

# UNION COLLEGE

## BENEFIT PLAN OPEN ENROLLMENT

2010

 **UNION**  
COLLEGE  
HUMAN RESOURCES  
(518) 388-6108  
[www.union.edu/HR](http://www.union.edu/HR)

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# 2010 BENEFIT ENROLLMENT

## *\* GENERAL GUIDELINES \**

Enclosed is a listing of your new Benefit Dollars and current Flexible Benefit selections. Carefully review the following guidelines and complete your re-enrollment by the **December 4, 2009 deadline**. For more information, visit Human Resources at the Benefits Fair on Wednesday, November 11th, from 8:30 a.m. to 1:30 p.m. at Old Chapel/Hale House.

### Procedure

- **If you do not wish to make any changes to your Flexible Benefits plan selections, sign your form and return it to Human Resources.** If you do not return your form by December 4th or do not complete a new enrollment form indicating changes, your current Flexible Benefit selections will remain in effect.
- To apply, re-apply or change your Health and/or Dependent Care Flexible Spending Account, you must complete a new Health/Dependent Care Flexible Spending Account (FSA) application.
- To apply or re-apply for a Medical Premium Rebate, you must complete the Medical Premium Rebate application and attach a copy of the first page of your most recent income tax return form(s) (page showing Total Household Income).
- Rates for Supplemental Life Insurance are calculated in 5 year brackets. If an employee celebrates a birthday that moves him/her into the next bracket, future paychecks will reflect the higher rate.
- Please also note that combined College provided Life Insurance and Supplemental Life Insurance, in excess of \$50,000, will generate taxable imputed income.
- Complete and return all forms to Human Resources.

### Special Events at Benefits Fair

- 8:30 am to 1:00 pm – Flu Shots. Flu Shots are by appointment (Walk-ins will be accommodated if possible). Please call ext. 6108 for an appointment.
- Raffle Drawings
- Multiple Vendor Give-Aways

**PLEASE CALL HUMAN RESOURCES AT EXT. 6108 IF YOU HAVE QUESTIONS.**

## *2010 Summary of Changes*

As indicated in the President's recent letter, the downturn in the economy has presented significant financial challenges for higher education. At the request of the President and the Planning & Priorities Committee, the Benefits Committee worked diligently during Winter/Spring 2009 developing a prioritized list of suggested changes that would achieve approximately \$500K in cost savings. The majority of the Benefit Committee's suggestions as well as other legally required, plan-administered, or perceived beneficial changes are listed below.

*Union College remains committed to providing employees with a strong comprehensive total compensation package, including affordable benefits and a competitive salary. Following is an overview of changes for 2010:*

**Stop Loss Insurance:** By significantly increasing the deductible for our large claim secondary medical insurance plan, also known as stop loss insurance, Union is keeping overall costs down by taking greater risk for high-dollar claim fluctuation.

**Premium Cost Sharing:** Union's contribution to medical insurance premiums will be 1% less for individual coverage and 2% less for two-person and family coverage (i.e., from 87%/80%/80% to 86%/78%/78%). Additionally, a 5% cost share is being introduced for individual basic dental insurance, and the dental plan opt-out amount (\$75) is being removed. Retirees will experience a 5% reduction in the College's contribution toward retiree medical insurance.

**Medical:** 2009 was a particularly bad year in terms of medical/prescription drug utilization and cost. The higher than usual costs combined with the small reduction in the college's contribution have led to larger than usual employee cost increases. On average, UCCDPHN HMO participants will experience a 13.9% increase, UCPOS participants a 7.7% increase, and MVP participants a 15.4% increase. The medical insurance opt-out amount will remain the same.

### **UCCDPHN HMO and UCPOS**

- Recognizing the need for staying healthy while traveling abroad, travel inoculations will now be covered.
- The use of a mail-order or CVS pharmacy (at the reduced mail-order cost) will now be required for all maintenance medications, whether generic or brand name. Participants getting new prescriptions filled will be allowed three 30-day fills at a retail pharmacy before being required to switch to mail-order or CVS. Participants should obtain two prescriptions at the doctor's office, one for a 30-day supply with two refills, and one for a 90-day supply with the appropriate refills. This arrangement allows patients a trial period when new medications are ordered.
- Mental Health Parity Act – This new law requires that outpatient or inpatient mental health services are treated the same as all other medical treatments. For our plan, the limitation on number of treatment days and calendar year/lifetime maximums has been removed. The specialist co-pay will now apply to all out-patient mental health services.
- Because of undue risk exposure, the Coverage Extension provision, which provides the possibility for continuation of coverage should a person be hospitalized on the date that their coverage is ending, has been changed to reduce the maximum extension period from 12 to 6 months and to remove the provision for coverage of related follow-up care.

## MVP HMO

- To reduce premium cost, the co-pay for normal medical services will increase from \$15 to \$20.
- Mental Health Parity Act – This new law requires that outpatient or inpatient mental health services are treated the same as all other medical treatments. For our plan, the limitation on number of treatment days and calendar year/lifetime maximums has been removed.
- Children of participants may continue to be covered under their parent’s group policy through age 29 as long as they are not eligible for employer-sponsored health insurance coverage and are not covered by Medicare. The children are not required to be financially dependent on their parents to elect this continuation. Participants will pay the full cost of this coverage continuation.
- Prescriptions will be accepted from any provider who is authorized to write prescriptions.
- Participants who fill a prescription with a brand name drug when a generic equivalent is available will be required to pay the generic co-pay plus the difference in cost between the generic and brand name drug, not to exceed the cost of the drug, for each 30-day supply.
- Mail order drug co-pay is changing from 2 co-pays for a 3-month supply to 2.5 co-pays for a 3-month supply.
- Co-payment for Specialty Drugs is the same as the retail drug co-pay.
- Smoking cessation products are excluded from coverage unless medically necessary.
- Caffeine cessation products are excluded from coverage.
- Immunizations, vaccinations, oral drugs or other services administered solely as a precaution prior to travel within or outside the U.S. are excluded.

**Medical Premium Rebate Program:** The Medical Premium Rebate Program supplements the cost of medical insurance coverage for employees with total household income less than or equal to \$67,731. Due to a reduction in the Consumer Price Index for 2009, the eligibility ranges have been reduced. The maximum income and phase-out income level were both reduced by 1.9%.

**Dental:** On average, Dental Plus plan participants will experience a 5.4% increase, and Dental Basic participants a 3.1% increase. The \$75 dental opt-out amount has been removed.

**Vision:** On average, the vision insurance premium will increase by 3.5%.

**Life Insurance and Accidental Death and Dismemberment Insurance:** Employee premiums for Supplemental Life, Dependent Life and Supplemental Accidental Death and Dismemberment Insurance will remain unchanged. Employees enrolled in Supplemental Life will see an increase during the year if, due to a birthday, they move into the next age bracket.

**Disability Insurance:** Employee premiums for Supplemental Long Term Disability Insurance will decrease by \$.10 per \$100 of salary.

**Retirement Plan:** The College will continue to contribute 11% to the employee retirement plan. A three-year cliff vesting requirement will be added. Future employees will not become entitled to the proceeds of Union’s generous 11 percent retirement contribution until they have completed three full years of employment.

**Tuition Remission and Scholarship Program:** The College’s tuition benefits for children of employees will remain unchanged.

These changes, combined with the Medical Premium Rebate program, continue to demonstrate Union’s concern for the financial welfare of our employees. If you have questions about the Union College Benefit Plan, please contact Human Resources at ext. 6108.

## **BENEFIT PLAN GOALS**

Union College offers a benefit program that allows us to:

- Remain competitive with other Colleges and employers
- Provide flexibility, fairness, and options to meet the needs of our diverse workforce
- Provide benefits in a logical and reasonable manner
- Manage the College's long-term costs
- Respect employee's long and short term costs
- Support our goal of being a premier employer

Union's goal is to offer you a comprehensive total benefit package, including affordable benefits and a competitive compensation program. With this goal in mind, Union regularly reviews the benefit plan to ensure that we offer you a complete, flexible, and affordable total benefit package that is fair to both Union and you.

As most of you know, Union College healthcare benefits are comprehensive and generous in comparison to other employer's plans. Union intends to continue its practice of offering comprehensive benefits at a reasonable cost but must responsibly address the problem of rising healthcare costs by adopting competitive co-pay arrangements, plan design changes and sharing the cost of premium increases with you.

### **RESERVATION OF RIGHTS**

While it is Union's intent to continue all current benefit plans and policies, Union reserves the right to amend or terminate any of the plans or to change contribution levels toward benefits at its discretion and for whatever reasons it considers appropriate. The Reservation of Rights provision pertains to all current, former, and retired employees/participants and applies to the retirement plan, the tuition remission program and all insurance plans including, but not limited to, life, disability, medical, dental, and vision insurance. No oral statement made by a representative of Union College may contradict this Reservation of Rights provision.

If you have any questions, please contact Human Resources.

## **FLEXIBLE BENEFIT PLAN DESIGN**

### **Medical Insurance**

You may enroll in a College medical insurance plan or transfer from your current plan into any of the three plans offered by Union College (UCPOS, UC-CDPHN HMO, MVP). With the exception of UCPOS, all plans require the selection of a Primary Care physician that can be changed at anytime. The Union College-Capital District Physician's Health Plan HMO (UC-CDPHN HMO) and MVP require the use of a participating physician as your primary care doctor. If you receive treatment outside of the coverage area only emergency medical care is covered.

The UCPOS plan provides a choice between using participating doctors and hospitals with a recommendation from a Primary Care physician (In-Network) or using non-participating doctors and hospitals (Out-of-Network). Your out-of-pocket expenses will vary depending upon how you use this plan. When using the In-Network component, your Primary Care Physician directs your general health care, referrals to other doctors and specialists, and hospital admission. Medical treatment that has not been authorized by your Primary Care Physician is considered to be Out-of-Network. The Out-of-Network component allows you to choose doctors and hospitals not participating in the network.

### **Dental Insurance**

You may enroll in either of Union's two levels of dental insurance coverage – Dental Basic or Dental Plus. Both options are administered by Delta Dental and offer a network of primary care dentists. An Out-of-Network component allows you to choose dentists not participating in the Delta Dental network at an increased cost. Dental Basic provides general coverage of dental expenses. Dental Plus provides more comprehensive coverage including Orthodontic Services and Dental Implants. Some limitations exist when switching from the Basic to the Plus option or for enrolling in the Plus Plan other than at time of hire or due to a Qualifying Life Event (Please contact HR for more information).

### **Vision Insurance**

You may enroll in Union's Vision plan and utilize benefits under the EyeMed Vision Care network. The Vision plan provides for basic services including exams, lenses, frames, contact lenses and Lasik/PRK corrective surgery. An Out-of-Network component allows you to choose vision care providers not participating in the EyeMed network.

### **Supplemental Life Insurance and Accidental Death and Dismemberment (AD&D) Insurance**

You may enroll in Supplemental Life Insurance or AD&D coverage (Medical Underwriting Review Required for Supplemental Life). Supplemental Life Insurance can be purchased in increments equal to one, two or three times your annual salary up to a maximum of \$225,000. AD&D can be purchased in \$10,000 increments up to \$300,000.

### **Dependent Life Insurance**

You may enroll in one of two levels of Dependent Life Insurance to provide coverage for your spouse/domestic partner and dependent children (Medical Underwriting Review Required). Coverage levels are \$25,000 for spouse/domestic partner and \$4,000 for dependent children or \$5,000 for spouse/domestic partner and \$2,000 for dependent children.

### **Supplemental Long Term Disability Insurance**

You may enroll in Supplemental Long Term Disability coverage to be eligible for an additional twenty-six percent of salary continuation should you become disabled for six months or more (Medical Underwriting Review Required).

### **Auto, Home, Renters and Other Personal Insurance**

You may enroll at any time through an arrangement with the Merriam Insurance Agency (393-2109) or Liberty Mutual (899-7050 x. 53975).

Summary Annual Reports (SAR) and Summary Plan Descriptions (SPD) are available on the HR website at <http://www.union.edu/HR/benefits/SPDs.htm>. Please contact Human Resources to discuss rates or to review additional information.

## 2010 FLEXIBLE BENEFITS - COST SHARING

	<u>Coverage</u>	2010	2010	2010	2010
		<u>Total Annual Cost</u>	<u>Annual Benefit Dollars</u>	<u>Employee Annual Cost</u>	<u>Employee Cost Per Pay Period</u> <u>*(24 Pay Periods)</u> <small>(Negative Number is an Employee Rebate)</small>
<b><u>MEDICAL INSURANCE</u></b>					
<b>UC POS</b> Union College Point of Service	Individual	5,782	3,806	1,976	82.33
	2 Person	11,139	6,480	4,659	194.13
	Family	15,209	8,856	6,353	264.71
<b>UC-CDPHN HMO</b> Union College Capital District Physician's Healthnetwork	Individual	4,426	3,806	620	25.83
	2 Person	8,307	6,480	1,827	76.13
	Family	11,354	8,856	2,498	104.08
<b>MVP HMO</b> Mohawk Valley Physician's Healthplan	Individual	6,115	3,806	2,309	96.21
	2 Person	12,230	6,480	5,750	239.58
	Family	16,535	8,856	7,679	319.96
<b>OPT. OUT (Waive Coverage)</b>	Opt. Out	0	665	-665	-27.71
<b><u>DENTAL INSURANCE</u></b>					
<b>DENTAL PLUS</b>	Individual	326	204	122	5.08
	2 Person	911	472	439	18.29
	Family	1,461	595	866	36.08
<b>DENTAL BASIC</b>	Individual	215	204	11	0.46
	2 Person	525	472	53	2.21
	Family	793	595	198	8.25
<b><u>VISION INSURANCE</u></b>					
<b>EYE MED VISION CARE</b>	Individual	91	0	91	3.79
	2 Person	182	0	182	7.58
	Family	319	0	319	13.29

\*\* Dollar amounts shown are for full time employees. Part-time employees receive one-half of the annual benefit dollar amount. Spousal pairs receive twice the annual benefit dollar amount (Medical and Dental) to a maximum of the actual annual cost.

## 2009 vs. 2010 FLEXIBLE BENEFITS - COST COMPARISON

		2009	2009	2010	2010
<u>Coverage</u>		<u>Employee Annual Cost</u> <small>(Negative Number is an Employee Rebate)</small>	<u>Employee Cost Per Pay Period *(24 Pay Periods)</u> <small>(Negative Number is an Employee Rebate)</small>	<u>Employee Annual Cost</u> <small>(Negative Number is an Employee Rebate)</small>	<u>Employee Cost Per Pay Period *(24 Pay Periods)</u> <small>(Negative Number is an Employee Rebate)</small>
<b><u>ADDITIONAL FLEX \$</u></b>					
<b>Single Parent/HH</b>		-500	-20.83	-500	-20.83
87%/80%/80% of Lowest Cost Medical Plan      86%/78%/78% of Lowest Cost Medical Plan					
<b><u>MEDICAL INSURANCE</u></b>					
<b>UC POS</b>					
Union College		1,851	77.13	1,976	82.33
Point of Service		4,308	179.50	4,659	194.13
Family		5,874	244.75	6,353	264.71
<b>UC-CDPHN HMO</b>					
Union College Capital District		551	22.96	620	25.83
Physician's Healthnetwork		1,593	66.38	1,827	76.13
Family		2,177	90.71	2,498	104.08
<b>MVP HMO</b>					
Mohawk Valley		1,992	83.00	2,309	96.21
Physician's Healthplan		4,996	208.17	5,750	239.58
Family		6,662	277.58	7,679	319.96
<b>OPT. OUT (Waive Coverage)</b>					
Opt. Out		-665	-27.71	-665	-27.71
100%/90%/75% of Lowest Cost Dental Plan      95%/90%/75% of Lowest Cost Dental Plan					
<b><u>DENTAL INSURANCE**</u></b>					
<b>DENTAL PLUS</b>					
Individual		109	4.54	122	5.08
2 Person		430	17.92	439	18.29
Family		848	35.33	866	36.08
<b>DENTAL BASIC</b>					
Individual		0	0.00	11	0.46
2 Person		52	2.17	53	2.21
Family		194	8.08	198	8.25
<b><u>VISION INSURANCE</u></b>					
<b>EYE MED VISION CARE</b>					
Individual		88	3.67	91	3.79
2 Person		176	7.33	182	7.58
Family		308	12.83	319	13.29

Note: Dollar amounts shown are for full time employees. Part-time employees receive one-half of the annual benefit dollar amount. Spousal pairs receive twice the annual benefit dollar amount (Medical and Dental) to a maximum of the actual annual cost.

## 2010 MEDICAL BENEFITS OVERVIEW

	<p style="text-align: center;"><u>IN NETWORK</u></p> <p style="text-align: center;">Union College Point-of-Service (UCPOS)</p> <p style="text-align: center;"><u>OUT-OF-NETWORK</u></p>	<p style="text-align: center;">Union College-Capital District Physician's Health Network HMO (<u>UC-CDPHN HMO</u>)</p>	<p style="text-align: center;">MVP Health Plan (<u>MVP</u>)</p>
<p><u>GENERAL INFORMATION</u></p> <p>PLAN DESCRIPTION (No Pre-Existing Condition Exclusions)</p>	<p>When a member receives In-Network care coordinated by CDPHP, costs are lower and there are no claim forms. Members can also receive care outside of the network. In this case, costs are generally higher and claims must be filed.</p>	<p>An HMO where members select a primary care physician who provides covered services or authorizes specialty care on a referral basis.</p>	<p>An HMO where members select a primary care physician who provides covered services or authorizes specialty care on a referral basis.</p>
<p>ELIGIBILITY</p>	<p>Dependents to age 25</p>	<p>Dependents to age 25</p>	<p>Dependents to age 25 (age 29 at full cost)</p>
<p><u>OUT-OF-POCKET COSTS</u></p>			
<p>ANNUAL DEDUCTIBLE</p>	<p>Not Applicable</p>	<p>No deductible for basic benefits, though co-pay fees may exist.</p>	<p>No deductible for basic benefits though co-pay fees may exist</p>
<p>ANNUAL OUT OF POCKET MAXIMUM (Maximum applies only to costs considered Reasonable and Customary (R&amp;C). After reaching the maximum, costs in excess of R&amp;C are the member's responsibility.)</p>	<p>Not Applicable</p>	<p>Not Applicable</p>	<p>Not Applicable</p>
<p>LIFETIME MAXIMUM</p>	<p>None</p>	<p>None</p>	<p>None</p>
<p><u>HOSPITAL SERVICES</u></p>			
<p>INPATIENT, SURGICAL AND OUTPATIENT SERVICES</p>	<p>Covered in full. \$15 copay for outpatient surgery</p>	<p>Covered in full. \$15 copay for outpatient care.</p>	<p>Covered in full. \$20 copay for outpatient care.</p>
<p>EMERGENCY CARE</p>	<p>\$50 copayment; waived if admitted. World wide emergencies covered in full</p>	<p>\$50 copayment, waived if admitted. World wide emergencies - \$50 copay</p>	<p>\$50 copayment; waived if admitted. World wide emergencies covered in full</p>
<p>URGENT CARE FACILITY</p>	<p>\$25 copayment per visit, no referral required</p>	<p>\$25 copayment at participating Urgent Care facilities.</p>	<p>\$20 copayment for visits in lieu of an emergency room visit.</p>
<p>MANAGED CARE PROCEDURES</p>	<p>All In-Network Services authorized by your primary care physician</p>	<p>All HMO Services authorized by your primary care physician</p>	<p>All HMO Services authorized by your primary care physician</p>
<p>PHYSICIAN SERVICES</p>	<p>Primary Care Physicians - \$15 copay per visit. \$30 copay for the first 10 specialist visits, \$15 thereafter. See summary plan description for individual items</p>	<p>Primary Care Physicians - \$15 copay per visit. \$30 copay for the first 10 specialist visits, \$15 thereafter. See summary plan description for individual items</p>	<p>\$20 copayment per visit. See summary plan description for individual items</p>

GENERAL INFORMATION	Union College Point-of-Service (UCPOS)		Union College-Capital District Physician's Health Network HMO (UC-CDPHN HMO)	MVP Health Plan (MVP)
	IN NETWORK	OUT-OF-NETWORK		
WELL CARE	Covered in full for certain well child and preventative care; otherwise \$15 copayment	Deductible & 20% coinsurance	Covered in full for newborns - months 1, 2, 4, 6, 9, 12, 15, 18. Ages 2-19, one visit per year.	Covered in full for certain well child and preventative care; otherwise \$20 copayment
MATERNITY BENEFITS	Pre-natal, post-natal care and obstetrical services covered in full after initial \$15 copay	Deductible & 20% coinsurance	Pre-natal, post-natal care and obstetrical services covered in full after initial \$15 copay	Pre-natal, post-natal care and obstetrical services covered in full
THERAPY	\$15 copay per visit. 30 day limit per occurrence for physical, occupational and speech	Deductible & 20% coinsurance; 30 visit maximum per occurrence	\$15 copay per visit. 30 day limit per occurrence for physical, occupational and speech	\$20 copay per visit; 60 visits in 2 month period per year for physical and occupat. Speech based on medical necessity
MENTAL HEALTH & SUBST. ABUSE				
Inpatient Hospital	Covered in full	Deductible & 20% coinsurance	Covered in full	Covered in full
Inpatient Physician	Covered in full	Deductible & 20% coinsurance	Covered in full	Covered in full
Outpatient	\$30 copay for the first 10 specialist visits, \$15 thereafter.	Deductible & 20% coinsurance	\$30 copay for the first 10 specialist visits, \$15 thereafter	\$20 copay per visit
PRESCRIPTION DRUGS	\$10 copay for generic; \$25 copay for preferred brand drugs; \$40 copay for non-preferred/non-formulary drugs	\$10 copay for generic; \$25 copay for preferred brand drugs; \$40 copay for non-preferred/non-formulary drugs	\$10 copay for generic; \$25 copay for preferred brand drugs; \$40 copay for non-preferred/non-formulary drugs	\$5 copay for generic; \$20 copay for preferred brand drugs; \$40 copay for non-formulary drugs
VISION COVERAGE	\$15 copay (PCP) or \$30 copay (Specialist) per visit, one visit every 2 years	Deductible & 20% coinsurance Limited once every other year	\$15 copay (PCP) or \$30 copay (Specialist) per visit, one visit every 2 years	\$20 copay per visit, one visit every 2 years
HEARING AIDS	20 % coinsurance; \$1500 every 3 years towards purchase, replace, or repair Requires referral & UM Approv.	Deductible & 20% coinsurance \$1500 every 3 years towards purchase, replace, or repair Requires referral & UM Approv	20% coinsurance; \$1500 every 3 years towards purchase, replace, or repair Requires referral & UM Approv.	Not covered
OTHER SERVICES	See Summary Plan Descrip.	See Summary Plan Descrip.	See Summary Plan Descrip.	See Summary Plan Descrip.

## 2010 DENTAL BENEFITS OVERVIEW

<u>GENERAL INFORMATION</u>	<u>DELTA DENTAL PLUS</u>	<u>DELTA DENTAL BASIC</u>
ELIGIBILITY	Dependents to age 25	Dependents to age 25
ANNUAL DEDUCTIBLE	\$50 for each person; up to \$150 per family	\$75 for each person up to \$225 per family
COINSURANCE		
Diagnostic/Preventative	100% (after deductible)	100 % (after deductible)
Basic Services/Restorative	80%	50 %
Major Services/Major Restorative	80%	50 %
Implant & Orthodontic Services	50%	No Coverage
Orthodontic Maximum	\$1,500 Per Person	
Maximum Per Year Benefit	\$1,500 Per Person	\$1,000 Per Person

## 2010 VISION BENEFITS OVERVIEW

<u>GENERAL INFORMATION</u>	<u>EYEMED MEMBER COST</u>	<u>EYEMED OUT OF NETWORK</u>
ELIGIBILITY	Dependents to age 25	Dependents to age 25
EXAM		
Exam with dilation as necessary	\$0 Copay	Up to \$40
Standard contact lens fit & follow-up	Up to \$55	N/A
Premium contact lens fit & follow-up	10% off retail price	N/A
FRAMES		
	\$130 Allowance; 80% of retail price over \$130	Up to \$75
STANDARD PLASTIC LENSES		
Single Vision	\$0 Copay	Up to \$50
Bifocal	\$0 Copay	Up to \$60
Trifocal	\$0 Copay	Up to \$75
Basic Progressive	\$0 Copay	Up to \$75
LENS OPTIONS		
UV Coating	(paid by member and added to the base price of the lens)	
Tint (Solid and Gradient)	\$15	
Scratch Resistance	\$15	
Basic Polycarbonate	\$40	
Standard Anti-Reflective	\$45	

<u>GENERAL INFORMATION</u>	<u>MEMBER COST</u>	<u>OUT OF NETWORK</u>
<p>LENS OPTIONS CONT. Other Add-Ons and Services</p> <p>CONTACT LENSES</p> <p>Conventional Disposables Medically Necessary</p> <p>** LASIK and PRK VISION CORRECTION PROCEDURES</p>	<p>20% off retail price</p> <p>(allowance covers materials only; in lieu of frames and lenses)</p> <p>\$25 Copay; \$130 Allowance; 15% off balance over \$130            \$25 Copay; \$130 Allowance; balance over \$130            \$0 Copay; Paid in Full</p> <p>15% off retail price OR 5% off promotional pricing</p>	<p>Up to \$75            Up to \$75            Up to \$75</p>
<p>PLAN UTILIZATION FREQUENCY</p> <p>Exams            Frames            Standard Plastic Lenses            Contact Lenses</p>	<p>Once every calendar year            Once every other year            Once every calendar year            Once every calendar year</p>	
<p>ADDITIONAL PURCHASES AND OUT-OF-POCKET DISCOUNT</p>		
<p>Member will receive a 20% discount on remaining balance at Participating Providers beyond plan coverage, which may not be combined with any other discounts or promotional offers, and the discount does not apply to EyeMed's Providers' professional services or disposable contact lenses.</p> <p>** LASIK and PRK correction procedures are provided by the U.S. Laser Network, owned by LCA-Vision. Members must first call 1-877-5LASER6 for the nearest facility and to receive authorization for the discount.</p>		
<p>Sample list of Participating Facilities: Lenscrafters; Target Optical, JCPenney Optical, Sears Optical, Pearle Vision, Sterling Optical, Boscovs Optical, The Vision Center, etc. For a complete listing, please refer to the EyeMed Vision Care website.</p>		

- Intended for General Information Only - Contact Human Resources for Individual Plan Summaries and Full Summary Plan Descriptions

**Union Flex Benefit Enrollment Application - January 1, 2010 to December 31, 2010**

(Effective Date: \_\_\_\_\_ )

**A. PERSONAL INFORMATION** (Complete each item using the "Instructions for Completing" information. Circle appropriate item. Enter a zero (0) if box is not applicable.)

Last Name, First Name:	Employee ID#:
Please Circle:            Faculty            Administration            Staff	Social Security #:

**B. BENEFIT DOLLARS**

Enter Amount of Medical and Dental Benefit Dollars. Circle items and enter per year amount in appropriate box.

	<u>Employee</u>		<u>Two Person</u>		<u>Full Family</u>		<u>No Coverage</u>		<b>PER YEAR</b>
	<u>Per Year</u>	<u>Per Pay</u>	<u>Per Year</u>	<u>Per Pay</u>	<u>Per Year</u>	<u>Per Pay</u>	<u>Per Year</u>	<u>Per Pay</u>	
	Medical Benefit Dollars:	<b>\$3,806</b>	\$158.58	<b>\$6,480</b>	\$270.00	<b>\$8,856</b>	\$369.00	<b>\$665</b>	
Dental Benefit Dollars:	<b>\$204</b>	\$8.50	<b>\$472</b>	\$19.67	<b>\$595</b>	\$24.79	<b>\$0</b>	\$0.00	2. <input style="width: 50px;" type="text"/> <b>.00</b>
_____ Single Parent/Household	<b>\$500</b>	\$20.83	Requires Proof of Status and Selection of Two Person or Family Medical Coverage						3. <input style="width: 50px;" type="text"/> <b>.00</b>
<b>TOTAL AMOUNT OF BENEFIT DOLLARS PROVIDED: (Sum of boxes 1. through 3.)</b>									4. <input style="width: 50px;" type="text"/> <b>.00</b>

**C. PRE TAX MEDICAL AND DENTAL BENEFITS**

**MEDICAL** - Circle appropriate items and enter per year medical benefit cost into box 5.

Plan Name	<u>Employee</u>		<u>Two Person</u>		<u>Family</u>		<u>Opt Out</u>	
	<u>Per Year</u>	<u>Per Pay</u>	<u>Per Year</u>	<u>Per Pay</u>	<u>Per Year</u>	<u>Per Pay</u>		
UC POS	<b>\$5,782</b>	\$240.92	<b>\$11,139</b>	\$464.13	<b>\$15,209</b>	\$633.71	<b>\$0</b>	
UC-CDPHN HMO	<b>\$4,426</b>	\$184.42	<b>\$8,307</b>	\$346.13	<b>\$11,354</b>	\$473.08	<b>\$0</b>	
MVP HMO	<b>\$6,115</b>	\$254.79	<b>\$12,230</b>	\$509.58	<b>\$16,535</b>	\$688.96	<b>\$0</b>	5. <input style="width: 50px;" type="text"/> <b>.00</b>

**DENTAL** - Circle appropriate items and enter per year dental benefit cost into box 6.

Plan Name	<u>Per Year</u>	<u>Per Pay</u>	<u>Per Year</u>	<u>Per Pay</u>	<u>Per Year</u>	<u>Per Pay</u>	<u>Per Year</u>	<u>Per Pay</u>	
Dental Plus	<b>\$326</b>	\$13.58	<b>\$911</b>	\$37.96	<b>\$1,461</b>	\$60.88	<b>\$0</b>	\$0	
Dental Basic	<b>\$215</b>	\$8.96	<b>\$525</b>	\$21.88	<b>\$793</b>	\$33.04	<b>\$0</b>	\$0	6. <input style="width: 50px;" type="text"/> <b>.00</b>

**D. ADDITIONAL PRE TAX BENEFITS**

**VISION PLAN** - Circle coverage elected and per year benefit cost.

	<u>Employee</u>		<u>Two Person</u>		<u>Family</u>		
	<u>Per Year</u>	<u>Per Pay</u>	<u>Per Year</u>	<u>Per Pay</u>	<u>Per Year</u>	<u>Per Pay</u>	
	<b>\$91</b>	\$3.79	<b>\$182</b>	\$7.58	<b>\$319</b>	\$13.29	7. <input style="width: 50px;" type="text"/> <b>.00</b>

**SUPPLEMENTAL LIFE** - Enter current age, coverage elected, rate, annual salary and per year benefit cost from Section D2.

Age: \_\_\_\_\_ 1X 2X 3X Rate: \_\_\_\_\_ Annual Salary: \$ \_\_\_\_\_

8.

**SUPPLEMENTAL AD&D** - Enter number of increments, to a maximum of 30, and per year benefit cost.

# of \$10,000 increments: \_\_\_\_\_ @ **\$2.40/yr.**; \$ .10/pay

9.

**PRE TAX BENEFIT COST SUB TOTAL: (Sum of boxes 5. through 9.)**

10.

**If box 10. is less than box 4. subtract box 10. from box 4. Enter the difference in box 11. This amount will automatically Cash Out to your paycheck and can offset the Reimbursement Account reduction, the Post Tax deduction or be tax deferred to the pension plan through a separate enrollment form. To determine your biweekly Cash Out divide the entered amount by 24.**

11.

**If box 10. is greater than box 4. subtract box 4. from box 10. Enter the difference in box 12. This is your net pre tax benefit reduction. To determine your biweekly reduction divide the entered amount by 24.**

12.

**E. POST TAX BENEFITS**

**SUPPLEMENTAL LTD** - Enter Annual Salary and refer to chart. Annual Salary: \$ \_\_\_\_\_

<u>If Annual Salary Is:</u>	<u>Multiply Annual Salary By:</u>
<\$30,000	0.0022
\$30,000-\$180,000	0.0037
>\$180,000	0.0035

13.  **.00**

**DEPENDENT LIFE INSURANCE** - Circle coverage elected and per year benefit cost.

	<u>Per Year</u>	<u>Per Pay</u>
Option 1, Spouse/Domestic Partner-\$25,000, Each Child-\$4,000	<b>\$102.48</b>	\$4.27
Option 2, Spouse/Domestic Partner-\$5,000, Each Child - \$2,000	<b>\$22.38</b>	\$0.93

14.  **.00**

**TOTAL POST TAX BENEFIT COSTS: (Sum of boxes 13. and 14.)**  
To determine your biweekly deduction divide the entered amount by 24.

15.

**F. CONFIRMING SIGNATURE**

Signature:	Date:
------------	-------

(By completing and signing this form you agree with the selections as indicated and, if applicable, elect a cash out of remaining flex dollars.)

Human Resources Input: \_\_\_\_\_ Date: \_\_\_\_\_

**Instructions for Completing Union Flex Benefit Application - January 1, 2010 to December 31, 2010**

**A. PERSONAL INFORMATION**

On first line enter Last Name, First Name and Employee ID Number. On second line circle appropriate level and enter Social Security Number.

**B. BENEFIT DOLLARS**

Section B. - Awarding of Benefit Dollars (You may choose different levels of coverage under the Medical and Dental plans)

B1. From the medical benefit dollars listed circle the level of medical coverage you are selecting. If you are selecting "Opt. Out", proof of medical coverage elsewhere is required. Enter 0 if you have no other medical coverage. Enter amount in box 1.

B2. From the dental benefit dollars listed, circle the level of dental coverage you are selecting. Enter amount in box 2.

Medical and Dental Benefit Dollar Matrix

	<u>Employee</u>		<u>Two Person</u>		<u>Full Family</u>		<u>No Coverage</u>	
	<u>Per Year</u>	<u>Per Pay</u>	<u>Per Year</u>	<u>Per Pay</u>	<u>Per Year</u>	<u>Per Pay</u>	<u>Per Year</u>	<u>Per Pay</u>
Medical Benefit Dollars	\$3,806	\$158.58	\$6,480	\$270.00	\$8,856	\$369.00	\$665	\$27.71
Dental Benefit Dollars	\$204	\$8.50	\$472	\$19.67	\$595	\$24.79	\$0	\$0.00

B3. Dollars may be earned by meeting the criteria of the statement below. If you meet the criteria, enter the corresponding per year dollar amount in box 3.

Being a single parent (filing head of household with the IRS). Children must be under age 16 and requires selection of either Two Person or Full Family Medical Benefit Dollars.

	<u>Per Year</u>	<u>Per Pay</u>
	\$500	\$20.83

3. Enter the sum of boxes 1. through 3. into box 4.

**C. PRE TAX MEDICAL AND DENTAL BENEFITS**

Section C. From the selections given, choose a medical and dental option which corresponds to your choice in Section B. Benefit Dollars (Medical Benefit Dollars, B1., Dental Benefit Dollars, B2.). Circle the applicable Plan Name, Coverage Elected and Per Year Benefit Cost in Section C. (Enter applicable per year benefit cost into box 5. for medical and box 6. for dental)

C1. MEDICAL	<u>Plan Name</u>	<u>Employee</u>		<u>Two Person</u>		<u>Family</u>	
		<u>Per Year</u>	<u>Per Pay</u>	<u>Per Year</u>	<u>Per Pay</u>	<u>Per Year</u>	<u>Per Pay</u>
	UC POS	\$5,782	\$240.92	\$11,139	\$464.13	\$15,209	\$633.71
	UC-CDPHN HMO	\$4,426	\$184.42	\$8,307	\$346.13	\$11,354	\$473.08
	MVP HMO	\$6,115	\$254.79	\$12,230	\$509.58	\$16,535	\$688.96
	OPT OUT	\$0	\$0.00	\$0	\$0.00	\$0	\$0.00

C2. DENTAL	<u>Plan Name</u>	<u>Employee</u>		<u>Two Person</u>		<u>Family</u>	
		<u>Per Year</u>	<u>Per Pay</u>	<u>Per Year</u>	<u>Per Pay</u>	<u>Per Year</u>	<u>Per Pay</u>
	Dental Plus	\$326	\$13.58	\$911	\$37.96	\$1,461	\$60.88
	Dental Basic	\$215	\$8.96	\$525	\$21.88	\$793	\$33.04

**D. ADDITIONAL PRE TAX BENEFITS**

Section D. - The following additional benefits are available on a pre tax basis. If coverage is desired, enter the benefit cost and, if applicable, circle coverage elected in Section D. (D1. through D3.). (Enter applicable per year benefit costs into boxes 7. through 9.)

D1. VISION PLAN	<u>Employee</u>		<u>Two Person</u>		<u>Family</u>	
	<u>Per Year</u>	<u>Per Pay</u>	<u>Per Year</u>	<u>Per Pay</u>	<u>Per Year</u>	<u>Per Pay</u>
	\$91	\$3.79	\$182	\$7.58	\$319	\$13.29

**D. ADDITIONAL PRE TAX BENEFITS (Continued)**

D2. SUPPLEMENTAL LIFE - May be purchased in increments of one, two or three times salary up to \$225,000.

To determine your premium multiply your current annual salary by the appropriate rate. This will provide you with the 1 times cost for Jan. 1 to Dec. 31. Double or triple this figure if additional life insurance is desired (DO NOT ROUND).

<u>Age</u>	<u>Rate</u>	<u>Age</u>	<u>Rate</u>	<u>Coverage Elected</u>
Under 30	0.00060	50 - 54	0.00472	1X - One Times Salary
30 - 34	0.00068	55 - 59	0.00762	2X - Two Times Salary
35 - 39	0.00098	60 - 64	0.01036	3X - Three Times Salary
40 - 44	0.00163	65 - 69	0.01723	
45 - 49	0.00242	70 - 74	0.02654	

(Enter age, coverage elected, rate, annual salary, and benefit cost)

D3. SUPPLEMENTAL ACCIDENTAL DEATH - Additional Accidental Death and Dismemberment coverage may be purchased in increments of \$10,000, up to a maximum of \$300,000.

The cost for each \$10,000 increment, for Jan. 1 to December 31, is \$ 2.40/yr.; \$ .10/pay per increment.

(Enter number of increments and per year benefit costs)

10. Enter the sum of boxes 5. through 9. into box 10.

11. If box 10. is less than box 4. subtract box 10. from box 4. Enter the difference in shaded box 11. This amount will automatically Cash Out to your paycheck and can offset the Reimbursement Account reduction, the Post Tax deduction or be tax deferred to the pension plan through a separate election form. To determine your biweekly Cash Out divide the entered amount by 24.

12. If box 10. is greater than box 4. subtract box 4. from box 10. Enter the difference in shaded box 12. This is your net pre-tax benefit reduction. To determine your biweekly reduction divide the entered amount by 24.

**E. POST TAX BENEFITS**

Section E. - The following additional benefits are available on a post tax basis. These benefits can be purchased with excess Flex Spending dollars or through post tax payroll deduction. If coverage is desired, circle the coverage elected and enter the per year benefit cost into Section E. (E1. and E2.).

E1. SUPPLEMENTAL LONG TERM DISABILITY - An additional 26% of Long Term Disability coverage may be purchased. The Supplement increases coverage to a total of 66% of salary plus the continued 11% retirement plan contribution. The combined maximum benefit from the College provided coverage and the Supplemental is \$8,500 or \$10,000 per month. For more information refer to the Summary Plan Description. The cost for Jan. 1 to December 31 is:

If your Annual Salary is less than \$30,000, then multiply your Annual Salary by \$.0022 for the annual rate.  
 If your Annual Salary is at least \$30,000 and not more than \$180,000, then multiply your Annual Salary by \$.0037 for the annual rate.  
 If your Annual Salary is more than \$180,000, then multiply your Annual Salary by \$.0035 for the annual rate.

E2. DEPENDENT LIFE - You may elect Dependent Life Insurance under one of the following options. At the time of election employee combined life insurance

<u>Coverage Elected</u>	<u>Benefit Cost</u>		<u>Amount of Benefit</u>
	<u>Per Year</u>	<u>Per Pay</u>	
Option 1	\$102.48	\$4.27	Spouse/Domestic Partner - \$25,000 Each Child - \$4,000
Option 2	\$22.38	\$0.93	Spouse/Domestic Partner - \$5,000 Each Child - \$2,000

15. Enter the sum of boxes 13. and 14. into shaded box 15. To determine your biweekly deduction divide the entered amount by 24.

**F. CONFIRMING SIGNATURE**

Section F. - Confirming Signature

Complete the application by signing and dating in the shaded box. By signing and dating you agree with the selections as indicated and, if applicable, elect a cash out of remaining flex dollars.

## MEDICAL PREMIUM REBATE PROGRAM

The Medical Premium Rebate Program supplements the cost of medical insurance coverage for employees with total household adjusted gross income less than or equal to \$67,731.

To apply for a rebate, employees must complete and return to Human Resources, the attached “Application for Medical Premium Rebate Form” and a copy of the first page of their most recent income tax return form that indicates Total Household Income.

### **Rebate**

A “needs-based rebate” (considering both income and coverage) will be calculated for each eligible employee. The size of the rebate is based on level of medical insurance coverage and total household income level. Rebate dollars will decrease by total household adjusted gross income level with a phase-out beginning at \$45,154 and reduced to zero at \$67,731.

#### 2010 Full Rebate Amount

Individual	\$ 465
2 Person	\$ 1,371
Family	\$ 1,874

If you have questions regarding the Medical Premium Rebate Program, please contact Human Resources.

**APPLICATION FOR MEDICAL PREMIUM REBATE - 2010**  
*(Attach A Copy Of The First Page Of Your Income Tax Return Form(s) Reflecting 2008 Total Household Adjusted Gross Income)*

To be eligible for a rebate, applicants must have had 2008 Total Household Adjusted Gross Income of less than \$67,731. Rebate amounts will be calculated and used to offset medical insurance premium expenses.

Name:	Social Security Number: _____ - _____ - _____
Please check your status: <input type="checkbox"/> Staff <input type="checkbox"/> Administrator <input type="checkbox"/> Faculty	2008 Household Adjusted Gross Income Level:        \$ _____

Medical Insurance Plan (please check one)

- Union College Point of Service (UCPOS)
- UC Capital District Physicians' Health Network HMO (UC-CDPHN HMO)
- Mohawk Valley Plan HMO (MVP)

Level of Medical Insurance Coverage (please check one)

- Individual
- Two-Person
- Family

***Please return application form and a copy of the first page of your 2008 income tax return form showing Total Household Adjusted Gross Income to Human Resources.***

Employee Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**For Human Resource Use:**

Total Rebate: \_\_\_\_\_

Payroll Input: \_\_\_\_\_

By:  GKS     JLB     ECN

# **INCREASE YOUR TAKE HOME PAY WITH A FLEXIBLE SPENDING ACCOUNT (FSA)**

## **WHAT IS A FLEXIBLE SPENDING ACCOUNT (FSA)**

By selecting to redirect a portion of your salary to a health and/or dependent care Flexible Spending Account (FSA), you essentially “bank” your money TAX-FREE. The UNTAXED money can be used to pay for all those health and/or dependent care expenses that eat away at your take home pay. Expenses for you and your family members include, but are not limited to, the medical plan co-pays and deductibles, dental plan deductibles and visit fees, prescription co-pays, over-the-counter medication costs including aspirin, other pain relievers, allergy medications and antacids, contact lenses, chiropractor, acupuncture, hearing devices, insurance deductibles, child care or elder care.

## **HOW A FLEXIBLE SPENDING ACCOUNT WORKS**

Faculty and staff may enroll in one or both Flexible Spending Accounts. *You must re-enroll each year that you wish to participate.* You decide how much money to put into your account by estimating how much you expect your health and/or dependent care expenses to be during the calendar year. The amount is then deducted from your paycheck in equal installments throughout the year, before taxes are withheld, and deposited into your account(s).

After you pay for an eligible expense, you request reimbursement from your account(s) by using a Reimbursement Claim form. The completed form and appropriate original documentation, such as the receipt or paid bill, should be sent to the Payroll Office. Within two weeks you will be issued a check. Claim forms are available at [www.union.edu/HR](http://www.union.edu/HR) or from Human Resources.

## **A LITTLE PLANNING GOES A LONG WAY**

While Flexible Spending Accounts offer many advantages, there are a few key points to keep in mind to make sure your account(s) work for you:

- Once you sign up for one or both accounts, you cannot change or stop your contributions unless you experience a qualified family status change, such as marriage, divorce, the birth or adoption of a child, or a change in employment status of you or your spouse.
- When you use an account, you cannot claim the same expenses on your federal income tax return. In some cases, you may be able to receive a tax credit for certain dependent care expenses that are more advantageous than the tax free account reimbursement.
- You have until March 30th of the following year to submit claims for reimbursement for: 1) health related expenses incurred during the preceding 14-1/2 months (Jan. 1 – March 15) or 2) dependent care expenses incurred during the prior calendar year. According to IRS rules, any money left in your account is forfeited.
- The Flexible Spending Account is a once a year election that must be made prior to the start of a new tax year.

**HOW A FLEXIBLE SPENDING ACCOUNT CAN SAVE YOU MONEY**

	<b>Without an Account</b>	<b>With an Account</b>	<b>Flexible Spending Account</b>
Salary	\$20,000	\$20,000	
To Account			\$195
Taxable Salary	\$20,000	\$19,805	
Income Tax (20%)	\$( 4,000)	\$( 3,961)	
Social Security (7.65%)	\$( 1,530)	\$( 1,515)	
Salary After Taxes	\$ 14,470	\$ 14,329	
Medical Expenses			
5 Office Visits at \$15 each	\$( 75)	\$( 75)	
4 Generic Prescriptions at \$10 each	\$( 40)	\$( 40)	
2 Brand Name Prescriptions at \$25 each	\$( 50)	\$( 50)	
5 Over-The Counter Medications (@ \$6 each)	\$( 30)	\$( 30)	
Account Reimbursement		\$ 195	
Net Pay	\$ 14,275	\$ 14,329	
INCREASE IN ANNUAL TAKE HOME PAY		\$ 54	

**HOW TO ENROLL IN THE PLAN**

To participate in the tax-free Flexible Spending Account program, complete the attached Union College Health/Dependent Care Flexible Spending Account form and return it to Human Resources.

The minimum contribution for a health care account is \$1 per pay period and the maximum contribution is \$5,000 per year.

The minimum contribution for a dependent care account is \$100 per year and the maximum contribution is \$5,000 per year. *Expenses must be for dependents under the age of 13.*

**QUESTIONS**

For more information about this or any other benefits, contact Human Resources at x.6108.



HUMAN RESOURCES  
(518) 388-6108

**2010 HEALTH/DEPENDENT CARE FLEXIBLE SPENDING ACCOUNT (FSA)**

Employee Name: \_\_\_\_\_ Soc. Sec. #: \_\_\_\_\_

I. I hereby enroll as a participant in the plan as of January 1, 2010. I authorize my employer to reduce my compensation by the amount specified below in order to purchase benefits under the Plan. I understand that this election is irrevocable during the Plan Year unless the revocation is on account of and consistent with a change in family status.

II. Benefit Election: I elect to allocate the following amounts on an annual and pay period basis for the purchase of the benefits listed below:

	Amount Per Year	Amount Per Pay Period
A. Dependent Care Flexible Spending Account* (Daycare Center, Babysitter, etc.) - Plan year enrollment 1/1/2010-12/31/2010	_____	_____
B. Health Care Flexible Spending Account (Medical, Dental, Vision) - Plan year enrollment 1/1/2010-3/15/2011	_____	_____
TOTAL	_____	_____

III. From January 1, 2010 to December 31, 2010, my per pay period compensation shall be reduced by \_\_\_\_\_ to create Health/Dependent Care Flexible Spending Account dollars during the Plan Year. The number of pay periods in this Plan Year, for deduction purposes, is 24.

I understand that all sums remaining in my account as of March 31, 2011 will be forfeited. I further understand that only expenses incurred during the applicable Plan Year and while I am a participant will be eligible for reimbursement.

\_\_\_\_\_  
(Employee Signature)

\_\_\_\_\_  
(Date)

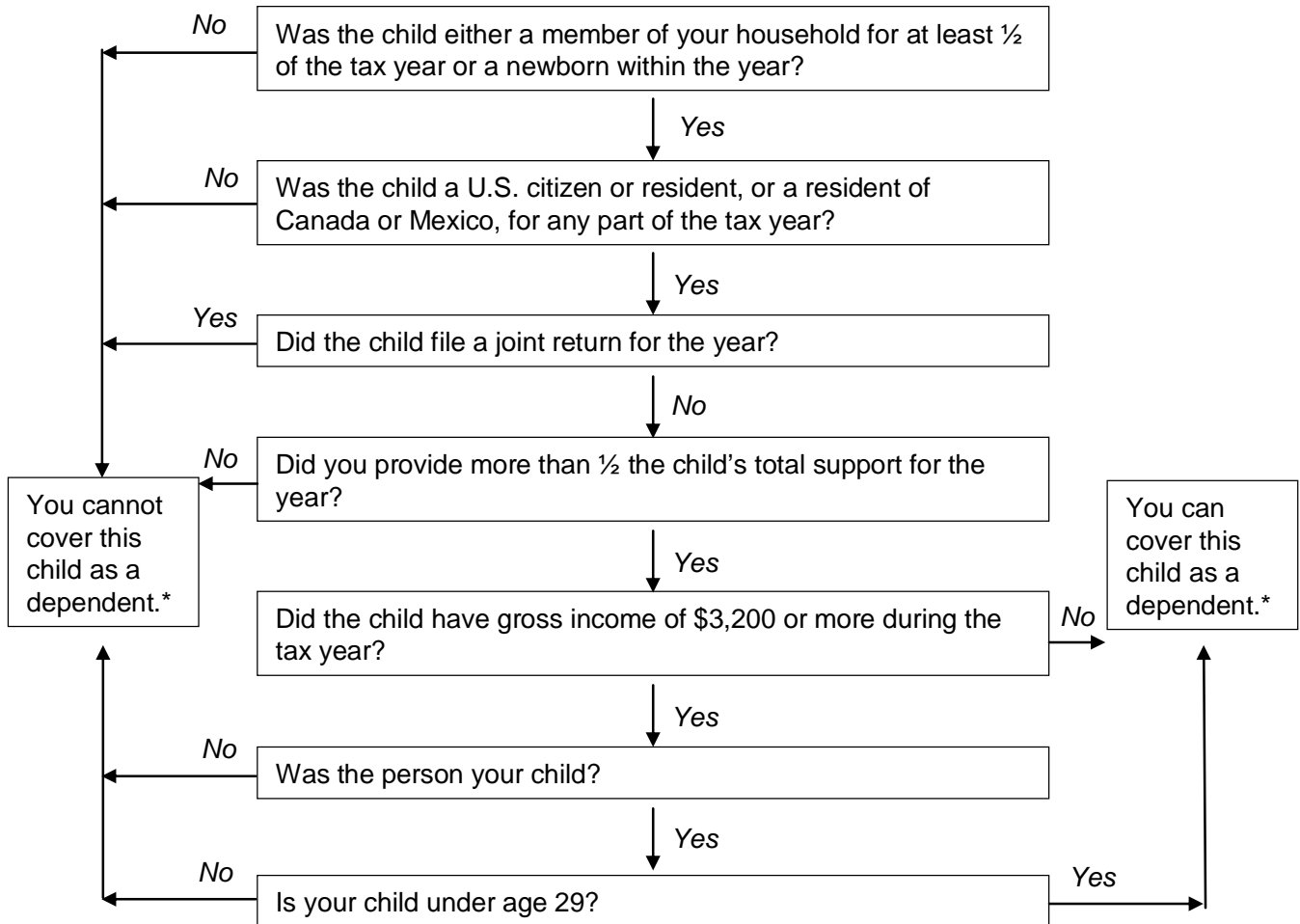
## **HOW YOU CAN HELP TO REDUCE MEDICAL INSURANCE COSTS**

The following are some suggestions for how you and your family can help to reduce overall medical insurance costs:

1. Discounted Mail Order Prescription Program – All of our medical insurance plans offer highly discounted prescriptions through a mail order arrangement. Employees covered under the UCPOS or UC-CDPHN HMO benefit from only paying for two months worth of medication (2 co-pays) and receiving the third month free. Employees covered under the MVP HMO benefit from only paying for two and one half months worth of medication (2.5 co-pays) and receiving one half of a month free. This program is especially well-suited for any type of maintenance medications.
2. Generic Prescription Drug Use - Most drugs have two names, the brand or proprietary name, and the generic or chemical name. The Food and Drug Administration determines if a generic is as safe and effective as its brand name equivalent. A generic drug is subject to the same quality controls as a brand name but is generally much less expensive. For example, using Union College participants, the average cost of a generic drug is \$28.59 compared to \$140.28 for a brand name. It is easy to see why generic drugs help contain the cost of your pharmacy benefit. Please discuss generic drug use with your physician. You may find generics are right for you and will save money for you and your medical plan.
3. Wellness Initiatives – Union College continues to pay for and/or supplement the cost for employees to pursue healthy activities and lifestyles. Some of our efforts included the “U Be Fit” newsletter, an on-campus Weight Watchers at Work program and continued employee discounts for Athletic Department fitness classes and Arts Department aerobic dance classes. Take advantage of these programs/discounts and help yourself to attain a healthier lifestyle.
4. Flu Shots – At the Benefits and Services Fair, employees are offered the opportunity to receive a Flu Shot (at no cost). Please call Human Resources today, ext. 6108, to schedule an appointment.
5. Emergency Room Use/Urgent Care Center - Do you know when to seek medical care from your doctor versus the emergency room? There are some basic guidelines that should help you decide what to do. The emergency room should be used for the sudden onset of an illness or condition when there is a reasonable belief that the condition could be fatal or could impair/jeopardize the patient’s health. Some examples include heart attack, stroke, head trauma, severe bleeding, etc. Remember that the emergency room does not replace your doctor’s office during normal business hours. Your doctor should be utilized during normal business hours unless you believe the injury falls under the definition of an emergency condition. Another alternative is an Urgent Care Center. Urgent Care Centers provide ambulatory health care services to patients who are in need of immediate medical care when the primary care physician is not available or after the normal business hours. Many Urgent Care Centers are open 365 days a year and no appointment is necessary. Treatment is generally quicker and less costly than traditional emergency room care. Facilities are generally handicap accessible and have plenty of parking. More information about Urgent Care Centers can be found on the Human Resources website at [http://www.union.edu/Resources/Campus/human\\_resources/benefits/medical.php](http://www.union.edu/Resources/Campus/human_resources/benefits/medical.php).

## Dependent Child Test

To determine if your child can be included as a dependent for insurance coverage, answer the following questions.



If you **can** cover this child as a dependent, then you can enroll this person on your Medical, Dental and/or Vision insurance. You can also enroll this person for Dependent Life insurance and the Medical/Dependent Care Spending Accounts. See Human Resources for the appropriate forms and to determine when this person can be added to your insurances.

If you **cannot** cover this person as a dependent, then you have 60 days from when his/her status changes to notify Human Resources of the change. It is your responsibility to inform Human Resources of a change in status for a dependent. The dependent will be removed from your insurance and he/she will be offered COBRA continuation for 36 months. Human Resources will provide the appropriate forms.

\* Dependent eligibility is to age 25 for the UCPOS and UC-CDPHN HMO plans. On the MVP HMO, members' children may continue to be covered under their parents' group policy through age 29 as long as they are not eligible for employer sponsored health insurance coverage and are not covered by Medicare. These children are not required to be financially dependent on their parents to elect this benefit. The full premium will be paid by the member electing the continuation of coverage.

## **BENEFIT PLAN INTERNET LINKS**

The Human Resource website is a useful and valuable tool for accessing information about policies, benefits, employment, special programs and HR news. The HR website can assist you in comparing benefit options and in locating doctors.

The easiest way to access the HR website is through the Union College homepage at [www.union.edu](http://www.union.edu). Once at the Union homepage use the “Quick Navigation” menu and select Human Resources (website: [www.union.edu/HR/](http://www.union.edu/HR/)).

To review benefit plan options start by selecting “Benefits”. To access individual plan information and to search for available Doctors/Providers, select “Benefit Contact Directory with Links to Providers”. To review Summary Plan Descriptions or Summary Annual Reports go to [http://www.union.edu/Resources/Campus/human\\_resources/benefits/spd.php](http://www.union.edu/Resources/Campus/human_resources/benefits/spd.php). To access the Forms menu, select “Forms”.

### **LINKS TO BENEFIT PLAN PROVIDERS**

**UCPOS (Group # 10008593) website: [www.cdphp.com](http://www.cdphp.com)**

To locate a participating physician, use the “Find-A-Doc” option, follow the directions and select “Self-Funded”

**UC-CDPHN HMO (Group # 10008593) website: [www.cdphp.com](http://www.cdphp.com)**

To locate a participating physician, use the “Find-A-Doc” option, follow the directions and select “Self-Funded”

**MVP HMO (Group # 211048) website: [www.mvphealthcare.com](http://www.mvphealthcare.com)**

To locate a participating physician, use the “Doctor Search” option

**DELTA DENTAL (Group # 1680) website: <http://www.deltadentalins.com/>**

To locate a participating dentist, use the website above. In the “Find A Dentist” box, select the Delta Dental PPO option and follow the instructions from there.

**EYEMED VISION CARE (Group # 9620022) website: [www.eyemedvisioncare.com](http://www.eyemedvisioncare.com)**

To locate a participating provider, use the website [www.eyemedvisioncare.com](http://www.eyemedvisioncare.com). In the “Provider Locator” box, select the Access network and enter your zip code.

**MERRIAM INSURANCE AGENCY (Personal Insurance): [www.merriam1.com](http://www.merriam1.com)**

**LIBERTY MUTUAL INSURANCE (Personal Insurance): [www.libertymutual.com/lm/peterflood](http://www.libertymutual.com/lm/peterflood)**

**TIAA-CREF website: [www.tiaa-cref.org](http://www.tiaa-cref.org)**

**FIDELITY INVESTMENTS website: [www.mysavingsatwork.com](http://www.mysavingsatwork.com)**

Please call the Human Resources office at ext. 6108 if you have questions.



# BENEFITS FAIR!

**November 11, 2009**

**8:30 am to 1:30 pm**

**Old Chapel/Hale House**

 **Flu Shots**  
**(call x. 6108 for Appointment)**

 **Make changes to your**  
**benefits coverage.**

 **Meet representatives from**  
**the insurance companies.**

Golf Calendars will be available through HR in the weeks following the fair.