



# St. John Fisher University

2024 Employee Benefits Program

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## A Message from St. John Fisher University's Human Resources

At St. John Fisher University, we recognize our ultimate success depends on our talented and dedicated workforce. We understand each employee's contributions to our accomplishments, so our goal is to provide a comprehensive program of competitive benefits to attract and retain the best employees available. Through our benefits programs we strive to support the needs of our employees and their families by providing a benefit package that is easy to understand and access while being affordable for all. This guide will help you choose the benefits that are right for you.

For more information on Fisher's benefits program, including accessing Summary Plan Descriptions, visit the Human Resources/Employee Benefits webpage at <https://my.sjf.edu>.

Sincerely,

A handwritten signature in black ink, appearing to read "Valerie C. Benjamin". The signature is fluid and cursive, written over a light gray, stylized bracket graphic that spans the left side of the text area.

Valerie C. Benjamin  
Assistant Vice President for Human Resources



## Eligibility

### Eligible Employees

You may enroll in the Fisher employee benefits program if you are a full-time employee who is scheduled to work at least 35 hours per week.

### Family Eligibility for Benefits

You may only enroll eligible family members in Fisher's benefits programs. It is your responsibility to know and understand eligibility requirements and to make changes to your benefits by the required deadline when you have a change in family member eligibility. Employees may not have dual coverage under Fisher's benefits programs both as an employee and as a spouse, domestic partner, or child.

### Eligible family members include:

#### *Spouse/Domestic Partner*

Legally married spouses and same- and opposite-sex domestic partners.

#### *Child\**

- Medical, Dental, Voluntary Life, Accident, and Critical Illness Insurance: your and/or your domestic partner's child without regard to marital status or household residency to age 26.
- Dental: your and/or your domestic partner's dependent unmarried child who can be claimed on your Federal Income Tax return to age 26.
- Medical, Dental, Vision, Accident, Critical Illness Insurance: your and/or your domestic partner's dependent unmarried child of any age who is incapable of self-sustaining employment by reason of a mental or physical handicap.

*\*Natural-born children, legally adopted children or children placed with you for legal adoption, stepchildren who reside primarily in your household and who are dependent upon you for support and maintenance, legal wards, and children who are required to be covered by reason of a Qualified Medical Child Support Order (QMSCO).*

### When Coverage Begins

Benefits changes made during annual Open Enrollment become effective on January 1. As a newly hired employee, your benefits become effective on the first day of the month coincident with or following your date of hire. All elections are in effect for the entire plan year and can only be changed during Open Enrollment unless you experience a Qualifying Life Event.

## How to Enroll

Log in to [www.my.sjf.edu](http://www.my.sjf.edu) and click on “Benefits Enrollment” from your Launchpad.

### Family Status Change

Once Open Enrollment ends, you cannot change your benefits elections until the next annual Open Enrollment unless you experience a “Qualifying Life Event.” Below are examples of life events that can impact your benefits elections:

- Marriage
- Divorce or legal separation
- A change in your dependent child’s eligibility status under the plan
- Birth or adoption
- Death of a spouse or dependent child
- Change in your employment status or that of your spouse or dependent child that affects benefits coverage
- Involuntary loss or gain of other benefits coverage

If you experience a qualifying life event, your online benefits change request must be consistent with the event type and occur within 30 days of the event date. This means that you must go to the benefits enrollment portal and make your changes online no later than the 30th calendar day from the event date. Additionally, you must upload proof of your Qualifying Life Event no later than 30 calendar days from the event date.

## Medical Options – What’s the difference?

Fisher offers three options for medical insurance coverage. The chart below is a brief outline of the plans.

BENEFIT COVERAGE	Excellus BCBS BluePPO (HDHP)		Excellus BCBS Simply Blue Hybrid		Excellus BCBS Blue EPO
	In-Network Benefits	Out-of-Network Benefits	In-Network Benefits	Out-of-Network Benefits	In-Network Benefits (No Out-of-Network Coverage)
<b>Annual Deductible</b> (see page 9 for how deductibles work)					
Individual	\$1,600	\$3,200	\$400*	\$400*	\$0
Family	\$3,200	\$6,400	\$1,200*	\$1,200*	\$0
Coinsurance	80%	60%	80%	60%	100%
<b>Maximum Out-of-Pocket</b>					
Individual (Single Plan)	\$3,400	\$6,800	\$2,300	\$2,530	\$4,200
Family (Non-Single Plans)	\$6,800	\$13,600	\$6,900	\$7,590	\$12,600
<b>Physician Office Visit</b>					
Primary Care	80% after deductible	60% after deductible	\$30 copay	60% after deductible	\$25 copay
Specialty Care	80% after deductible	60% after deductible	\$50 copay	60% after deductible	\$25 copay
<b>Preventive Care</b>					
Adult Periodic Exams	100%	60% after deductible	100%	60% after deductible	100%
Well-Child Care	100%	60% after deductible	100%	60% after deductible	100%
<b>Diagnostic Services</b>					
X-ray and Lab Tests	80% after deductible	60% after deductible	\$50 copay	60% after deductible	\$25 copay
Complex Radiology	80% after deductible	60% after deductible	\$50 copay	60% after deductible	\$25 copay
Urgent Care Facility	80% after deductible	60% after deductible	\$50 copay	60% after deductible	\$25 copay
Emergency Room Facility Charges*	80% after deductible	80% after deductible	\$150 copay waived if admitted	\$150 copay waived if admitted	\$150 copay waived if admitted
Inpatient Facility Charges	80% after deductible	60% after deductible	80% after deductible	60% after deductible	\$250 copay
Outpatient Facility and Surgical Charges	80% after deductible	60% after deductible	80% after deductible	60% after deductible	\$50 copay
<b>Mental Health</b>					
Inpatient	80% after deductible	60% after deductible	80% after deductible	60% after deductible	\$250 copay
Outpatient	80% after deductible	60% after deductible	\$50 copay	60% after deductible	\$25 copay

BENEFIT COVERAGE	Excellus BCBS BluePPO (HDHP)		Excellus BCBS Simply Blue Hybrid		Excellus BCBS Blue EPO
	In-Network Benefits	Out-of-Network Benefits	In-Network Benefits	Out-of-Network Benefits	In-Network Benefits (No Out-of-Network Coverage)
<b>Substance Abuse</b>					
Inpatient	80% after deductible	60% after deductible	80% after deductible	60% after deductible	\$250 copay
Outpatient	80% after deductible	60% after deductible	\$50 copay	60% after deductible	\$25 copay
<b>Other Services</b>					
Chiropractic	80% after deductible	60% after deductible	\$50 copay	60% after deductible	\$25 copay
<b>Retail Pharmacy (30-Day Supply)</b>					
Generic (Tier 1)	\$5 copay	Not covered	\$10 copay (\$0 for kids)	Not covered	\$10 copay
Preferred (Tier 2)	\$35 copay	Not covered	\$30 copay	Not covered	\$30 copay
Non-Preferred (Tier 3)	\$70 copay	Not covered	\$50 copay	Not covered	\$50 copay
Preferred Specialty (Tier 4) <i>only available through CVS Specialty Pharmacy</i>	\$70 copay	Not covered	\$50 copay	Not covered	\$50 copay
<b>Wegmans Preferred Pharmacy (30-Day Supply)</b>					
Generic (Tier 1)	\$0 copay	Not covered	\$5 copay (\$0 for kids)	Not covered	\$5 copay (\$0 for kids)
Preferred (Tier 2)	\$25 copay	Not covered	\$20 copay	Not covered	\$20 copay
Non-Preferred (Tier 3)	\$60 copay	Not covered	\$40 copay	Not covered	\$40 copay
Preferred Specialty (Tier 4) <i>only available through CVS Specialty Pharmacy</i>	\$70 copay	Not covered	\$50 copay	Not covered	\$50 copay
<b>Mail Order Pharmacy (90-Day Supply)</b>					
Generic (Tier 1)	\$10 copay	Not covered	\$20 copay	Not covered	\$20 copay
Preferred (Tier 2)	\$70 copay	Not covered	\$60 copay	Not covered	\$60 copay
Non-Preferred (Tier 3)	\$140 copay	Not covered	\$100 copay	Not covered	\$100 copay
Preferred Specialty (Tier 4)	Not covered	Not covered	Not covered	Not covered	Not covered

\*The deductible on the Hybrid plan applies to inpatient stays and outpatient surgical services/facilities (in-network) and all out-of-network care.

## How Deductibles Work

### BluePPO HDHP

With the BluePPO HDHP, the individual annual deductible only applies to the single plan (employee-only). Once the employee satisfies the individual deductible, the plan will begin to pay benefits (i.e., coinsurance and copayments will begin to apply). For non-single plans (employee and spouse, employee and children, family), the full family deductible must be satisfied before the plan will begin to pay benefits for any family member.

### Simply Blue Hybrid

With the Simply Blue Hybrid plan, the individual annual deductible applies to each family member. Once the employee and/or family member satisfies their individual deductible, the plan will begin to pay benefits (i.e., coinsurance and copayments will begin to apply to that individual). Also, once the aggregate family deductible is met (regardless of which family members paid into it and even if no one meets their individual deductible), the deductible is considered satisfied for all family members.

### **Prescription Drugs**

For all three medical plan options, CVS/Caremark is the pharmacy benefits manager. You will receive one ID card from Excellus that has both Excellus and CVS/Caremark plan information. This card should be used at both your doctor's office and your pharmacy.

### **Mail Order Prescription Drugs**

All three medical plan options include a mail-order prescription drug service. This allows you to receive a 90-day supply of your maintenance medications (e.g., cholesterol, hypertension, asthma, diabetes) for the cost of two copayments instead of three. Mail-order copayments are shown in the chart above.



## 2024 Employee Medical Plan Rates

Employee payroll deductions occur twice a month (24 times per year) for most employees (18 times per year for employees who are paid 9 months of the year). The amount of your deductions is based on your salary and the plan and coverage tier that you are enrolled in.

SALARIES < \$36,000				
24 Pays	Employee	EE + Spouse	EE + Child(ren)	Family
BluePPO (HDHP)	\$3.86	\$37.46	\$36.93	\$41.58
Simply Blue Hybrid	\$39.54	\$66.06	\$65.60	\$78.39
BlueEPO	\$80.91	\$161.01	\$160.89	\$184.48
18 Pays	Employee	EE + Spouse	EE + Child(ren)	Family
BluePPO (HDHP)	\$5.15	\$49.95	\$49.25	\$55.43
Simply Blue Hybrid	\$52.71	\$88.08	\$87.47	\$104.52
BlueEPO	\$107.88	\$214.68	\$214.52	\$245.97
SALARIES >=\$36,000 AND <\$56,000				
24 Pays	Employee	EE + Spouse	EE + Child(ren)	Family
BluePPO (HDHP)	\$20.58	\$82.71	\$82.69	\$93.89
Simply Blue Hybrid	\$72.19	\$145.81	\$145.33	\$176.92
BlueEPO	\$120.27	\$253.27	\$253.02	\$296.17
18 Pays	Employee	EE + Spouse	EE + Child(ren)	Family
BluePPO (HDHP)	\$27.44	\$110.28	\$110.25	\$125.19
Simply Blue Hybrid	\$96.26	\$194.41	\$194.04	\$235.89
BlueEPO	\$160.36	\$337.69	\$337.37	\$394.89
SALARIES >=\$56,000 AND <\$90,000				
24 Pays	Employee	EE + Spouse	EE & Child(ren)	Family
BluePPO (HDHP)	\$39.34	\$105.32	\$105.29	\$120.04
Simply Blue Hybrid	\$91.00	\$185.73	\$185.22	\$231.11
BlueEPO	\$142.42	\$304.58	\$304.29	\$352.35
18 Pays	Employee	EE + Spouse	EE + Child(ren)	Family
BluePPO (HDHP)	\$52.45	\$140.43	\$140.39	\$160.05
Simply Blue Hybrid	\$121.33	\$247.64	\$246.96	\$308.14
BlueEPO	\$189.89	\$406.10	\$405.72	\$469.80
SALARIES >=\$90,000				
24 Pays	Employee	EE + Spouse	EE + Child(ren)	Family
BluePPO (HDHP)	\$47.55	\$120.04	\$122.93	\$140.97
Simply Blue Hybrid	\$109.80	\$224.71	\$224.36	\$285.29
BlueEPO	\$165.00	\$356.84	\$356.66	\$413.38
18 Pays	Employee	EE + Spouse	EE + Child(ren)	Family
BluePPO (HDHP)	\$63.40	\$160.05	\$163.91	\$187.95
Simply Blue Hybrid	\$146.40	\$299.62	\$299.15	\$380.39
BlueEPO	\$220.00	\$475.78	\$475.55	\$551.17

# Health Savings Account (HSA)



When you are enrolled in a High Deductible Health Plan (HDHP) and meet the eligibility requirements, the IRS allows you to open and contribute to an HSA Account. **In addition, Fisher will automatically contribute to your HSA each January: \$500 for single coverage and \$1,000 for family coverage** (these amounts are pro-rated if entering the plan mid-year).

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

An HSA is a tax-sheltered bank account that you own that can be used to pay for current or future eligible healthcare expenses for you and/or your eligible dependents. The Health Savings Account (HSA) is yours to keep, even if you change jobs or medical plans. There is no “use -it- or- lose -it-” rule, and your balance carries over from year-to-year.

Plus, you get extra tax advantages with an HSA because:

- Money you deposit into an HSA is exempt from federal and NYS income taxes
- Interest in your account grows tax-free; and
- You don't pay income taxes on withdrawals used to pay for eligible health expenses.
  - **Note:** If you withdraw funds for non-eligible expenses, taxes and penalties apply
- You also have a choice of investment options to invest your HSA contributions in that earn competitive interest rates, so your unused funds grow over time.

## Are you eligible to open an HSA?

Although everyone can enroll in the Qualified High Deductible Health Plan, not everyone is eligible to open and contribute to an HSA. If you do not meet these requirements, you cannot open an HSA.

- You must be enrolled in a Qualified High Deductible Health Plan (QHDHP)
- You must not be covered by another non-QHDHP health plan, such as a spouse's PPO plan.
- You are not enrolled in Medicare.
- You are not covered by the TRICARE or TRICARE for Life military benefits program.
- You have not received Veterans Administration (VA) benefits within the past three months.
- You are not claimed as a dependent on another person's tax return.
- You are not covered by a traditional health care Flexible Funding Account (FSA). This includes your spouse's FSA. Enrollment in a limited purpose health care FSA is allowed.

## 2024 HSA Contributions

You can contribute to your Health Savings Account on a pre-tax basis through payroll deductions up to the IRS statutory maximums. The IRS has established the following maximum HSA contributions for 2024. *Fisher's HSA contribution is included in annual maximums.*

- **\$4,150 Individual**
- **\$8,300 Family**
- If you are age 55 and over, you may contribute an extra **\$1,000 catch-up contribution.**

## How do I get reimbursed for my eligible expenses?

The easiest way to use your HSA dollars is by using your HSA Debit Card at the time you incur an eligible expense. Or you can withdraw money from an ATM. But keep your receipts! You must be able to prove that you were reimbursing yourself for an eligible expense if you are audited.

If you use your HSA funds for non-eligible expenses, you will be charged a 20% penalty tax (if under age 65) as well as federal and state income taxes. You can manage your HSA through [www.hsabank.com](http://www.hsabank.com) 24 hours a day, seven days a week. HSA Bank provides helpful information about your HSA, including online calculators to help you add up your tax savings and see your HSA's possible future growth. For additional guidelines, go to HSA Bank's website or call them at (800) 357-6246.

## Flexible Spending Account



The Flexible Spending Account (FSA) plan with WEX, Fisher’s FSA administrator, allows you to set aside pre-tax dollars to pay for qualified out-of-pocket expenses you would normally pay with post-tax dollars. This is not available to employees enrolled in the HDHP medical insurance plan. The plan is comprised of a healthcare spending account and a dependent care spending account. You pay no federal or state income taxes on the money you place in an FSA.

### How an FSA works:

- Choose a specific amount of money to contribute each pay period, pre-tax, to one or both accounts during the year.
- The amount is automatically deducted from your pay at the same level each pay period.
- As you incur eligible expenses, you may use your flexible spending debit card to pay at the point of service OR submit the appropriate paperwork to be reimbursed by the plan.

### Important rules to keep in mind:

- The IRS has a strict “use it or lose it” “use- it- or- lose- it” rule. If you do not use the full amount in your FSA, you will lose any remaining funds.
- Once you enroll in the FSA, you cannot change your contribution amount during the year unless you experience a qualifying life event.
- You cannot transfer funds from one FSA to another.

Please plan your FSA contributions carefully, as any funds not used by the end of the year will be forfeited.

Also note that re-enrollment is required each year; just like unused funds, your elections do not carry over so you will have to re-enroll in FSA contributions each year during Open Enrollment.

2024 Maximum Annual Election	
Healthcare FSA:	\$3,200
Dependent Care FSA:	\$5,000



## Dental

Fisher offers two dental insurance plans – a high and a low option. The chart below provides a brief outline of the plans. More information about Excellus dental insurance, including the annual maximum rollover benefit, can be found in the Appendix of this guide.

	Excellus Dental Blue High Option		Excellus Dental Blue Low Option	
	In-Network Benefits	Out-of-Network Benefits	In-Network Benefits	Out-of-Network Benefits
<b>Annual Deductible</b>				
Individual	\$50	\$50	\$50	\$50
Family	\$100	\$100	\$100	\$100
Waived for Preventive Care	Yes	Yes	Yes	Yes
<b>Plan Highlights</b>				
Annual Maximum Benefit – Per Individual	\$1,500	\$1,500	\$1,000	\$1,000
Preventive Services	100%	100%	100%	100%
Basic Restorative (e.g., fillings, simple extractions)	80%	80%	50%	50%
Major Restorative (e.g., crowns, bridges, implants)	50%	50%	50%	50%
Annual Rollover				
<b>Orthodontia</b>				
Benefit Percentage	50%	50%	Not Covered	Not Covered
Adults	Not Covered	Not Covered	Not Covered	Not Covered
Dependent Child(ren) to age 19	Covered	Covered	Not Covered	Not Covered
Lifetime Maximum	\$1,000	\$1,000	N/A	N/A

### 2024 Dental Plan Rates

Plan	Employee	2-Person	Family
Excellus Dental Low – <b>24 pays</b>	\$9.47	\$24.35	\$41.65
Excellus Dental High – <b>24 pays</b>	\$15.30	\$39.83	\$55.86
Excellus Dental Low – <b>18 pays</b>	\$12.63	\$32.46	\$55.53
Excellus Dental High – <b>18 pays</b>	\$20.39	\$53.10	\$74.47



## Vision

Fisher provides Vision Insurance through VSP. You can go to any vision care provider of your choice; however, your out-of-pocket costs may be lower if you go to a VSP network provider. Visit [www.vsp.com](http://www.vsp.com) for information on network providers. More information regarding VSP is in the Appendix of this guide.

Benefit	Vision Service Plan VSP		
	Description	Copay	Frequency
<b>Your Coverage with a VSP Provider</b>			
<b>WellVision Exam (Annual)</b>	Focuses on your eyes and overall wellness	\$10 copay	Every Calendar Year
<b>Vision Materials</b>			
<b>Prescription Glasses</b>	Eyeglasses to address your visual needs, whether you are nearsighted, farsighted or need multiple prescriptions in one lens	\$25 copay	See Frames and Lenses
<b>Lenses</b>	Single vision, lined bifocal, and lined trifocal lenses Polycarbonate lenses for dependent children	Included in Prescription Glasses	Every Calendar Year
<b>Lens Enhancements</b>	Standard progressive lenses Premium progressive lenses Custom progressive lenses Average savings of 20-25% on other lens enhancements	\$55 \$95 - \$105 \$150 - \$175	Every Calendar Year
<b>Contacts (in lieu of glasses)</b>	\$130 allowance for contacts; copay does not apply Contact lens exam (fitting and evaluation) <i>Note: Medically necessary contacts may be covered at a higher benefit level</i>	Up to \$60	Every Calendar Year
<b>Frames</b>	\$150 allowance for a wide selection of frames \$170 allowance for featured frame brands 20% savings on the amount over your allowance \$80 Costco® frame allowance	Included in Prescription Glasses	Every Other Calendar Year

### 2024 Vision Plan Rates

Plan	Employee	2-Person	Employee + Children	Family
Vision - <b>24 pays</b>	\$3.77	\$6.03	\$6.15	\$9.92
Vision - <b>18 pays</b>	\$5.02	\$8.03	\$8.20	\$13.22

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

Fisher provides Basic Life Insurance and Accidental Death & Dismemberment Insurance (AD&D) to you at no cost. You also have the option to purchase additional life insurance and AD&D. Optional coverage costs are calculated based on the amount you elect and your salary and are available to you through the benefits enrollment portal.



The Life insurance benefit will be paid to your designated beneficiary in the event of your death. The AD&D benefit will be paid in the event of a loss of life or limb by accident.

The benefits below will begin to decrease at age 70.

**Important Reminder!** Be sure to assign a beneficiary or living trust to ensure your assets are distributed according to your wishes. You designate your beneficiaries through the benefits enrollment portal which can be done at any time during the year.

Prudential Insurance Co of America Life and AD&D	
<b>Basic Group Life/AD&amp;D Insurance</b>	
Benefit	1 x salary to a maximum of \$160,000
Guaranteed Issue	\$160,000
<b>Employee Optional Term Life/AD&amp;D Insurance*</b>	
Benefit	1, 2, or 3 x salary to a maximum of \$300,000
Guaranteed Issue	\$300,000
Evidence of Insurability (EOI)	Not required if coverage is selected as a newly eligible employee
<b>Spouse Optional Term Life/AD&amp;D Insurance**</b>	
Benefit	Option 1 - \$4,000 Option 2 - \$10,000
Guaranteed Issue	All Guaranteed Issue
<b>Child Optional Term Life/AD&amp;D Insurance**</b>	
Benefit	Option 1 - \$2,000 Option 2 - \$4,000
Guaranteed Issue	All Guaranteed Issue

\*Evidence of insurability (EOI) will be required if you select optional life insurance coverage after your initial new hire enrollment.

\*\*You must be enrolled in employee optional life insurance in order to elect the spouse/child life insurance coverage.



## Short-Term Disability Insurance

Fisher provides short-term disability to full-time staff through Prudential Insurance Co of America.

This benefit pays 60% of your weekly base salary up to \$1,500 per week. The benefit begins after 7 calendar days of injury or illness and continues up to 25 weeks.

## Long-Term Disability Insurance

Fisher provides long-term income protection to full-time staff and faculty through Prudential Insurance Co of America in the event you become unable to work due to a non-work-related illness or injury.

This benefit pays 60% of your monthly base salary up to \$7,500 per month. Benefit payments begin after 180 days of disability. Refer to the Certificate of Coverage for information on benefit payments duration.



## Employee Assistance Plan (EAP)

Life does not always go smoothly. All of us experience times when a personal problem or crisis affects the way we function at work or home. Your Employee Assistance Program (EAP) is a problem-solving resource available to you and your household members. A professional counselor will assist you in assessing your situation, finding options, making choices or locating further help.

It's free...Fisher covers the cost of initial assessment, additional problem-solving sessions and referral services. If there is a need for further counseling or treatment, your counselor will help you explore various options.

It's confidential...Your EAP has been set up with UR Medicine EAP, an outside counseling resource to assure confidentiality. No one at work will know you have chosen to seek help unless you choose to tell them. Nothing concerning your use of EAP will appear in your personnel file.

Employees and their household members can turn to the EAP for help with many personal and work-related issues including:

- Problems with a supervisor or coworker
- Depression
- Anxiety
- Grief and Bereavement
- Family/marriage/relationship issues
- Drug/alcohol dependency
- Financial stress
- Child/adolescent issues
- Parent/child problems
- Stress-related illnesses
- Mediation needs
- Becoming a parent
- Illness or disability

UR Medicine EAP is only a phone call or click away at (585) 276-9110 or [www.urmc.rochester.edu/eap](http://www.urmc.rochester.edu/eap).



## Voluntary Offerings

In addition to the employer-paid Basic Life and AD&D coverage and employee-paid optional Life and AD&D, you have the option to purchase voluntary insurance to cover gaps in your existing coverage that may be a result of age reduction schedules, cost of living, existing financial obligations, etc. Learn more about them below and in the Appendix section of this guide

### Critical Illness

Issued by Prudential Insurance Co of America. Your contributions will depend on your age, the amount of coverage you elect, and whether you choose to cover yourself only or include eligible family members. Critical Illness Insurance pays you for a wide range of medical conditions including, but not limited to:



- Heart Attack
- Major Organ Failure
- Paralysis
- Renal (Kidney) Failure
- Stroke
- Alzheimer's Disease
- Cancer – Invasive or In Situ
- Coma
- Coronary Artery Disease (severe)

#### Additional benefits included in your Critical Illness plan:

- **Wellness Benefit.** Each covered person can receive a benefit annually for getting one covered health screening test, such as a blood test, chest x-ray, stress test, colonoscopy, and mammogram.
- **Transportation Benefit.** Pays a benefit per round trip, if the hospital/facility is more than 50 miles from the primary residence.
- **Lodging Benefit.** Pays a benefit if a companion is accompanying a covered person while hospitalized.

Critical Illness coverage costs are calculated based on the amount you elect and your demographic information and are available to you through the benefits enrollment portal.

### Accident Insurance

Issued by The Prudential Insurance Co of America, pays you for a wide range of injuries and medical services including, but not limited to:



Injuries, like	Medical Services, like
- Fractured Rib (Simple/Closed \$125)	- Ambulance (Ground \$100 or Air \$500)
- Burns (2 <sup>nd</sup> , 3 <sup>rd</sup> Degree - varies)	- Emergency Room Visit (\$100)
- Concussion (\$100)	- Medical Appliances (i.e., Crutches \$25)
- Laceration w/stitches (6+ inches \$100)	- Medical Tests (X-ray \$50)
- Broken Tooth (Crown \$75)	- Physical Therapy (\$25)

#### Additional benefits included in your Accident Insurance plan:

- **Transportation Benefit.** Pays covered person's roundtrip travel expenses between their primary residence and a hospital/medical facility.
- **Lodging Benefit.** Pays a benefit if a companion is accompanying a covered person while hospitalized.

### 2024 Accident Insurance Rates

Plan	Employee	Employee + Spouse	Employee + Child(ren)	Family
Accident - <b>24 pays</b>	\$2.56	\$3.61	\$3.42	\$5.31
Accident - <b>18 pays</b>	\$3.42	\$4.81	\$4.56	\$7.08



## Identity Theft Protection

You may purchase Identity Theft Protection from IdentityForce, a Sontiq Brand. Identity theft is one of the fastest growing crimes in the U.S. with more than 13.1 million victims last year alone. Identity theft can impact anyone, anywhere, at any time - which is why it is important that you protect yourself and your family.

Get Covered and Get Secure with features like:

- Advanced Fraud Monitoring
- Smart SSN Tracker
- \$1M Identity Theft Insurance & Recovery
- Mobile App
- Online PC Protection Tools
- Bank and Credit Card Activity
- Social Media Identity Monitoring
- Secure my Network (VPN)

### 2024 Identity Theft Rates

Plan	Employee	Family
Identity - <b>24 pays</b>	\$3.50	\$6.50
Identity - <b>18 pays</b>	\$4.66	\$8.66



## Contact Information

### Have Questions? Need Help?

Fisher offers access to the USI Benefit Resource Center (BRC), which is designed to provide you with a responsive, consistent, hands-on approach to benefit inquiries. Benefit Specialists are available to research and solve elevated claims, unresolved eligibility problems, and any other benefit issues with which you might need assistance. The Benefit Specialists are experienced professionals, and their primary responsibility is to assist you.

The Specialists in the Benefit Resource Center are available Monday through Friday 8:00am to 5:00pm Eastern & Central Standard Time at (855) 874-6699 or via e-mail at [BRCEast@usi.com](mailto:BRCEast@usi.com). If you need assistance outside of regular business hours, please leave a message and one of the Benefit Specialists will promptly return your call or e-mail message by the end of the following business day.

Please contact Human Resources to complete any changes to your benefits that are not related to your initial or annual enrollment.

### Carrier Customer Service

	CARRIER	PHONE NUMBER	WEBSITE
Medical	Excellus BCBS	(800) 499-1275	<a href="http://www.excellusbcbs.com">www.excellusbcbs.com</a>
Prescription Drug Coverage - CVS/Caremark	CVS/Caremark	(866) 818-6911	<a href="https://www.caremark.com/">https://www.caremark.com/</a>
Dental	Excellus BCBS	(800) 499-1275	<a href="http://www.excellusbcbs.com">www.excellusbcbs.com</a>
Vision	Vision Service Plan	(800) 877-7195	<a href="http://www.vsp.com">www.vsp.com</a>
Health Savings Account	HSA Bank	(800) 357-6246	<a href="http://www.hsabank.com">www.hsabank.com</a>
Voluntary Accident & Critical Illness Insurance	Prudential	(844)455-1002	<a href="http://www.Prudential.com/mybenefits">www.Prudential.com/mybenefits</a>
Short-Term and Long-Term Disability (STD & LTD)	Prudential	(800) 842-1718	<a href="http://www.Prudential.com/mybenefits">www.Prudential.com/mybenefits</a>
Employee Assistance Program (EAP)	UR Medicine EAP	(585) 276-9110	<a href="http://www.urmc.rochester.edu/eap">www.urmc.rochester.edu/eap</a>
FSA and COBRA	WEX	(877) 765-8815	<a href="http://www.wexinc.com">www.wexinc.com</a>
Identity Theft Protection	IdentityForce a Sontiq Brand	(877) 694-3367	<a href="https://mybenefits.identityforce.com">https://mybenefits.identityforce.com</a>



## Call the Benefit Resource Center ("BRC"), We're Here To Help!

We speak insurance. Our Benefits Specialists can help you with:

- Deciding which plan is the best for you
- Benefit plan & policy questions
- Eligibility & claim problems with carriers
- Information about claim appeals & process
- Allowable family status election changes
- Transition of care when changing carriers
- Claim escalation, appeal & resolution
- Medicare basics with your employer plan
- Coordination of benefits
- Finding in-network providers
- Access to care issues
- Obtaining case management services
- Group disability claims
- Filing claims for out-of-network services



### Benefit Resource Center

BRCEast@usi.com | Toll Free: 855-874-6699

Monday through Friday 8:00am to 5:00pm Eastern & Central  
Standard Time

## Appendix

Employer Group name: St. John Fisher University

Plan Name: Dental Blue Options

**Plan Features**

Reimbursement In network: BlueShield Fee Schedule Reimbursement Out-of-network: BlueShield Fee Schedule (subject to balance billing)	Dependent age limit: 26 End of Month
Reimbursement Out-of-area In Network: National Dental Network GRID+ DenteMax	Calendar Year Benefits
Annual Plan Deductible: \$50 Ind / \$100 Family Deductible applies to: Classes II, IIA and III services	Annual Plan Maximum per member: \$1,500 per member Annual Max applies to: Classes I, II, IIA III services
Ortho Age Limit: 19 Lifetime Orthodontia Maximum: \$1,000 (does not apply toward annual plan maximum)	Annual Maximum Rollover Benefit: Yes Rollover Threshold: \$500 Rollover Amount: \$250 Rollover Account Max: \$1000

**Plan Benefits**

Type of Care	Benefits Included	Excellus BCBS Pays:	
		In-Network	Out-of-Network
<b>Class I Preventive &amp; Diagnostic</b>	<ul style="list-style-type: none"> <li>Cleanings &amp; exams - twice per calendar year</li> <li>Fluoride treatments – twice per calendar year to age 16</li> <li>Sealants – unrestored 1<sup>st</sup> and 2<sup>nd</sup> permanent molars, once every 36 months</li> <li>Bitewing x-rays – up to 4 every calendar year</li> <li>Full mouth/Panoramic x-rays – once every 36 months</li> <li>Diagnostic Photograph/Facial Images – once per calendar year</li> <li>Space maintainers – up to age 16</li> <li>Emergency palliative treatment</li> </ul>	100%	100%
<b>Class II Basic Restorative</b>	<ul style="list-style-type: none"> <li>Fillings – amalgam &amp; composite; each surface covered once every 12 months</li> <li>Oral surgery – simple extractions</li> </ul>	80%	80%
<b>Class IIA Basic Restorative</b>	<ul style="list-style-type: none"> <li>Oral surgery – surgical extractions</li> <li>Endodontics – root canal treatment</li> <li>Periodontal surgery – osseous surgery, gingivectomy, gingival flap procedure – covered once per quadrant every 36 months</li> <li>Periodontal scaling &amp; root planing – once per quadrant</li> </ul>	80%	80%

This is not a contract or binding agreement; it is a summary of benefits and services. For complete details, please refer to your member contract.

	<ul style="list-style-type: none"> <li>every 24 months</li> <li>Periodontal maintenance following surgery – twice per calendar year</li> </ul>		
Type of Care	Plan Benefits	In-Network	Out-of-Network
<b>Class III Major Restorative</b>	<ul style="list-style-type: none"> <li>Fixed prosthetics – bridgework, abutments, pontics</li> <li>Removable prosthetics – partial / complete dentures</li> <li>Inlays / onlays / crowns – includes coverage for re-cementation</li> <li>Relines / rebases – once every 36 months and at least 6 months following initial placement</li> <li>Above services eligible for replacement every 5 years</li> <li>Implants – eligible for replacement every 10 years, and subject to alternate benefits provision</li> </ul>	50%	50%
<b>Class IV Orthodontia</b>	<ul style="list-style-type: none"> <li>Initial banding &amp; monthly follow-up treatment</li> <li>No more than 1/2 the lifetime maximum can be paid in any calendar year</li> </ul>	50%	50%

## How to Get The Most From Your Plan

### Pre-determination of Benefits

Pre-determination of benefits is recommended for any extensive treatment such as periodontics, orthodontics or prosthetics. A description of planned treatment and expected charges should be sent to the Plan before treatment is started. If there is a major change in the treatment, a revised predetermination of benefits is required. The expenses that will be included as Covered Expenses will be determined by your Plan and are subject to the Alternate Benefit provision. When there has not been a predetermination of benefits, your Plan will determine the expenses that will be included as Covered Expenses at the time the claim is received. Predetermination of Benefits does not guarantee payment and expires one year from date of issue. The estimate of benefits payable may change based on the benefits, if any, for which a person qualifies at the time services are completed.

### Alternate Benefits Provision

All covered procedures are subject to an alternate benefit allowance. When there is more than one technology or material type for a dental procedure, the dental plan will reimburse for the procedure which has the lesser allowance. When alternate benefit is enforced, your benefits are not intended to interfere with the treatment plan recommended by the dentist. You and your dentist should discuss which treatment is best suited for you, and may proceed with the original treatment plan regardless of benefit determination. If the more expensive treatment is chosen, you are liable for the balance up to the billed amount.

### Participating Dentists

Excellus BlueCross BlueShield offers a broad participating dental network in the Rochester, Syracuse, Utica and surrounding areas. You have the option of receiving care from a dentist of your choice. However, choosing a participating dentist may result in savings for you because participating dentists agree to accept our Schedule of Allowances as payment in full for covered services. Aside from any coinsurance, there is no balance billing for covered services when provided by a participating dentist – that's full coverage with no out-of-pocket expense for your covered routine preventive and diagnostic services.

### Non-participating Dentists

This is not a contract or binding agreement; it is a summary of benefits and services. For complete details, please refer to your member contract.

You have the freedom to see any dentist. Non-participating dentists are not obligated to accept our Schedule of Allowances. You will be responsible for balances of non-participating dentists' charges.

**National Dental Network (if applicable)**

In addition to our local network, your Excellus BlueCross BlueShield dental plan gives you access to more dentists nationwide. The national dental network offers coverage in all 50 states, with access to an additional 123,000+ providers across the nation. You have the option of receiving care from a dentist of your choice. Choosing a participating dentist may result in savings for you because participating dentists agree to accept the national dental network Schedule of Allowances as payment for covered services. Aside from any coinsurance, there is no balance billing for covered services when provided by a participating dentist- that's full coverage with no out-of-pocket expense for your covered routine preventive and diagnostic services.

**Annual Maximum Rollover Benefit (if applicable)**

You can roll over a portion of your unused amount in your annual maximum to the next year if you submit at least one paid dental claim, and do not exceed the rollover threshold. Funds that roll over are added to the next year's annual maximum to be used for future treatment.

**Dental Customer Service – for members and dentists**

1-800-724-1675

**Hours:** Monday – Thursday 8:00 am – 5:30 pm

Friday 9:00 am – 5:30 pm

**Mailing address for claims**

Excellus BCBS  
PO Box 21146  
Eagan, MN 55121



Employer Group name: St. John Fisher University

Plan Name: Dental Blue Options

**Plan Features**

Reimbursement In network: BlueShield Fee Schedule Reimbursement Out-of-network: BlueShield Fee Schedule (subject to balance billing)	Dependent age limit: 26 End of Month
Reimbursement Out-of-area In Network: National Dental Network GRID+ DenteMax	Calendar Year Benefits
Annual Plan Deductible: \$50 Ind / \$100 Family Deductible applies to: Classes II, IIA and III services	Annual Plan Maximum per member: \$1,000 per member Annual Max applies to: Classes I, II, IIA III services
Orthodontia Services: Not covered	Annual Maximum Rollover Benefit: Yes Rollover Threshold: \$500 Rollover Amount: \$250 Rollover Account Max: \$1000

**Plan Benefits**

Type of Care	Benefits Included	Excellus BCBS Pays:	
		In-Network	Out-of-Network
<b>Class I Preventive &amp; Diagnostic</b>	<ul style="list-style-type: none"> <li>Cleanings &amp; exams - twice per calendar year</li> <li>Fluoride treatments – twice per calendar year to age 16</li> <li>Sealants – unrestored 1<sup>st</sup> and 2<sup>nd</sup> permanent molars, once every 36 months</li> <li>Bitewing x-rays – up to 4 every calendar year</li> <li>Full mouth/Panoramic x-rays – once every 36 months</li> <li>Diagnostic Photograph/Facial Images – once per calendar year</li> <li>Space maintainers – up to age 16</li> <li>Emergency palliative treatment</li> </ul>	100%	100%
<b>Class II Basic Restorative</b>	<ul style="list-style-type: none"> <li>Fillings – amalgam &amp; composite; each surface covered once every 12 months</li> <li>Oral surgery – simple extractions</li> </ul>	50%	50%
<b>Class IIA Basic Restorative</b>	<ul style="list-style-type: none"> <li>Oral surgery – surgical extractions</li> <li>Endodontics – root canal treatment</li> <li>Periodontal surgery – osseous surgery, gingivectomy, gingival flap procedure – covered once per quadrant every 36 months</li> <li>Periodontal scaling &amp; root planing – once per quadrant</li> </ul>	50%	50%

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	<ul style="list-style-type: none"> <li>every 24 months</li> <li>Periodontal maintenance following surgery – twice per calendar year</li> </ul>		
Type of Care	Plan Benefits	In-Network	Out-of-Network
<b>Class III</b> <b>Major Restorative</b>	<ul style="list-style-type: none"> <li>Fixed prosthetics – bridgework, abutments, pontics</li> <li>Removable prosthetics – partial / complete dentures</li> <li>Inlays / onlays / crowns – includes coverage for re-cementation</li> <li>Relines / rebases – once every 36 months and at least 6 months following initial placement</li> <li>Above services eligible for replacement every 5 years</li> <li>Implants – eligible for replacement every 10 years, and subject to alternate benefits provision</li> </ul>	50%	50%
<b>Class IV</b> <b>Orthodontia</b>	<ul style="list-style-type: none"> <li>Not Covered</li> </ul>		

## How to Get The Most From Your Plan

### Pre-determination of Benefits

Pre-determination of benefits is recommended for any extensive treatment such as periodontics, orthodontics or prosthetics. A description of planned treatment and expected charges should be sent to the Plan before treatment is started. If there is a major change in the treatment, a revised predetermination of benefits is required. The expenses that will be included as Covered Expenses will be determined by your Plan and are subject to the Alternate Benefit provision. When there has not been a predetermination of benefits, your Plan will determine the expenses that will be included as Covered Expenses at the time the claim is received. Predetermination of Benefits does not guarantee payment and expires one year from date of issue. The estimate of benefits payable may change based on the benefits, if any, for which a person qualifies at the time services are completed.

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All covered procedures are subject to an alternate benefit allowance. When there is more than one technology or material type for a dental procedure, the dental plan will reimburse for the procedure which has the lesser allowance. When alternate benefit is enforced, your benefits are not intended to interfere with the treatment plan recommended by the dentist. You and your dentist should discuss which treatment is best suited for you, and may proceed with the original treatment plan regardless of benefit determination. If the more expensive treatment is chosen, you are liable for the balance up to the billed amount.

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### **Annual Maximum Rollover Benefit**

You can roll over a portion of your unused amount in your annual maximum to the next year if you submit at least one paid dental claim, and do not exceed the rollover threshold. Funds that roll over are added to the next year's annual maximum to be used for future treatment.

### **Dental Customer Service – for members and dentists**

1-800-724-1675

**Hours:** Monday – Thursday 8:00 am – 5:30 pm  
Friday 9:00 am – 5:30 pm

### **Mailing address for claims**

Excellus BCBS  
PO Box 21146  
Eagan, MN 55121

# DENTAL ANNUAL MAXIMUM ROLLOVER

Regular dental visits can greatly reduce the occurrence of major oral health issues, saving money for both employers and employees. The **Dental Annual Maximum Rollover** from Excellus BlueCross BlueShield incentivizes preventive care by rewarding employees with funds they can roll over to use as needed in the future.



## DENTAL ANNUAL MAXIMUM ROLLOVER DESIGNS

	Plan Annual Maximum	Rollover Threshold	Rollover	Rollover Account Maximum
	The Annual Maximum Rollover Design is based on the dental plan Annual Maximum	Maximum claims a member can incur cannot exceed this threshold amount	The dollar amount added to the plan Annual Maximum for future years	The maximum amount of rollover dollars that can be kept in the Rollover Account
Scenario 1	Less than \$1,000	\$350	\$125	\$500
Scenario 2	\$1,000 to \$1,999	\$500	\$250	\$1,000
Scenario 3	\$2,000 or more	\$1,000	\$500	\$1,500

## LET'S TAKE A LOOK AT HOW IT WORKS:



1. Employees can roll over a portion of their unused amount in their annual maximum to the next year if they submit at least one paid dental claim, and do not exceed the rollover threshold



2. This incentivizes employees to visit the dentist for preventive care, which can help minimize major dental issues



3. Funds that roll over are added to the next year's annual maximum to be used for future treatment

Groups new to enrolling in our dental plan will now be able to keep any accrued rollover account funds from another plan when they enroll in a dental plan that includes the annual maximum rollover benefit. We will match the funding members have with a competitor up to the Rollover Account Maximum.<sup>1</sup>

**To learn more about our dental plans and the Dental Annual Maximum Rollover, contact your Sales Consultant or Broker, or see more at [ExcellusBCBS.com](https://www.ExcellusBCBS.com).**

<sup>1</sup> Proof of rollover account funds will be required upon enrollment

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Our Health Plan complies with federal civil rights laws. We do not discriminate on the basis of race, color, origin, age, disability, or sex.

Atención: Si habla español, contamos con ayuda gratuita de idiomas disponible para usted. Consulte el documento adjunto para ver las formas en que puede comunicarse con nosotros.

注意：如果您说中文，我们可为您提供免费的语言协助。请参见随附的文件以获取我们的联系方式。



# Protect your vision with VSP.

## Get the best in eye care and eyewear with ST JOHN FISHER COLLEGE and VSP® Vision Care.



Why enroll in VSP? We invest in the things you value most—the best care at the lowest out-of-pocket costs. Because we're the only national not-for-profit vision care company, you can trust that we'll always put your wellness first.

### You'll like what you see with VSP.

- **Value and Savings.** You'll enjoy more value and the lowest out-of-pocket costs.
- **High Quality Vision Care.** You'll get the best care from a VSP provider, including a WellVision Exam®—the most comprehensive exam designed to detect eye and health conditions.
- **Choice of Providers.** The decision is yours to make—choose a VSP doctor, a participating retail chain, or any out-of-network provider.
- **Great Eyewear.** It's easy to find the perfect frame at a price that fits your budget.

### Using your VSP benefit is easy.

- **Create an account at [vsp.com](http://vsp.com).** Once your plan is effective, review your benefit information.
- **Find an eye care provider who's right for you.** To find a VSP provider, visit [vsp.com](http://vsp.com) or call **800.877.7195**.
- **At your appointment, tell them you have VSP.** There's no ID card necessary. If you'd like a card as a reference, you can print one on [vsp.com](http://vsp.com).

**That's it! We'll handle the rest**—there are no claim forms to complete when you see a VSP provider.

### Choice in Eyewear

From classic styles to the latest designer frames, you'll find hundreds of options. Choose from featured frame brands like bebe®, Calvin Klein, Cole Haan, Flexon®, Lacoste, Nike, Nine West, and more'. Visit [vsp.com](http://vsp.com) to find a Premier Program location that carries these brands. Prefer to shop online? Check out all of the brands at [Eyeconic.com](http://Eyeconic.com), VSP's online eyewear store.

Enroll in VSP today.  
You'll be glad you did.  
Contact us. **800.877.7195**  
[vsp.com](http://vsp.com)

# Your VSP Vision Benefits Summary



ST JOHN FISHER COLLEGE and VSP provide you with an affordable eye care plan.

**VSP Coverage Effective Date:** 01/01/2023

**VSP Provider Network:** VSP Choice

Benefit	Description	Copay	Frequency
<b>Your Coverage with a VSP Provider</b>			
<b>WellVision Exam</b>	<ul style="list-style-type: none"> <li>Focuses on your eyes and overall wellness</li> </ul>	\$10	Every calendar year
<b>Prescription Glasses</b>		\$25	See frame and lenses
<b>Frame</b>	<ul style="list-style-type: none"> <li>\$150 allowance for a wide selection of frames</li> <li>\$170 allowance for featured frame brands</li> <li>20% savings on the amount over your allowance</li> <li>\$80 Costco® frame allowance</li> </ul>	Included in Prescription Glasses	Every other calendar year
<b>Lenses</b>	<ul style="list-style-type: none"> <li>Single vision, lined bifocal, and lined trifocal lenses</li> <li>Polycarbonate lenses for dependent children</li> </ul>	Included in Prescription Glasses	Every calendar year
<b>Lens Enhancements</b>	<ul style="list-style-type: none"> <li>Standard progressive lenses</li> <li>Premium progressive lenses</li> <li>Custom progressive lenses</li> <li>Average savings of 20-25% on other lens enhancements</li> </ul>	\$55 \$95 - \$105 \$150 - \$175	Every calendar year
<b>Contacts (instead of glasses)</b>	<ul style="list-style-type: none"> <li>\$130 allowance for contacts; copay does not apply</li> <li>Contact lens exam (fitting and evaluation)</li> </ul>	Up to \$60	Every calendar year
<b>Extra Savings</b>	<b>Glasses and Sunglasses</b> <ul style="list-style-type: none"> <li>Extra \$20 to spend on featured frame brands. Go to <a href="http://vsp.com/specialoffers">vsp.com/specialoffers</a> for details.</li> <li>20% savings on additional glasses and sunglasses, including lens enhancements, from any VSP provider within 12 months of your last WellVision Exam.</li> </ul>		
	<b>Retinal Screening</b> <ul style="list-style-type: none"> <li>No more than a \$39 copay on routine retinal screening as an enhancement to a WellVision Exam</li> </ul>		
	<b>Laser Vision Correction</b> <ul style="list-style-type: none"> <li>Average 15% off the regular price or 5% off the promotional price; discounts only available from contracted facilities</li> </ul>		

## Your Coverage with Out-of-Network Providers

Visit [vsp.com](http://vsp.com) for details, if you plan to see a provider other than a VSP network provider.

Exam ..... up to \$45	Lined Bifocal Lenses ..... up to \$50	Progressive Lenses ..... up to \$50
Frame ..... up to \$70	Lined Trifocal Lenses ..... up to \$65	Contacts ..... up to \$105
Single Vision Lenses ..... up to \$30		

Coverage with a participating retail chain may be different. Once your benefit is effective, visit [vsp.com](http://vsp.com) for details. Coverage information is subject to change. In the event of a conflict between this information and your organization's contract with VSP, the terms of the contract will prevail. Based on applicable laws, benefits may vary by location.

Contact us. [800.877.7195](tel:800.877.7195) | [vsp.com](http://vsp.com)

<sup>1</sup>Brands/Promotion subject to change.

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# Learn more about Critical Illness Insurance

## ➔ Frequently Asked Questions

Medical care for illnesses like cancer and heart disease can be expensive. But that's not everything. It can be financially challenging to provide the support and care beyond medical treatments. Critical Illness Insurance can help provide a financial cushion so you can stay on track financially and focus on your recovery.

### **I have a good medical plan, so why do I need Critical Illness Insurance?**

Critical Illness Insurance works to complement your medical coverage—paying in addition to what your medical plan may or may not cover. It pays a lump sum amount directly to you to use however you choose, like for out-of-pocket\* medical costs such as deductibles, co-pays, or non-covered services. You can even use it to help pay for everyday living expenses, like babysitters and take-out food, making recovery a little easier and helping you to safeguard your savings.

### **What types of conditions are covered?**

Critical Illness Insurance, issued by **The Prudential Insurance Company of America (Prudential)**, pays you for a variety of medical conditions including, but not limited to:

- Alzheimer's Disease
- Cancer--invasive or in situ
- Coma
- Coronary Artery Disease (severe)
- Heart Attack
- Major Organ failure
- Renal (Kidney) failure
- Paralysis
- Stroke

Every **40 seconds** someone has a stroke in the U.S.†



Monthly employee coverage‡ may **cost less than the allowance** for a 10-year old.\*\*



**Enroll from**  
November 7 to  
November 18, 2022



### **How much would it cost?**

Critical Illness Insurance may cost less than you think. It's designed to be an affordable way to complement your current medical plan. You can find your specific rates in the enrollment materials provided by your employer.

### **How are benefits paid?**

We send payments directly to you, not your doctor, hospital, or any other health care provider. There's no coordination with any other coverage, so the amount you receive is in addition to other benefits you may have.

### **Is the claim process easy?**

Yes. Submitting a claim is simple. Choose how you want to send it to us—online, fax, phone, or paper—and our experts will take care of the rest. You only need one claim form per diagnosis or hospital stay, no matter how many services you receive.

### **Do I have to answer medical questions to get this coverage?**

No. You're guaranteed coverage regardless of your health when you enroll during your annual open enrollment period or if you experience a qualifying event. You just need to be actively at work on the day your coverage starts.

### **Is my family eligible to enroll for this coverage?**

Yes. You can choose coverage for yourself as well as eligible family members.

### **Can I keep my coverage if I change jobs or retire?**

Yes. This coverage is portable, meaning you can take it with you. Your coverage will only end if you stop paying your premiums, which will be direct billed once we're notified of a change in your employment status.

### **Are there additional benefits included in the plan?**

Wellness benefit<sup>††</sup>: Every year, each covered person can receive \$50 for getting one covered health screening test, such as a blood test, chest x-rays, stress tests, colonoscopies, and mammograms.

Transportation benefit: This benefit pays you for travel expenses associated with a covered person's round-trip travel between his/her primary residence and a hospital or medical facility.

Lodging benefit: You can receive \$75 per day if a companion is accompanying a covered person while hospitalized.

### **How can I find out more information?**

Contact your benefits administrator for more information.

<sup>\*</sup>Benefits can be used for medical and non-medical purposes.

<sup>†</sup>Centers for Disease Control and Prevention. Stroke Facts. <https://www.cdc.gov/stroke/facts.htm#:text=Someone%20in%20the%20United%20States,minutes%2C%20someone%20dies%20of%20stroke.&text=Every%20year%2C%20more%20than%20795%2C000,are%20first%20or%20new%20strokes>, accessed March 2021.

<sup>‡</sup>Premium is based on Prudential's standard plan designs. Actual costs may vary by group plan design.

<sup>§</sup>Scholastic Parents, "Allowance, Age by Age." <https://scholastic.com/parents/family-life/financial-literacy/allowance-age-age.html>, accessed March 2021.

<sup>††</sup>The Screening/Wellness benefit is not available in all states.

### **This coverage is not health insurance coverage (often referred to as "Major Medical Coverage").**

### **This type of plan is NOT considered "minimum essential coverage" under the Affordable Care Act and therefore does NOT satisfy the individual mandate that you have health insurance coverage.**

Group Critical Illness Insurance coverage is a limited benefit policy issued by The Prudential Insurance Company of America, a Prudential Financial company, Newark, NJ. Prudential's Critical Illness Insurance is not a substitute for medical coverage that provides benefits for medical treatment, including hospital, surgical, and medical expenses, and it does not provide reimbursement for such expenses. The Booklet-Certificate contains all details, including any policy exclusions, limitations, and restrictions, which may apply. If there is a discrepancy between this document and the Booklet-Certificate/Group Contract issued by The Prudential Insurance Company of America, the Group Contract will govern. A more detailed description of the benefits, limitations, and exclusions applicable are contained in the Outline of Coverage provided at time of enrollment. Please contact Prudential for more information. Contract provisions may vary by state. Contract Series: 114774.





# Learn more about Accident Insurance

## ➔ Frequently Asked Questions

Accidents happen. And many people are not financially prepared for the unexpected out-of-pocket costs that come with them. Accident Insurance can help provide a financial cushion so you can stay on track financially and focus on your recovery.

### I have a good medical plan, so why do I need Accident Insurance?

An accident plan works to complement your medical coverage—paying in addition to what your health plan may or may not cover. It pays a lump sum amount directly to you to use however you choose, like for out-of-pocket\* medical costs such as deductibles, co-pays, or non-covered services. You can even use it to help pay for everyday living expenses, like babysitters and take-out food, making recovery a little easier and helping you to safeguard your savings.

### What types of services are covered?

Accident Insurance, issued by **The Prudential Insurance Company of America (Prudential)**, pays you for a variety of medical services including, but not limited to:

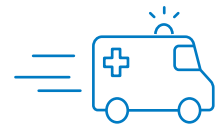
#### Injuries, like:

- Fractures
- Burns – 2nd and 3rd Degree
- Concussion
- Laceration
- Broken Tooth

#### Medical services, like:

- Ambulance (Ground or Air)
- Emergency Room Visit
- Medical Tests
- Medical Appliances (like crutches)
- Physical Therapy

Nearly **30% of ER visits** are related to injuries from accidents.<sup>†</sup>



Monthly employee coverage<sup>‡</sup> may **cost less than one ticket** to the movies.<sup>\*\*</sup>



**Enroll from**  
November 7 to  
November 18, 2022



### **How much would it cost?**

Accident Insurance may be more economical than you think. It's designed to be an affordable way to complement your current medical plan. You can find your specific rates in the enrollment materials provided by your employer.

### **How are benefits paid?**

We send payments directly to you, not your doctor, hospital, or any other health care provider. There's no coordination with any other coverage, so the amount you receive is in addition to other benefits you may have.

### **Is the claim process easy?**

Yes. Submitting a claim is simple. Choose how you want to send it to us—online, fax, phone, or paper—and our experts will take care of the rest. You only need one claim form per admission or hospital stay, no matter how many services you receive.

### **Do I have to answer medical questions to get this coverage?**

No. You're guaranteed coverage regardless of your health when you enroll during your annual open enrollment period or if you experience a qualifying event. You just need to be actively at work on the day your coverage starts.

### **Is my family eligible to enroll for this coverage?**

Yes. You can choose coverage for yourself as well as eligible family members.

### **Can I keep my coverage if I change jobs or retire?**

Yes. This coverage is portable, meaning you can take it with you. Your coverage will only end if you stop paying your premiums, which will be direct billed once we're notified of a change in your employment status.

### **Are there additional benefits included in the plan?**

Transportation benefit: This benefit pays you for travel expenses associated with a covered person's round-trip travel between his/her primary residence and a hospital or medical facility.

Lodging benefit: You can receive \$75 per day if a companion is accompanying a covered person while hospitalized.

### **How can I find out more information?**

Contact your benefits administrator for more information.

\*Benefits can be used for medical and non-medical purposes.

†Centers for Disease Control and Prevention. Emergency Department Visits, 2018. <https://www.cdc.gov/nchs/fastats/emergency-department.htm>, accessed March 2021.

‡Premium is based on Prudential's standard plan designs. Actual costs may vary by group plan design.

\*\*The Motley Fool, "Here's What the Average American Spends on These 25 Essentials," August 10, 2018. <https://www.fool.com/slideshow/heres-what-average-american-spends-these-25-essentials/?slide=13>, accessed March 2021.

### **This coverage is not health insurance coverage (often referred to as "Major Medical Coverage"). This type of plan is NOT considered "minimum essential coverage" under the Affordable Care Act and therefore does NOT satisfy the individual mandate that you have health insurance coverage.**

This policy provides ACCIDENT insurance only. It does NOT provide basic hospital, basic medical, or major medical insurance as defined by the New York State Department of Financial Services.  
IMPORTANT NOTICE—THIS POLICY DOES NOT PROVIDE COVERAGE FOR SICKNESS.

Group Accident Insurance coverage is a limited benefit policy issued by The Prudential Insurance Company of America, a Prudential Financial company, Newark, NJ. Prudential's Accident Insurance is not a substitute for medical coverage that provides benefits for medical treatment, including hospital, surgical, and medical expenses, and it does not provide reimbursement for such expenses.

The Booklet-Certificate contains all details, including any policy exclusions, limitations, and restrictions, which may apply. If there is a discrepancy between this document and the Booklet-Certificate/Group Contract issued by The Prudential Insurance Company of America, the Group Contract will govern. Please contact Prudential for more information. Contract provisions may vary by state.

Contract Series: 83500.

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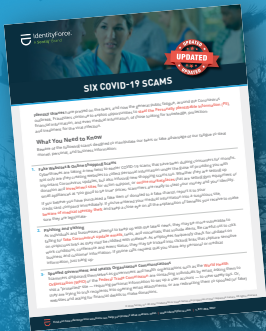
# Your Identity Matters.

Get the Benefit that Protects Your **PRIVACY** and **SECURITY**.

## Exposure at Every Angle

- Phishing emails have increased by **350%** since COVID-19
- **50%** increase in mobile vulnerabilities in 2020
- **16 Billion** consumer credentials are circulating on the Dark Web

### COVID-19 SCAM PROTECTION RESOURCES



Tip Sheet |  
6 Scams  
Happening Now



Infographic |  
Top COVID-19  
Digital Scams

Now is the time to take protecting all you've built seriously. Your company recognizes the exponential increase in fraud and scams as your digital footprint expands, and the vulnerabilities that result from having sensitive personal information exposed. It's why **IdentityForce** is part of the employee benefit wheelhouse. We're here to provide you with world-class identity theft protection plans built to proactively monitor, alert, and help you fix any identity theft compromises.


### WHY NOW?

Our identities have become more than just a name, birthdate, and social security number. Today it includes voice signatures and fingerprints, personal property records, health records, and even social media data. All of these details can be capitalized on by criminals to commit identity fraud, whether used directly in forms of synthetic identity theft, or used in social engineering attempts to extract money or personal details that provide additional opportunities for identity crimes.

### ID THEFT IMPACT

You don't want to deal with a lifetime of damage that could result from identity theft. You most likely even know someone who has already been a victim of identity theft themselves, or you at least know someone who has had their good name compromised. Security incidents, scams, and fraud continue to grow. As our world becomes increasingly digitalized, and virtual, it's even more important to have **IdentityForce** in your corner.

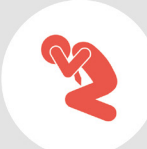
We not only proactively monitor the Dark Web, credit reports, and real-time fraud issues, but we will help you fix any compromises to your personal information. All without the hassle of making phone calls, completing paperwork, and all the heavy lifting needed to make sure your identity is restored.



LOST TIME

**6 MONTHS** and **100 to 200**  
Hours Worth of Work

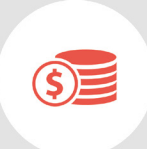
SOURCE | Various Industry Stats



SEVERE EMOTIONAL DISTRESS

**77%** Reported  
**INCREASED**  
Stress Levels

SOURCE | RC Identity Theft: The Aftermath 2018



YOUR COST

Average **LOSS**  
of **\$1,343**  
per ID Theft Incident

SOURCE | Bureau of Justice



IdentityForce®

A Sontiq™ Brand

# Employee Benefit Plans

## Easy to Enroll

1. Enroll along with other voluntary benefits through your employer.
2. Receive confirmation email. If you do not receive the email, please check your spam folder.
3. Click on link in confirmation email to complete registration and access your Identity Protection Dashboard.

## Questions?

Call Member Services at 877.694.3367

**IMPORTANT: To access your IdentityForce plan, please visit:**  
<https://mybenefits.identityforce.com/>



Protect What Matters Most™

# #1 Rated Consumer ID Theft Plans

As seen on CNBC and Investopedia



## ABOUT SONTIQ

Sontiq is an Intelligent Identity Security company arming businesses and consumers with award-winning products built to protect what matters most. Sontiq's brands, **IdentityForce**, Cyberscout, and EZShield, provide a full range of identity monitoring, restoration, and response products and services that empower customers to be less vulnerable to the financial and emotional consequences of identity theft and cybercrimes. Learn more at [www.sontiq.com](http://www.sontiq.com) or engage with us on **Twitter**, **Facebook**, **LinkedIn**, or **YouTube**.

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# Employee Benefit Plans

Plan Coverage	UltraSecure ID
Voluntary   Employee (includes ChildWatch)	\$6.99
Voluntary   Family (includes ChildWatch)	\$12.99

Plan Features	UltraSecure ID
<b>IDENTITY THEFT PROTECTION</b>	
Password Manager	●
Bank and Credit Card Activity Alerts	●
Identity Vault and Secure Storage	●
Auto On Monitoring	●
Advanced Fraud Monitoring (Instant Inquiry Alerts)	●
Change of Address Monitoring	●
Court Records Monitoring	●
Fraud Alert Reminders	●
Dark Web Monitoring	●
Compromised Credentials Alerts	●
Sex Offender Notification	●
Social Media Activity Alerts (Adult and Child)	●
Data Breach Notification	●
Identity Threat Alerts	●
Junk Mail Opt Out	●
Smart SSN Tracker (SSN Monitoring)	●
Medical ID Fraud Protection	●
Mobile App (iOS and Android)	●
Two Factor Authentication	●
Lost Wallet Assistance	●
Child Monitoring (SSN and Dark Web)	●
401(k), HSA & Investment Account Activity Alerts	●
<b>CREDIT MONITORING</b>	
Credit Report Assistance	●
Credit Freeze and Lock Assistance (Adult and Child)	●
Credit Report Monitoring (Daily)	1 Credit Bureau
Credit Report and Score (Quarterly)	1 Credit Bureau
Credit Score Simulator	●
Credit Score Tracker (Monthly)	●
<b>RESTORATION SERVICES</b>	
White Glove Restoration	●
Pre-existing Identity Theft Restoration	●
Deceased Family Member Fraud Remediation*	●
Identity Theft Insurance	\$1,000,000
Stolen Funds Replacement	●
Any Financial Account Covered	●

This brochure summarizes the benefit plans that are available to St. John Fisher University eligible employees and their dependents. Official plan documents, policies and certificates of insurance contain the details, conditions, maximum benefit levels and restrictions on benefits. These documents govern your benefits program. If there is any conflict, the official documents prevail. These documents are available upon request through the Human Resources Department. Information provided in this brochure is not a guarantee of benefits.