

# OPEN ENROLLMENT

**Daemen University**

*June 2024 – May 2025*

*Plan Year*

**Lawley**

**EMPLOYEE BENEFITS**



# WHAT TO EXPECT FOR 2024 - 2025

## MEDICAL COVERAGE

Daemen University will continue to provide medical insurance through Univera for the 2024 plan year.

- Signature Copay 1
- Signature Deductible 3

## HEALTH SAVINGS ACCOUNT (HSA)

Administered by Lakeshore Savings Bank.

- Daemen University will continue to offer an annual contribution to participating employees.
- There has been an increase in the single and family maximum contribution limits.

## FLEXIBLE SPENDING ACCOUNT (FSA)

Administered by Pro-Flex.

- Daemen University will continue to offer a FSA to participating employees.
- Health Care and Dependent Care options.
- The 2024 maximum contribution limit increased to \$3,200 from \$3,050 in 2023.

## ADDITIONAL COVERAGE

- Guardian will be the provider for: Life/AD&D, Voluntary Life, LTD, Dental and Vision.



# Signature Copay 1

Benefit Summary	In-Network	Out-of-Network
Deductible (embedded)	N/A	Individual: \$1,000 Family: \$2,000
Coinsurance	N/A	20% coinsurance after deductible
Out-of-Pocket Maximum (embedded)	Individual: \$6,350 Family: \$12,700	Individual: \$5,000 Family: \$10,000
In-Network Services		
Prescription Coverage	\$10 / \$50 / \$100 (Mail Order: 2.5 Copays / 90 Day Supply)	
Primary Office Visit	\$25 copay	
Specialist Office Visit	\$25 copay	
Inpatient Hospitalization	\$500 copay	
Outpatient Surgery (facility)	\$75 copay	
Emergency Room	\$50 copay	
Urgent Care	\$35 copay	
Wellness Benefit	\$250 Wellness Rider	
Dependent Coverage	To age 26	

# Signature Deductible 3

Benefit Summary	In-Network	Out-of-Network
Deductible (true family)	Individual: \$1,600 Family: \$3,200	Individual: \$1,500 Family: \$3,000
Coinsurance	20% coinsurance after deductible	40% coinsurance after deductible
Out-of-Pocket Maximum (embedded)	Individual: \$4,000 Family: \$8,000	Individual: \$5,000 Family: \$10,000
In-Network Services		
Prescription Coverage	\$10 / \$50 / \$100 after deductible (Mail Order: 2.5 Copays / 90 Day Supply)	
Primary Office Visit	20% coinsurance after deductible	
Specialist Office Visit	20% coinsurance after deductible	
Inpatient Hospitalization	20% coinsurance after deductible	
Outpatient Surgery (facility)	20% coinsurance after deductible	
Emergency Room	20% coinsurance after deductible	
Urgent Care	20% coinsurance after deductible	
Wellness Benefit	\$250 Wellness Rider	
Dependent Coverage	To age 26	

# EXAMPLE OF HOW A DEDUCTIBLE PLAN WORKS



## PREVENTIVE SERVICES



## OTHER SERVICES

Until deductible amount is reached



You pay a deductible up to a certain amount

After deductible amount is reached



Once the deductible amount is reached, you pay a copay or coinsurance

● Health Insurance Company Pays    ● You Pay

# EMPLOYEE MEDICAL PAYROLL DEDUCTIONS



## 2024 - 2025 Semi-Monthly Payroll Deductions – Signature CoPay 1

Type of Coverage	Annual Salary Up to \$49,999	Annual Salary \$50,000-\$64,999	Annual Salary \$65,000-\$79,999	Annual Salary \$80,000 and up
Single	\$107.21	\$137.28	\$169.31	\$201.34
Family	\$162.17	\$226.36	\$297.84	\$369.32

# EMPLOYEE MEDICAL PAYROLL DEDUCTIONS

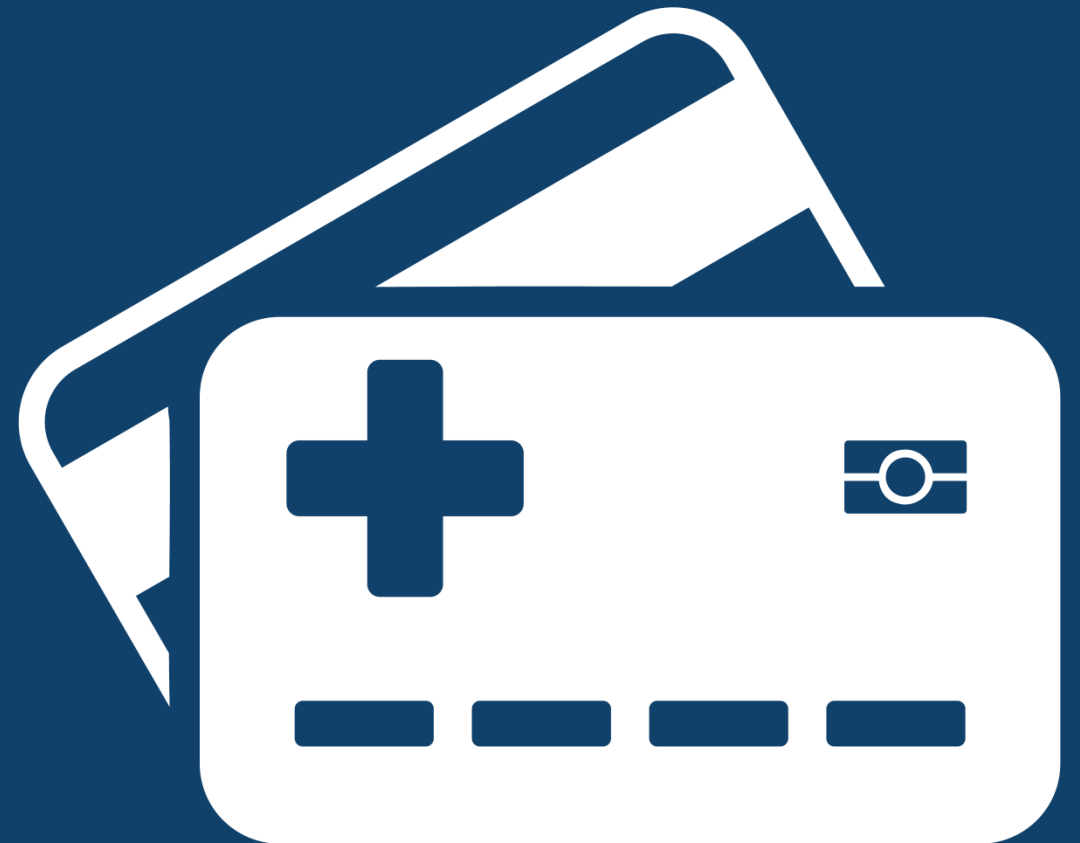


## 2024 - 2025 Semi-Monthly Payroll Deductions – Signature Deductible 3

Type of Coverage	Annual Salary Up to \$49,999	Annual Salary \$50,000-\$64,999	Annual Salary \$65,000-\$79,999	Annual Salary \$80,000 and up
Single	\$13.47	\$42.32	\$77.58	\$109.32
Family	\$25.92	\$91.82	\$165.27	\$238.73

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# Health Savings Account





# WHAT IS A HEALTH SAVINGS ACCOUNT (HSA)?

Health savings accounts (HSAs) are a great way to save money and efficiently pay for medical expenses. HSAs are tax-advantaged savings accounts that accompany high deductible health plans (HDHPs).

## HSA ADVANTAGES



### Ownership

Funds remain in the account from year to year



### Affordability

Lower health insurance premiums



### Control

You decide how to utilize your account

### Security

Protect against high or unexpected medical bills

### Flexibility

Pay for medical expenses or save for future needs

### Portability

Your HSA is completely portable

## TRIPLE TAX HSA SAVINGS

### Pre-Tax

Funds are not subject to income tax

### Tax-Deferred

Money grows without being taxed

### Tax-Free

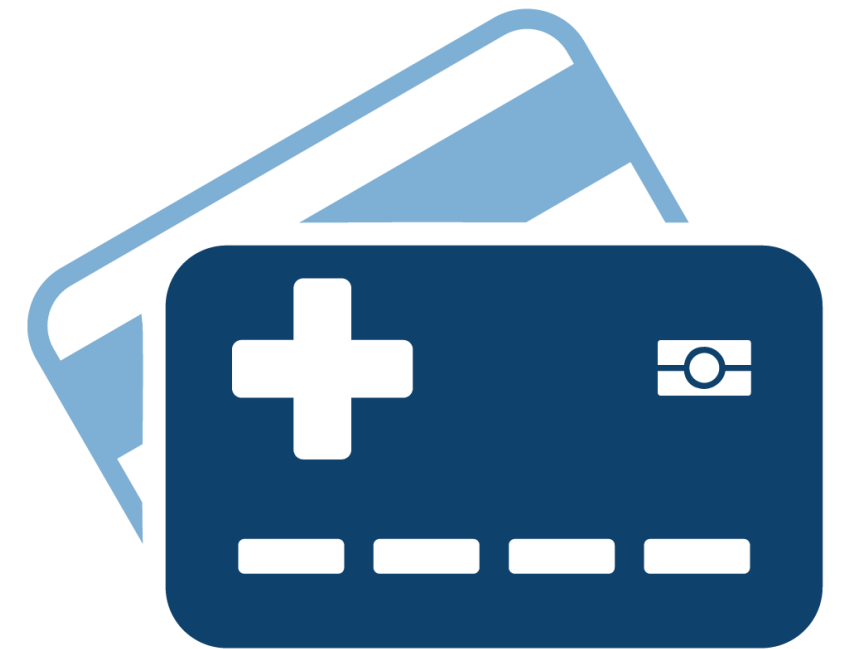
Withdrawals for qualified medical expenses

# WHO IS ELIGIBLE FOR A HEALTH SAVINGS ACCOUNT (HSA)?

## ANYONE WHO IS:

- **COVERED BY** a High-Deductible-Health-Plan (HDHP) (which would be Signature Deductible 3)
- **NOT** enrolled in Medicare
- **NOT** covered under other health insurance\*
- **NOT** claimed as a dependent on another person's tax return

*\*other health insurance does not include: specific disease or illness insurance, accident, disability, dental care, vision care and long-term care insurance*



# CONTRIBUTING TO A HEALTH SAVINGS ACCOUNT (HSA)

You, your employer or a family member may **contribute money** to the HSA (either a lump sum payment or through payroll deductions).

## SINGLE CONTRIBUTION

**\$4,150**

## FAMILY CONTRIBUTION

**\$8,300**

## “CATCH-UP” CONTRIBUTION



**\$1,000**

Individuals who are age 55 and older can contribute an additional contribution annually



### REMEMBER

That these are calendar year maximums not plan year maximums

## HSA YEAR END REPORTING

### HSA Bank Statement

Includes contributions, payments to providers, interest earned, and fees.

### 8889 Tax Form

Needs to be completed with your year end tax return.

# HEALTH SAVINGS ACCOUNT (HSA)



You can use money in your HSA to pay for any qualified medical expense. A full list is available on the IRS website, [www.irs.gov](https://www.irs.gov) in [IRS Publication 502](#)

## QUALIFIED HSA EXPENSES



Copays or Deductibles



Select Insurance Premiums



Dental Care, Braces, Dentures



Vision Care, Glasses, Contacts



Diagnostic Tests & Devices



Medical Equipment



Doctor and Hospital Visits



Prescriptions

## NON-QUALIFIED MEDICAL EXPENSES

You will be required to pay income tax on the withdrawal, and you may also be required to pay another 20 percent tax, unless you make the withdrawal after you reach age 65, become disabled or after your death.



# HEALTH SAVINGS ACCOUNT (HSA) BREAKDOWN

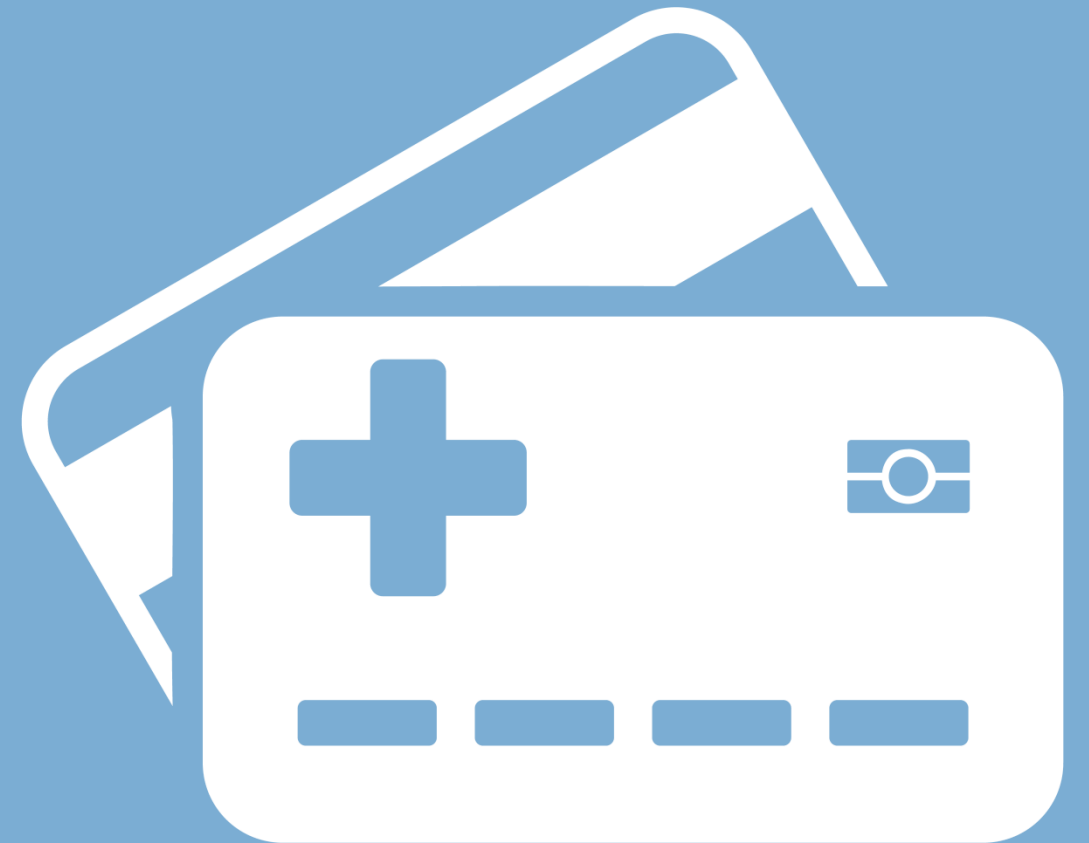
Employees who participate in the HSA will receive the following contribution from **Daemen University**:

## 2024 HSA CONTRIBUTIONS

Type of Coverage	Company HSA Annual Contribution	Employee HSA Contribution Limit	Combined Total Maximum Contribution
Single	\$1,500 (\$400 / Quarter) Jun*Sept*Dec*Mar	Can elect up to \$2,650	\$4,150
Employee/Spouse Employee/Child(ren) Family	\$3,000 (\$800 / Quarter) Jun*Sept*Dec*Mar	Can elect up to \$5,300	\$8,300

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# Flexible Spending Account



# WHAT IS A FLEXIBLE SPENDING ACCOUNT (FSA)?

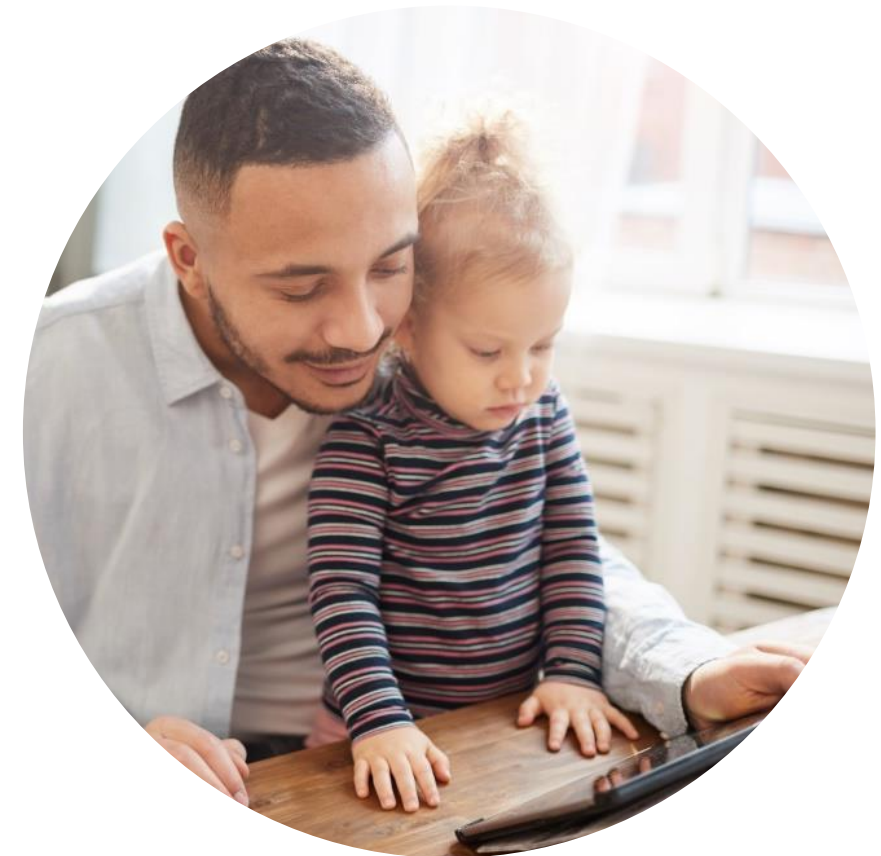
Flexible spending accounts (FSAs) offers a convenient way to **set aside pre-tax dollars** to pay for qualified health care and dependent care expenses.

## HEALTH CARE (FSA)

- FSAs can be offered with any type of health plan and you can have an FSA regardless of whether you are covered by your employer's medical plan.
- You can begin using your FSA money on the first day of the plan year, even if the amount has not yet been deposited into the account.
- The amount you contribute to a health FSA is not subject to federal income tax or social security (FICA) tax.

## DEPENDENT CARE (FSA)

- You can use dependent care funds on any child under the age of 13 or any dependent who is physically or mentally unable to care for themselves.
- To be eligible both you and your spouse (if applicable) must work/be looking for work or be a full-time students.
- Services must be for the physical care of the child, not for education, meals, etc.





# FLEXIBLE SPENDING ACCOUNT (FSA)



A full list is available on the IRS website,  
[www.irs.gov](http://www.irs.gov) in **IRS Publication 502**

## QUALIFIED FSA EXPENSES

### HEALTH CARE (FSA) – QUALIFIED MEDICAL, DENTAL AND VISION EXPENSES

- Copays or Deductibles
- Dental Care, Braces, Dentures
- Diagnostic Tests & Devices
- Doctor and Hospital Visits
- Medical Equipment
- Prescriptions
- Surgery
- Vision Care, Glasses, Contacts

### DEPENDENT CARE (FSA) – QUALIFIED DEPENDENT EXPENSES

- Daycare, Nursery School, & Preschool
- Summer Day Camp
- Care by a licensed provider for your spouse or a relative who is physically or mentally incapable of self-care and lives in your home.
- Before & After School Programs
- Licensed Child Care Provider (Need Tax ID #)

## ELIGIBILITY

### Health Care FSA

Employees who enroll in  
Signature Copay 1

### Dependent Care FSA

All employees

## FSA RECORDKEEPING

Always keep a copy of the Explanation of Benefits (EOB) and itemized medical and pharmacy receipts, as the FSA administrator reserves the right to substantiate expenses as well as the IRS.



# FLEXIBLE SPENDING ACCOUNT (FSA) ANNUAL LIMITS

## HEALTH CARE (FSA) LIMITS

### MINIMUM CONTRIBUTION

**\$400**

### ROLLOVER

**\$500**

### MAXIMUM CONTRIBUTION

**\$3,200**

## DEPENDENT CARE (FSA) LIMITS

**\$5,000** (\$2,500 if you are married  
and file separate returns)

### “USE-IT OR LOSE-IT RULE”

It is important to plan carefully because if you don't use your FSA money by the end of the plan year, you will lose it.

### FSA RECORDKEEPING

Always keep a copy of the Explanation of Benefits (EOB) and itemized medical and pharmacy receipts.

# DENTAL INSURANCE

## PPO DENTAL NETWORK

Allows you to visit any dentist of your choice but you pay less out-of-pocket when you choose a participating in-network dentist.

A SAMPLE OF COVERED SERVICES*		
Preventive Care	▪ Oral Exams	▪ Fluoride Treatments
	▪ Cleanings	▪ X-rays
	▪ Sealants	
Basic Care	▪ General Anesthesia*	▪ Scaling & Root Planing
	▪ Fillings	▪ Simple Extractions
	▪ Perio Maintenance ▪ Perio Surgery	▪ Root Canal
Major Care	▪ Bridges & Dentures	▪ Surgical Extractions
	▪ Inlays, Onlays, Veneers	



*\*This is a sample of covered services, please refer to your elected benefit summary for details on your specific dental plan coverage.*

# DENTAL INSURANCE

## DENTAL PLAN

Allows you to visit any dentist of your choice but you pay less out-of-pocket when you choose a participating in-network dentist.

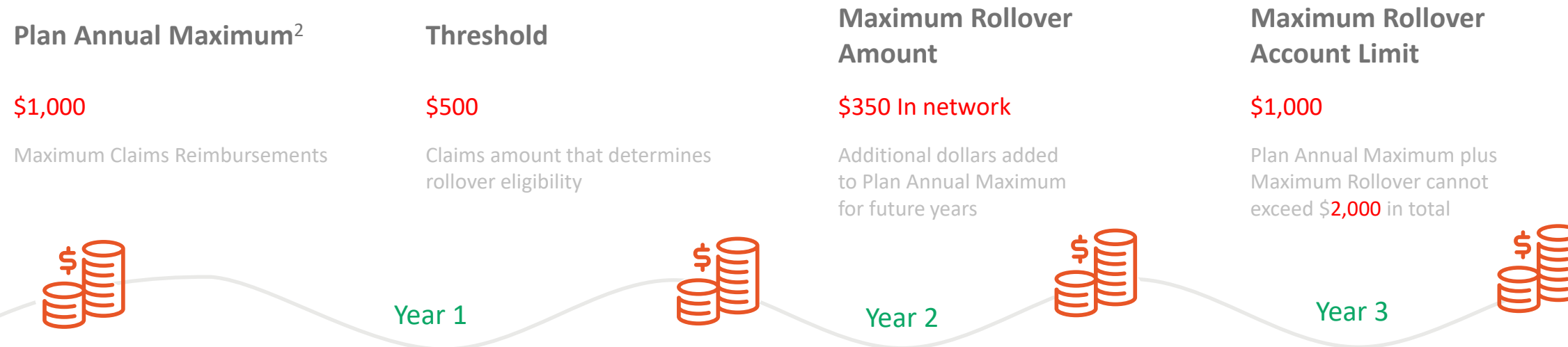
Benefit Summary	In-Network	Out-of-Network
Who Pays for Coverage	Daemen University and Employee	
Dental Network	PPO	
Preventive Services	100% covered	100% covered
Basic Services	80% covered	80% covered
Major Services	60% covered	60% covered
Orthodontia Services	50% covered	50% covered
Deductible	None	
Annual Maximum	\$1,000	
Claim Payment Basis	Negotiated fee schedule	
Ortho Lifetime Maximum	\$1,000	
Dependent Age Limit	To age 26	
<b>Bi-Weekly Payroll Deductions</b>		
Employee	\$4.24	
Family	\$10.60	

# DENTAL INSURANCE

## Get the ‘Maximum’ from Your Dental Benefits

Here is an example of how the Maximum Rollover feature works<sup>1</sup>

- Guardian rolls over a portion of your unused annual maximum into your Maximum Rollover Account (MRA)
- To qualify you must have one visit with a paid claim and must not have exceeded the paid claims threshold
- Your MRA may not exceed the MRA limit.



<sup>1</sup> For illustrative purposes only. Covered benefits and benefit amounts may vary by employer-sponsored plan. See your plan for specific coverage amounts. <sup>2</sup> If a plan has a different annual maximum for PPO benefits vs non-PPO benefits, (\$1500 PPO/\$1,000 non-PPO for example) the non-PPO maximum determines the Maximum Rollover plan.

# VISION INSURANCE

## VSP SIGNATURE FULL FEATURE

Benefit Summary	In-Network	Out-of-Network
Who Pays for Coverage	Employee	
Vision Network	VSP	
Eye Exam	\$10 copay	\$50 allowance
Provider Frames	\$130 allowance + 20% off balance	\$48 allowance
Standard Vision Lenses	\$25 copay	Allowance amount varies*
Elective Contacts	\$130 allowance	\$120 allowance
Medically Necessary Contacts	Covered in full after \$25 copay	\$210 allowance
Dependent Age Limit	To age 26	
Vision Frequency		
▪ Eye Exam	Once every 12 months	
▪ Frames	Once every 24 months	
▪ Lenses or Contact Lenses**	Once every 12 months	
Bi-Weekly Payroll Deductions		
Employee	\$5.00	
Family	\$10.76	

\*Allowance amount based off lens type

\*\*Benefit includes coverage for glasses or contact lenses, not both

# VISION INSURANCE

## DAVIS SIGNATURE FULL FEATURE

Benefit Summary	In-Network	Out-of-Network
Who Pays for Coverage	Employee	
Vision Network	Davis	
Eye Exam	\$10 copay	\$50 allowance
Provider Frames	\$135 allowance + 20% off balance	\$48 allowance
Standard Vision Lenses	\$25 copay	Allowance amount varies*
Elective Contacts	\$135 allowance + 15% off balance	\$105 allowance
Medically Necessary Contacts	Covered in full	\$210 allowance
Dependent Age Limit	To age 26	
Vision Frequency		
▪ Eye Exam	Once every 12 months	
▪ Frames	Once every 24 months	
▪ Lenses or Contact Lenses**	Once every 12 months	
<b>Bi-Weekly Payroll Deductions</b>		
Employee	\$3.57	
Family	\$7.67	

\*Allowance amount based off lens type

\*\*Benefit includes coverage for glasses or contact lenses, not both

# BASIC LIFE & AD&D INSURANCE



**Life insurance** provides your family with a variety of support services designed to help them cope with both emotional and financial issues, even if you cannot be there.

## BASIC LIFE & AD&D BENEFIT SUMMARY

Who Pays for Coverage	> Daemen University	
Benefit Amount	> Flat benefit of \$50,000	
Guarantee Issue	> \$50,000	
Benefit Age Reduction	> 35% at age 65 > 50% at age 70	
Additional Benefits	> Waiver of Premium	> Accelerated Benefit
	> Portability	> Conversion



# VOLUNTARY LIFE INSURANCE

Life insurance provides your family with a variety of support services designed to help them cope with both emotional and financial issues, even if you cannot be there.

## VOLUNTARY LIFE BENEFIT SUMMARY

Who Pays for Coverage	› Employee
Employee	
▪ Benefit Amount	› Increments of \$10,000 up to a maximum of \$250,000
▪ Guarantee Issue	› <65: \$150,000; 65<70: \$50,000; 70+: \$10,000
Spouse*	
▪ Benefit Amount	› Increments of \$5,000 up to a maximum of \$125,000, not to exceed 50% of EE amount
▪ Guarantee Issue	› <70: \$10,000
Child(ren)*	
▪ Benefit Amount	› 14 Days to 20/26 Years: Increments of \$5,000 to a Max of \$10,000; Not to Exceed 100% of Employee's Amount
▪ Guarantee Issue	› All Amounts Guarantee Issue
Benefit Age Reduction	› 35% at age 65; 50% at age 70
Additional Benefits	› Waiver of Premium, Portability, Accelerated Benefit, Conversion



*\*In order to purchase life coverage for your spouse and/or child(ren), you must purchase life coverage for yourself*



# Guardian

## LIFE INSURANCE

### EVIDENCE OF INSURABILITY (EOI)

When EOI requirements apply, it means you must submit proof to the carrier that you're insurable, and the carrier must approve your proof in writing before your insurance or specified part becomes effective.

### EVIDENCE OF INSURABILITY (EOI) IS REQUIRED FOR:

- Any election above the Guarantee Issue amount.
- All employees who declined coverage when initially eligible.
- All employees looking to increase their coverage amount.



# LONG TERM DISABILITY (LTD) INSURANCE

**Long Term Disability (LTD) coverage** can provide a steady stream of income to help cover essential expenses during an extended illness or after a disabling accident.

## LONG TERM DISABILITY (LTD) BENEFIT SUMMARY

Who Pays for Coverage	› Daemen University
Maximum Percentage	› 66.67% of monthly earnings
Maximum Benefit	› \$8,000 per month
Waiting Period	› 90 days
Maximum Duration	› Social Security Normal Retirement Age (SSNRA)
Pre-Existing Limitation	› 3 months look-back; 12 months covered
Disability Definition	› 2 year own occupation



# EMPLOYEE ASSISTANCE PROGRAM (EAP)

Employee Assistance Program (EAP) is a no-cost, company-sponsored benefit available to you and your dependents that offers confidential support, resources and information to get through life’s challenges.

Help with Health	Help with Family	Help with Legal & Financial
<ul style="list-style-type: none"><li>• Healthy living</li><li>• Stress management</li><li>• Mental health</li><li>• Diet and fitness</li><li>• Overall wellness</li></ul>	<ul style="list-style-type: none"><li>• Parenting support</li><li>• Child and elder care</li><li>• Learning programs</li><li>• Special needs help</li></ul>	<ul style="list-style-type: none"><li>• Legal issues</li><li>• Will preparation</li><li>• Taxes</li><li>• Debt</li><li>• Financial planning tools and assistance</li></ul>

Connect to a counselor for free support services:

Email: [eapcounselor@uprisehealth.com](mailto:eapcounselor@uprisehealth.com)

Phone: 1-800-386-7055

Available 24 hours a day, 7 days a week\*

Web: [ibhworklife.com](http://ibhworklife.com)

(User name: [WorkLife](#) Password: 70101)

# System Improvements in ADP - Passive

OE Navigation: Welcome – Manage Dependents – Select Benefits – Upload Documents – Review & Submit

Selected Plans

You are enrolled in the following plans. You can make changes until the enrollment period closes.

Medical

Waive benefit

View all plans

Signature Deductible 3 (ADMIN)

Effective: June 1, 2023

Who is covered?

You

Selected

Your Cost

\$87.03

Health Savings Account

View all plans

Health Savings Account (Admin)

Effective: June 1, 2023

Who is covered?

You

Selected

Your Cost

\$0.00

Dental

Waive benefit

View all plans

Finish later

Back

Next

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## 1 Plan Available

### Health Savings Account, Admin

Effective: June 1, 2023 [Additional details](#)

Provider

Lakeshore Savings (HSA)

#### Contributions

Enter contribution amount to view your estimated cost.

Your estimated annual contribution can be any amount from \$0.00 up to \$2,350.00.

For the entire year, I want to contribute:

## Health Savings Account, Admin

[NEW HSA Customer Verification.pdf](#)


[W9FormFillable.pdf](#)

[ATM - Debit Card Request 2020.pdf](#)

[Back](#)

## 1 Plan Available

### Flex Spending Account, Admin

 [Additional details](#)

Provider

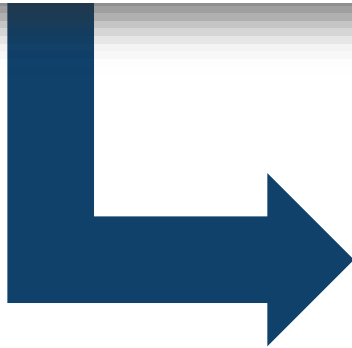
**ProFlex**

#### Contributions

Enter contribution amount to view your estimated cost.

Your estimated annual contribution can be any amount from \$0.00 to \$5,000.

For the entire year, I want to contribute:



### Flex Spending Account, Admin

[ProFlexEnrollment Form-FSA\\_FILLABLE.pdf](#)

[Back](#)

## Open Enrollment 2023

Welcome

Manage Dependents

Select Benefits

**Upload Documents**

Review and Submit

### Upload Documents

File must be less than 5MB. [Accepted formats](#)

Drag the file here to upload  
or  
[Upload files](#)

Max file size is 512kb. Files need to be in .doc, .docx, .gif, .htm, .html, .jpg, .pdf, .rtf, .txt, .wpd or .wps formats.

Upload document

Click Upload document to save the documents to your account.

# OPEN ENROLLMENT NEXT STEPS

## \*\*PASSIVE ENROLLMENT\*\*

### 1. REVIEW YOUR BENEFIT MATERIALS

Benefit summaries are available for all plans offered. Review the summaries before finalizing your plan choices. <https://www.daemen.edu/about/working-daemen/employee-benefit-and-contact-information>

### 2. ENROLL IN MEDICAL, MEDICAL SAVINGS ACCOUNT, DENTAL, VISION AND/OR LIFE INSURANCE VIA ADP OPEN ENROLLMENT PORTAL

Employees must electronically elect and/or confirm current elections through the ADP enrollment portal.

### 3. COMPLETE PRO-FLEX PAPER APPLICATION TO ENROLL IN FSA/DCA (FLEXIBLE SPENDING ACCOUNT AND/OR DEPENDENT CARE ACCOUNT)

Employees newly electing, changing or keeping their current elections must confirm their annual election amount by completing the Pro-Flex Application.

#### **FSA ProFlex Enrollment Form (Fillable PDF)**

Upload ProFlex Enrollment Form directly in ADP this year as the final step before accepting elections.

**ALL PAPERWORK IS DUE BY: April 29, 2024**



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