

UNION COLLEGE

BENEFIT PLAN OPEN ENROLLMENT (Retiree, COBRA, etc.)

2017

UNION
COLLEGE
HUMAN RESOURCES
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www.union.edu/HR

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2017 Union College Benefit Plan Changes

Union College remains committed to providing participants with affordable and competitive benefits. Following is an overview of information and changes for 2017:

Under Age 65 Medical Plans: Our 2016 year-to-date medical insurance costs are up just slightly while the 2015 figures were below medical trend. Also, the number of high cost claimants (those with medical insurance claims greater than \$50,000) increased only slightly while the overall cost for high cost claims was down. These factors plus continued careful utilization by all participants has led to a good overall period for our self-insured medical insurance plan. Continued lower than projected utilization patterns will help to keep our future premium cost lower. Our plans focus on personal health awareness and overall participant wellness, while offering the option for a “Lower Premium/Higher Out-of-Pocket PPO plan, a “Higher Premium/Lower Out-of-Pocket PPO plan,” or the ability to Opt. Out of medical coverage altogether and receive a cash supplement.

PPO Plan U and PPO Plan C participants will see no increase in medical insurance premiums for 2017.

Over Age 65 Medical Plans: Most participants will experience an increase in premiums for 2017. The increases are primarily influenced by reduced payments from Medicare to the insurance vendors, increased claims costs and increased usage of medical technology and specialty pharmaceuticals. Please refer to your rate sheet for details. Below is a summary of coverage changes for 2017.

CDPHP Medicare Choices HMO:

- Urgent Care copay decreases from \$35 to \$25

CDPHP Medicare Choices PPO:

- Urgent Care copay decreases from \$50 to \$25

MVP Gold:

- Diabetic test strips and monitors will only be covered by Precision, Free Style and One Touch but will be covered in full.

AARP:

- No changes for participants continuing on their current plan.

Dental & Vision: Dental Plus and Basic participants, on-average, will experience a 5.92% increase in premiums. There will be no coverage changes to either dental plan for 2017. Vision plan participants, on-average, will experience a 7.96% decrease in premiums. There will be no coverage change to the vision plan for 2017. Please refer to your rate sheet for details.

If you have questions about the Union College Benefit Plan, please contact Human Resources at 518-388-6108.

BENEFIT PLAN DESIGN

Medical Insurance

Union's plan allows the flexibility to switch between available options during open enrollment. For participants under age 65, the options are the PPO Plan U or the PPO Plan C (PPO Plan U - Higher Premium/Lower Out-of-Pocket or PPO Plan C - Lower Premium/Higher Out-of-Pocket). Both the "U" or "Union" plan and the "C" or "College" plan are intended to provide comprehensive health insurance coverage at reasonable rates. Both options are administered by the Capital District Physician's Healthcare Network (CDPHN) and use the MagnaCare/First Health extended network. Union College is a self-insured provider. For participants over age 65, the options are MVP Gold, CDPHP Medicare Choices HMO, CDPHP Medicare Choices PPO and AARP Medicare Supplement plans (with or without prescription coverage).

The PPO Plan U and PPO Plan C options provide a choice between a plan that is primarily copay based on the in-network side and a plan that combines copays and coinsurance. Both options are primarily coinsurance-based on the out-of-network side. Services received from Capital District Physician's Healthcare Network (CDPHN) participating providers are considered as in-network. Services received from non-participating providers are considered as out-of-network. Your out-of-pocket expenses will vary depending upon how you use these plans.

The Preferred Provider Organization (PPO), the network behind our medical insurance plans, provide members with the freedom to see CDPHN physicians without a referral, to see an in-network physician outside of the area, and to see non-participating physicians if they so choose. The PPO network includes over 725,000 providers, extends coverage to virtually anywhere in the nation--all 50 states plus Puerto Rico, and provides coverage worldwide for emergency care. For helpful information regarding using the PPO plan and for finding a doctor within CDPHP's MagnaCare/First Health network, please go to the helpful links under Medical Insurance on the HR Benefits webpage: <http://www.union.edu/offices/human-resources/benefits/> or contact HR directly for a hardcopy of the information. As with most medical decisions, before receiving treatment, it is generally a good practice to consult the Summary Plan Description (SPD), Summary of Benefit Coverage (SBC), and/or contact CDPHP.

The CDPHP Medicare Choices HMO and MVP Gold plans require the selection of a Primary Care physician who directs your general healthcare, and provides coordination of care from other doctors, specialists and hospital admissions.

CDPHP Medicare Choices PPO plan provides a choice between using participating doctors and hospitals (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, a Primary Care Physician should direct your general health care, coordinate your care from other doctors and specialists, and hospital admission. The Out-of-Network component allows you to choose doctors and hospitals not participating in the network.

The AARP Medicare Supplement plans (with or without prescription coverage), allow retirees to receive medical insurance coverage, from Medicare approved physicians, anywhere in the country. Coverage is dependent on plan selected with basic benefits for all plans including Part A coinsurance plus coverage for 365 additional days after Medicare benefits end; Part B coinsurance (generally 20% of Medicare-approved expenses) or copayments for hospital outpatient services, and the first three pints of blood each year.

Dental Insurance

You may switch between 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 Implants and Orthodontic Services. ***There is a one year notification requirement when switching from the Basic to Plus option (please contact Human Resources for more information).***

Vision Insurance

You may continue your current participation 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.

Summary Annual Reports (SAR), Summary Plan Descriptions (SPD) and Summary of Benefit Coverage (SBC) 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.

2017 MEDICAL BENEFITS OVERVIEW

<u>GENERAL INFORMATION</u>	CDPHP PPO PLAN U (Higher Premium/Lower Out-of-Pocket)		CDPHP PPO PLAN C (Lower Premium/Higher Out-of-Pocket)	
	<u>IN NETWORK</u>	<u>OUT-OF-NETWORK</u>	<u>IN NETWORK</u>	<u>OUT-OF-NETWORK</u>
PLAN DESCRIPTION (No Pre-Existing Condition Exclusions)	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.		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.	
ELIGIBILITY	Children to age 26	Children to age 26	Children to age 26	Children to age 26
<u>OUT-OF-POCKET COSTS</u>				
ANNUAL DEDUCTIBLE (Copays do not count toward the deductible)	No deductible for basic benefits, though co-pay fees may exist.	\$250 Individual \$500 Family	\$ 400 Individual \$ 800 Family	\$800 Individual \$1,600 Family
ANNUAL OUT OF POCKET MAXIMUM (Maximum applies only to costs considered Reasonable and Customary (R&C). After reaching the max., costs in excess of R&C are the member's responsibility. Copays are included toward the annual out-of-pocket maximum)	\$1,250 Individual/\$2,500 Family (Annual copay max for Inpatient Stays and Outpatient Ambulatory Surgery - \$350 Individual/\$750 Family)	\$2,500 Individual/ \$5,000 Family	\$2,000 Individual \$4,000 Family	\$4,000 Individual \$8,000 Family
LIFETIME MAXIMUM	None	None	None	None
<u>HOSPITAL SERVICES</u>				
INPATIENT CARE AND OUTPATIENT AMBULATORY SURGERY	\$150 copay for inpatient care; \$100 copay for outpatient surgery	Deductible & 20% coinsurance	Deductible & 10% coinsurance	Deductible & 30% coinsurance
EMERGENCY CARE	\$100 copayment. Worldwide emergencies covered in full	\$100 copayment. Worldwide emergencies covered in full	\$100 copayment. Worldwide emergencies covered in full	\$100 copayment. Worldwide emergencies covered in full
URGENT CARE FACILITY	\$25 copayment per visit	Deductible & 20% coinsurance	\$25 copayment per visit	Deductible & 30% coinsurance
PHYSICIAN SERVICES	Primary Care Physicians - \$20 copay per visit. \$30 copay for the first 10 specialist visits, \$20 thereafter. See summary plan description for individual items	Deductible & 20% coinsurance per visit. See summary plan description for individual items	Primary Care Physicians - \$20 copay per visit. \$30 copay for the first 10 specialist visits, \$20 thereafter. See summary plan description for individual items	Deductible & 30% coinsurance per visit. See summary plan description for individual items
OTHER OUTPATIENT	\$100 copayment	Deductible & 20% coinsurance	Deductible & 10% coinsurance	Deductible & 30% coinsurance

<u>GENERAL INFORMATION</u>	<u>CDPHP PPO PLAN U (Higher Premium/Lower Out-of-Pocket)</u>		<u>CDPHP PPO PLAN C (Lower Premium/Higher Out-of-Pocket)</u>	
	<u>IN NETWORK</u>	<u>OUT-OF-NETWORK</u>	<u>IN NETWORK</u>	<u>OUT-OF-NETWORK</u>
WELL CARE	Covered in full for certain well child and preventative care; otherwise \$20 copayment	Deductible & 20% coinsurance	Covered in full for certain well child and preventative care; otherwise \$20 copayment	Deductible & 30% coinsurance
MATERNITY BENEFITS (pre and post natal; excludes inpatient services)	\$20 initial visit; all other visits covered in full	Deductible & 20% coinsurance	\$20 initial visit; all other visits covered in full	Deductible & 30% coinsurance
THERAPY	\$20 copay per visit. 30 day limit per occurrence for physical, occupational and speech	Deductible & 20% coinsurance; 30 visit maximum per occurrence	\$20 copay per visit. 30 day limit per occurrence for physical, occupational and speech	Deductible & 30% coinsurance; 30 visit maximum per occurrence
MENTAL HEALTH & SUBST. ABUSE				
Inpatient Hospital	\$150 copay for inpatient care	Deductible & 20% coinsurance	Deductible & 10% coinsurance	Deductible & 30% coinsurance
Inpatient Physician	\$150 copay for inpatient care	Deductible & 20% coinsurance	Deductible & 10% coinsurance	Deductible & 30% coinsurance
Outpatient	\$30 copay for the first 10 specialist visits, \$20 thereafter.	Deductible & 20% coinsurance	\$30 copay for the first 10 specialist visits, \$20 thereafter	Deductible & 30% coinsurance
PRESCRIPTION DRUGS	\$10 copay for Tier 1 drugs; \$25 copay for Tier 2 drugs; \$40 copay for Tier 3 drugs; Maintenance medication must be mail-ordered or 3 month supply via CVS	\$10 copay for Tier 1 drugs; \$25 copay for Tier 2 drugs; \$40 copay for Tier 3 drugs; Maintenance medication must be mail-ordered or 3 month supply via CVS	\$10 copay for Tier 1 drugs; \$25 copay for Tier 2 drugs; \$40 copay for Tier 3 drugs; Maintenance medication must be mail-ordered or 3 month supply via CVS	\$10 copay for Tier 1 drugs; \$25 copay for Tier 2 drugs; \$40 copay for Tier 3 drugs; Maintenance medication must be mail-ordered or 3 month supply via CVS
VISION COVERAGE	\$20 copay (PCP) or \$30 copay (Specialist) per visit, one visit every 2 years	Deductible & 20% coinsurance Limited once every other year	\$20 copay (PCP) or \$30 copay (Specialist) per visit, one visit every 2 years	Deductible & 30% coinsurance Limited once every other year
HEARING AIDS	20 % coinsurance; every 3 years towards purchase, replace. or repair Requires referral & UM Approv.	Deductible & 50% coinsurance; every 3 years towards purchase, replace. or repair Requires referral & UM Approv.	Deductible & 20% coinsurance; every 3 years towards purchase, replace. or repair Requires referral & UM Approv.	Deductible & 50% coinsurance; every 3 years towards purchase, replace. or repair Requires referral & UM Approv.
OTHER SERVICES	See Summary Plan Descrip.			

Navigating the Preferred Provider Organization (PPO) Plans

You have the opportunity to select one of two Medical Plans that Union College offers (PPO Plan U - Higher Premium/Lower Out-of-Pocket or PPO Plan C - Lower Premium/Higher Out-of-Pocket). Both the “U” or “Union” plan and the “C” or “College” plan are intended to provide comprehensive health insurance coverage at reasonable rates. To assist you in determining which plan is right for you, a PPO Plan Selection Tool is available on the HR website.

Following are some plain language definitions that will help you to better understand the terminology of the plans and how charges to participants will work.

PPO Terminology

Participant: You as the employee or other covered family members.

Plan: Union College as the self-insured employer. Although CDPHP administers our plan, it is actually Union and you that take the financial risk of claims fluctuations and that suffer from unnecessary use of medical services.

Copay: This is the fixed dollar amount that a participant is required to pay for the service rendered based on the schedule of benefits. Copays do NOT count toward the deductible but they do count towards the Out-of-Pocket Maximum.

Deductible: This is the first dollar payment that a participant is required to pay before the plan begins sharing the cost of a covered expense. Copays do NOT count toward the deductible but they do count towards the Out-of-Pocket Maximum.

Co-Insurance: This is the percentage of the cost of medical services shared by the participant and the plan as indicated on the schedule of benefits. The participant must first meet the deductible before the cost is shared by the plan. For example, if 10% is indicated, and the provider is in-network, then the plan (in our case Union College as a self-insured employer) pays 90% of the cost and the participant (you) are responsible for 10% of the cost.

Out-of-Pocket Maximum (OOP): This is the maximum annual dollar amount that a participant would be responsible for paying for medical services or prescriptions. All charges, including the deductible, coinsurance, and copays are applied toward the OOP. These charges are in addition to the normal premiums that are deducted from your paycheck.

In-Network: This is the network of doctors, hospitals, labs, etc. that have been approved by CDPHP for participant use. CDPHP has negotiated discounts on medical services for providers and facilities that participate in their network. Participants will have lower out-of-pocket costs by utilizing in-network providers.

Out-of-Network: This is all providers that are outside of the CDPHP network. If a participant uses an out-of-network provider, the provider may charge whatever they want and the provider may also balance bill the participant for amounts above CDPHP’s reimbursement allowance.

Medical Plan Utilization and Resulting Charges

The way the PPO plans are set up, with the exception of preventative care, participants are required to pay a portion of the resulting cost of the service provided. Depending on the type of service and plan enrolled in, this would be either through a copay, deductible, or coinsurance. The out-of-network components of either plan and the in-network component of the PPO Plan C (Lower Premium/Higher Out-of-Pocket) plan, where a coinsurance percentage is indicated, require that a deductible (1st dollar deductible) be met before the insurance plan (Union College) will share in the cost.

Following are a couple of examples of how participants incur costs under the plan and how costs are shared between the participant and the plan (Union).

PPO Plan U: (Higher premium, Lower Out-of-Pocket): On the in-network side of the plan, a participant who uses a primary care physician, visits a specialist, has an emergency room or urgent care visit, has an inpatient or outpatient procedure, or uses the prescription program will incur a fixed dollar copay for each visit. The participant is responsible for all copays until the out-of-pocket maximum is reached. Once the out-of-pocket maximum is reached, the participant will have no other copay charges regardless of the amount or type of service received. Please also note that, to further limit financial exposure, the PPO Plan U has a separate out-of-pocket maximum for inpatient care and outpatient surgery.

For the out-of-network side, the participant will be required to pay a portion of the cost under the co-insurance arrangement or the copay for an emergency room visit. The participant is first responsible for costs up to the stated deductible. After the stated deductible has been met, the participant and the plan (Union) share the cost according to the schedule of benefits (copays do NOT count towards the deductible). Participants are responsible for a portion of the cost of medical services, above the deductible, until total participant out-of-pocket costs (copays, the deductible, and coinsurance) reach the out-of-pocket maximum.

PPO Plan C: (Lower Premium, Higher Out-of-Pocket): On the in-network side of the plan, a participant who uses their primary care physician, visits a specialist, has an emergency room or urgent care visit, and/or uses the prescription program will incur a fixed dollar copay for each visit. For an inpatient or outpatient procedure, or for most medical services on the out-of-network side of the plan, the participant will be required to pay a portion of the cost under the co-insurance arrangement. The participant is first responsible for costs up to the stated deductible. After the stated deductible has been met, the participant and the plan (Union) share the cost according to the schedule of benefits (copays do NOT count towards the deductible). Participants are responsible for a portion of the cost of medical services, above the deductible, until total participant out-of-pocket costs (copays, the deductible, and coinsurance) reach the out-of-pocket maximum.

** Please note that for the PPO Plan U plan there is no in-network deductible and for the PPO Plan C plan there are different deductibles for in-network and out-of-network. Charges incurred and applied toward a deductible or the out-of-pocket maximum is specific to the in or out of network category in which they occurred.*

Hopefully this handout has provided you with a better understanding of how the plans will function. Please make sure to try the Plan Selection Modeling Tool to get a better sense of how this would apply to your particular situation. If you have any questions, please contact Human Resources at ext. 6108.

Selecting the Preferred Provider Organization (PPO) Plan That is Right for You!

Which PPO medical insurance plan should I enroll in? Before you answer that question, please keep in mind that regardless of your selection: 1) Both plans are administered by the Capital District Physician's Health Plan (CDPHN), 2) Both plans use the MagnaCare/First Health network, and 3) Union will continue to self-insure the plans and therefore be ultimately responsible for claims and cost fluctuations.

PPO Plan MagnaCare/First Health Network

The Preferred Provider Organization (PPO), for our medical insurance plans, provide members with the freedom to see CDPHN physicians without a referral, to see an in-network physician outside of the area, and to see non-participating physicians if they so choose. The PPO network includes over 725,000 providers, extends coverage to virtually anywhere in the nation--all 50 states plus Puerto Rico, and provides coverage worldwide for emergency care. For helpful information regarding using the PPO plan and for finding a doctor within CDPHN's MagnaCare/First Health network, please go to the helpful links under Medical Insurance on the HR Benefits webpage: <http://www.union.edu/offices/human-resources/benefits/> or contact HR directly for a hardcopy of the information. As with most medical decisions, before receiving treatment, it is generally a good practice to consult the Summary Plan Description (SPD), Summary of Benefit Coverage (SBC), and/or contact CDPHN.

What is the Main Differences Between the Two Plans?

Before the differences are considered, please note that both plans offer in and out-of-network options, require copays for things like physician and specialist visits, emergency room or urgent care visits and prescription drugs, and involve a deductible and coinsurance. Both plans also offer a limit on financial out-of-pocket exposure.

The PPO Plan U (Higher Premium/Lower Out-of-Pocket) plan, considered a Platinum level plan on the medical exchanges, offers comprehensive coverage with limited financial out-of-pocket exposure, especially when using the in-network option. Since the in-network option does not have an in-network deductible, financial out-of-pocket exposure is primarily limited to the stated copays. Financial out-of-pocket exposure is further limited, under the in-network option, by individual and family out-of-pocket maximums for inpatient care and outpatient ambulatory surgery.

The PPO Plan U out-of-network option has a bit more financial out-of-pocket exposure, with the inclusion of deductibles and co-insurance. The PPO Plan U has lower individual and family cumulative out-of-pocket maximums. Because of the comprehensiveness of coverage and limited financial out-of-pocket exposure, the premiums for this plan are higher.

The PPO Plan C (Lower Premium/Higher Out-of-Pocket) plan, considered a Gold level plan on the medical exchanges, was developed to offer comprehensive coverage, to promote greater financial awareness in healthcare choices, and to provide lower payroll contributions. The PPO Plan C offers the potential for savings but also the potential for increased financial out-of-pocket exposure. The PPO Plan C has both an in-network and an out-of-network deductible. Depending on how the plan is used, the respective deductible must be met before services subject to coinsurance will be paid. Where a copay is indicated, the copay is the financial out-of-pocket exposure; where coinsurance is indicated the deductible must first be met before the plan shares in the cost.

This PPO Plan C has considerably more services covered on a coinsurance basis. The risk of financial out-of-pocket exposure is therefore increased, up to the stated out-of-pocket maximum amounts. It should be noted that this plan, unlike the PPO Plan U (Higher Premium/Lower Out-of-Pocket) plan, does not have separate out-of-pocket maximums for in-network inpatient care and outpatient surgery. Although this plan is also comprehensive, because of the higher deductibles, prevalence of coinsurance, and higher out-of-pocket limits, the premiums for this plan are lower.

So How Do I Decide Which Plan is Right for Me?

Should I select the PPO Plan U (Higher Premium/Lower Out-of-Pocket) or should I go with the PPO Plan C (Lower Premium/Higher Out-of-Pocket)?

You are encouraged to review the plan options, related premiums, and potential out-of-pocket costs, to make sure that you are selecting the plan that is right for you. To make an even more informed decision, you are encouraged to take a closer look at your past and expected use of medical care services and your financial situation. You should look at things such as: how many physician's or specialist visits you normally have, the likelihood that you will require inpatient or out-patient treatment, how many and what kind of prescriptions you normally have, etc. You are also highly encouraged to take a close look at your financial situation. Ask yourself whether you are able and willing to handle the financial cost, up to the out-of-pocket maximum, for the plan you are interested in enrolling in? Ultimately, you will need to make a risk/reward determination. Do you want to pay higher premiums in return for less out-of-pocket exposure, or do you want to pay lower premiums with more out-of-pocket exposure? In other words, you are trying to determine if your utilization of medical services will be low enough that your out-of-pocket expenses do not outweigh your premium savings.

A key factor in making your decision is whether you have the financial resources to handle the potential out-of-pocket expenses of the "Lower Premium/Higher Out-of-Pocket" plan. If you, or a covered family member, require inpatient care, outpatient surgery or any of the other items covered by coinsurance, will you be able to pay the resulting deductible and coinsurance? This is a personal decision and not one that should be made without due consideration. Regardless of the plan selected, employees facing financial difficulties should note that programs are available to help deal with short-term monetary issues. Human Resources can provide you with information regarding loans against your retirement plan or loans available through the Schenectady Area Employer Resource Network (of which Union is a founding member).

To assist you in your decision making, a PPO Plan Selection Tool is available on the HR website. The PPO Plan Selection Tool uses cost estimates for things like inpatient stays, outpatient surgeries, and durable medical equipment. Because the PPO Plan Selection Tool uses estimates, your actual experience may vary. The Tool is available from Human Resources and on the HR website in the Benefits section. Human Resources is also available to help you with the tool and any other questions you might have. Hopefully this handout has provided you with some useful suggestions for selecting which PPO plan is right for you. If you have any questions, please contact Human Resources at ext. 6108.

2017 - 65 and Over Medical - MVP Gold, CDPHP Medicare Choices, and Select AARP Plan

Benefits	MVP Gold Plan	CDPHP Medicare Choices HMO	CDPHP Medicare Choices PPO		AARP Plan F with Enhanced Pharmacy Plan*
			In-Network	Out-of-Net	
Physician Services					
Primary Care Physician visits	\$10 copayment	\$10 copayment	\$10 copayment	\$20 copayment	Covered in full
Specialty Visits	\$15 copayment	\$15 copayment	\$15 copayment	\$30 copayment	Covered in full
Annual Physical	Covered in full	Covered in full	Covered in full	Covered in full	Covered in full if Medicare approved
Routine gynecological exam	\$15 copayment	\$15 copayment	\$15 copayment	\$15 copayment	Covered in full if Medicare approved
Hospital Services					
Inpatient Hospital (semi-private room)	Covered in full	Covered in full	Covered in full	\$500 copayment	Covered in full for 365 days, plus 60 lifetime reserve days
Outpatient Surgical Facility	Covered in full	Covered in full	\$125 copayment	\$250 copayment	Covered in full
Diagnostic Testing					
Laboratory services	Covered in full	\$15 copayment (waived if provider is designated laboratory)	\$15 copayment (waived if provider is designated lab)	\$30 copayment	Covered in full
Radiology and Imaging (X-rays, ultrasounds)	\$15 copayment	\$15 copayment	\$15 copayment	\$30 copayment	Covered in full
Complex Radiology (CT Scan, MRI, PET Scan)	\$15 copayment	\$30 copayment	\$30 copayment	\$60 copayment	Covered in full

2017 - 65 and Over Medical - MVP Gold, CDPHP Medicare Choices, and Select AARP Plan

Benefits	MVP Gold Plan	CDPHP Medicare Choices HMO	CDPHP Medicare Choices PPO		AARP Plan F with Enhanced Pharmacy Plan*
			In-Network	Out-of-Net	
Emergency Care					
Worldwide emergency room care	\$65 copayment (waived if admitted)	\$50 copayment (waived if admitted)	\$75 copayment (waived if admitted)	\$75 copayment (waived if admitted)	Covered in full
Urgent care	\$15 copayment	\$25 copayment	\$25 copayment	\$25 copayment	Covered in full
Ambulance	\$50 copayment	\$50 copayment	\$100 copayment	\$100 copayment	Covered in full
Chiropractic Benefits	\$15 copayment	\$15 copayment	\$15 copayment	\$30 copayment	Covered in full
Skilled Nursing Facility	Covered in full for days 1-20; \$135 for days 21-100 per benefit period	Covered in full for 100 days per benefit period	Covered in full for 100 days per benefit period	Covered in full for 100 days per benefit period	Covered in full Up to 100 days
Prescription Drug					
Retail	No Deductible, \$0/5/15/30/30/0 No change in copays during the “donut hole”	No Deductible, Enhanced formulary \$0/10/25/40/40 No change in copays during the “donut hole”	No Deductible, Enhanced formulary \$0/10/25/40/40 No change in copays during the “donut hole”	No Deductible, Enhanced formulary \$0/10/25/40/40 No change in copays during the “donut hole”	No deductible. \$3/6/39 /85/33% to \$2,930 combined cost. Once combined costs reach \$2,960 (\$3 generics covered throughout), retiree is responsible until out-of-pocket cost totals \$4,700 (donut hole). Generous catastrophic coverage begins at \$4,700.
Mail Order	Up to a 90-day supply for two copayments	Up to a 90 day supply for two copayments on Tier 1 – Tier 4 drugs	Up to a 90 day supply for two copayments on Tier 1 – Tier 4 drugs	Not Covered	\$0/75/195.75 (90 day supply)

2017 - 65 and Over Medical - MVP Gold, CDPHP Medicare Choices, and Select AARP Plan

Benefits	MVP Gold Plan	CDPHP Medicare Choices HMO	CDPHP Medicare Choices PPO		AARP Plan F with Enhanced Pharmacy Plan*
			In-Network	Out-of-Net	
Prosthetic Devices and Durable Medical Equipment	20% coinsurance of allowable charges	20% coinsurance; Prior authorization required for items over \$500 plus rentals	20% coinsurance; authorization required for items over \$500 plus rentals	20% coinsurance; Prior authorization required for items over \$500 plus rentals	Covered in full
Mental Health					
Inpatient mental health, maximum 190 days per lifetime	Covered in full	Covered in full	Covered in full	\$500 copayment	Covered in full
Outpatient mental health	\$10 copayment	\$15 copayment	\$15 copayment	\$30 copayment	Covered in full
Chemical Abuse and Dependency					
Inpatient Detoxification	Covered in full	Covered in full	Covered in full	\$500 copayment	Covered in full
Outpatient Rehabilitation	50% coinsurance	\$15 copayment	\$15 copayment	\$30 copayment	
Physical, Occupational and Speech Therapy	\$15 copayment to plan maximums	\$15 copayment No visit limit	\$15 copayment No visit limit	\$30 copayment No visit limit	Covered in full
Home Health Care	Covered in full No visit limit	Covered in full No visit limit	Covered in full No visit limit	Covered in full No visit limit	Covered in full

2017 - 65 and Over Medical - MVP Gold, CDPHP Medicare Choices, and Select AARP Plan

Benefits	MVP Gold Plan	CDPHP Medicare Choices HMO	CDPHP Medicare Choices PPO		AARP Plan F with Enhanced Pharmacy Plan*
			In-Network	Out-of-Net	
Vision Coverage					
Exam	\$15 Routine or Medical	\$15 copayment per year; limit 1 per yr	\$15 copayment per year; limit 1 per yr	\$30 copayment per year; limit 1 per yr	Not Covered
Hardware	Frames and lenses, \$100 allowance every 2 years	Frames and lenses, \$100 allowance per year	Frames and lenses, \$100 allowance per year	Frames and lenses, \$100 allowance per year	Not Covered
Hearing Aids	\$600 allowance every 3 years	\$200 annual allowance plus Hearing Care Solutions Discount	\$200 annual allowance plus Hearing Care Solutions Discount	\$200 annual allowance	Not Covered
Out-Of-Network Care	Limited services from non-participating providers - No Deductible, 30% coinsurance, \$5,000 max annual benefit	Routine Services outside of the service area-Prior Authorization required, With prior authorization receive in-network copay arrangement	Not Applicable	See coverage category above	Routine services are treated as medical. Foreign travel, \$250 deductible, AARP covers 80% up to a \$50,000 lifetime maximum
Rates (Total including Union College portion)	\$365.50 per month per person	\$308.83 per month per person	\$292.70 per month per person		*Specific to retiree, see packet

All benefits of these plans are subject to coordination of benefits. This summary is designed to highlight the benefits of the plans being offered and does not detail all benefits, limitations, or exclusions. It is not a contract and may be subject to change. For more detailed information, additional documents are available for your review upon request. Please note: All non-emergency health services must be provided by a participating physician/provider (including hospital admissions) unless otherwise preauthorized.

* AARP plan F is for example purposes only. AARP plans plus preferred or enhanced pharmacy plans are available in most states.

AARP Medicare Supplement Plans

Fully insured Medicare supplement insurance

- Below are the 2017 modernized plan designs (for all states except MA, MN and WI) available to participants new to AARP

Plan	A	B	C	F	K	L	N
Part A (Hospitalization) Coinsurance and Hospital Benefits							
Part B (Medical) Coinsurance or Copayment					50% ¹	75% ¹	Co-Pay ²
Blood – First 3 Pints					50% ¹	75% ¹	
Hospice Care Coinsurance or Copayment					50% ¹	75% ¹	
Skilled Nursing Facility Care Coinsurance					50% ¹	75% ¹	
Part A Deductible					50% ¹	75% ¹	
Part B Annual Deductible							
Part B Excess Charges ³							
Foreign Travel Emergency ⁴			80%	80%			80%
Annual Out-of-Pocket Spending Limit					\$4,940	\$2,470	

 = Covered up to the plan limits

¹ While most Medicare supplement insurance plans do not have an annual out-of-pocket maximum, Plan K has an out-of-pocket maximum of \$4,960 and Plan L has an out-of-pocket maximum of \$2,480. Services under Plan K and Plan L that do not count toward out-of-pocket maximums include Part B excess charges and any service not covered by Medicare. After you meet your out-of-pocket yearly limit and your yearly Part B deductible (\$166 in 2016), the plans pay 100% of covered services for the rest of the calendar year. Exception: Plans K and L will pay 100% of Part B co-insurance for preventive services covered by Medicare.

² Note: Up to \$20 co-pay for office visits and up to \$50 co-pay for ER.

³ Excess Charge is limited to 5%.

⁴ Care needed immediately because of an injury or an illness of sudden and unexpected onset. Benefit is 80% and beneficiaries are responsible for 20% after the \$250 annual deductible with a \$50,000 lifetime maximum.

2017 DENTAL BENEFITS OVERVIEW

<u>GENERAL INFORMATION</u>	<u>DELTA DENTAL PLUS</u>	<u>DELTA DENTAL BASIC</u>
ELIGIBILITY	Children to age 26	Children to age 26
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

2017 VISION BENEFITS OVERVIEW

<u>GENERAL INFORMATION</u>	<u>MEMBER COST</u>	<u>OUT OF NETWORK</u>
ELIGIBILITY	Children to age 26	Children to age 26
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	\$175 Allowance; 80% of retail price over \$175	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	(paid by member and added to the base price of the lens)	
UV Coating	\$15	
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>
LENS OPTIONS CONT. Other Add-Ons and Services CONTACT LENSES Conventional Disposables Medically Necessary ** LASIK and PRK VISION CORRECTION PROCEDURES	20% off retail price (allowance covers materials only; in lieu of frames and lenses) \$25 Copay; \$175 Allowance; 15% off balance over \$175 \$25 Copay; \$175 Allowance; balance over \$175 \$0 Copay; Paid in Full 15% off retail price OR 5% off promotional pricing	Up to \$75 Up to \$75 Up to \$75
PLAN UTILIZATION FREQUENCY Exams Frames Standard Plastic Lenses Contact Lenses	Once every calendar year Once every other year Once every calendar year Once every calendar year	
ADDITIONAL PURCHASES AND OUT-OF-POCKET DISCOUNT 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. ** 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.		
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 (select "ACCESS" as the name of the network).		

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

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** - Our medical insurance plans offer highly discounted prescriptions through a mail order arrangement. Employees benefit from only paying for two months worth of medication (2 co-pays) and receiving the third month free. This arrangement can be used via mail order or through your local CVS Pharmacy. 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. The average cost of a generic drug is \$26 compared to \$200 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 encourage healthy activities and lifestyles. Take advantage of the programs and discounts available through your health care plan. Help yourself attain a healthier lifestyle.
4. **Flu and Pneumonia Shots** – Obtain a flu shot and pneumonia shot in order to ward off these two illnesses. Shots are available from your Primary Care Physician or at local community sites, as advertised.
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 following pages and on the Human Resources website at: <http://www.union.edu/offices/human-resources/benefits/health-insurance/index.php#medical>.

CDPHN Urgent Care Centers

How They Work (some now open 24 hours per day/7 days per week):

Urgent Care Centers are available to any patient and they participate with most health insurance plans. Under Union's insurance plans, the cost to you and to Union is considerably less for an urgent care visit compared to an emergency room visit. Treatment at Urgent Care Centers is also normally quicker and they 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. Facilities are generally handicap accessible and have plenty of parking.

For a current listing of Urgent Care Centers, start by going to the CDPHN website (www.cdphp.com) and click on the "Find-A-Doc" box. In the Provider Search area click on Urgent Care Search. The first question on the search page will be "Select A Plan Type". The Plan Type for Union College is CDPHN Self-Insured Plan. You will be able to search for Urgent Care Centers by name or location. Days and hours of availability will vary by location.

Many Urgent Care Centers are open 365 days a year and no appointment is necessary. Two facilities in our area offer 24/7 urgent care availability:

Ellis Emergent Care (518-579-2800) – located at 103 Sitterly Road, Clifton Park, off exit 9 of the Northway (I-87), in the Medical Center of Clifton Park (Currently available but not listed on CDPHP site as 24 hours).

Malta Med Emergent Care (518-289-2024) – located at 6 Medical Park Drive, Ballston Spa, off Exit 12 of the Northway (I-87).

Emergency vs. Non-Emergency - Urgent Care Centers welcome acute non-life threatening illnesses and injuries such as:

- Sprains, strains, and simple fractures
- Muscle aches and pains
- Cuts, scrapes, and minor wounds
- Minor pediatric illnesses
- Stomach pain, vomiting, or diarrhea
- Ear aches
- Fever
- Sore throats, colds, coughs, and wheezing
- Rashes and burns
- Minor eye injuries, infections, or irritation
- Insect bites
- Urinary tract infections
- Routine gynecological problems
- Laceration repair and minor surgery
- Asthma treatments
- Intravenous therapy
- Antibiotic and therapeutic injections

Some Urgent Care Centers have lab and x-ray services available on-site. After your visit, a progress note will be forwarded to your primary care doctor's office to be included in your medical record and to assist in continuity of care with your primary care doctor.

Please note that if you think you're having a heart attack, stroke or other life-threatening condition, call 9-1-1 immediately or get to an emergency room.

CDPHN Urgent Care Centers

Service Name	Address	Phone	Hours of Operation
365 Days and 24/7 Urgent Care Centers:			
Ellis Emergent Care	103 Sitterly Road Suite 1100 Clifton Park, NY 12065	(518) 579-2800	Open 365 days a year 24/7
Malta Med Emergent Care	6 Medical Park Drive Ballston Spa, NY 12020	(518) 289-2024	Open 365 days a year 24/7
Sample List of Urgent Care Centers:			
Community Care Physicians – North Greenbush	101 Jordan Rd. Suite 104 Troy, NY 12180	(518) 274-9126	Mon. – Fri.: 5:00 PM – 10:00 PM Sat. and Sun.: 9:00 AM – 6:00 PM (Open holidays: 9:00 AM - 5:00 PM)
Community Care Physicians - Latham	711 Troy-Schenectady Road Suite 102 Latham, NY 12110	(518) 783-3110	Mon. - Fri.: 5:00 PM - Midnight Sat. - Sun.: 10:00 AM – 8:00 PM (Open holidays 10:00 AM – 5:00 PM)
Community Care Physicians - Niskayuna	2125 River Rd, Suite 104 Schenectady, NY 12309	(518) 713-5341	Mon. - Fri.: 5:00 PM - 10:00 PM Sat. and Sun.: 9:00 AM – 6:00 PM (Open holidays 9:00 AM – 5:00 PM)
Community Care Urgent Care - Delmar	250 Delaware Avenue Delmar, NY 12054	(518) 439-8077	Mon. - Fri.: 5:00 PM – 10:00PM Sat. - Sun.: 9:00 AM – 6:00 PM (Open holidays 9:00 AM – 5:00 PM)
EmUrgentCare of Albany Medical Center	98 Wolf Rd. Suite 16 Albany, NY 12205	(518) 264-9500	Sun – Sat: 9AM-9PM
EmUrgentCare of Albany Medical Center	115 Saratoga Rd. Suite 110 Glenville, NY 12302	(518) 264-2900	Open 365 days a year 9AM-9PM Daily
First Care Delmar Capital Medical Care	363 Delaware Avenue Delmar, NY 12054	(518) 439-9911	Mon. - Thurs.: 8:00 AM – 7:00 PM; Fri: 8:00 AM – 4:00 PM Sun.: 9:00 AM – 3:30 PM Closed Saturdays, Thanksgiving and Christmas
Newton Medical Associates	1662 Central Ave. Suite 1 Albany, NY 12205	(518) 869-9692	Mon. - Fri.: 9:00 AM – 7:00 PM Sat. and Sun.: 9:00 AM – 5:00 PM
Malta Medical Arts	2388 Route 9 Mechanicville, NY 12118	(518) 289-2020	Mon. - Sat.: 7:00 AM – 7:00 PM Sun.: - 7:00 AM – 3:00 PM
Clifton Park Urgent Care	1 Tallow Wood Drive Suite 8 Clifton Park, NY 12065	(518) 373-4444	Daily: 8:00 AM – 8:00 PM
Newton Medical Associates	588 New Loudon Road Latham, NY 12110	(518) 785-2662	Mon.- Fri.: 9:00 AM – 7:00 PM Sat. and Sun.: 9:00 AM – 5:00 PM
Newton Medical III	2727 Hamburg Street Schenectady, NY 12303	(518) 356-7818	Mon. - Fri.: 9:00 AM - 7:00 PM Sat.: 10:00 AM – 4:00 PM; Sun.: Closed
Prime Care Urgent Care	400 Patroon Creek Boulevard Suite 100 Albany, NY 12206	(518) 445-4444	Mon. - Fri.: 9:00 AM – 9:00 PM Sat. and Sun.: 10:00 AM – 6:00 PM (Closed Thanksgiving Day and Christmas Day)
Surya Immediate Medical Care, PC	1182 Troy-Schenectady Road Suite LL01 Latham, NY 12110	(518) 867-8080	Mon.- Fri.: 9:00 AM-7:00 PM; Sat.: 9:00 AM – 1PM Sun.: Closed
Wilton Medical Arts	3040 Route 50 North Saratoga Springs, NY 12866	(518) 580-2273	Mon. - Sat.: 9:00 AM – 9:00 PM; Sun.: 9:00 AM – 5:00 PM (Closed Thanksgiving Day and Christmas Day)

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For a current listing of Urgent Care Centers, start by going to the CDPHN website (www.cdphp.com). Click on Find-A-Doc. On the Practitioner Search screen, click on the Urgent Care tab. Enter search criteria in Step 1 and choose Plan Type CDPHN – Self Insured Plan without an extended network in Step 3. You can also search for Urgent Care Centers by name in Step 2.

BENEFIT PLAN INTERNET LINKS and PHONE NUMBERS

The Human Resource website is a useful and valuable tool for accessing information about policies, benefits, employment, special programs and HR news. The easiest way to access the HR website is through the Union College web page at www.union.edu/HR.

UNDER 65 MEDICAL INSURANCE:

PPO PLANS U & C (Group # 10008593) website: www.cdphp.com Phone: 877-724-2579 or 518-641-3100

To locate a participating physician, use the “Find-A-Doc” option, select “CDPHN-Self-Insured Plans” for the Plan Type and “MagnaCare/First Health” for the Extended Network.

65 AND OVER MEDICAL INSURANCE:

AARP PLANS (With Basic or Enhanced Pharmacy) website: <https://aarphealthcare.com> Phone: 800-545-1797

CDPHP MEDICARE CHOICES HMO and PPO (Group #20031393) website: www.cdphp.com Phone: 518-641-3950

To locate a participating physician, use the “Find-A-Doc” option, select “Medicare HMO” or “Medicare PPO” for the Plan Type.

MVP GOLD (Group #211048-02) website: www.mvphealthcare.com Phone: 800-671-7504
To locate a participating physician, use the “Doctor Search” option

OTHER INSURANCES AND RETIREMENT PLAN INFORMATION:

DELTA DENTAL (Group # 1680) website: www.deltadentalins.com Phone: 800-932-0783

To locate a participating dentist, select the Delta Dental PPO or Delta Dental Premier option in the “Find A Dentist” box and follow the instructions.

EYEMED VISION CARE (Group # 9620022) website: www.eyemedvisioncare.com Phone: 877-226-1115

To locate a participating provider, select the Access network and enter your zip code in the “Provider Locator” box.

MERRIAM INSURANCE AGENCY (Personal Insurance): www.merriaminsurance.com Phone: 518-393-2109

LIBERTY MUTUAL (Personal Insurance): www.libertymutual.com/lm/peterflood Phone: 518-899-7050

TIAA website: www.tiaa.org/union Phone: 800-842-2776

FIDELITY INVESTMENTS website: www.netbenefits.com/union Phone: 800-343-0860

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



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