2022 Benefit Open Enrollment
Agenda

✓ Open Enrollment Overview
✓ Medical & Prescription Drug Coverage
✓ Flexible Spending Accounts
✓ Dental & Vision
✓ Life, Disability and Paid Family Leave
✓ AFLAC Cancer
✓ Completing Your Enrollment
Open Enrollment

- Open Enrollment is Monday November 1 – Friday November 12
- Enrollments effective January 1, 2022
- Only time of the year to:
  - ✓ Enroll in or Change Plans
  - ✓ (Re) Enroll in the FSA Plans
  - ✓ Add or Remove Dependents

Changes during the year are limited to qualifying events and a 30-day window
Medical and Prescription Benefits

Medical Coverage - Excellus BlueCross BlueShield PPO

- Visit any provider without a referral.
- Primary Care Physician not required.
- In & Out-of-Network Benefits.
- Access to the BlueCard’s worldwide network.
- Dependents covered to age 26.
- Preventative Services Covered in Full...
  - Well-Child Care
  - Adult Physical (One/Calendar Year)
  - Screening Mammography, Pap Tests

Note: Excellus will be providing new ID cards for those enrolled for 1/1/2022
## Plan Overview

<table>
<thead>
<tr>
<th>Service</th>
<th>In-Network</th>
<th>Out-of-Network</th>
</tr>
</thead>
<tbody>
<tr>
<td>Deductible &amp; Coinsurance</td>
<td>$0 Deductible 20% Coinsurance</td>
<td>$750 / $2,250 30%</td>
</tr>
<tr>
<td>Out-of-Pocket Max</td>
<td>$1,550 / $3,100 Medical $2,000 / $4,000 Pharmacy</td>
<td>$1,925/$5,600 (O-O-N Ded/Coin Only) N/A for Pharmacy</td>
</tr>
<tr>
<td>PCP &amp; Specialist</td>
<td>20% Coinsurance</td>
<td>Ded &amp; Coinsurance</td>
</tr>
<tr>
<td>Tele-Medicine (MD Live)</td>
<td>$0 Copay</td>
<td>N/A</td>
</tr>
<tr>
<td>Urgent Care &amp; Emer. Rm</td>
<td>20% Coinsurance</td>
<td>Ded &amp; Coin. / 20% Coinsurance</td>
</tr>
<tr>
<td>Inpatient &amp; Outpatient</td>
<td>20% Coinsurance</td>
<td>Ded &amp; Coinsurance</td>
</tr>
<tr>
<td>Maternity</td>
<td>20% to $600 cap for Hospital $0 Physician &amp; Labs/Radiology</td>
<td>Ded &amp; Coinsurance</td>
</tr>
<tr>
<td>Invitro Fertilization (IVF)</td>
<td>20% Coinsurance Lifetime limit of 3 cycles</td>
<td>Ded &amp; Coinsurance Lifetime limit of 3 cycles</td>
</tr>
<tr>
<td>Durable Medical Equip.</td>
<td>20% Coinsurance</td>
<td>Ded &amp; Coinsurance</td>
</tr>
<tr>
<td>Vision</td>
<td>Routine Exam $40 Copay Annually</td>
<td>Ded &amp; Coinsurance</td>
</tr>
<tr>
<td>Prescription Drug</td>
<td>$10/$30/$50 Copay $0 Generics, Kids &lt;19</td>
<td>No Coverage</td>
</tr>
<tr>
<td>Mail Order Drug</td>
<td>$20/$60/$100 Copay</td>
<td>No Coverage</td>
</tr>
</tbody>
</table>
Prescription Drug Details

Formulary is the list of medications covered by the plan. Updated twice per year based on latest research & clinical evidence. Copays are determined by the Tier:

**Generics**
Safe, effective & have the same active ingredients as a brand name medication, but cost an average of 85% less (brands with expired patents)

**Preferred**
Lower cost or more clinically effective than non-preferred or excluded

**Non-Preferred**
Highest cost or medications with clinical alternatives

**Specialty**
High complexity medications purchased through a specialty pharmacy

**Excluded**
Medications with clinical alternatives or generics that are not covered by the plan. Members must choose an alternative therapy.

Members impacted by January 1 changes will received letters directly from OptumRx. Speak with your physician to avoid any interruptions in treatment.
Prescription Drug Details

Per the Formulary, medications may require treatment protocols including:

**Quantity Limits** – for safety & cost reasons, the plan limits the amount of drugs they cover over a certain period.

**Prior Authorization** – to be sure that medications are prescribed and used correctly, before the plan will cover a particular drug, your doctor or your prescriber must first show that you have a medically necessary need for that drug and/or have met the requirements for the drug.

**Step Therapy** – you must first try a less expensive drug on the formulary that has been proven effective for most people with your condition before you can move up a “step” to a more expensive drug. However, if you have already tried the more affordable drug and it didn’t work or if your prescriber believes that it is medically necessary for you to be on a more expensive drug, they can contact the plan to request an exception.

**Specialty Prescriptions** - Fill through OptumRx Specialty only. Specialty prescriptions are not eligible for 90 day mail order.
OptumRx Prescription Coverage

Helpful Hints
• Covid-19 & Flu Vaccines in the Pharmacy – No Member Copay – Use your OptumRx card
• Traveling Overseas – Plan ahead with script & prior authorization
• Diabetics – free meters available through OptumRx Diabetes Management program
• Colgate’s health and prescription drug providers, Excellus and OptumRx, cover some COVID-19 testing.
  • Excellus provides coverage when a physician orders the test and deems it medically necessary.
  • Testing is also offered at some pharmacy locations without an order from a physician. There is no out-of-pocket expense to the member if the pharmacy submits the claim directly to OptumRx; otherwise, it is the member’s responsibility

Home Delivery
• Savings of 33%, 2 Copays for a 90 day supply (except for Specialty Prescriptions)
• Convenience of Auto Refill & Auto Renewal

New home delivery service requires a minimum 90 day script from your doctor
Provide home delivery pharmacy with...
✓ Scripts (or have your doctor send them directly)
✓ Payment Method (may use the flex spending card)
✓ Mailing Address
Telemedicine Program

Another alternative to receive care. Visit the doctor right from your home, office or on the go for non-emergency medical conditions.

Physicians diagnose your symptoms, prescribe medications (when appropriate) & send the prescription to your nearest pharmacy

Helpful hints when to use telemedicine (24/7/365):
- Primary care doctor is not available
- Instead of going to the ER or urgent care (for a non-emergency)
- If traveling and in need of medical care

A list of common conditions treated:

- Allergies
- Asthma
- Bronchitis
- Cold & Flu
- Diarrhea
- Ear Infections
- Fever
- Headache
- Infections
- Insect Bites
- Joint Aches
- Rashes
- Sinus Infections
- Skin Infections
- Sore Throat

ExcellusBCBS.com/Telemedicine or 1-866-692-5045

$0 Copay
Telemedicine – Behavioral Health

Excellus BCBS expanded the MDLIVE program to offer behavioral health telemedicine effective January 1, 2019

Behavioral health telemedicine helps to remove common barriers and makes it easy to connect with the care you may need:

1. Convenient, confidential therapy sessions from your home, office or on the go
2. Wait times are 3-4x shorter than traditional in-person appointments
3. Therapists are available on your schedule, including nights and weekends
4. Option to schedule recurring appointments with one provider
5. Consultations can be done through phone only or video through MDLIVE’s HIPAA compliant and secure portal
Register for Telemedicine

Affordable  •  On-Demand  •  Virtual Health Care

Don’t wait until you need it. Here are some easy ways to activate telemedicine today.

WEB: Register/Log in at ExcellusBCBS.com/Member
APP: Download the MDLIVE app
TEXT: Text EXCELLUS to 635483
VOICE: Call 1-866-692-5045
Sample Deduction Changes...

- Contributions for dependent coverages are based on the employee’s salary
- Minimal increase to Employee only coverage
- Dependent subsidy paid by Colgate University increased for 2022
- Workbook provided to enter salary & enrollment tier to see the actual cost for 2022
# Delta Dental

**Deductibles**
- $25 Annual Individual Deductible
- $50 Annual Family Deductible
- $1,500 Per Person Per Calendar Year Maximum

**Preventive (Type 1)**
- 100%*

**Basic (Type 2)**
- 80%*
- Restorations (fillings)
- Extractions
- Oral Surgery
- Endodontics / Root Canals
- Periodontics

**Major (Type 3)**
- 50%*
- Inlays & Onlays
- Gold Restorations
- Crowns
- Prosthetic Services
- Dentures and Bridges
- Prosthodontics

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Use any dentist! Delta PPO & Premier Providers accept max plan allowances. Out-of-network providers may balance bill charges above MPA.

**Dependents to Age 26**

No 2022 Deduction Changes or Plan Changes

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<table>
<thead>
<tr>
<th>Tier</th>
<th>Monthly (12/Year)</th>
<th>Biweekly (24/Year)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Single</td>
<td>$0.00</td>
<td>$0.00</td>
</tr>
<tr>
<td>You &amp; Spouse/Partner</td>
<td>$44.06</td>
<td>$22.03</td>
</tr>
<tr>
<td>You &amp; Child(ren)</td>
<td>$40.12</td>
<td>$20.06</td>
</tr>
<tr>
<td>You &amp; Family</td>
<td>$63.58</td>
<td>$31.79</td>
</tr>
<tr>
<td>Colgate Couple &amp; Child(ren)</td>
<td>$23.50</td>
<td>$11.75</td>
</tr>
</tbody>
</table>
Guardian Vision

Network of Providers through VSP

Find providers at www.vsp.com
Under the Providers Tab: Choose “Find a Vision Provider”
✓ Select Your Vision Plan: VSP
✓ Search by Location or Name
✓ Enter Your Location or Provider Name and Preferred Geographic Distance
✓ Select Your Vision Network: VSP Choice Network

Dependents to age 26.
## Guardian Vision

<table>
<thead>
<tr>
<th>Benefits</th>
<th>Frequency</th>
<th>In-Network</th>
<th>Out-of-Network</th>
</tr>
</thead>
<tbody>
<tr>
<td>Eye Exam</td>
<td>Calendar Year</td>
<td>$10 Copay</td>
<td>Max $39, after $10 Copay</td>
</tr>
<tr>
<td>Materials</td>
<td></td>
<td>$25 Copay</td>
<td>$25 Copay</td>
</tr>
</tbody>
</table>

### Glasses

- **Frames**
  - Every 2 years: $130 allowance
  - Out-of-Network: Max $46
- **Lenses—Single**
  - Out-of-Network: Max $23
- **Bifocal**
  - Calendar Year: Material Copay, Covered in Full
  - Out-of-Network: Max $37
- **Trifocal/Lenticular**
  - Out-of-Network: Max $49/$64

### Contacts

- **Elective**
  - Calendar Year: $130 Max (no copay)
  - Out-of-Network: Max $100
- **Med. Necessary**
  - Covered After Copay: Max $210

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**No 2022 Deduction Changes or Plan Changes**

<table>
<thead>
<tr>
<th>Tier</th>
<th>Monthly</th>
<th>Biweekly</th>
</tr>
</thead>
<tbody>
<tr>
<td>Single</td>
<td>$ 8.89</td>
<td>$ 4.35</td>
</tr>
<tr>
<td>You &amp; Spouse/DP</td>
<td>$14.63</td>
<td>$ 7.32</td>
</tr>
<tr>
<td>You &amp; Child(ren)</td>
<td>$14.92</td>
<td>$ 7.46</td>
</tr>
<tr>
<td>You &amp; Family</td>
<td>$23.61</td>
<td>$11.81</td>
</tr>
</tbody>
</table>
Flexible Spending Accounts (FSA)

Set aside pre-tax dollars to pay for health or dependent care expenses. The benefit must be (re)elected every year!

Healthcare Spending Account
- **$2,750** Annual Maximum; Account is “Use It or Lose It”!
- Covers medical, Rx, dental & vision expenses for employee, spouse & tax dependent children
- Grace Period allows you to use funds for an extra 2 ½ months
  - Period to incur claims for the 2021 plan is December 31, 2022, claims must be submitted by 1/31/23
  - Extended under the CARES Act
  - 2022 funds can be used for dates of service January 1, 2022 - March 15, 2023, submitted by 45

Childcare Reimbursement Account
- Up to $5,000 annually (requires Tax ID # of provider)
- Check income/expense chart for your best option

If you wish to (re)elect a personal FSA, you MUST complete the Online Enrollment by 11/12
With your FSA, you’ll receive access to a secure, easy-to-use web portal and mobile app where you can:

- Check your current FSA and Dependent Care balances
- View account activity and receive alerts via text message
- File new claims – easy as taking a picture of a receipt
- Provide supporting documentation to substantiate claims
- Review expense information and enter a new expense
- Available at iTunes and Google Play
- Create an account once your debit cards arrive
Customer Service

Claims Processing:
Members have multiple options for submitting claims:

• Debit Card
• Online
• Mobile App
• Paper – Fax or Mail

Customer Service:

• Hours: Mon.-Thurs. 8am-5pm
  Friday – 9am-5pm
• Toll Free: 1-800-327-7130
• Email: LBS.CustomerService@LifetimeBenefitSolutions.com
CU Well 2021

Cash Incentive

Earn 300 Points – Receive $300 in a employer funded flexible spending account

✓ Member Health Assessment – 50 Points (Required)
✓ Preventive Care – 50 Points (Required)
✓ Other Programs & Activities

Virgin Pulse: (888) 671-9395
member.virginpulse.com
Life Insurance

Core Benefit – Paid by Colgate University:
Benefits eligible employees covered by Term Life Insurance of Two Times (2x) basic annual earnings to a maximum of $300,000.

Optional Employee Coverage:
- Additional term life coverage – 1x/2x salary up to $200,000.
- Rates based on age and coverage level.

Optional Dependent Coverage:
- $5,000 for Spouse & $2,000/Child $1.79/Month
- $10,000 for Spouse & $4,000/Child $3.58/Month
- Spouse coverage cannot exceed employee coverage.
- Birth to six months, child coverage is $500.

Enroll Online in the Portal
Disability Coverage

Long Term Disability

- Benefits begin after 180 days of disability
- 60% of base monthly earnings to a max of $12,500 per month
- Retirement benefit included in disability payment
- Payable to normal social security retirement age
AFLAC Cancer Insurance

Benefits...

- 1st Occurrence Benefit
- Hospitalization & Outpatient Surgical
- Radiation & Chemotherapy
- Lodging & Transportation for treatment >50 miles from home
- Experimental Treatment
- Wellness Benefit: $75/year per participant

<table>
<thead>
<tr>
<th>Tier</th>
<th>Monthly</th>
<th>Biweekly</th>
</tr>
</thead>
<tbody>
<tr>
<td>Individual</td>
<td>$38.74</td>
<td>$17.88</td>
</tr>
<tr>
<td>One Parent Family</td>
<td>$39.65</td>
<td>$18.30</td>
</tr>
<tr>
<td>Insured &amp; Spouse</td>
<td>$69.29</td>
<td>$31.98</td>
</tr>
<tr>
<td>Family</td>
<td>$70.20</td>
<td>$32.40</td>
</tr>
</tbody>
</table>
New York State Paid Family Leave

Benefit began January 2018 & is REQUIRED by New York State but FACULTY are exempted from coverage under the law

Provides Job & Health Plan Protection

3 Reasons for Leave...

- CARE for a family member with a serious health condition (may also include COVID-19 orders of quarantine or isolation) including a child, parent, parent-in-law, grandparent, grandchild, spouse or domestic partner
- BOND (maternity & paternity) with a newborn or newly placed adoptive or foster child during the first 12 months following birth or placement
- ASSIST family experiencing Active Duty Deployment. Address any qualifying exigency relating to a spouse, domestic partner, child or parent who is serving on active military duty

New York State Paid Family Leave

<table>
<thead>
<tr>
<th>Effective Date</th>
<th>Benefit Amount % of AWW</th>
<th>Maximum Benefit % of SAWW</th>
<th>Duration of Benefits</th>
</tr>
</thead>
<tbody>
<tr>
<td>January 1, 2018</td>
<td>50% of AWW</td>
<td>50% of SAWW ($1,305.92) or $652.96</td>
<td>Up to 8 Weeks</td>
</tr>
<tr>
<td>January 1, 2019</td>
<td>55% of AWW</td>
<td>55% of SAWW ($1,357.11) or $746.41</td>
<td>Up to 10 Weeks</td>
</tr>
<tr>
<td>January 1, 2020</td>
<td>60% of AWW</td>
<td>60% of SAWW ($1,401.17) or $840.70</td>
<td>Up to 10 Weeks</td>
</tr>
<tr>
<td>January 1, 2021</td>
<td>67% of AWW</td>
<td>67% of SAWW ($1,450.17) or $971.61</td>
<td>Up to 12 Weeks</td>
</tr>
<tr>
<td>January 1, 2022</td>
<td>67% of AWW</td>
<td>67% of SAWW ($1,594.57) or $1,068.36</td>
<td>Up to 12 Weeks</td>
</tr>
</tbody>
</table>

AWW – Average Weekly Wage  
SAWW – Statewide Average Weekly Wage  
Currently $1,450.17, amount is determined each March 31st by NYS DOL
## Cost for Family Leave Benefit

<table>
<thead>
<tr>
<th>Annual Salary (examples)</th>
<th>Estimated Weekly Wages</th>
<th>PFL Benefit 67% (in 2022)</th>
<th>PFL Cost Per Year</th>
<th>Per Pay (26 Pays) .511%</th>
</tr>
</thead>
<tbody>
<tr>
<td>$20,000</td>
<td>$384.62</td>
<td>$257.70</td>
<td>$102.20</td>
<td>$3.94</td>
</tr>
<tr>
<td>$25,000</td>
<td>$480.77</td>
<td>$322.12</td>
<td>$127.75</td>
<td>$4.91</td>
</tr>
<tr>
<td>$30,000</td>
<td>$576.92</td>
<td>$386.54</td>
<td>$153.30</td>
<td>$5.90</td>
</tr>
<tr>
<td>$40,000</td>
<td>$769.23</td>
<td>$515.38</td>
<td>$204.40</td>
<td>$7.86</td>
</tr>
<tr>
<td>$50,000</td>
<td>$961.54</td>
<td>$644.23</td>
<td>$255.50</td>
<td>$9.87</td>
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<tr>
<td>$60,000</td>
<td>$1,153.85</td>
<td>$773.07</td>
<td>$306.60</td>
<td>$11.79</td>
</tr>
<tr>
<td>$70,000</td>
<td>$1,346.15</td>
<td>$901.92</td>
<td>$357.70</td>
<td>$13.76</td>
</tr>
<tr>
<td>&gt;$ 82,917</td>
<td>$1,594.57</td>
<td>$1,068.36</td>
<td>$423.80</td>
<td>$16.30</td>
</tr>
</tbody>
</table>
New York Paid Family Leave

**Frequent Questions..**
You must participate in the coverage, unless in an exempted employee group

You must provide 30-Days Notice for foreseeable leaves & as soon as reasonably feasible for sudden events

Caregiving is for serious illness only and may include COVID quarantine orders or isolation – must be under the care of a physician
Additional health records may be required

To receive benefits, the claim form is submitted to insurance carrier for review, along with recent payroll information
Receive payment directly from insurance carrier & it is taxable income
Employee Assistance

EAP - Provided through Family Services Associates

• Short-term, solution-focused counseling (usually 4-6 sessions)
• Off-campus, confidential location
• Call Family Services Associates directly, (315) 451-3886 or schedule online at https://familyservicesassociates.fullslate.com/

Relph Benefit Advisors

• Assist with claims, billing issues, benefits, grievances, paperwork, etc.
• Assistance navigating & maximizing your benefits
• Monday-Friday 8:00 am – 4:30 pm
• (800) 836-0026 ext. 7400 or support@aleracare.zendesk.com
Completing Enrollment

https://portal.colgate.edu/

1. Make your annual election for Flexible Spending

2. Make any changes to add/delete dependents on your health insurance or dental plans

3. Verify your life insurance beneficiary information is up-to-date

4. Verify your personal information is accurate and notify HR of any changes in your address, telephone #, marital status, etc.

5. Submit by the Deadline – Nov. 12
Thank You!