the plan, you will indicate how much you want to contribute to your Mass Transit and/or Parking Account.

What are eligible commuting expenses?

Qualified workplace commuting expenses must be for mass transit and/or parking expenses incurred between a residence and place of employment.

Transit Expenses:

- Buses
- Trains
- Subways
- Ferries
- Van pools

Parking Expenses:

Parking expenses incurred near your workplace or a location from which you commute to work, such as park-and-ride.



2025
Contribution
Limits:
Mass Transit: \$325/month
Parking: \$325/month

ADDITIONAL BENEFITS

Pet Insurance

Pet Insurance is offered through **Wishbone**. Between expensive emergency vet bills and basic preventive care, the plan you choose will provide coverage to help your pets live healthy, long lives. Pet insurance premiums are paid directly to Wishbone.

COVERED	NOT COVERED
Accidents & illnesses	Pre-existing conditions
Hereditary & congenital conditions	Breeding & conditions related to pregnancy
Diagnostics & testing	Boarding & transport expenses
Emergency care	Pet supplies
Hospitalization	
Surgery	

Visit [Wishbone](#) to research coverage options for your pet today!

ADDITIONAL BENEFITS

Employee Assistance Programs (EAP)

Employees have access to a confidential Employee Assistance Program (EAP) through Mutual of Omaha and Travel Assistance services from Mutual of Omaha's AXA Assistance USA. EAP services are immediately available to you. Emergency Travel Assistance is available when you travel more than 100 miles from home. The resources and services below are available 24 hours a day, 7 days a week at no cost to employees. Please refer to the contact details located on the last page of this booklet.

Employee Assistance Program

- Referral assistance to in-person counseling for mental health, family and clinical issues
- Get up to 3 visits available at no cost to you with a Licensed Professional Counselor
- Resources and referrals for new parents
- Referral assistance with child and elder care
- Legal resources and services for divorce, wills, trusts and accidents
- Financial services including financial planning, home purchase and college savings

Travel Assistance

- Medical repatriation to your home or a rehabilitation facility with a medical or non-medical escort
- Prescription assistance if you need a replacement while traveling
- Hospital admission guarantee outside the United States by validating your health coverage or by advancing funds to the hospital
- Emergency message transmission
- Legal and interpreter referrals
- Return of mortal remains

Please note that the programs described on this page are available to all benefit-eligible employees and their dependents. You/your dependents do not need to be enrolled in the medical, dental or vision plans to enjoy these benefits.

Identity and Legal Protection

IDShield

IDShield monitors participants’ personally identifiable information (PII) from all angles. Identity and credit threat alerts are sent to you if any suspicious activity is found. If your identity is stolen, IDShield provides full-service restoration and remediation and will restore your identity to its pre-theft status. You also have unlimited access to consultations about data breaches, identity-related issues, suspicious emails or phone calls, and credit report notifications.

IDShield provides you with monitoring services upon enrollment. From credit scores and driver’s license numbers to social media accounts, IDShield will send you an immediate alert when it detects a possible threat.

The following are some of the items that IDShield will continually monitor on your behalf:

- Credit bureaus
- Public records
- Court records
- Loan inquiries
- Dark web
- Telecom databases
- Social media platforms
- Liens and judgments
- Credit card applications
- Payday loan

Legal Shield

The LegalShield plan offers a comprehensive and affordable service to protect your legal interests. By protecting yourself legally, you can avoid the financial stress of an unexpected legal event.

You will also have access to online legal forms that focus on many of today's most common legal concerns.

You will have unlimited phone consultations, and your provider law firm will offer advice on any matter covered by the plan.

The following are some of the areas of law covered under LegalShield:

- Prenuptial agreements
- Adoption
- Name change
- Debt collection
- IRS audits
- Wills/Probate/POA
- Neighbor disputes
- Contractor disputes

LegalShield and IDShield		
Coverage Tier	Employee Monthly Contribution	Employee Cost Per Pay Period
LegalShield Only	\$18.95	\$9.48
IDShield Only	\$10.95	\$5.48
LegalShield & IDShield	\$29.90	\$14.95

ADDITIONAL BENEFITS

TUITION WAIVER PROGRAM

Eligible staff and faculty members, spouse/domestic partner, and/or dependent(s) have the opportunity to participate in the DUC Tuition Waiver Program after six months of service. Additional information is available on the Tuition Benefits Policy in the Employee Handbook and on the website.

THE TUITION EXCHANGE PROGRAM and COUNCIL OF INDEPENDENT COLLEGES PROGRAM

DUC participates in The Tuition Exchange (“TE”) Program and The Council of Independent Colleges (“CIC”) Program for an employee’s dependent(s) who want to enroll in an undergraduate program. The eligibility is the same as for The Tuition Waiver Program at DUC. Employees are not eligible for the Tuition Exchange Program.

SAVI

DUC employees can access this new financial wellness tool and service to find the best federal repayment and forgiveness programs. Brought to you through TIAA and Savi, this tool and service not only helps strengthen your financial footing in the short-term, but it also helps lower your monthly student loan payment and positions you for student loan forgiveness. To get started, visit www.TIAA.org/duc/student.

VERIZON DISCOUNT

8% off service and 25% off equipment.

REDWOOD CREDIT UNION

As a Select Employer Group (SEG), DUC employees are eligible for access to great perks like free checking, loan discounts and affordable home mortgage loans.

DINING AT CALERUEGA

Discount on meals for staff and faculty.

CAMPUS RECREATIONAL FACILITIES

Eligible employees and their families may use the athletic facilities at the Conlan Recreation Center at no charge. A fee may apply for certain organized recreational events and classes.

TICKETS AT WORK

The leading Corporate Entertainment Benefits provider offers exclusive discounts, special offers and access to preferred seating and tickets to top attractions, theme parks, shows, sporting events, movie tickets, exclusive hotel rates, rental car deals and much more. Visit their website at ticketsatwork.com and use the company code DU to start saving!

403(b) RETIREMENT PLAN

Benefits eligible employees are automatically enrolled in the TIAA 403(b) retirement plan at a contribution rate of 5% upon hire. Based on your own retirement goals, you can create your own investment mix from among the many different investment options offered in the plan. You may change your default auto enrollment contribution at any time. Your changes will become effective as soon as administratively possible.

Save More: Defer More in Taxes

You won't pay income taxes for any contributions or accumulated earnings, until you withdraw them. For most people that's in retirement, when you are likely to be in a lower tax bracket.

Dominican Cares About Your Future!

After one year of continuous employment, Dominican will match eligible employees' contributions up to 5%. Dominican will also contribute an additional 3%, up to a potential 8% employer contribution. Upon hire, employees do have the option to opt out of the employee contribution; however, the employees are required to be enrolled in the retirement plan to receive the Dominican match or 3% contributions after the year of service. You will be immediately vested in the employer contributions when they are credited to your TIAA account. Employees can make changes to their contributions at any time in Paycom.

We Are Here to Help You!

We offer tools and services to help you manage your retirement savings. We encourage you to register on the TIAA website for Dominican employees and review your investments monthly at tiaa.org/duc.

Quarterly one-on-one consultations on campus: Take advantage of a 45-minute session with a TIAA Financial Advisor, at no charge to you. It's an excellent opportunity to discuss your investment options and start planning for your retirement. RSVP at tiaa.org/schedulenow. Space is limited!

Virtual Sessions: TIAA participants can schedule a virtual session to meet with a financial consultant at any time. Schedule a virtual session at tiaa.org/schedulenow.

Monthly webinars: Live webinars to help you boost your financial know-how. These webinars are open to all plan participants and are available for registration at www.tiaa.org/webinars.

ROTH RETIREMENT PLAN

What is a Roth contribution option?

In your retirement plan, your pretax contributions accumulate tax deferred, and withdrawals are taxable. With the “designated Roth” option, your after-tax Roth contributions also accumulate tax deferred, but may be taken tax free in a qualified distribution. A qualified distribution is one that occurs at least five years after the year of your first Roth contribution and is made either on or after attainment of age 59½, on account of disability, or on or after death. These potentially significant tax benefits are similar to a Roth IRA. However, Roth contributions have higher contribution limits than a Roth IRA.

Consider a Roth contribution if you:	Roth contribution benefits:
Are not eligible to make Roth IRA contributions because of high income	The Roth option does not have adjusted gross income limits.
Would like to make Roth contributions greater than the Roth IRA limit	Contribution limits are higher than those of the Roth IRA, allowing you to maximize your after-tax retirement savings.
Feel confident your retirement income needs are met and want to leave a potential tax-free legacy	Assets may be passed along to your beneficiaries, income tax free.
Would like to help protect your retirement assets from potential tax consequences	Having both pretax and after-tax assets in retirement accounts may provide a hedge against the uncertainty of future tax rates.
Are just starting out and in a lower tax bracket	The earlier you start, the more time you give your money to work for you. Also, withdrawals from a Roth are typically tax free. ²

Is the Roth contribution option right for you?

While it’s difficult to predict what your future tax situation may be, you’ll want to estimate as best as you can, taking into consideration the best choice for your current tax circumstances and how they may change over time. You may want to consult your tax advisor. Starting or increasing your plan contributions is convenient in Paycom; review the Paycom User’s Guide for instructions on viewing and updating retirement savings in Paycom.

If you expect your tax rate during retirement will be:	Your preferred option may be:
Higher than your current rate	After-tax Roth contribution option. Since you already paid taxes on Roth contributions, qualified distributions are tax free.
Lower than your current rate	Pretax contribution option. While this money is taxable, you expect to benefit by being in a lower tax bracket during retirement.
Same as your current rate	Either or both.

Note: Roth contributions are included in your maximum contribution limits, plus any catch-up limits, if applicable. Also, Roth 403(b) contributions are subject to required minimum distribution rules.

If you have questions about the Roth contribution option, call TIAA at 800-842-2252, weekdays, 8 a.m. to 10 p.m. (ET). We look forward to helping you as you plan for—and live well in—retirement.

HOLIDAY SCHEDULE

HOLIDAY	DATE(S) OBSERVED - UNIVERSITY CLOSED
Summer Break*	Monday, June 30, 2025 - Wednesday, July 2, 2025
Independence Day (2 days)	Thursday, July 3, 2025 - Friday, July 4, 2025
Labor Day	Monday, September 1, 2025
Thanksgiving (2 days)	Thursday, November 27, 2025 - Friday, November 28, 2025
Winter Break** (8 days)	Tuesday, December 23, 2025 - Thursday, January 1, 2026
Martin Luther King Day	Monday, January 19, 2026
President's Day	Monday, February 16, 2026
Spring Break Day	Friday, March 13, 2026
César Chavez Day	Tuesday, March 31, 2026
Good Friday	Friday, April 3, 2026
Memorial Day	Monday, May 25, 2026
Juneteenth	Friday, June 19, 2026

*The University will be using personal summer days to observe a summer break for those who qualify. Those who need to work during this week and who are eligible for summer personal days will be regranted their days through a manager approval process. ** The University will observe the Winter Holiday break over an 8-day period in order to provide a consistent number of Holidays each year. This includes New Year's Day only when it falls on a workday. NOTE: University offices will be open during regular hours on days not designated as holidays, including days just preceding a holiday (on these days, staff are expected to be at work unless they are taking an authorized day off using their time off accruals).

• Vacation

Eligible employees accrue vacation depending on the length of time they have been employed with Dominican. Vacation accrual for eligible employees working less than 40 hours is pro-rata based on the number of hours they are regularly scheduled to work. The accrual schedule and additional information can be accessed in the Employee Handbook.

• Sick Leave

Employees are provided with paid sick time-off when unable to work due to personal illness or injury, or the illness or injury of a child, parent, or spouse/domestic partner. Sick days can be used for medical appointments for diagnosis, treatment, and/or preventive care. Sick days begin accruing immediately upon beginning active employment at 3 hours per pay period, prorated for part-time employees, up to a total maximum of 320 hours. Paid sick hours are not seen as a form of wages and therefore employees are not paid for unused sick leave at the time that the employment relationship ends.

• Personal Days

Employees receive three days a year to use as "personal days," with prior supervisor approval. Personal days are granted each year on January 15th. The number of personal days for employees working fewer than 40 hours, or who start mid-year, is calculated on a pro-rata basis. The maximum accrual of personal day is three (3).

GLOSSARY OF TERMS USED

Balance Billing

When a provider bills you for the difference between the provider's charge and the allowed amount. For example, if the provider's charge is \$100 and the allowed amount is \$70, the provider may bill you for the remaining \$30. A preferred provider may not balance bill you for covered services.

COBRA

A federal law that may allow you to temporarily keep health coverage after your employment ends, you lose coverage as a dependent of the covered employee, or another qualifying event. If you elect COBRA (Consolidated Omnibus Budget Reconciliation Act) coverage, you pay 100% of the premiums, including the share the employer used to pay, plus a small administrative fee.

Copayment (Copay)

A fixed amount (\$20, for example) you pay for a covered health care service. Depending on the plan design, this could apply before or after you've paid your Deductible.

Coinsurance

The percentage of costs of a covered health care service you pay (20%, for example). Depending on the plan design, this could apply before or after you've paid your Deductible.

Cafeteria Plan

A cafeteria plan is a separate written plan maintained by an employer for employees that meets the specific requirements and regulations of Section 125 of the Internal Revenue Code. It provides participants an opportunity to receive certain benefits on a pretax basis. Participants in a cafeteria plan must be permitted to choose among at least one taxable benefit (such as cash) and one qualified benefit.

Coordination of Benefits (COB)

A way to figure out who pays first when two or more health insurance plans are responsible for paying the same medical claim. COB applies when an individual is covered by more than one health plan.

Deductible

The amount you pay for covered health care services in a Plan or Calendar Year before your insurance plan starts to pay. With a \$2,000 deductible, for example, you pay the first \$2,000 of covered services yourself. After your deductible is met, you only pay the applicable Copays and/or Coinsurance. Note that your Plan can have a separate Deductible for in-network and out-of-network services.

Generic Drugs

A prescription drug that has the same active-ingredient formula as a brand-name drug. Generic drugs usually cost less than brand-name drugs. The Food and Drug Administration (FDA) rates these drugs to be as safe and effective as brand-name drugs.

Health Maintenance Organization (HMO)

See [page 6](#).

High Deductible Health Plan (HDHP)

See [page 7](#).

GLOSSARY OF TERMS USED (continued)

Network

The facilities, providers and suppliers your health insurer or plan has contracted with to provide health care services.

Out-of-Network

When a Provider does not have a contract with your health plan, they are outside of the provider Network. Any services you obtain from an OON provider will be processed according to the OON coverage benefits under your Plan. This usually means higher costs for you as well as Balance Billing.

Out-of-pocket Maximum (OOP)

The most you will have to pay for covered services in a Plan or Calendar Year. After you meet your OOP maximum, your health plan pays 100% of the costs of covered benefits. The OOP is a combination of your deductible, copays, coinsurance, including prescriptions. Note that your Plan can have a separate OOP for in-network and out-of-network services.

Plan

A benefit your employer, union or other group sponsor provides to you to pay for your health care services.

Plan Year

A 12-month period of benefits coverage under a group health plan. DUC's Plan Year runs July 1 – June 30 of every year.

Preferred Provider Organization (PPO)

See [page 6](#).

Premium

The amount you and your employer share for your health insurance every month. Your share is referred to as the Employee Contribution which is paid through payroll deductions.

Provider

Provider is a term used for health professionals who provide health care services. Sometimes, the term refers only to physicians. Throughout this document, the term is used under a broader definition which also refers to other health care professionals such as hospitals, nurse practitioners, chiropractors, physical therapists, and others offering specialized health care services.

Provider Group

Provider groups can range from small practices with several doctors to very large organizations with hundreds of doctors.

Usual, Customary and Reasonable Fee (UCR)

See [page 15](#).

Carrier Contact Information

Carrier / Vendor	Group # Reference ID	Phone	Website / Email
Medical: Health Net <ul style="list-style-type: none"> HMO PPO PPO (OOS) HSA 	66035A N8405A 17958A N8408A	800-522-0088	www.healthnet.com
Medical: Kaiser Permanente <ul style="list-style-type: none"> HMO HSA 	8044	800-464-4000	www.kp.org
Dental/Vision: Guardian	00575018	888-600-1600	www.guardiananytime.com
Employee Assistance Program: Mutual of Omaha	N/A	800-316-2796	mutualofomaha.com/eap
Life/AD&D/Disability: Mutual of Omaha	G000C4DB	800-655-5142	www.mutualofomaha.com
Travel Assistance: Mutual of Omaha	G000C4DB	800-856-9947 (US) Call collect: 312-935-3658 (Int'l)	N/A
Flexible Spending Account: NAVIA Benefit Solutions	DUC	800-669-3539	www.naviabenefits.com
Legal & Identity Theft: LegalShield	121781	800-654-7757	www.legalshield.com
Retirement Plans: TIAA	N/A	800-842-2252	www.tiaa.org/duc
Pet Insurance: Wishbone	Dominican University	800-887-5708	www.wishboneinsurance.com/dominican
Dominican HR Support	N/A	415-458-3775	benefits@dominican.edu
All other Benefit Questions Acrisure Geneva Gonzalez-Gil Dele Ferguson		925-299-7217 408-403-4092	gegonzalez@acrisure.com de Ferguson@acrisure.com

Access Your Plan Documents

All legal plan documents and notices, such as the Summary of Benefits and Coverage (SBC), Summary Plan Description (SPD), HIPAA Privacy Notice and carrier-issued policy documents are available electronically on the [DUC Employee Benefits Website](#). You may request a printed copy of the Plan Documents by contacting Human Resources. A copy will be provided to you free of charge.

URL: mybenefits.cc/dominican/

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