COLGATE UNIVERSITY

2027 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 ends on Friday, November 13
- Enrollment changes are effective January 1, 2027
- Only time of the year to:
  - ✓ Enroll in or drop coverages
  - ✓ (Re) Enroll in the FSA Plans
  - ✓ Add or Remove Dependents



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

Open Enrollment Highlights

- **Medical and RX**
  - No changes to plan design
  - 7% Premium increase
- **Dental**
  - No changes
- **Vision**
  - No Changes
- **Flexible Spending Accounts**
  - FSA maximum: $3,500
  - DCA maximum: $7,500
- **Life and Disability**
  - Paid family leave updates

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 Visits
  - ✓ Adult Physical (One/Calendar Year)
  - ✓ Screening Mammography, Pap Tests

Excellus

Plan Overview

Excellus

Optum Rx®

Service	In-Network	Out-of-Network
Deductible & Coinsurance	$0 Deductible, 20% Coinsurance	$750 / $2,250, 30% Coinsurance
Out-of-Pocket Max	$2,500 / $5,000 Medical $2,000 / $4,000 Pharmacy	$2,500 / $5,600 (O-O-N Ded/Coin Only)
PCP & Specialist	20% Coinsurance	Ded & Coinsurance
Tele-Medicine (MD Live)	$0 Copay	N/A
Urgent Care & Emer. Rm	20% Coinsurance	Ded & Coin. / 20% Coinsurance
Inpatient & Outpatient	20% Coinsurance	Ded & Coinsurance
Maternity	20% to $750 cap for Hospital $0 Physician & Labs/Radiology	Ded & Coinsurance
Invitro Fertilization (IVF)	20% Coinsurance Lifetime limit of 3 cycles	Ded & Coinsurance Lifetime limit of 3 cycles
Durable Medical Equip.	20% Coinsurance	Ded & Coinsurance
Vision	Routine Exam $40 Copay Annually	Ded & Coinsurance
Prescription Drug	$10/$40/$60/$75 Copay $0 Generics, Kids <19	No Coverage
Mail Order Drug	$20/$60/$100/$150 Copay	No Coverage

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. Specialty prescriptions are not eligible for 90-day supply through mail order. GLP-1's for weight loss therapy are eligible for the 90-day mail order supply.

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

Members impacted by formulary changes will receive letters directly from OptumRx. Speak with your physician to avoid any interruptions in treatment.

OptumRx Prescription Coverage

Helpful Hints

- Covid-19, Shingles(>50) and Flu Vaccines in the Pharmacy – No Member Copay – Use your OptumRx card
- RSV Vaccine – Tier 3 Copay at Pharmacy ($0 Copay at Doctors office)
- Traveling Overseas – Plan ahead with script & prior authorization
- Diabetics – free meters available through OptumRx Diabetes Management program

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

Optum Rx®

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

$0
Copay

A list of common conditions treated:

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

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

Excellus | Powered by MDLIVE

Telemedicine – Behavioral Health

Excellus BCBS expanded the MDLIVE program to offer behavioral health telemedicine

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

- Convenient, confidential therapy sessions from your home, office or on the go
- Wait times are 3-4x shorter than traditional in-person appointments
- Therapists are available on your schedule, including nights and weekends
- Option to schedule recurring appointments with one provider
- 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 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 Premium Changes…

*all employees except those covered by the SEIU Union

- Employee only 2027 increase:
  - Under $50,000 $54.00 monthly
  - $50,000-$99,999 $76.00 monthly
  - $100,000-$149,999 $120.00 monthly
  - $150,000+ $180.00 monthly

- Contributions for dependent coverages are based on the employee's income
  - subsidy base percentage of 16.5% for all enrollees with annual salary less than $144,038.
  - Contributions also capped at 17% of income

- Workbook provided to enter salary & enrollment tier to see the actual cost for 2027

COLGATE UNIVERSITY

2027 Monthly Employee Contributions at 7%

Health Plan Enrollment Tier & Salary Examples	Contributions 2025	2026	2027	26 to '27 Change
$40,000				
EE Only	47.26	50.00	54.00	4.00
EE+Spouse	443.44	478.94	512.97	34.03
EE+Child(ren)	281.68	303.79	325.56	21.77
EE+Family	566.68	566.68	566.68	0.00
'Gate Couple w/ Child(ren)	322.30	346.63	371.89	25.26
$60,000				
EE Only	57.76	70.00	76.00	6.00
EE+Spouse	566.84	624.28	669.08	44.80
EE+Child(ren)	358.98	397.95	426.91	28.96
EE+Family	774.74	850.00	850.00	0.00
'Gate Couple w/ Child(ren)	408.24	458.70	493.00	34.31
$80,000				
EE Only	57.76	70.00	76.00	6.00
EE+Spouse	679.76	749.61	803.19	53.58
EE+Child(ren)	425.78	472.11	506.26	34.15
EE+Family	933.76	1,027.14	1,100.14	73.00
'Gate Couple w/ Child(ren)	473.16	530.76	570.11	39.35
$100,000				
EE Only	76.66	100.00	120.00	20.00
EE+Spouse	811.58	904.94	981.29	76.35
EE+Child(ren)	511.48	576.26	629.61	53.35
EE+Family	1,111.68	1,233.65	1,333.01	99.36
'Gate Couple w/ Child(ren)	575.88	662.82	735.22	72.39
$120,000				
EE Only	76.66	100.00	120.00	20.00
EE+Spouse	924.50	1,030.28	1,115.40	85.12
EE+Child(ren)	578.30	650.42	708.96	58.54
EE+Family	1,270.70	1,410.17	1,521.88	111.71
'Gate Couple w/ Child(ren)	640.82	734.89	812.32	77.44
$150,000+				
EE Only	105.00	150.00	180.00	30.00
EE+Spouse	1,078.42	1,230.46	1,336.10	105.64
EE+Child(ren)	680.94	789.28	864.04	74.76
EE+Family	1,475.90	1,671.68	1,808.20	136.52
'Gate Couple w/ Child(ren)	769.72	921.24	1,024.72	103.48

Local United SEIU Employee Sample Premium Changes

- Employee only 2027 increase: **$96.35**
  - 10% of full monthly premium

- Contributions for dependent coverages are based on the employee's income
  - subsidy base percentage of 17.5% for all enrollees with annual salary less than $ 142,312.
  - Contributions also capped at 17% of income

- Workbook provided to enter salary & enrollment tier to see the actual cost for 2027

COLGATE UNIVERSITY

2027 Monthly Employee Contributions at 7%

Health Plan Enrollment Tier & Salary Examples	Contributions 2025	2026	2027	26 to '27 Change
$40,000				
EE Only	47.26	50.00	54.00	4.00
EE+Spouse	443.44	478.94	512.97	34.03
EE+Child(ren)	281.68	303.79	325.56	21.77
EE+Family	566.68	566.68	566.68	0.00
'Gate Couple w/ Child(ren)	322.30	346.63	371.89	25.26
$60,000				
EE Only	57.76	70.00	76.00	6.00
EE+Spouse	566.84	624.28	669.08	44.80
EE+Child(ren)	358.98	397.95	426.91	28.96
EE+Family	774.74	850.00	850.00	0.00
'Gate Couple w/ Child(ren)	408.24	458.70	493.00	34.31
$80,000				
EE Only	57.76	70.00	76.00	6.00
EE+Spouse	679.76	749.61	803.19	53.58
EE+Child(ren)	425.78	472.11	506.26	34.15
EE+Family	933.76	1,027.14	1,100.14	73.00
'Gate Couple w/ Child(ren)	473.16	530.76	570.11	39.35
$100,000				
EE Only	76.66	100.00	120.00	20.00
EE+Spouse	811.58	904.94	981.29	76.35
EE+Child(ren)	511.48	576.26	629.61	53.35
EE+Family	1,111.68	1,233.65	1,333.01	99.36
'Gate Couple w/ Child(ren)	575.88	662.82	735.22	72.39
$120,000				
EE Only	76.66	100.00	120.00	20.00
EE+Spouse	924.50	1,030.28	1,115.40	85.12
EE+Child(ren)	578.30	650.42	708.96	58.54
EE+Family	1,270.70	1,410.17	1,521.88	111.71
'Gate Couple w/ Child(ren)	640.82	734.89	812.32	77.44
$150,000+				
EE Only	105.00	150.00	180.00	30.00
EE+Spouse	1,078.42	1,230.46	1,336.10	105.64
EE+Child(ren)	680.94	789.28	864.04	74.76
EE+Family	1,475.90	1,671.68	1,808.20	136.52
'Gate Couple w/ Child(ren)	769.72	921.24	1,024.72	103.48

Delta Dental

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%*	Major (Type 3) 50%*
Diagnostic & Preventative Initial & Periodic Oral Examinations Prophylaxis (cleaning) Fluoride Applications X-rays	Restorations (fillings) Extractions Oral Surgery Endodontics / Root Canals Periodontics	Inlays & Onlays Gold Restorations Crowns Prosthetic Services Dentures and Bridges Prosthodontics

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 Deduction or Plan Changes

Tier	Monthly (12/Year)	Semi-Monthly (24/Year)	Bi-Weekly (26/Year)
Single	$0.00	$0.00	$0.00
You & Spouse/Partner	$44.06	$22.03	$20.34
You & Child(ren)	$40.12	$20.06	$18.52
You & Family	$63.58	$31.79	$29.34
Colgate Couple & Child(ren)	$23.50	$11.75	$10.85

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

Benefits	Frequency	In-Network	Out-of-Network
Eye Exam	Calendar Year	$10 Copay	Max $39, after $10 Copay
Materials		$25 Copay	$25 Copay
Glasses			
Frames	Every 2 years	$130 allowance	Max $46
Lenses–Single			Max $23
Bifocal	Calendar Year	Material Copay, Covered in Full	Max $37
Trifocal/Lenticular			Max $49/$64
		~OR~	
Contacts	Calendar Year		
Elective		$130 Max (no copay)	Max $100
Med. Necessary		Covered After Copay	Max $210

No Deduction or Plan Changes

Guardian

VSP Vision care for life

COLGATE UNIVERSITY

Tier	Monthly	Semi-Monthly	Biweekly
Single	$ 8.89	$ 4.35	$ 4.10
You & Spouse/DP	$14.63	$ 7.32	$ 6.75
You & Child(ren)	$14.92	$ 7.46	$ 6.89
You & Family	$23.61	$11.81	$10.90

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

- **$3,500** 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
  - 2026 funds can be used for dates of service January 1, 2026 - March 15, 2027, submitted by 4/15
  - 2027 funds can be used for dates of service January 1, 2027 – March 15, 2028, submitted by 4/15



Childcare Reimbursement Account

- Up to **$7,500 annually** (requires Tax ID # of provider)
- Eligible expenses include:
  - Care for dependent children: before and after school care, daycare, nursery school, preschool, summer camp
  - Care for your spouse or a relative who is physically or mentally incapable of self-care and lives in your home

If you wish to (re)elect a personal FSA, you MUST complete the Online Enrollment by 11/13

Consumer Portal and Mobile App

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

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

Short Term Disability

Administrators & Faculty

- Eligible after 30 days of employment
  - Less than 1 year of service – 60% of monthly earnings
  - 1+ years of service – 100% of monthly earnings
- Benefit pays after 1 days of disability and payable up to 6 months

Support Staff & Facilities

- Eligible after 30 days of employment
  - 60% of weekly earnings to a maximum of **$500**/week – paid by Symetra
- Benefit pays after 7 days of disability and payable up to 26 weeks

Long Term Disability

- Benefits begin following period of eligibility
- 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**

Tier	Monthly	Semi-Monthly	Bi-Weekly
Individual	$38.74	$19.37	$17.88
One Parent Family	$39.65	$19.83	$18.30
Insured & Spouse	$69.29	$34.65	$31.98
Family	$70.20	$35.10	$32.40

New York State Paid Family Leave

Benefit REQUIRED by New York State but FACULTY are exempted from coverage (under the law) and should consult the faculty handbook for applicable benefits.

Provides Job & Health Plan Protection

3 Reasons for Leave…

- CARE for a family member with a serious health condition including a child, siblings, 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

www.ny.gov/programs/new-york-state-paid-family-leave

New York State Paid Family Leave

Calendar Year	2027	2026
Employee Contribution Rate	$0.452% of employee's covered wages, up to annualized NY SAWW	$0.432% of employee's covered wages, up to annualized NY SAWW
NY Average Weekly Wage (SAWW)	$1,922.25	$1,833.63
Annualized NYSAWW	$99,957.00	$95,348.76
Maximum EE Annual Contribution	$451.81 +39.90/year	$411.91
Benefit Percentage	67%	67%
Maximum Weekly Benefit*	$1,287.91 (67% of NYSAWW $1,922.25)	$1,228,53 (67% of NYSAWW $1,833.63)
Maximum Length of Paid Leave	12 weeks	12 weeks

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. The family member 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 – HigherEd EAP

HigherEd EAP program offers telephonic and online resources for Colgate University employees including:

- Emotional wellbeing
- Parenting
- Legal Issues
- Stress
- Personal Finance
- Work-Life Balance
- Physical Health and Wellness
- Loss and Grief
- Elder and Child Care
- Legal Issues

Higher Ed EAP
A division of ESI

TO ACCESS THE WEBSITE AND RESOURCES FOR EMPLOYEES

1. Go to **www.HigherEdEAP.com**
2. Click the **Employee and Family login** button.
3. If you have already created a User Name and Password, simply enter that info in the appropriate boxes. **If you have not registered, complete steps (a) & (b).**
   - **a)** Click on **REGISTER.**
   - **b)** Fill out the Registration Form to create your own User Name and Password, then click Register.

***You only need to register once.**

Employee Assistance cont'd

BRiDGES EAP

- Employees and immediate family members
- Short-term, solution-focused counseling (5 sessions per instance per year)
- Call BRiDGES, (315) 697-3947
  - appointments are available for in person, phone, or virtual, Monday-Friday 8 am-5 pm.
  - After-hours appointments are available by appointment only.

Alera Group

- 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 x 2 or support@aleracare.zendesk.com





CU Well Program

Cash Incentive

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

Required Items- complete all 3 for 150 points

- ✓ Member Health Assessment
- ✓ Preventive Care
- ✓ Biometric Screening
- ✓ Other Programs & Activities

Personify Health: (888) 671-9395

app.personifyhealth.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 – November 13**

Thank You!