




DAEMEN UNIVERSITY

Daemen University

2023 - 2024




Lawley | EMPLOYEE BENEFITS

WHAT TO EXPECT FOR 2023

MEDICAL COVERAGE – NO CHANGES

Daemen University will continue to provide medical insurance through Univera for the 2023 plan year.

- Signature Copay 1
- Signature Deductible 3

HEALTH SAVINGS ACCOUNT (HSA)

Administered by LakeShore Savings Bank.

- Daemen University will continue to offer an annual contribution to participating employees.
- There has been an increase in the single and family maximum contribution limits.

FLEXIBLE SPENDING ACCOUNT (FSA)

Administered by Pro-Flex.

- Daemen University will continue to offer a FSA to participating employees.
- Health Care and Dependent Care options.
- The 2023 maximum contribution limit increased to $3,050 from $2,850 in 2022.

ADDITIONAL COVERAGE – NO CHANGES

- Guardian will be the provider for: Life/AD&D, Voluntary Life, LTD, Dental and Vision.

Signature Copay 1

univera HEALTHCARE

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	**$250 Wellness Rider**	
Prescription Coverage	$10 / $50 / $100 (Mail Order: 2.5 Copays / 90 Day Supply)	
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

univera HEALTHCARE

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	**$250 Wellness Rider**	
Prescription Coverage	$10 / $50 / $100 after deductible (Mail Order: 2.5 Copays / 90 Day Supply)	
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	

Preventive Services

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

Free Preventive Health Services

- Annual Routine Checkup
- Cholesterol Screening
- Colonoscopy Screening
- Diabetes Screening
- High Blood Pressure Screening
- Immunizations
- Mammography Screening
- Prostate Testing
- Well-Child Visit
- Well-Woman Visit

Pharmacy

Prescription Home Delivery

HOME DELIVERY

- Pay only 2 copays for a 90-day supply with Prescription Home Delivery.
- The service is free and allows members to receive up to a 90-day supply by mail on time, every time.
- Orders can easily be placed online, by phone, or by mail.

MAIL ORDER OPTIONS

- Wegmans
- Express Scripts
- Medication will arrive discretely and appropriately packaged so that medication arrives safely and unaltered in any way.

Wellness Rewards

Whether saving time through…


taking advantage of the 24/7 convenience of online fitness classes,


simply making sure the kids always have a fresh toothbrush,


healthy food home delivery services,


gym memberships, or


help pay for things like youth sports fees.

Wellness Rewards is included in all Univera Healthcare Access medical plans.

Claiming rewards is easy

Wellness Rewards provides each family with up to $250/500* annually as a reward, just for being members. Members simply register online at **Univerahealthcare.com** 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.

EMPLOYEE MEDICAL PAYROLL DEDUCTIONS

2023 Semi-Monthly Payroll Deductions – Signature CoPay 1

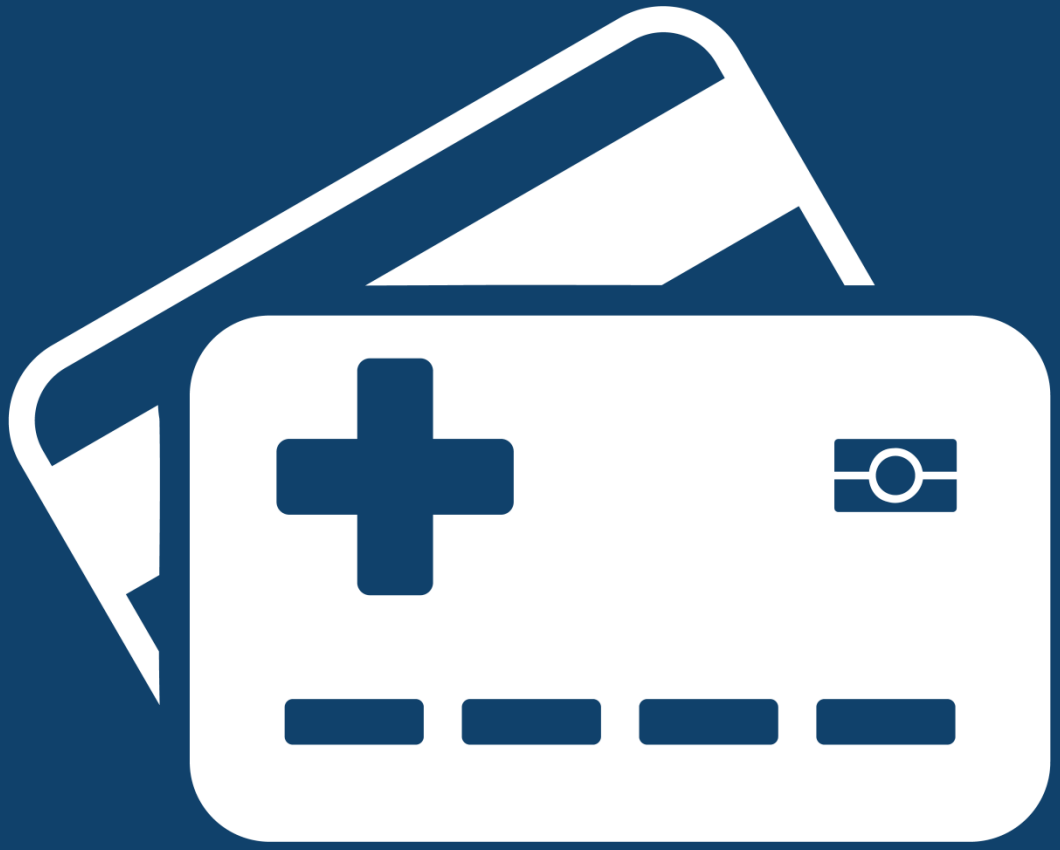
Type of Coverage	Annual Salary Up to $39,999	Annual Salary $40,000-$59,999	Annual Salary $60,000-$79,999	Annual Salary $80,000 and up
Single	$95.76	$139.91	$157.09	$166.92
Family	$135.99	$250.45	$275.02	$311.88

EMPLOYEE MEDICAL PAYROLL DEDUCTIONS

2023 Semi-Monthly Payroll Deductions – Signature Deductible 3

Type of Coverage	Annual Salary Up to $39,999	Annual Salary $40,000-$59,999	Annual Salary $60,000-$79,999	Annual Salary $80,000 and up
Single	$6.80	$61.00	$77.56	$87.03
Family	$8.82	$114.68	$138.39	$173.88

Health Savings Account



WHAT IS A HEALTH SAVINGS ACCOUNT (HSA)?

Lake Shore Savings
Putting People First.

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

Tax-Deferred
Money grows without being taxed

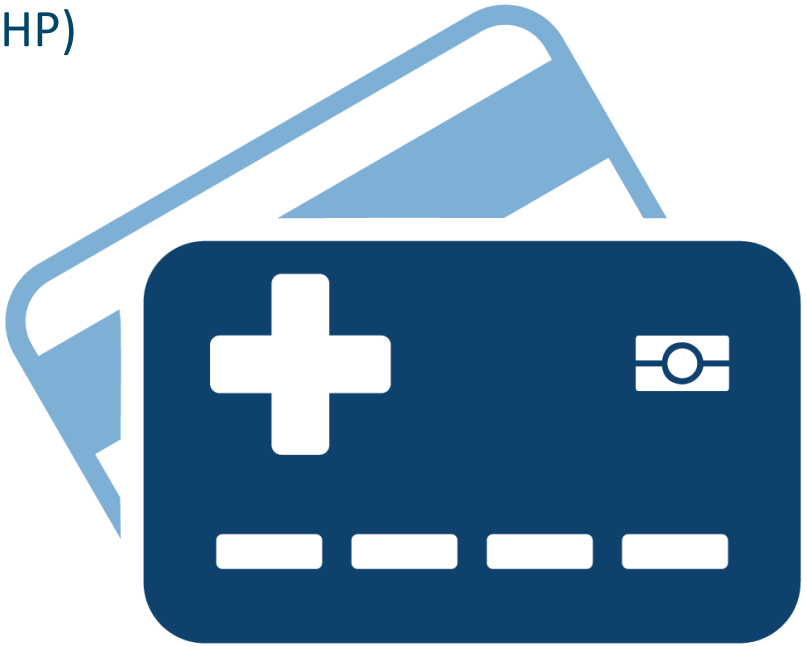
Tax-Free
Withdrawals for qualified medical expenses

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

Lake Shore Savings
Putting People First.

ANYONE WHO IS:

- **COVERED BY** a High-Deductible-Health-Plan (HDHP) (which would be Signature Deductible 3)
- **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)

Lake Shore Savings
Putting People First.

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

SINGLE CONTRIBUTION

$3,850

FAMILY CONTRIBUTION

$7,750

"CATCH-UP" CONTRIBUTION

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

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.

HEALTH SAVINGS ACCOUNT (HSA)

Lake Shore Savings
Putting People First.

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

Lake Shore Savings
Putting People First.

Employees who participate in the HSA will receive the following contribution from **Daemen University**:

2023 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 $2,350	$3,850
Employee/Spouse Employee/Child(ren) Family	$3,000 ($750 / Quarter) Jun * Sep * Dec * Mar	Can elect up to $4,750	$7,750

EXAMPLE OF HOW A DEDUCTIBLE PLAN WORKS

univera. HEALTHCARE

PREVENTIVE SERVICES

Health Insurance Company Pays 100%

OTHER SERVICES

Until deductible amount is reached

You Pay 100%

You pay a deductible up to a certain amount

After deductible amount is reached

Once the deductible amount is reached, you pay a copay or coinsurance

Health Insurance Company Pays *You Pay*

Medical Plan Options – Single Coverage Example

Univera	Signature Copay 1			Signature Deductible 3		
Medical Costs	Occurences	Cost for Each	Annual Cost	Occurences	Cost for Each	Annual Cost
PCP Doctor (sick) Visit	3	$25	$75	3	$100	$300
Emergency Room	1	$50	$50	1	$1,000	$1,000
Generic Rx (tier 1)	12	$10	$120	12	$20	$240
Brand Name Rx (tier 2)	3	$50	$150	3	$70	$210
Employee Costs						
Annual Out-of-Pocket		$395			$1,750	
Annual Payroll Expense		$3,637.66			$1,586.00	
Total		$4,032.66			$3,336.00	
Employer Contribution						
Annual HSA Contribution		$0			$1,500	
TOTAL EMPLOYEE COST		**$4,032.66**			**$1,836.00**	

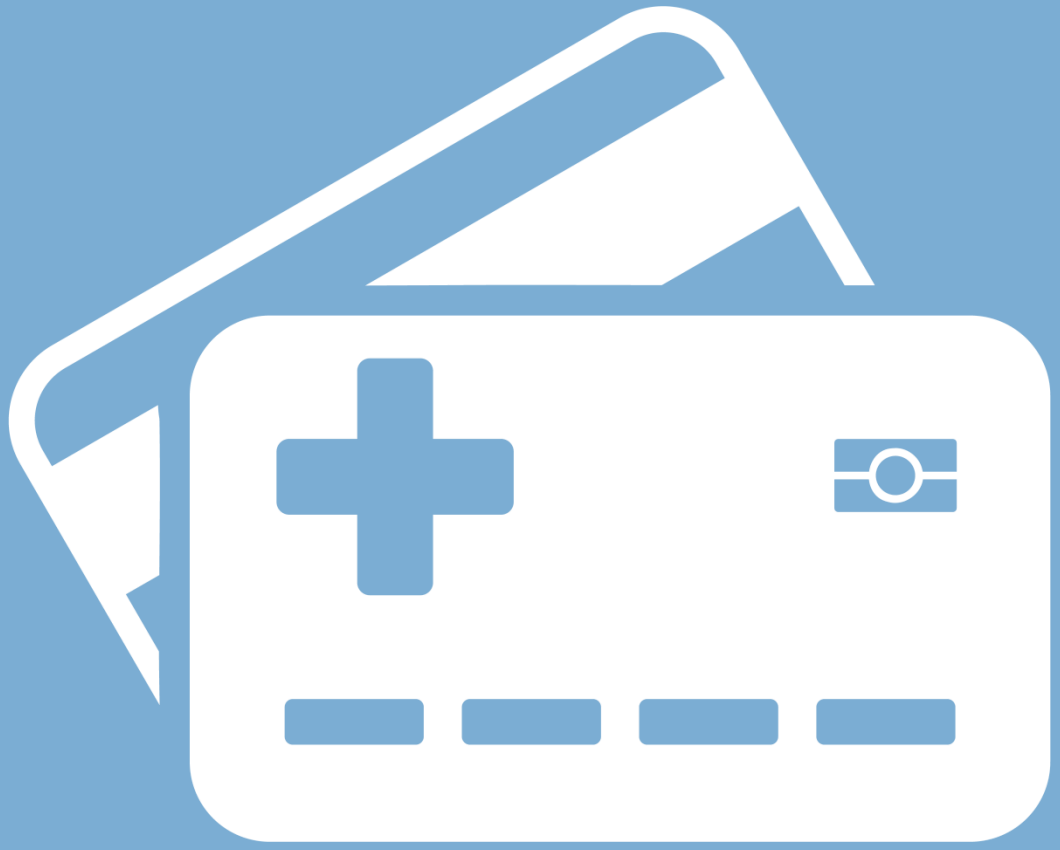
Estimated Employee savings by moving from the Copay Plan to the Deductible Plan: **$2,196.66**

Medical Plan Options – Family Coverage Example

Univera	Signature Copay 1			Signature Deductible 3		
Medical Costs	Occurences	Cost for Each	Annual Cost	Occurences	Cost for Each	Annual Cost
PCP Doctor (sick) Visit	6	$25	$150	6	$100	$600
Emergency Room	2	$50	$100	2	$1,000	$2,000
Generic Rx (tier 1)	24	$10	$240	24	$20	$480
Brand Name Rx (tier 2)	6	$50	$300	6	$70	$420
Employee Costs						
Annual Out-of-Pocket		$790			$3,500	
Annual Payroll Expense		$6,511.70			$2,981.68	
Total		$7,301.70			$6,481.68	
Employer Contribution						
Annual HSA Contribution		$0			$3,000	
TOTAL EMPLOYEE COST		**$7,301.70**			**$3,481.68**	

Estimated Employee savings by moving from the Copay Plan to the Deductible Plan: **$3,820.02**

FLEXIBLE SPENDING ACCOUNT



WHAT IS A FLEXIBLE SPENDING ACCOUNT (FSA)?

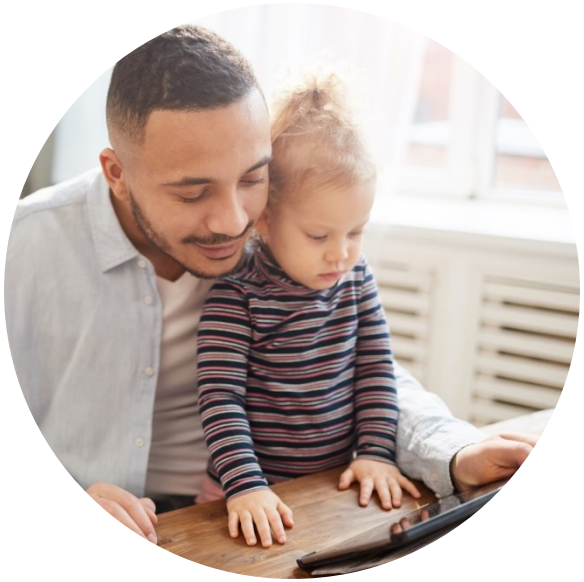
Flexible spending accounts (FSAs) offers a convenient way to **set aside pre-tax dollars** to pay for qualified health care and dependent care expenses.

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) – QUALIFIED MEDICAL, DENTAL AND VISION EXPENSES

- 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) – QUALIFIED DEPENDENT EXPENSES

- Daycare, Nursery School, & Preschool
- Summer Day Camp
- Before & After School Programs
- Licensed Child Care Provider (Need Tax ID #)
- 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.

ELIGIBILITY

Health Care FSA

Employees who enroll in Signature Copay 1

Dependent Care FSA

All employees

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 (FSA) LIMITS

MINIMUM CONTRIBUTION

$400

MAXIMUM CONTRIBUTION

$3,050

ROLLOVER OR GRACE PERIOD

$500

DEPENDENT CARE (FSA) LIMITS

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

"USE-IT OR LOSE-IT RULE"

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.

FSA RECORDKEEPING

Always keep a copy of the Explanation of Benefits (EOB) and itemized medical and pharmacy receipts.

DENTAL INSURANCE
PPO DENTAL NETWORK

Guardian

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*		
Preventive Care	▪ Oral Exams	▪ Fluoride Treatments
	▪ Cleanings	▪ X-rays
	▪ Sealants	
Basic Care	▪ General Anesthesia*	▪ Scaling & Root Planing
	▪ Fillings	▪ Simple Extractions
	▪ Perio Maintenance ▪ Perio Surgery	▪ Root Canal
Major Care	▪ Bridges & Dentures	▪ Surgical Extractions
	▪ Inlays, Onlays, Veneers	

**This is a sample of covered services, please refer to your elected benefit summary for details on your specific dental plan coverage.*

DENTAL INSURANCE
DENTAL PLAN

Guardian

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 University and Employee	
Dental Network	PPO	
Preventive Services	100% covered	100% covered
Basic Services	80% covered	80% covered
Major Services	60% covered	60% covered
Orthodontia Services	50% covered	50% covered
Deductible	None	
Annual Maximum	$1,000	
Claim Payment Basis	Negotiated fee schedule	
Ortho Lifetime Maximum	$1,000	
Dependent Age Limit	To age 26	
Bi-Weekly Payroll Deductions		
Employee	$4.24	
Family	$10.60	

VISION INSURANCE
VSP SIGNATURE FULL FEATURE

Benefit Summary	In-Network	Out-of-Network
Who Pays for Coverage	Employee	
Vision Network	VSP	
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	
Bi-Weekly Payroll Deductions		
Employee	$4.74	
Family	$10.19	

**Allowance amount based off lens type* ***Benefit includes coverage for glasses or contact lenses, not both*

VISION INSURANCE
DAVIS SIGNATURE FULL FEATURE

Guardian

Benefit Summary	In-Network	Out-of-Network
Who Pays for Coverage	Employee	
Vision Network	Davis	
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	$105 allowance
Medically Necessary Contacts	Covered in full	$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	
Bi-Weekly Payroll Deductions		
Employee	$3.37	
Family	$7.26	

**Allowance amount based off lens type* ***Benefit includes coverage for glasses or contact lenses, not both*

BASIC LIFE & AD&D INSURANCE

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 & AD&D BENEFIT SUMMARY

Who Pays for Coverage	› Daemen University	
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

VOLUNTARY LIFE INSURANCE

Guardian

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 a maximum of $250,000
▪ **Guarantee Issue**	›	<65: $150,000; 65<70: $50,000; 70+: $10,000
Spouse*		
▪ **Benefit Amount**	›	Increments of $5,000 up to a maximum of $125,000, not to exceed 50% of EE amount
▪ **Guarantee Issue**	›	<70: $10,000
Child(ren)*		
▪ **Benefit Amount**	›	14 Days to 20/26 Years: Increments of $5,000 to a Max of $10,000; Not to Exceed 100% of Employee's Amount
▪ **Guarantee Issue**	›	All Amounts Guarantee Issue
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*

Guardian
LIFE INSURANCE

EVIDENCE OF INSURABILITY (EOI)

When EOI requirements apply, it means you must submit proof to the carrier that you're insurable, and the carrier must approve your proof in writing before your insurance or specified part becomes effective.

EVIDENCE OF INSURABILITY (EOI) IS REQUIRED FOR:

- Any election above the Guarantee Issue amount.
- All employees who declined coverage when initially eligible.
- All employees looking to increase their coverage amount.

LONG TERM DISABILITY (LTD)
INSURANCE

Guardian

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 University
Maximum Percentage	›	66.67% of monthly earnings
Maximum Benefit	›	$8,000 per month
Waiting Period	›	90 days
Maximum Duration	›	Social Security Normal Retirement Age (SSNRA)
Pre-Existing Limitation	›	3 months look-back; 12 months covered
Disability Definition	›	2 year own occupation

EMPLOYEE ASSISTANCE PROGRAM (EAP)

Guardian · uprisehealth

Employee Assistance Program (EAP) is a no-cost, company-sponsored benefit available to you and your dependents that offers confidential support, resources and information to get through life's challenges.

Help with Health	Help with Family	Help with Legal & Financial
• Healthy living	• Parenting support	• Legal issues
• Stress management	• Child and elder care	• Will preparation
• Mental health	• Learning programs	• Taxes
• Diet and fitness	• Special needs help	• Debt
• Overall wellness		• Financial planning tools and assistance

Connect to a counselor for free support services:

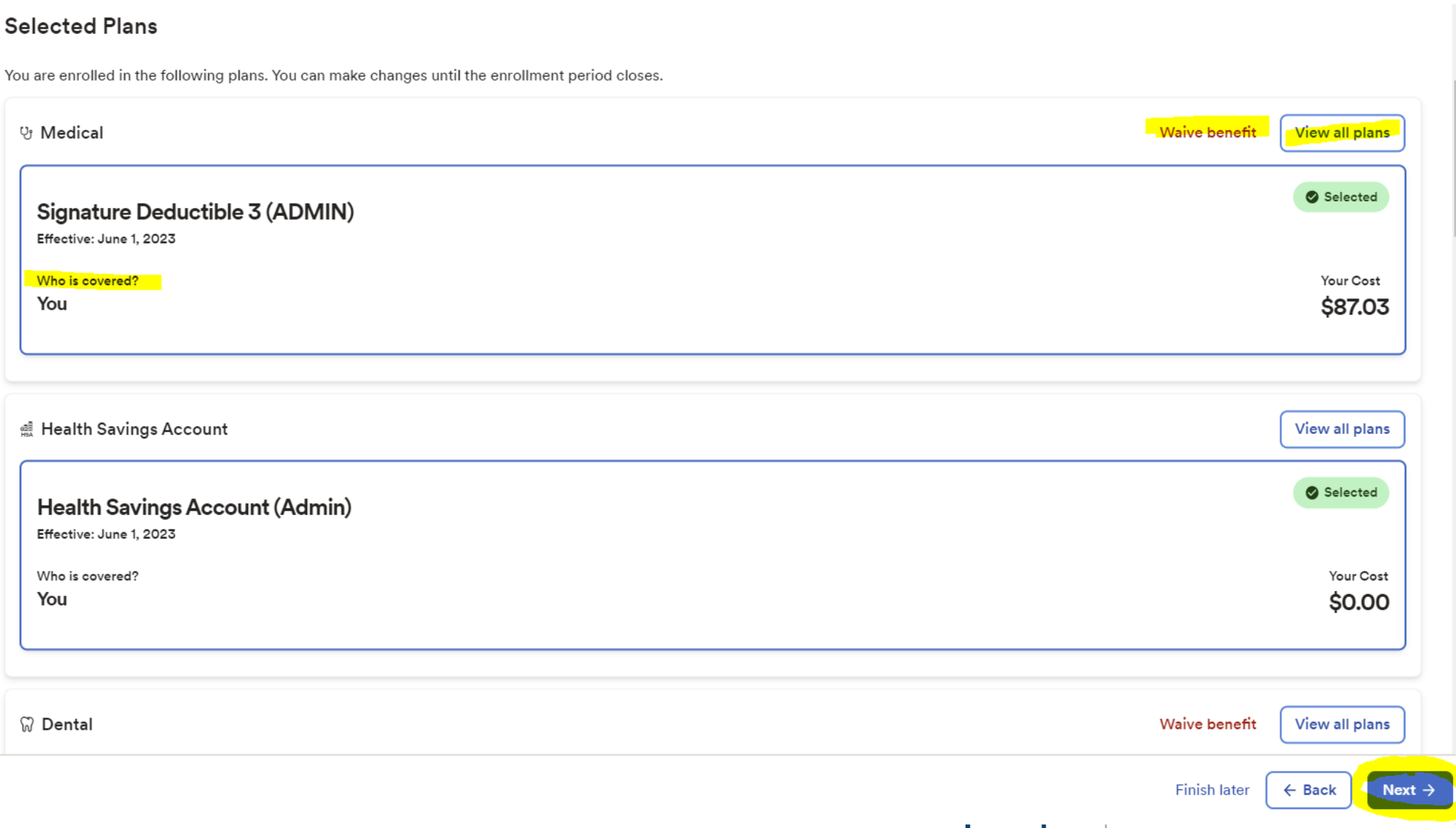
Email: eapcounselor@uprisehealth.com

Phone: 1-800-386-7055
Available 24 hours a day, 7 days a week*

Web: ibhworklife.com
(User name: WorkLife Password: 70101)

System Improvements in ADP - Passive

OE Navigation: Welcome – Manage Dependents – Select Benefits – Upload Documents – Review & Submit



Lawley | EMPLOYEE BENEFITS

1 Plan Available

Health Savings Account, Admin

Effective: June 1, 2023 Additional details

Provider

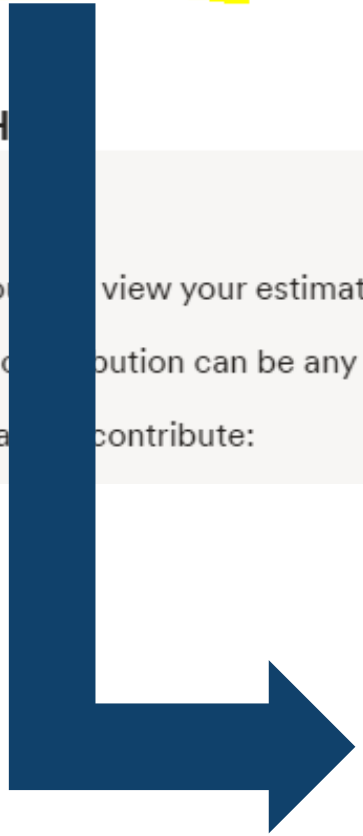
Lakeshore Savings (H

Contributions

Enter contribution amo view your estimated cost.

Your estimated annual c bution can be any amount from $0.00 up to $2,350.00.

For the entire year, I wa contribute:

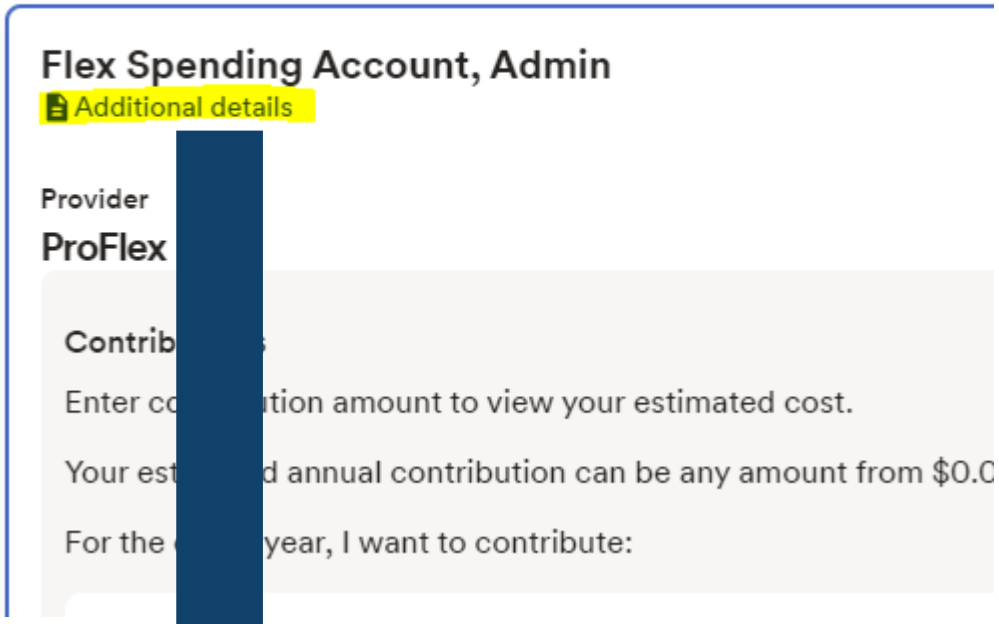


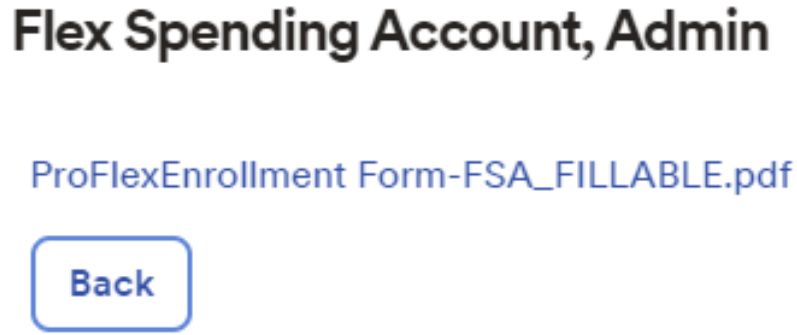
Health Savings Account, Admin

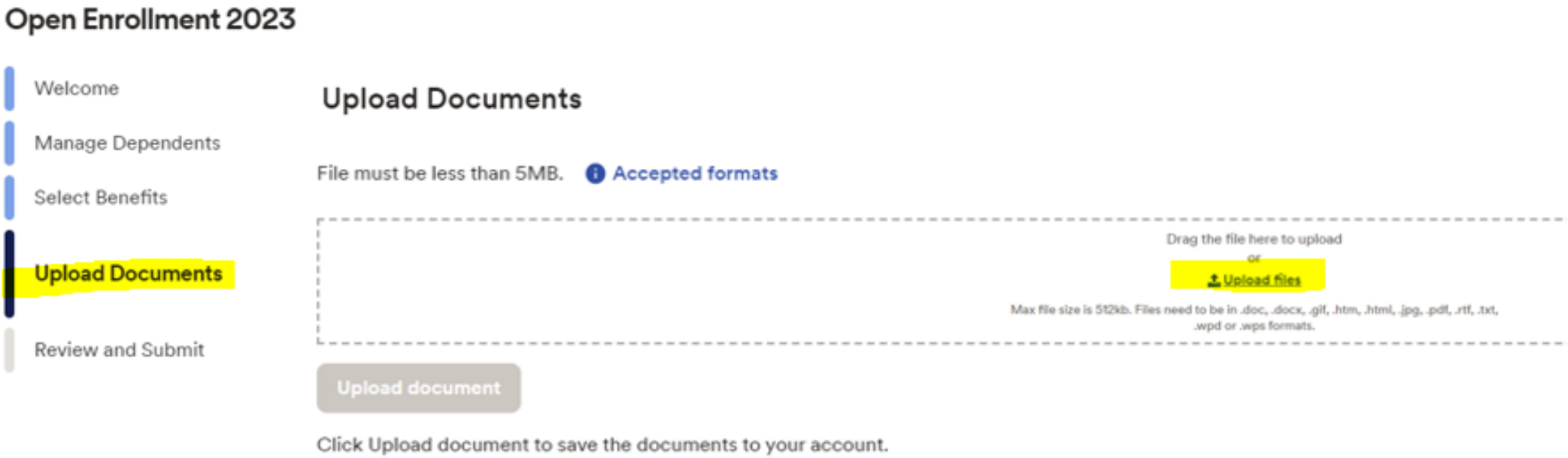
NEW HSA Customer Verification.pdf
W9FormFillable.pdf
ATM - Debit Card Request 2020.pdf

Back

1 Plan Available







Lawley | EMPLOYEE BENEFITS

OPEN ENROLLMENT

NEXT STEPS - **PASSIVE ENROLLMENT**

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, MEDICAL SAVINGS ACCOUNT, 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 directly in ADP this year as the final step before accepting elections.

ALL PAPERWORK IS DUE BY: May 1, 2023

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)**
- **ATM - Debit Card Request (HSA) (Fillable PDF)**
- **Copy of non-expired State's Driver's License or US Passport**

Upload the Lakeshore required documents and driver's license/passport directly in ADP this year as the final step before accepting elections.

ALL PAPERWORK IS DUE BY: May 1, 2023

Lawley | EMPLOYEE BENEFITS

Facebook | LinkedIn | Twitter

Keep up to date with the latest from Lawley –
Employee Benefits News, Compliance Updates,
Insurance & Risk Trends, and more

www.lawleyinsurance.com