



ALBANY COLLEGE OF PHARMACY
AND HEALTH SCIENCES

2024 Benefits Enrollment Guide

Albany College of Pharmacy
AND HEALTH SCIENCES

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.

Table of Contents

Eligibility & Enrollment	3
MVP Preferred High Deductible EPO & Health Savings Account (HSA)	4
MVP Preferred EPO	5
Medical & Prescription Benefit Costs	6
NEW! Prescription Drug	7
Important Prescription Coverage Information	8
MVP Wellness Plan	9
ACPHS Wellness Plan	9
Health Savings Accounts (HSA)	10
Flexible Spending Accounts (FSA)	11
Dental Insurance	12
Vision Insurance	13
Life Insurance	14
Disability Insurance	15
Supplemental Benefits	16
403(b) Retirement Plan	17
Employee Assistance Program (EAP)	17
Additional Benefits	18
Additional Benefits - <i>continued</i>	19
Contacts	20



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.

Status	Eligibility and When to Enroll
Newly hired full-time employee	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.
Recently had a change in employment status	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.
Recently experienced an IRS-approved qualifying life event	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

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)		
Annual Employer HSA Contribution <i>Employee Only</i> <i>Employee + Spouse/DP, Child(ren), Family</i>	\$ 600 \$ 1,100	
Coverage	MVP Plan	You Pay
Deductible <i>Employee Only</i> <i>Employee + Spouse/DP, Child(ren), Family</i>	\$2,000 \$4,000 (aggregate)	\$2,000 \$4,000
Out of Pocket Maximum <i>Employee Only</i> <i>Employee + Spouse/DP, Child(ren), Family</i>	\$6,000 \$12,000 (embedded/person)	\$6,000 \$12,000
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 \$10 / \$30 / \$50 Copay	No Deductible \$10 / \$30 / \$50 Copay
<i>See the carrier plan booklet for limitations, exclusions, and full benefit details including continuation of coverage options.</i>		

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**.

COVERAGE	MVP PLAN	YOU PAY
Deductible <i>Employee Only</i>	\$500	\$500
<i>Employee + Spouse/DP, Child(ren), Family</i>	\$1,000 (embedded)	\$1,000
Coinsurance after Deductible	90%	10%
Out of Pocket Maximum <i>Employee Only</i>	\$4,000	\$4,000
<i>Employee + Spouse/DP, Child(ren), Family</i>	\$8,000 (embedded)	\$8,000
MEDICAL SERVICES		
Preventative & Well Care Annual Physicals, Well Child Visits, Well Woman Care, & Immunizations	Covered in Full	\$0
Primary Care Office Visit	\$40 copay	\$40
Telemedicine	\$40 copay	\$40 copay
Specialist Office Visit	\$40 copay	\$40
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.

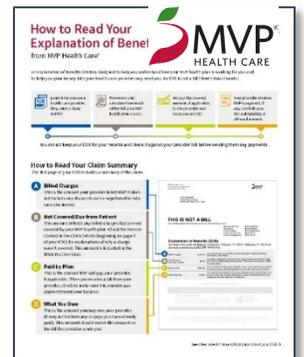
High Deductible & Health Savings Account (HSA)		
Coverage Tier	Wellness Rate	Non-Wellness Rate
Employee Only	\$ 30.00	\$ 32.00
Employee + Spouse (or Domestic Partner)	\$ 168.00	\$ 174.00
Employee + Child(ren)	\$ 146.00	\$ 151.00
Employee + Family*	\$ 298.00	\$ 309.00

EPO		
Coverage Tier	Wellness Rate	Non-Wellness Rate
Employee Only	\$ 74.00	\$ 84.00
Employee + Spouse (or Domestic Partner)	\$ 265.00	\$ 281.00
Employee + Child(ren)	\$ 244.00	\$ 259.00
Employee + Family*	\$ 431.00	\$ 448.00

*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 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.

Optum Rx[®]

**Albany College of
Pharmacy**

RX Bin: 610011

RX PCN: IRX

RX Group: ACPHSRX

Contact phone number for
members:

844-368-3153



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 BrivoRx 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. 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.

Links to AleraPay Resources

[AleraPay Complete Log-in Instructions](#)
[How to set up Direct Deposit](#)
[Eligible Expenses](#)
 And lots more. Check it out.

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.*

Coverage Tier	ACPHS Contribution	
Employee Only	\$ 600	Amounts contributed into your HSA by ACPHS count toward the annual IRS contribution limits. <i>See IRS Maximum Contributions</i>
Employee + Spouse/DP, Child(ren), or Family	\$1,100	

IRS Maximum Contributions

Coverage Level	2024 IRS Maximum Contribution	ACPHS Contribution	Maximum ACPHS Employee Contribution
Employee Only	\$4,150	\$600	\$3,350
Family	\$8,350	\$1,100	\$7,200

**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

Your HSA Options to Pay		
OPTION 1	OPTION 2	OPTION 3
You can pay out of pocket then reimburse yourself with a direct transfer from your HSA to your personal checking account through your secure online WEX portal. There is no charge for a direct transfer of funds.	You may request a check be sent directly from your HSA to your provider via the check request feature also found on your secure online portal. Estimated Delivery Time is 2-3 business days. There is a \$1 fee charge per check mailed.	You can use your Debit Card.

*With HSA plans, you do **not** need to send in your receipts. However, per IRS regulations, you are responsible for keeping receipts for up to **7 years** in case you are ever audited. The WEX Health online system provides unlimited storage in case you would like to save all receipts online for future reference.*

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 **roll over 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**.

Delta Dental PPO Plan		
DEDUCTIBLE	Single - \$50.00 / Family - \$150.00 <i>Waived for Type I Preventative</i>	
ANNUAL MAXIMUM PLAN PAYS	\$1,500 Per Person <i>Includes Type I, II & III Services</i>	
Type I – Diagnostic & Preventative	IN-NETWORK	OUT-OF-NETWORK <i>Balance Billing May Apply</i>
Exams, Cleaning, & X-Rays	Covered 100%	
Type II – Basic Services	You Pay	You Pay
Fillings, Simple Extractions, Oral Surgery, Periodontics & Endodontic	20%	20%
Type III – Major Services	You Pay	You Pay
Crowns, Inlays, Outlays, Bridges, & Dentures	50%	50%
Type IV – Orthodontic Services – to age 19		
Appliances and Related Services	50%	50%
Orthodontic Lifetime Maximum	\$1,500 Per Person	

Delta Dental Payroll Deduction Rates (24 Per Year)	
Coverage Tier	Deductions
Employee Only	\$12.00
Employee + Spouse (or Domestic Partner)	\$27.00
Employee + Child(ren)	\$25.00
Employee + Family*	\$32.00

**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**.

SERVICES	IN-NETWORK	OUT-OF-NETWORK
Exams	Every 12 months	
Lenses	Every 12 months	
Frames	Every 24 months	
Contact Lenses	Every 12 months	
BENEFITS		
Exam	\$10 copay	\$35 allowance
Frames	\$150 Allowance	\$150 Allowance
Lenses		
• Single Vision	\$25 Copay	\$25 allowance
• Lined Bifocal	\$25 Copay	\$40 allowance
• Lined Trifocal	\$25 Copay	\$60 allowance
Contact Lenses		
• Elective	\$155 Allowance*	\$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)	
Coverage Tier	Deductions
Employee Only	\$3.73
Family*	\$9.49

*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.

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

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).

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.

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 with 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.

Coverage	Short-Term Disability (LTD)
Benefits Start	After 7 days continuous disability
Percentage of Income Replaced	50% of earnings
Maximum Benefit	\$170 per week
Benefit Duration	26 weeks

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.

Coverage	Long-Term Disability (LTD)
Benefits Start	After 180 days continuous disability
Percentage of Income Replaced	60% of basic monthly earnings
Maximum Benefit	\$8,269 per month
Benefit Duration	To Age 65



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](https://www.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](https://www.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

Benefit Type	Provider	Phone Number	Website/Email
Online Benefits Portal	Alera Group / Relph Benefit Advisors	1-800-836-0026 Ext.7400	support@aleracare.zendesk.com
Information	ACPHS HR	518-694-7888	https://adp.acphs.edu
General Benefit Information	Alera Group / Relph Benefit Advisors	1-800-836-0026 Ext.7400	support@aleracare.zendesk.com
HRA, HSA, FSA, DCAP	AleraPay	1-800-622-6233 and Press 1	AleraEdgePay@AleraGroup.com
Medical	MVP Healthcare Group # 400782	1-888-687-6277	www.mvphealthcare.com
Prescription Drug	Optum Rx	1-844-368-3153	www.optumrx.com
Dental	Delta Dental Group # 10926	1-800-932-0783	www.deltadental.com
Vision	EyeMed Group # 9881467	1-866-299-1358	www.eyemed.com
Group Life Insurance	The Guardian Group # 556041	1-914-989-4400	www.guardian.com
Voluntary Life Insurance		1-800-814-1390	
Short-Term or Long-Term Disability			
Employee Assistance Programs	Higher Ed EAP CHPHS	1-800-225-2527	www.higheredEAP.com
Wellness Program	MVP Well-Being	1-800-836-0026 ext. 7281	support@aleracare.zendesk.com

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