

UNION
COLLEGE
FOUNDED 1795

2026

BENEFITS GUIDE

GET TO KNOW YOUR EMPLOYEE BENEFITS



WELCOME TO 2026 ANNUAL ENROLLMENT!

At Union College, we value our employees as our greatest asset. We are pleased to provide a benefits program that meets the needs of our employees and their families. We offer comprehensive healthcare, a robust retirement plan, wellness opportunities, a tuition benefit program and more. We encourage you to review your options and choose benefits that meet your current needs. More information on our benefits program is available through our [myapps site](#) (click on the Workday tile), or the Human Resources website.

Inside this Guide

Introduction	2
Health Coverage.. . . .	4
Medical/Behavioral Health/Rx (Medical)	4
Health Savings Accounts (HSA)	5
Spending Account (FSA) Program.	9
Dental	13
Vision	14
Reducing Costs for 2026	15
Wellness Incentive Program	15
Medical Premium Rebate Program	15
LifePoints	15
Discounted Wellness Programs	15
Basic Life, AD&D, and Long-Term Disability	16
Basic Life	16
Basic AD&D	16
Basic Long-Term Disability (LTD)	16
Supplemental Life.. . . .	16
Dependent Life Insurance	16
Supplemental Long-Term Disability (LTD).	16
Supplemental AD&D	16
Additional Coverage for More Peace of Mind	17
Accident Insurance	17
Hospital Indemnity Insurance.	17
Critical Illness Insurance	17
Retirement Plan	18
Tuition Benefit Program.	19
Employee Assistance (EAP) and Success Coach Programs.	20
Additional Benefits.	21
Contact Information.	22
Appendix.	23



INTRODUCTION

Union offers a comprehensive and affordable benefit package that:

- Remains comparable with other colleges and employers
- Gives flexibility, fairness and options to meet the needs of our diverse workforce
- Manages the College's long-term costs
- Respects employees' long- and short-term expenses and financial goals
- Supports our goal to be a premier employer

More details on Union's benefit plans can be found in the Summary Plan Descriptions available from Human Resources (HR).

Eligible Dependents

Eligible dependents include your:

- Legal spouse
- Domestic partner* (Affidavit of Domestic Partnership and Financial Interdependence is required)
- Dependent children (including spouse's/domestic partner's dependent children) up to age 26:
 - Biological child
 - Legally-adopted child or child placed for adoption
 - Step child
 - Foster child
 - Child subject to a legal guardianship court order
 - Disabled children of any age

For more information on eligibility, please refer to plan documents available from HR.

When to Enroll

Eligible employees can enroll for benefits as a new hire, when moving to a benefits-eligible position, as a result of a Qualified Life Event and/or during Annual Enrollment.

If you do not enroll within 30 days of your eligibility, you will not be able to make changes during the year unless you have a Qualified Life Event, which includes, but is not limited to:

- Marriage, divorce, birth, adoption or death;
- An employment status change for you, your spouse/domestic partner or your eligible dependents that impacts benefit eligibility;
- A loss or gain of insurance coverage for either you, your spouse/domestic partner or your eligible dependents; or
- An employee or eligible dependent becoming an ineligible dependent (i.e., a child reaching the maximum age of 26 to be covered under the medical, dental or vision plans).

If you or one of your covered dependents has a Qualified Life Event, you must provide supporting documentation to HR within 30 days of the event.

How to Enroll

You will enroll online through [Workday](#).

Note: You do not need to be enrolled in a medical plan to elect dental or vision coverage and you can choose a different coverage level for each of these plans.

Paying for Your Benefits

Most benefits are paid for with pre-tax contributions (before federal, Social Security and state taxes). Making benefits payments with pre-tax dollars lowers your taxable income and your subsequent tax liability, in turn decreasing your actual cost for these benefits. See cost information on [Workday](#).

**Under current Federal tax laws, pre-tax dollars cannot be used to purchase benefits for domestic partners who do not qualify as Federal tax dependents under IRC Sec. 152. If a domestic partner is enrolled in medical, dental or vision coverage, the employee will pay for the partner's share of the coverage with after-tax dollars. Union College's cost of providing these benefits is taxable income to the employee. Because of tax laws and other legal considerations, medical care and dependent care reimbursement accounts cannot be extended to domestic partners.*

Employees scheduled to work at least 30 hours per week and 1,000 hours per year are considered **full-time benefit-eligible**, while those scheduled to work at least 20 hours per week and 660 hours per year are considered **part-time benefit-eligible**. Benefits are effective the first of the month following your date of eligibility or on the date of eligibility if your date of hire coincides with the first of the month.

Annual Enrollment: Action Required

Eligible employees are encouraged to review and update their benefits during Annual Enrollment to ensure they have the coverage that fits their needs in 2026. While most plans will roll over, including your medical plan, Health Care and Dependent Care Spending Accounts (FSAs) do not carry over. You must actively elect this coverage in Workday to take advantage of valuable tax-free savings.



UNDERSTANDING KEY TERMS

Each medical plan works a little differently, so take some time to familiarize yourself with these key terms.

Deductible:

The amount of covered expenses you must pay each calendar year before the plan begins paying certain benefits.

Copayment (Copay):

A flat fee that you pay at the time you receive a covered service until you reach your out-of-pocket maximum. Copays do not count toward the deductible, but they do count toward the out-of-pocket maximum.

Coinsurance:

The percentage of the cost you pay for a covered service once you have met your deductible and before you meet your out-of-pocket maximum.

Out-of-pocket maximum:

The maximum amount you will be required to pay after reaching your deductible. Once you reach the out-of-pocket maximum, the plan will begin paying for covered services at 100%. This does not include out-of-network costs.

In-network provider:

A network of doctors, hospitals, labs and other healthcare providers who belong to the Anthem network. Using these providers typically result in the lowest costs for you.

Out-of-network provider:




A healthcare provider who does not belong to Anthem's network. Utilizing these providers may result in additional out-of-pocket costs for you.



HEALTH COVERAGE

Medical/Behavioral Health/Rx

Union offers you a choice of three medical plans—HDHP Plan H, PPO Plan C and PPO Plan U. While Anthem is the new medical plan administrator for 2026, your plan options and coverage remain the same, including full preventive care coverage. Anthem also provides a variety of tools and resources to help you understand your coverage, find care and make the most of your plan ([see page 10](#)). **The prescription drug program is provided through OptumRx.**

	HDHP PLAN 	PPO PLAN 	PPO PLAN 
Premiums/amount you pay out of your paycheck for coverage	\$	\$\$	\$\$\$
Amount you pay out-of-pocket at the time of service	\$\$\$	\$\$	\$
Access to a Health Care Spending Account to help pay for eligible medical expenses		✓	✓
Access to a Health Savings Account to help pay for eligible medical expenses	✓		
Up to \$1,000 contribution from Union to your Health Savings Account	✓		

Note: You will pay less for coverage if you complete the **Wellness Incentive Program** requirements ([see page 15](#)).

As you make your decision, consider both your paycheck deductions and potential out-of-pocket costs for the year.

A Note About HDHP Plan H

Unlike PPO Plan C and PPO Plan U, HDHP Plan H is a High Deductible Health Plan (HDHP). This plan has higher deductibles than PPO Plan C and PPO Plan U. The deductible for HDHP Plan H applies to most medical services and prescription drugs before the plan pays. (Note that preventive services and drugs, as defined by the IRS, are covered in full and are not subject to the deductible.) Once the plan begins to pay, you will pay a percentage of the cost until the out-of-pocket maximum is met.

This plan comes with higher out-of-pocket costs when you receive care. To help manage those higher costs, you will have access to a Health Savings Account (HSA), administered by HealthEquity, to save for qualified expenses on a pre-tax basis.

More About the HSA

Your HSA is funded by both you and Union. You can contribute up to the IRS limit each year. You own your HSA, meaning you can take these funds with you if you leave Union. Any funds left in your HSA at the end of the year roll over; you do not lose the balance year-to-year in your account. Your HSA can be used to pay for eligible medical, behavioral health, dental and vision expenses as defined by the IRS. For a list of eligible expenses visit irs.gov/publications/p969.

If you enroll in HDHP Plan H, you will no longer be eligible to enroll in the Health Care Spending Account.

Are you eligible?

Per IRS rules, to qualify for an HSA, you must be enrolled in **HDHP Plan H** and meet the following requirements:

- You cannot be covered by any other health plan.
- You cannot currently be enrolled in Medicare.*
- You cannot be claimed as a dependent on another person's tax return.

* Under IRS eligibility requirements, you are not eligible for an HSA if you are currently enrolled by Medicare Part A and/or B.

HSAS ARE TRIPLE TAX-ADVANTAGED

- 1. Reduces your federal income taxes.** When you contribute to your HSA directly from your paycheck, you reduce your taxable income by the amount you contribute.
- 2. Earns interest tax-free.** Your money earns interest while it is in the account and you do not pay taxes on the interest earned.
- 3. Withdrawals are tax-free.*** You never pay taxes on HSA withdrawals when the money is used for qualified medical expenses.

To learn more, go to learn.healthequity.com/UnionCollege.



* HSAs are never taxed at a federal income tax level when used appropriately for qualified medical expenses. Also, most states recognize HSA funds as tax-free with very few exceptions. Tax rates vary dependent upon individual circumstances. Please consult a tax professional regarding your state's specific rules.

HealthEquity®

Have you registered online?

Visit my.healthequity.com to create a username and password and activate your HSA debit card. Once registered you can manage your account, including beneficiaries. To learn more about the HSA and for access to short videos and other tools and resources go to learn.healthequity.com/UnionCollege.

Medical Plan Comparison

	HDHP PLAN 		PPO PLAN 		PPO PLAN 	
	IN-NETWORK	OUT-OF-NETWORK	IN-NETWORK	OUT-OF-NETWORK	IN-NETWORK	OUT-OF-NETWORK
Annual Deductible	\$1,700 Individual \$3,400 Family	\$3,400 Individual \$6,800 Family	\$500 Individual \$1,000 Family	\$1,000 Individual \$2,000 Family	\$0 Individual \$0 Family	\$250 Individual \$500 Family
Annual Out-of-Pocket Maximum	\$3,000 Individual \$6,000 Family	\$6,000 Individual \$12,000 Family	\$2,500 Individual \$5,000 Family	\$5,000 Individual \$10,000 Family	\$1,250 Individual \$2,500 Family	\$2,500 Individual \$5,000 Family
Preventive Care	Covered in full	30% after deductible	Covered in full	30% after deductible	Covered in full	20% after deductible
Primary Care Physician (PCP) Office Visit	10% after deductible	30% after deductible	\$20 copay	30% after deductible	\$20 copay	20% after deductible
Specialist Office Visit	10% after deductible	30% after deductible	\$30 copay for first 10 visits; \$20 copay thereafter	30% after deductible	\$30 copay for first 10 visits; \$20 copay thereafter	20% after deductible
Telemedicine Visit	10% after deductible	30% after deductible	\$20 copay	Not covered	\$20 copay	Not covered
Urgent Care Facility	10% after deductible	30% after deductible	\$25 copay	30% after deductible	\$25 copay	20% after deductible
Emergency Room	10% after deductible	10% after deductible	\$100 copay	\$100 copay	\$100 copay	\$100 copay
Outpatient Hospital	10% after deductible	30% after deductible	\$500 after deductible	30% after deductible	\$150 copay ¹	20% after deductible
Inpatient Hospital	10% after deductible	30% after deductible	\$1,000 after deductible	30% after deductible	\$250 copay ¹	20% after deductible
Diagnostic labs & x-rays	10% after deductible	30% after deductible	\$20 copay	30% after deductible	\$20 copay	20% after deductible
High technology imaging	10% after deductible	30% after deductible	Covered in full at approved free-standing facility; \$150 at hospital	30% after deductible	Covered in full at approved free-standing facility; \$100 at hospital	20% after deductible
Mental Health & Substance Use Inpatient	10% after deductible	30% after deductible	\$1,000 after deductible	30% after deductible	\$250 copay ¹	20% after deductible
Mental Health & Substance Use Outpatient	10% after deductible	30% after deductible	\$20 copay	30% after deductible	\$20 copay	20% after deductible




1. There is a separate combined \$750 copay out-of-pocket maximum for inpatient hospital admissions and outpatient surgery (separate from the plan benefit out-of-pocket maximum).



Optum Rx[®]

Union outsources all Rx/pharmacy coverage through OptumRx. Be sure to take advantage of OptumRx's website, optumrx.com, to utilize all their resources and tools available to you as a member. Once you create an account, you can manage your prescriptions, sign up for home delivery, utilize the drug cost estimator tool and shop the Optum Store for discounted HSA- and FSA-eligible items.

Medical Plan Comparison (cont.)

	HDHP PLAN 		PPO PLAN 		PPO PLAN 	
	IN-NETWORK	OUT-OF-NETWORK	IN-NETWORK	OUT-OF-NETWORK	IN-NETWORK	OUT-OF-NETWORK
Prescription Drugs (30-day supply)						
Tier 1	\$10 copay after deductible		\$10 copay	\$10 copay	\$10 copay	\$10 copay
Tier 2	\$30 copay after deductible	Not covered	\$30 copay	\$30 copay	\$30 copay	\$30 copay
Tier	\$50 copay after deductible		\$50 copay	\$50 copay	\$50 copay	\$50 copay
Prescription Drugs (90-day supply)						
Tier 1	\$20 copay after deductible		\$20 copay	\$20 copay	\$20 copay	\$20 copay
Tier 2	\$60 copay after deductible	Not covered	\$60 copay	\$60 copay	\$60 copay	\$60 copay
Tier 3	\$100 copay after deductible		\$100 copay	\$100 copay	\$100 copay	\$100 copay
Other Services			See Summary Plan Description			

PILLARRX COST SHARE ASSISTANCE PROGRAM

The PillarRx Cost Share Assistance Program helps employees and family members who take specialty medications for complex or chronic medical conditions. This program uses drug manufacturers' coupons to cover most or all of your out-of-pocket costs for eligible medications. You will receive information directly from PillarRx by mail and by phone if your medication is included in this program..

Medical Plan Premium Per Pay Period

Full-Time*	HDHP PLAN H		PPO PLAN C		PPO PLAN U	
	WITH WELLNESS	WITHOUT WELLNESS	WITH WELLNESS	WITHOUT WELLNESS	WITH WELLNESS	WITHOUT WELLNESS
Employee	\$50.60	\$56.22	\$50.60	\$56.22	\$84.17	\$93.52
Employee+Child(ren)	\$146.60	\$162.89	\$146.60	\$162.89	\$198.65	\$220.72
Employee+Spouse	\$224.91	\$249.90	\$224.91	\$249.90	\$298.73	\$331.93
Family	\$300.48	\$333.87	\$300.48	\$333.87	\$399.21	\$443.56

Part-Time*	HDHP PLAN H		PPO PLAN C		PPO PLAN U	
	WITH WELLNESS	WITHOUT WELLNESS	WITH WELLNESS	WITHOUT WELLNESS	WITH WELLNESS	WITHOUT WELLNESS
Employee	\$281.02	\$283.84	\$281.02	\$283.84	\$316.46	\$321.14
Employee+Child(ren)	\$469.67	\$477.81	\$469.67	\$477.81	\$524.61	\$535.65
Employee+Spouse	\$675.04	\$687.54	\$675.04	\$687.54	\$752.97	\$769.56
Family	\$902.05	\$918.74	\$902.05	\$918.74	\$1,006.26	\$1,028.43

* Assumes 24 pay periods with no medical premium rebate.





If you enrolled in the HDHP Plan H for 2026, you are not eligible for the Health Care FSA. You do have access to a Health Savings Account (HSA) to help pay for eligible medical expenses. See [page 5](#) for more information.

Spending Accounts (FSA)

You can elect to contribute to an FSA to pay for eligible out-of-pocket health care and dependent care expenses. You set aside pre-tax dollars, reducing your taxable income and saving you money. You may enroll in the Health Care and/or Dependent Care Spending Accounts. For 2026, the Health Care Spending Account maximum is \$3,400. Elections to the Dependent Care Spending Account cannot exceed \$7,500 (or \$3,750 for married individuals filing separately).

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

- You must enroll in the Spending Accounts each year you want to participate; IRS rules do not allow you to contribute unless you make an election each year.
- Once you sign up for one or both accounts, you cannot change or stop your contributions unless you experience a Qualified Life Event, such as marriage, divorce, the birth or adoption of a child or a change in employment status for 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.
- Per IRS rules, the Health Care Spending Account cannot be used for domestic partner related expenses.
- You have until March 30, 2027, to submit claims for reimbursement of: 1) Health care expenses incurred between January 1, 2026, and March 15, 2027, or 2) Dependent care expenses incurred between January 1, 2026, and March 15, 2027. According to IRS rules, any money left in your account is forfeited.

REGISTERING ONLINE WITH SENTINEL

Union offers FSAs through Sentinel Group. Visit <https://bit.ly/3Svgpeh> to register. Membership allows you to explore the Health & Wealth Hub and read customized articles on topics like college planning and saving, budgeting and debt, cybersecurity and general investing.

GETTING THE MOST FROM YOUR MEDICAL PLAN

Looking for ways to save money and take advantage of programs that can help you maintain or improve your health? Here are some programs to consider:

Know Your Medical Benefits and Use Network Providers

Before you visit a provider, find out what services are covered by your plan. You should also find out what your out-of-pocket costs might be for each type of visit, test or procedure. Anthem's Find Care tool allows members to compare prices for doctors, hospitals, labs and medical services based on your plan benefits. Visit [findcare.anthem.com](https://www.findcare.anthem.com) or call 844-995-1737 to find participating facilities and providers.

Get Your Preventive Care—At No Cost to You

Preventive care is a great way to avoid illness and to stay healthy. The medical plan covers the full cost of annual check-ups, age-appropriate screenings and tests received from network providers.

Use Generics to Save Money

Generic medications contain the same active ingredients as their brand-name counterparts and have a lower copay. Ask your doctor if a generic might be appropriate for you.

Download the Sydney Health App

Use Anthem's Sydney Health to keep track of your health and benefits all in one place. With a few taps, you can:

- Connect directly to virtual care from the convenience of home.
- Search for doctors, hospitals and other healthcare professionals in your plan's network and compare costs.
- Use My Health Dashboard to find news on health topics that interest you.
- See a full picture of your family's health in one secure place.
- And more!

Go to [sydneyhealth.com](https://www.sydneyhealth.com) to create your account.

SEEK ALTERNATIVES TO THE EMERGENCY ROOM

Emergency rooms are expensive and time-consuming. For non-emergencies, consider the following:

- Contact your primary care provider (PCP) if it is not urgent. Your PCP knows you and your health history and can access your medical records. Plus, your PCP can provide follow up care and refer you to specialists.
- Use telehealth for a video visit with a provider using your smartphone, tablet or computer. You can save time and money by speaking with a provider anytime you need medical or behavioral health care (including after business hours and on weekends). During your video visit, the doctor will assess your condition, provide a treatment plan, and send prescriptions to the pharmacy of your choice, if needed. Your PCP office visit copay applies to telehealth visits. To schedule a virtual visit, click on Virtual Care from the Care tab on [anthem.com](https://www.anthem.com) or the Sydney Health app.
- Go to an urgent care center for conditions that are not life threatening but require immediate treatment.

Visit Anthem's Find Care tool at [findcare.anthem.com](https://www.findcare.anthem.com) to search for an urgent care location near you. You can also call Anthem at 844-995-1737.

BEHAVIORAL HEALTH SUPPORT

Additional mental health resources are available through Anthem, giving you even more options for care.

- In-Person Care:** Psychologists, psychiatrists, social workers and therapists are available for mental health and substance treatment needs. Access Anthem's Find Care tool at findcare.anthem.com to locate a provider with availability near you.
- Virtual Care:** Connect with a licensed therapist or a board-certified psychologist or psychiatrist using your smartphone, tablet or computer. Appointments are held securely through the Sydney Health app or anthem.com.
- LiveHealth Online:** See a therapist or doctor anytime, without the wait. Connect through the Sydney Health app or at livehealthonline.com.
- Knowledge Hub:** Anthem's Knowledge Hub can help with tools for stress, anxiety, depression or other behavioral health. Visit anthemknowledge.com/abcbs to explore the website.
- 24/7 Behavioral Health Resource Center:** Anthem coordinators connect you with providers and resources for mental and behavioral health needs. Call the 24/7 Behavioral Health Resource Center at 844-396-2331. For emergencies, dial 911.
- Emotional Well-being Resources:** Access online programs and coaching to support your emotional health. Learn more on anthem.com or the Sydney Health app.

Examples of How Costs Compare Across Our Plans

The following examples illustrate the total costs under the three medical plans for hypothetical patients with low, medium and high health care needs.

Scenario 1: Maya

Maya is in her late 20s, single and generally healthy. Outside of her annual physical and flu shot, she rarely needs medical care – though she does occasionally stop into urgent care for minor issues. Maya's primary care doctor is in network, which means preventive care visits are covered at no cost with any Union medical plan.

She's an avid runner and participates in the wellness program, which lowers her medical premiums. She takes one daily prescription, but it's a Tier 1 generic, so the cost to her is minimal. Because her anticipated medical expenses in 2026 likely won't exceed the deductible in any medical plan, Maya expects to pay out-of-pocket for most care she receives.

Under HDHP Plan H, Maya knows Union would contribute \$500 to her HSA, which she can use to pay for care or invest for the future. Maya decides that HDHP Plan H is the best fit and a smart way to build savings.

	HDHP PLAN H	PPO PLAN C	PPO PLAN U
Annual Premium	\$1,214	\$1,214	\$2,020
1 PCP Visit – Preventive	\$0	\$0	\$0
1 PCP Visit – Non-preventive	\$150	\$20	\$20
3 Generic 30-day Prescriptions	\$75	\$30	\$30
Total Medical Out-of-Pocket Costs Plus Premium	\$1,439	\$1,264	\$2,070
Union HSA Contribution	-\$500	N/A	N/A
Total 2026 Cost	\$939	\$1,264	\$2,070

PCP and urgent care assumed to be \$150 per visit. Generic scripts \$25 each.

Scenario 2: Alex

Alex covers both himself and his spouse under his Union medical plan. They are expecting their first child in 2026, so it's safe to assume they will meet the out-of-pocket maximum regardless of which plan they choose.

Alex also takes a brand-name medication that does not have a generic alternative. He reviews his options carefully and knows he and his spouse will take advantage of the wellness program to reduce premiums. Under HDHP Plan H, they would pay the full cost of care and prescriptions until reaching the \$3,400 family deductible. Union would contribute \$1,000 to their HSA, which helps offset some of those costs.

With PPO Plan C, premium costs are similar to HDHP Plan H, but the couple's share of pregnancy and specialist care would be much lower. That, combined with predictable out-of-pocket costs, makes PPO Plan C the clear choice. Alex also elects Hospital Indemnity insurance from Sun Life, which provides extra support for pregnancy, newborn care and related services.

	HDHP PLAN H	PPO PLAN C	PPO PLAN U
Annual Premium	\$5,398	\$5,398	\$7,170
2 PCP Visits – Preventive	\$0	\$0	\$0
4 Specialist Visits	\$800	\$120	\$120
1 Outpatient Surgery	\$2,100	\$1,000	\$150
Quarterly Mail-Order Tier 3 drugs	\$400	\$400	\$400
Total Medical Out-of-Pocket Costs Plus Premium	\$8,698	\$6,918	\$7,840
Union HSA Contribution	-\$1,000	N/A	N/A
Total 2026 Cost	\$7,698	\$6,918	\$7,840

\$3,000 for outpatient surgery. \$200 specialist visits.

Scenario 3: Renee

Renee covers her spouse and three children under her Union medical plan. With two teens active in sports and a younger child prone to ear infections, she knows the family will likely have multiple medical needs throughout the year. Between regular prescriptions and a few urgent care visits last year, they expect similar costs in 2026.

Renee signs up for the wellness program to reduce her paycheck contributions and also chooses Accident Insurance from Sun Life in case one of those minor sports injuries turns into something more serious.

Since the family is likely to use a higher-than-average amount of care, PPO Plan U makes the most sense for them. It provides broader coverage and lower out-of-pocket costs compared to the other options, giving Renee peace of mind.

	HDHP PLAN H	PPO PLAN C	PPO PLAN U
Annual Premium	\$7,212	\$7,212	\$9,580
Family Out-of-Pocket Maximum	\$6,000	\$5,000	\$2,500
Total Medical Out-of-Pocket Costs Plus Premium	\$13,212	\$12,212	\$12,080
Union HSA Contribution	-\$1,000	N/A	N/A
Total 2026 Cost	\$12,212	\$12,212	\$12,080

Dental Coverage

Union offers a choice of two dental plans, Basic and Plus, through Delta Dental of New York. Both plans provide comprehensive coverage for care received through any provider. However, you will pay less for care received from participating Delta Dental providers. The Basic plan has a lower premium and covers a lower amount of dental services. The Plus plan provides a higher calendar year maximum and orthodontia coverage for a higher premium.

Dental Plan Options

	BASIC	PLUS
Annual Deductible	\$75 per person/up to \$225 per family	\$50 per person/up to \$150 per family
Preventive and Diagnostic Care (cleanings, x-rays)	100% (not subject to deductible)	100% (not subject to deductible)
Basic Services/Restorative (fillings, oral surgery)	50% after deductible	80% after deductible
Major Services/Restorative (bridges, crowns, dentures)	50% after deductible	80% after deductible
Orthodontia	Not covered	50% after deductible; maximum \$2,000 per person lifetime maximum
Annual Limit	\$1,000 maximum per person	\$2,000 maximum per person

Dental Plan Premiums

	FULL-TIME*		PART-TIME*	
	BASIC	PLUS	BASIC	PLUS
Employee	\$7.48	\$17.70	\$10.34	\$20.56
Employee+Child(ren)	\$13.09	\$29.92	\$17.45	\$34.28
Employee+Spouse	\$17.43	\$39.92	\$23.24	\$45.73
Family	\$33.27	\$70.06	\$40.40	\$77.19

* Assumes 24 pay periods. Contact HR for spousal pairs.

Registering online with Delta Dental

Visit deltadentalins.com/registration to register. Membership allows you to browse the wellness library, schedule a virtual consult or Toothpic appointment and access important guides on oral health maintenance.

Vision Coverage

Union offers a vision plan through EyeMed. The plan covers vision exams, frames, lenses, contacts and laser vision correction. You pay less when you use network providers, which include both private practitioners and large national retail chains (LensCrafters, Target Optical, JCPenney Optical and more). You pay the full cost of coverage.

**SAME
COVERAGE
AND RATES
AS 2025!**

	IN-NETWORK	OUT-OF-NETWORK (REIMBURSEMENT)
Eye Exam (once every calendar year)		
Exam with dilation as necessary	Covered in full	Up to \$40
Standard contact lens fit and follow-up	Up to \$55	Not covered
Premium contact lens fit and follow-up	10% off retail price	Not covered
Frames (every other calendar year)	\$0 copay; \$200 allowance; 80% of retail price over \$200	Up to \$140
Standard Lenses (once every calendar year)		
Single vision	Covered in full	Up to \$50
Bifocal	Covered in full	Up to \$60
Trifocal	Covered in full	Up to \$75
Basic Progressive	Covered in full	Up to \$75
Lens Options (paid by member and added to the base price of the lenses)		
UV Coating	\$15	Not covered
Tint (Solid and Gradient)	\$15	Not covered
Scratch Resistance	\$15	Not covered
Basic Polycarbonate	\$0	Not covered
Standard Anti-Reflective	\$45	Not covered
Contact Lenses (in lieu of frames and lenses; once every calendar year)		
Conventional	\$0 copay; \$200 allowance, 15% off balance over \$200	Up to \$140
Disposables	\$0 copay; \$200 allowance	Up to \$140
Medically Necessary	Covered in full	Up to \$300
Laser Vision Correction	15% off retail price or 5% off promotional pricing	Not covered

Vision Plan Premium

PER PAY PERIOD*

Employee	\$4.75
Employee+Child(ren)	\$8.50
Employee+Spouse	\$10.50
Family	\$13.97

* Assumes 24 pay periods.

Registering online with EyeMed

Visit eyemedvisioncare.com/register to register. Membership allows you to buy frames and contacts online and browse Eye Site on Wellness for FAQs, interactive quizzes and access to the digital library.



REDUCING COSTS FOR 2026

Wellness Incentive Program

The Wellness Incentive Program is designed to promote personal health awareness and accountability, with the goal of reducing preventable medical expenses. To qualify for the 10% Wellness Incentive Program, you must:

- Participate in one of our medical plans,
- Complete a biometric screening or physical, and
- Complete the Smoke/Tobacco Free Affirmation.

If you are covering a spouse or domestic partner on your medical plan and want to receive this credit, your spouse or domestic partner must also meet these requirements. You can qualify for the Wellness Incentive at any time by completing these requirements throughout the plan year.

See the Appendix for the Notice Regarding Union's Wellness and LifePoints Program.

Medical Premium Rebate Program

The Medical Premium Rebate Program helps supplement the cost of medical insurance coverage for employees with a 2024 Total Household Adjusted Gross Income less than or equal to \$98,686.

To apply for the Medical Premium Rebate, you must complete the [2026 Medical Premium Rebate form](#) online through Formstack. You also are required to attach your most recent tax return (the page that shows Total Adjusted Gross Income) for verification when you submit the online form.

For more information, contact HR.

LifePoints Program and Other Wellness Incentives

If you are enrolled in a Union medical plan, you can earn up to \$365 in gift cards per family, per year through the interactive LifePoints Program.

Beginning January 1, 2026, the program will be administered by US Wellness. While the benefits remain the same, you'll now have access to additional resources and support. You will continue to use the Personify Health app to track activities and access wellness tools.

Members can earn points for healthy activities, such as:

- Receiving an annual physical exam (covered in full under all medical plans)
- Getting a flu shot
- Completing a Personal Health Assessment

Visit union.edu/human-resources/benefits for enrollment instructions for new and existing users.

See the Appendix for the Notice Regarding Union's Wellness and LifePoints Program.

Discounted Wellness Programs

Union recognizes the importance of having employees pursue healthy and active lifestyles. The College offers a variety of programs to promote health and help employees save money on healthcare expenses, including:

- Walking programs
- Access to College athletic facilities
- And more!

BASIC LIFE, AD&D, AND LONG-TERM DISABILITY

Sun Life Financial administers Union's Basic Life Insurance, Accidental Death & Dismemberment (AD&D) Insurance and Long-Term Disability (LTD) Insurance programs. Sun Life provides claim reviews and case management services to help streamline the employee experience. The College pays the full cost of Basic Life, AD&D and LTD for eligible employees.

Basic Life

The College provides Basic Life Insurance coverage equal to 1 times annual salary to a maximum of \$250,000.

Basic AD&D

The College provides Basic AD&D coverage equal to 1 times annual salary to a maximum of \$250,000. Basic AD&D benefits are paid if you die or are severely injured as the result of an accident.

Basic Long-Term Disability (LTD)

If you are an employee who works at least 30 hours per week and 1,000 hours per year, you are eligible for the Basic LTD Plan. This coverage provides partial income replacement after 180 days of Short-Term Disability (STD), if you are approved by Sun Life. Basic LTD replaces 60% of your base salary, up to a maximum of \$10,000 per month.

Full-time new hires must complete one year of service to be eligible for this program.

Registering online with Sun Life Financial

Visit bit.ly/3TD7O9Y to register as a member, file claims and access beneficiary resources.

SUPPLEMENTAL INSURANCE COVERAGE OPTIONS

You can elect Supplemental Insurance coverage when you are first hired or during Annual Enrollment.

Evidence of Insurability (EOI) is required to enroll for the first time after you are first eligible or to increase the coverage amount (does not apply to Long-Term Disability).

Supplemental Life Insurance

You may elect Supplemental Life Insurance equal to 1, 2, 3, 4 or 5 times your annual salary to a maximum of \$500,000. You pay the full cost of Supplemental Life Insurance on a pre-tax basis. The cost of Supplemental Life is based upon your age and subject to change mid-year if you have a birthday that puts you into another age group (i.e., you turn 30, 35, 40, 45, etc.) You are required to provide EOI if you are electing coverage for the first time, greater than or equal to 3 times your annual salary or \$300,000, whichever is less.

Dependent Life Insurance

If you elect Supplemental Life Insurance for yourself, you may also elect Dependent Life Insurance:

- **Option 1** equals \$25,000 for your spouse/domestic partner and \$4,000 for your children.
- **Option 2** equals \$5,000 for your spouse/domestic partner and \$2,000 for your children.

You pay the full cost of Dependent Life Insurance coverage on an after-tax basis. **Note:** Dependent children are eligible for Dependent Life Insurance coverage until they reach age 19.

Supplemental Long-Term Disability (LTD)

Once you become eligible for Basic LTD, you can elect Supplemental LTD. Your benefit, if approved, will pay a total of 70% of base salary, reduced by other income, up to a maximum of \$10,000 per month. You pay the full cost of Supplemental LTD coverage on an after-tax basis, so the LTD benefits paid are not taxed.

Supplemental AD&D

You may elect Supplemental AD&D in \$10,000 increments to a maximum of \$500,000. You pay the full cost of Supplemental AD&D coverage on a pre-tax basis.

ADDITIONAL COVERAGE FOR MORE PEACE OF MIND

Life has a way of taking us by surprise. Although you can't predict the future, you can give yourself a safety net. Union has partnered with Sun Life to provide insurance options to help you protect yourself and your family from the unexpected. Visit union.edu/human-resources/benefits to view plan summaries. Create your Sun Life account at sunlife.com/register.

Accident Insurance

Protect your savings against an accident. Even a broken arm can result in medical costs not covered by your health plan. Accident insurance pays you cash for covered accidents and treatments. You can use the money to help pay out-of-pocket medical costs or everyday expenses.

How it Works

- You can elect coverage for yourself, you and your spouse, you and your children or you and your family.
- Provides coverage for on- and off-the-job accidents.
- Benefits are payable directly to you, the employee.
- The plan pays benefits in addition to any other coverage you may have.
- There are no health questions or pre-existing condition limitations.
- The plan pays you \$50 each year when you receive common screenings like blood tests, skin cancer screening, lipid panels, electrocardiogram (ECG), immunizations and more.

Hospital Indemnity Insurance

If you are facing a hospital stay, this optional benefit helps pay expenses not covered by your health plan. You can use your hospital indemnity benefits however you want, including expenses like lost income, childcare, deductibles and copays. Benefits are payable directly to you and are in addition to any other coverage you already have.

What's Covered

The plan offers hospitalization benefits for you, your spouse and/or your child(ren) up to age 26. Benefits are payable for hospital stays due to:

- Sickness
- Accidents
- Substance use treatment
- Routine pregnancy
- Newborn complications
- Mental illness
- Complications of pregnancy
- Routine newborn nursery care

Critical Illness Insurance

Protect your savings in case of a serious illness that leads to unexpected costs not covered by your health plan. Critical illness insurance provides a cash benefit when you or a person on your plan is diagnosed with a covered condition. The benefit is paid directly to you, to use however you want. Covered conditions include heart attack, stroke, cancer, major organ failure, end-stage kidney disease and more.

How it Works

For you: Choose from \$10,000 to \$40,000 of coverage in increments of \$10,000 with no medical questions asked.

For Your Spouse: If you elect coverage for yourself, you can choose from \$10,000 to \$40,000 of coverage for your spouse in increments of \$10,000 with no medical questions asked. Your spouse's coverage cannot exceed 100% of your coverage.

For your child(ren): If you elect coverage for yourself, you can choose (for each eligible child under age 26) from \$2,000 to \$20,000 of coverage in increments of \$1,000 with no medical questions asked. A child's coverage cannot exceed 50% of your coverage.



IMPORTANT: Hospital Indemnity Insurance is a fixed indemnity policy, NOT health insurance. More information is provided in Workday during the enrollment process.

RETIREMENT PLAN

Preparing for your future financial security requires careful planning. The Union Retirement Plan consists of contracts and certificates issued through Teachers Insurance and Annuity Association (TIAA) and/or Fidelity Investments.

Your Contribution

You can contribute to the plan starting on your first day of employment. You can save up to the IRS limits each year. The limit for the 2025 calendar year is \$23,500, plus an additional \$7,500 for individuals age 50 or older. The 2026 limit has not been released as of this publication. You can increase or change your own contribution at any time. **Note:** Under federal law, beginning in 2026, employees earning more than \$145,000 in the prior year will be required to make catch-up contributions on a Roth (after-tax) basis.

Union's Contribution

To help your savings grow, the College contributes 4% of annual wages (excluding overtime, overloads, supplements, etc.) each year for eligible employees.

You are eligible for Union's contribution if you:

- Are at least age 21, have one year of service and work at least 1,000 hours per year; OR
- Have previously enrolled in a college/university's 401(a), 401(k) or 403(b) plan (proof of prior account required) that included vested employer contributions. The account must be active (not cashed out or transferred) at the time you join the Union Retirement Plan.

Vesting

You become vested (meaning you have ownership rights) for College contributions and earnings after three years. You are always 100% vested in your own contributions and earnings.

ENROLLMENT FOR UNION COLLEGE'S CONTRIBUTIONS

Enrollment periods are held for newly eligible employees each March, June, September and December with Union's contribution beginning the first of January, April, July or October following the one-year waiting period.

To learn more about the eligibility rules, visit the Retirement Planning section of the HR website at union.edu/human-resources/benefits.



TUITION BENEFIT PROGRAM

The Tuition Benefit Program offers benefits to eligible full-time employees and eligible dependents for full-time and part-time studies.

- The goal of the full-time tuition studies is to minimize, to the extent possible, financial barriers to higher education for the dependent children of Union's employees.
- The goal of the part-time tuition studies is to support the educational goals and encourage professional development of eligible participants.

Full-Time Studies at Union College

The full-time tuition benefit applies to a dependent's enrollment as a full-time matriculated student at Union for a bachelor's degree. The benefit applies for four years of full-time undergraduate study or 12 trimesters.

Tuition Exchange

Union College is a member of Tuition Exchange (TE). TE is a reciprocal scholarship opportunity for eligible dependents at all 700+ TE member schools. The value of the TE scholarship is typically full tuition or the annual TE set rate.

Part-Time Studies

Full-time employees of Union, their legally married spouses/domestic partners and their dependent children may take courses at Union or the Clarkson University Capital Region Campus (CRC) as part-time students. A full-time employee may enroll in up to two Union or CRC courses per term free of tuition charges, as long as the courses are not in conflict with the employee's work schedule. The employee may enroll in a maximum of four tuition-free courses per academic year (July to June) under this benefit.

Legally married spouses, domestic partners and dependent children of full-time employees and their spouse/domestic partner may enroll as part-time students in up to three Union or CRC courses per academic year (July to June) free of tuition charges. Dependent children receiving Union's tuition benefit for full-time study, whether at Union or elsewhere, may use the part-time benefit at Union or the CRC, during the summer term only, without any reduction in the benefit for full-time study.



For more information regarding tuition program eligibility and details, please visit www.union.edu/human-resources/benefits.

UNION
COLLEGE

FOUNDED 1795

EMPLOYEE ASSISTANCE (EAP) AND SUCCESS COACH PROGRAMS

Union cares about the well-being of you and your family. The Employee Assistance Program (EAP) and Success Coach Program are designed to help you navigate life's challenges, both personal and professional.

Both programs are free benefits and available to all employees, regardless of medical plan enrollment or hours worked. Your confidentiality is assured.

Higher Ed EAP

The EAP offers tools and services to help you and your family members navigate a wide array of challenges and problems.

Just a few examples of these include:

- Marriage and family
- Grief
- Stress
- Pet problems
- Legal problems
- Education planning
- Debt
- Scholarships
- Childcare
- Depression
- Eldercare
- Wills
- Taxes
- Smoking cessation
- Wellness
- Adoption
- Substance use treatment
- Mental health
- Divorce

In addition, the EAP offers hundreds of personal and professional development opportunities, from trainings to one-on-one telephonic coaching in these areas:

- Certified financial coaching
- Balancing life at work
- Resilience
- Effective communication
- Home purchasing
- Student debt
- Yoga & meditation
- Workplace conflict
- Retirement
- Succeeding as a supervisor

You also have access to wellness coaching for support with weight, nutrition, fitness, quitting tobacco and stress management.

To access the EAP, call 800-252-4555 or 800-225-2527 to talk with a counselor or coach. You can also visit HigherEdEAP.com for comprehensive problem-solving resources and self-help tools.

SUCCESS COACH PROGRAM – EMPLOYER RESOURCE NETWORK (ERN)

A Success Coach is a person who can provide you with free, confidential access to services and interactive coaching to support you and your employment. By utilizing the best resources of local government, non-profits and private employers, the Success Coach can help you overcome personal barriers that may be threatening or interfering with your employment or causing difficulty for you at home. Union's Success Coach is on campus twice a week and available by phone, email and text Monday through Friday. Check with HR for more information.



ADDITIONAL BENEFITS

Union provides many other benefits, including:

- Financial wellness opportunities
- Paid and unpaid time away from work
- Employee Scholarship Program
- Business travel insurance
- Housing assistance
- Credit union services
- Discounts through Working Advantage (visit myapps.union.edu and select the Employee Discounts tile)
- Free or discounted tickets to Union athletic events

Visit the Benefits section of the HR website at union.edu/human-resources/benefits to learn about these and other programs.

LEGAL NOTICES

Union provides required notices to employees upon hire and every year. You can find these notices on the [Human Resources website](#).



CONTACT INFORMATION

	CONTACT	PHONE/EMAIL	WEBSITE
General Benefit Questions, Wellness Program, Tuition Benefit and Additional Benefits	benefits@union.edu	518-388-6108 benefits@union.edu	union.edu/human-resources/benefits
Leaves of Absence (Disability, Worker's Comp, FMLA and NYS PFL)	benefits@union.edu	518-388-6108 benefits@union.edu	union.edu/human-resources/benefits
Online Enrollment	Workday	benefits@union.edu	union.edu/human-resources/benefits
Medical and Behavioral Health	Anthem	844-995-1737	anthem.com or download the Sydney Health app at sydneyhealth.com
Prescription Drug Program	OptumRx	800-788-4863	optumrx.com
Dental	Delta Dental (Group 1680)	800-932-0783	deltadentalins.com (to find participating providers, select the Delta Dental PPO or Delta Dental Premier option in the "Find a Dentist" box)
Vision	EyeMed (Group 1059003)	800-521-3605	eyemedvisioncare.com (to find participating providers, select the Access network and enter your zip code in the "Provider Locator" box)
Health Savings Account	HealthEquity	866-346-5800	my.healthequity.com/ClientLogin
Spending Accounts	Sentinel Group	800-762-6088	sentinelgroup.com
Employee Assistance Program	Higher Ed EAP	800-252-4555 800-225-2527	HigherEdEAP.com
Life Insurance and Accidental Death & Dismemberment (Claims)	Sun Life Financial	800-247-6875	sunlife.com/us
Long-Term Disability (Claims)	Sun Life Financial	800-247-6875	sunlife.com/us
Accident, Hospital Indemnity and Critical Illness (Claims)	Sun Life Financial	800-247-6875	www.sunlife.com/us
Retirement Plan	TIAA	800-732-8353	TIAA.org/Union Access your Retirement@Work® guide directly at myapps.union.edu
Retirement Plan	Fidelity Investments	800-642-7131	netbenefits.com/union Access your Retirement@Work® guide directly at myapps.union.edu

APPENDIX

Notice Regarding Union College's Wellness and Life Points Programs

Union College's "Wellness Program" is a voluntary wellness program available to all employees and covered spouses/ domestic partners. 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 "LifePoints" 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 "LifePoints" program for employees and their family members who participate in certain health-related activities (please refer to the join.personifyhealth.com/unioncollege website for specific LifePoints 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 from Human Resources, College Park Hall, x. 6108.

You are not required to participate in the Wellness Incentive program or the LifePoints 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 LifePoints program will be entitled to annual LifePoint 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, US Wellness 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 US Wellness, 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 US Wellness) and Union College may use aggregate information it collects to design a program based on identified health risks in the workplace, US Wellness 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 Human Resources, College Park Hall, ext. 6108.

Special Notice of Employee Rights

Under the Health Insurance Portability and Accountability Act of 1996 (HIPAA), if you are declining enrollment for yourself or your dependents (including your spouse) because of other group health insurance coverage, you may in the future be able to enroll yourself and your dependents in the Union College medical plan if you or your dependents lose eligibility for that other coverage (or if the employer stops contributing to the cost of that coverage), provided you request enrollment within 30 days after your other coverage ends.

In addition, if you have a new dependent as a result of marriage, birth, adoption or placement for adoption, you may be able to enroll yourself and your eligible dependents, provided you request enrollment within 30 days after the marriage, birth, adoption, or placement for adoption.

To request a special enrollment or obtain more information, please contact Human Resources, College Park Hall, ext. 6108.

This Benefits Guide provides a summary of some of the benefits offered to Union College employees. If there are discrepancies between the information included in this guide and the applicable plan documents or insurance contracts, the plan documents and insurance contracts will govern in all cases. While it is Union College's intent to continue all current benefit plans and policies, Union College 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.