What’s Inside this Packet

<table>
<thead>
<tr>
<th>Inside This Guide</th>
<th>Page</th>
</tr>
</thead>
<tbody>
<tr>
<td>Benefit Enrollment Guidelines</td>
<td>3</td>
</tr>
<tr>
<td>Summary of Information &amp; Changes</td>
<td>4</td>
</tr>
<tr>
<td>Union Flex Benefit Enrollment Form</td>
<td>5</td>
</tr>
<tr>
<td>Cost Sharing/Premiums</td>
<td>5</td>
</tr>
<tr>
<td>Flexible Spending Account Enrollment Form</td>
<td>7</td>
</tr>
<tr>
<td>Wellness Incentive Program</td>
<td>8</td>
</tr>
<tr>
<td>Medical Premium Rebate Program</td>
<td>9</td>
</tr>
<tr>
<td>Benefits Fair</td>
<td>11</td>
</tr>
</tbody>
</table>
Benefit Enrollment Guidelines

Please follow these guidelines and complete your re-enrollment by the **November 30, 2018 deadline**. For more information, visit Human Resources at the Benefits Fair on Thursday, November 8, from 9:00 a.m. to 1:30 p.m. at Old Chapel/Hale House.

**Procedure**

- Carefully review your Personalized Benefits Summary and the Benefits Overview.

- **If you do not wish to make any changes to your plan selections**, **sign your 2019 Personalized Benefit Summary and return it to Human Resources**. Your 2018 benefits will continue in 2019; however, the Flexible Spending Accounts, Wellness Incentive and Medical Premium Rebate require re-enrollment for 2019.

- **If you do wish to make changes to your plan selections**, please **complete and return a new Union Flex Benefit Enrollment form**, indicating all requested changes, by the **November 30 deadline**. You can find the form on page 5.

- To apply, re-apply or change your Health and/or Dependent Care Flexible Spending Account (FSA), you **must** complete a new Flexible Spending Account form. See page 7 for this form.

- To apply for the 10% Wellness Incentive beginning January 1, you **must** have had a biometric screening/physical in 2018 and completed a Smoke/Tobacco Free Affirmation. You can also apply for the Wellness Incentive at any time by completing these requirements. See page 8 to learn more about the Wellness Incentive.

- To apply or re-apply for a Medical Premium Rebate, you **must** complete the 2019 Medical Premium Rebate form and bring your most recent income tax return (page showing Total Household Income) for a Human Resources’ team member to witness. See page 10 for the Medical Premium Rebate form.

- 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. For information on the financial impact, please contact Human Resources.

- **Complete and return all forms to Human Resources by Friday, November 30, 2018.**

**PLEASE CALL HUMAN RESOURCES AT EXT. 6108 IF YOU HAVE QUESTIONS.**
Summary of Information and Changes

2019 SUMMARY OF MATERIAL MODIFICATIONS (SMM)

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 2019. This document constitutes a Summary of Material Modifications (SMM), for Union’s benefits plan, as required under the Employee Retirement Income Security Act (ERISA).

Medical: Changes to the medical plan for 2019 include:

- There will be no changes to plan design for PPO Plan U and PPO Plan C, except for the enhancement to Mental Health and Substance Abuse benefits and the addition of telehealth (see below). Premiums will increase under both plans in 2019; however, the percentage employees pay of the total cost will not change.
- The copay for outpatient mental health and substance abuse visits is being reduced from a $30 specialist copay to a $20 Primary Care Physician (PCP) copay.
- Telehealth through Doctors on Demand will now be a covered benefit, at the PCP copay level, for both PPO Plan U and PPO Plan C. You must register with Doctors on Demand before you can use this benefit; registration opens on January 1, 2019.

Prescription Drug: There will be no changes to coverage, other than OptumRx’s typical formulary changes.

Dental: The Plus plan’s annual maximum and lifetime orthodontia maximum are increasing from $1,500 to $2,000. Premiums under the Plus plan will increase slightly in 2019. There will be no changes to the Basic Plan’s design or premiums in 2019.

Vision: There will be no change to vision cost or coverage in 2019.

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: There are no changes in coverage. Rates are decreasing in 2019.

Flexible Spending Account: There are no programmatic changes and maximum contribution limits will remain the same.

NYS Paid Family Leave Act: As required by NYS law, regularly employed Administrators and Hourly Staff will be eligible for up to 10 weeks of paid leave in 2019 for birth, adoption, or serious health condition of a family member, or qualifying military service exigency. In 2019, the paid leave is at 55% of an employee’s average weekly wage and an employee may receive up to $746.41 per week. The cost for this required benefit is fully paid by the employee through payroll deduction. The employee contribution rate for 2019 is .153% of an employee’s average weekly wage or the NYS average weekly wage, whichever is lower, to a maximum of $2.08 per week ($4.15 per paycheck).

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.
Union Flex Benefit Enrollment Form

Union Flex Benefit Enrollment Form - January 1, 2019 to December 31, 2019

Effective Date:

PERSONAL INFORMATION

Name (Last, First): [Redacted]
Employee ID#: [Redacted]
Please Circle One: Faculty Administration Staff

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

MEDICAL - Circle appropriate cost for level of benefit elected. Enter medical benefit cost onto line 1.

<table>
<thead>
<tr>
<th>Plan Name</th>
<th>Employee</th>
<th>Employee+Child(ren)</th>
<th>Employee+Spouse/Family</th>
</tr>
</thead>
<tbody>
<tr>
<td>PPO Plan U</td>
<td>$1,816</td>
<td>$3,638</td>
<td>$5,776</td>
</tr>
<tr>
<td>PPO Plan C</td>
<td>$1,184</td>
<td>$3,169</td>
<td>$4,827</td>
</tr>
</tbody>
</table>

ANNUAL PER PAY (Annual divided by 24 pays)

DENTAL - Circle appropriate cost for level of benefit elected. Enter dental benefit cost onto line 2.

| Dental Plus | $306 | $528 | $704 | $1,299 |
| Dental Basic| $95  | $180 | $240 | $540   |

VISION PLAN - Circle appropriate cost for level of benefit elected. Enter vision benefit cost onto line 3.

| Vision Plan | $105 | $162 | $230 | $307   |

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.

<table>
<thead>
<tr>
<th>Age</th>
<th>1X 2X 3X 4X 5X</th>
<th>Rate</th>
<th>Annual Salary: $______</th>
</tr>
</thead>
<tbody>
<tr>
<td>Under 30</td>
<td>0.0060</td>
<td>35 - 39</td>
<td>0.00098</td>
</tr>
<tr>
<td>30 - 34</td>
<td>0.00068</td>
<td>40 - 44</td>
<td>0.00163</td>
</tr>
</tbody>
</table>

SUPPLEMENTAL Accidental Death & Dismemberment - Enter number of increments elected (1-50). Multiply the number of increments by the rate. Enter result on line 5.

<table>
<thead>
<tr>
<th># of $10,000 increments:</th>
<th>@ $2.40/yr</th>
</tr>
</thead>
</table>

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.

<table>
<thead>
<tr>
<th>Annual Salary: $______</th>
<th>Multiply Annual Salary By:</th>
</tr>
</thead>
<tbody>
<tr>
<td>$30,000 - $180,000</td>
<td>$0.001936</td>
</tr>
<tr>
<td>&gt;$180,000</td>
<td>$0.003256</td>
</tr>
</tbody>
</table>

DEPENDENT LIFE INSURANCE - Circle coverage elected. Enter amount on line 7.

| Option 1, Spouse-$25,000, Each Child-$4,000 | Annual | $125.48 |
| Option 2, Spouse-$5,000, Each Child-$2,000 | Annual | $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 $500 annually ($20.83 per pay). Check the following box if this applies to you.

WELLNESS INCENTIVE: If you had a biometric screening/physical in 2018 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.

CONFIRMING SIGNATURE

Signature: [Redacted]
Date: [Redacted]

(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: [Redacted] Date: [Redacted]
## Cost Sharing/Premiums

### 2019 FLEXIBLE BENEFITS - COST SHARING

<table>
<thead>
<tr>
<th>Coverage</th>
<th>2019</th>
<th>2019</th>
<th>2019</th>
<th>2019</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Total</td>
<td>Annual</td>
<td>Employee</td>
<td>Employee Cost Per</td>
</tr>
<tr>
<td></td>
<td>Annual</td>
<td>Benefit</td>
<td>Annual</td>
<td>Pay Period</td>
</tr>
<tr>
<td></td>
<td>Cost</td>
<td>Dollars</td>
<td>Cost</td>
<td>*(24 Pay Periods)</td>
</tr>
<tr>
<td>(Negative Number is an Employee Rebate)</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

### MEDICAL INSURANCE (Plans U/C - Union College)

#### PPO Plan U
- **Higher Premium/Lower Out-of-Pocket**
- **with Wellness Incentive**
  - Individual: $9,221
  - EE+Child(ren): $14,293
  - EE+Spouse: $20,286
  - Family: $27,110
- **without Wellness Incentive**
  - Individual: $9,221
  - EE+Child(ren): $14,293
  - EE+Spouse: $20,286
  - Family: $27,110

#### PPO Plan U
- **Higher Premium/Lower Out-of-Pocket**
- **without Wellness Incentive**
  - Individual: $8,790
  - EE+Child(ren): $13,623
  - EE+Spouse: $19,336
  - Family: $25,840

#### PPO Plan C
- **Lower Premium/Higher Out-of-Pocket**
- **with Wellness Incentive**
  - Individual: $8,790
  - EE+Child(ren): $13,623
  - EE+Spouse: $19,336
  - Family: $25,840
- **without Wellness Incentive**
  - Individual: $8,790
  - EE+Child(ren): $13,623
  - EE+Spouse: $19,336
  - Family: $25,840

#### OPT. OUT (Waive Coverage)
- Opt. Out: $0

### DENTAL INSURANCE

#### DENTAL
- **Individual**: $483
- **EE+Child(ren)**: $798
- **EE+Spouse**: $1,064
- **Family**: $1,740

#### DENTAL PLUS
- **Individual**: $272
- **EE+Child(ren)**: $450
- **EE+Spouse**: $600
- **Family**: $981

#### DENTAL BASIC
- **Individual**: $177
- **EE+Child(ren)**: $270
- **EE+Spouse**: $360
- **Family**: $441

### VISION INSURANCE

#### EYE MED
- **Individual**: $105
- **EE+Child(ren)**: $162
- **EE+Spouse**: $230
- **Family**: $307

#### VISION CARE
- **Individual**: $0
- **EE+Child(ren)**: $0
- **EE+Spouse**: $0
- **Family**: $0

### 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.
Flexible Spending Account Enrollment Form

2019 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, 2019. 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:

<table>
<thead>
<tr>
<th>Benefit Election</th>
<th>Amount Per Year</th>
<th>Amount Per Pay Period</th>
</tr>
</thead>
<tbody>
<tr>
<td>A. Health Care Flexible Spending Account</td>
<td></td>
<td></td>
</tr>
<tr>
<td>(Medical, Dental, Vision)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>- Coverage period: 1/1/2019-3/15/2020</td>
<td>Max $2,650</td>
<td></td>
</tr>
<tr>
<td>B. Dependent Care Flexible Spending Account*</td>
<td></td>
<td></td>
</tr>
<tr>
<td>(Daycare Center, Babysitter, etc.)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>- Coverage period: 1/1/2019-3/15/2020</td>
<td>Max $5,000</td>
<td></td>
</tr>
<tr>
<td>TOTAL</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

III. From January 1, 2019 to December 31, 2019, my per pay period compensation shall be reduced by the 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, 2020 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)

* Annual contribution limit is $2,500 for single/compared filers; $5,000 for joint filers or single parent filing as head of household. Expenses must be for dependents under age 13.
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: Biometric Screening/Annual Physical and Certification of “Smoke/Tobacco Free” status.

- **Annual Biometric Screening/Physical:** The employee, and, covered spouse or domestic partner (if applicable) must receive an annual biometric screening or physical (one or the other, not both). No documentation is required 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). A separate form, available from Human Resources, will be required for other 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. To meet the Smoke/Tobacco Free requirement of Union’s Wellness Incentive program a covered employee, and, their covered spouse/domestic partner (if applicable) 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. 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. The Smoke/Tobacco Free Affirmation electronic signature form is available at [http://goo.gl/forms/l2YelOh4Cc](http://goo.gl/forms/l2YelOh4Cc) and in hard-copy from Human Resources.

Please contact Human Resources to discuss any special needs or accommodations related to the Union College Wellness program.
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 $78,023.

To apply for a rebate, employees must complete and return to Human Resources, a “Medical Premium Rebate Form” and a copy of the first page of their most recent income tax return that indicates Total Household Adjusted Gross 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 the 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 $52,013 and reduced to zero at $78,023.

<table>
<thead>
<tr>
<th></th>
<th>2019 Full Rebate Amount</th>
</tr>
</thead>
<tbody>
<tr>
<td>Individual</td>
<td>$  857</td>
</tr>
<tr>
<td>EE+Child(ren)</td>
<td>$ 2,088</td>
</tr>
<tr>
<td>EE+Spouse/Partner</td>
<td>$ 2,964</td>
</tr>
<tr>
<td>Family</td>
<td>$ 3,961</td>
</tr>
</tbody>
</table>

If you have questions regarding the Medical Premium Rebate Program, please contact Human Resources.
Medical Premium Rebate Form – 2019

(Attach a Copy of the First Page of Your Income Tax Return Reflecting 2017 Total Household Adjusted Gross Income)

To be eligible for a rebate, applicants must have had 2017 Total Household Adjusted Gross Income of less than $78,023. Rebate amounts will be calculated and used to offset medical insurance premium expenses.

<table>
<thead>
<tr>
<th>Name:</th>
<th>Union College ID Number: ________________</th>
</tr>
</thead>
<tbody>
<tr>
<td>Please check your status:</td>
<td>2017 Household Adjusted Gross Income Level: $ ____________________</td>
</tr>
<tr>
<td>□ Staff</td>
<td></td>
</tr>
<tr>
<td>□ Administrator</td>
<td></td>
</tr>
<tr>
<td>□ Faculty</td>
<td></td>
</tr>
</tbody>
</table>

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 this form and a copy of the first page of your 2017 income tax return showing Total Household Adjusted Gross Income to Human Resources.

Employee Signature: ___________________________ Date: _______________

For Human Resource Use:

Total Rebate: ___________________________ Payroll Input: ________
Benefits Fair

November 8, 2018
9:00 am to 1:30 pm
Old Chapel/Hale House

✓ Get Your Flu Shot (9:00 am to 1:00 pm)
   Flu Shots are by appointment; go to https://goo.gl/forms/dkrOb13QavqnAsVs2 or call ext. 6108 if you need assistance

✓ Get Answers to Your Questions

✓ Make Benefit Changes/Complete Forms

✓ Meet Insurance Representatives

✓ Be Eligible for Raffle Drawings and Give-Aways

✓ And More!