EMPLOYEE BENEFITS GUIDE

Appendix includes: Coverage Notices for Medicaid & Children’s Health Insurance Program (CHIP) and Medicare Part D Creditable/Non-Creditable

Need Help? Have Questions?

1-800-836-0026

See the back cover for full contact information
# Table of Contents

Even if you don’t read anything else, READ THIS! ................................................................. 1

Eligibility .................................................................................................................................. 2

Medical Plans .......................................................................................................................... 4

Group Term Life/AD&D Insurance ......................................................................................... 10

Appendix

Compliance and Annual Notices .......................................................................................... 11

Important Notice — Medicare Part D .................................................................................. 15
Introduction

St. Lawrence University-SEIU’s benefits program renews annually on January 1.

At this time, employees may select a personalized benefit package by selecting Medical and/or Dental coverage to meet their needs and those of their family or if needed at all.

About Your Employee Benefits Guide

Reviewing the information contained herein provides general assistance to employees making benefit elections to best protect themselves and their family. St. Lawrence University has secured the services of Relph Benefit Advisors to provide more detailed information and advice for more informed elections.

Legal Disclaimer

St. Lawrence University has attempted to ensure all information in this handbook is clear and accurate. Each benefit plan available through St. Lawrence University’s benefits program is governed by the individual plan’s Summary Plan Description and/or the Plan Document.
Eligibility

St. Lawrence University Full-time SEIU employees are eligible for the benefits listed below:

<table>
<thead>
<tr>
<th>Benefit Plans</th>
<th>Date of Eligibility</th>
</tr>
</thead>
<tbody>
<tr>
<td>Medical</td>
<td>First day of the month following 30-days of employment</td>
</tr>
<tr>
<td>Life/AD&amp;D Insurance</td>
<td>First day of the month following date of hire</td>
</tr>
</tbody>
</table>

Changes to Your Benefit Elections

Generally, you may only make changes to your benefit elections during Open Enrollment; however, mid-year changes can be made, if you experience an IRS qualifying change in status listed below:

- Marriage;
- Birth or adoption of a child;
- Divorce / Dissolution of Domestic Partnership;
- Death of your spouse/domestic partner or child;
- Change in employment status that affects benefit eligibility for you or your spouse/domestic partner; or
- Change of eligibility status of a dependent (i.e., your child reaches the age limit of a benefit plan).

For full details, reference your Plan Documents or contact Human Resources. If your request for a change does not meet at least one of the criteria above, you will not be able to change your election until January 1, 2015.

Who is entitled to Benefits under COBRA?

COBRA Qualified Beneficiaries are individuals covered by a group health plan on the day before a COBRA qualifying event who is an employee, the employee's spouse, or an employee's dependent child.

The COBRA Qualifying Events noted below are certain events that would cause an employee, their covered spouse and dependent children to lose health coverage:

- The death of the employee/parent;
- The employee/parent’s hours of employment are reduced;
- The employee/parent’s employment ends for any reason other than gross misconduct;
- The employee/parent becomes entitled to Medicare benefits (under Part A, Part B, or both);
- The employee/parent divorces or is legally separated; or
- The child is no longer eligible for coverage under the Plan as a “dependent child” (usually due to over-age status).
Eligibility

Domestic Partner Coverage Rules

Employees must provide documentation verifying the existence of the domestic partnership to qualify a domestic partner for medical coverage. Acceptable forms of documentation are listed below.

1. Registration as a domestic partnership or an affidavit of domestic partnership;
2. Proof of cohabitation (for example, a driver’s license or tax return); and
3. Proof of financial interdependence, as evidenced by two or more of the following:
   a. A joint bank account
   b. A joint credit or charge card
   c. Joint obligation on a loan
   d. Status as authorized signatory on the partner’s bank account, credit or charge card
   e. Joint ownership of holding of investments
   f. Joint ownership of a residence
   g. Joint ownership of real estate other than residence
   h. Listing of both partners as tenants on the lease of the shared residence
   i. Shared rental payments of residence (need not be shared 50/50)
   j. Listing of both partners as tenants on a lease, or shared rental payments, for property other than residence
   k. A common household and shared household expenses (for example, shared grocery, utility, telephone bills — need not be shared 50/50)
   l. Shared household budget for purposes of receiving government benefits
   m. Status of one as representative payee for the other’s government benefits
   n. Joint ownership of major items of personal property (for example, appliances, furniture)
   o. Joint ownership of a motor vehicle
   p. Joint responsibility for child care (for example, school documents, guardianship)
   q. Shared child care expenses (for example, baby-sitting, day care, school bills — need not be shared 50/50)
   r. Execution of wills naming each other as executor and/or beneficiary
   s. Designation as beneficiary under the other’s life insurance policy
   t. Designation as beneficiary under the other’s retirement benefits account
   u. Mutual grant of durable power of attorney
   v. Mutual grant of authority to make health care decisions (for example, health care power of attorney)
   w. Affidavit by creditor or other individual able to testify to partners’ financial interdependence
   x. Other item(s) of proof sufficient to establish economic interdependency under the circumstances of the particular case.

Coverage of the subscriber’s domestic partner under the medical contract will terminate on the date the domestic partnership ends. You are responsible for notifying Human Resources.

The value of your Domestic Partner’s coverage will be added as taxable income to your pay.

State and Federal Regulations Regarding Enrollment in Benefits and Dependent Status

Employees should consider that the choices made regarding their benefits and the decision to cover their dependents (i.e. spouse, domestic partner, children, etc.) could affect their State and Federal taxable income.

The reimbursement plans offered by your employer are subject to State and Federal regulations, please be advised that claims for reimbursement may be affected by your marital status.

Please consult with your financial advisor, accountant or tax attorney for specific implications.
## PLAN FEATURES

<table>
<thead>
<tr>
<th>Feature</th>
<th>Details</th>
</tr>
</thead>
<tbody>
<tr>
<td>Primary Care Physician (PCP)</td>
<td>Not required</td>
</tr>
<tr>
<td>Referrals</td>
<td>Not required</td>
</tr>
<tr>
<td>Out of network benefits</td>
<td>Covered at 60%, subject to the deductible</td>
</tr>
<tr>
<td>Out of area benefits</td>
<td>Coverage provided worldwide through the BlueCard program</td>
</tr>
<tr>
<td>Student/Dependent coverage</td>
<td>Qualified dependents &amp; students are covered to age 26</td>
</tr>
<tr>
<td>Wellness Incentives</td>
<td>Healthy Rewards: Earn up to $500 individually, or a combined $1,000 cash back for you and an eligible adult member just for doing healthy stuff that fits into your day. Then get paid anytime throughout the year.</td>
</tr>
</tbody>
</table>

## PLAN COST-SHARING HIGHLIGHTS

<table>
<thead>
<tr>
<th>Cost-Sharing Highlight</th>
<th>Details</th>
</tr>
</thead>
<tbody>
<tr>
<td>Office visit copay (Primary Care Physician)</td>
<td>Adult: $25 copay / visit; Members to age 19: $0 copay / visit</td>
</tr>
<tr>
<td>Office visit copay (Specialist)</td>
<td>$40 copay / visit</td>
</tr>
<tr>
<td>Coinsurance</td>
<td>In-Network: 20%; Out-of-Network: 40%</td>
</tr>
<tr>
<td>Deductible</td>
<td>Combined In and Out-of-Network: $500 Individual / $1,500 Family</td>
</tr>
<tr>
<td>Out of pocket maximum</td>
<td>Combined In and Out-of-Network: $1,500 Individual / $4,500 Family</td>
</tr>
<tr>
<td>Lifetime maximum</td>
<td>None</td>
</tr>
</tbody>
</table>

## PREVENTIVE SERVICES

<table>
<thead>
<tr>
<th>Preventive Service</th>
<th>In-Network</th>
<th>Out-of-Network</th>
</tr>
</thead>
<tbody>
<tr>
<td>Well child visits</td>
<td>Covered in full</td>
<td>Covered in full</td>
</tr>
<tr>
<td>Adult routine physical exams (1 exam / yr)</td>
<td>Covered in full</td>
<td>Covered at 60%, subject to the deductible</td>
</tr>
<tr>
<td>Adult immunizations</td>
<td>Covered in full</td>
<td>Covered at 60%, subject to the deductible</td>
</tr>
<tr>
<td>Mammography</td>
<td>Covered in full</td>
<td>Covered at 60%, subject to the deductible</td>
</tr>
<tr>
<td>Pap smear</td>
<td>Covered in full</td>
<td>Covered at 60%, subject to the deductible</td>
</tr>
<tr>
<td>Routine GYN Exam</td>
<td>Covered in full</td>
<td>Covered at 60%, subject to the deductible</td>
</tr>
<tr>
<td>Prostate cancer screening</td>
<td>Covered in full</td>
<td>Covered at 60%, subject to the deductible</td>
</tr>
<tr>
<td>Routine vision (1-routine exam / year)</td>
<td>$40 copay</td>
<td>Covered at 60%, subject to the deductible $60 eyewear allowance available / yr</td>
</tr>
<tr>
<td>Colonoscopy (Preventive Screening)</td>
<td>Preventive screening covered in full</td>
<td>Covered at 60%, subject to the deductible</td>
</tr>
</tbody>
</table>

## PHYSICIAN OFFICE SERVICES

<table>
<thead>
<tr>
<th>Physician Office Service</th>
<th>Details</th>
</tr>
</thead>
<tbody>
<tr>
<td>Diagnostic office visits</td>
<td>Adult: $25 copay / PCP visit; 40 copay / Spec. visit Child: $0 copay / PCP visit; $40 copay / Spec. visit</td>
</tr>
<tr>
<td>Diagnostic x-rays</td>
<td>$40 copay / visit</td>
</tr>
<tr>
<td>Diagnostic laboratory and pathology</td>
<td>Covered in full</td>
</tr>
<tr>
<td>Allergy tests</td>
<td>Adult: $25 copay / PCP visit; 40 copay / Spec. visit Child: $0 copay / PCP visit; $40 copay / Spec. visit</td>
</tr>
<tr>
<td>Allergy injections</td>
<td>Adult: $25 copay / PCP visit; 40 copay / Spec. visit Child: $0 copay / PCP visit; $40 copay / Spec. visit</td>
</tr>
<tr>
<td>Chemotherapy</td>
<td>$25 copay / visit</td>
</tr>
<tr>
<td>Radiation therapy</td>
<td>$40 copay / visit</td>
</tr>
</tbody>
</table>

## MATERNITY SERVICES

<table>
<thead>
<tr>
<th>Maternity Service</th>
<th>Details</th>
</tr>
</thead>
<tbody>
<tr>
<td>Prenatal care</td>
<td>Covered in full</td>
</tr>
<tr>
<td>Hospital care for mom (including delivery)</td>
<td>Covered at 80%, subject to the deductible</td>
</tr>
<tr>
<td>Newborn nursery care</td>
<td>Covered in full</td>
</tr>
</tbody>
</table>

## PRESCRIPTION DRUG (see full coverage details provided by Express Scripts)

<table>
<thead>
<tr>
<th>Prescription Drug</th>
<th>Details</th>
</tr>
</thead>
<tbody>
<tr>
<td>Short-term and maintenance drugs</td>
<td>Contraceptives Only (See Additional coverage on page 6)</td>
</tr>
<tr>
<td>Medical Plan– Excellus Copay &amp; Deductible Plan</td>
<td></td>
</tr>
<tr>
<td>----------------------------------------------</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th><strong>INPATIENT HOSPITAL</strong></th>
<th><strong>IN-NETWORK</strong></th>
<th><strong>OUT-OF-NETWORK</strong></th>
</tr>
</thead>
<tbody>
<tr>
<td>Hospital</td>
<td>Covered at 80%, subject to the deductible</td>
<td>Covered at 60%, subject to the deductible</td>
</tr>
<tr>
<td>Physician visits in the hospital</td>
<td>Covered at 80%, subject to the deductible</td>
<td>Covered at 60%, subject to the deductible</td>
</tr>
<tr>
<td>Inpatient physical rehabilitation (60-days max / yr)</td>
<td>Covered at 80%, subject to the deductible</td>
<td>Covered at 60%, subject to the deductible</td>
</tr>
<tr>
<td>Surgery</td>
<td>Covered at 80%, subject to the deductible</td>
<td>Covered at 60%, subject to the deductible</td>
</tr>
<tr>
<td>Anesthesia</td>
<td>Covered at 80%, subject to the deductible</td>
<td>Covered at 80%, subject to the deductible</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th><strong>EMERGENCY CARE</strong></th>
<th><strong>IN-NETWORK</strong></th>
<th><strong>OUT-OF-NETWORK</strong></th>
</tr>
</thead>
<tbody>
<tr>
<td>Emergency room care (unless admitted w/in 24-hrs)</td>
<td>$75 copay / visit</td>
<td>$75 copay / visit</td>
</tr>
<tr>
<td>Freestanding urgent care center</td>
<td>$40 copay / visit</td>
<td>Covered at 60%, subject to the deductible</td>
</tr>
<tr>
<td>Ambulance</td>
<td>$75 copay</td>
<td>$75 copay</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th><strong>OUTPATIENT HOSPITAL</strong></th>
<th><strong>IN-NETWORK</strong></th>
<th><strong>OUT-OF-NETWORK</strong></th>
</tr>
</thead>
<tbody>
<tr>
<td>Diagnostic x-rays</td>
<td>$40 copay / visit</td>
<td>Covered at 60%, subject to the deductible</td>
</tr>
<tr>
<td>Diagnostic laboratory and pathology</td>
<td>Covered in full</td>
<td>Covered at 60%, subject to the deductible</td>
</tr>
<tr>
<td>Surgical care</td>
<td>Covered at 80%, subject to the deductible</td>
<td>Covered at 60%, subject to the deductible</td>
</tr>
<tr>
<td>Chemotherapy</td>
<td>$25 copay / visit</td>
<td>Covered at 60%, subject to the deductible</td>
</tr>
<tr>
<td>Radiation Therapy</td>
<td>$40 copay / visit</td>
<td>Covered at 60%, subject to the deductible</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th><strong>MENTAL HEALTH AND CHEMICAL DEPENDENCE</strong></th>
<th><strong>IN-NETWORK</strong></th>
<th><strong>OUT-OF-NETWORK</strong></th>
</tr>
</thead>
<tbody>
<tr>
<td>Inpatient mental health care</td>
<td>Covered at 80%, subject to the deductible</td>
<td>Covered at 60%, subject to the deductible</td>
</tr>
<tr>
<td>Outpatient mental health care</td>
<td>$40 copay</td>
<td>Covered at 60%, subject to the deductible</td>
</tr>
<tr>
<td>Services can be provided in an outpatient facility or in a provider office</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Inpatient chemical dependence</td>
<td>Covered at 80%, subject to the deductible</td>
<td>Covered at 60%, subject to the deductible</td>
</tr>
<tr>
<td>Outpatient chemical dependence</td>
<td>$40 copay / visit</td>
<td>Covered at 60%, subject to the deductible</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th><strong>OTHER SERVICES</strong></th>
<th><strong>IN-NETWORK</strong></th>
<th><strong>OUT-OF-NETWORK</strong></th>
</tr>
</thead>
<tbody>
<tr>
<td>Diabetic insulin and supplies (30-day supply)</td>
<td>$25 copay</td>
<td>Covered at 60%, subject to the deductible</td>
</tr>
<tr>
<td>Skilled nursing facility (up to 45-days / yr)</td>
<td>Covered at 80%, subject to the deductible</td>
<td>Covered at 60%, subject to the deductible</td>
</tr>
<tr>
<td>Home care (up to 40-visits / yr)</td>
<td>Covered in full</td>
<td>Covered at 75%, subject to a $50 deductible</td>
</tr>
<tr>
<td>Hospice (unlimited visits / yr)</td>
<td>Covered in full</td>
<td>Covered at 60%, subject to the deductible</td>
</tr>
<tr>
<td>Outpatient therapy (combined total of 45-visits / yr for physical, speech and occupational therapy)</td>
<td>$40 copay</td>
<td>Covered at 60%, subject to the deductible</td>
</tr>
<tr>
<td>Durable medical equipment</td>
<td>Covered at 80%, subject to the deductible</td>
<td>Covered at 60%, subject to the deductible</td>
</tr>
<tr>
<td>External prosthetics</td>
<td>Covered at 80%, subject to the deductible</td>
<td>Covered at 60%, subject to the deductible</td>
</tr>
<tr>
<td>Chiropractic</td>
<td>$40 copay / visit</td>
<td>Covered at 60%, subject to the deductible</td>
</tr>
<tr>
<td>Acupuncture (up to 10-visits / yr)</td>
<td>$40 copay</td>
<td>Covered at 60%, subject to the deductible</td>
</tr>
<tr>
<td>Dental (for accidental injury to sound, natural teeth and for care due to congenital disease or anomaly)</td>
<td>$40 copay</td>
<td>Covered at 60%, subject to the deductible</td>
</tr>
<tr>
<td>Hearing (1-routine hearing exam / yr. Hearing aid(s) covered to age 19, 1x / 3- yrs)</td>
<td>$40 copay</td>
<td>Covered at 60%, subject to the deductible</td>
</tr>
</tbody>
</table>
**Medical Plan–Excellus Copay & Deductible Plan Prescription Drug Plan**

**PRESCRIPTION BENEFITS**

When you enroll in the Excellus $25/$500 Medical Plan, you will also be provided with prescription benefits. Your prescription benefits include different pricing structures of "tiers" to control cost based on the types of medications selected.

- **$5 Copay** Tier 1 / Generic Drugs
- **$25 Copay** Tier 2 / Preferred Brand Drugs
- **$50 Copay** Tier 3 / Non-Preferred Brand Drugs
- **20% Coinsurance** Tier 4 / Specialty Drugs

In most cases, more than one drug is available to treat the same medical conditions. Generic medications include the same active ingredients as brand name medications, but cost less. Therefore, selecting a formulary generic medication over a formulary brand name medication will result in you paying a lower copay. Specific copay amounts are listed within the "Prescription Drugs" section of the Medical Plan Summary.

**Formulary**: A formulary is an insurance company’s list of approved prescription drugs. These are typically drugs that have been found to effectively treat most medical conditions at a reasonable cost.

**CanaRx INTERNATIONAL MAIL ORDER PROGRAM**

The University makes available CanaRx International Mail Order Program for brand-name maintenance medications (those for conditions that are not related to a sudden illness). This is a voluntary program offered by the University with no copayments to participants. If you or covered family members take maintenance medications, there is a potential for considerable saving in prescription drug copayments. For more information contact Human Resources, at 315-229-5596 or at humanresources@stlawu.edu.
# Medical Plan—Excellus HDHP $2600/$5200

<table>
<thead>
<tr>
<th>PLAN FEATURES</th>
<th>Description</th>
</tr>
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<tbody>
<tr>
<td>Primary Care Physician (PCP)</td>
<td>Not required</td>
</tr>
<tr>
<td>Referrals</td>
<td>Not required</td>
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<tr>
<td>Out of network benefits</td>
<td>Covered at 100%, subject to the deductible</td>
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<tr>
<td>Out of area benefits</td>
<td>Coverage provided worldwide through the BlueCard program</td>
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<tr>
<td>Student/Dependent coverage</td>
<td>Qualified dependents &amp; students are covered to age 26</td>
</tr>
<tr>
<td>Wellness Incentives</td>
<td>Blue365 – Take advantage of exclusive discounts on health and wellness products and services, including fitness exercise, nutrition, elective procedures and hearing aids.</td>
</tr>
</tbody>
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<table>
<thead>
<tr>
<th>PLAN COST-SHARING HIGHLIGHTS</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>Office visit copay (Primary Care Physician)</td>
<td>No copay, office visit covered at 100% in-network and 100% out of network, subject to the deductible</td>
</tr>
<tr>
<td>Office visit copay (Specialist)</td>
<td>No copay, office visit covered at 100% in-network and 100% out of network, subject to the deductible</td>
</tr>
<tr>
<td>Coinsurance</td>
<td>In-Network: 0%; Out-of-Network: 0%</td>
</tr>
<tr>
<td>Deductible</td>
<td>Combined In and Out-of-Network: $2,600 Individual / $5,200 Family</td>
</tr>
<tr>
<td>Out of pocket maximum</td>
<td>Combined In and Out-of-Network: $5,500 Individual / $11,000 Family</td>
</tr>
<tr>
<td>Lifetime maximum</td>
<td>None</td>
</tr>
</tbody>
</table>

## PREVENTIVE SERVICES

<table>
<thead>
<tr>
<th>Service</th>
<th>IN-NETWORK</th>
<th>OUT-OF-NETWORK</th>
</tr>
</thead>
<tbody>
<tr>
<td>Well child visits</td>
<td>Covered in full</td>
<td>Covered in full</td>
</tr>
<tr>
<td>Adult routine physical exams (1 exam / yr)</td>
<td>Covered in full</td>
<td>Covered at 100%, subject to the deductible</td>
</tr>
<tr>
<td>Adult immunizations</td>
<td>Covered in full</td>
<td>Covered at 100%, subject to the deductible</td>
</tr>
<tr>
<td>Mammography</td>
<td>Covered in full</td>
<td>Covered at 100%, subject to the deductible</td>
</tr>
<tr>
<td>Pap smear</td>
<td>Covered in full</td>
<td>Covered at 100%, subject to the deductible</td>
</tr>
<tr>
<td>Routine GYN Exam</td>
<td>Covered in full</td>
<td>Covered at 100%, subject to the deductible</td>
</tr>
<tr>
<td>Prostate cancer screening</td>
<td>Covered in full</td>
<td>Covered at 100%, subject to the deductible</td>
</tr>
<tr>
<td>Routine vision (1-routine exam / year)</td>
<td>Covered at 100%, subject to the deductible</td>
<td>Covered at 100%, subject to the deductible</td>
</tr>
<tr>
<td>Colonoscopy (Preventive Screening)</td>
<td>Covered in full</td>
<td>Covered at 100%, subject to the deductible</td>
</tr>
</tbody>
</table>

## PHYSICIAN OFFICE SERVICES

- Diagnostic office visits
- Diagnostic x-rays
- Diagnostic laboratory and pathology
- Allergy tests
- Allergy injections
- Chemotherapy
- Radiation therapy

## MATERNITY SERVICES

- Prenatal and postpartum care
- Hospital care for mom (including delivery)
- Newborn nursery care

## PRESCRIPTION DRUG

- Short-term and maintenance drugs
  - $5/$35/$70, $0 copay for generics for children age 19, subject to the deductible
  - Not covered

## INPATIENT HOSPITAL

- Hospital
- Physician visits in the hospital
- Inpatient physical rehabilitation (60-days max / yr)
- Surgery
- Anesthesia

- Covered at 100%, subject to the deductible
- Covered at 100%, subject to the deductible
## EMERGENCY CARE

| Emergency room care (unless admitted w/in 24-hrs) | Covered at 100%, subject to the deductible |
| Freestanding urgent care center | Covered at 100%, subject to the deductible |
| Ambulance | Covered at 100%, subject to the deductible |

## OUTPATIENT HOSPITAL

| Diagnostic x-rays | Covered at 100%, subject to the deductible |
| Diagnostic laboratory and pathology | Covered at 100%, subject to the deductible |
| Surgical care | Covered at 100%, subject to the deductible |
| Chemotherapy | Covered at 100%, subject to the deductible |
| Radiation Therapy | Covered at 100%, subject to the deductible |

## MENTAL HEALTH AND CHEMICAL DEPENDENCE

| Inpatient mental health care | Covered at 100%, subject to the deductible |
| Outpatient mental health care | Covered at 100%, subject to the deductible |
| Services can be provided in an outpatient facility or in a provider office | Covered at 100%, subject to the deductible |
| Outpatient chemical dependence | Covered at 100%, subject to the deductible |
| Inpatient chemical dependence | Covered at 100%, subject to the deductible |

## OTHER SERVICES

| Diabetic insulin and supplies (30-day supply) | Covered at 100%, subject to the deductible |
| Skilled nursing facility (up to 45-days / yr) | Covered at 100%, subject to the deductible |
| Home care (up to 40-visits / yr) | Covered at 100%, subject to the deductible |
| Hospice (unlimited visits / yr) | Covered at 100%, subject to the deductible |
| Outpatient therapy (combined total of 45-visits / yr for physical, speech and occupational therapy) | Covered at 100%, subject to the deductible |
| Durable medical equipment | Covered at 100%, subject to the deductible |
| External prosthetics | Covered at 100%, subject to the deductible |
| Chiropractic | Covered at 100%, subject to the deductible |
| Acupuncture (up to 10-visits / yr) | Covered at 100%, subject to the deductible |
| Dental (for accidental injury to sound, natural teeth and for care due to congenital disease or anomaly) | Covered at 100%, subject to the deductible |
| Hearing (1-routine hearing exam / yr. Hearing aid(s) covered to age 19, 1x /3- yrs) | Covered at 100%, subject to the deductible |
Please be advised: All payroll deduction amounts are subject to change pending final rate approval from the NYS Finance Department. Should the final rates change, your medical payroll deductions may change as well.

*Health Savings Account (HSA) with Excellus HDHP

The Excellus High-Deductible Health Plan (HDHP) includes a Health Savings Account (HSA), funded by the University and administered by KeyBank. The HDHP requires insured participants to pay a significant part of their health-care expenses up front (with the exception of preventative benefits) before the insurance pays. The advantage of a HDHP is that premiums are significantly lower than with traditional plans and, coupled with an HSA, a participant may divert pre-tax income (exempt from federal, state and FICA tax) into an HSA account to save for medical care expenses now or in subsequent years.
Group Term Life/AD&D Insurance

St. Lawrence University provides all eligible employees with this basic coverage at no cost to you. In the event of an employee’s death, this benefit pays the beneficiary 1-times their salary to a maximum of $400,000 but not less than $5,000 if death is due to natural causes and additional 1-times your income if the death is due to an accident.

Age Reduction Schedule
The amount of insurance reduces by 33% at age 65 and by 55% at age 70.

The complete insurance contract is available at www.stlawu.edu/human-resources.

According to Federal law, the first $50,000 of employer provided Life Insurance is not taxable.
Health Insurance Portability & Accountability Act (HIPAA) Special Enrollment Rights

If you are declining enrollment for yourself or your dependents (including your spouse) because of other health insurance or group health plan coverage, you may be able to enroll yourself and your dependents in this plan if you or your dependents lose eligibility for that other coverage (or if the employer stops contributing toward your or your dependents’ other coverage). However, you must request enrollment within 30 days after your or your dependents’ other coverage ends (or after the employer stops contributing toward the other coverage).

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 and your dependents. However, you must request enrollment within 30 days after the marriage, birth, adoption, or placement for adoption.

To request special enrollment or obtain more information contact your Plan Administrator, at St. Lawrence University, 23 Romoda Drive, Canton, NY 13617; or at 315-229-5596.

Women’s Health & Cancer Rights Act Enrollment Notice

If you have had or are going to have a mastectomy, you may be entitled to certain benefits under the Women’s Health and Cancer Rights Act of 1998 (WHCRA). For individuals receiving mastectomy-related benefits, coverage will be provided in a manner determined in consultation with the attending physician and the patient, for:

• all stages of reconstruction of the breast on which the mastectomy was performed;
• surgery and reconstruction of the other breast to produce a symmetrical appearance;
• prostheses; and
• treatment of physical complications of the mastectomy, including lymphedema.

These benefits will be provided subject to the same deductibles and coinsurance applicable to other medical and surgical benefits provided under this plan. If you would like more information on WHCRA benefits, contact your Plan Administrator, at St. Lawrence University, 23 Romoda Drive, Canton, NY 13617; or at 315-229-5596.

Women’s Health & Cancer Rights Act Annual Notice

Do you know that your plan, as required by the Women’s Health and Cancer Rights Act of 1998, provides benefits for mastectomy-related services including all stages of reconstruction and surgery to achieve symmetry between the breasts, prostheses, and complications resulting from a mastectomy, including lymphedema? Contact your Plan Administrator, at St. Lawrence University, 23 Romoda Drive, Canton, NY 13617; or at 315-229-5596, for more information.

Patient Protection Disclosure

The Plan generally allows the designation of a primary care provider. You have the right to designate any participating primary care provider who is available to accept you or your family members.

For information on how to select a primary care provider and for a list of participating primary care providers, visit the Plan on-line at www.excellusbcbs.com. For more information, contact the Plan Administrator at the phone number listed on the cover page of this Employee Benefit Guide. For children, you may designate a pediatrician as the primary care provider.

You do not need prior authorization from the Plan or from any other person, including your primary care provider, in order to obtain access to obstetrical or gynecological care from a health care professional; however, you may be required to comply with certain procedures, including obtaining prior authorization for certain services, following a pre-approved treatment plan, or procedures for making referrals. For a list of participating health care professionals who specialize in obstetrics or gynecology, visit the Plan on-line at the web address noted above or contact your Plan Administrator, at St. Lawrence University, 23 Romoda Drive, Canton, NY 13617; or at 315-229-5596, for more information.
Reminder of Availability of Privacy Notice

The Plan Sponsor maintains the HIPAA Notice of Privacy Practices for the Plan, which describes how health information about you may be used and disclosed. You may obtain a copy of our HIPAA Notice of Privacy Practices by contacting the Plan Sponsor or Privacy Officer at St. Lawrence University, 23 Romoda Drive, Canton, NY 13617; or at 315-229-5596.

Individual Disclosure

Relph Benefit Advisors role is to provide the most appropriate and cost effective solutions in the area of health, life and disability insurance for employees of our client organizations.

Our firm receives compensation in the form of commissions from New York State insurance carriers based on their state approved commission schedules. Our licensed insurance counselors that meet with employees to select and apply for coverage are compensated on a per diem basis and do not receive direct commission payments.

Sometimes in the course of our work, certain insurance carriers will provide bonus or override compensation based on volume of coverage sold or other factors. These amounts are not normally known in advance and we do not make insurance recommendations based on this or other forms of compensation.

You may receive information about the compensation expected to be received by Relph Benefit Advisors based in whole or in part on the sale, and the compensation expected to be received in whole or part on any alternative quotes presented by Relph Benefit Advisors by contacting our Director of Compliance at the address below.

Relph Benefit Advisors
400 WillowBrook Office Park, Suite 400
Fairport NY 14450
Appendix — Compliance and Annual Notices (continued)

Medicaid and the Children’s Health Insurance Program (CHIP) Offer Free or Low-Cost Health Coverage to Children and Families

If you or your children are eligible for Medicaid or CHIP and you are eligible for health coverage from your employer, your State may have a premium assistance program that can help pay for coverage. These States use funds from their Medicaid or CHIP programs to help people who are eligible for these programs, but also have access to health insurance through their employer. If you or your children are not eligible for Medicaid or CHIP, you will not be eligible for these premium assistance programs.

If you or your dependents are already enrolled in Medicaid or CHIP and you live in a State listed below, you can contact your State Medicaid or CHIP office to find out if premium assistance is available.

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, you can contact your State Medicaid or CHIP office or call 1-877-KIDS NOW or www.insurekidsnow.gov to find out how to apply. If you qualify, you can ask the State if it has a program that might help you pay the premiums for an employer-sponsored plan.

Once it is determined that you or your dependents are eligible for premium assistance under Medicaid or CHIP, as well as eligible under your employer plan, your employer must permit you to enroll in your employer plan if you are not 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, you can contact the Department of Labor electronically at www.askebsa.dol.gov or by calling toll-free 1-866-444-EBSA (3272).

If you live in one of the following States, you may be eligible for assistance paying your employer health plan premiums. The following list of States is current as of July 31, 2013. You should contact your State for further information on eligibility.

**ALABAMA – Medicaid**
Website: http://www.medicaid.alabama.gov
Phone: 1-855-692-5447

**ALASKA – Medicaid**
Website: http://health.hss.state.ak.us/dpa/programs/medicaid/
Phone (Outside of Anchorage): 1-888-318-8890
Phone (Anchorage): 907-269-6529

**ARIZONA – CHIP**
Website: http://www.azahcccs.gov/applicants
Phone (Outside of Maricopa County): 1-877-764-5437
Phone (Maricopa County): 602-417-5437

**COLORADO – Medicaid**
Medicaid Website: http://www.colorado.gov/medicaid
Medicaid Phone (In state): 1-800-866-3513
Medicaid Phone (Out of state): 1-800-221-3943

**FLORIDA – Medicaid**
Website: https://www.flmedicaidtplrecovery.com
Phone: 1-877-357-3268

**GEORGIA – Medicaid**
Website: http://dch.georgia.gov/Click on Programs, then Medicaid, then Health Insurance Premium Payment (HIPP)
Phone: 1-800-869-1150

**IDAHO – Medicaid and CHIP**
Medicaid Website: www.accesstohealthinsurance.idaho.gov
Medicaid Phone: 1-800-926-2588
CHIP Website: www.medicaid.idaho.gov
CHIP Phone: 1-800-926-2588

**INDIANA – Medicaid**
Website: http://www.in.gov/fssa
Phone: 1-800-889-9949

**IOWA – Medicaid**
Website: www.dhs.state.ia.us/hipp/
Phone: 1-888-346-9562

**KANSAS – Medicaid**
Website: http://www.kdheks.gov/hcf/
Phone: 1-800-792-4884

**KENTUCKY – Medicaid**
Website: http://chfs.ky.gov/dms/default.htm
Phone: 1-800-635-2570

**LOUISIANA – Medicaid**
Website: http://www.lahipp.dhh.louisiana.gov
Phone: 1-888-695-2447

**MAINE – Medicaid**
Website: http://www.maine.gov/dhhs/ofi/public-assistance/index.html
Phone: 1-800-572-3839 TTY 1-800-977-6741

** MASSACHUSETTS – Medicaid and CHIP**
Website: http://www.mass.gov/MassHealth
Phone: 1-800-462-1120

**MINNESOTA – Medicaid**
Website: http://www.dhs.state.mn.us/Click on Health Care, then Medical Assistance
Phone: 1-800-657-3629

**MISSISSIPPI – Medicaid**
Website: http://www.dss.ms.gov/mhd/participants/pages/hipp.htm
Phone: 573-751-2005

**MONTANA – Medicaid**
Website: http://medicaidprovider.hhs.mt.gov/clientpages/clientindex.shtml
Telephone: 1-800-694-3084
Medicaid and the Children’s Health Insurance Program (CHIP) Offer Free or Low-Cost Health Coverage to Children and Families

NEBRASKA – Medicaid
Website: www.ACCESSNebraska.ne.gov
Phone: 1-800-383-4278

NEVADA – Medicaid
Medicaid Website: http://dwss.nv.gov/
Medicaid Phone: 1-800-992-0900

NEW HAMPSHIRE – Medicaid
Website:
Phone: 603-271-5218

NEW JERSEY – Medicaid and CHIP
Medicaid Website:
http://www.state.nj.us/humanservices/dmahs/clients/medicaid/
Medicaid Phone: 609-631-2392
CHIP Website: http://www.njfamilycare.org/index.html
CHIP Phone: 1-800-701-0710

NEW YORK – Medicaid
Website: http://www.nyhealth.gov/health_care/medicaid/
Phone: 1-800-541-2831

NORTH CAROLINA – Medicaid
Website: http://www.ncdhhs.gov/dma
Phone: 919-855-4100

NORTH DAKOTA – Medicaid
Website:
http://www.nd.gov/dhs/services/medicalserv/medicaid/
Phone: 1-800-755-2604

OKLAHOMA – Medicaid and CHIP
Website: http://www.insureoklahoma.org
Phone: 1-888-365-3742

OREGON – Medicaid and CHIP
Website:
http://www.oregonhealth.kids.gov
http://hijossaludablesoregon.gov
Phone: 1-800-699-9075

PENNSYLVANIA – Medicaid
Website: http://www.dpw.state.pa.us/hipp
Phone: 1-800-692-7462

RHODE ISLAND – Medicaid
Website: www.ohhs.ri.gov
Phone: 401-462-5300

SOUTH CAROLINA – Medicaid
Website: http://www.scdhhs.gov
Phone: 1-888-549-0820

SOUTH DAKOTA – Medicaid
Website: http://dss.sd.gov
Phone: 1-888-828-0059

TEXAS – Medicaid
Website: https://www.gethipptexas.com/
Phone: 1-800-440-0493

UTAH – Medicaid and CHIP
Website: http://health.utah.gov/upp
Phone: 1-866-435-7414

VERMONT – Medicaid
Website: http://www.greenmountaincare.org/
Phone: 1-800-250-8427

VIRGINIA – Medicaid and CHIP
Medicaid Website: http://www.dmas.virginia.gov/rcp-HIPP.htm
Medicaid Phone: 1-800-432-5924
CHIP Website: http://www.famis.org/
CHIP Phone: 1-866-873-2647

WASHINGTON – Medicaid
Website: http://www.dhrsa.dshs.wa.gov/premiumpymt/Apply.shtm
Phone: 1-800-562-3022 ext. 15473

WEST VIRGINIA – Medicaid
Website: www.dhhr.wv.gov/bms/
Phone: 1-877-598-5820, HHS Third Party Liability

WISCONSIN – Medicaid
Website: http://www.badgercareplus.org/pubs/p-10095.htm
Phone: 1-800-362-3002

WYOMING – Medicaid
Website: http://www.health.wyo.gov/healthcarefin/equalitycare
Phone: 307-777-7531

To see if more States have added a premium assistance program or for more information on special enrollment rights, you can contact either:

U.S. Department of Labor
Employee Benefits Security Administration
www.dol.gov/ebsa
1-866-444-EBSA (3272)

U.S. Department of Health and Human Services
Centers for Medicare & Medicaid Services
www.cms.hhs.gov
1-877-267-2323, Ext. 61565

OMB Control Number 1210-0137
Appendix - Important Notice from St. Lawrence University-SEIU
About Your Prescription Drug Coverage & Medicare

If you and/or your dependent(s) have Medicare or will become eligible for Medicare in the next 12-months, please take special care in reviewing this notice.

You should keep this notice where you can find it!

This notice has information about your current prescription drug coverage and prescription drug coverage available for people with Medicare. It also explains the options you have under Medicare prescription drug coverage and can help you decide whether or not you want to enroll. At the end of this notice is information about where you can get help to make decisions about your prescription drug coverage.

1. Medicare prescription drug coverage became available in 2006 to everyone with Medicare through Medicare prescription drug plans and Medicare Advantage Plans that offer prescription drug coverage. You can get this coverage if you join a Medicare Prescription Drug Plan or join a Medicare Advantage Plan (like an HMO or PPO) that offers prescription drug coverage. All Medicare prescription drug plans provide at least a standard level of coverage set by Medicare. Some plans may also offer more coverage for a higher monthly premium.

2. St. Lawrence University has determined that the prescription drug coverage offered in the following plan(s) is, on average for all plan participants, expected to pay out as much as the standard Medicare prescription drug coverage will pay and is considered Creditable Coverage:
   - Excellus Copay & Deductible Plan
   - Excellus HDHP $2600/$5200

   Because the coverage in the above CREDITABLE plan(s) is on average at least as good as standard Medicare prescription drug coverage, you can keep this coverage and not pay extra if you later decide to enroll in Medicare prescription drug coverage.

3. St. Lawrence University has determined that the following Health Plan(s) has(have) prescription drug coverage that is on average for all plan participants, NOT expected to pay out as much as the standard Medicare prescription drug coverage will pay and is considered Non-Creditable Coverage:
   - Not applicable

   This is important because for most people enrolled in the above NON-CREDITABLE plans, enrolling in Medicare prescription drug coverage means you will get more assistance with drug costs than if you had prescription drug coverage exclusively through the above NON-CREDITABLE plans.

   Consider enrolling in Medicare prescription drug coverage. You can keep your Non-Creditable coverage from St. Lawrence University. You can keep the coverage regardless of whether it is as good as a Medicare drug plan. However, because Non-Creditable Coverage is, on average, NOT at least as good as standard Medicare drug coverage, you may pay a higher premium (a penalty) if you decide later to join a Medicare drug plan.

4. You have decisions to make about Medicare prescription drug coverage that may affect how much you pay for that coverage, depending on if and when you enroll. Read this notice carefully — it explains your options.

(continued)
Why is your decision so important?

You should also know that if you drop or lose your coverage with St. Lawrence University and don’t enroll in Medicare prescription drug coverage after your current coverage ends, you may pay more (a penalty) to enroll in Medicare prescription drug coverage later. If you go 63 continuous days or longer without prescription drug coverage that’s at least as good as Medicare’s prescription drug coverage, your monthly premium may go up by at least 1% of the base beneficiary premium per month for every month that you did not have that coverage. For example, if you go nineteen months without coverage, your premium may consistently be at least 19% higher than the base beneficiary premium. You may have to pay this higher premium (a penalty) as long as you have Medicare prescription drug coverage. In addition, you may have to wait until the following October to join.

When to enroll?

You can join a Medicare prescription drug plan when they first become eligible for Medicare and each year from October 15 through December 7. This may mean that you have to wait to join a Medicare drug plan and that you may pay a higher premium (a penalty) if you join later. However, if you lose creditable prescription drug coverage, through no fault of your own, you will be eligible for a sixty (60) day Special Enrollment Period (SEP) because you lost creditable coverage to join a Part D plan. Additionally, if you decide to leave your employer sponsored plan, you will be eligible to join a Part D plan at that time using an employer group Special Enrollment Period.

If you do decide to enroll in a Medicare prescription drug plan and drop your current prescription drug coverage, be aware that you and your dependents may not be able to get this coverage back.

Please contact us for more information about what happens to your coverage if you enroll in a Medicare prescription drug plan.

You need to make a decision!

When you make your decision, you should also compare your current coverage, including which drugs are covered, with the coverage and cost of the plans offering Medicare prescription drug coverage in your area.

For more information about this notice or your current prescription drug coverage—

Contact our office for further information at 315-229-5596. NOTE: You will receive this notice annually and at other times in the future such before the next period you can enroll in Medicare prescription drug coverage, and if this coverage through St. Lawerence University changes. You also may request a copy.

For more information about your options under Medicare prescription drug coverage…

More detailed information about Medicare plans that offer prescription drug coverage is in the “Medicare & You” handbook from Medicare. You’ll get a copy of the handbook in the mail every year from Medicare. You may also be contacted directly by Medicare-approved prescription drug plans. For more information about Medicare prescription drug plans:

☞ Visit www.medicare.gov
☞ Call your State Health Insurance Assistance Program (see your copy of the Medicare & You handbook for their telephone number) for personalized help,
☞ Call 1-800-MEDICARE (1-800-633-4227). TTY users should call 1-877-486-2048.

For people with limited income and resources, extra help paying for Medicare prescription drug coverage is available. Information about this extra help is available from the Social Security Administration (SSA) online at www.socialsecurity.gov, or you call them at 1-800-772-1213 (TTY 1-800-325-0778)

Remember! Keep this Creditable/Non-Creditable Coverage Notice. If you decide to join one of the Medicare drug Plans, you may be required to provide a copy of this notice when you join to show whether or not you have maintained creditable coverage and whether or not you are required to pay a higher premium (a penalty).
### Insurance Carrier Contact Information

Many websites require registration to login using information from your ID card and SSN.

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<thead>
<tr>
<th>Benefit</th>
<th>Insurance Provider</th>
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