

Know Your Benefits

Mohawk Valley Community College

Association of Mohawk Valley Administrators

Mohawk Valley Community College strives to provide you and your family with a comprehensive and valuable benefits package. This is an overview of your 2025 benefits package as well as what you will need to do for Open Enrollment.

If you have questions or need more information, contact:

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The information in this Benefits Overview is presented for illustrative purposes and is based on information provided by the employer. The text contained in this Overview was taken from various summary plan descriptions and benefit information. While every effort was taken to accurately report your benefits, discrepancies or errors are always possible. In case of discrepancy between the Benefits Overview and the actual plan documents, the actual plan documents will prevail. All information is confidential, pursuant to the Health Insurance Portability and Accountability Act of 1996. If you have any questions about this summary, contact Human Resources.

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CARRIER CONTACT INFORMATION

| Benefit | Carrier/Vendor | Member Portal or Website | Phone Number |
|---------------------------|----------------------------|---|-----------------|
| Medical | Excellus BCBS | member.excellusbcbs.com | 1-800-278-1247 |
| Child Health Plus | NYS of Health | nystateofhealth.ny.gov | 1-800-698-4KIDS |
| Flexible Spending Account | Benefit Resource, Inc. | benefitresource.com | 585-424-5200 |
| Rx/Pharmacy | Maxor Plus | maxor.com/contact-us | 1-800-687-0707 |
| Dental | Guardian | guardianlife.com | 1-888-482-7342 |
| Vision | Davis Vision | davisvision.com | 1-888-790-9910 |
| EAP | ESI Higher Ed | theeap.com/employee-benefits-overview | 1-800-252-4555 |
| Basic Life | Anthem | anthemlife.com | 800-552-2137 |
| Long-Term Disability | Anthem | anthemlife.com | 800-232-0113 |
| Voluntary Benefits | Colonial Life | coloniallife.com | 1-800-325-4368 |
| Voluntary Benefits | Aflac | aflac.com | 1-800-366-3436 |
| Voluntary Benefits | MetLife Pet Insurance | quote.metlifepetinsurance.com | 1-855-270-7387 |
| COBRA | Lifetime Benefit Solutions | https://www.secure.mvcc.edu/human-resources/professional-association/cobra-notice.pdf | 1-800-356-1029 |

COST OVERVIEW

| Coverage | Plan Name | Employee Pays Per Month | Employee Pays Per Paycheck |
|-------------------------|--|---|---|
| Medical | Excellus Simply Blue Copay | Single: \$163.28 Two Person: \$335.95 Family: \$464.82 | Single: \$81.64 Two Person: \$167.97 Family: \$232.41 |
| Rx/Pharmacy | Maxor Prescription Plan | Single: \$44.44 Two Person: \$100.47 Family: \$137.16 | Single: \$22.22 Two Person: \$50.24 Family: \$68.58 |
| Dental | Guardian | Single: \$7.03 Family: \$18.77 | Single: \$3.51 Family: \$9.38 |
| Vision | Davis Vision | Your Employer Pays 100% of This Cost! | Your Employer Pays 100% of This Cost! |
| Health Insurance Waiver | Medical/Rx/Dental/Vision Individual: \$750 Family: \$1,500 | Medical/Rx Individual: \$600 Family: \$1,200 | https://wwwsecure.mvcc.edu/human-resources/forms/amva-health-insurance-waiver-2025.pdf |
| Medical Enrollment Form | To apply or make changes to your medical enrollment | https://wwwsecure.mvcc.edu/human-resources/forms/AMVA-Excluded-PA-Medical-Enrollment-2024.pdf | |

BENEFIT OVERVIEW

Medical

Below is a list of associated costs for some of the most common **IN-NETWORK** expenses with these plan offerings.

For a comprehensive overview, see Plan Summary.

| | Plan Option |
|---|---------------------|
| Medical Carrier | Excellus BCBS |
| Plan Name | Simply Blue Copay |
| Deductible (Individual/Family) | \$0 / \$0 |
| Coinsurance after deductible is met | 0% |
| Out of Pocket Maximum (Individual/Family) | \$2,000 / \$6,000 |
| PCP Office Visit | \$25 Copay |
| Specialist Office Visit | \$40 Copay |
| Inpatient Care | \$150 Copay |
| Outpatient Surgery | \$75 Copay |
| Telemedicine (MDLive) | Covered in Full |
| Urgent Care | \$40 Copay |
| Emergency Room | \$75 Copay |
| Maxor Pharmacy Rx Coverage Tier 1 Tier 2 Tier 3 Specialty | \$5/\$35/\$45 Copay |

Health Care Flexible Spending Account (FSA)

A Health Care FSA is an account in an employee's name that reimburses the employee for qualified health care expenses. It allows an employee to fund qualified expenses with pre-tax dollars deducted from the employee's paychecks. The employee can receive cash reimbursement up to the total value of the account for covered expenses incurred during the benefit plan year and any applicable grace period.

If you elect an FSA, you must specify how much you would like to contribute to the FSA for the year. ***Keep in mind, an FSA has a "use-it-or-lose-it" provision!*** That means any unused funds at the end of the plan year will be forfeited. So, be sure to choose an amount that will cover medical expenses but is not so high that you end up with unused funds at the end of the year.

When you are paying for a qualified medical expense that you would like to use your FSA funds for, claims will be paid by automatic claims transfer by the carrier.

- For 2025, the maximum amount that can be contributed to your Health FSA is \$3,300.
- CARRYOVER: the IRS allows employers the option to allow participants to carry over up to \$660 in unused funds into the next year. We have opted to offer this carryover.

For a complete list of qualified medical expenses, visit the IRS website at:

irs.gov/publications/p502#en_US_2013_publink1000178885

Beniversal Card for Health Care FSA

The Beniversal Card allows you to access Medical FSA funds to pay for eligible medical services at qualified merchants. The card may only be used to pay for eligible medical services after they have been provided. The IRS allows one exception: eligibility of orthodontia expenses can be based on either date of payment, date of service or payment due date on coupons/statements.

Payment of a current Plan Year medical service with the card must be completed before the Plan Year ends. Once a new Plan Year begins, only Medical FSA funds associated with the new Plan Year will be available on the card. To access any remaining balance from the prior Plan Year account, submit a claim requesting reimbursement.

You are advised to save all documentation related to medical expenses paid with your card, as IRS regulations require all FSA transactions to be verified for eligibility. If a card transaction cannot be automatically verified, you will be contacted to submit documentation for that transaction. Medical expenses paid with the card should never be submitted for claim reimbursement.

Dependent Care Account

YOU decide how much to contribute to your Dependent Care FSA account based on how much you plan to spend in the upcoming year on adult or childcare expenses. You can contribute up to a maximum of:

- \$5,000 per year if you are married and file a joint tax return or if you file as single or head of household
- \$2,500 per year if you are married and file a separate tax return

The Dependent Care FSA will only reimburse you for the amount that is in your account at the time of the claim.

Who Is a Qualifying Person?

Your child and dependent care expenses must be for the care of one or more qualifying persons. A qualifying person is:

- 1) Your qualifying child who is your dependent and who was under age 13 when the care was provided (but see Child of divorced or separated parents or parents living apart, later);
- 2) Your spouse who wasn't physically or mentally able to care for himself or herself and lived with you for more than half the year; or
- 3) A person who wasn't physically or mentally able to care for himself or herself, lived with you for more than half the year, and either:
 - a. Was your dependent, or
 - b. Would have been your dependent except that:
 - i. He or she received gross income of \$4,200 or more
 - ii. He or she filed a joint return, or iii. You, or your spouse if filing jointly, could be claimed as a dependent on someone else's return.

Dental

Dental Plan Option

For a comprehensive overview, see Plan Summary.

| | Option 1 |
|---|---|
| Carrier | Guardian |
| Plan Name | DentalGuard Preferred |
| Annual Deductible (Individual/Family) | \$50/\$150 |
| Annual Maximum | \$2,000 |
| Reimbursement Schedule | In-Network: Fee Schedule Out-of-Network: 90% UCR |
| Coinsurance Preventive / Basic / Major | 100%/80%/50% |
| Orthodontia | Not Covered |

Vision Plan Options

For a comprehensive overview, see Plan Summary.

| | Option 1 |
|--|---|
| Carrier | Davis Vision |
| Exam | \$0 Copay |
| Spectacle Lenses | \$0 Copay |
| Frames | \$150 Allowance + 20% off Balance |
| Contact Lenses (in Lieu of Eyeglasses) | Davis Vision & Standard Contacts: Covered in Full Specialty Contacts: \$50 Allowance + 15% off Balance |
| Service Frequencies Exams/Lenses/Frames | 12/12/12 Months |

Group Life Insurance

For a comprehensive overview, see Plan Summary.

| Benefit | Coverage |
|----------------------------|--|
| Benefit Amount | \$50,000 |
| Guarantee Issue | \$50,000 |
| Benefit Reduction Schedule | 35% Reduction at Age 65 60% Reduction at Age 70 75% Reduction at Age 75 |
| Waiver of Premium | Life insurance may be continued until you turn 65 if you become totally disabled and unable to work prior to age 60. |
| Conversion | If you leave employment, you may be able to change your group life coverage to an individual policy. |

Long-Term Disability Insurance

For a comprehensive overview, see Plan Summary.

| Benefit | Coverage |
|----------------------------------|--|
| Is This Provided by My Employer? | Yes, Your Employer Pays 100% of the Cost |
| Benefits Begin | 181 st Day |
| Percentage of Income Replaced | 60% of Monthly Earnings up to a Maximum of \$5,000 |
| Maximum Benefit | Social Security Normal Retirement Age |

Voluntary Pet Insurance

When an unexpected accident or illness occurs, MetLife Pet Insurance can help reimburse you for covered unexpected veterinary expenses.

To get a quote or enroll, go to: quote.metlifepetinsurance.com

1. Select and enroll in the coverage that's best for you and your pet
2. Take your pet to the vet
3. Pay the bill
4. Send the bill and your claim to MetLife via the online portal, email, fax or mail
5. Receive reimbursement of the claim expense is covered under the policy

For more information, go to <https://gblp.metlife.com/> and download FAQs, watch videos, and more!

Family Medical Leave

The Family and Medical Leave Act (FMLA) entitles eligible employees of covered employers to take unpaid, job-protected leave for specified family and medical reasons. Your available paid leave (sick, vacation, personal) will be used during your FMLA leave.

An eligible employee is one who:

- Works for a covered employer;
- Has worked for the employer for at least 12 months;
- Has at least 1,250 hours of service for the employer during the 12-month period immediately preceding the leave; and
- Works at a location where the employer has at least 50 employees within 75 miles.

Eligible employees may take up to 12 work weeks of leave in a 12-month period for one or more of the following reasons:

- the birth of a son or daughter or placement of a son or daughter with the employee for adoption or foster care;
- care for a spouse, son, daughter, or parent who has a serious health condition;
- for a serious health condition that makes the employee unable to perform the essential function of his or her job;
- for any qualifying exigency arising out of the fact that a spouse, son, daughter, or parent is a military member on covered active duty or call to covered active-duty status.

Any paid leave taken for this reason will also be designated as FMLA leave and counted against the amount of FMLA leave you have available to use in the applicable 12-month period.

You can continue your health insurance while on leave and are guaranteed the same or a comparable job after your leave ends. If you contribute to the cost of your health insurance, you must continue to pay your portion of the premium cost while on Family Medical Leave.

Additional Benefits

Holidays: The College is Closed on New Year's Day, Memorial Day, Independence Day, Labor Day, Thanksgiving Day, Day after Thanksgiving, Christmas Day. Holidays the College is Open: (if you are taking the Holiday, you must get your supervisors' approval) Good Friday, Martin Luther King's Birthday, Juneteenth

If you work on any of the holidays above when the college is open, you will be provided with a vacation day to take later.

Ajar Holidays College is Closed: Columbus Day, Election Day, Veterans Day, Lincoln's Birthday, and Washington's Birthday may be designated by the College to be taken between Christmas and New Year's (Ajar Period). If you request a holiday off that was designated for the Ajar Period, you must take a vacation day.

Vacation: 15 days per year for new hires; Increase upon promotion; Maximum accumulation of 40 days.

<https://www2.mvcc.edu/wwwValidate/HRWEB/vaca.cfm> (requires log-in)

Paid Leave: Three (3) AMVA Days. Cannot be carried over from one fiscal year to the next.

Vacation: 1.75 days earned per month. Accrued and unused vacation time up to 40 days may be rolled into the next fiscal year

Sick Leave: 1.75 days a month. Sick leave time may be accrued up to 225 days.

Cancer Screening: Total of eight (8) hours annually (<https://www.mvcc.edu/human-resources/pdfs/hr-forms/MVCCancer-Screening-Statement.pdf>) needs to be signed by your health care provider and turned into HR)

Bereavement Leave: Four (4) days for covered family members.

Jury Duty: Employee scheduled for jury duty, or as a result of a subpoena, shall be released from their employment responsibilities for such duty or appearance without loss of pay. Any payment or fees, exclusive of mileage allowance, shall be paid by the College. The absence should be indicated in the appropriate time record, and a copy of the summons for jury duty or subpoena should be forwarded to the Humans Resources Department.

Retirement:

SUNY Optional Retirement Program (ORP), New York State Teachers' (TRS), or New York State Employees' (ERS).

SUNY Retirement Planning Systems: <https://www.suny.edu/retirement/>

- Employee Retirement System (ERS) <https://www.osc.state.ny.us/retirement>
- Teachers Retirement System (TRS) <https://www.nystrs.org/>
- Optional Retirement System (ORP) <http://www.retirementatwork.org/suny>

ORP is a defined contribution plan. You contribute 3% until April 1, 2023, then the employee contribution rate in a given calendar year based upon earnings is as follows:

| Wages | Percentage |
|---|------------|
| Wages of \$45,000 or less | 3.0% |
| Wages between \$45,000 - \$55,000 | 3.5% |
| Wages between \$55,000.01 - \$75,000 | 4.5% |
| Wages between - \$75,000.01 - \$100,000 | 5.75% |
| Wages of more than \$100,000 | 6.0% |

The College contributes 8% for the first 7 years you are here, 10% thereafter. You may select from a number of approved vendors. Vesting after 366 days.

TRS and ERS are defined benefit plans. Enrollments on or after April 1, 2012, are entered in Tier VI. Beginning 4/1/2013, the percentage is based on the member's wages.

| Wages | Percentage |
|---|------------|
| Wages of \$45,000 or less | 3.0% |
| Wages between \$45,000 - \$55,000 | 3.5% |
| Wages between \$55,000.01 - \$75,000 | 4.5% |
| Wages between - \$75,000.01 - \$100,000 | 5.75% |
| Wages of more than \$100,000 | 6.0% |

The College's contributions are determined by the retirement systems. Mandates a 5-year final average salary (FAS) calculation using regular compensation for determining retirement benefits. Vesting occurs after five (5 years).

Tax-Deferred/Voluntary Retirement Options:

SUNY Voluntary 403(b) Tax-Deferred Saving Plan 403(b) and NYS Deferred Compensation 457(b) tax-deferred retirement savings plan.

SUNY Voluntary 403(b) Tax-Deferred saving plan. Current Authorized Investment Providers include TIAA, VOYA, VALIC, and Fidelity.

Employees may choose to participate in either or both plans subject to IRS limits on tax deferral. Employee pre-tax contributions through salary reduction subject to IRS limit. The 2025 basic annual limit for both plans is \$23,500. Those over 50 can put an additional **\$7,500 to work, for a maximum of \$31,000!**

NEW January 2025 Age 60-63 (age at the end of the calendar year) **\$11,250 (Maximum including older worker catch-up \$34,750 an additional \$3,750 per year).**

The IRS currently establishes separate limits for 403(b) and 457(b) plans, allowing employees to contribute up to twice the limit allowed under either plan alone.

Public Service Loan Forgiveness Program: <https://studentaid.gov/manage-loans/forgiveness-cancellation/public-service>

Tuition Benefits: You and your dependents may take courses at MVCC without paying tuition. There may be administration and lab fees that are not included in tuition costs. There are some tuition benefits at other SUNY colleges for employees.

Americans with Disabilities Act (ADA): <https://www.mvcc.edu/accessibility-resources/disability-laws.php>
<https://wwwsecure.mvcc.edu/human-resources/forms/index.php>

Paychecks: Bi-weekly payroll (Friday). Enrollment options in credit unions as well as direct deposit. Free parking, health & fitness center options at the Jorgenson Center, professional development, wellness opportunities, and employee recognition opportunities.

SUNY Perks: <https://www.suny.edu/benefits/employee-discounts/perkscard/>

The Affordable Care Act (ACA): <https://www.dol.gov/agencies/ebsa/laws-and-regulations/laws/affordable-care-act/foremployers-and-advisers>

Consolidated Omnibus Budget Reconciliation Act (COBRA):
https://www.dfs.ny.gov/consumers/health_insurance/cobra_faqs

Genetic Information Nondiscrimination Act (GINA): <https://www.eeoc.gov/genetic-information-discrimination>

This information is a summary of data provided in the current collective bargaining agreement with the Association of Mohawk Valley Administrators. In case of any conflict, the agreement will prevail.

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Additional Resources

CHILD HEALTH PLUS

Free or low-cost health insurance for your child(ren)!

Child Health Plus (CHP) is a New York State sponsored health insurance program. Your child will receive health care at a low premium cost, or no cost at all, depending on your income level, for these and other services:

- Regular well visits and immunizations
- Inpatient hospital care
- Prescription drugs and over-the-counter-drugs
- Dental care (does not include braces)

There are some eligibility requirements in order to enroll in the coverage.

Your child is eligible for Child Health Plus if:

- Your child is a New York State resident
- Your child is less than 19 years of age
- Your child is not eligible for Medicaid
- Your child has little or no other health insurance

For more information about eligibility and pricing, visit:

https://www.health.ny.gov/health_care/child_health_plus/eligibility_and_cost.htm

Note: before enrolling, check with your primary care provider to see if they accept Child Health Plus.

EXCELLUS BCBS RESOURCES

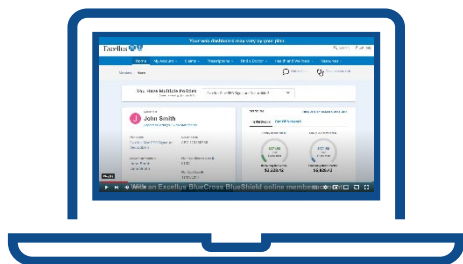
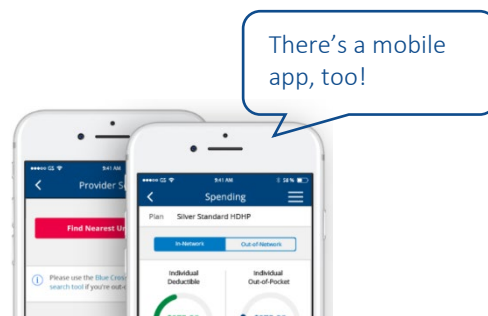


Excellus BCBS Member Portal & Mobile App

Once you register, you'll have 24/7 access to a range of tools and resources!

- Access Benefits and Claims Information
- Find a Provider and Estimate Medical Cost
- Track your Deductible and Out of Pocket Maximum spending
- View and Order your Member Cards
- Download Statements and Forms

member.excellusbcbs.com/login



Haven't registered yet?

View the quick start VIDEO guide:

<https://www.youtube.com/watch?app=desktop&v=ZkY5qsh1L4s>

Excellus BCBS Mobile Member Cards

With the Excellus BCBS Member Card, members can log in to their Excellus BCBS accounts on their phone and quickly pull up their Mobile Member Card, which contains the same information as their physical card:

- Subscriber name and ID number
- Group number, Rx Group number
- Plan type and cost
- Customer service and other helpful numbers to call for assistance

Excellus BCBS Member Resources

| Resource | Where To Find It |
|---------------|---|
| Member Portal | https://member.excellusbcbs.com/login |
| Member App | https://www.excellusbcbs.com/mobile-app |
| Telemedicine | https://www.excellusbcbs.com/find-a-doctor/telemedicine |

General Information

Cost Sharing Expenses

| Benefit Name | In Network | Out of Network | Limits and Additional Information |
|--|------------|----------------|--|
| Deductible - Single | \$0 | \$500 | |
| Deductible - Family | \$0 | \$1,500 | Each individual does not exceed the single deductible. |
| Deductible Aggregation - Single and Family | | | Each family member is only subject to the single Deductible and any combination of family members can satisfy the family Deductible as long as one individual does not meet more than the single deductible. Individual |
| Coinsurance | 0% | 20% | |
| Annual Out of Pocket Maximum - Single | \$2,000 | \$2,200 | Out-of-pocket maximums accumulate coinsurance, copays and the deductible. Out-of-pocket maximums exclude balances over allowable expense and non-covered services. |
| Annual Out of Pocket Maximum - Family | \$6,000 | \$6,600 | Out-of-pocket maximums accumulate coinsurance, copays and the deductible. Out-of-pocket maximums exclude balances over allowable expense and non-covered services. |
| Annual Out of Pocket Maximum Aggregation - Single and Family | | | Each family member is only subject to the single Annual Out of Pocket Maximum any combination of family members can satisfy the family Annual Out of Pocket Maximum. Individual |

Office Visit Cost Shares

| Benefit Name | In Network | Out of Network | Limits and Additional Information |
|---------------------------|----------------|--|---|
| Cost Share - Primary Care | \$25 Copayment | 20% Coinsurance Subject to Deductible | \$0 copayment for dependents to age 19 on all In-Network PCP office visits. |
| Cost Share - Specialist | \$40 Copayment | 20% Coinsurance Subject to Deductible | |
| Cost Share - Sick Kids | \$0 Copayment | 20% Coinsurance Subject to Deductible | \$0 copayment for dependents to age 19 on all In-Network PCP office visits. |

Plan Limits

| Benefit Name | In Network | Out of Network | Limits and Additional Information |
|--|------------|----------------|-----------------------------------|
| Plan/Calendar Year | | | Calendar Year Benefits |
| Diabetic Preauthorization and Step Therapy | | | Yes |

Who is Covered

| Benefit Name | In Network | Out of Network | Limits and Additional Information |
|---------------------------|------------|----------------|-----------------------------------|
| Domestic Partner Coverage | | | Covered |

Inpatient Services

Inpatient Facility

| Benefit Name | In Network | Out of Network | Limits and Additional Information |
|------------------------------|-----------------|--|--|
| Inpatient Hospital Services | \$150 Copayment | 20% Coinsurance Subject to Deductible | |
| Mental Health Care | \$150 Copayment | 20% Coinsurance Subject to Deductible | |
| Substance Use Detoxification | \$150 Copayment | 20% Coinsurance Subject to Deductible | |
| Skilled Nursing Facility | \$150 Copayment | 20% Coinsurance Subject to Deductible | 45 Days per year Limits are combined INN and OON. |
| Physical Rehabilitation | \$150 Copayment | 20% Coinsurance Subject to Deductible | 60 Days per year Limits are combined INN and OON. |
| Maternity Care | Covered in Full | 20% Coinsurance Subject to Deductible | |

Inpatient Professional Services

| Benefit Name | In Network | Out of Network | Limits and Additional Information |
|----------------------------|----------------------------------|--|--|
| Inpatient Hospital Surgery | PCP/Specialist - Covered in Full | 20% Coinsurance Subject to Deductible | |
| Anesthesia | PCP/Specialist - Covered in Full | Covered in Full | Includes anesthesia rendered for Inpatient, Outpatient, Office Visit, and Maternity services. Anesthesia does not require a preauth or referral. |

Outpatient Facility Services

Outpatient Facility Services

| Benefit Name | In Network | Out of Network | Limits and Additional Information |
|--|--|--|--|
| SurgiCenters and Freestanding Ambulatory Centers Surgical Care | \$75 Copayment | 20% Coinsurance Subject to Deductible | |
| Diagnostic X-ray | \$40 Copayment | 20% Coinsurance Subject to Deductible | |
| Diagnostic Laboratory and Pathology | Covered in Full | 20% Coinsurance Subject to Deductible | |
| Radiation Therapy | \$40 Copayment | 20% Coinsurance Subject to Deductible | |
| Chemotherapy | \$25 Copayment | 20% Coinsurance Subject to Deductible | |
| Infusion Therapy Outpatient | Inclusive of Primary Service | Inclusive of Primary Service | Is inclusive in the Home Care benefit and not covered as a separate benefit. |
| Dialysis | Covered in Full | 20% Coinsurance Subject to Deductible | |
| Mental Health Care | \$25 Copayment \$0 PCP Copay for members to age 19. | 20% Coinsurance Subject to Deductible | Includes Partial Hospitalization |
| Substance Use Care | \$25 Copayment \$0 PCP Copay for members to age 19. | 20% Coinsurance Subject to Deductible | Includes Partial Hospitalization |

Home and Hospice Care

Home Care

| Benefit Name | In Network | Out of Network | Limits and Additional Information |
|-----------------------|-----------------|---|--|
| Home Care | Covered in Full | 20% Coinsurance Subject to \$50 Deductible | 40 Visits per year Limits are combined INN and OON. |
| Home Infusion Therapy | Covered in Full | 20% Coinsurance Subject to \$50 Deductible | Services must be ordered by a Physician/ authorized Health Care Professional and provided by an agency or office licensed/ certified to provide infusion therapy as part of a primary service (such as chemotherapy, radiation therapy and home health care). |

Hospice Care

| Benefit Name | In Network | Out of Network | Limits and Additional Information |
|------------------------|-----------------|--|-----------------------------------|
| Hospice Care Inpatient | Covered in Full | 20% Coinsurance Subject to Deductible | |

Outpatient and Office Professional Services

Professional Services

| Benefit Name | In Network | Out of Network | Limits and Additional Information |
|-------------------------------------|--|--|--|
| Office Surgery | PCP - \$25 Copayment Specialist - \$40 Copayment \$0 PCP Copay for members to age 19. | 20% Coinsurance Subject to Deductible | |
| Diagnostic X-ray | PCP/Specialist - \$40 Copayment | 20% Coinsurance Subject to Deductible | |
| Diagnostic Laboratory and Pathology | PCP/Specialist - Covered in Full | 20% Coinsurance Subject to Deductible | |
| Radiation Therapy | PCP/Specialist - \$40 Copayment | 20% Coinsurance Subject to Deductible | |
| Chemotherapy | PCP/Specialist - \$25 Copayment | 20% Coinsurance Subject to Deductible | |
| Infusion Therapy Services | PCP/Specialist - Inclusive of Primary Service | Inclusive of Primary Service | Is inclusive in the Home Care benefit and not covered as a separate benefit. |
| Dialysis | PCP/Specialist - Covered in Full | 20% Coinsurance Subject to Deductible | |
| Mental Health Care | PCP/Specialist - \$25 Copayment \$0 PCP Copay for members to age 19. | 20% Coinsurance Subject to Deductible | \$0 Kids Copay applies to PCP and Specialist |
| Maternity Care | PCP/Specialist - Covered in Full | 20% Coinsurance Subject to Deductible | |
| Telehealth | PCP - \$25 Copayment Specialist - \$40 Copayment \$0 PCP Copay for members to age 19. | 20% Coinsurance Subject to Deductible | |
| TeleMedicine Program | PCP/Specialist - Covered in Full | Not Covered | Covers online internet consultations between the member and the providers who participate in our Telemedicine MDLive and Vori Health Program for medical, behavioral health, and physical therapy conditions that are not emergency conditions. |
| Chiropractic Care | PCP/Specialist - \$40 Copayment | 20% Coinsurance Subject to Deductible | |

| Benefit Name | In Network | Out of Network | Limits and Additional Information |
|-----------------------------------|---|--|--|
| Allergy Testing | PCP - \$25 Copayment Specialist - \$40 Copayment \$0 PCP Copay for members to age 19. | 20% Coinsurance Subject to Deductible | Allergy Testing includes injections and scratch and prick tests. |
| Allergy Treatment Including Serum | PCP - \$25 Copayment Specialist - \$40 Copayment \$0 PCP Copay for members to age 19. | 20% Coinsurance Subject to Deductible | Includes desensitization treatments (injections & serums). |
| Hearing Evaluations Routine | PCP/Specialist - \$40 Copayment | 20% Coinsurance Subject to Deductible | 1 Exam Per Year Limits are combined INN and OON. |

Rehab and Habilitation

Outpatient Facility

| Benefit Name | In Network | Out of Network | Limits and Additional Information |
|-----------------------------|----------------|--|---|
| Physical Rehabilitation | \$40 Copayment | 20% Coinsurance Subject to Deductible | 45 Visits per year Includes aggregate of visits for INN and OON and professional and facility covered services for physical, speech, and occupational therapy. |
| Occupational Rehabilitation | \$40 Copayment | 20% Coinsurance Subject to Deductible | 45 Visits per year |
| Speech Rehabilitation | \$40 Copayment | 20% Coinsurance Subject to Deductible | 45 Visits per year |

Outpatient Professional Services

| Benefit Name | In Network | Out of Network | Limits and Additional Information |
|-----------------------------|---------------------------------|--|---|
| Physical Rehabilitation | PCP/Specialist - \$40 Copayment | 20% Coinsurance Subject to Deductible | 45 Visits per year Includes aggregate of visits for INN and OON and professional and facility covered services for physical, speech, and occupational therapy. |
| Occupational Rehabilitation | PCP/Specialist - \$40 Copayment | 20% Coinsurance Subject to Deductible | 45 Visits per year |
| Speech Rehabilitation | PCP/Specialist - \$40 Copayment | 20% Coinsurance Subject to Deductible | 45 Visits per year |

Preventive Services

Preventive Professional Services Meeting Federal Guidelines*

| Benefit Name | In Network | Out of Network | Limits and Additional Information |
|-------------------------------------|----------------------------------|--|-----------------------------------|
| Adult Physical Examination | PCP/Specialist - Covered in Full | 20% Coinsurance Subject to Deductible | 1 Exam per calendar year |
| Adult Immunizations | PCP/Specialist - Covered in Full | 20% Coinsurance Subject to Deductible | |
| Well Child Visits and Immunizations | PCP/Specialist - Covered in Full | Covered in Full | |
| Routine GYN Visit | PCP/Specialist - Covered in Full | 20% Coinsurance Subject to Deductible | |
| Pre/Post-Natal Care | PCP/Specialist - Covered in Full | 20% Coinsurance Subject to Deductible | |
| Mammography Screening Professional | PCP/Specialist - Covered in Full | 20% Coinsurance Subject to Deductible | |
| Colonoscopy Screening Professional | PCP/Specialist - Covered in Full | 20% Coinsurance Subject to Deductible | |
| Bone Density Screening Professional | PCP/Specialist - Covered in Full | 20% Coinsurance Subject to Deductible | |

Preventive Facility Services Meeting Federal Guidelines*

| Benefit Name | In Network | Out of Network | Limits and Additional Information |
|---------------------------------|-----------------|--|-----------------------------------|
| Cervical Cytology Preventative | Covered in Full | 20% Coinsurance Subject to Deductible | |
| Mammography Screening Facility | Covered in Full | 20% Coinsurance Subject to Deductible | |
| Colonoscopy Screening Facility | Covered in Full | 20% Coinsurance Subject to Deductible | |
| Bone Density Screening Facility | Covered in Full | 20% Coinsurance Subject to Deductible | |

Preventive services in addition to those required under Federal Guidelines - Professional

| Benefit Name | In Network | Out of Network | Limits and Additional Information |
|-------------------------------------|----------------------------------|--|-----------------------------------|
| Prostate Cancer Screening | PCP/Specialist - Covered in Full | 20% Coinsurance Subject to Deductible | |
| Mammography Screening Professional | PCP/Specialist - Covered in Full | 20% Coinsurance Subject to Deductible | |
| Colonoscopy Screening Professional | PCP/Specialist - Covered in Full | 20% Coinsurance Subject to Deductible | |
| Bone Density Screening Professional | PCP/Specialist - \$40 Copayment | 20% Coinsurance Subject to Deductible | |

Preventive services in addition to those required under Federal Guidelines - Facility

| Benefit Name | In Network | Out of Network | Limits and Additional Information |
|---------------------------------|-----------------|--|-----------------------------------|
| Mammography Screening Facility | Covered in Full | 20% Coinsurance Subject to Deductible | |
| Colonoscopy Screening Facility | Covered in Full | 20% Coinsurance Subject to Deductible | |
| Bone Density Screening Facility | \$40 Copayment | 20% Coinsurance Subject to Deductible | |

Other Benefits

Additional Benefits

| Benefit Name | In Network | Out of Network | Limits and Additional Information |
|--|----------------------------------|--|--|
| Treatment of Diabetes Preventive | N/A | N/A | |
| Treatment of Diabetes - Non-Insulin Drugs and Supplies | PCP/Specialist - \$25 Copayment | 20% Coinsurance Subject to Deductible | Limited to a 30 day supply for retail pharmacy or a 90 day supply for mail order pharmacy. |
| Diabetic Equipment | PCP/Specialist - \$25 Copayment | 20% Coinsurance Subject to Deductible | |
| Durable Medical Equipment (DME) | PCP/Specialist - 20% Coinsurance | 40% Coinsurance Subject to Deductible | |
| Medical Supplies | PCP/Specialist - 20% Coinsurance | 40% Coinsurance Subject to Deductible | |
| Acupuncture | PCP/Specialist - \$40 Copayment | 20% Coinsurance Subject to Deductible | 10 Visits per year Limits combined INN and OON. |
| Private Duty Nursing | PCP/Specialist - Not Covered | Not Covered | Not Covered |

Diagnoses

| Benefit Name | In Network | Out of Network | Limits and Additional Information |
|---|------------------------------|----------------|-----------------------------------|
| Reimbursement for Travel and Lodging Expenses | PCP/Specialist - Not Covered | Not Covered | Not Covered |

Emergency Services

ER Facility

| Benefit Name | In Network | Out of Network | Limits and Additional Information |
|-------------------------------|----------------|----------------|--|
| Facility Emergency Room Visit | \$75 Copayment | \$75 Copayment | Prior Authorization may not apply to any emergency care services. Emergency services are covered worldwide if provided by a hospital facility. |

Transportation

| Benefit Name | In Network | Out of Network | Limits and Additional Information |
|--|----------------|----------------|-----------------------------------|
| Prehospital Emergency and Transportation - Ground or Water | \$75 Copayment | \$75 Copayment | |

Urgent Care

| Benefit Name | In Network | Out of Network | Limits and Additional Information |
|-----------------------------------|----------------|--|-----------------------------------|
| Urgent Care Center Facility Visit | \$40 Copayment | 20% Coinsurance Subject to Deductible | |

Ancillary Benefits

Vision

| Benefit Name | In Network | Out of Network | Limits and Additional Information |
|-------------------------------|----------------|--|---|
| Pediatric Eye Exams - Routine | \$40 Copayment | 20% Coinsurance Subject to Deductible | 1 Exam per year Limits are combined INN and OON. |
| Pediatric Eyewear - Routine | Not Covered | Not Covered | Not Covered |
| Adult Eye Exams - Routine | \$40 Copayment | 20% Coinsurance Subject to Deductible | 1 Exam per year Limits are combined INN and OON. |
| Adult Eyewear - Routine | Not Covered | Not Covered | Not Covered |

Rx Benefits

Rx Plan

| Benefit Name | In Network | Out of Network | Limits and Additional Information |
|--------------|------------|----------------|-----------------------------------|
| Rx Plan | | | Contraceptives Only |

Rx Benefits

| Benefit Name | In Network | Out of Network | Limits and Additional Information |
|------------------------------|-------------|----------------|-----------------------------------|
| Days Supply Per Retail Order | 30 | | |
| Days Supply Per Mail Order | 90 | | |
| Copays Per Mail Order Supply | Not Covered | | |



Mohawk Valley Community College
Summary of Drug Coverage

Benefit Year 2025

Covered Items

- Agents for weight loss
- Anabolic steroids
- Anaphylactic kits (Epipens)
- Aspirin- Rx and OTC
- Compounded medications of which at least one ingredient is a legend drug, PA for cost over \$100
- Continuous Glucose Monitors
- Contraceptives, oral, injectable, transdermal (patches), intravaginal (rings), female OTC
- Dental products
- DESI drugs
- Drugs for ADHD/Narcolepsy
- Drugs for sexual dysfunction
- Fertility agents
- Fluoride supplements
- Folic Acid – Rx and OTC
- Growth hormones
- Homeopathic/natural legend products
- Injectables, self-administered and not listed as excluded
- Insulin
- Insulin Pump Supplies (Omnipod Only)
- Iron supplements- Rx
- Legend drugs, except for drugs listed as exclusions
- Nasal steroids- OTC only
- Non-sedating antihistamines- OTC only
- Off label medications for gender identification disorder/transgender/transsexualism/gender dysphoria/sexual reassignment or change
- PPIs- OTC only
- Smoking cessation- Rx and OTC
- State Restricted Drugs (i.e. DEA Schedule V)
- Tretinoin, topical (i.e. Retin-A, Epiduo)
- Vitamins – Rx

Excluded Items

- Allergy serums/extracts
- Anti-sera/immune globulins
- Anti-wrinkle agents (i.e. Renova)
- Blood, blood factors or blood plasma or biological sera
- Contraceptives- devices and implants
- Cosmetic hair removal products (i.e. Vaniqa)
- Depigmenting agents (i.e. hydroxyquinone)
- Devices, appliances, or supplies, including support garments & non-medicinal substances
- Diabetic supplies – insulin pens/syringes/needles, lancets, test strips/tabs
- Drugs indicated for cosmetic uses
- General anesthetics and ether
- Glucometers
- Hair growth stimulants
- Immunizations/Vaccines/Toxoid
- Injectables- office administered
- Nasal steroids- Rx

Mohawk Valley Community College Summary of Drug Coverage

Benefit Year 2024

- New drugs to market for first 6 months after release
- Non-sedating antihistamines- Rx
- Non-legend drugs (OTC's), except as listed above
- Nutritional supplements
- PPIs- Rx
- Syringes/needles-other than insulin type

Plan also excludes: Midazolam

CO-PAYMENTS

Professional Plan:

Groups: MVCCA103, MVCCC103

Each retail prescription and refill is subject to a co-payment as follows:

- \$ **5.00*** for a **Generic** Prescription Drug
- \$ **30.00** for a **Preferred Brand Name** Prescription Drug
- \$ **45.00** for a **Non-Preferred Brand Name** Prescription Drug

Each mail order prescription is subject to a co-payment as follows:

- \$ **10.00*** for a **Generic** Prescription Drug
- \$ **60.00** for a **Preferred Brand Name** Prescription Drug
- \$ **90.00** for a **Non-Preferred Brand Name** Prescription Drug

**If the member requests a brand name prescription drug when a generic equivalent exists, the applicable BRAND copay plus the cost difference between the brand and generic will apply.

Administrative Plan:

Groups: MVCCB103, MVCCD103

Each retail prescription and refill is subject to a co-payment as follows:

- \$ **5.00*** for a **Generic** Prescription Drug
- \$ **30.00** for a **Preferred Brand Name** Prescription Drug
- \$ **45.00** for a **Non-Preferred Brand Name** Prescription Drug

Each mail order prescription is subject to a co-payment as follows:

- \$ **10.00*** for a **Generic** Prescription Drug
- \$ **60.00** for a **Preferred Brand Name** Prescription Drug
- \$ **90.00** for a **Non-Preferred Brand Name** Prescription Drug

*Over-the-counter proton pump inhibitors, nasal steroids, and non-sedating antihistamines, with a written prescription, will be covered at a generic co-payment.

**If the doctor or member requests a brand name prescription drug when a generic equivalent exists, the applicable BRAND copay plus the cost difference between the brand and generic will apply.

Mohawk Valley Community College
Summary of Drug Coverage
Benefit Year 2024

Excluded & Retiree under 65 Plans:

Groups: MVCCF103 & MVCCH103

Each retail prescription and refill is subject to a co-payment as follows:

\$ 5.00* for a **Generic** Prescription Drug
\$ 30.00 for a **Preferred Brand Name** Prescription Drug
\$ 45.00 for a **Non-Preferred Brand Name** Prescription Drug

Each mail order prescription is subject to a co-payment as follows:

\$ 10.00* for a **Generic** Prescription Drug
\$ 60.00 for a **Preferred Brand Name** Prescription Drug
\$ 90.00 for a **Non-Preferred Brand Name** Prescription Drug

*Over-the-counter proton pump inhibitors, nasal steroids, and non-sedating antihistamines, with a written prescription, will be covered at a generic co-payment.

**If the doctor or member requests a brand name prescription drug when a generic equivalent exists, the applicable BRAND copay plus the cost difference between the brand and generic will apply.

Effective 08/03/20 - Any portion known to have been paid by a secondary payer (i.e. patient assistance, copay cards, or other insurance) will not be considered as true member out-of-pocket and will not apply to deductible and out-of-pocket maximums for prescriptions filled at Maxor Specialty Pharmacy

Preventive Medications: \$0 copay

Generic Aspirin for patients 50 and older

Generic Aspirin for pre-eclampsia

Generic bowel preps for ages 50-75

Generic Folic acid for women up to the age of 55

Generic Fluoride oral supplements up to the age of 6

Smoking deterrents Rx & OTC generic and single source brands

Breast cancer- generic tamoxifen, raloxifene, anastrozole, and exemestane.

Contraceptives: \$0 copay

All covered contraceptives

Statins: \$0 copay

Lovastatin at \$0 without PA for ages 39-70

PAs can be requested for other low-to moderate dose statins to ensure criteria is met

HIV Prep: Truvada

Pharmacy will enter code to get paid claim for treatment, but PA can be started to confirm diagnosis of PreP for \$0 copay

NY Opioid 7 day Limit on Initial Acute Fills -

Standard copays will be prorated for 7ds or less on GPI of 65 as follows:

| | <i>Generic/Brand</i> | <i>Generic/Brand</i> |
|----------------------|------------------------|----------------------|
| Professional Plan: | Retail \$0 / \$6.25 | Mail \$0 / \$12.50 |
| Administration Plan: | Retail \$0 / \$6.25 | Mail \$0 / \$12.50 |
| Retiree Plan: | Retail \$1.25 / \$2.50 | Mail \$2.50 / \$5.00 |

Mohawk Valley Community College
Summary of Drug Coverage
Benefit Year 2024

DAW Copay Differential

Brand/Generic copay differential applies.

DAW1 (Applies to Administrative and Excluded & Retiree under 65)

DAW2 (Applies to ALL Plans)

DAW differentials are not applied to the maximum out-of-pocket.

DAW **doesn't apply** to NTI medications

Days' Supply Allowed

Retail Pharmacy- 30 days

Mail Order Pharmacy- 31 to 90 days

Parkway Drugs – 31 to 90 days

NABP 3358911

NABP 3394789

NABP 3300857

Specialty – 30 days

Controls are limited to 30 days at Mail Order

Refill Edit

An edit for 75% usage will be applied at Retail and at Mail Order before refills will be allowed.

Deductible

N/A

Maximum Out-of-Pocket

The Rx maximum out of pocket limit payable by the member for covered in-network prescription charges per calendar year is listed below. Pharmacy out of pocket expenses are tracked separately from medical out-of-pocket expenses.

\$4,600 per individual

\$7,200 per family

Drugs with Special Quantity Limits

- Tobacco deterrents – Limited to 2-12 week cycles/year
- Ana-mantle 20 Gm/fill
- Butorphanol Nasal 6ml/30 days
- ED medications limited to 30/30 days or 90/90 days
- Insulin 500 units/ml 20ml/30 days and 60ml/90 days
- Insulin 200 units/ml 18ml/30 days and 54ml/90 days
- Insulin Glargine 300 units 9ml/30 days and 27ml/90 days
- Quinine Sulfate 12 days/year
- Victoza 9ml/30 days and 27ml/90 days

Drugs Requiring Prior Authorization

- Fentanyl Buccal
- Pulmonary Hypertension medications
- Zohydro/Hysingla
- Topical tretinoins/Differin/Tazorac/Tretinoin combinations- for ages 40 and older
- Injectables over \$2,000

Mohawk Valley Community College
Summary of Drug Coverage
Benefit Year 2024

Pharmacy Network

Prescriptions must be filled at a MaxorPlus SELECT Network Pharmacy. Prescriptions filled at non-participating pharmacies, except in cases of Medical Emergency, are not covered.

Drug Formulary

The MAXORPLUS Preferred FORMULARY will be utilized to determine copay tiers for generic, preferred brand, and non-preferred brand medications.

Specialty: Professional Plan is restricted to Maxor Specialty, other plans are not.

Step Therapy Requirements

N/A



PHARMACY BENEFIT MANAGEMENT SERVICES

Member Portal and App

The MaxorPlus Member Portal and App connect you to your benefits and empower you to make the best purchasing decisions for you and your family.

Download our app for free from iTunes or Google Play.

Go to: members.maxorplus.com



Member Portal features:

We want to make your benefits experience seamless and offer several great features to help you reorder prescriptions, find participating pharmacies, and contact a MaxorPlus Member Advocate.

Message Center: Contact a Member Advocate directly from the Member Portal or App. Your messages are secure and answered quickly.

Prescription History: Look up your prescription history, view total plan costs, and print an Explanation of Benefits from Summary.

Dependents: Manage, view, or edit your family's prescriptions.

Price Drug & Find Pharmacy: Search for your medication, view estimated cost, or find pharmacies.

Phone App:

Security: Sign-in to the App with your phone's built in facial recognition and fingerprint scanner.

Quick refill: Snap a picture of your prescription with your phone to refill.



WHY DO I NEED...

A Medical FSA?

WHAT IS IT?



A **Medical Flexible Spending Account (Medical FSA)** helps ease the burden of paying for health care by allowing you to use tax-free money to pay for your family's eligible medical expenses. After you set an election during your company's benefits enrollment period, you have access to that full election (all of the money in the account) on the first day of the plan year.

WHAT IS IT USED FOR?



You can use the money in a Medical FSA for qualified medical expenses. This includes coinsurance and copays, your deductible, dental or vision expenses, and over-the-counter drugs and medicines. Check your Plan Highlights for additional information regarding eligible expenses.

HOW DO I SAVE MONEY?



Just like your health insurance premiums, the money for a Medical FSA money comes out of your paycheck before taxes. That's why Medical FSAs (and other accounts like it) are referred to as "pre-tax benefits."

TAX SAVINGS EXAMPLE

You put \$2,000 into your FSA and are taxed at a rate of 30%. You save \$600 annually.*

*For illustration purposes only. Individual tax rates and maximum limits apply.

CALCULATE YOUR SAVINGS

Annual Election x Tax Rate = Annual Savings

\$ _____ x _____ % = _____

WHY DO I NEED THIS PLAN?

There are two main reasons to participate in a Medical FSA:

- **It helps with cash flow.** The full annual election is available at the start of the plan year.
- **It's flexible.** Unlike Health Savings Accounts (HSAs) or Health Reimbursement Accounts (HRAs), a Medical FSA doesn't have any specific insurance requirements (or restrictions), so most people are eligible to enroll.



Take the first step — estimate your expenses. What are you likely to spend on medical expenses for the coming plan year? It's a good idea to be conservative in your estimates; you can't change your election after your company's benefits enrollment period ends unless you have a qualifying event. Be sure to check your Plan Highlights to determine the date restrictions on using the funds in the Medical FSA, and estimate your expenses using our FSA Calculator in BenefitResource.com/resource-center

Don't miss open enrollment! You have a limited time to enroll in a Medical FSA. Confirm with your benefits enrollment representative when and how to enroll.

For more information, visit BenefitResource.com



WHY DO I NEED...

A Dependent Care FSA?



WHAT IS IT?

A **Dependent Care Flexible Spending Account (Dependent Care FSA)** allows you to use tax-free dollars to pay for qualified child day care or adult day care expenses.



WHAT IS IT USED FOR?

The funds in a Dependent Care FSA are for out-of-pocket expenses like nursery school, child day care, before/after school care, and even care for adult dependents. You cannot use the funds in a Dependent Care FSA for any medical purchases or services for your family. For that, you will need to make a separate election for a Medical FSA.



HOW DO I SAVE MONEY?

A Dependent Care FSA gives you the power to set aside money, tax free, from your paycheck to put towards caring for your children and any adult dependents in your care.

TAX SAVINGS EXAMPLE

You spend \$5,000 on day care each year. By enrolling in a Dependent Care FSA, you could save upwards of \$1,500.*

EXAMPLE SAVINGS CALCULATION

$\$5,000 / \text{year} \times 30\% \text{ tax rate} = \$1,500 / \text{year}$
in savings*

CALCULATE YOUR SAVINGS

Annual Election x Tax Rate = Annual Savings

\$ _____ x _____ % = _____

*For illustration purposes only. Individual tax rates and maximum limits apply.



WHY DO I NEED THIS PLAN?

A Dependent Care FSA is a financial tool used to reduce the cost of child and adult dependent care. You set aside tax-free money from your paycheck to put toward services you are already paying for. Ultimately, a Dependent Care FSA is just one more savings tool. Additionally, if you have medical expenses for a dependent, you can consider enrolling in a Medical FSA with a separate election to receive tax-free savings on those expenses.

For more information, visit BenefitResource.com

Beniversal FSA

Flexible Spending Accounts (FSAs) are IRS-approved accounts that allow you to pay for eligible medical and dependent care expenses on a tax-free basis. When you enroll in an employer-sponsored Flexible Spending Account, your contributions are not subject to Federal, FICA and most state taxes. This means you bring home more money in your paycheck.

The two most common FSAs are a **Medical FSA** and **Dependent Care FSA**. You can have both accounts at the same time, but you must enroll in and fund separate elections for each. For individuals contributing to a Health Savings Account, you may have the option to select a Limited Purpose FSA instead of the Medical FSA.

MEDICAL FSA

(MEDICAL EXPENSES FOR YOUR FAMILY)



WHAT ARE THESE FUNDS USED FOR?

Funds can be used to pay for eligible medical expenses provided to you, your spouse, or eligible dependents.

WHEN CAN I START USING THE FUNDS IN MY ACCOUNT?

Your full plan year election is available to use on the first day of the plan year.

WHAT IS AN ELIGIBLE EXPENSE?

You can use these funds to pay for expenses that primarily prevent, treat, diagnose or alleviate a physical or mental defect or illness. Common eligible expenses include:

- Copayments, coinsurance, and deductibles
- Dental care (e.g. exams, fillings, crowns)
- Vision care, eyeglasses, contact lenses
- Chiropractic care
- Prescription drugs and over-the-counter drugs and medicines

WHAT ISN'T ALLOWED?

- You cannot use these funds to pay for expenses that are for personal care, cosmetic, or general health purposes.
- You can also not reimburse expenses from any other source (e.g. insurance).
- You cannot have a Medical FSA if you are enrolled in a Health Savings Account (HSA). However, a Limited Purpose FSA may be available.

WHAT HAPPENS TO FUNDS I DON'T USE?

Check your plan highlights for information about how unused funds are treated.

DEPENDENT CARE FSA

(DAY CARE EXPENSES)



WHAT ARE THESE FUNDS USED FOR?

Funds can be used for a qualified person:

- A dependent child under the age of 13 for whom you can claim a tax exemption, or
- A spouse or dependent who is physically or mentally incapable of self-care and for whom you can claim a tax exemption.

WHEN CAN I START USING THE FUNDS IN MY ACCOUNT?

Dependent Care funds become available as they are deposited from payroll.

WHAT IS AN ELIGIBLE EXPENSE?

Expenses must enable you or your spouse to be gainfully employed, look for work, or attend school full-time. Common eligible expenses include:

- Before & after school care
- In-home dependent care
- Child care
- Nursery school
- Day care in a facility
- Adult care

WHAT ISN'T ALLOWED?

You cannot use these funds to pay for services provided for education, overnight camps, or services provided by the child's parent or other dependents. You also cannot claim a federal tax credit for any expenses reimbursed through your Dependent Care FSA. Consult a tax professional to determine if a Dependent Care FSA or the federal tax credit would be more advantageous.

WHAT HAPPENS TO FUNDS I DON'T USE?

Expenses must be incurred within the plan year. Refer to your plan highlights for deadlines to submit claims.

ELIGIBLE EXPENSES

The type of FSA you choose will determine what you can buy with the funds. Below are sample lists of potential eligible expenses under each account. Refer to your plan highlights to verify whether an expense is eligible.

TYPES OF ELIGIBLE EXPENSES

- **Medical FSA eligible expenses** are qualified medical products and services and over-the-counter (OTC) medical supplies and drugs/medicines (including dental and vision).
- **Limited Purpose FSA eligible expenses** are qualified dental and vision expenses.
- **Dependent Care FSA eligible expenses** are qualified child day care, nursery school and/or adult day care expenses.

Always check your plan highlights to verify if an item is eligible under your plan. To search for more eligible items, visit BenefitResource.com/eligible-expenses

MEDICAL FSA EXPENSES

A-G

- Acne medications
- Acupuncture
- Alcoholism treatment
- Allergy and sinus medications (e.g. Benadryl, Claritin, Sudafed)
- Ambulance
- Anti-fungal medicines (e.g. Lotramin AF)
- Anti-itch medications (e.g. Caladryl)
- Arthritis gloves
- Asthma devices and medicines
- Body scans
- Braille books and magazines
- Breast pumps
- Breast reconstruction surgery following mastectomy
- Carpal tunnel wrist supports
- Chiropractors
- Circumcision
- Co-insurance amounts
- Cold sore medications
- Co-payments
- Cough, cold & flu remedies
- Counseling, when used to treat diagnosed medical condition
- CPAP devices
- Crutches
- Decongestants
- Diabetic supplies & insulin
- Diagnostic items/services
- Diaper rash ointments
- Dizziness pills
- Drug overdose and addiction treatment
- Durable medical equipment
- Ear supplies (e.g. wax removal)
- Flu shots
- Gastrointestinal aids (e.g. antacids, anti-diarrhea medicines, non-fiber laxatives, nausea medications)
- Guide dog

H-Q

- Hospital services
- Immunizations
- Laboratory fees
- Lactation consultant
- Lodging at hospital or similar institution
- Mastectomy-related special bras
- Medical alert bracelet or necklace
- Medical monitoring and testing devices (e.g. blood-pressure monitoring devices, blood-sugar test kits/strips)
- Medical records charges

- Menstrual Care Products
- Midwife
- Motion sickness pills
- Nasal sprays for congestion (e.g. Afrin)
- Norplant insertion or removal
- Obstetrical expenses
- Occlusal guards to prevent teeth grinding
- Operations / Surgeries
- Organ donors
- Orthopedic shoe inserts
- Osteopath fees
- Ovulation monitor
- Oxygen
- Pain relievers (e.g. aspirin, Excedrin, Tylenol, Advil, Motrin)
- Physical exams
- Physical therapy
- Pregnancy test kits
- Prescription drugs and medicines
- Preventive care screenings
- Prosthesis and artificial limbs
- Psychiatric care

R-Z

- Radial keratotomy
- Rehydration solution
- Screening tests (including cancer screening tests)
- Sleep-deprivation treatment
- Sleeping aids
- Smoking cessation medications (e.g. nicotine gum or patches)
- Speech therapy
- Stop-smoking programs
- Suppositories
- Telehealth services
- Telephone equipment or television for hearing-impaired persons
- Toothache relievers (e.g. Orajel)
- Topical ointments for gingivitis
- Transplants
- Transportation expenses for person to receive medical care, may include car mileage or alternative transportation costs
- Vaccines and immunizations
- Walkers/Wheelchair
- Wart remover medications
- X-ray fees
- Yeast infection creams (e.g. Monistat)

OTC ITEMS

- Adult incontinence products (e.g. Depends)
- Birth control products (e.g. prophylactics)
- First aid creams
- Contact lens solution
- Denture adhesives
- First aid supplies (e.g. band-aids)
- Foot insoles
- Gauze Pads
- Hearing aids/hearing aid batteries
- Heating pads/wraps, hot water bottles
- Liquid adhesive for small cuts
- Medicine dropper/spoon
- Personal Protective Equipment (masks, hand sanitizer, sanitizing wipes)
- Pre-natal vitamins
- Rubbing alcohol
- Sunscreen (SPF 15+)
- Supports/braces (e.g. ankle, knee, wrist, therapeutic glove)
- Thermometers

LIMITED PURPOSE FSA EXPENSES

- Artificial teeth
- Dental sealants
- Dental services and procedures
- Eye examinations
- Eyeglasses
- Fluoridation services
- Laser eye surgery, Lasik
- Optometrist
- Orthodontia
- Reading glasses
- Vision correction procedures

DEPENDENT CARE FSA EXPENSES

- Adult care
- Before/after school care
- Child care & day care facilities
- In-home dependent care
- Nursery school

ESTIMATE YOUR FSA EXPENSES AND TAX SAVINGS

See how much you'll save by enrolling in a Medical and Dependent Care FSA. You can also use our free FSA calculator to help estimate your expenses at [BenefitResource.com](https://www.benefitresource.com).

MEDICAL ESTIMATE

Estimate out-of-pocket medical services for you, your spouse, and your eligible dependents.

GENERAL EXPENSES

Doctor's office visit co-pay \$ _____
Annual deductible \$ _____
Prescription co-pay \$ _____
OTC drugs & medicines \$ _____
Prescription drugs \$ _____
SUBTOTAL \$ _____

VISION


Corrective surgery & eye wear \$ _____
Eye exams \$ _____
Prescription glasses \$ _____
Contact lenses \$ _____
SUBTOTAL \$ _____

SPECIALTY EXPENSES

Emergency room/hospital bills \$ _____
Specialists & alt. medicine (acupuncture, chiropractor, physical therapy, etc.) \$ _____
Surgery \$ _____
Other expenses \$ _____
SUBTOTAL \$ _____

DENTAL

Cleanings, exams, fillings, etc. \$ _____
Orthodontia \$ _____
X-rays \$ _____
SUBTOTAL \$ _____


 **TOTAL ESTIMATE:** \$ _____

DEPENDENT CARE ESTIMATE

Estimate out-of-pocket expenses related to non-medical care for your dependents.

DEPENDENT CARE EXPENSES

Adult day care \$ _____
Day care or in-home child care \$ _____
Nursery school \$ _____

 **TOTAL ESTIMATE:** \$ _____

TAX SAVINGS EXAMPLE*

| | | |
|------------------------------|--------------------|-----------------|
| Annual income | \$50,000 | |
| Anticipated medical expenses | \$2,500 | |
| | WITHOUT FSA | WITH FSA |
| Federal tax rate (25%) | \$12,500 | \$11,875 |
| State tax rate (6%) | \$3,000 | \$2,850 |
| FICA (7.65%) | \$3,825 | \$3,634 |
| TOTAL TAXES PAID | \$19,325 | \$18,359 |
| Wages after taxes | \$30,675 | \$31,640 |
| ANNUAL TAX SAVINGS | | \$966 |

*The figures above are for illustration purposes only. Actual savings/tax rates may vary.

YOUR TAX SAVINGS ESTIMATE

Estimate your total annual tax savings.

A. Medical + dependent care totals \$ _____

B. Tax rate (enter what you pay in total for Federal, State, and Local taxes. If uncertain, use 30% of your gross salary) \$ _____

C. FICA (includes Social Security and Medicare) \$ _____

D. Total tax rate (line B + line C) \$ _____

 **ESTIMATED ANNUAL TAX SAVINGS** (line A x line D) \$ _____

GET STARTED

ENROLLING IN YOUR FSA

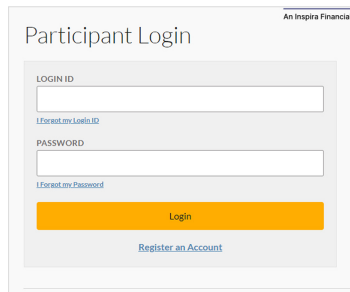
Your employer will provide you with detailed instructions regarding enrollment. If online enrollment is offered by your employer, go to BenefitResource.com.

- Click the Employees tab and select “BRIWEB LOGIN.”
- Once logged in, select the Enrollment/Changes tab.
- Enter your election amount(s) for Medical FSA and Dependent Care FSA separately.

Check with your employer or review your Plan Highlights for any minimum or maximum limits that may apply, any restrictions on eligible expenses, and to see what happens to funds that you do not use by the end of the plan year. Plan Highlights can be found on BRIWEB under the “Documents” tab or are available from your employer’s benefits representative.

LOG IN TO YOUR BRIWEB ACCOUNT


BRIWEB is your secure login for managing your BRI accounts. It allows you to view balance and transaction information, submit claims, download plan documents, sign up for direct deposit, and more. To get started, go to BenefitResource.com.




- Select the Employee Login option.
- Select “Register an Account.” You will need to register using the Company Code provided to you by your employer and other personal information.
- Once logged in, a dashboard will provide a quick snapshot of your account(s).
- To manage your FSA, navigate to the “Medical FSA” tab.

PARTICIPANT SERVICES

Participant Services is available to assist with your questions via phone, email and live chat. Both English- and Spanish-speaking representatives are available.

 (800) 473-9595 (M - F, 8am - 8pm (ET))

 ParticipantServices@BenefitResource.com

 Live chat is available through the participant login at BenefitResource.com

BEGIN USING YOUR BENIVERSAL CARD

If you have enrolled in an FSA for the first time and the Beniversal® Prepaid Mastercard® is offered, it will arrive in a plain white envelope. Once you receive your card, activate it by calling the number on the activation sticker.



The **Beniversal Prepaid Mastercard** can be used at qualified merchants providing medical products and services (doctors, dentists, medical labs, hospitals, medical supply stores, vision centers, certain drugstores, and retail merchants). A list of these merchants is available on our website. The card also allows for contactless payments through Apple Pay®, Samsung Pay® and Google Pay®.

When using your card, always save your itemized receipts. With an FSA, the IRS requires BRI to verify that 100% of transactions are for eligible expenses. Since some qualified merchants also offer services/items that are not eligible, we may contact you requesting documentation to verify a transaction. Instructions will be provided in the event of a request.

BRI PRO TIP

Shop for eligible medical items at FSASTore.com and save \$10 off your first order with the promo code [benrfsa](https://FSASTore.com).

SUBMIT A CLAIM

If you are not using the Beniversal card or if you have Dependent Care expenses, you can submit a claim with your itemized receipt or supporting documentation. Claims can be submitted online at BRIWEB, through BRIMOBILE, or by mailing a claim form. You can set up direct deposit through BRIWEB to receive reimbursements faster.

DOWNLOAD BRIMOBILE

BRIMOBILE is your on-the-go account access. View balances and recent transactions, submit claims, send receipts, sign up for email/text alerts, and more

The app is available for Apple and Android in your device’s app store.



245 Kenneth Drive | Rochester, NY 14623-4277 | (800) 473-9595 | ParticipantServices@BenefitResource.com | BenefitResource.com

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Over-the-Counter (OTC) Items

SAMPLE CHART OF ELIGIBLE EXPENSES

Please note that this is not a complete list, but is intended to provide Plan participants with examples to help determine what OTC items may be an eligible expense. Limited Medical FSA/HRA Plan participants should check their Plan Highlights to see if OTC items are eligible. Up-to-date information is available at BenefitResource.com.

ELIGIBLE OTC MEDICAL SUPPLIES

- Adult incontinence products (e.g. Depends)
- Birth control products (e.g. prophylactics)
- Breast pumps & lactation supplies
- Contact lens solution
- Denture adhesives
- First aid supplies (e.g. band-aids)
- Foot insoles
- Health monitors (e.g. blood pressure, cholesterol, HIV, thermometers)
- Hearing aid batteries
- Heat wraps (e.g. ThermoCare)
- Heating pads, hot water bottles
- Insulin & diabetic supplies
- Medicine dropper/spoon
- Motion sickness devices
- Personal Protective Equipment (masks, hand sanitizer, sanitizing wipes)
- Pre-natal vitamins
- Sunscreen (Broad Spectrum SPF 15+)
- Supports/braces (e.g. ankle, knee, wrist, therapeutic glove)

ELIGIBLE OTC DRUGS AND MEDICINES (NO LONGER REQUIRING PRESCRIPTION)

- Acne medications
- Allergy and sinus medications (e.g. Benadryl, Claritin, Sudafed)
- Anti-fungal medications (e.g. Lotramin AF)
- Anti-itch medications (e.g. Caladryl)
- Cold sore medications
- Cough, cold & flu remedies
- Decongestants
- Diaper rash ointments
- Ear supplies (e.g. wax removal)
- First aid creams
- Gastrointestinal aids (e.g. antacids, anti-diarrhea medicines, non-fiber laxatives, nausea medications)
- Menstrual Care Products
- Motion sickness pills
- Nasal sprays for congestion (e.g. Afrin)
- Pain relievers (e.g. aspirin, Excedrin, Tylenol, Advil, Motrin)
- Sleeping aids
- Smoking cessation medications (e.g. nicotine gum or patches)
- Suppositories
- Toothache relievers (e.g. Orajel)
- Topical ointments for gingivitis
- Wart remover medications
- Yeast infection creams (e.g. Monistat)

DUAL-PURPOSE ITEMS

We advise you do not use your Card to pay for dual-purpose items unless you have a completed Medical Necessity Directive Form* from your health care provider (e.g. primary doctor, specialist.)

- Calcium supplements
- Fiber supplements
- Herbal medicines
- Homeopathic remedies
- Hormone therapy
- Joint supplements
- Nasal strips (e.g. Breathe Right)
- Vaporizers/humidifiers
- Vitamins/minerals/supplements

INELIGIBLE OTC ITEMS

DO NOT use your Card to pay for ineligible items.

- Baby diapers
- Cosmetics
- Deodorants, Shampoos, Soap
- Face creams, lotions, moisturizers
- Hair removal products
- Insect repellants
- Lip balms (e.g. Chapstick, Blistex)
- Mouthwashes
- Sport energy liquids, bars, etc.
- Stay awake aids (e.g. No Doz)
- Teeth whitening products
- Toiletries
- Toothpaste, toothbrush
- Wrinkle reducers

*The Medical Necessity Directive Form can be obtained from the Forms section at BenefitResource.com.

Tax-free Account Resources

WHAT YOU NEED TO EFFICIENTLY MANAGE YOUR ACCOUNTS

Benefit Resource (BRI) has the resources you need to efficiently manage your tax-free benefit accounts. For additional assistance, see our BRIWEB Page: BenefitResource.com/resources/briweb

BRIWEB

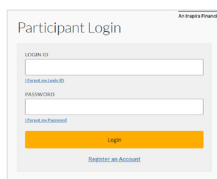
BRIWEB is your secure online login for managing your accounts with BRI. Key features include:

- Submit claims and receipts
- Update contact information
- View balance and transaction information
- Access Eligible Expense lookup table
- Download forms & other important files

To log in, visit BenefitResource.com and select the Employee Login option. If you have not already created a Login ID, you will need:

- **Company Code:** Provided by your employer
- **Personal Info:** First name, last name, date of birth, and home zip code

If the system needs additional information, you may need to also provide your **Member ID** (Typically a 9-digit ID selected by your employer like SSN, payroll ID, etc.)



BRIALERTS

BRIALERTS provide real-time account-based texts or emails. Sign up through the “Notifications” tab on BRIWEB or BRIMOBILE. Standard text rates may apply.

- Card purchases and denials
- Monthly balance reminders
- Claim reimbursements
- Deposit information
- Duplicate transactions

TIPS FOR MANAGING YOUR ACCOUNTS

- **Check your balance.** Check your balance routinely and before making large purchases.
- **Be aware of you plan deadlines.** Check your plan documentation to see when eligible services must be provided and submitted.
- **Save receipts and documentation.** Pre-tax benefit accounts are governed by the IRS and may require proof that funds were used for eligible expenses.

FAQs: Visit our FAQs page for more information about your plan(s).

Getting Started with BRI Video: View a brief overview video on these tools in the Resource Center at BenefitResource.com

BRI PRO TIP

You can receive your reimbursements faster by signing up for direct deposit on BRIWEB.




BRIMOBILE

BRIMOBILE provides on-the-go access to your account. Download the app today.

You will need your Login ID and password to access the app for the first time. If you have not created a Login ID and password, you will first need to register on BRIWEB.

FOR QUESTIONS, PLEASE CONTACT PARTICIPANT SERVICES

 (800) 473-9595 (M - F, 8am - 8pm (ET))

 ParticipantServices@BenefitResource.com

 Live chat is available through the participant login at BenefitResource.com



Welcome to

Workplace benefits

Everyone deserves a Guardian

Every day, Guardian gives 26 million Americans the security they deserve through our insurance and wealth management products and services.

We've partnered with your organization to offer you a range of employee benefits. Inside this pack, you'll find the plans your employer thinks you might benefit from.

Your coverage options

**Dental
insurance**Taking care of teeth and
overall health

Know your benefits

Your benefits support your physical and financial wellbeing, to help keep you and your loved ones protected.

With Guardian, you're in good hands. We've been delivering on our promises for over 150 years, and we're looking forward to doing the same for you too.

1

Read through this information.

2

Find out more about your benefits.

3

Talk to your employer if you need help or have any questions.



Dental insurance

Taking care of your teeth is about more than just covering cavities and cleanings. It also means accounting for more expensive dental work, and your overall health.

With dental insurance, routine preventive care can lead to better overall health. And you'll be able to save money if any extensive dental work is required.

Who is it for?

Everyone should have access to great dental coverage, which is why we offer comprehensive plans that are available through employers as part of your benefit offerings.

What does it cover?

Dental insurance helps to protect your overall oral care. That includes services like preventive cleanings, x-rays, restorative services like fillings, and other more serious forms of oral surgery if you ever need them.

Why should I consider it?

Poor oral health isn't just aesthetic, it's also been linked to conditions including diabetes, heart disease, and strokes. So, while brushing and flossing every day can help keep your teeth clean, nothing should replace regular visits to the dentist.



Staying healthy

Joe visits his dentist for a routine dental cleaning, to take care of his teeth as well as his overall health.

Oral health is about more than just teeth and gums. It's also essential for a range of other health and wellbeing reasons:

Cardiovascular disease: Some research suggests that heart disease, clogged arteries, and strokes may be linked to inflammation and infections from oral bacteria.

Osteoporosis: Weak and brittle bones may be linked to tooth loss.

Diabetes: Research shows that people with gum disease find it more difficult to control their blood sugar levels.

Alzheimer's disease: Worsening oral health is seen as Alzheimer's disease progresses.

All information contained here is from the Mayo Clinic, Oral Health: A Window to Your Overall Health, www.mayoclinic.com. 2021.

You will receive these benefits if you meet the conditions listed in the policy.



Your dental coverage

PPO plan, you can visit any dentist; but you pay less out-of-pocket when you choose a PPO dentist. Out-of-network benefits are based on a percentile of the prevailing fee data for the dentist's zip code.

Your Dental Plan

PPO

| Your Network is | DentalGuard Preferred | |
|--|-------------------------------------|----------------|
| Calendar year deductible | In-Network | Out-of-Network |
| Individual | \$50 | \$50 |
| Family limit | 3 per family | |
| Waived for | Preventive | Preventive |
| Charges covered for you (co-insurance) | In-Network | Out-of-Network |
| Preventive Care | 100% | 100% |
| Basic Care | 80% | 80% |
| Major Care | 50% | 50% |
| Orthodontia | Not Covered (applies to all levels) | |
| Annual Maximum Benefit | \$2000 | |
| Maximum Rollover | Yes | |
| Rollover Threshold | \$800 | |
| Rollover Amount | \$400 | |
| Rollover In-network Amount | \$600 | |
| Rollover Account Limit | \$1500 | |
| Lifetime Orthodontia Maximum | Not Applicable | |
| Dependent Age Limits | 26 | |



Your dental coverage

A Sample of Services Covered by Your Plan:

| | | PPO | |
|-----------------|--|-------------------------------|-----------------------|
| | | <i>Plan pays (on average)</i> | |
| | | <i>In-network</i> | <i>Out-of-network</i> |
| Preventive Care | Cleaning (prophylaxis) | 100% | 100% |
| | Frequency: | 2 in 12 Months | |
| | Fluoride Treatments | 100% | 100% |
| | Limits: | Under Age 14 | |
| | Oral Exams | 100% | 100% |
| | Sealants (per tooth) | 100% | 100% |
| | X-rays | 100% | 100% |
| Basic Care | Fillings‡ | 80% | 80% |
| | Perio Surgery | 80% | 80% |
| | Periodontal Maintenance | 80% | 80% |
| | Frequency: | 2 in 12 months | |
| | Root Canal | 80% | 80% |
| | Scaling & Root Planing (per quadrant) | 80% | 80% |
| | Simple Extractions | 80% | 80% |
| Major Care | Surgical Extractions | 80% | 80% |
| | Anesthesia* | 50% | 50% |
| | Bridges and Dentures | 50% | 50% |
| | Dental Implants | 50% | 50% |
| | Inlays, Onlays, Veneers** | 50% | 50% |
| | Repair & Maintenance of Crowns, Bridges & Dentures | 50% | 50% |
| | Single Crowns | 50% | 50% |

This is only a partial list of dental services. Your certificate of benefits will show exactly what is covered and excluded. **For PPO and or Indemnity members, Crowns, Inlays, Onlays and Labial Veneers are covered only when needed because of decay or injury or other pathology when the tooth cannot be restored with amalgam or composite filling material. When Orthodontia coverage is for "Child(ren)" only, the orthodontic appliance must be placed prior to the age limit set by your plan; If full-time status is required by your plan in order to remain insured after a certain age; then orthodontic maintenance may continue as long as full-time student status is maintained. If Orthodontia coverage is for "Adults and Child(ren)" this limitation does not apply. *General Anesthesia – restrictions apply. ‡For PPO and or Indemnity members, Fillings – restrictions may apply to composite fillings.

Manage Your Benefits:

Go to www.Guardianlife.com to access secure information about your Guardian benefits including access to an image of your ID Card. Your on-line account will be set up within 30 days after your plan effective date.

Find A Dentist:

Visit www.Guardianlife.com
Click on "Find A Provider"; You will need to know your plan, which can be found on the first page of your dental benefit summary.



Your dental coverage

EXCLUSIONS AND LIMITATIONS

Important Information about Guardian's DentalGuard Indemnity and DentalGuard Preferred Network PPO plans: This policy provides dental insurance only. Coverage is limited to those charges that are necessary to prevent, diagnose or treat dental disease, defect, or injury. Deductibles apply. The plan does not pay for: oral hygiene services (except as covered under preventive services), orthodontia (unless expressly provided for), cosmetic or experimental treatments (unless they are expressly provided for), any treatments to the extent benefits are payable by any other payor or for which no charge is made, prosthetic devices unless certain conditions are met, and services ancillary to surgical treatment. The plan limits benefits for diagnostic

consultations and for preventive, restorative, endodontic, periodontic, and prosthodontic services. The services, exclusions and limitations listed above do not constitute a contract and are a summary only. The Guardian plan documents are the final arbiter of coverage. Contract # GP-I-DG2000 et al. **PPO and or Indemnity Special Limitation:** Teeth lost or missing before a covered person becomes insured by this plan. A covered person may have one or more congenitally missing teeth or have lost one or more teeth before he became insured by this plan. We won't pay for a prosthetic device which replaces such teeth unless the device also replaces one or more natural teeth lost or extracted after the covered person became insured by this plan. R3-DG2000

DentalGuard Insurance is underwritten and issued by The Guardian Life Insurance Company of America, New York, NY. Products are not available in all states. Policy limitations and exclusions apply. Optional riders and/or features may incur additional costs. Plan documents are the final arbiter of coverage. This policy provides DENTAL insurance only. Policy Form # GP-1-DG2000, et al, GP-1-DEN-16

Oral Health Rewards Program

Regular visits to the dentist can help prevent and detect the early signs of serious diseases.

That's why Guardian's Maximum Rollover Oral Health Rewards Program encourages and rewards members who visit the dentist, by rolling over part of your unused annual maximum into a Maximum Rollover Account (MRA). This can be used in future years if your plan's annual maximum is reached.

How maximum rollover works*

Depending on a plan's annual maximum, if claims made for a certain year don't reach a specified threshold, then the set maximum rollover amount can be rolled over.

| Plan annual maximum** | Threshold | Maximum rollover amount | In-network only rollover amount | Maximum rollover account limit |
|--|--|--|---|---|
| \$2,000 Maximum claims reimbursement | \$800 Claims amount that determines rollover eligibility | \$400 Additional dollars added to a plan's annual maximum for future years | \$600 Additional dollars added if only in-network providers were used during the benefit year | \$1,500 The limit that cannot be exceeded within the maximum rollover account |



Automatic rollover

Submit a claim (without exceeding the paid claims threshold of a benefit year), and Guardian will roll over a portion of your unused annual dental maximum.

* This example has been created for illustrative purposes only.

** If a plan has a different annual maximum for PPO benefits vs. non-PPO benefits, (\$1500 PPO/\$1000 non-PPO for example) the non-PPO maximum determines the Maximum Rollover plan. May not be available in all states.

Guardian's Dental Insurance is underwritten and issued by The Guardian Life Insurance Company of America, New York, NY. Products are not available in all states. Policy limitations and exclusions apply. Optional riders and/or features may incur additional costs. Plan documents are the final arbiter of coverage. Information provided in this communication is for informational purposes only. Dental Policy Form No. GP-1-DEN-16. GUARDIAN® is a registered service mark of The Guardian Life Insurance Company of America © Copyright 2019 The Guardian Life Insurance Company of America.

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guardianlife.com

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2020-105050 (07/22)

Welcome to Davis Vision!

We are pleased to provide you with information on your vision benefit to help you care for your vision and eye health - a key part of overall health and wellness!

If you are not currently enrolled, please visit our member site at davisvision.com and enter client code 4940 or call 1.888-790-9910 to locate providers or for additional information.

Using your benefits is easy! Just log on to our Member site at davisvision.com and click "Find a Provider," or call us at 1.888.790.9910.

Make an appointment. Tell your provider you are a Davis Vision member with coverage through Davis Vision Direct. Provide your member ID number, name and date of birth, and do the same for your covered dependents seeking vision services. Your provider will take care of the rest!

Your Davis Vision Premier Plan Benefits



| Benefit | Frequency Once every - | In-network Copay | In-network Coverage |
|--|---------------------------|---------------------|---|
| Eye Examination | 12 months | \$0 | Covered in full. <i>Includes dilation when professionally indicated.</i> |
| Spectacle Lenses | 12 months | \$0 | Clear glass or plastic lenses in any single vision, bifocal, trifocal or lenticular prescription. (See below for additional lens options and coatings.) |
| Frame | 12 months | \$0 | Covered in Full Frames: Any Fashion, Designer or Premier level frame from Davis Vision's Collection ² (retail value, up to \$195). OR, Frame Allowance: \$150 toward any frame from provider plus 20% off any balance. ¹ No copay required. |
| Contact Lens Evaluation, Fitting & Follow Up Care | 12 months | \$0 | Davis Vision Collection Contacts: Covered in full. Standard, Soft Contacts: Covered in full. Specialty Contacts³: \$60 allowance plus 15% off balance ¹ . |
| Contact Lenses (in lieu of eyeglasses) | 12 months | \$0 | Covered in Full Contacts: From Davis Vision's Collection ² , up to: Planned Replacement Disposable Four boxes/multi-packs* Eight boxes/multi-packs* OR, Contact Lens Allowance: \$150 allowance toward any contacts from provider's supply plus 15% off balance. ¹ No copay required. OR, Medically Necessary Contacts: Covered in full with prior approval. <small>*Number of contact lens boxes may vary based on manufacturer's packaging.</small> |

Significant savings on optional, lens types and coatings!

Member Price

| | |
|--|--------------------|
| Tinting of Plastic Lenses or Glass Grey #3 Lenses | \$0 |
| Oversize Lenses..... | \$0 |
| Scratch Resistant Coating..... | \$0 |
| Ultraviolet Coating | \$0 |
| Anti-Reflective Coating: Standard Premium Ultra | \$0 \$48 \$60 |
| Polycarbonate Lenses | \$0 |
| High-index Lenses | \$55 |
| Progressive Lenses: Standard Premium Ultra | \$0 \$90 \$140 |
| Polarized Lenses | \$75 |
| Photochromic Lenses (i.e. Transitions®, etc.) ⁴ : Plastic Glass | \$65 \$20 |
| Intermediate Lenses..... | \$30 |
| Blended Segment Lenses | \$20 |
| Scratch Protection Plan: Single Vision Lenses Multifocal | \$20 \$40 |

¹ Additional discounts not applicable at Walmart, Sam's Club or Costco locations.
² The Davis Vision Collection is available at most participating independent provider locations.

³ Including, but not limited to toric, multifocal and gas permeable contact lenses.

⁴ Transitions® is a registered trademark of Transitions Optical Inc.

Please note: Your provider reserves the right to not dispense materials until all applicable member costs, fees and copayments have been collected. Contact lenses: Routine eye examinations do not include professional services for contact lens evaluations. Any applicable fees are the responsibility of the member. If contact lenses are selected and fitted, they may not be exchanged for eyeglasses. Progressive lenses: If you are unable to adapt to progressive addition lenses you have purchased, conventional bifocals will be supplied at no additional cost; however, your copayment is nonrefundable. May not be combined with other discounts or offers.

Frequently Asked Questions

How can I contact Member Services?

Call 1.888.790.9910 for automated help 24/7. Live help is also available seven days a week: Monday-Friday, 8 a.m.-11 p.m. | Saturday, 9 a.m.-4 p.m. | Sunday, 12 p.m.-4 p.m. (Eastern Time). (TTY services: 1.800.523.2847.)

What frames are in Davis Vision's Collection?

Our Collection offers a great selection of fashionable and designer frames, most of which are covered in full. No wonder 8 out of 10 members select a Collection frame. Log on to our member Web site at davisvision.com and take a look!

When will I receive my eyewear?

Your eyewear will be delivered to your network provider generally within five business days of order receipt. Special prescriptions, lens coatings, provider frames or out-of-stock frames may delay the standard turnaround time.

Do I need a claim form?

Claim forms are only required if you visit an out-of-network provider. Claim forms are available on our member Web site.

Can I split my benefits?

You may split your benefits by receiving your eye examination, spectacle lenses and a frame or contact lenses on different dates or through different provider locations. To maximize your benefit value we recommend that all services be obtained from a network provider.

Can I use an out-of-network provider?

Yes; however, you receive the greatest value by staying in-network. If you go out-of-network, pay the provider at the time of service, then submit a claim to Davis Vision for reimbursement, up to the following amounts: eye exam - \$40 | single vision lenses - \$40 | bifocal/progressive - \$60 | trifocal - \$80 | lenticular - \$100 | frame - \$50 | elective contacts - \$105 | medically necessary contacts - \$225.

Are there any exclusions to the vision benefits?

Your vision plan does not cover medical treatment of eye disease or injury; vision therapy; special lens designs or coatings, other than those described herein; replacement of lost eyewear; non-prescription (plano) lenses; contact lenses and eyeglasses in the same benefit cycle; services not performed by licensed personnel; two pair of eyeglasses in lieu of bifocals.

DAVIS VISION EXTRAS!

One Year Breakage Warranty Repair or replacement of your plan covered spectacle lenses, Collection frame or frame from a network retail location where the Collection is not displayed.

Additional Savings At most participating network locations, members receive up to 20% off additional eyeglasses, sunglasses and items not covered by the benefit and 10% off disposable contact lenses.⁵

Mail Order Contact Lenses Replacement contacts (after initial benefit) through www.DavisVisionContacts.com mail-order service ensures easy, convenient, purchasing online and quick, direct shipping to your door. Log on to our member Web site for details.

Laser Vision Correction Up to 25% discount off participating provider's U&C or 5% off advertised special (whichever is lower). Log on to our member Web site for details and to locate a provider.

Low Vision Services Comprehensive low vision evaluation once every five years and low vision aids up to the plan maximum. Covers up to four follow-up visits in five years.

Eye Health & Wellness Log on and learn more about your eyes, health and wellness; common eye conditions that can impair vision; and what you can do to ensure healthy eyes and a healthier life.

For more details... about your vision benefits, patient rights and responsibilities, or more information about Davis Vision, please log on to our member Web site or contact us at 1.888.790.9910.

Davis Vision has made every effort to correctly summarize your vision plan features herein. In the event of a conflict between this information and your organization's contract with Davis Vision, the terms of the contract will prevail.

³⁵ Additional discounts not applicable at Walmart, Sam's Club or Costco locations.

Fully insured plan Underwritten by HM Life Insurance Company of New York. Administered by Davis Vision, which may operate as Davis Vision Insurance Administrators in California.

Summary of Benefits

Basic Group Life Insurance

Mohawk Valley Community College

Class 2: Union Employees

See your benefit certificate for specific plan details, eligibility definitions, limitations, and exclusions.

| |
|---|
| <p>Group term life insurance benefit: \$50,000</p> <p>Guaranteed Issue Amount</p> <p>\$50,000</p> <p>If your application is submitted to Anthem within 31 days of you becoming eligible, the Guaranteed Issue amount is available without evidence of insurability. You must submit evidence of insurability and Anthem must approve any amounts above the Guaranteed Issue amount in writing.</p> <p>If your application is submitted to Anthem more than 31 days after you became eligible, the Guaranteed Issue amount does not apply. You must submit evidence of insurability and Anthem must approve all amounts in writing.</p> |
| <p>Accidental death and dismemberment insurance benefit: Same as Basic Life.</p> |
| <p>Benefits after age 65</p> <p>You will still have benefits after you turn 65, though they will reduce as follows:</p> <ul style="list-style-type: none"> 35% reduction at age 65 60% reduction at age 70 75% reduction at age 75 <p><i>All benefits end at retirement.</i></p> |
| <p>Living Benefit (accelerated death benefit)</p> <p>You can ask for a portion of your group term life benefits to be paid while you are living, if you are terminally ill with less than 12 months to live. If you take a Living Benefit payment, the amount your beneficiary gets after your death will be reduced by the amount you were paid.</p> |
| <p>Waiver of premium</p> <p>We may continue your life insurance coverage until you turn 65 if you become totally disabled and unable to work prior to age 60. Premiums may be waived after you complete the six-month waiver of premium elimination period.</p> |
| <p>Conversion</p> <p>If you leave your job for any reason, you may be able to change your group life coverage to an individual policy. You must apply for coverage and pay the first month's premium for the individual policy within 31 days of the last day you were employed.</p> |
| <p>Resource Advisor</p> <p>This value-added support program gives you and your family access to work/life resources, at no additional cost to you, including: face-to-face visits with a counselor or online visits via LiveHealth Online; identity monitoring and identity theft victim recovery services; legal and financial consultations; toll-free, 24/7 phone counseling from anywhere in the United States; and unlimited access to Resource Advisor online resources at www.resourceadvisor.anthem.com, program name "AnthemResourceAdvisor". To access Resource Advisor call (888) 209-7840.</p> |
| <p>Travel assistance</p> <p>This value added program gives you access to emergency medical help, travel services and useful tips for your trip if you travel more than 100 miles from home – all at no additional cost to you. You can access Travel assistance benefits by calling: US and Canada (866) 295-4890, other locations (call collect) (202) 296-7482. All services must be arranged in advance by Generali Global Assistance, Inc. the Travel Assistance vendor.</p> |

This is not a contract. It is a partial listing of benefits and services that is dependent on the Plan Options chosen. This benefit overview is only one piece of your entire enrollment package. All benefits and services are subject to the conditions, limitations, exclusions and provisions listed in the contract documents: the Certificate, Policy, and/or Trust Agreement for this product. In the event of a conflict between the contract documents and this benefits description, the contract documents will prevail. If you have any questions, please contact your Human Resources/Benefits manager.

Exclusions and limitations are listed in detail in the certificate, policy or trust agreement that applies to this product.

The Value Added additional services are not a part of the certificate, policy or trust agreement and do not modify any insured benefits. The Value Added additional services are provided based on negotiated agreements between the insurance company and certain service providers. Although the insurance company endeavors to make these services available to all policyholders and certificateholders as described, modifications to our agreements with service providers may require that services be periodically modified or terminated. Such modification or termination of services may be made based on cost to the insurer, availability of services, or other business reasons at the discretion of the insurer or service providers.

Travel Assistance value added services are provided by Generali Global Assistance, Inc. In all cases, Generali Global Assistance, Inc. only suggests a medical professional, medical facility or attorney that gives services to the eligible member. They are not employees or agents of Generali Global Assistance, Inc. or Anthem. You choose the medical advice or legal counsel you want. Generali Global Assistance, Inc. or Anthem is not liable for any medical advice or legal counsel given by the medical professional or attorney. Generali Global Assistance, Inc. also is not liable for the negligence or other wrongful acts or omissions of any of the health or legal care professionals who give these services. The covered member cannot take action against Generali Global Assistance, Inc. or Anthem for its suggestion of or contract with a medical professional or attorney. You must pay back Generali Global Assistance, Inc. for some costs. Generali Global Assistance, Inc. is not affiliated with Anthem and the services provided are not part of the insurance coverage provided by Anthem. The agreement between Generali Global Assistance, Inc. and Anthem is subject to change, which may affect the services offered. Valid only for eligible members. Retirees are not eligible for travel assistance services.

Beneficiary Companion services are provided by Generali Global Assistance, Inc.

Life and Disability products underwritten by Anthem Life Insurance Company, an independent licensee of the Blue Cross and Blue Shield Association. In GA, Life and Disability products are underwritten by Greater Georgia Life Insurance Company (GGL) using the trade name Anthem Life, independent licensee of the Blue Cross and Blue Shield Association. ANTHEM is a registered trademark of Anthem Insurance Companies, Inc.

Summary of Benefits

Group Long Term Disability Insurance

Mohawk Valley Community College

Class 2: Union Employees

See your benefit certificate for specific plan details, eligibility definitions, limitations, and exclusions.

| | |
|---|--|
| Group long term disability benefit amount: | 60% of monthly earnings up to a maximum monthly benefit of \$5,000 |
| Elimination period | The number of days you must be unable to work due to an approved qualifying disability before benefits begin: 180 days |
| Maximum Benefit period: | to normal Social Security retirement age See your certificate for specific maximum payment durations based on age at the time of disability. Benefits paid at the time of an approved qualifying disability may vary from the benefit duration period shown. |
| Partial disability benefits | If you are able to return to work part-time, you may still receive a portion of your long term disability benefit to help fill the gap in your income. |
| Survivor benefit | If you pass away while receiving Long Term Disability benefits, a lump-sum payment benefit will be paid to your beneficiary. The Survivor Benefit is equal to three times your monthly benefit. |
| Vocational rehabilitation | We may provide services, such as vocational testing and training, job modifications and job placement to help you return to active employment if you suffer a disability. You may also receive an additional rehabilitation incentive benefit. |
| Social Security assistance | If you are receiving long term disability benefits, we will help you apply for Social Security and offer guidance through the appeal process. |
| Resource Advisor | This value-added support program gives you and your family access to work/life resources, at no additional cost to you, including: face-to-face visits with a counselor or online visits via LiveHealth Online; identity monitoring and identity theft victim recovery services, legal and financial consultations; toll-free, 24/7 phone counseling from anywhere in the United States; and unlimited access to Resource Advisor online resources at www.resourceadvisor.anthem.com , program name "AnthemResourceAdvisor". To access Resource Advisor call (888) 209-7840. |
| Pre-existing conditions | A pre-existing condition is an illness or injury for which you received treatment or where symptoms were present within 3 months prior to your effective date of coverage. A disability that begins in the first 12 months after your effective date will not be covered if it results from a pre-existing condition. |

This is not a contract. It is a partial listing of benefits and services that is dependent on the Plan Options chosen. This benefit overview is only one piece of your entire enrollment package. All benefits and services are subject to the conditions, limitations, exclusions and provisions listed in the contract documents: the Certificate, Policy, and/or Trust Agreement for this product. In the event of a conflict between the contract documents and this benefits description, the contract documents will prevail. If you have any questions, please contact your Human Resources/Benefits manager.

Exclusions and limitations are listed in detail in the certificate, policy or trust agreement that applies to this product.

The Value Added additional services are not a part of the certificate, policy or trust agreement and do not modify any insured benefits. The Value Added additional services are provided based on negotiated agreements between the insurance company and certain service providers. Although the insurance company endeavors to make these services available to all policyholders and certificateholders as described, modifications to our agreements with service providers may require that services be periodically modified or terminated. Such modification or termination of services may be made based on cost to the insurer, availability of services, or other business reasons at the discretion of the insurer or service providers.

Life and Disability products underwritten by Anthem Life Insurance Company, an independent licensee of the Blue Cross and Blue Shield Association. In GA, Life and Disability products are underwritten by Greater Georgia Life Insurance Company (GGL) using the trade name Anthem Life, independent licensee of the Blue Cross and Blue Shield Association. ANTHEM is a registered trademark of Anthem Insurance Companies, Inc.

4/2022

Why MetLife Pet Insurance?

With over 150 years of voluntary benefits experience, MetLife prides itself on offering the most customer-friendly benefits. After distributing pet insurance as an employee benefit for 20 years, in 2021 we shifted how we offered pet insurance and began underwriting and administering our own pet insurance product, MetLife Pet Insurance¹. This product came from customer feedback and the desire to deliver an innovative, market-leading, best-in-class pet insurance product.

Our mission is to offer pet insurance solutions that help pet parents care for their pets with confidence.

Flexibility

- Various levels of coverage from \$500–Unlimited.²
- Flexibility in reimbursement levels, 50%, 70%, 80%, 90% and 100%.
- A wide range of discounts³ and a healthy pet incentive.⁴

Coverage

- Coverage of pre-existing conditions when switching providers.⁵
- Coverage for preventive care.⁶
- No breed exclusions or age limits; and the industry's only family plan offering to include multiple pets on one policy.⁷
- No waiting period for orthopedic coverage and among the industry's shortest wait period⁸ for accident and illness coverage.⁹

Advantages

- Exclusive 10% employee discount.¹⁰
- Access to Telehealth Concierge Service.¹¹
- Mobile app helps to meet pet parents' needs related to their pets' health and wellness.
- Rewards program to offer discounts where pet parents shop.¹²

Proven satisfaction with MetLife Pet Insurance¹⁴

1300+

Group customers

55+

Fortune 500[®] companies

\$20.7m

Paid in claims in 2021

100K

Policies as of 2/2022

75

National Accounts
Net Promoter Score

80%

Claims efficiently processed
within 10 business days

Get to know MetLife Pet Insurance.



More than 15 years experience serving the pet parent community.¹³



Dedicated AE for all products including pet insurance.



Sample policies available and employees can get quotes online or by phone before enrolling.



Dedicated service center for pet insurance sales, service and claims.



Product is offered as a standalone for groups with 100 eligible lives, no payroll deduction requirement.



Ease and efficiency of working with MetLife for all your employee benefit solutions.

Help for minimizing your problems and maximizing your opportunities

We all face problems from time to time. Usually, we can handle them ourselves but sometimes it makes more sense to reach out for help.

That's why your employer provides you and your family with a confidential Employee Assistance Program or EAP, a benefit offering resources and solutions for the problems you encounter. Just as health insurance addresses your physical health, your EAP benefits help with your emotional and mental well-being. And your EAP benefits also include much more than just help for problems – we have a host of benefits and opportunities to help you grow professionally, save money, improve your health, and enhance your personal life! Best of all, because your employer has covered the cost of services, there is no cost to you.

GETTING THE HELP YOU NEED

Call anytime for confidential assistance. To reach a counselor for any of your EAP needs, call toll free:

800-252-4555 OR VISIT
www.theEAP.com

COUNSELING BENEFITS

Help with personal issues from relationships to stress and substance abuse.

WORK/LIFE BENEFITS

Assistance for other personal, financial and legal issues.

SELF-HELP RESOURCE BENEFITS

Access a vast collection of self-help tools and articles.

PEAK PERFORMANCE COACHING

One-to-one telephonic personal & professional coaching.

LIFESTYLE SAVINGS BENEFITS

Get negotiated discounts and deals for wellness, shopping, travel & more.

PERSONAL DEVELOPMENT & TRAINING BENEFITS

Over 10,000 eLearning opportunities to grow in your work, life, and career.

WELLNESS BENEFITS

Coaching, information, and resources to improve your overall wellness.



©ESI Employee Assistance Group

Scan to
Explore
Your EAP
Benefits!



GETTING HELP IS SIMPLE

Just call **800.252.4555** 24/7 to reach a professional counselor.



Introducing your Employee Assistance Program

Get help for problems, grow personally, develop professionally, save money & enhance your life!

HOW DOES THE EAP WORK?

Getting the help you need is simple. Call the EAP 24 hours a day, 7 days a week to reach a professional counselor via our toll-free number or log on to our website to access other benefits.

800-252-4555
www.theEAP.com

MORE BENEFITS FOR YOU

Your EAP provides access to more problem-solving solutions and life enhancement benefits than any other EAP. And nearly 99% of those who use the EAP are satisfied with the experience.



COUNSELING BENEFITS

Many complex issues are best resolved with counseling assistance from a behavioral health professional. You will want to consider calling for help if you encounter problems such as:

- Relationship and family issues
- Depression, stress, or anxiety
- Grief or loss of a loved one
- Eating disorders or substance abuse
- Workplace difficulties

When you call, you connect immediately with a counselor. Each of our experienced counselors has a Masters or Ph.D. level of training. Should you need to be referred to a local counselor for personal visits, we have more than 40,000 providers available to ensure that you will have a counselor near your home or workplace.



WORK/LIFE BENEFITS

Help for personal, family, financial, and legal issues is available for your everyday work/life problems, including:

- Debt counseling and restructuring
- Legal problems not related to employment or medical concerns
- Childcare and elder care assistance
- Financial information
- Caregiver help and resources
- Real estate and tenant/landlord concerns
- Interpersonal skills with family and co-workers
- Pet Help Center

SELF-HELP RESOURCES

Access thousands of tools and informative articles covering virtually every problem you might face. You can call or log on to the website to access these benefits. Resources include:

- Behavioral Health - information on everything from alcohol abuse to personal stress
- Financial – articles and tools to help answer your questions and learn money management
- Legal Information - topics ranging from adoption to wills
- Tools for Tough Times - resources to help you do more with less in difficult financial times

PEAK PERFORMANCE COACHING

Personal and professional coaching is available from senior-level ESI coaches. Get one-to-one telephonic coaching and support, as well as online self-help resources and trainings.

Coaching is available for:

- Certified Financial Coaching
- Balancing Life at Work and Home
- Resilience
- Effective Communication
- Home Purchasing
- Student Debt
- Yoga & Relaxation for Beginners
- Workplace Conflict
- Retirement (Practical & Emotional Aspects)
- Succeeding as a Supervisor

LIFESTYLE SAVINGS BENEFITS

Your Lifestyle Savings Benefits include thousands of specially negotiated ways to shop, travel, entertain, and improve your health and your quality of life. Explore deals, discounts, and perks from your favorite national brands.

PERSONAL DEVELOPMENT AND TRAINING BENEFITS

Our online training includes more than **10,000 eLearning courses, trainings, and videos** to help you boost your personal and professional growth. Balance your work, life, and career objectives with the help of tutorials, exercises, and worksheets.

WELLNESS BENEFITS

The EAP wellness benefit allows you to access information and resources to improve you and your family's overall wellness including stress reduction, fitness, diet and smoking cessation.

- Online Wellness Center
- One-to-One Wellness Coaching from certified coaches for nutrition, weight loss, fitness, reducing stress and quitting tobacco.



New EAP Benefit: Talkspace Go

Talkspace Go is a new, free EAP benefit for you and eligible family members aged 13+. It's a mobile app you can use to improve your mental health and wellbeing in just 5 minutes a day! Get help for relationships, parenting, depression, and much more.

Features included

Self-guided programs for individuals, couples, and parents. Build mental well-being through personalized courses, daily journaling, and weekly live classes with therapists.

- 400+ self-guided, interactive courses
- Live weekly therapist-led anonymous group classes
- Assessments, meditation exercises, journaling, & reminders
- Address anxiety, stress, burnout, trust, & more

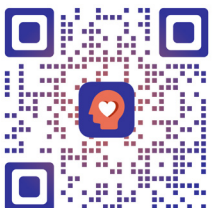
How it works

First, you answer a series of questions to get to the root of your issues. Based on your responses, you'll get a personalized, self-paced course from our library of counseling programs.

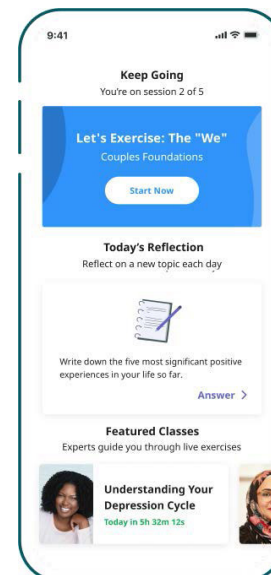
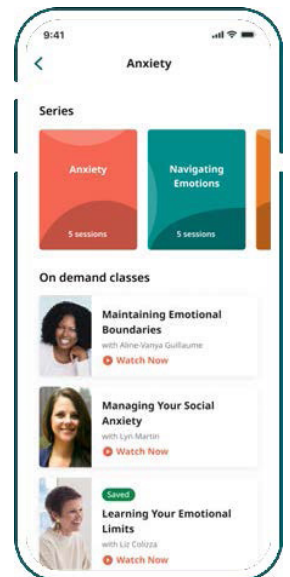
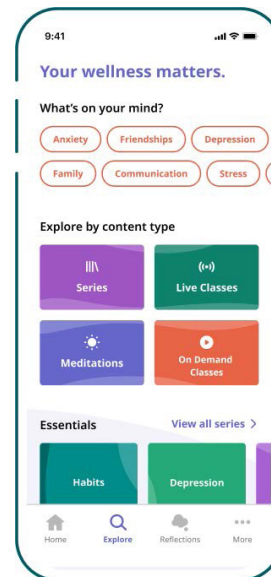
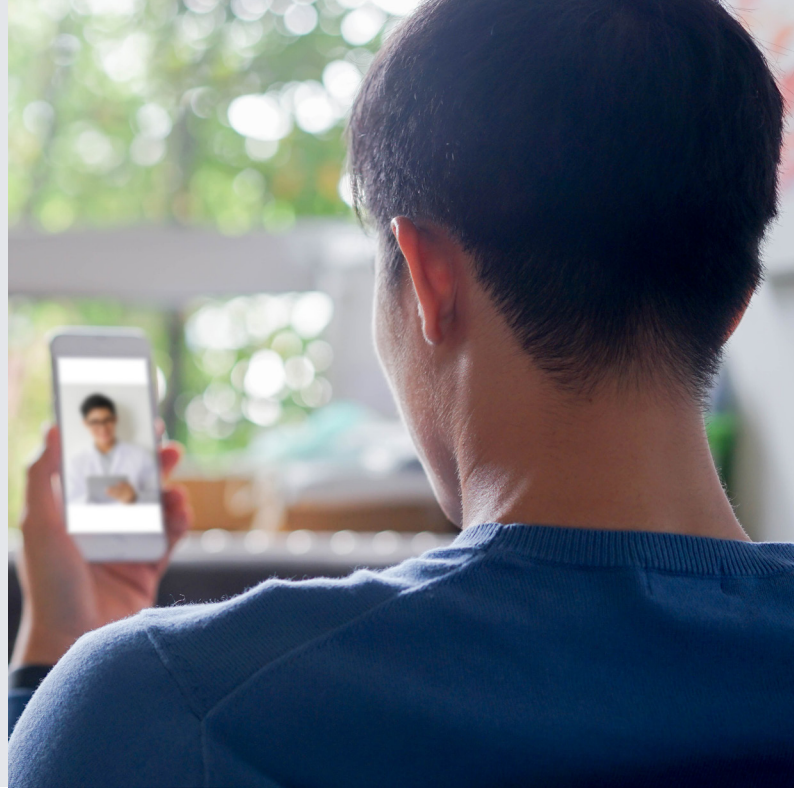


Ready to get started?

- Download Talkspace Go from the Apple App store or Google Play
- Sign up and create an account
- Enter your organization's code: **ESIEAP**



Download Talkspace Go
for iPhone or Android



Plan Comparison Chart

| Questions | 457(b) Deferred Compensation Plan | 403(b) Tax-Deferred Annuity Plan |
|--|---|---|
| Who is eligible to participate? | All state, local and public education employees. | Educational employees. |
| Are payroll deductions pre-tax? | Yes, for federal and New York state income taxes, but not for FICA. Roth (after-tax) contributions are also available. | Yes, for federal and New York state income taxes, but not for FICA. Roth (after tax) contributions are also available. |
| What is the maximum I may contribute? | \$23,000 | \$23,000 |
| May I catch up in a later year? | Participants age 50 or older may make a \$7,500 additional deferral. A Special 457 catch-up provision is available within 4 years of retirement. These two provisions may not be used in the same year. | Age 50 or older may make a \$7,500 additional deferral. A special increased limit may apply under certain circumstances. |
| How often may I change my contribution amount? | Changes must be requested in the calendar month prior to the change. | Contact your plan provider. |
| May I roll over money from other retirement accounts? | Yes — from a 457(b), 401(a), 401(k), 403(b) or traditional IRA. | Yes — from a 457(b), 401(a), 401(k), 403(b) or traditional IRA. |
| May I roll over my retirement account into another type of retirement account, such as an IRA? | Yes — into a 457(b), 403(b), 401(a), 401(k) or IRA, upon leaving employment. Assets rolled over from a qualified plan or individual retirement account may be subject to a 10% tax penalty if withdrawn prior to age 59½. | Yes — into a 457(b), 403(b), 401(a), 401(k) or IRA, upon leaving employment. 403(b) plans may be transferred in service. Assets rolled over from a qualified plan or individual retirement account may be subject to a 10% tax penalty if withdrawn prior to age 59½. |
| May I withdraw money from my account while employed? | Yes, if you qualify for an unforeseeable emergency or if you continue to work past age 59½, and in other limited circumstances. | Yes, if you qualify for a hardship withdrawal or if you continue to work past age 59½ and the plan document allows this provision. |
| When may I begin benefit payments from my account without a penalty? | When you leave employment, regardless of age. | If you leave employment at age 55 or older, or upon reaching age 59½. |
| May I change my benefit payment option, amount or frequency once I start my payout? | Yes. You have complete flexibility when choosing and changing your withdrawal options. | Contact your plan provider. |
| Must I elect my payout date when I leave employment? | No. Not only are your withdrawal options flexible, so is your payout date. | No. Not only are your withdrawal options flexible, so is your payout date. |
| Is there a loan provision and a hardship provision? | Yes, for active employees. | Contact your plan provider. |
| Are there coordination limits between 457(b) and 403(b) plans? | No. You can contribute the maximum to each plan. | No. You can contribute the maximum to each plan. |
| Do I have front-end or back-end sales charges upon withdrawal? | No. The NYSDCP does not assess any front-end or back-end sales charges. | Contact your plan provider. |
| Do I have a brokerage window option? | PCRA offered by Charles Schwab & Co. Inc. | Unlikely. Contact your plan provider. |

Visit nysdcp.com or call the HELPLINE at 1-800-422-8463 to learn more about the New York State Deferred Compensation Plan. TTY/TDD services are available toll-free, 24 hours a day, at 1-800-514-2447.

Federal income tax laws are complex and subject to change. The information in this brochure is based on current interpretations of the law and is not guaranteed. Neither the New York State Deferred Compensation Board nor the Plan's Administrative Service Agency gives legal or tax advice. You should consult your attorney or tax advisor for answers to your specific tax questions.

Account Executives are registered representatives of Nationwide Investment Services Corporation, member FINRA, Columbus, Ohio.

Plan Highlights

The following are highlights of the New York State Deferred Compensation Plan.

Tax-deferred benefits

- Federal and New York state income taxes are deferred on contributions to the Plan.
- Contributions and any investment earnings accumulate on a tax-deferred basis until withdrawn and then are taxed as ordinary income.
- Roth (after-tax) contributions are also available.

Contribution levels

- The minimum contribution is 1% of compensation (but not less than \$10 per pay period).
- The maximum regular contribution is \$23,000.
- Contributions must be payroll deducted.
- Additional contributions are available if you are 50 or over or under a Special 457(b) retirement catch-up provision.

Personal assistance

Personal assistance is available through a local Account Executive or the HELPLINE from 8 a.m. to 11 p.m., Monday through Friday, and from 9 a.m. to 6 p.m. on Saturdays (ET) at 1-800-422-8463.

Investment options

- Stable Income Fund, retirement date trusts and an array of other investment options covering each major asset class
- Retirement date trusts are designed to provide diversification and asset allocation across several types of investments and asset classes, primarily by investing in underlying trusts; therefore, an investor is indirectly paying a proportionate share of the applicable fees and expenses of the underlying trusts.

These options use a strategy that reallocates equity exposure to a higher percentage of fixed investments over time. Like other funds, target date trusts are subject to market risk and loss. Loss of principal can occur at any time, including before, at or after the target date. There is no guarantee that retirement date trusts will provide enough income for retirement.

- A self-directed investment account option that allows you to choose from exchange-traded funds (ETFs) and approximately 3,200 mutual funds, for an additional fee. The Schwab Personal Choice Retirement Account® (PCRA) is offered through Charles Schwab & Co. Inc., member SIPC.

Investors should carefully consider information contained in the prospectus and fact sheets, including investment objectives, risks, charges and expenses. The underlying fund prospectus and fact sheets contain this and other important information. Please read them carefully before investing.

For prospectuses of funds or fact sheets within your NYSDCP core account, please call the HELPLINE at 1-800-422-8463 or visit our website at www.nysdcp.com.

You can request a prospectus by calling Schwab's dedicated PCRA Call Center at 1-888-393-PCRA (7272).

Plan fees

Administrative services are supported by an annual per-participant fee and an asset-based fee. The annual per-participant fee is \$20, levied in two installments of \$10 in April and October. The annualized asset-based fee is currently 3.50 basis points (or \$0.35 for each \$1,000 in a Participant's account), levied in two installments of 1.75 basis points in April and October. The asset-based fee is determined semiannually based on estimated expenses and is levied on accounts with assets exceeding \$20,000 and is capped at account assets of \$200,000. Fees are subject to change.

Plan services

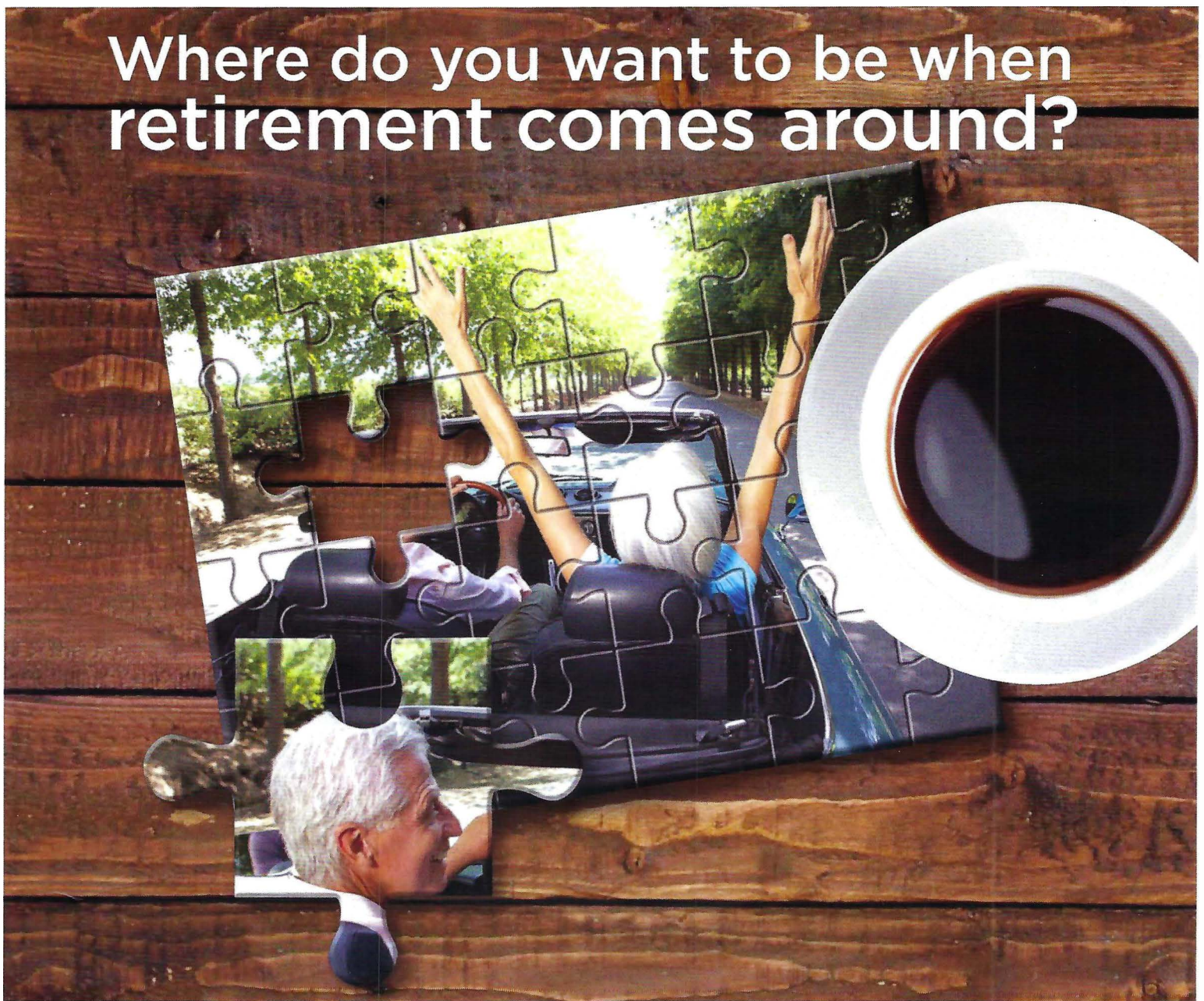
You have access to your account anytime, anywhere via the Plan website and the Voice Response System. On either system, you may:

- Check your account balance
- Change the investment of your future deferrals
- Exchange between the Plan's investment options
- Change your deferral rate
- Explore online education resources
- Develop a customized retirement investment strategy
- Determine a repayment schedule on a loan from your Plan account

Distributions

- When you terminate service from your state or local government employer or if you are absent due to qualifying military service
- When you reach age 59½, even if still employed
- May be made in the form of:
 - A full withdrawal
 - Partial withdrawals (one time or periodic)
- Periodic payments may be received as a fixed-dollar amount or over a fixed time period and are paid monthly, quarterly, semiannually or annually
- You may change your payment option at any time
- When withdrawing pretax dollars, each payment will be taxed as ordinary wage income in the year you receive it
- In-service distributions of assets rolled into the Plan are permitted according to the regulations of the original plan

Where do you want to be when retirement comes around?



Jason Dixon, Account Executive

dixoj8@nationwide.com

direct line: (518) 203-0244

AE Connect Line: (844) 867-8197

**Online enrollment and additional information available at
www.nysdcp.com or use the QR code below.**



**New York State
Deferred Compensation Plan**

A Plan for Your Future



Frequently Asked Questions – Voluntary 403(b) Savings Plan

As an employee, you are eligible to participate in SUNY's Voluntary 403(b) Savings Plan. This program provides a way for you to direct additional savings through payroll deduction. This account is 100% owned by you with flexible options and professional investment advisors available at no additional cost.

This plan provides an opportunity to save for retirement on a Traditional (pre-tax) and Roth (after-tax) basis. With the Traditional (pre-tax) option, all contributions plus any earnings accumulated are tax deferred. No income taxes are paid until you receive distributions from your account.¹ Money invested in the Roth (after-tax) option is taxed when it is deducted from your paycheck and it provides the potential to withdraw earnings on a tax-free basis in retirement with a Qualified Distribution.² You may split your 403(b) contributions between the Traditional (pre-tax) and Roth (after-tax) options, although the combination of any such contributions cannot exceed the annual maximum allowed by the IRS.

Additional information is available at www.suny.edu/benefits/vsp.

1. Q: How much may I contribute?

A: You choose the amount, within certain limits. You may change your contribution as frequently as you wish. For information on how to enroll, visit <http://www.suny.edu/benefits/vsp> or see your Human Resources Office.

2024 Limit if under age 50: \$23,000

2024 Limit if age 50 or over (by 12/31): \$30,500

This plan is set up under Section 403(b) of the Internal Revenue Code. If, through another employer, you contribute to a 403(b) or 401(k) plan, the limit applies to all contributions combined. Contributions to a 457(b) (deferred compensation) plan do not affect contributions to this program.

2. Q: Where can I invest my money?

A: You choose the provider(s) you wish to invest with, and in which of their funds, including stock funds, bond funds and/or guaranteed funds you would like to invest. Contributions are always 100% vested. The following providers are available to you:

- **Corebridge Financial (formerly AIG Retirement Services)**
1-888-448-2542 or <https://suny.aigrs.com/home>
- **Fidelity Investments**
1-844-FOR-SUNY (844-367-7869) or www.netbenefits.com/suny
- **Teachers Insurance Annuity Association (TIAA)**
1-866-662-7945 or www.tiaa.org/suny
- **Voya Financial**
1-800-584-6001 or <https://suny.beready2retire.com>

3. Q: What services are available to assist me with my choices?

A: You may select a retirement Target Date Fund for all or a portion of your account, select your own investments under the plan and/or, designate the account to be invested by the Managed Account services available through the investment providers.

4. Q: What types of investments are available to me?

A: A wide variety of equity and bond investments, in addition to guaranteed fixed interest accounts are available. All investment providers offer financial advisors for individual account assistance at no additional cost. Visit www.suny.edu/retirement/choosinginvestments/ for general investment selection information.

5. Q: Are loans available under the plan?

A: Yes. Two outstanding loans are permissible from your Traditional (pre-tax) account balance under the plan, subject to Internal Revenue Code regulations. Generally, up to one-half of your pre-tax account balance or an aggregated maximum of \$50,000. Specific information pertaining to loans is available from each investment provider. Loans are not available on Roth (after-tax) account balances.

6. Q: How do I open an account?

A: Visit www.retirementatwork.org/suny to enroll.

- Sign in then select *Enroll in VSP* under **Save more**. If you have a 403(b) account but you are not currently contributing, select *My retirement* under **Make changes**.
- Enter your contribution amount and check the box if you wish to allocate between Traditional (pre-tax) and/or Roth (after-tax). (Please note: If you elect to contribute a flat dollar amount that exceeds the amount available in your net pay, a partial deduction will be made equal to the amount of net pay available. This will result in a \$0 net paycheck.)
- Select the effective date and click *Next*.
- Select your investment provider(s) and click *Next*.
- Once you review and confirm your contributions, you will be asked to open an investment account with each investment provider you have selected or newly selected.

For assistance with Retirement@Work or enrollment, call **1-866-271-0960**. You can also download a [step-by-step enrollment guide](#) (www.TIAA.org/sunyvsp).

7. Q: May I convert Traditional (pre-tax) assets to Roth (after-tax)?

A: Yes, if you are eligible to transfer funds from Traditional (pre-tax) assets to Roth (after-tax). Please note the amount converted is taxable in the year of conversion; there is no tax withholding on the conversion and the election to convert is irrevocable. For participants over age 59 ½, Roth (after-tax) assets must be in existence for at least 5 years in order to be considered tax-free as a "Qualified Distribution."

8. Q: May I roll money from other plans into this plan?

A: Yes. If you are eligible to transfer funds from a previous employer's plan or Individual Retirement Account (IRA), you may roll the money into this plan. Contact your investment provider for assistance.

9. Q: Are there other ways for me to save for retirement through SUNY?

A: You may also be eligible to participate in the NYS Deferred Compensation Plan (NYSDCP, a section 457 plan) for pre-tax and after-tax savings through payroll deduction (www.nysdcp.com, **800-422-8463**). Note: Certain community colleges may offer an alternative 457 plan option other than NYSDCP.

Because section 457 plans are set up under a different section of the IRS code than SUNY's 403(b) program, the amount you can contribute and withdraw are separate and distinct. You may choose whether to participate in NYSDCP, SUNY's 403(b) Savings program, or both. Contribution limits do not offset between 403(b) and 457(b) plans, therefore, maximum annual contribution limits apply to each plan separately.

How do Traditional (pre-tax) and Roth (after-tax) compare?

| | Traditional (pre-tax) option | Roth (after-tax) option |
|--|---|---|
| How do taxes impact my contributions? | Pre-tax contributions accumulate tax deferred. You do not pay federal or state income tax on the contributions when they are made, therefore, no tax withholding applies. | After-tax contributions are eligible to accumulate tax-free however federal and state income taxes apply to the contributions in the year they are made, therefore tax withholding will apply. |
| When can money be withdrawn? | Pre-tax contributions may be withdrawn upon separation from service, attainment of age 59 1/2, death, disability, or severe financial hardship. | After-tax contributions may be withdrawn upon separation from service, attainment of age 59 1/2, death, disability, or severe financial hardship. |
| How are my distributions taxed? | Contributions (plus earnings) are taxed at the time you withdraw the funds. Usually this will be during your retirement, when you may be in a lower tax bracket. | Qualified Distributions ² of contributions and earnings are tax-free, which can help you balance against tax rates that increase over time. |
| What are the federal tax implications? | Withdrawals are subject to federal income tax. If you are under age 59 1/2, you may be subject to an additional 10% tax. | Distributions available as noted for pre-tax, however, taxes would apply to earnings distributed if not a Qualified Distribution. |
| What are the state tax implications? | Your liability for state income taxes will depend upon the laws of the state in which you live at the time of withdrawal. Current NYS law excludes the first \$20,000 of income aggregated per year from certain pension and annuity programs, including 403(b) savings plans, from taxable income if the recipient is at least age 59 1/2. | Your liability for state income taxes will depend upon the laws of the state in which you live at the time of withdrawal. Qualified Distributions of contributions and earnings are both Federal and NYS income tax-free. |

Need help deciding?

| Consider a Roth 403(b) contribution if you: | Roth 403(b) contribution benefits: |
|--|--|
| Are not eligible to make Roth IRA contributions because of high income. | The Roth option does not have adjusted gross income (AGI) limits. |
| Would like to make Roth contributions greater than the Roth IRA limit. | In 2024, the contribution limit for a 403(b) account (\$23,000) is higher than the limit for a Roth IRA (\$7,000), letting you increase your after-tax retirement savings. |
| Feel confident your retirement income needs are met and want to leave a potential tax-free legacy. | Assets may be passed along to your beneficiaries income-tax free. |
| Would like to help protect retirement assets from potential tax consequences. | Having both pre-tax and after-tax assets in retirement accounts may provide a hedge against the uncertainty of future tax rates. |

Is the Roth 403(b) contribution option right for you?

While it's difficult to predict what your future tax situation may be, you'll want to estimate as best as you can, taking into consideration the best choice for your current tax circumstances and how they may change over time. You may want to consult your tax advisor.

| If you expect your tax rate during retirement will be: | Your preferred option may be: |
|--|--|
| Higher than your current rate | Roth (after-tax) contribution option. Since you already paid taxes on Roth contributions, qualified distributions are tax-free. |
| Lower than your current rate | Traditional (pre-tax) contribution option. While this money is taxable, you expect to benefit by being in a lower tax bracket during retirement. |
| Same as your current rate | Either or both. |

Note: Roth 403(b) contributions are included in your maximum contribution limits, plus any catch-up limits, if applicable.

Individual circumstances will impact the decision on whether to direct retirement contributions to Traditional (pre-tax) or Roth (after-tax) contributions for optimal planning results. There are also important distinctions between Roth IRA's and Roth Retirement Plan features. Please consult with one of the approved investment providers or a qualified tax advisor for any additional assistance with what would be the best savings options for you.

¹ Withdrawals of Traditional (pre-tax) assets prior to age 59½ are subject to ordinary income tax and a 10% penalty may apply. This additional tax does not apply if you separated from service in the year you attain age 55 or if older, if you are receiving a lifetime income, or in cases of death, disability, or significant unreimbursed medical expenses.

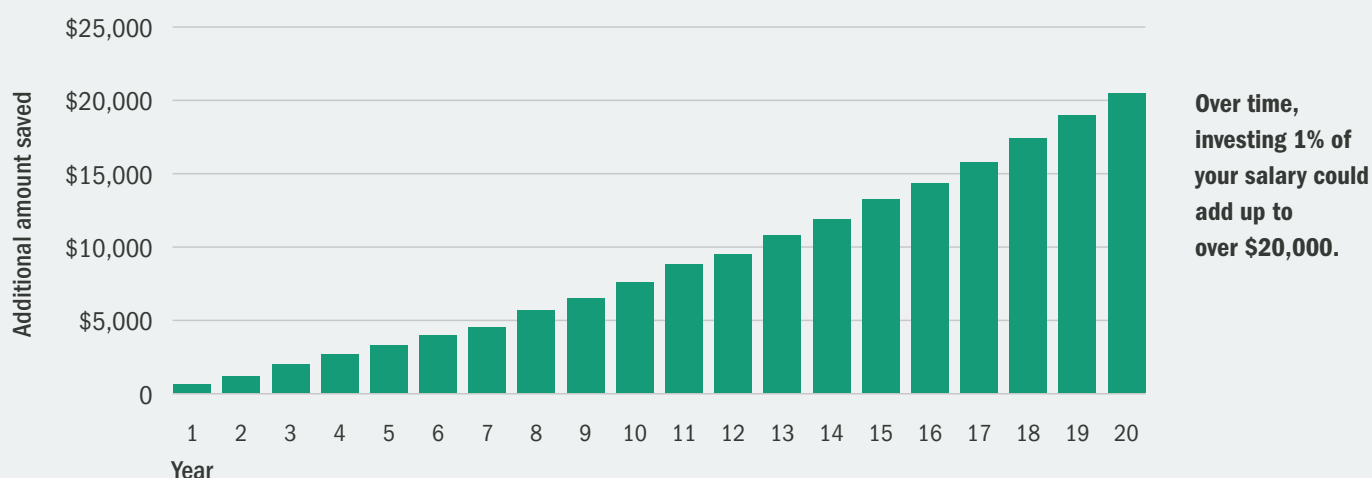
² Qualified Distributions of Roth earnings are distributed tax free no earlier than five years after contributions were first made. You must also meet at least one of the following criteria: age 59½ or older, distribution due to death, or permanently disability.

Small change now, big milestones later

Boosting your savings by 1% could really add up

Consistency is one of the simplest and yet most important strategies for saving—and one that can help you live the life you deserve in retirement. The beauty of it? It doesn't take much to make a positive impact on your savings. Over time, even the smallest increase can go a long way. See for yourself in the following example.

See how much persistence can pay off



This hypothetical example assumes an annual salary of \$50,000, a contribution rate of 1% and an annual salary increase of 1%. The example shown also assumes a 6% annual rate of return on investment. It does not represent the actual performance of any TIAA account, nor does it reflect expenses or taxes, which would reduce performance. Total returns and the principal value of the accounts will fluctuate, and yields may vary. This chart cannot predict or project investment performance.



Grow your savings potential

Ready to save more? Manage your contributions by calling your Benefits office.

Need more help? Schedule a one-on-one consultation at [TIAA.org/schedulenow](https://www.tiaa.org/schedulenow) or call 800-732-8353, weekdays, 8 a.m. to 10 p.m. (ET).

Call with questions at 800-842-2252, weekdays, 8 a.m. to 10 p.m. (ET).