

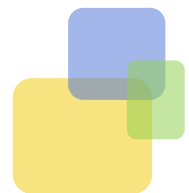


Ursinus College

# Benefits Guide 2023



**Ursinus  
College**





# Ursinus College

Ursinus College is dedicated to providing excellent employee benefit programs that are intended to meet you and your family's needs.

For 2022, Ursinus College decided to join the PAISBOA Health Benefit Trust. The PAISBOA Health Benefit Trust is a consortium of Independent colleges and schools throughout the state of Pennsylvania, who aggregate their collective size of 10,000 employees for more stable pricing and stronger benefits for the Independent school market.

For 2023, we are continuing to remain a member of the PAISBOA Health Benefit Trust and Independence Blue Cross will continue to be the medical provider, allowing access to all the facilities and providers that you are currently utilizing. We will continue to offer the same 2 medical plans that we currently offer in 2022 (high deductible plan and buy-up plan). The only change is that the prescription coverage will move from being administered by CVS to being administered by Independence Blue Cross. Vision is included in the medical plans and will be administered by VBA Vision.

For 2023, Ursinus College will continue to offer Flexible Spending Accounts (health care and dependent care accounts) but we will no longer use BAS (Benefit Allocations Systems) to administer the accounts. Starting November 1st, the Harrison Group will be the administrator for these plans. The Harrison group has provided excellent customer service and administration support for our HSA/HRA accounts, so we believe this will be a positive move for our employees. Although the new plan year begins November 1, 2022 for our medical coverage, the plan year for these accounts will run from January 1, 2023 through October 31, 2023. After that, the coverage will align with the medical plan year. If you elect this coverage during open enrollment, your deduction will begin in January 2023.

The 2023 benefit guide is intended to provide you plan highlights of your benefit choices for 2023, as well as providing information on ancillary programs and support systems. This guide will provide you summaries of all plans offered, including medical and vision, dental, life insurance long-term disability, retirement and the Emeriti program.

**IMPORTANT:** The medical plans offered through the PAISBOA Health Benefit Trust will begin a new plan year on November 1, 2022 and run for 12 months, which ends on October 31, 2023. To make things less complicated, we are also adjusting the employee contributions for dental and free standing vision to occur at this time even though the plan year for those plans begins on January 1, 2023.

Please review the materials in this guide to familiarize yourself with your benefits for the coming plan year.

Sincerely,

Kelley Williams

## ENROLLMENT GUIDELINES

### Who is Eligible?

Full time employees working 30 hours/week or more are eligible to participate in the Ursinus College's Benefits Pro-gram. Employees whom begin their employment on the 1st of the month, immediately qualify for benefits on that day. Employees who begin after the 1st, will qualify for benefits on the 1st of the following month.

### Eligible Dependents

As a benefit eligible employee, eligible family members qualify for coverage. Eligible family members include:

- ◇ Spouse or Domestic Partner
- ◇ Child(ren)

### Coverage Levels

Employees may choose from the following coverage levels for medical, dental and vision:

- ◇ Employee Only
- ◇ Employee + Child(ren)
- ◇ Employee plus Spouse
- ◇ Family

## Changes Throughout the Year

After the enrollment deadline has passed, you may not make changes to your benefit enrollments unless you experience a qualifying life event (QLE), such as:

- ◇ Marriage
- ◇ Divorce
- ◇ Childbirth
- ◇ Adoption or placement for adoption
- ◇ Your spouse obtaining new coverage or losing coverage
- ◇ Loss of coverage on another plan

If you experience a qualifying life event, you have 31 days from the life event date to make changes to your coverage. For more information on qualifying life events, contact Human Resources.

## SPECIAL ENROLLMENT RIGHTS

The Health Insurance Portability and Accountability Act (HIPAA) of 1996 provides the following special enrollment rights. If you do not enroll in medical coverage for yourself and your dependents because of access to or coverage under other health insurance coverage, you may be able to enroll yourself or your dependents in this program after your coverage ends, as long as you request enrollment within 31 days. You will need to provide proof that your other coverage has ended.

In addition, if you have a new dependent as a result of marriage, birth, adoption, or placement for adoption, you may be able to enroll yourself or your dependents as long as you request enrollment within 31 days after marriage, birth, adoption or placement for adoption. Documentation of the life event is required.

In addition, if either (1) you or your dependent loses eligibility for Medicaid or CHIP coverage, or (2) you or your dependent becomes eligible for a premium assistance subsidy under Medicaid or CHIP, you or your dependent may be able to enroll in this Plan. You must request enrollment within 60 days after the Medicaid or CHIP coverage terminates or after eligibility for the subsidy is determined.

# HEALTH INSURANCE

## The College is offering 2 plans under the PAISBOA Health Benefit Trust

### Plan 1: High Deductible Health Plan w/Drug (IBC) + Vision

Deductible	Monthly Employee Cost Single:	\$44.95
Single: \$2500	Monthly Employee + Child(ren):	\$320.15
Family: \$5000	Monthly Employee + Spouse:	\$335.79
	Monthly Family:	\$512.74

### Plan 2: Buy-Up Health Plan w/Drug (IBC) + Vision

Deductible	Monthly Employee Cost Single:	\$194.44
Single: \$2,500	Monthly Employee + Child(ren):	\$412.25
Family: \$5,000	Monthly Employee + Spouse:	\$594.20
	Monthly Family:	\$1098.59

\* Both plans use IBC for administering the drug benefits. Employees may use any pharmacy they choice.

\* Both plans offer vision coverage through VBA at no extra cost.

The next pages provide detailed summaries of the 2 plans being offered through PAISBOA.



## Base: IBC HDHP/HSA

### More virtual care solutions.

Our virtual care portfolio now includes tele behavioral health and teledermatology virtual care services from Doctor on Demand.

Download the app today.

Make sure to enter 'PAISBOA' as your employer.



	Base Plan
BENEFIT	IN NETWORK
IBC Annual Deductible HRA funds the second half of IBC deductible	\$2,500 Individual/\$5,000 Family \$1,250 Individual/\$2,500 Family
Coinsurance	100%
Medical Out of Pocket Maximum	\$6,350 Individual/\$12,700 Family
Preventive Care	No charge
Preventive Colonoscopy	No charge at Preventive Plus providers OR at hospital
Outpatient Care PCP copay office visits Specialist copay office visits Outpatient Surgery	No charge after deductible No charge after deductible No charge after deductible at ambulatory surgical center or Dr's Office OR No charge after deductible at hospital based facility
Diagnostic Tests & Radiology Diagnostic test (x ray, blood work)	No charge after deductible at freestanding diagnostic center OR after deductible at hospital center
Imaging (CT scans, MRIs)	No charge after deductible at freestanding diagnostic center after deductible at hospital center
Hospital Care	No charge after deductible
Emergency Care Hospital Emergency Room (waived if admitted) Urgent Care	No charge after deductible No charge after deductible
Misc. Durable Medical Equipment Chiropractic	No charge after deductible No charge after deductible
Rx Deductible	Included with medical
Retail Drug Program (30 day supply) Generic Brand Non Preferred	\$5 copay after deductible \$20 copay after deductible \$45 copay after deductible
Mail Order (90 day supply)	2 X Retail
BENEFIT	OUT OF NETWORK
Annual Deductible*	\$5,000 Individual/\$10,000 Family
Coinsurance	50%
Medical Out of Pocket Maximum	\$10,000 Individual/\$20,000 Family

## Buy Up: IBC PPO

### More virtual care solutions.

Our virtual care portfolio now includes tele behavioral health and teledermatology virtual care services from Doctor on Demand.

Download the app today.

Make sure to enter 'PAISBOA' as your employer.

	Buy Up Plan
BENEFIT	IN NETWORK
Annual Deductible	N/A
Coinsurance	100%
Medical Out of Pocket Maximum	\$6,350 Individual/\$12,700 Family
Preventive Care	No charge
Preventive Colonoscopy	No charge at Preventive Plus providers
Outpatient Care PCP copay office visits Specialist copay office visits Outpatient Surgery	\$20 copay \$40 copay \$75 copay
Diagnostic Tests & Radiology Diagnostic test (x ray, blood work)	No charge at freestanding diagnostic center at hospital center
Imaging (CT scans, MRIs)	\$80 copay at freestanding center OR \$400 copay at hospital center
Hospital Care	\$150 copay per day, 5 day max copay per stay
Emergency Care Hospital Emergency Room (waived if admitted) Urgent Care	\$150 copay \$50 copay
Misc. Durable Medical Equipment Chiropractic	50% \$40 copay
Rx Deductible	None
Retail Drug Program (30 day supply) Generic Brand Non Preferred	\$20 copay \$40 copay \$60 copay
Mail Order (90 day supply)	2 X Retail
BENEFIT	OUT OF NETWORK
Annual Deductible*	\$1,500 Individual/\$4,500 Family
Coinsurance	50%
Medical Out of Pocket Maximum	\$10,000 Individual/\$30,000 Family

**Independence** 

# Drug Benefit Highlights

## PAISBOA HBT HDHP Integrated Rx

Covered Services		Your Costs (You pay)	
Benefits per Contract Year		In-Network	Out-of-Network
Deductible		Medical deductible applies.	Medical deductible applies.
Out-of-Pocket Maximum		Combined with Medical	Combined with Medical
Formulary <sup>1</sup>		Premium	
Retail Pharmacy		In-Network	Out-of-Network
Tier 1 Generic Drugs		\$5 after deductible	50% Reimbursement after deductible
Tier 2 Preferred Brand		\$20 after deductible	50% Reimbursement after deductible
Tier 3 Non-Preferred Drugs		\$45 after deductible	50% Reimbursement after deductible
Dispensing Limits		30 day supply max	30 day supply max
Mail Order Pharmacy Available for maintenance drugs		In-Network	Out-of-Network
Tier 1 Generic Drugs		\$10 after deductible	Not covered
Tier 2 Preferred Brand Drugs		\$40 after deductible	Not covered
Tier 3 Non-Preferred Drugs		\$90 after deductible	Not covered
Dispensing Limits <sup>2</sup>		90 day supply max	Not covered
Drug Coverage		In-Network	Out-of-Network
ACA Preventive Drugs <sup>3</sup>		Covered	Covered
Compound Medications		Covered	Covered
Contraceptives		Covered	Covered
Diabetic Supplies (i.e., test strips)		Covered	Covered
Glucometers (no copayment/coinsurance required at participating pharmacies after deductible)		Covered	Covered
Insulin		Covered	Covered
Insulin Needles and Syringes		Covered	Covered
Lancets (no copayment/coinsurance required at participating pharmacies after deductible)		Covered	Covered
Prescribed Tobacco Cessation Drugs (RX and OTC)		Covered	Covered
Weight Control Drugs		Covered	Covered
Allergy Serum		Not covered	Not covered
Blood, Blood Plasma		Not covered	Not covered
Drugs used for Cosmetic Purposes		Not covered	Not covered
Injectable Fertility Drugs		Not covered	Not covered
Investigational/Experimental Drugs		Not covered	Not covered
Non-Federal Legend Drugs		Not covered	Not covered
Over-The-Counter Drugs (Non-Prescription)		Not covered	Not covered

<sup>1</sup> Benefits will be provided for Covered Drugs and medicines appearing on the Drug Formulary. To check the formulary status of a drug or view a copy of the most recent formulary, log onto [www.ibx.com](http://www.ibx.com).

<sup>2</sup> Up to a 90-day supply of drugs to treat chronic conditions available at any participating retail pharmacy or mail for same cost share.

<sup>3</sup> Certain designated preventative medications will not be subject to any cost-sharing or deductibles, but will be subject to the terms and conditions of your benefits contract. Refer to your summary of benefits, member handbook, and/or benefit booklet to determine if your plan includes 100 percent coverage for in-network preventive services.



## Drug Benefit Highlights

## Covered Services

Benefits per Contract Year
Deductible
Out-of-Pocket Maximum
Formulary <sup>1</sup>

### Your Costs (You pay)

In-Network	Out-of-Network
\$0/\$0	\$0/\$0
Combined with Medical	Combined with Medical
Premium	

## Retail Pharmacy

Tier 1 Generic Drugs
Tier 2 Preferred Brand
Tier 3 Non-Preferred Drugs
Dispensing Limits

## In-Network

\$20
\$40
\$60
30 day supply max

## Out-of-Network

30% Reimbursement
30% Reimbursement
30% Reimbursement
30 day supply max

## Mail Order Pharmacy

### Available for maintenance drugs

Tier 1 Generic Drugs
Tier 2 Preferred Brand Drugs
Tier 3 Non-Preferred Drugs
Dispensing Limits <sup>2</sup>

## In-Network

\$40
\$80
\$120
90 day supply max

## Out-of-Network

Not covered
Not covered
Not covered
Not covered

## Drug Coverage

ACA Preventive Drugs <sup>3</sup>
Compound Medications
Contraceptives
Diabetic Supplies (i.e., test strips)
Glucometers (no copayment/coinsurance required at participating pharmacies)
Insulin
Insulin Needles and Syringes
Lancets (no copayment/coinsurance required at participating pharmacies)
Prescribed Tobacco Cessation Drugs (RX and OTC)
Weight Control Drugs
Allergy Serum
Blood, Blood Plasma
Drugs used for Cosmetic Purposes
Injectable Fertility Drugs
Investigational/Experimental Drugs
Non-Federal Legend Drugs
Over-The-Counter Drugs (Non-Prescription)

## In-Network

[illegible]

## Out-of-Network

[illegible]

<sup>1</sup> Benefits will be provided for Covered Drugs and medicines appearing on the Drug Formulary. To check the formulary status of a drug or view a copy of the most recent formulary, log onto [www.ibx.com](http://www.ibx.com).

<sup>2</sup> Up to a 90-day supply of drugs to treat chronic conditions available at any participating retail pharmacy or mail for same cost share.

3 Certain designated preventative medications will not be subject to any cost-sharing or deductibles, but will be subject to the terms and conditions of your benefits contract. Refer to your summary of benefits, member handbook, and/or benefit booklet to determine if your plan includes 100 percent coverage for in-network preventive services.

Ursinus College offers a vision program through VBA at no cost to employees.



Expert Solutions. Exceptional Service.

Visit [www.vbaplans.com](http://www.vbaplans.com)

**VBA #4675**

Effective 11.1.2021

\$25 Exam / \$0 Materials Copay

**FREQUENCY OF SERVICE:** Last Date of Service

DEPENDENT AGE: 26 (EOBY)

	<b>Employee</b>	<b>Spouse</b>	<b>Children</b>
Vision Exam	12 Months	12 Months	12 Months
Lenses	12 Months	12 Months	12 Months
Frames	24 Months	24 Months	24 Months

**BENEFITS:** Employee can select either:

	<b>VBA Participating Provider</b> Amount Covered/Benefit  (Less Copayment)*	<b>Non-Participating Provider</b> Amount Reimbursed (Zero Copayment)
<b>Vision Exam</b> (Glasses or Contacts)	100%	\$45
<b>Clear Standard Lenses</b> (Pair):		
Single Vision	100%	\$40
Bifocal	100%	\$60
Blended Bifocal	100%	\$60
Trifocal	100%	\$80
Progressives	Partially Covered <sup>A</sup>	\$80
Lenticular	100%	\$120
Polycarbonate	100%	N/A
Scratch Coat-1 Yr	100%	N/A
Photochromics	100%	N/A
Solid and/or Gradient Tints	100%	
<b>Frame</b>	\$40 Wholesale Allowance (approx. \$100 to \$120 retail)	\$70
<b>-OR-</b>		
<b>Elective Contacts</b> (in lieu of eyeglass benefits)		
Material Allowance	\$100 <sup>B</sup>	\$100
Fitting Fee	15% off UCR <sup>A</sup>	N/A
<b>-OR-</b>		
<b>Medically Necessary Contacts</b>	100% <sup>C</sup>	\$450
Low Vision Aids (Per 24 Months. No Lifetime Max)	\$650	\$650
<b>-AND-</b>		
Lasik Surgery (once every 8 years)	N/A	\$250
<sup>A</sup> Participation may vary by location. Check with your Provider for details. <sup>B</sup> The allowance is applied to all services/materials associated with contact lenses, including, but not limited to, contact fitting, dispensing, cost of the lenses, etc. No guarantee the allowance will cover the entire cost of services and materials. <sup>C</sup> Requires prior approval. May only be selected in lieu of all other material benefits listed herein. <sup>*</sup> A \$25 copayment is applied to the vision exam through a VBA Member Doctor only.		

# HEALTH SAVINGS ACCOUNT



## Provided by The Harrison Group

A savings account that allows you to set aside money on a pre-tax basis to pay for qualified medical expenses. HSAs are attached to a High Deductible Health Plan, such as the HDHP/HSA Base Plan.

### The Benefits of an HSA

#### Save on Taxes

- The money you contribute into your HSA is “pre-tax,” which lowers the amount of your income tax.
- When you spend the money on qualified expenses, you don’t pay any sales taxes.
- Your HSA grows over time by earning interest that is not taxed either.

#### The money in your HSA is always yours

- It does not expire. Unused money will roll over from year to year.
- You can take it with you to your next job or into retirement.

#### Lower your overall healthcare costs

- High Deductible Health Plans (HDHP) such as the HDHP/HSA Base Plan, usually have very affordable premiums. Since you need to have a HDHP attached to your HSA, this helps you save money every paycheck.
- Your HSA can help you with out-of-pocket expenses that your insurance does not cover, such as copays and expenses before you meet your deductible amount.

#### How Ursinus College helps

Ursinus College can help you build your HSA account. For the new plan year, employees electing the HDHP/HSA Base Plan will receive \$350 to your HSA account at the end of January. For new entrants into the plan, this amount is equivalent to \$29.17 per month and will be pro-rated based on the date of eligibility.

### Additional Guidelines

You cannot have an HSA if you have a HealthCare FSA or any other Medical plan that is not a qualified High Deductible Health Plan such as Medicare, TRICARE, etc.

The IRS decides what expenses are eligible for HSA spending. We recommend that you keep receipts and other documents in case of an IRS audit.

### HSA Annual Limits

- Individual Annual Limit: \$3,850\*
- Family Annual Limit: \$7,300\*
- Catch Up Contribution (available for enrollees age 55 and up): Extra \$1,000

\* These limits include the \$350 college contribution in January and the \$300 wellness contribution. Should an employee choose to contribute the max, please include the \$650 college contribution to ensure that your deductions do not exceed the annual limit.

### How To Enroll

Decide how much you want to put into your account for the entire year. This is your **annual election**. The HSA is funded through voluntary salary deferrals. Your annual election is divided equally into 12 paychecks for salaried employees and 24 for hourly employees, and those **deductions** will be pre-tax. You will need to enroll in the HDHP/HSA Base Plan to qualify for an HSA.

### Examples of Qualified Expenses (for more details please refer visit [www.theharrisingrouponline.com](http://www.theharrisingrouponline.com))

- |  |   |
|--|---|
| • Medical Plan Deductibles/Coinsurance | • Dental Plan Deductibles/Coinsurance         |
| • Dr. Office Visit Copays              | • Prescription Drugs                          |
| • Medical Provider & Hospital Copays   | • Eyeglasses, lenses, frames & Contact lenses |

# Health Reimbursement Account

Ursinus College will continue to use The Harrison Group as our “Health Reimbursement Arrangement” (HRA) administrator.

## What is a Health Reimbursement Arrangement (HRA)?

An HRA is an employer funded plan that pays for eligible expenses in coordination with our medical health plan, such as Independence Blue Cross (IBC).

Your HRA will reimburse expenses applied towards your In-Network deductible under Independence Blue Cross HDHP.

The deductible under Independence Blue Cross is \$2,500 for single and \$5,000 for employee with dependent coverage. You will be responsible for the FIRST \$1,250 for single coverage or \$2,500 for employees with dependent coverage. Your HRA will reimburse the SECOND \$1,250 for single coverage and \$2,500 for employees with dependent coverage.

Health Reimbursement Account (HRA)		
	Single	Family
Paid with HSA or out of Pocket	\$1,250	\$2,500
Paid with HRA	\$1,250	\$2,500
Total Deductible	\$2,500	\$5,000

To activate the HRA you must send the Activation form and a copy of your IBC Explanation of Benefits (EOB) showing that you have reached the first portion of your deductible.

The HRA plan runs on a calendar year (11/1/2022 – 10/31/2023).

You will receive a smart card that works for both the HRA and HSA

Visit The Harrison Group Employee Center Website for 24 hour access to:

- Eligibility
- Schedule of Benefits
- Claims

[www.theharrisongrouponline.com](http://www.theharrisongrouponline.com)

## HRA Claim Submission:

Email: [service@theharrisongrouponline.com](mailto:service@theharrisongrouponline.com)

Phone: 610-853-9075

Fax: 610-853-9079

Mail: The Harrison Group- 3 Raymond Drive, Suite 201

Havertown, PA 19083



THE HARRISON GROUP, INC.

# Flexible Spending Account (The Harrison Group)

## What is a Flexible Spending Account (FSA)?

Flexible Spending Accounts (FSA) allow you to pay for certain medical and/or dependent care expenses with pre-tax dollars. Pre-tax deductions are generally withheld before Federal, State, Local and FICA or Medicare taxes are assessed on this income. You can save about \$30.00 for every \$100.00 you elect to defer.

## MEDICAL FLEXIBLE SPENDING ACCOUNT

Helps you pay for health care expenses not covered or only partially covered by your health, dental or vision insurance. This account can be used to pay expenses for you or any of your qualified dependents. Funds in the account are available on the first day of the plan year or your effective date. *You are eligible for the FSA if enrolled in PPO Buy Up or if you have opted out of medical*

## DEPENDENT CARE FLEXIBLE SPENDING ACCOUNT

Helps you pay for certain dependent care expenses allowing you and your spouse (if applicable) to work. Childcare expenses are eligible for children through age 12. Disabled or elder daycare expenses are eligible, regardless of age.

	EXAMPLES OF ELIGIBLE EXPENSES	CONTRIBUTION LIMITS	ACCESS TO FUNDS
Healthcare FSA	<ul style="list-style-type: none"><li>• Medical Plan Deductibles/Coinsurance</li><li>• Dr. Office Visit Copays</li><li>• Medical Provider &amp; Hospital Copays</li><li>• Durable Medical Equipment</li><li>• Insulin &amp; Diabetic Supplies</li><li>• Over the Counter Drugs</li><li>• Dental Plan Deductibles/Coinsurance</li><li>• Prescription Drugs</li><li>• Eyeglasses, lenses, frames &amp; Contact lenses</li><li>• Denture adhesives</li><li>• Ear supplies (e.g. ear plugs)</li><li>• First aid supplies (e.g. band-aids)</li><li>• Health monitors</li></ul>	<b>2023 Maximum contribution is \$2,375 per year (this is due to a short plan year for 2023. The 2023 plan year is from January 1st thru October 31, 2023)</b>	Allows immediate access to the entire contribution amount from the 1st day of the benefit year, before all scheduled contributions have been made.
Dependent Care FSA	<ul style="list-style-type: none"><li>• Before-and after-school programs</li><li>• Nursery school or pre-school tuition</li><li>• Summer day camp</li><li>• Care in a home by a licensed provider</li></ul>	<b>Maximum contribution is \$4166.67 per yr (\$2083.34 if married and filing separately)</b>	Funds are only available once they are deducted from the employee's payroll and deposited into their account.

## Dental Insurance

### The College is offering 2 plans through Metlife

#### Plan 1: Dental Base Plan

Deductible:

Single: \$25

Family: \$50

Monthly Employee Cost:

Employee: \$9.34

Employee + 1: \$33.15

Family: \$66.69

#### Plan 2: Dental Buy-Up Plan

Out of Network Deductible:

Single: \$25

Family: \$50

Monthly Employee Cost:

Employee: \$45.76

Employee + 1: \$115.02

Family: \$188.51



The next page provide detailed summaries of the 2 plans being offered through Metlife.

## MetLife DENTAL

Ursinus offer two dental plans: a Base PPO plan that covers preventative and basic procedures, and a Buy Up PPO plan. Both plans are offered by MetLife.

Good oral hygiene is important, not only for looks, but for general health as well. A routine dental examination can detect symptoms of more than 125 diseases, including heart disease, diabetes, anemia, stomach ulcers, osteoporosis and kidney disease. Regular check ups and cleanings can save you the pain and expense of future problems. Dental insurance will keep these visits affordable and is a cost-effective way to minimize health care costs for you and your family.

Under these plans, you may obtain covered services from any dentist. However, employees who use dentists or dental specialists that participate in the MetLife network will, in most cases, see reduced or eliminated out-of-pocket expenses.

DENTAL BASE PLAN	IN NETWORK	OUT OF NETWORK	Monthly Employee Contributions	
Annual Deductible	\$50 Single \$150 Family	\$50 Single \$150 Family	Employee only Employee + 1 Family	\$9.34 \$33.15 \$66.69
Calendar Year Maximum	\$750 per person	\$750 per person		
Preventive Services	100%	100%		
Basic Services	50%	50%		
Major Services	Available at discounted rate			



### Monthly Employee Contributions

Employee only	\$45.76
Employee + 1	\$115.02
Family	\$188.51

DENTAL BUY UP PLAN	IN NETWORK	OUT OF NETWORK
Annual Deductible	\$0 Single \$0 Family	\$25 Single \$75 Family
Calendar Year Maximum	\$1,750 per person	\$1,750 per person
Preventive Services	100%	100%
Basic Services	100%	80%
Major Services	60%	50%

# METLIFE VISION

Ursinus College offers a voluntary vision program through MetLife.

## Monthly Employee Contributions

Employee only	\$8.37
Employee + 1	\$12.71
Family	\$22.30



BENEFIT	IN NETWORK	OUT OF NETWORK	FREQUENCY
Eye Examination	Covered after a \$10	Covered up to \$45	12 Months
<b>Materials/Eyewear</b> (either glasses or contacts allowed per frequency)	\$25 copay	Not applicable	Not applicable
<b>Standard Corrective Lenses</b> Single Lined Bifocal Lined Trifocal Lenticular	Covered after eyewear copay	Covered up to: \$30 allowance \$50 allowance \$65 allowance \$100 allowance	12 months
<b>Standard Lens Options</b> Ultraviolet coating Polycarbonate (Child)  Progressive Polycarbonate (Adult) Scratch Resistant Coating Tints Anti reflective Coating	Covered after eyewear copay    These lens options are available with "not to exceed" pricing/maximum copay.	Applied to the allowance for applicable corrective lenses   \$50 allowance (Applied to the allowance for the applicable corrective lenses)	12 months
<b>Frame Allowance</b>  20% off the additional amount when patients choose a frame that	Covered up to \$150 after eyewear copay	Applied to allowance for contact lenses	24 months
<b>Contact Lenses</b>  Contact Fitting & Evaluation  Elective Lenses  Necessary	Standard or Premium fit covered in full with a copay not to exceed \$60  Covered under \$150 allowance Covered after eyewear	Applied to allowance for contact lenses  Covered up to \$105 allowance Covered up to \$210 allowance	12 months



## LIFE AND DISABILITY INSURANCE

For the 2023 plan year MetLife will be administering Ursinus College's Group Life, AD&D, Voluntary Life, Voluntary AD&D and Disability Plans.

### Basic Life Insurance and Accidental Death & Dismemberment Insurance (AD&D) -- Paid in full by College

- Life insurance coverage provides important supplemental financial protection for your family in the event of your death.
- AD&D insurance coverage provides important financial protection in the event of death or injury caused by an accident.
- The benefit is equal to 1x your base salary up to \$250,000.

### Voluntary Basic Life Insurance and Accidental Death & Dismemberment Insurance (AD&D) -- Supplemental coverage paid in full by employee

- Additional Life Insurance and Accidental Death & Dismemberment Insurance for both yourself and your dependents and is available for purchase paid fully by YOU the employee via payroll deductions
- All enrollments require *Evidence of Insurability*. Benefits are available in the below increments:
  - Yourself: \$10k increments up to a maximum of \$500k or 5x salary.
  - Your Spouse: \$5k increments up to a maximum of \$100k, not to exceed 50% of YOUR amount.
  - Your Child(ren): available in flat amounts of \$1,000, \$2,000, \$4,000, \$5,000 or \$10,000.

### Short Term Disability

- Short term disability provides continuation of your salary if you cannot work due to an injury or illness.
- This policy provides full pay during the first 8 weeks of the approved leave, then 1 week of full pay for each year of full time service, and followed by 60% of full pay for the remaining weeks.
- This leave is to assist employees through the 90-day waiting period required under the Long-Term Disability plan.

### Long Term Disability

- Long term disability coverage will replace a portion of your income if you are injured or ill and cannot work due to a disability longer than 90 days.
- The plan allows for 60% of your monthly earnings to a maximum of \$10,000.

## Professional support and guidance for everyday life

Life doesn't always go as planned. And while you can't always avoid the twists and turns, you can get help to keep moving forward.

We can help you and your family, those living at home, get professional support and guidance to make life a little easier. Our Employee Assistance Program (EAP) is available to you in addition to the benefits provided with your MetLife insurance coverage. This program provides you with easy-to-use services to help with the everyday challenges of life — at no additional cost to you.



When you need some support,  
we're here to help.



Phone

1-888-319-7819



Web

[metlifeeap.lifeworks.com](https://metlifeeap.lifeworks.com)  
user name: **metlifeeap**  
and password: **eap**



Mobile App

user name: **metlifeeap**  
and password: **eap**

### Expert advice for work, life, and your well-being

The program's experienced counselors provided through LifeWorks — one of the nation's premier providers of Employee Assistance Program services — can talk to you about anything going on in your life, including:

- **Family:** Going through a divorce, caring for an elderly family member, returning to work after having a baby
- **Work:** Job relocation, building relationships with co-workers and managers, navigating through reorganization
- **Money:** Budgeting, financial guidance, retirement planning, buying or selling a home, tax issues
- **Legal Services:** Issues relating to civil, personal and family law, financial matters, real estate and estate planning
- **Identity Theft Recovery:** ID theft prevention tips and help from a financial counselor if you are victimized
- **Health:** Coping with anxiety or depression, getting the proper amount of sleep, how to kick a bad habit like smoking
- **Everyday Life:** Moving and adjusting to a new community, grieving over the loss of a loved one, military family matters, training a new pet

### Convenient and confidential help when you want it, how you want it

Your program includes up to 5 phone or video consultations with licensed counselors for you and your eligible household members, per issue, per calendar year. You can call **1-888-319-7819** to speak with a counselor or schedule an appointment, 24/7/365.

When you call, just select "Employee Assistance Program" when prompted. You'll immediately be connected to a counselor.

If you're simply looking for information, the program offers easy to use educational tools and resources, online and through a mobile app. There is a chat feature so you can talk with a consultant to guide you to the information you are looking for or help you schedule an appointment with a counselor.

Log on to [metlifeeap.lifeworks.com](https://metlifeeap.lifeworks.com), user name: **metlifeeap** and password: **eap**

Navigating life together

## Changes Throughout the Year

After the enrollment deadline has passed, you may not make changes to your benefit enrollments unless you experience a qualifying life event (QLE), such as:

- ◇ Marriage
- ◇ Divorce
- ◇ Childbirth
- ◇ Adoption or placement for adoption
- ◇ Your spouse obtaining new coverage or losing coverage
- ◇ Loss of coverage on another plan

If you experience a qualifying life event, you have 31 days from the life event date to make changes to your coverage. For more information on qualifying life events, contact Human Resources.

## SPECIAL ENROLLMENT RIGHTS

The Health Insurance Portability and Accountability Act (HIPAA) of 1996 provides the following special enrollment rights. If you do not enroll in medical coverage for yourself and your dependents because of access to or coverage under other health insurance coverage, you may be able to enroll yourself or your dependents in this program after your coverage ends, as long as you request enrollment within 31 days. You will need to provide proof that your other coverage has ended.

In addition, if you have a new dependent as a result of marriage, birth, adoption, or placement for adoption, you may be able to enroll yourself or your dependents as long as you request enrollment within 31 days after marriage, birth, adoption or placement for adoption. Documentation of the life event is required.

In addition, if either (1) you or your dependent loses eligibility for Medicaid or CHIP coverage, or (2) you or your dependent becomes eligible for a premium assistance subsidy under Medicaid or CHIP, you or your dependent may be able to enroll in this Plan. You must request enrollment within 60 days after the Medicaid or CHIP coverage terminates or after eligibility for the subsidy is determined.

## Ursinus College 403b Retirement Plan



### **DEFINED CONTRIBUTION PLAN**

This program is mandatory for all full-time employees, age 18 or older, upon hire. Full-time employees are those employed on a regular basis who are hired to work a full daily schedule each week (35 hours or more). The eligible employee contributes a minimum of 4% of his/her base salary. The College contributes 7% of the same salary base.

### **TAX-DEFERRED ANNUITY PLAN**

All employees of the college (full-time and part-time) may participate in a tax deferral arrangement authorized in Section 403(b).

Available through our tax-deferred annuity plan, Voluntary Retirement Contracts provide the opportunity for all employees to make contributions to a retirement plan on a pre-tax basis through TIAA-CREF. There is neither a minimum age requirement nor any waiting period to join. The College makes no contribution to this plan. Contributions made to the Retirement Contract Plus Plans are not a substitute for participation in the regular defined contribution retirement plan when one qualifies for that Plan.

### **Contributions for the 2023 calendar year:**

The voluntary individual maximum permitted by law is \$22,500. Catch-Up Contributions: For employees who have attained age 50 or over anytime during the calendar year of this agreement, may elect to contribute up to an additional \$7,500.

Contact TIAA Support

Call [800-842-2252](tel:800-842-2252) to talk about retirement

Available Every Weekday From 8 A.M. To 10 P.M. (Et)

## Emeriti Program

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### Record Keeper -- TIAA CREF

#### How Does the Plan Work?

Ursinus College offers a comprehensive retirement health benefit, known as Emeriti. Emeriti assists with paying for any qualifying out-of-pocket medical expenses, tax-free, upon retirement. This is a separate contribution from TIAA.

This is a mandatory program where employees, aged 40 and over, will automatically be enrolled. A \$50 dollar/month deduction will appear in their paycheck as a contribution towards their VEBA account. In addition, the college will match the employee's contribution 100%, making a total contribution of \$100 per month in the employee's VEBA account.

#### Ursinus will cease deductions under the following circumstances

- The Date the institution has made 25 years of contributions to your account
- The date you cease employment.
- The date of passing during employment.

#### Contact TIAA Support

Call 800-842-2252 to talk about retirement

Available Every Weekday from 8 am to 10 pm (ET)

### New U Ursinus Wellness Program

Ursinus continues to enhance our wellness initiatives, with the guidance of NEWU. We encourage our employees to commit to become wellness participants. By electing to be a wellness participant, each employee will receive an additional \$300. If enrolled in the HDHP, the \$300 will be deposited in your HSA or if you are enrolled in the PPO Buy Up plan, as a payroll contribution.

If you satisfy the wellness requirements by June 4th, you will receive your \$300 contribution at the end of June 2023.

If you do not satisfy your requirements by December 3rd, 2023 you will not receive the additional \$300.

Wellness participants will have the responsibility to report completion of four wellness requirements:

- 
1. Complete a Health Risk Assessment with IBC via [www.ibxpress.com](http://www.ibxpress.com) by March 31st, 2023.
  2. Receive one preventative service; examples include: routine exam, routine blood work, mammogram, colonoscopy.
  3. Receive a dental screening/cleaning or annual vision screening.
  4. Participate in wellness activities throughout the year sponsored by NEW U or individual activities.

You must earn a total of five (5) wellness points in at least two categories: nutrition, stress management, fitness, & wellness education.



## Ursinus College Employee Support Options

### Employee Support

Today at Ursinus there are many tools that are at your fingertips to support you and your family as you manage your personal healthcare. These resources include:

PAISBOA Customer Support

Wellness Rewards

Health Coaches

Diabetes Management

Telemedicine

The following pages explain these incidental benefits that may help you down the road.





# Independence Blue Cross Customer Service

for PAISBOA HBT members

We believe getting answers to your health plan questions should be as simple as calling a trusted friend. That's why we're pleased to offer you access to a team of dedicated Customer Service Representatives who are there to help you, whether it's a question about your PAISBOA HBT benefits, support with a claim, or guidance using an online tool.

**Your dedicated Customer Service Team includes experienced representatives trained in PAISBOA HBT benefits who provide:**

- Personalized support for your PAISBOA HBT health plan, such as help finding in-network doctors and the most cost-effective site of care
- Support with an inquiry or issue related to benefits, eligibility, and claims
- Follow-up and outreach on unresolved issues to ensure resolution

To speak with your Independence dedicated Customer Service Representative, call **1-833-444-BLUE**.

Your representative is available  
**Monday - Friday, 8 a.m. – 9 p.m.**

- Coordination with your dedicated Independence Registered Nurse Health Coaches, who can provide one-on-one personalized support to help you:
  - Better understand your diagnosis.
  - Learn about your condition.
  - Actively manage your health.
  - Adhere to your medications.
  - Address everyday health concerns.

Independence Blue Cross offers products through its subsidiaries Independence Hospital Indemnity Plan, Keystone Health Plan East and QCC Insurance Company, and with Highmark Blue Shield — independent licensees of the Blue Cross and Blue Shield Association.



Achieve  
Well-being

# Get rewarded for your healthy choices



As a PAISBOA HBT member, you can earn \$200 in gift cards just by completing five healthy actions! Log in at [ibx.com](https://ibx.com) to start earning your Achieve Well-being rewards.

With Achieve Well-being, you can bring healthy habits within reach. This online program offers a personalized set of well-being tools and resources to help you achieve what's important to you in a way that's simple, easy, and fun. And as a PAISBOA HBT member, you'll get rewarded!

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**Log in today at [ibx.com](https://ibx.com) to start earning!**

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You'll earn \$200 in gift cards when you complete all the following activities:

- Visit your primary care physician for an annual check-up.
- Complete an age- and gender-appropriate screening.
- Complete your Well-being Profile (takes about 15 minutes).
- Complete at least one online well-being program. Visit the [Member Flyers](#) page on the microsite for the Achieve Well-being Rewards Step-by-step Guide.
- Opt in to receive IBX Wire messages, and you'll get important plan notifications, health screening reminders, and information about your rewards progress. Simply text **IBX Wire** to **73529**.

After completing all five activities, you'll earn \$200 in gift cards. You may redeem your reward once per plan year (now through October 31, 2022).\*

\*IRS rules require that the gift card(s) be reported as income.

Achieve  
Well-being

# Make the call. Take the call.

Talk to your dedicated Registered Nurse  
Health Coach to help you navigate your  
health journey.



## What is a Health Coach?

Independence Blue Cross Health Coaches are registered nurses who can answer your questions and help you make informed decisions about your health.

There are several ways your dedicated Health Coaches can help you, including:

- Managing a chronic condition or serious illness
- Addressing everyday health concerns
- Making lifestyle choices that can reduce your health risks
- Preparing for doctor visits, planned procedures, and hospital admissions

They may contact you, or you can call them anytime.

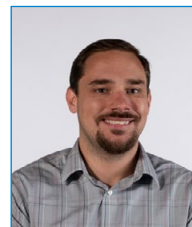
Stay on top of personal health information, screening reminders, health tips, and more!  
Visit [ibx.com/getconnected](https://ibx.com/getconnected) or text **IBX** to **73529** to sign up.†

Talk to an available Health Coach 24/7  
at **1-844-IBX-CARE**  
**(1-844-429-2273) (TTY: 711)\***

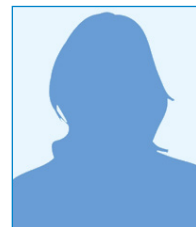
## Your dedicated Health Coaches



**George Barrett,**  
**BSN, RN**  
215-241-3079\*



**John Kirn,**  
**BSN, RN**  
215-241-0155\*



**Barbara Schlager,**  
**BSN, RN**  
215-241-7803\*



Independence Blue Cross offers products through its subsidiaries Independence Hospital Indemnity Plan, Keystone Health Plan East and QCC Insurance Company, and with Highmark Blue Shield — independent licensees of the Blue Cross and Blue Shield Association.

\*This is a free and confidential service.

†Standard message and data rates may apply. Text STOP to stop and HELP for help. Terms and Conditions available at [myhelpsite.net/ibx](https://myhelpsite.net/ibx). Notification messages within IBX Wire™ are sent via automated SMS. Enrollment in IBX Wire™ is not a requirement to purchase goods and services from IBX.

This plan complies with applicable Federal civil rights laws and does not discriminate on the basis of race, color, national origin, age, disability, or sex.

Spanish: ATENCIÓN: Si habla español, cuenta con servicios de asistencia en idiomas disponibles de forma gratuita para usted. Llame al 1-800-275-2583 (TTY: 711).

Chinese: 注意: 如果您讲中文, 您可以得到免费的语言协助服务。请致电 1-800-275-2583。

**Independence**

# Modern Diabetes Management, At No Cost to You

cost to you

Livongo helps you stay on top of your health. It comes with an advanced meter, unlimited strips and lancets, and on-demand coaching.

## PROGRAM BENEFITS

- ✓ An advanced blood glucose meter
- ✓ Unlimited strips and lancets
- ✓ Personalized insights
- ✓ One-on-one coaching
- ✓ Guidance on healthy habits



## GET STARTED



Text **"GO HBT"** to **85240** to learn more & join

You can also join by visiting [join.livongo.com/HBT/register](https://join.livongo.com/HBT/register) or call **1-800-945-4355 (TTY/TTD: 711)** available 24 hours a day, seven days a week and use registration code: **HBT**

You have access to this program at no cost through your Independence Blue Cross (Independence) health plan.

Las comunicaciones del programa Livongo están disponibles en español. Al inscribirse, podrá configurar el idioma que prefiera para las comunicaciones provenientes del medidor y del programa. Para inscribirse en español, llame al (800) 945-4355 (TTY/TDD: 711) disponible las 24 horas del día, los 7 días de la semana o visite [bienvenido.livongo.com/HBT](https://bienvenido.livongo.com/HBT).

Once you enroll in Livongo Diabetes, you are entitled to automatically participate for a minimum of four (4) months. During your participation in the program, you will receive an Explanation of Benefits (EOB) even if you do not access services.



# Support and Resources

## **PAISBOA HEALTH BENEFIT TRUST**

PAISBOA Health Benefit Trust Helpline – **888-984-1186**

## **INDEPENDENCE BLUE CROSS**

PAISBOA Health Benefit Trust Dedicated Customer Service Team – **833-444-BLUE**

PAISBOA Health Benefit Trust microsite – **[www.ibx.com/paisboa](http://www.ibx.com/paisboa)**

IBX member portal – **[www.ibxpress.com](http://www.ibxpress.com)**

## **DOCTOR ON DEMAND**

Customer Support – **800-997-6196**

Member portal – **[www.doctorondemand.com](http://www.doctorondemand.com)**

## **VBA**

Customer Support – **800-432-4966**

VBA member portal – **[www.vbaplans.com](http://www.vbaplans.com)**



# Notices

## **HIPAA INFORMATION NOTICE OF PRIVACY PRACTICES**

In compliance with the Health Insurance Portability and Accountability Act of 1996 (HIPAA), your employer recognizes your right to privacy in matters related to the disclosure of health-related information. The Notice of Privacy Practices (provided to you upon your enrollment in the health plan) details the steps your employer has taken to assure your privacy is protected. The Notice also explains your rights under HIPAA. A copy of this Notice is available to you at any time, free of charge, by request through your Human Resources Department.

## **SPECIAL ENROLLMENT RIGHTS**

If you have previously declined enrollment for yourself or your dependents (including your spouse) because of other health insurance coverage, you may in the future be able to enroll yourself or your dependents in this plan, provided that you request enrollment within 30 days after your other coverage ends. In addition, if you have a new dependent as a result of marriage, birth, adoption, or placement of adoption, you may be able to enroll yourself and your dependents, provided that you request enrollment within 30 days after the marriage, birth, adoption, or placement for adoption.

## **MEDICAID & THE CHILDREN'S HEALTH INSURANCE PROGRAM (CHIP)**

If you or your children are eligible for Medicaid or CHIP and you're eligible for health coverage from your employer, your state may have a premium assistance program that can help pay for coverage, using funds from their Medicaid or CHIP programs. If you or your children aren't eligible for Medicaid or CHIP, you won't be eligible for these premium assistance programs but you may be able to buy individual insurance coverage through the Health Insurance Marketplace. For more information, visit [www.healthcare.gov](http://www.healthcare.gov).

If you or your dependents are NOT currently enrolled in Medicaid or CHIP, and you think you or any of your dependents might be eligible for either of these programs, contact your State Medicaid or CHIP office or dial 1-877-KIDS NOW or [www.insurekidsnow.gov](http://www.insurekidsnow.gov) to find out how to apply. If you qualify, ask your state if it has a program that might help you pay the premiums for an employer-sponsored plan. If you or your dependents are eligible for premium assistance under Medicaid or CHIP, as well as eligible under your employer plan, your employer must allow you to enroll in your employer plan if you aren't already enrolled. This is called a "special enrollment" opportunity, and you must request coverage within 60 days of being determined eligible for premium assistance. If you have questions about enrolling in your employer plan, contact the Department of Labor at [www.askebsa.dol.gov](http://www.askebsa.dol.gov) or call 1-866-444-EBSA (3272).

### **PENNSYLVANIA**

<https://www.chipcoverspakids.com>  
Phone: 1-800-692-7462

### **NEW JERSEY**

CHIP Website: <http://www.njfamilycare.org/index.html>  
CHIP Phone: 1-800-701-0710

## **MICHELLE'S LAW**

Michelle's Law permits seriously ill or injured college students to continue coverage under a group health plan when they must leave school on a full-time basis due to their injury or illness and would otherwise lose coverage. The continuation of coverage applies to a dependent child's leave of absence from (or other change in enrollment) a postsecondary educational institution (college or university) because of a serious illness or injury, while covered under a health plan. This would otherwise cause the child to lose dependent status under the terms of the plan. Coverage will be continued until:

- One year from the start of the medically necessary leave of absence, or
- The date on which the coverage would otherwise terminate under the terms of the health plan; whichever is earlier.

## **WOMEN'S HEALTH AND CANCER RIGHTS ACT**

The Women's Health and Cancer Rights Act requires that all medical plans cover breast reconstruction following a mastectomy. Under this law, if an individual who has had a mastectomy elects to have breast reconstruction, the medical plan must provide the following coverage as determined in consultation with the attending physician and the patient:

- Reconstruction of the breast on which the mastectomy has been performed;
- Surgery and reconstruction of the other breast to produce a symmetrical appearance; and
- Prostheses and physical complications at all stages of the mastectomy, including lymphedemas

Benefits received for the above coverage will be subject to any deductibles and coinsurance amounts required under the medical plan for similar services. The Act prohibits any group health plan from denying a participant or a eligible beneficiary to enroll or renew coverage under the plan in order to avoid the requirements of the Act.

## **GENETIC INFORMATION NON-DISCRIMINATION ACT (GINA)**

GINA broadly prohibits covered employers from discriminating against an employee, individual, or member because of the employee's "genetic information," which is broadly defined in GINA to mean (1) genetic tests of the individual, (2) genetic tests of family members of the individual, and (3) the manifestation of a disease or disorder in family members of such individual. GINA also prohibits employers from requesting, requiring, or purchasing an employee's genetic information. This prohibition does not extend to information that is requested or required to comply with the certification requirements of family and medical leave laws, or to information inadvertently obtained through lawful inquiries under, for example, the Americans with Disabilities Act, provided the employer does not use the information in any discriminatory manner. In the event a covered employer lawfully (or inadvertently) acquires genetic information, the information must be kept in a separate file and treated as a confidential medical record, and may be disclosed to third parties only in very limited circumstances.

## **NEWBORNS' ACT**

Group health plans and health insurance issuers generally may not, under federal law, restrict benefits for any hospital length of stay in connection with childbirth for the mother or newborn child to less than 48 hours following a vaginal delivery or less than 96 hours following a cesarean section. However, federal law generally does not prohibit the mother's or newborn's attending provider, after consulting with the mother, from discharging the mother or her newborn earlier than 48 hours (or 96 hours, as applicable). In any case, plans and issuers may not, under federal law, require that a provider obtain authorization from the plan or the issuer for prescribing a length of stay not in excess of 48 (or 96) hours.