

BENEFITS ENROLLMENT 2021 June 1, 2021 – May 31, 2022

Lawley

WHAT TO EXPECT FOR 2021

MEDICAL COVERAGE

Daemen College will continue to provide medical insurance through Univera for the 2021 plan year.

- Signature Copay 1
- Signature Deductible 3

HEALTH SAVINGS ACCOUNT (HSA)

Administered by LakeShore Savings Bank.

- Daemen College will offer a quarterly employer contribution to employees enrolled in the Signature Deductible 3 plan.
- There has been an increase in the single and family maximum contribution limits.

FLEXIBLE SPENDING ACCOUNT (FSA)

Administered by Pro-Flex

- Health Care and Dependent Care options.
- There is no increase to the maximum contribution. limits for 2021.

ADDITIONAL COVERAGE

- Lincoln Financial will be the provider for: Life/AD&D, Voluntary Life, LTD, NYS DBL
- MetLife will be the provider for: Dental
- Guardian will be the provider for: Vision



What's New?

Electronic Open Enrollment

- Elections for medical, dental, vision and life insurance will be completed through ADP's electronic enrollment.
- The election timeframe will be April 12th,
 2021 through April 30th, 2021.
- ADP Workforce Now can be accessed directly on the 'MyDaemen' homepage through single sign on.
- HSA, FSA/DCA elections will require a paper application to be submitted through the secure Open Enrollment portal.





Signature Copay 1



Benefit Summary	In-Network	Out-of-Network
Deductible (embedded)	N/A	Individual: \$1,000 Family: \$2,000
Coinsurance	N/A	20% coinsurance after deductible
Out-of-Pocket Maximum (embedded)	Individual: \$6,350 Family: \$12,700	Individual: \$5,000 Family: \$10,000
In-Network Services		
Prescription Coverage	\$10 / \$50 / \$100	
Primary Office Visit	\$25 copay	
Specialist Office Visit	\$25 copay	
Inpatient Hospitalization	\$500 copay	
Outpatient Surgery (facility)	\$75 copay	
Emergency Room	\$50 copay	
Urgent Care	\$35 copay	
Dependent Coverage	To age 26	

Signature Deductible 3



Benefit Summary	In-Network	Out-of-Network
Deductible (true family)	Individual: \$1,500 Family: \$3,000	Individual: \$1,500 Family: \$3,000
Coinsurance	20% coinsurance after deductible	40% coinsurance after deductible
Out-of-Pocket Maximum (embedded)	Individual: \$4,000 Family: \$8,000	Individual: \$5,000 Family: \$10,000
In-Network Services		
Prescription Coverage	\$10 / \$50 / \$100 after deductible	
Primary Office Visit	20% coinsurance after deductible	
Specialist Office Visit	20% coinsurance after deductible	
Inpatient Hospitalization	20% coinsurance after deductible	
Outpatient Surgery (facility)	20% coinsurance after deductible	
Emergency Room	20% coinsurance after deductible	
Urgent Care	20% coinsurance after deductible	
Dependent Coverage	To age 26	

Lakeshore Savings



Requirements for enrolling in Signature Deductible 3 plan

- All employees who enroll in the Signature Deductible 3 plan are required to open a Health Savings Account (HSA) with Lakeshore Savings.
- For those employees who enroll in the HDHP and open an HSA with Lakeshore Savings, Daemen College will fund 100% of the deductible amount (\$1,500 for single / \$3,000 for family). The employer contribution will be funded quarterly.
- Employees who want to contribute their own pre-tax money to an HSA through payroll deductions, must have an HSA account set up with Lakeshore Savings. Employee contributions will be funded with each pay period.



Free Preventive Health Services



Take control of your health, and work to improve it too.

Annual Routine Checkup

Immunizations

Cholesterol Screening

Mammography Screening

Colonoscopy Screening

Prostate Testing

Diabetes Screening

Well-Child Visit

High Blood Pressure Screening

Well-Woman Visit



MDLIVE – TELEMEDICINE BENEFIT



Telemedicine for Medical and Behavioral Health Care

The Comfort of Care Available Anytime, Anywhere

 All you need to do is activate it through your online member account and download the MDLIVE app.

When Do You Use Telemedicine?

- Instead of going to urgent care or the emergency room for minor and non-life-threatening conditions
- Whenever your primary care doctor is not available
- If you live in a rural area and don't have access to nearby care
- When you're traveling for work or on vacation

Telemedicine Is Covered Just Like a Trip to the Doctor

If your doctor's office visit is	Then your medical and behavioral health telemedicine program benefit cost share is
Covered with a copay	Covered in full.
Covered with copay/deductible	Covered in full once deductible is met.*
Covered deductible/covered in full	Covered in full once deductible is met.*
Covered with deductible/coinsurance	Covered in full once deductible is met.*
Covered with coinsurance only	Covered in full once deductible is met.*

^{*}If you haven't met your deducible, you'll pay the allowable charge of \$40. The \$40 allowable charge does not apply to Behavioral Health services. The allowable costs for the Behavioral Health services vary but do not exceed \$150. This means a member who has not met their deductible will not pay more than \$150.

Nationwide Coverage (outside 39 county local network)

- Univera Healthcare offers access to more than 876,000 practitioners.
- 5,000 acute care facilities through the PHCS/MultiPlan system.
- Members get the same in-network benefit when they receive care from a PHCS/MultiPlan participating provider throughout the United States.



PRESCRIPTION HOME DELIVERY



HOME DELIVERY

- Pay only 2.5 copays for a 90 day supply with Prescription Home Delivery.
- The service is free to you and allows you to receive up to a 90 day supply by mail on time, every time.
- You can easily place your order online, by phone, or by mail.

MAIL ORDER OPTIONS

Wegmans



- Express Scripts
- Your Medication will arrive to the address of your choice discretely packaged and appropriately packaged so your medication arrives safely and unaltered in any way.



WELLNESS REWARDS



With Wellness Rewards members can receive up to \$250/\$500* annually to be used on programs and services to help keep their family healthy

Whether saving time through...

- healthy food home delivery services,
- taking advantage of the 24/7 convenience of online fitness classes,
- simply making sure the kids always have a fresh toothbrush,
 - help pay for things like youth sports fees,
- gym memberships,

...members can use their Wellness Rewards in whatever way best fits their family's needs and lifestyle.

Claiming rewards is easy

Wellness Rewards provides each family with up to \$500* annually as a reward, just for being members. Members simply register online, submit upload proof of purchase for programs or services, and their Wellness Rewards debit card will be sent to them in the mail. The debit cards can be used anywhere, which gives members the flexibility of choosing the healthy programs that are right for them.

Wellness Rewards is included in all Univera Access medical plans.

*Only members with a spouse or domestic partner enrolled on their medical coverage will be eligible for the full \$500 reward.



UNIVERA MOBILE APP



Get the Univera Mobile App

With your free Univera Mobile App you can now take your health plan with you for 24/7 access wherever you go.

- View your member card
- Track deductibles and out-of- pocket spending
- Find a provider or medical facility
- Access your benefits and claims information







Health Savings Account





WHAT IS A HEALTH SAVINGS ACCOUNT (HSA)?

Health savings accounts (HSAs) are a great way to save money and efficiently pay for medical expenses. HSAs are tax-advantaged savings accounts that accompany high deductible health plans (HDHPs).

HSA ADVANTAGES



Ownership

Funds remain in the account from year to year



Affordability

Lower health insurance premiums



Control

You decide how to utilize your account

Security

Protect against high or unexpected medical bills

Flexibility

Pay for medical expenses or save for future needs

Portability

Your HSA is completely portable

TRIPLE TAX HSA SAVINGS

Pre-Tax

Funds are not subject to income tax (including FICA)

Tax-Deferred

Money grows without being taxed

Tax-Free

Withdrawals for qualified medical expenses



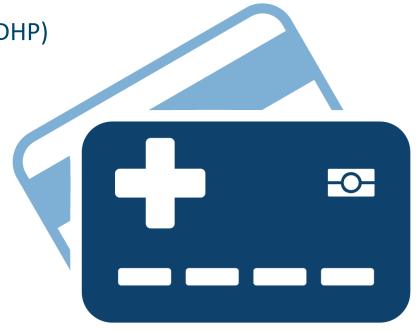


WHO IS ELIGIBLE FOR A HEALTH SAVINGS ACCOUNT (HSA)?

ANYONE WHO IS:

- COVERED BY a High-Deductible-Health-Plan (HDHP)
- NOT enrolled in Medicare
- NOT covered under other health insurance*
- NOT claimed as a dependent on another person's tax return

*other health insurance does not include: specific disease or illness insurance, accident, disability, dental care, vision care and long-term care insurance





CONTRIBUTING TO A HEALTH SAVINGS ACCOUNT (HSA)

You, your employer or a family member may contribute money to the HSA (either a lump sum payment or through payroll deductions).

SINGLE CONTRIBUTION

\$3,600

FAMILY CONTRIBUTION

\$7,200

"CATCH-UP" CONTRIBUTION



HSA YEAR END REPORTING

HSA Bank Statement

Includes contributions, payments to providers, interest earned, and fees.

8889 Tax Form

Needs to be completed with your year end tax return.



\$1,000 Individuals who are age 55 and older can contribute an additional contribution annually

HEALTH SAVINGS ACCOUNT (HSA)





You can use money in your HSA to pay for any qualified medical expense. A full list is available on the IRS website, www.irs.gov in IRS Publication 502

QUALIFIED HSA EXPENSES



Copays or Deductibles



Select Insurance Premiums



Dental Care, Braces, Dentures



Vision Care, Glasses, Contacts



Diagnostic Tests & Devices



Medical Equipment



Doctor and Hospital Visits



Prescriptions

NON-QUALIFIED MEDICAL EXPENSES

You will be required to pay income tax on the withdrawal, and you may also be required to pay another 20 percent tax, unless you make the withdrawal after you reach age 65, become disabled or after your death.





HEALTH SAVINGS ACCOUNT (HSA) BREAKDOWN

Employees who participate in the HSA will receive the following contribution from **Daemen College**. Employer contributions are funded quarterly.

2021 HSA CONTRIBUTIONS

Type of Coverage	Company HSA Annual Contribution	Employee HSA Contribution Limit	Combined Total Maximum Contribution
Single	\$1,500 (\$375 / Quarter) Jun * Sep * Dec * Mar	Can elect up to \$2,100	\$3,600
Employee/Spouse Employee/Child(ren) Family	\$3,000 (\$750 / Quarter) Jun * Sep * Dec * Mar	Can elect up to \$4,200	\$7,200

FLEXIBLE SPENDING ACCOUNT



WHAT IS A FLEXIBLE SPENDING ACCOUNT (FSA)?



Flexible spending accounts (FSAs) offers a convenient way to **set aside pre-tax dollars** to pay for qualified health care and dependent care expenses.

HEALTH CARE (FSA)

- FSAs can be offered with any type of health plan and you can have an FSA regardless of whether you are covered by your employer's medical plan.
- You can begin using your FSA money on the first day of the plan year, even if the amount has not yet been deposited into the account.
- The amount you contribute to a health FSA is not subject to federal income tax or social security (FICA) tax.

DEPENDENT CARE (FSA)

- You can use dependent care funds on any child under the age of 13 or any dependent who is physically or mentally unable to care for themselves.
- To be eligible both you and your spouse (if applicable) must work/be looking for work or be a full-time students.
- Services must be for the physical care of the child, not for education, meals, etc.



FLEXIBLE SPENDING ACCOUNT (FSA)





A full list is available on the IRS website, www.irs.gov in IRS Publication 502

QUALIFIED FSA EXPENSES

HEALTH CARE (FSA)

- Copays or Deductibles
- Dental Care, Braces, Dentures
- Diagnostic Tests & Devices
- Doctor and Hospital Visits

- Medical Equipment
- Prescriptions
- Surgery
- Vision Care, Glasses, Contacts

DEPENDENT CARE (FSA)

- Daycare, Nursery School,& Preschool
- Summer Day Camp

- Before & After School Programs
- Licensed Child Care Provider

Care by a licensed provider for your spouse or a relative who is physically or mentally incapable of self-care and lives in your home.

FSA RECORDKEEPING

Always keep a copy of the Explanation of Benefits (EOB) and itemized medical and pharmacy receipts, as the FSA administrator reserves the right to substantiate expenses as well as the IRS.



FLEXIBLE SPENDING ACCOUNT (FSA) ANNUAL LIMITS



HEALTH CARE / LIMITED PURPOSE (FSA) LIMITS

MINIMUM CONTRIBUTION

MAXIMUM CONTRIBUTION

\$400

\$2,750

ROLLOVER

\$500

RULE"

"USE-IT OR LOSE-IT

It is important to plan carefully because if you don't use your FSA money by the end of the plan year, you will lose it.

DEPENDENT CARE (FSA) LIMITS

\$5,000 (\$2,500 if you are married and file separate returns)

DENTAL INSURANCE DENTAL NETWORK

Allows you to visit any dentist of your choice but you pay less out-of-pocket when you choose a participating in-network dentist.

A SAMPLE OF COVERED SERVICES

Oral Exams Fluoride Treatments **Preventive Care** (100% covered) Cleanings X-rays Sealants Scaling & Root Planing General Anesthesia* **Basic Care** (80% covered) Fillings Simple Extractions Perio Maintenance **Major Care** Bridges & Dentures Perio Surgery

Root Canal

Surgical Extractions

Dental Implants

Inlays, Onlays, Veneers



(60% covered)

DENTAL INSURANCE DENTAL NETWORK



Allows you to visit any dentist of your choice but you pay less out-of-pocket when you choose a participating in-network dentist.

Benefit Summary	In-Network	Out-of-Network		
Who Pays for Coverage	Daemen College and Employee			
Preventive Services	100% covered	100% covered		
Basic Services	80% covered	70% covered		
Major Services	60% covered	50% covered		
Orthodontia Services	50% covered	50% covered		
Deductible	None			
Annual Maximum	\$1,000			
Claim Payment Basis	Negotiated fee schedule			
Ortho Lifetime Maximum	\$900 (Child Ortho Only to Age 19)			
Dependent Age Limit	To age 26			
Payroll Deductions				
Employee	\$4.00			
Family	\$10.00			

8 Guardian **VISION INSURANCE** VSP SIGNATURE FULL FEATURE

Benefit Summary	In-Network	Out-of-Network	
Who Pays for Coverage	Employee		
Vision Network	VS	P	
Eye Exam	\$10 copay	\$50 allowance	
Provider Frames	\$130 allowance + 20% off balance	\$48 allowance	
Standard Vision Lenses	\$25 copay	Allowance amount varies*	
Elective Contacts	\$130 allowance	\$120 allowance	
Medically Necessary Contacts	Covered in full after copay	\$210 allowance	
Dependent Age Limit	To age 26		
Vision Frequency			
Eye Exam	Once every 12 months		
Frames	Once every 24 months		
Lenses or Contact Lenses**	Once every 12 months		
Payroll Deductions			
Employee	\$5.13		
Family	\$11.04		

^{**}Benefit includes coverage for glasses or contact lenses, not both



^{*}Allowance amount based off lens type

8 Guardian **VISION INSURANCE** DAVIS SIGNATURE FULL FEATURE

Benefit Summary	In-Network	Out-of-Network		
Who Pays for Coverage	Emplo	Employee		
Vision Network	Dav	is		
Eye Exam	\$10 copay	\$50 allowance		
Provider Frames	\$135 allowance + 20% off balance	\$48 allowance		
Standard Vision Lenses	\$25 copay	Allowance amount varies*		
Elective Contacts	\$135 allowance + 15% off balance	\$120 allowance		
Medically Necessary Contacts	Covered in full with prior approval copay does not apply	\$210 allowance		
Dependent Age Limit	To age	26		
Vision Frequency				
Eye Exam	Once every 1	12 months		
Frames	Once every 2	Once every 24 months		
Lenses or Contact Lenses**	Once every 12 months			
Payroll Deductions				
Employee	\$3.6	\$3.66		
Family	\$7.8	\$7.87		

^{**}Benefit includes coverage for glasses or contact lenses, not both



^{*}Allowance amount based off lens type

8 Guardian **VISION INSURANCE** IN-NETWORK COVERAGE COMPARISON

Network Summary	VSP	Davis	
Eye Exam	\$10 copay		
Provider Frames	\$130 allowance + 20% off balance	\$135 allowance + 20% off balance	
Standard Vision Lenses	\$25 c	opay	
Elective Contacts	\$130 allowance	\$135 allowance + 15% off balance	
Medically Necessary Contacts	Covered in full after copay	Covered in full with prior approval copay does not apply	
Dependent Age Limit	To age 26		
Vision Frequency			
Eye Exam	Once every 12 months		
Frames	Once every 24 months		
Lenses or Contact Lenses**	Once every 12 months		
Payroll Deductions			
Employee	\$5.13	\$3.66	
Family	\$11.04 \$7.87		

^{**}Benefit includes coverage for glasses or contact lenses, not both



^{*}Allowance amount based off lens type

BASIC LIFE INSURANCE BASIC LIFE PLAN



Life insurance provides your family with a variety of support services designed to help them cope with both emotional and financial issues, even if you cannot be there.

BASIC LIFE BENEFIT SUMMARY

Who Pays for Coverage	>	Daemen College		
Benefit Amount	>	Flat benefit of \$50,000		
Guarantee Issue	>	\$50,000		
Benefit Age Reduction	>	35% at age 65 50% at age 70		
Additional Benefits	>	Waiver of Premium	>	Accelerated Benefit
	>	Portability	>	Conversion



LIFE INSURANCE DEFINITIONS



<u>Waiver of Premium</u> – helps employees keep their life coverage if they're disabled and unable to work for more than six months in a row.

<u>Accelerated Death Benefit</u> – enables the insured to receive a percentage of their death benefit when diagnosed as terminally ill, reducing the total death benefit by the amount received.

<u>Portability</u> – lets employees maintain their coverage, even if they leave their company.

<u>Conversion</u> – allows employees to convert all or part of their coverage to a permanent individual life policy if they leave their company, without Evidence of Insurability (EOI).

VOLUNTARY LIFE INSURANCE VOLUNTARY LIFE PLAN



Life insurance provides your family with a variety of support services designed to help them cope with both emotional and financial issues, even if you cannot be there.

VOLUNTARY LIFE BENEFIT SUMMARY			
Who Pays for Coverage	>	Employee	
Employee			
Benefit Amount	>	Increments of \$10,000 up to 5x salary to a maximum of \$250,000	
Guarantee Issue	>	\$150,000	
Spouse*			
Benefit Amount	>	Increments of \$5,000 up to 2.5x of the employee's salary to a maximum of \$125,000	
Guarantee Issue	>	\$10,000	
Child(ren)*			
Benefit Amount	>	Birth to 14 days: No benefit, 14 days to 6 months: \$1,000; 6 months to 19/25: \$10,000	
Guarantee Issue	>	As Issued	
Benefit Age Reduction	>	35% at age 65; 50% at age 70	
Additional Benefits	>	Waiver of Premium, Portability, Accelerated Benefit, Conversion	

^{*}In order to purchase life coverage for your spouse and/or child(ren), you must purchase life coverage for yourself

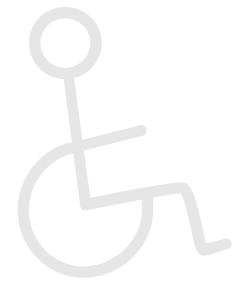


LONG TERM DISABILITY (STD) INSURANCE LONG TERM DISABILITY (LTD) PLAN



Long Term Disability (LTD) coverage can help replace a portion of your income during the initial weeks of a disability to help you pay your bills and maintain your current lifestyle.

LONG TERM DISABILITY (LTD) BENEFIT SUMMARY		
Who Pays for Coverage	>	Daemen College
Maximum Percentage	>	66.67% of weekly earnings
Waiting Period	>	90 days
Maximum Duration	>	Later of age 65 Social Security Normal Retirement Age (SSNRA)
Pre-Existing Limitation	>	3 months look-back; 12 months covered
Disability Definition	>	2 year own occupation



OPEN ENROLLMENT NEXT STEPS

1. REVIEW YOUR BENEFIT MATERIALS

Benefit summaries are available for all plans offered. Review the summaries before finalizing your plan choices. https://www.daemen.edu/about/working-daemen/employee-benefit-and-contact-information

2. ENROLL IN MEDICAL, DENTAL, VISION AND/OR LIFE INSURANCE VIA ADP OPEN ENROLLMENT PORTAL

Employees must electronically elect and/or confirm current elections through the ADP enrollment portal.

3. COMPLETE PRO-FLEX PAPER APPLICATION TO ENROLL IN FSA/DCA (FLEXIBLE SPENDING ACCOUNT AND/OR DEPENDENT CARE ACCOUNT)

Employees newly electing, changing or keeping their current elections must confirm their annual election amount by completing the Pro-Flex Application.

FSA ProFlex Enrollment Form (Fillable PDF)

Upload ProFlex Enrollment Form to the Secure Form Portal:

https://my.daemen.edu/forms/secure_upload/form.php?group_id=17

ALL ELECTIONS MUST BE MADE IN ADP BY: Friday, April 30th

OPEN ENROLLMENT NEXT STEPS

4. COMPLETE LAKESHORE SAVINGS HSA (HEALTH SAVINGS ACCOUNT) PAPER APPLICATION ONLY IF YOU ARE NEWLY ENROLLING IN THE SIGNATURE 3 DEDUCTIBLE PLAN (HDP)

Newly enrolled employees in the Signature Deductible 3 Plan must complete required documents to open a LakeShore Savings Bank application in order to receive the Daemen contribution or make their own contributions through payroll deduction into their HSA account

Documents required to open an H.S.A. account with Lakeshore Savings Bank:

- HSA Customer Verification Form (Fillable PDF)
- W-9 Form (TIN Certification for HSA) (Fillable PDF)
- <u>ATM Debit Card Request (HSA)</u> (Fillable PDF)
- Copy of non-expired State's Driver's License or US Passport

Upload all completed forms and copy of photo ID (Driver's License/Passport) to the Secure Form Portal:

https://my.daemen.edu/forms/secure_upload/form.php?group_id=17

ALL ELECTIONS MUST BE MADE IN ADP BY: Friday, April 30th



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