

UNION COLLEGE

BENEFIT PLAN

ANNUAL ENROLLMENT

2017

UNION
COLLEGE

HUMAN RESOURCES
(518) 388-6108
www.union.edu/HR

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2017 BENEFIT ENROLLMENT

* GENERAL GUIDELINES *

Please follow these guidelines and complete your re-enrollment by the **December 2, 2016 deadline**. For more information, visit Human Resources at the Benefits Fair on Thursday, November 10th, from 9:00 a.m. to 1:30 p.m. at Old Chapel/Hale House.

Procedure

- Carefully review your Personalized Benefits Summary and the complete Enrollment packet.
- **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 2nd 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 bring your most recent income tax return form(s) (page showing Total Household Income) for a Human Resources' team member to witness.
- 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.
- 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

- 9:00 a.m. to 1:00 p.m. – Flu Shots. Flu Shots are by appointment. (Walk-ins will be accommodated, if possible, at the end.) Please visit the following website to make an appointment. If you have problems scheduling your appointment, please contact HR at ext. 6108 :

<https://goo.gl/forms/JOBZsRmCfCrcUe1O2>

- Raffle Drawings
- Multiple Vendor Give-Aways

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

2017 Summary of Information and Changes

Union College is committed to providing employees with a comprehensive total compensation package, including affordable benefits and a competitive salary. Following is an overview of information and changes for 2017.

Premium Cost Sharing:

Union College provides a generous contribution to the premium costs for both medical and dental insurance. Employees pay the difference between Union's contribution and the full cost of coverage. For more detailed information, and to see how the 2017 changes will affect you, please see the 2017 Cost Sharing page (page 10).

Medical Insurance:

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.

Medical Insurance Rates:

PPO Plan U and PPO Plan C participants will see no increase in medical insurance premiums for 2017. Please see the Cost Sharing chart on page 10 for more information. The medical insurance opt-out amount will remain the same at \$665.

Medical Insurance Wellness Incentive:

The Wellness Incentive program is intended to raise personal health awareness and accountability in the hope of positively affecting preventable medical expenses. To qualify for the 10% Wellness Incentive a covered employee, and, if applicable, their covered spouse/domestic partner must certify that they are a non-smoker/non-tobacco user and that they have not smoked or used tobacco products within the last year, or certify that they are currently participating in a physician-approved smoking cessation program and provide Human Resources with appropriate documentation

The Smoke/Tobacco Free Affirmation electronic signature form is available at <http://goo.gl/forms/12YelOh4Cc> and also in hard-copy from Human Resources. Employees who have completed the affirmation previously do not need to complete the affirmation again.

Medical Premium Rebate Program: The Medical Premium Rebate Program supplements the cost of medical insurance coverage for employees with total household income below a specified threshold. Because of an increase in the Consumer Price Index (CPI), the eligibility maximum has been increased to \$74,646. Please see the Medical Premium Rebate section for more information regarding rebate amounts and applying for a rebate. Anyone with a 2015 Total Household Income less than \$74,646 is encouraged to apply!

Dental: Dental participants, on average, will experience a 5.9% increase in dental insurance premiums. There will be no coverage changes to either dental plan for 2017.

Vision: Vision plan participants, on-average, will experience an 8.0% decrease in vision insurance premiums. There will be no coverage change for 2017.

Supplemental Life, Dependent Life, and Accidental Death and Dismemberment Insurance: There are no changes in coverage or rates. Employees enrolled in Supplemental Life will see an increase during the year if, due to a birthday, they move into the next age bracket.

Supplemental Long Term Disability (LTD) Insurance: Supplemental LTD participants will experience a 10% increase in Supplemental LTD premiums.

Flexible Spending Account: The Flexible Spending Accounts will continue to be administered through our vendor, ADP. If you are new to the Health Care Flexible Spending Program, ADP will send you a debit card that can be used at the doctor's office, pharmacy, hospital, etc.). Use of the debit card is not mandatory. Current participants will continue to use the cards that were previously issued. Reimbursements for Day Care and Health Care Flexible Spending Accounts will be processed by ADP as a check or you may wish to enroll in their direct deposit program. ADP's website is <http://myspendingaccount.adp.com/>. Login to review your account balance, check on your claim status, download forms or submit a claim and upload receipts.

The maximum employee pre-tax contribution limit will be increased to \$2,600 for the Healthcare Spending Account and will remain at \$5,000 for the Dependent Care Spending Account.

Union's generous benefit plan and careful consideration of the effect of changes continues to demonstrate Union's concern for the financial welfare of its 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 employers' 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 at ext. 6108.

FLEXIBLE BENEFIT PLAN DESIGN

Medical Insurance

You may enroll in either of the two medical insurance plan options 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. Union’s medical insurance plan 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. To assist you in determining which plan is right for you, refer to the 2017 PPO Plan Selection Tool available on the HR website at <http://www.union.edu/hr>.

Both options are administered by the Capital District Physician’s Healthcare Network (CDPHN) and use the MagnaCare/First Health extended network. Union College is the self-insured provider. If you do not need Union’s medical insurance coverage you may choose to Opt Out and receive a per pay period payment.

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. Both options offer an Out-of-Network component. The 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 is required for Supplemental Life). Supplemental Life Insurance can be purchased in increments equal to one, two, three, four or five times your annual salary up to a maximum of \$500,000. AD&D can be purchased in \$10,000 increments up to \$500,000.

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 26% 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).

Universal Life/Long Term Care through Colonial Voluntary Benefits

You may enroll in Universal Life/Long-Term Care insurance through Colonial Voluntary Benefits during annual enrollment. There are a variety of coverage levels so please contact an Enrollment/Benefit Counselor at 1-877-685-2656 to request an enrollment kit and discuss the options.

New York State Long Term Care Partnership Program (underwritten by MassMutual)

You may enroll in NYS Partnership for Long-Term Care (NYSPLTC) to prepare for the possibility of needing Long-Term Care. Contact Laurie Mattison at NYSLTC Brokers to schedule an appointment at 518-371-5522 ext. 156.

Additional information can be picked up in the Human Resources Office.

2017 MEDICAL BENEFITS OVERVIEW

<u>GENERAL INFORMATION</u>	CDPHN PPO PLAN U (Higher Premium/Lower Out-of-Pocket)		CDPHN 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 CDPHN, 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 CDPHN, 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>CDPHN PPO PLAN U</u> (Higher Premium/Lower Out-of-Pocket)		<u>CDPHN PPO PLAN C</u> (Lower Premium/Higher Out-of-Pocket)	
	<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 visit max per condition per yr for physical, occupational and speech	Deductible & 20% coinsurance; 30 visit max per condition per yr	\$20 copay per visit. 30 visit max per condition per yr for physical, occupational and speech	Deductible & 30% coinsurance; 30 visit max per condition per yr
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 for 2 months copay	\$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 for 2 months copay	\$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 for 2 months copay	\$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 for 2 months copay
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.			

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>EYEMED MEMBER COST</u>	<u>EYEMED 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

2017 FLEXIBLE BENEFITS - COST SHARING

Coverage	2017	2017	2017	2017	
	Total Annual Cost	Annual Benefit Dollars	Employee Annual Cost	Employee Cost Per Pay Period *(24 Pay Periods) (Negative Number is an Employee Rebate)	
MEDICAL INSURANCE (Plans U/C - <u>U</u>nion <u>C</u>ollege)					
PPO Plan U (Higher Premium/Lower Out-of-Pocket) with Wellness Incentive	Individual	\$7,587	\$6,472	\$1,115	\$46.46
	EE+Child(ren)	\$11,760	\$9,044	\$2,716	\$113.17
	EE+Spouse	\$16,691	\$12,837	\$3,854	\$160.58
	Family	\$22,306	\$17,155	\$5,151	\$214.63
PPO Plan U (Higher Premium/Lower Out-of-Pocket) without Wellness Incentive	Individual	\$7,587	\$6,348	\$1,239	\$51.63
	EE+Child(ren)	\$11,760	\$8,742	\$3,018	\$125.75
	EE+Spouse	\$16,691	\$12,408	\$4,283	\$178.46
	Family	\$22,306	\$16,582	\$5,724	\$238.50
PPO Plan C (Lower Premium/Higher Out-of-Pocket) with Wellness Incentive	Individual	\$7,232	\$6,436	\$796	\$33.17
	EE+Child(ren)	\$11,209	\$8,989	\$2,220	\$92.50
	EE+Spouse	\$15,910	\$12,758	\$3,152	\$131.33
	Family	\$21,261	\$17,057	\$4,204	\$175.17
PPO Plan C (Lower Premium/Higher Out-of-Pocket) without Wellness Incentive	Individual	\$7,232	\$6,348	\$884	\$36.83
	EE+Child(ren)	\$11,209	\$8,742	\$2,467	\$102.79
	EE+Spouse	\$15,910	\$12,408	\$3,502	\$145.92
	Family	\$21,261	\$16,582	\$4,679	\$194.96
OPT. OUT (Waive Coverage)	Opt. Out	\$0	\$665	-\$665	-\$27.71
DENTAL INSURANCE					
DENTAL PLUS	Individual	\$469	\$258	\$211	\$8.79
	EE+Child(ren)	\$774	\$405	\$369	\$15.38
	EE+Spouse	\$1,033	\$539	\$494	\$20.58
	Family	\$1,689	\$736	\$953	\$39.71
DENTAL BASIC	Individual	\$272	\$258	\$14	\$0.58
	EE+Child(ren)	\$450	\$405	\$45	\$1.88
	EE+Spouse	\$600	\$539	\$61	\$2.54
	Family	\$981	\$736	\$245	\$10.21
VISION INSURANCE					
EYE MED VISION CARE	Individual	\$105	\$0	\$105	\$4.38
	EE+Child(ren)	\$162	\$0	\$162	\$6.75
	EE+Spouse	\$230	\$0	\$230	\$9.58
	Family	\$307	\$0	\$307	\$12.79

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.

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 CDPHN 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 CDPHN for participant use. CDPHN 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 CDPHN 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 CDPHN’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), 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 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.

PERSONAL INFORMATION

Name (Last, First): _____ Employee ID#: _____

Please Circle One: Faculty Administration Staff

PRE-TAX DEDUCTIONS (Premiums deducted for benefits before taxes are applied)

					ANNUAL	PER PAY (Annual divided by 24 pays)
MEDICAL - Circle appropriate cost for level of benefit elected. Enter medical benefit cost onto line 1.						
	<u>Plan Name</u>	<u>Employee Annual</u>	<u>Employee+Child(ren) Annual</u>	<u>Employee+Spouse/Partner Annual</u>	<u>Family Annual</u>	
	PPO Plan U	\$1,239	\$3,018	\$4,283	\$5,724	
	PPO Plan C	\$884	\$2,467	\$3,502	\$4,679	1. _____ .00
DENTAL - Circle appropriate cost for level of benefit elected. Enter dental benefit cost onto line 2.						
	Dental Plus	\$211	\$369	\$494	\$953	
	Dental Basic	\$14	\$45	\$61	\$245	2. _____ .00
<i>Dental Basic participants: if you would like the option to elect Dental Plus for 2018, please initial here to satisfy the one year notification period.</i> _____						
VISION PLAN - Circle appropriate cost for level of benefit elected. Enter vision benefit cost onto line 3.						
		\$105	\$162	\$230	\$307	3. _____ .00
SUPPLEMENTAL LIFE - Enter current age, circle coverage amount elected, and enter both the age-based rate from the chart below and your current annual salary. Multiply your Annual Salary by the rate and then multiply by coverage amount elected. Enter result on line 4.						
	Age: _____	1X	2X	3X	4X	5X
	Rate: _____					Annual Salary: \$ _____
	<u>Age</u> <u>Rate</u>	<u>Age</u> <u>Rate</u>	<u>Age</u> <u>Rate</u>	<u>Age</u> <u>Rate</u>	<u>Age</u> <u>Rate</u>	<u>Age</u> <u>Rate</u>
	Under 30 0.00060	35 - 39 0.00098	45 - 49 0.00242	55 - 59 0.00762	65 - 69 0.01723	
	30 - 34 0.00068	40 - 44 0.00163	50 - 54 0.00472	60 - 64 0.01036	70 - 74 0.02544	
SUPPLEMENTAL Accidental Death & Dismemberment - Enter number of increments elected (1-50). Multiply the number of increments by the rate. Enter result on line 5.						
				# of \$10,000 increments: _____	@ \$2.40/yr	5. _____
TOTAL PRE-TAX DEDUCTIONS: (Sum of lines 1. through 5.)						_____

AFTER-TAX DEDUCTIONS (Premiums deducted for benefits after taxes are applied)

SUPPLEMENTAL Long-Term Disability - Enter Annual Salary. Multiply Annual Salary by appropriate rate. Enter result on line 6.						
	Annual Salary: \$ _____	<u>If Annual Salary Is:</u>	<u>Multiply Annual Salary By:</u>			
		<\$30,000	0.00242			
		\$30,000-\$180,000	0.00407			
		>\$180,000	0.00385			
DEPENDENT LIFE INSURANCE - Circle coverage elected. Enter amount on line 8.						
	Option 1, Spouse-\$25,000, Each Child-\$4,000	<u>Annual</u>				
	Option 2, Spouse-\$5,000, Each Child - \$2,000	\$102.48				
		\$22.44				
TOTAL AFTER-TAX DEDUCTIONS: (Sum of lines 6. and 7.)						_____

BENEFIT EARNINGS* (Additional benefit dollars available for meeting specified criteria.)

*Benefit earnings shown are considered taxable income unless applied to your pre-tax deductions.

OPT OUT - If you have medical coverage elsewhere and provide proof of the other coverage, you will receive \$665 annually (\$27.71 per pay). Check the following box if this applies to you.

WELLNESS INCENTIVE - If you had a biometric screening/physical in 2016 or 2017 AND completed the Smoke/Tobacco Free Affirmation, you will receive an additional 10% in medical insurance related Benefit Dollars. Check the following box if this applies to you.

SINGLE PARENT/HEAD OF HOUSEHOLD - If you meet the following criteria: 1) Single Parent (filing head of household with the IRS); 2) Have children under the age of 16; and 3) You select medical Employee+Child(ren) or Family medical coverage, you will receive \$500 annually (\$20.83 per pay). You will be required to provide proof of tax status. Check the following box if this applies to you.

SPOUSE/DOMESTIC PARTNER - If your spouse/domestic partner is also employed by Union College in a regular full-time (FT) or regular part-time (PT) benefit eligible position, you will pay less for medical and/or dental insurance. Check the appropriate box if this applies to you. FT PT

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 benefit earnings.)

Human Resources Input: _____ Date: _____

WELLNESS INCENTIVE PROGRAM

The Wellness Incentive program is intended to raise personal health awareness and accountability in the hopes of positively affecting preventable medical expenses. The 10% Wellness Incentive applies to the covered employee, and, if applicable, the covered spouse or domestic partner. There are currently two requirements to qualify for the Wellness Incentive: 1. Biometric Screening/Annual Physical and 2. Certification of “Smoke/Tobacco Free” status.

Annual Biometric Screening/Physical

The employee, and, if applicable, the covered spouse or domestic partner must receive an annual biometric screening or physical (one or the other, not both). Because of the similarity in testing done and the likelihood that an individual’s personal health situation would not change much within a one-year period, it is generally not considered medically necessary for you to have more than one annually (not to mention the extra cost to our self-insured medical plan). If you or your spouse/domestic partner participate in the on-campus biometric screening programs or have your annual physical through your CDPHN primary care doctor (other than OB/GYN), then no documentation will be required to obtain the Wellness Incentive. CDPHN is able to tell us who has had these done. A physical exam, by a Cardiologist, OB/GYN, or through another provider prior to when your CDPHN coverage started with Union, may also qualify for the Wellness Incentive, but only if those things normally covered in an annual physical are included. An additional form, available from Human Resources, will be required from these physical providers to document that a complete annual physical occurred.

Smoke /Tobacco Free Affirmation

Union College recognizes that smoking, breathing second hand smoke, or using tobacco products constitutes a significant health, safety, and environmental hazard. The College is committed to promoting health, wellness, and prevention within its community.

For the purpose of this affirmation, smoking and tobacco use is defined as using any type of tobacco product including, but not limited to, cigarettes (commercial, handmade, or electronic), cigars, cigarillos, pipes, hookahs, vape pens, oral tobacco (spit and spitless, smokeless, chew, snuff), or any other similar smoking material or delivery device including anything that simulates smoking.

To meet the Smoke/Tobacco Free requirement of Union’s Wellness Incentive program a covered employee, and, if applicable, their covered spouse/domestic partner must certify that they are a non-smoker/non-tobacco user and that they have not smoked or used tobacco products within the last year, or certify that they are currently participating in a physician-approved smoking cessation program and provide Human Resources with appropriate documentation.

The Smoke/Tobacco Free Affirmation electronic signature form is available at <http://goo.gl/forms/12YelOh4Cc> and also in hard-copy from Human Resources.

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 \$74,646.

To apply for a rebate, employees must complete and return to Human Resources, an “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 \$49,762 and reduced to zero at \$74,646.

2017 Full Rebate Amount

Individual	\$ 705
EE+Child(ren)	\$ 1,718
EE+Spouse/Partner	\$ 2,439
Family	\$ 3,259

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

APPLICATION FOR MEDICAL PREMIUM REBATE - 2017
*(Attach A Copy Of The First Page Of Your Income Tax Return Form(s) Reflecting
 2015 Total Household Adjusted Gross Income)*

To be eligible for a rebate, applicants must have had 2015 Total Household Adjusted Gross Income of less than \$74,646. Rebate amounts will be calculated and used to offset medical insurance premium expenses.

Name:	Union College ID Number: _____
Please check your status: <input type="checkbox"/> Staff <input type="checkbox"/> Administrator <input type="checkbox"/> Faculty	2015 Household Adjusted Gross Income Level: \$ _____

Medical Insurance Plan (please check one)

- PPO PLAN U
- PPO PLAN C

Level of Medical Insurance Coverage (please check one)

- Individual
- EE+Child(ren)
- EE+Spouse/Partner
- Family

Please return application form and bring a copy of the first page of your 2015 income tax return form showing Total Household Adjusted Gross Income to Human Resources.

Employee Signature: _____ Date: _____

For Human Resource Use:

Total Rebate: _____

Payroll Input: _____

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 (if provided through a doctor’s prescription), contact lenses, chiropractic care, 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). Login to Employee Online and select the “What If” option to estimate the amount of tax savings you may receive by enrolling in Flexible Spending Accounts.

Enrollment information will be sent to our vendor, ADP. If you are new to the Health Care Flexible Spending Program, ADP will send you a debit card that can be used at the doctor’s office, pharmacy, hospital, etc. Use of the debit card is not mandatory. Current participants will continue to use the cards that were previously issued. Reimbursements for Daycare and Health Care Flexible Spending Accounts will be processed by ADP as a check or you may wish to enroll in their direct deposit program. ADP’s website is <http://myspendingaccount.adp.com/>. Login to review your account balance, check on your claim status, download forms or submit a claim and upload receipts.

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.
- The Flexible Spending Account cannot be used for domestic partner related expenses.
- You have until March 30, 2018 to submit claims for reimbursement of: 1) Health related expenses incurred between January 1, 2017 and March 15, 2018, or 2) Dependent care expenses incurred during calendar year 2017. 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

	Without an Account	With an Account	Flexible Spending Account
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			
7 Office Visits at \$15 each	\$(105)	\$(105)	
4 Generic Prescriptions at \$10 each	\$(40)	\$(40)	
2 Brand Name Prescriptions at \$25 each	\$(50)	\$(50)	
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 \$2,600 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 ext.6108.

2017 HEALTH/DEPENDENT CARE FLEXIBLE SPENDING ACCOUNT (FSA)

Employee Name: _____ Union College ID #: _____

I. I hereby enroll as a participant in the plan as of January 1, 2017. 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. Health Care Flexible Spending Account (Medical, Dental, Vision)		
- Plan year enrollment 1/1/2017-3/15/2018	_____ <i>(Max \$2,600)</i>	_____
B. Dependent Care Flexible Spending Account* (Daycare Center, Babysitter, etc.)		
- Plan year enrollment 1/1/2017-12/31/2017	_____ <i>(Max \$5,000)</i>	_____
TOTAL	_____	_____

III. From January 1, 2017 to December 31, 2017, my per pay period compensation shall be reduced by amount above 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, 2018 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)

* Expenses must be for dependents under age 13.

Earning 365 Points is Easy!*

Here are just some of the ways you can earn Life Points®. For a full list, log in to www.cdphp.com and sign into the secure member website. Select the Life Points Member Rewards site.

TAKE THE PERSONAL HEALTH ASSESSMENT

50 POINTS PER FAMILY MEMBER

Once you log in, the first step is to take your web-based Personal Health Assessment (PHA). Points for taking this survey will automatically accumulate.

AUTOMATICALLY EARN POINTS

5-20 POINTS PER ACTIVITY

Some activities are automatically reported to your secure account within a few weeks.

- Getting your diagnostic tests
- Completing an annual physical exam

QUICKLY REPORT OTHER HEALTHY ACTIVITIES

1-20 POINTS PER ACTIVITY

Submit the online form and your points will accumulate in the next 48 hours.

- Eat a healthy lunch at Ozone Café
- Participate in a Union College wellness program
- Use the fitness center at Alumni Gym
- Watch your blood pressure
- Become first-aid certified



Go to www.cdphp.com to learn more and register today!



A plan for life.

*All adults age 19 and older are eligible. Points worth up to \$365 are allowed per calendar year, per contract. Points must be redeemed by December 31 each year. One point equals \$1.

Imputed Income Calculator for Life Insurance Coverage

Section 79 of the Internal Revenue Code requires that employers calculate imputed taxable income for employees that receive group life insurance coverage in excess of \$50,000. The amount of imputed taxable income must be reported on the employee's W-2 tax form.

The chart below will assist you in calculating the amount of imputed taxable income on your amount of group life insurance.

Step One - Calculate total insurance coverage

Basic Life Insurance (1x Salary) + Supplementary Life Insurance A \$ _____

Less \$50,000 -50,000.00

Total Amount of Insurance coverage over \$50,000 B \$ _____

Step Two-Determine imputed taxable income on total insurance coverage over \$50,000

Divide B by 1,000 C _____

Choose rate from table below for your age group D \$ _____

Multiply C times D - Calculated imputed taxable income E \$ _____

Divide E by 24 to get per pay period amount \$ _____

Annual cost of \$1,000 of Excess Coverage:		
	Under 25	\$0.60
	25-29	\$0.72
	30-34	\$0.96
	35-39	\$1.08
	40-44	\$1.20
	45-49	\$1.80
	50-54	\$2.76
	55-59	\$5.16
	60-64	\$7.92
	65-69	\$15.24
	70 & Over	\$24.72

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 pay for and/or supplement the cost for employees to pursue healthy activities and lifestyles. Some of our efforts include Walking Programs, the Life Points program, Sunnyview Wellness Center discounts, an on-campus Weight Watchers at Work program and continued employee discounts for Athletic Department fitness classes and Arts Department dance classes. Take advantage of these programs/discounts and help yourself to attain a healthier lifestyle.
4. **Flu Shots** - At the Benefits Fair, employees are offered the opportunity to receive a Flu Shot (at no cost).
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)

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.

INSURANCE ELIGIBILITY

The following is the eligibility requirements for Union College's insurance programs. For the purposes of these requirements, "married spouse" means an individual whose marriage to an employee is recognized under New York State law (e.g. Union College recognizes same-sex marriages under New York State laws).

1. Medical/Dental/Vision Insurance Eligibility

Employees: Employees scheduled to work a minimum of 20 hours per week and 660 hours per year are eligible for participation in the medical, dental, and vision insurance programs.

Married Spouses of Eligible Employees: Married spouses of eligible employees will be eligible for coverage. A legally-executed marriage certificate will be required to document eligibility.

Domestic Partners of Eligible Employees: Domestic partners of eligible employees will be eligible for coverage. Union College's Affidavit of Domestic Partnership and Financial Interdependence, with supporting documentation appropriate to the criteria used for the affidavit, will be required to document eligibility.

Children of Eligible Employees and Children of Employee's Married Spouse: The employee's or the employee's spouse's child (biological child, legally-adopted child or child placed for adoption, stepchild, foster child or a child subject to a legal guardianship court order) will be eligible for coverage until the age of 26. In accordance with New York state law, the eligibility for *insured medical* plans extends (at full premium rate) to age 29. Birth certificate and legal papers documenting the relationship to the employee will be required to document eligibility.

Children of Employee's Domestic Partner: The domestic partner's child (biological child, legally-adopted child or child placed for adoption, stepchild, foster child or a child subject to a legal guardianship court order) who meets the IRS dependent definition (qualifying child or qualifying relative of the employee or the domestic partner) and lives in the household with the employee will be eligible for coverage until the age of 26. The eligibility for *insured medical* plans extends (at full premium rate) to age 29. Birth certificate, tax returns, and legal papers documenting the status of the child and the relationship to the employee will be required to document eligibility.

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. Once at the Union homepage select “Faculty & Staff” and select “Human Resources” in the “Offices and Resources” box (website: www.union.edu/HR).

To review benefit plan options start by selecting “Benefits”. To access benefit provider information and to search for available Doctors/Providers, select “Benefit Contact Directory” in the “General Information Section”. To review Summary Plan Descriptions or Summary Annual Reports select “Summary Plan Descriptions” from the “General Information Section”. To access the Forms menu, select “Forms”.

LINKS TO BENEFIT PLAN PROVIDERS

PPO PLANS U & C (Group # 10008593): www.cdphp.com

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.

DELTA DENTAL (Group # 1680): ww.deltadentalins.com

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): www.eyemedvisioncare.com

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

LIBERTY MUTUAL INSURANCE (Personal Insurance): www.libertymutual.com

TIAA-CREF: <http://www.tiaa.org/union>

FIDELITY INVESTMENTS: www.netbenefits.com/union

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



BENEFITS FAIR!

**November 10, 2016
9:00 am to 1:30 pm**

Old Chapel/Hale House

 **Flu Shots (9 am to 1 pm)**
For an Appointment, go to
<https://goo.gl/forms/JObZsRmCfCrcUe102> or call ext. 6108 if you require assistance

 **Make changes to your benefits coverage.**

 **Meet representatives from the insurance companies.**

NOTICE REGARDING UNION COLLEGE'S WELLNESS PROGRAM

Union's "Wellness Program" is a voluntary wellness program available to all employees. The program is administered according to federal rules, permitting employer-sponsored wellness programs that seek to improve employee health or prevent disease, including the Americans with Disabilities Act of 1990, the Genetic Information Nondiscrimination Act of 2008, and the Health Insurance Portability and Accountability Act, as applicable, among others. If you choose to participate in the wellness incentive part of the program, you will be asked to complete either a biometric screening or annual physical, which will include a blood test to determine the following measures: blood glucose (screening for prediabetes, diabetes), total cholesterol, LDL, HDL, Triglycerides and to certify your smoke/tobacco free status (or demonstrate participation in a smoking cessation program). If you choose to participate in the "Life Points" part of the program you will need to complete a health risk assessment or "HRA" that asks a series of questions about your health-related activities and behaviors and also asks whether you have or have had certain medical conditions (e.g., cancer, diabetes, or heart disease). Additional incentives of up to \$365 per family may be available through the "Life Points" program for employees and their family members who participate in certain health-related activities (please refer to the www.CDPHP.com website for specific Life Points qualifying activities). If you are unable to participate in any of the health-related activities to earn an incentive, you may be entitled to a reasonable accommodation or an alternative standard. You may request a reasonable accommodation or an alternative standard by contacting Gwen Pulvirent, Associate Director of Human Resources, pulvireng@union.edu or x. 6304, Human Resources - 17 South Lane.

You are not required to participate in the Wellness Incentive program or the Life Points program. As such, you are not required to complete the HRA or to participate in the blood test or other medical examinations or to certify your smoke/tobacco-free status. However, only employees who choose to participate and complete the requirements of the wellness incentive part of the program will receive a 10% wellness incentive toward the cost of their medical insurance for the remainder of the plan year and only employees who complete the HRA and participate in the Life Points program will be entitled to up to \$365 in annual Life Point awards.

The information from your HRA and the results from your biometric screening will be used to provide you with information to help you understand your current health and potential risks. Upon completion of the HRA and/or biometric screening, CDPHP resources will be recommended to aid members in maintaining and improving their health based upon their individual responses. The information may also be beneficial to you for participating in programs or utilizing services through the wellness program, such as BMI measures from biometric screenings may be used to reach members via outreach campaigns to raise member awareness of weight management resources available as a value added benefit through CDPHP, or for your voluntary participation in the various wellness classes, webinars or special programs. You are also encouraged to share your results or concerns with your own doctor.

Protections from Disclosure of Medical Information

We are required by law to maintain the privacy and security of your personally identifiable health information. Although the wellness program (administered through the Capital District Physician's Health Plan (CDPHP)) and Union College may use aggregate information it collects to design a program based on identified health risks in the workplace, CDPHP will never disclose any of your personal information either publicly or to Union College, except as necessary to respond to a request from you for a reasonable accommodation needed to participate in the wellness program, or as expressly permitted by law. Medical information that personally identifies you that is provided in connection with the wellness program will not be provided to your supervisors or managers and may never be used to make decisions regarding your employment.

Your health information will not be sold, exchanged, transferred, or otherwise disclosed except to the extent permitted by law to carry out specific activities related to the wellness program, and you will not be asked or required to waive the confidentiality of your health information as a condition of participating in the wellness program or receiving an incentive. Anyone who receives your information for purposes of providing you services as part of the wellness program will abide by the same confidentiality requirements. The only individual(s) who will receive your personally identifiable health information, such as Individual results from the biometric screenings (BMI, Blood Pressure, LDL Cholesterol), is your indicated Primary Care Physician.

All medical information obtained through the wellness program will be maintained separate from your personnel records. Information stored electronically will be encrypted, and no information you provide as part of the wellness program will be used in making any employment decision. Appropriate precautions will be taken to avoid any data breach, and in the event of a data breach involving information you provide in connection with the wellness program, we will notify you immediately.

You may not be discriminated against in employment because of the medical information you provide as part of participating in the wellness program, nor may you be subjected to discrimination or retaliation if you choose not to participate.

If you have questions or concerns regarding this notice, or about protections against discrimination and retaliation, please contact Eric Noll, Chief HR Officer, nolle@union.edu or x. 6108 at Human Resources -17 South Lane.