2024 Benefits Enrollment Guide

Questions? Contact CARE Customer Service at 1-800-836-0026 Ext. 7400, or email: support@aleracare.zendesk.com. Hours of operation are Monday-Friday 8 a.m.-4:30 p.m.
We are pleased to provide this benefit package to support you and your family’s overall health and wellbeing needs now, and into the future. This is an important part of your employment package, and we want you to have full access to all the resources that can assist you in understanding the right choices for you and your family.

Administrative and support services are provided by Alera Group, Albany College of Pharmacy and Health Science’s (ACPHS) partner for the management of our employee benefits. Alera Group is also a confidential personal resource for you when you have questions or need assistance with your benefit plans.

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Eligibility & Enrollment

Annual Open Enrollment

ACPHS’ Open Enrollment takes place in the fall, prior to the benefit plan year’s anniversary date of January 1st. During the Open Enrollment period there will be various forms of communication to help you understand your benefit options for the upcoming year. You will be notified in advance, by Human Resources, when the Open Enrollment period begins and ends.

You must complete the benefits enrollment process even if you are making no changes to your election, or not enrolling in any of the health and welfare benefit plans. In addition, you will not be automatically enrolled in any of the plan offerings.

<table>
<thead>
<tr>
<th>Status</th>
<th>Eligibility and When to Enroll</th>
</tr>
</thead>
<tbody>
<tr>
<td>Newly hired full-time employee</td>
<td>You are eligible for coverage beginning on the first of the month following your first day of employment. You must complete your enrollment within 30 days of your effective date.</td>
</tr>
<tr>
<td>Recently had a change in employment status</td>
<td>You are eligible for coverage on the first of the month after the date you become a full-time employee. You must complete your enrollment within 30 days of your effective date.</td>
</tr>
<tr>
<td>Recently experienced an IRS-approved qualifying life event</td>
<td>You are eligible to add or make changes to your coverage within 30 days of the qualifying event, and provide proof of the Qualifying Life Event</td>
</tr>
</tbody>
</table>

Covering Family Members: You may also enroll your legal spouse, domestic partner, as well as eligible dependent children up to age 26. Should you enroll a domestic partner in a pre-tax plan, the value of your domestic partner’s coverage will be added as taxable income to your pay.

Once the Open Enrollment period ends, you cannot make any changes unless you experience a qualifying event.

Changes that are requested due to a “change of mind” are not allowed until the next annual open enrollment period for a change in status. For additional information concerning plan changes, please contact Human Resources.

All regular employees who work at least 20 hours or more per week on a regularly scheduled basis are eligible for the health and welfare benefits described in this benefits guide.

If you are a part-time employee working less than 20 hours per week, you are not eligible for the health and welfare benefits but may be eligible for other benefits offered by the College.

If you miss the deadline and do not complete your benefit enrollment within 30 days from your date of eligibility, you will miss your opportunity to enroll in benefits for the plan year. Your next opportunity to enroll would be during Annual Open Enrollment.

Changing Your Benefits (Qualifying Life Events)

The following special circumstances are the ONLY reasons you may change your benefits during the plan year:

- Marriage, divorce, legal separation, or annulment
- Birth, adoption, or placement for adoption of an eligible child
- Loss of spouse’s job or change in work status where coverage is maintained through the spouse’s plan; a significant change in your or your spouse’s health coverage attributable to your spouse’s employment; the reduction or increase in hours of employment or other changes in employment category for you or your spouse or dependent, including a change between
- Gain or loss of other coverage for your child
- Death of a spouse or dependent
- Loss of dependent status
- Change in place of residence that affects eligibility
- Becoming eligible for Medicare or loss or gain of Medicaid during the year
- Receiving a Qualified Medical Child Support Order (QMCSO)

These special circumstances, often referred to as “Qualifying Life Events” or life event changes, will allow you to make plan changes anytime during the year in which they occur. An election change must be consistent with the change in status. Qualified Life Event changes may be made directly in Employee Navigator.
MVP Preferred High Deductible EPO & Health Savings Account (HSA)

Each of the plans has comprehensive coverage for medical and prescription needs which includes Preventative Care covered at 100%. You can find full plan summaries in Employee Navigator.

### MVP Preferred High Deductible EPO & Health Savings Account (HSA)

<table>
<thead>
<tr>
<th>Annual Employer HSA Contribution</th>
<th>Employee Only</th>
<th>$600</th>
<th>Employee + Spouse/DP, Child(ren), Family</th>
<th>$1,100</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>Coverage</th>
<th>MVP Plan</th>
<th>You Pay</th>
</tr>
</thead>
<tbody>
<tr>
<td>Deductible</td>
<td>MVP Plan</td>
<td>You Pay</td>
</tr>
<tr>
<td>Employee Only</td>
<td>$2,000</td>
<td>$2,000</td>
</tr>
<tr>
<td>Employee + Spouse/DP, Child(ren), Family</td>
<td>$4,000 (aggregate)</td>
<td>$4,000</td>
</tr>
<tr>
<td>Out of Pocket Maximum</td>
<td>Employee Only</td>
<td>$6,000</td>
</tr>
<tr>
<td>Employee + Spouse/DP, Child(ren), Family</td>
<td>$12,000 (embedded/person)</td>
<td>$12,000</td>
</tr>
</tbody>
</table>

**MEDICAL SERVICES**

- **Preventative & Well Care**
  - Annual Physicals, Well Child Visits, Well Woman Care, & Immunizations
    - Covered in Full: $0

- **Primary Care Office Visit**
  - Deductible then $30 copay
  - Deductible then $30 copay

- **Telemedicine**
  - Deductible then $30 copay
  - Deductible then $30 copay

- **Specialist Office Visit**
  - Deductible then $50 copay
  - Deductible then $50 copay

- **Inpatient Hospital**
  - Deductible then $500 copay
  - Deductible then $500 copay

- **Outpatient Surgery**
  - Deductible then $200 copay
  - Deductible then $200 copay

- **Emergency Room**
  - Deductible then $150 copay
  - Deductible then $150 copay

- **Physical or Occupational Therapy (PT/OT)**
  - Deductible then $50 copay
  - Deductible then $50 copay

**PRESCRIPTIONS - Optum**

- **Tier 1 – Generic**
  - Deductible then $10 copay
  - Deductible then $10 copay

- **Tier 2 – Formulary (Preferred) Brands**
  - Deductible then $30 copay
  - Deductible then $30 copay

- **Tier 3 – Non-Formulary Brands**
  - Deductible then $50 copay
  - Deductible then $50 copay

- **Mail Order 90-day supply**
  - Deductible then 2.5x copay
  - Deductible then 2.5x copay

- **Preventive Care Drug List See Optum List**
  - No Deductible
  - No Deductible
  - $10 / $30 / $50 Copay
  - $10 / $30 / $50 Copay

*See the carrier plan booklet for limitations, exclusions, and full benefit details including continuation of coverage options.*

### What is a Qualified High Deductible Health Plan (HDHP)?

A HDHP is a health insurance plan with lower premiums and higher deductibles than a traditional health plan.

### What is a Health Savings Account (HSA)?

An HSA is a tax-advantaged medical savings account that can be established and combined with a qualified high deductible health plan to help pay for healthcare expenses today and down the road. You never lose funds put into your HSA account! The amount rolls over year after year. HSAs have a triple tax advantage. They allow you to:

- Save money – tax-free!
- Accumulate interest and earnings – tax-free!
- Spend it on qualified healthcare expenses – tax-free!
MVP Preferred EPO

Each of the plans has comprehensive coverage for medical and prescription needs which includes Preventative Care covered at 100%. You can find full plan summaries in Employee Navigator.

<table>
<thead>
<tr>
<th>COVERAGE</th>
<th>MVP PLAN</th>
<th>YOU PAY</th>
</tr>
</thead>
<tbody>
<tr>
<td>Deductible</td>
<td>$500</td>
<td>$500</td>
</tr>
<tr>
<td>Employee Only</td>
<td>$1,000 (embedded)</td>
<td>$1,000 (embedded)</td>
</tr>
<tr>
<td>Employee + Spouse/DP, Child(ren), Family</td>
<td>$500</td>
<td>$500</td>
</tr>
<tr>
<td>Out of Pocket Maximum</td>
<td>$4,000</td>
<td>$4,000</td>
</tr>
<tr>
<td>Employee Only</td>
<td>$8,000 (embedded)</td>
<td>$8,000 (embedded)</td>
</tr>
</tbody>
</table>

| MEDICAL SERVICES                              |                |               |
| Preventative & Well Care                     | Covered in Full | $0            |
| Annual Physicals, Well Child Visits, Well Woman Care, & Immunizations | $0            |               |
| Primary Care Office Visit                    | $40 copay      | $40           |
| Telemelodine                                  | $40 copay      | $40 copay     |
| Specialist Office Visit                      | $40 copay      | $40 copay     |
| Emergency Room                                | $200 copay     | $200          |
| Inpatient Hospital                            | Deductible & Coinsurance | Deductible & Coinsurance |
| Outpatient Surgery                            | Deductible & Coinsurance | Deductible & Coinsurance |
| Outpatient Physical/ Occupational Therapy     | Deductible & Coinsurance | Deductible & Coinsurance |

| PRESCRIPTIONS (Optum)                        |                |               |
| Tier 1 – Generic                             | $10 copay      | $10 copay     |
| Tier 2 – Formulary Brands                    | $30 copay      | $30 copay     |
| Tier 3 – Non-Formulary Brands                | $50 copay      | $50 copay     |
| Mail Order 90-day supply                     | 2.5x copay     | 2.5x copay    |
Medical & Prescription Benefit Costs

**ACPHS pays a portion of the premiums charged by MVP.**

Employee per pay deductions, 24 per year, are withdrawn pre-tax and will be based on the coverage tier, plan choice and wellness participation. Should you enroll a domestic partner in the health insurance plan, the value of your domestic partner’s coverage will be added as taxable income to your pay.

These amounts only reflect the cost of the medical plan, and do not include any contributions you may want to make into a Health Savings Account, Flexible Spending Account, or Limited Purpose Flexible Spending Account.

<table>
<thead>
<tr>
<th>Coverage Tier</th>
<th>Wellness Rate</th>
<th>Non-Wellness Rate</th>
</tr>
</thead>
<tbody>
<tr>
<td>Employee Only</td>
<td>$ 30.00</td>
<td>$ 32.00</td>
</tr>
<tr>
<td>Employee + Spouse (or Domestic Partner)</td>
<td>$ 168.00</td>
<td>$ 174.00</td>
</tr>
<tr>
<td>Employee + Child(ren)</td>
<td>$ 146.00</td>
<td>$ 151.00</td>
</tr>
<tr>
<td>Employee + Family*</td>
<td>$ 298.00</td>
<td>$ 309.00</td>
</tr>
</tbody>
</table>

**High Deductible & Health Savings Account (HSA)**

<table>
<thead>
<tr>
<th>Coverage Tier</th>
<th>Wellness Rate</th>
<th>Non-Wellness Rate</th>
</tr>
</thead>
<tbody>
<tr>
<td>Employee Only</td>
<td>$ 74.00</td>
<td>$ 84.00</td>
</tr>
<tr>
<td>Employee + Spouse (or Domestic Partner)</td>
<td>$ 265.00</td>
<td>$ 281.00</td>
</tr>
<tr>
<td>Employee + Child(ren)</td>
<td>$ 244.00</td>
<td>$ 259.00</td>
</tr>
<tr>
<td>Employee + Family*</td>
<td>$ 431.00</td>
<td>$ 448.00</td>
</tr>
</tbody>
</table>

*Family coverage tier includes spouse/domestic partner and a child or children.

What are approved healthcare deductible and coinsurance expenses?

Expenses that are subject to the MVP health plan deductible and coinsurance are identified on your Explanation of Benefits *(See this complete document online).*
NEW! Prescription Drug

**ACHPS prescription benefit** is managed by OptumRx. With OptumRx, you’ll have access to: Convenient Home Delivery services. You’ll be able to have up to a 90-day supply of most maintenance medications delivered directly to you at a savings of up to 33%.

A large network of participating retail pharmacies including independent and chain pharmacies located nationwide.

Helpful resources on the OptumRx website and Mobile App. Online resources at [www.optumrx.com](http://www.optumrx.com) will allow you to:

- Order prescription refills, renewals and check your order status
- Transfer retail prescriptions to Home Delivery for convenience and potential savings
- Enroll in Worry-Free Fills to conveniently receive Home Delivery medication automatically
- Discover possible ways to save money on medications, such as using generics and Home Delivery
- Receive time-sensitive medication-related alerts on your personalized pharmacy care profile
- Look up information about your medications and your prescription drug benefit
- Ask a pharmacist questions anytime, day or night
- View a financial summary of your prescription expenses, especially valuable at tax time
- Review your prescription history to share with your doctor

Specialist pharmacists, who each have expertise in the medications that treat a single condition, such as high blood pressure, asthma, diabetes or cancer. Specialist pharmacists at OptumRx can answer your questions about how your medications work with each other and make them work best for you.

**Optum Rx Customer Service is available 24 hours per day, 7 days per week, and can be reached at 844-368-3153 beginning January 1, 2024.**
Important Prescription Coverage Information

Participants in the medical plan will receive a member ID card from MVP Healthcare which will include the Optum Rx information. Participants should present their member ID card each time you fill a prescription through a retail outlet.

The formulary is the list of medications covered by the plan and is updated twice per year based on the latest research & clinical evidence. The member’s cost share or copays are determined by the prescription’s tier:

- **Tier 1 Generics**
  Safe, effective & have the same active ingredients as a brand name medication, but cost much less

- **Tier 2 Preferred**
  Lower cost or more clinically effective than non-preferred or excluded medications

- **Tier 3 Non-Preferred**
  Highest cost or medications with clinical alternatives

- **Specialty**
  Generally, tier 3, high complexity medications, must be purchased through BriovaRx specialty pharmacy

- **Excluded**
  Medications with clinical alternatives or generics that are not covered by the plan. Members must choose an alternative therapy.

The formulary also determines which medications require treatment protocols including:

- **Quantity Limits**: for safety & cost reasons, the plan limits the amount of drugs they cover over a certain period of time.

- **Prior Authorization**: to be sure that medications are prescribed and used correctly, before the plan will cover a particular drug, your prescriber must first show that you have a medically necessary need for that particular drug and/or have met the requirements for the drug.

- **Step Therapy**: you must first try a less expensive drug on the formulary that has been proven effective for most people with your condition before you can move up a “step” to a more expensive drug. However, if you have already tried the more affordable drug and it didn’t work or if your prescriber believes that it is medically necessary for you to be on a more expensive drug, they can contact the plan to request an exception.
MVP Wellness Plan

Included with your MVP Medical Plan: MVP Well-Being Reimbursement.

Get up to $600 in reimbursements on well-being services or activities. Services eligible for reimbursement include:

- **Social**: Registration fees for walks/runs, fees for community-based classes and continuing educations (art classes, dance classes, cooking classes, etc.), museum/aquarium subscriptions and entrance fees, and club/organization fees
- **Surroundings**: Fees for online apps and tools for home/life organization, home organizer consultant and subscription fees, Feng Shui consultant fees, safe home security systems, ergonomic equipment and items such as, sit and stand desks, feet and back supports, and other ergonomic items that support working from home.
- **Physical**: Healthy weight support programs, yoga classes and mats, youth and adult fitness memberships, tobacco cessation courses, activity tracking devices, clean eating online apps or cookbooks, fitness equipment, health monitoring devices
- **Mind & Spirit**: Meditation classes, mindfulness-based programs and stress-reduction classes, meditation and mindfulness apps, and massage therapy with a licensed massage therapist.

Download reimbursement form at [www.mvphealthcare.com](http://www.mvphealthcare.com). Itemized receipts required for reimbursement. Maximum one $600 reimbursement per subscriber contract.

ACPHS Wellness Plan

*The voluntary ACPHS' Wellness Program is designed to:*

- Create an environment which promotes a healthy lifestyle through prevention and wellness education for all our employees and their families.
- Empower everyone with the opportunity to live a healthy lifestyle and reduce the risk of developing chronic diseases by seeking preventive care, completing health screenings and by making healthy choices.
- Encourage a Primary Care Physician relationship to promote awareness of individual health status and health risks.

**Who is eligible?** Employees who participate in one of the ACPHS health insurance plans are eligible for the Wellness Program and the activity offerings.

**Why should you participate?** By participating in the wellness program and its offerings, you will receive valuable resources and information regarding your health and well-being. In addition, if you complete all the necessary requirements and are enrolled in the ACPHS health plan you will also receive a preferred premium on group health insurance payroll deduction rates.

**What are the requirements?** Qualifying for the Wellness Program Discount is easy!

1. **Complete a health physical exam with your Primary Care Provider.** Employees enrolling in coverage at Open Enrollment for 1/1/2024, the physical may occur in 2023 to apply for the 2024 plan year. If physical is completed between 1/1/24 and 1/31/24, the wellness credit will apply the pay period following completion. For new hires or newly eligible employees, the physical must occur in 2024 and be submitted within 30 days of your date of benefit eligibility. The College has the right to request proof of a physical. If the information cannot be satisfactorily provided, the College may take disciplinary action.

2. **Complete a Tobacco Use Attestation with Alera Group-Relph Benefit Advisors during open enrollment for the 2024 plan year, or during new hire enrollment.**

   The Tobacco Use Attestation will be completed through Employee Navigator.

   If you and/or your spouse have used tobacco within the past 12 months, you and/or your spouse will need to complete a tobacco cessation program and submit proof within 30 days of your hire date or prior to January 31, 2024, for the 2024 benefit plan year. If cessation program is completed prior to 12/31/23, wellness credit will apply for 1/1/24. If cessation program is completed between 1/1/24 and 1/31/24, the credit will apply the pay period following completion. Resources and approved programs will be provided to you in Employee Navigator.

   **If you have a spouse or domestic partner on your plan, they must also complete all the requirements to qualify for the wellness discount.**

**What is acceptable proof?** Acceptable proof will include your name, date of service, and service provided. For your physical, examples include a note from your physician stating the date that your physical was completed, an explanation of benefits (EOB) from your insurance carrier or validated Physician Verification Form.
Health Savings Accounts (HSA)

One advantage of enrolling in a High Deductible Health Plan (HDHP), such as MVP’s Preferred High Deductible EPO plan, is access to a Health Savings Account (HSA). Opening an HSA requires an identity verification process. You may be asked to provide additional information and/or documentation before your HSA can be created.

HSA Eligibility

- You must be enrolled in an HSA-qualified medical plan and cannot be covered by any other medical plan that is not HSA-qualified.
- You cannot be covered under Medicare, TRICARE or in receipt of VA healthcare benefits.
- You cannot be eligible to be claimed as a dependent on another individual’s tax return.
- You must be 18 years or older.
- You must be a U.S. resident.

Contributing to an HSA Account

ACPHS will deposit funds into an HSA for you if you elect the MVP Preferred High Deductible EPO plan. If you choose to enroll in this plan, you will receive 50% of the annual contribution first payroll of January and the remaining 50% will be contributed per pay date for the plan year January 1 – December 31. The annual contribution is pro-rated for New Hires.

<table>
<thead>
<tr>
<th>Coverage Tier</th>
<th>ACPHS Contribution</th>
</tr>
</thead>
<tbody>
<tr>
<td>Employee Only</td>
<td>$600</td>
</tr>
<tr>
<td>Employee + Spouse/DP, Child(ren), or Family</td>
<td>$1,100</td>
</tr>
</tbody>
</table>

IRS Maximum Contributions

<table>
<thead>
<tr>
<th>Coverage Level</th>
<th>2024 IRS Maximum Contribution</th>
<th>ACPHS Contribution</th>
<th>Maximum ACPHS Employee Contribution</th>
</tr>
</thead>
<tbody>
<tr>
<td>Employee Only</td>
<td>$4,150</td>
<td>$600</td>
<td>$3,350</td>
</tr>
<tr>
<td>Family</td>
<td>$8,350</td>
<td>$1,100</td>
<td>$7,200</td>
</tr>
</tbody>
</table>

*Employees aged 55 or older can contribute an additional $1,000 annually

- By ACPHS policy, HSA elections must be (re) elected annually each benefit plan year.
- HSA elections can be changed throughout the year, regardless of a qualifying event.
- You can only contribute to an HSA when enrolled in a qualified High Deductible Health Plan.
- If you wish to make a one-time lump sum contribution to your HSA, please contact Human Resources.

How to Use Your HSA Funds

<table>
<thead>
<tr>
<th>Your HSA Options to Pay</th>
<th>OPTION 2</th>
<th>OPTION 3</th>
</tr>
</thead>
<tbody>
<tr>
<td>OPTIION 1 You can pay out of pocket then reimburse yourself</td>
<td>You may request a check be sent directly from your HSA to your provider</td>
<td>You can use your Debit</td>
</tr>
</tbody>
</table>
Flexible Spending Accounts (FSA)

What is an FSA?

FSAs allow you to set aside pre-tax money through payroll deductions to help pay for eligible out-of-pocket Medical, Dental, Vision, over the counter, and Dependent Care expenses. This means you do not pay taxes on that portion of your earnings.

Don’t forget to enroll - If you wish to participate in an FSA, you must (re)enroll each benefit plan year. You can only change your election during a plan year if you experience a qualifying event.

If you chose the Preferred EPO - You qualify for a Medical Flexible Spending Account (MFSA) and you can set aside the 25% member-deductible responsibility and 10% member-coinsurance responsibility into the MFSA.

If you chose the High Deductible EPO with a Health Savings Account - FSA plans are only available if you are not enrolled in a High Deductible Health Plan. However, if you are in a HDHP Plan, you are qualified for a Limited Purpose FSA, which works just like a regular medical FSA but can be used to pay only out-of-pocket dental, vision, and/or over-the-counter expenses.

### Medical Flexible Spending Account (MFSA)

You can pay for eligible medical, dental, vision and over-the-counter expenses such as copays, coinsurance, deductibles, medical supplies and equipment, mental health and substance abuse, orthodontia, and eyeglasses and contact lenses.

The maximum amount you can elect and contribute is $3,050 per year.

You can pay expenses for yourself and eligible dependents – even if they are not covered by your health insurance plan.

### Limited Purpose Flexible Spending Accounts (LPFSA) – Only for those enrolled in a High Deductible Health Plan

You can pay for out-of-pocket dental, vision and over-the-counter expenses for yourself and your eligible dependents.

The maximum amount you can elect and contribute is $3,050 per year.

If you enroll in the HDHP and elect a Health FSA, you will automatically be enrolled in the Limited Purpose FSA.

### Dependent Care Account (DCAP)

You can pay for eligible dependent care expenses, such as daycare, after-school care, and many types of summer camps while you and your spouse work.

The maximum you can contribute to the Dependent Care Account is $5,000 per year if you are a single employee or married filing jointly.

If you are married and filing separately, the maximum is $2,500.

Your eligible dependents under this plan must be either your dependent child under age 13 or a disabled dependent who lives with you at least eight hours per day and for whom you pay expenses (such as your elderly parent).

### Important Details:

Use your MFSA funds for healthcare services/expenses you have between 1/1/2024 and 12/31/2024.

You can rollover up to $610 of unused Medical FSA or Limited Purpose FSA funds from the current plan year into the next plan year. Per IRS regulations, any remaining funds beyond the $610 rollover amount will be forfeited.

The deadline for filing claims is 90 days after the end of the benefit plan year. For the 2024 plan year you have until 03/31/2024 to file claims.

Use your AleraPay Debit Card

Funds are automatically withdrawn from your reimbursement account, so there are no out-of-pocket costs.

For Reimbursement Account Inquiries:

Call AleraPay Customer Service 800-622-6233 and Press 1, or email AleraEdgePay@AleraGroup.com.
Dental Insurance

*Your dental plan is offered through Delta Dental.*

Your plan offers coverage when you visit either in-network or out-of-network providers of your choice, but you get more coverage by staying in the PPO network. You can find full plan summaries in **Employee Navigator.**

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**Delta Dental PPO Plan**

<table>
<thead>
<tr>
<th>DEDUCTIBLE</th>
<th>Single - $50.00 / Family - $150.00 Waived for Type I Preventative</th>
</tr>
</thead>
<tbody>
<tr>
<td>ANNUAL MAXIMUM PLAN PAYS</td>
<td>$1,500 Per Person Includes Type I, II &amp; III Services</td>
</tr>
<tr>
<td>Type I – Diagnostic &amp; Preventative</td>
<td>IN-NETWORK</td>
</tr>
<tr>
<td>Exams, Cleaning, &amp; X-Rays</td>
<td>Covered 100%</td>
</tr>
<tr>
<td>Type II – Basic Services</td>
<td>You Pay</td>
</tr>
<tr>
<td>Fillings, Simple Extractions, Oral Surgery, Periodontics &amp; Endodontic</td>
<td>20%</td>
</tr>
<tr>
<td>Type III – Major Services</td>
<td>You Pay</td>
</tr>
<tr>
<td>Crowns, Inlays, Outlays, Bridges, &amp; Dentures</td>
<td>50%</td>
</tr>
<tr>
<td>Type IV – Orthodontic Services – to age 19</td>
<td>50%</td>
</tr>
</tbody>
</table>

**Delta Dental Payroll Deduction Rates (24 Per Year)**

<table>
<thead>
<tr>
<th>Coverage Tier</th>
<th>Deductions</th>
</tr>
</thead>
<tbody>
<tr>
<td>Employee Only</td>
<td>$12.00</td>
</tr>
<tr>
<td>Employee + Spouse (or Domestic Partner)</td>
<td>$27.00</td>
</tr>
<tr>
<td>Employee + Child(ren)</td>
<td>$25.00</td>
</tr>
<tr>
<td>Employee + Family*</td>
<td>$32.00</td>
</tr>
</tbody>
</table>

*Family coverage tier includes spouse/domestic partner and a child or children.
Vision Insurance

_Eyecare provided by EyeMed insurance offers both in-network and out-of-network coverage._

You may choose from many private practice doctors, local optical stores, and national retail stores. You can find full plan summaries in Employee Navigator.

<table>
<thead>
<tr>
<th>SERVICES</th>
<th>IN-NETWORK</th>
<th>OUT-OF-NETWORK</th>
</tr>
</thead>
<tbody>
<tr>
<td>Exams</td>
<td>Every 12 months</td>
<td></td>
</tr>
<tr>
<td>Lenses</td>
<td>Every 12 months</td>
<td></td>
</tr>
<tr>
<td>Frames</td>
<td>Every 24 months</td>
<td></td>
</tr>
<tr>
<td>Contact Lenses</td>
<td>Every 12 months</td>
<td></td>
</tr>
</tbody>
</table>

**BENEFITS**

<table>
<thead>
<tr>
<th>SERVICES</th>
<th>Exam</th>
<th>Lenses</th>
<th>Frames</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Exam</strong></td>
<td>$10 copay</td>
<td>$25 Copay</td>
<td>$150 Allowance</td>
</tr>
<tr>
<td><strong>Frames</strong></td>
<td>$150 Allowance</td>
<td>$25 Copay</td>
<td>$150 Allowance</td>
</tr>
</tbody>
</table>

**Lenses**

- **Single Vision**: $25 Copay, $25 allowance
- **Lined Bifocal**: $25 Copay, $40 allowance
- **Lined Trifocal**: $25 Copay, $60 allowance

**Contact Lenses**

- **Elective**: $155 Allowance*
- **Medically Necessary**: Covered in Full, $95 Allowance

*Benefits can only be used for eyeglass frames or contact lenses; not both.

**EyeMed Vision Payroll Deduction Rates (24 Per Year)**

<table>
<thead>
<tr>
<th>Coverage Tier</th>
<th>Deductions</th>
</tr>
</thead>
<tbody>
<tr>
<td>Employee Only</td>
<td>$3.73</td>
</tr>
<tr>
<td>Family*</td>
<td>$9.49</td>
</tr>
</tbody>
</table>

*Family coverage tier includes spouse/domestic partner and a child or children.
Life Insurance

Group Life Insurance

Life is unpredictable, that’s why ACPHS provides you with Basic Life and Accidental Death & Dismemberment (AD&D) Insurance through Guardian in the amount of 2X your salary (up to $300,000) at no cost to you!

Voluntary Life and Accidental Death & Dismemberment (AD&D)

If you would like to obtain even more financial protection, you can purchase an additional amount of Life and Accidental Death & Dismemberment insurance for yourself, your spouse, and/or your children also through Guardian. Rates are based on personal demographic information and will be available at the time of enrollment.

When you are first hired, you are provided with a one-time opportunity to have a Guaranteed Issue amount for coverage. This means you are guaranteed to receive a certain amount of life insurance without needing to complete an Evidence of Insurability (EOI) (i.e., medical questionnaire). Elections made outside of the new hire election timeframe, except elections made with qualified events changes, will be subject to EOI. The EOI form can be found on the Employee Navigator enrollment portal and submitted to Alera Group-Relph Benefit Advisors to be processed with Guardian.

Designate a Beneficiary

You are required to make a beneficiary designation for life insurance (choose the person who would receive your life insurance money). If already designated, please ensure your current designation is up-to-date, especially if you have had a change in your family status, such as marriage or divorce. During Open Enrollment you will be prompted to update your beneficiary.

Life Insurance

ACPHS gives you the option to enroll in supplemental benefit programs provided through Guardian. These plans pay you cash to help offset any unexpected medical expenses you or your family may experience because of a serious illness or hospitalization. Since the money is paid directly to you, it can be used to cover your health plan deductible (if applicable) and copays, or any other expenses you may have.

Supplemental plans can be used in conjunction with any medical plan and coverage is available for either individuals or families. As a supplemental benefit, you pay the full cost of these plans. More details including the cost of coverage will be available during the enrollment process.

Specific Disease Insurance: If you or a covered family member experiences a serious illness such as heart disease, stroke, invasive cancer, or renal failure you will receive a certain benefit amount (money) per illness.

Hospital Indemnity: This plan provides a benefit due to hospitalization and in some cases, for treatment received for an accident or sickness, even if that treatment occurs outside the hospital.

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Voluntary Life and AD&D Enrollment Options

<table>
<thead>
<tr>
<th>EMPLOYEE</th>
<th>Voluntary Life and AD&amp;D Enrollment Options</th>
<th>Guaranteed Issue Amount</th>
<th>No medical questionnaire required</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Elected amount reduces by 35% at age 70 and 50% at age 75</td>
<td>You may elect amounts of $10,000, $25,000, $50,000 or $100,000</td>
<td>Less than age 65 - $100,000, Age 65-70 - $50,000</td>
</tr>
<tr>
<td></td>
<td>SPOUSE/DOMESTIC PARTNER</td>
<td>You may cover your spouse for amounts of $5,000, $12,500 or $25,000</td>
<td>Less than age 65 - $25,000, Age 65-70 - $10,000</td>
</tr>
<tr>
<td></td>
<td>CHILDREN (14 days to age 26)</td>
<td>$5,000 or $10,000</td>
<td>$5,000 or $10,000</td>
</tr>
</tbody>
</table>

Spouses who are both employed by ACPHS are not eligible to elect spouse coverage for each other and only one employee may elect dependent child coverage for the same child(ren).
Disability Insurance

**Statutory Short-Term Disability (STD)**
ACPHS provides Statutory Disability coverage to all eligible full-time employees. When you are unable to work due to an illness or injury, as documented by a medical professional, this benefit provides you with income replacement on a portion of your earnings after you have been out for 7 continuous days.

ACPHS offers a salary continuation benefit for those eligible while on short term disability, please refer to the employee handbook for more information.

<table>
<thead>
<tr>
<th>Coverage</th>
<th>Short-Term Disability (LTD)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Benefits Start</td>
<td>After 7 days continuous disability</td>
</tr>
<tr>
<td>Percentage of Income Replaced</td>
<td>50% of earnings</td>
</tr>
<tr>
<td>Maximum Benefit</td>
<td>$170 per week</td>
</tr>
<tr>
<td>Benefit Duration</td>
<td>26 weeks</td>
</tr>
</tbody>
</table>

**Long-Term Disability Insurance (LTD)**
Disability benefits are paid when you are disabled by an off-the-job injury or illness, as documented by a medical professional, and are unable to work. It provides cash benefits to replace a portion of your income due to the disability.

<table>
<thead>
<tr>
<th>Coverage</th>
<th>Long-Term Disability (LTD)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Benefits Start</td>
<td>After 180 days continuous disability</td>
</tr>
<tr>
<td>Percentage of Income Replaced</td>
<td>60% of basic monthly earnings</td>
</tr>
<tr>
<td>Maximum Benefit</td>
<td>$8,269 per month</td>
</tr>
<tr>
<td>Benefit Duration</td>
<td>To Age 65</td>
</tr>
</tbody>
</table>
Supplemental Benefits

Life can be unpredictable, which is why ACPHS gives you the option to enroll in the following supplemental benefit programs. These plans pay you cash to help offset any unexpected medical expenses you or your family may experience because of a serious illness or hospitalization. Since the money is paid directly to you, it can be used to cover your health plan deductible (if applicable) and copays, or any other expenses you may have. This is another way to provide yourself with financial protection for those unforeseen medical events.

These supplemental plans can be used in conjunction with any medical plan and coverage is available for either individuals or families. As a supplemental benefit, you pay the full cost of these plans. More details including the cost of coverage will be available during the enrollment process in Employee Navigator.

Specified Disease

If you or a covered family member experiences a serious illness such as heart disease, stroke, invasive cancer, or renal failure you will receive a certain benefit amount (money) per illness.

- Elect $10,000 for yourself, $5,000 for your spouse and $2,500 for children
- Enjoy a $50 wellness benefit per year for cancer screenings and physicals

Hospital Indemnity

This plan provides a benefit due to hospitalization and in some cases, for treatment received for an accident or sickness, even if that treatment occurs outside the hospital.

- Cover yourself, your spouse, and your children! This benefit will pay $2,000 per admission per covered family member, per year
- Certain restrictions and limitations apply, so please be sure to read the details on the summary of benefits in Employee Navigator

Pet Insurance

Innovations in veterinary medicine mean there are more options than ever to keep your pet healthy! If your pet becomes sick or hurt today, would you have enough to cover the expense? Pet insurance gives you access to the best possible care without straining your budget. Cover your cat or dog and get reimbursed for expenses such as common illnesses, accidents, and prescriptions. By enrolling as an ACPHS employee you get preferred pricing on monthly premiums, paid directly to Nationwide. Enrollment is available at any time and not subject to a qualified life event. Please contact HR should you want to enroll in this coverage mid-year.

Identity Theft

Your identity is personal. Keep it that way with ID Watchdog! This plan proactively monitors traditional and non-traditional data points, including credit bureaus, as well as non-credit and alternative credit bureaus. Additionally, they will monitor the Dark Web for your personal information, scanning websites, chat rooms, and other forums known for trafficking stolen personal and financial information. ID Watchdog has a team of certified experts who will work with you to restore your identity and offers a 100% resolution guarantee. You can cover yourself and one child under 18 on an individual plan or choose a family plan that covers children and adult family members in your household. You can get more information at www.idwatchdog.com. Enrollment is available at any time and not subject to a qualified life event. Please contact HR should you want to enroll in this coverage mid-year.
403(b) Retirement Plan

Albany College of Pharmacy and Health Sciences offers a 403(b)-retirement plan as part of its workplace benefits. Employees are eligible to make their own contribution on TIAA.org/acphs. The College will make a 6% non-elective contribution to eligible employees. For employees who do contribute their retirement account, the College contributes an employer match up to 4% for a total possible ACPHS contribution of 10% to the employee’s 4% contribution. For more information, please refer to the Summary Plan Description located on Employee Navigator.

Employee Assistance Program (EAP)

Albany College of Pharmacy’s Higher Education Employee Assistance Program (EAP) is a service program designed to assist employees with personal, family, and workplace concerns/issues. This program is free to all employees.

Managing the daily stresses of work can have a negative effect on your overall health and well-being. The Higher Ed EAP program is here to help you with:

- **Counseling Benefits**: many complex issues are best resolved with counseling assistance from a behavioral health professional. Each counselor has a master’s or Ph.D. level of training. Should you need to be referred to a local counselor for personal visits, there are more than 25,000 providers available to ensure you have a counselor near your home or workplace.

- **Work/Life Benefits**: assistance for other personal, family, financial and legal issues is available. A broad range of solutions for everyday work/life problems are offered to meet your needs.

- **Information Resource Benefits**: a vast collection of thousands of self-help tools and informative articles that cover virtually every problem you might face including behavioral health, financial, legal information.

- **Higher Ed Resource Centers**: online resource centers offer educator-specific tools, links and articles on challenges and opportunities facing you and your students.

- **Lifestyle Benefits**: include discounts and savings plans to enhance your quality of life.

- **Personal Development and Training Benefits**: Balance your work, life, and career objectives with the help of the Personal Development Program. Visit HigherEdEAP.com for tutorials, exercises, and worksheets.

- **Wellness Benefits**: offers information and resources to improve you and your family’s overall wellness including stress reduction, fitness, and diet.

Your EAP program is here to help 24 hours a day, 7 days a week. If you could use a little help, please reach out for these services by calling 800-225-2527 or 800-252-4555 to speak with a trained professional counselor. You can also go online to www.HigherEdEAP.com for more information.

To understand more about the Higher Ed EAP program before placing a call, please watch the brief video by clicking this link: http://www.theeap.com/video-library/higher-ed-employee-orientation.
Additional Benefits

Tuition Assistance Program

ACPHS encourages employees to continue their education, ACPHS offers tuition assistance to full-time employees. Funds will be allocated annually and made available for courses taken at fully accredited institutions. This program specifically provides tuition assistance for courses and/or matriculated degrees at fully accredited institutions that are job or career related. More information on the process and eligibility for this benefit can be found in ADP under Resources, Tools/References.

Children’s Qualified Tuition Reduction Program

Albany College of Pharmacy and Health Sciences Children’s Qualified Tuition Reduction Program provides tuition assistance to eligible dependents of faculty, staff, and administration in meeting their educational goals. Employees must have accrued five years of service to be eligible. The terms used in this policy are defined in the Employee Handbook. More information on the process and eligibility for this benefit can be found in ADP under Resources, Tools/References.

Paid Time Off

The College offers several different paid time off options for those eligible including sick/personal, vacation, holiday, and banked time. Please refer to the employee handbook for additional information.

1. Vacation Time: Regular full-time and part-time employees that work a minimum of 1,000 hours in a year, except 9.5-month faculty, are eligible for paid vacation time as outlined below:
   - Full-time employees (including staff and 12-month faculty) will receive 105 hours/15 days of vacation every July 1. New hires will receive a pro-rated amount of the above in their first year of employment.
   - Staff with less than 10-month will receive a pro-rated amount of the above
   - Part-time employees who work 20 or more hours per week (benefits eligible) will receive 52.50 hours/7.5 days of vacation every July 1.
     - Part-time new hires will receive a pro-rated amount of the above

2. Sick/Personal Time:
   - Full-time employees (including all staff and faculty) receive 56 hours of sick/personal leave upon their date of hire to be used in accordance with our Policy. On July 1st of each fiscal year, full-time employees will receive 70 hours of sick/personal leave to be used in accordance with our Policy.
   - Part-time employees of the College will receive pro-rated hours of sick/personal leave upon their date of hire to be used in accordance with our Policy. The pro-rated hours for part-time employees will be based on the 56 hours of sick/personal leave full-time employees receive upon their date of hire. On July 1st of each fiscal year, part-time employees will receive prorated hours of sick/personal leave to be used in accordance with our Policy. The pro-ration of such hours for part-time employees will be no less than 56 hours. Please refer to our sick/personal policy in the employee handbook for additional information.

3. Holiday Time: Holidays observed by the College are announced for each fiscal year by the Human Resources Department, including Floating Holidays.
   - Full-time regular employees are eligible for two floating holidays and holiday pay for college designated holidays.
   - Part-time employees that work a minimum of 1,000 in a year are eligible for one floating holiday and holiday pay for college designated holidays provided it falls on a regularly scheduled workday and is based on the average number of hours normally worked on that day.

4. Banked Time: If an employee that is eligible for holiday pay works on a college holiday, the employee may receive the number of hours worked back as Banked Time.
Additional Benefits - continued

Fitness Benefits

ACPHS Albany Campus - ACPHS Fitness Center is located on the ground floor of the Library Building and is open to ACPHS employees. Men’s and Women’s locker rooms are available for daily use. All users must present an ACPHS identification badge to enter the facility. Hours may vary due to holidays, inclement weather or at the direction of the Director of Athletics and Recreation. Employees will be notified in advance and/or a notice will be placed at the front counter near the sign-in kiosk. For more information on the Fitness Center, please contact the Office of Athletics and Recreation.

Broadview

ACPHS employees are eligible for membership with Broadview. This partnership allows employees to access an array of life-enhancing financial services courtesy including Individual coaching to ensure long term success. Membership includes:

- Educational seminars
- Single point of contact for financial questions and needs
- Concierge appointment setting experience
- Digital solutions and online banking
- Nearly 30,000 free and surcharge free ATMs
- 5,000+ shared branches nationwide
- Access to Mortgage and Investment services
- Credit Union Benefits for Family Members, including Youth Accounts

Receive concierge attention from your dedicated Broadview @ Work Relationship Manager, Michele Kollmer, at mkollmer@capcomfcu.org. Visit Broadview at https://www.broadviewfcu.com/
Contacts

<table>
<thead>
<tr>
<th>Benefit Type</th>
<th>Provider</th>
<th>Phone Number</th>
<th>Website/Email</th>
</tr>
</thead>
<tbody>
<tr>
<td>Online Benefits Portal</td>
<td>Alera Group / Relph Benefit Advisors</td>
<td>1-800-836-0026 Ext.7400</td>
<td><a href="mailto:support@aleracare.zendesk.com">support@aleracare.zendesk.com</a></td>
</tr>
<tr>
<td>Information</td>
<td>ACPHS HR</td>
<td>518-694-7888</td>
<td><a href="https://adp.acphs.edu">https://adp.acphs.edu</a></td>
</tr>
<tr>
<td>General Benefit Information</td>
<td>Alera Group / Relph Benefit Advisors</td>
<td>1-800-836-0026 Ext.7400</td>
<td><a href="mailto:support@aleracare.zendesk.com">support@aleracare.zendesk.com</a></td>
</tr>
<tr>
<td>HRA, HSA, FSA, DCAP</td>
<td>AleraPay</td>
<td>1-800-622-6233 and Press 1</td>
<td><a href="mailto:AleraEdgePay@AleraGroup.com">AleraEdgePay@AleraGroup.com</a></td>
</tr>
<tr>
<td>Medical</td>
<td>MVP Healthcare Group # 400782</td>
<td>1-888-687-6277</td>
<td><a href="http://www.mvphealthcare.com">www.mvphealthcare.com</a></td>
</tr>
<tr>
<td>Prescription Drug</td>
<td>Optum Rx</td>
<td>1-844-368-3153</td>
<td><a href="http://www.optumrx.com">www.optumrx.com</a></td>
</tr>
<tr>
<td>Dental</td>
<td>Delta Dental Group # 10926</td>
<td>1-800-932-0783</td>
<td><a href="http://www.deltadental.com">www.deltadental.com</a></td>
</tr>
<tr>
<td>Vision</td>
<td>EyeMed Group # 9881467</td>
<td>1-866-299-1358</td>
<td><a href="http://www.eyemed.com">www.eyemed.com</a></td>
</tr>
<tr>
<td>Group Life Insurance</td>
<td>The Guardian Group # 556041</td>
<td>1-914-989-4400</td>
<td><a href="http://www.guardian.com">www.guardian.com</a></td>
</tr>
<tr>
<td>Voluntary Life Insurance</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Short-Term or Long-Term Disability</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Employee Assistance Programs</td>
<td>Higher Ed EAP CPHS</td>
<td>1-800-225-2527</td>
<td><a href="http://www.higheredEAP.com">www.higheredEAP.com</a></td>
</tr>
<tr>
<td>Wellness Program</td>
<td>MVP Well-Being</td>
<td>1-800-836-0026 ext. 7281</td>
<td><a href="mailto:support@aleracare.zendesk.com">support@aleracare.zendesk.com</a></td>
</tr>
</tbody>
</table>

Get the Most from Your Healthcare Benefits!

Alera Group / Relph Benefit Advisors is your single point of contact for all your healthcare needs and insurance-related questions. Save time and effort by allowing Alera Group to assist with your medical, prescription, dental and flexible spending plan questions including:

- Help understanding and navigating your health care plan
- Ordering replacement insurance I.D. cards
- Locating providers and specialists
- Estimates for out-of-pocket cost and plan coverage
- Assistance with resolving provider billing and insurance claims
- Help with facilitating approvals and prior authorizations for services, as required
- Support with out of area services
- Any other related healthcare topic