



# WAGNER COLLEGE

## **2024** Benefits Guide

January 1, 2024  
Through  
December 31, 2024

Your Benefits. Your Choices. Your Health.



# Welcome

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We recognize the important role employee benefits play as a critical component of overall compensation. As such, we continue to make every effort to target the best quality benefit plans for our staff and their families.

Once again it is Open Enrollment season, which is the annual period when our insurance carriers issue new rates and allow changes to be made in the plan designs and employee elections. You will have the opportunity to choose from the same 3 UMR Medical plans effective January 1, 2024.

Your medical plan options are as follows:

- UMR PPO \$0 Deductible Plan
- UMR EPO Plan
- UMR High Deductible Health Plan (HDHP) EPO

There are no changes to the Medical plan benefits.

Cigna will continue as our Dental insurance carrier with the same 2 plan options VSP will continue as our Vision insurance carrier.

The benefit elections you make during the Open Enrollment period will remain in effect January 1, 2024 through December 31, 2024. You will not be able to change your elections during the plan year unless you experience a qualified change in status as defined by federal law. It is important to make choices that are best for you and your family.

If you have any questions, do not hesitate to contact Human Resources or your dedicated BenefitsVIP Team.





# Advocacy

**BenefitsVIP**  
Help starts here.

## Help Starts Here

BenefitsVIP is a powerful, one-stop contact center staffed by seasoned professionals. Your dedicated team of employee benefits advocates is ready to help you and your family members resolve your benefits issues.

For service that's confidential and responsive, contact:

**866.286.5354**

Monday - Friday

8:30am - 8:00pm (ET)

Fax: **856.996.2755**

**Answers@benefitsvip.com**

## Questions Answered Here

COMPLETELY CONFIDENTIAL! Your dedicated BenefitsVIP advocates understand your benefit plans and are able to answer benefit questions and quickly resolve claims and eligibility issues. A majority of inquiries are resolved the same day and all calls adhere to privacy best practices.

**BenefitsVIP.com**



**BENEFITSVIP.COM**

Request member assistance and order ID cards with a click.



**HEALTHDISCOVERY.ORG**

Get vital, useful and fun health insurance and wellness facts.





# Medical Benefits



Customer Service: **800.826.9781**  
[www.umar.com](http://www.umar.com)

## PPO \$0 DEDUCTIBLE PLAN

BENEFIT	IN-NETWORK	OUT-OF-NETWORK
<b>Annual Deductible</b>	Individual: \$0 Family: \$0*	Individual: \$3,000 Family: \$9,000*
<b>Out-of-pocket Maximum</b>	Individual: \$6,600 Family: \$13,200*	Individual: \$10,500 Family: \$31,500*
<b>Coinsurance</b>	UMR 100% / Member 0%	UMR 70% / Member 30%
<b>Preventive Care Physical Exams</b>		
Children (through age 18)	Covered 100%	30% after deductible
Adults (age 19 and older)	Covered 100%	30% after deductible
<b>Outpatient Care</b>		
Primary care physician office visits	\$30 copay	30% after deductible
Specialist office visits	\$50 copay	30% after deductible
Outpatient facility surgery	\$375 copay	30% after deductible
<b>Outpatient Lab &amp; X-Ray</b>		
Laboratory Tests and Basic X-Rays	Covered 100%	30% after deductible
MRIs, MRAs, PET Scan, CT Scan	Covered 100%	30% after deductible
<b>Inpatient Hospital Care</b>	\$750 copay per admission	30% after deductible
<b>Emergency Care</b>		
Ambulance (medically necessary)	No charge	No charge
At hospital emergency room**	\$100 copay	\$100 copay
Urgent care	\$50 copay	30% after deductible
<b>Maternity Care</b>		
Office visits	\$30 copay per initial visit then no charge	30% after deductible
Hospital services for mother/child	\$750 copay per admission	30% after deductible
<b>Mental Health</b>		
Inpatient	\$750 copay per admission	30% after deductible
Outpatient	\$30 copay	30% after deductible
<b>Gym Reimbursement Program</b>		
Employee per 6 month period	\$200 (must complete 50 visits per 6 months)	
Spouse/Domestic Partner per 6 month period	\$100 (must complete 50 visits per 6 months)	
<b>Durable Medical Equipment</b>	No charge	30% after deductible
<b>Prescriptions</b>		
Deductible	\$100	Not covered
Retail Pharmacy (30-day supply)	\$15 Tier 1; \$30 Tier 2; \$60 Tier 3	
Mail Order (90-day supply)	\$37.50 Tier 1; \$75 Tier 2; \$150 Tier 3	
<b>Monthly Contributions</b>		
Employee Only		\$303.13
Employee + Spouse		\$629.20
Employee + Children		\$581.67
Employee + Family		\$845.46

\*No family member will exceed the individual amount

\*\*Copay may be waived if admitted

**Locate a UMR Provider**

- Go to [www.umar.com](http://www.umar.com).
- Click on "Find a Provider."

- Enter the "United Healthcare Choice Plus Network."
- Click "Search for a medical provider," or "Search for a behavioral health provider."

For additional plan information, please refer to your detailed plan design provided by the carrier. In the event of a discrepancy, the carrier Plan Document shall prevail.





# Medical Benefits



Customer Service: **800.826.9781**  
[www.umar.com](http://www.umar.com)

## EPO PLAN

BENEFIT	IN-NETWORK ONLY
<b>Annual Deductible</b>	<b>Individual: \$750 Family: \$2,250*</b>
<b>Out-of-pocket Maximum</b>	<b>Individual: \$6,600 Family: \$13,200*</b>
<b>Coinsurance</b>	<b>UMR 80% / Member 20%</b>
<b>Preventive Care Physical Exams</b>	
Children (through age 18)	Covered 100%
Adults (age 19 and older)	Covered 100%
<b>Outpatient Care</b>	
Primary care physician office visits	\$30 copay
Specialist office visits	\$50 copay
Outpatient facility surgery	\$500 copay then 20% after deductible
<b>Outpatient Lab &amp; X-Ray</b>	
Laboratory Tests and Basic X-Rays	Office setting—No charge / Outpatient setting—20% after deductible
MRIs, MRAs, PET Scan, CT Scan	Office setting—No charge / Outpatient setting—20% after deductible
<b>Inpatient Hospital Care</b>	\$1,000 copay then 20% after deductible
<b>Emergency Care</b>	
Ambulance (medically necessary)	20% after deductible
At hospital emergency room**	\$250 copay then 20% after deductible
Urgent care	\$50 copay
<b>Maternity Care</b>	
Office visits	\$30 copay per initial visit then no charge (deductible waived)
Hospital services for mother/child	\$1,000 copay then 20% after deductible
<b>Mental Health</b>	
Inpatient	\$1,000 copay then 20% after deductible
Outpatient	\$30 copay
<b>Gym Reimbursement Program</b>	
Employee per 6 month period	\$200 (must complete 50 visits per 6 months)
Spouse/Domestic Partner per 6 month period	\$100 (must complete 50 visits per 6 months)
<b>Durable Medical Equipment</b>	20% after deductible
<b>Prescriptions</b>	
Deductible	\$100
Retail Pharmacy (30-day supply)	\$15 Tier 1; \$30 Tier 2; \$60 Tier 3
Mail Order (90-day supply)	\$37.50 Tier 1; \$75 Tier 2; \$150 Tier 3
<b>Monthly Contributions</b>	
Employee Only	\$174.30
Employee + Spouse	\$378.63
Employee + Children	\$342.57
Employee + Family	\$516.86
*No family member will exceed the individual amount	
**Copay may be waived if admitted	

### Locate a UMR Provider

- Go to [www.umar.com](http://www.umar.com).
- Click on "Find a Provider."

- Enter the "United Healthcare Choice Plus Network."
- Click "Search for a medical provider," or "Search for a behavioral health provider."

For additional plan information, please refer to your detailed plan design provided by the carrier. In the event of a discrepancy, the carrier Plan Document shall prevail.



# Medical Benefits



Customer Service: **800.826.9781**  
[www.umar.com](http://www.umar.com)

## HIGH DEDUCTIBLE HEALTH PLAN (HDHP) EPO

BENEFIT	IN-NETWORK ONLY
<b>Annual Deductible</b>	<b>Individual: \$2,250 Family: \$4,500*</b> *The family deductible must be satisfied before coinsurance applies
<b>Out-of-pocket Maximum</b>	<b>Individual: \$4,000 Family: \$8,000*</b> *No one person on a family plan will exceed \$6,000 towards the out-of-pocket maximum
<b>Coinsurance</b>	<b>UMR 90% / Member 10%</b>
<b>Preventive Care Physical Exams</b>	
Children (through age 18)	Covered 100%
Adults (age 19 and older)	Covered 100%
<b>Outpatient Care</b>	
Primary care physician office visits	10% after deductible
Specialist office visits	10% after deductible
Outpatient facility surgery	10% after deductible
<b>Outpatient Lab &amp; X-Ray</b>	
Laboratory Tests and Basic X-Rays	10% after deductible
MRIs, MRAs, PET Scan, CT Scan	10% after deductible
<b>Inpatient Hospital Care</b>	10% after deductible
<b>Emergency Care</b>	
Ambulance (medically necessary)	10% after deductible
At hospital emergency room	10% after deductible
Urgent care	10% after deductible
<b>Maternity Care</b>	
Office visits	10% after deductible
Hospital services for mother/child	10% after deductible
<b>Mental Health</b>	
Inpatient	10% after deductible
Outpatient	10% after deductible
<b>Gym Reimbursement Program</b>	
Employee per 6 month period	\$200 (must complete 50 visits per 6 months)
Spouse/Domestic Partner per 6 month period	\$100 (must complete 50 visits per 6 months)
<b>Durable Medical Equipment</b>	10% after deductible
<b>Prescriptions</b>	
Deductible	Subject to Medical Deductible
Retail Pharmacy (30-day supply)	\$15 Tier 1; \$30 Tier 2; \$60 Tier 3
Mail Order (90-day supply)	\$37.50 Tier 1; \$75 Tier 2; \$150 Tier 3
<b>Monthly Contributions</b>	
Employee Only	\$142.61
Employee + Spouse	\$309.79
Employee + Children	\$280.29
Employee + Family	\$422.88

Locate a UMR Provider

- Go to [www.umar.com](http://www.umar.com).
- Click on "Find a Provider."

- Enter the "United Healthcare Choice Plus Network."
- Click "Search for a medical provider," or "Search for a behavioral health provider."

For additional plan information, please refer to your detailed plan design provided by the carrier. In the event of a discrepancy, the carrier Plan Document shall prevail.



# Health Savings Account Information



## About the High Deductible Health Plan Option

You have the option to elect the new High Deductible Health Plan (HDHP) EPO through UMR. A High Deductible Health Plan is a medical plan designed to lower health care costs by encouraging its members to focus on preventive care, therefore making insurance premiums more affordable.

This plan has higher deductibles that must be met before the plan begins to pay benefits. It is designed to pay for preventive care; you pay for all other care until the deductible is reached. The HDHP is offered in tandem with a Health Savings Account (HSA).

## How Does the High Deductible Health Plan Work?

This EPO plan works much like any other plan with In-Network only benefits. Preventive care services are covered 100% (not subject to the deductible). Other services are covered with a 10% coinsurance once you meet the plan's calendar year deductible; prescription drug coverage requires a copay after you meet your deductible.

## Is a High Deductible Plan Right for You?

This plan may be a good option if you expect to have low medical expenses, are looking for a tax-free way to save money for future medical expenses, or if you would like greater flexibility with the way you use your medical benefits. If a HDHP is right for you, you may spend less money per month while retaining control over which doctors you see and accumulating the funds you don't use in an HSA.

You may also want to consult with a legal or tax advisor to see if this plan is right for you.

## Health Savings Account (HSA)

To be eligible to contribute to the Health Savings Account (HSA), you must elect the HDHP. Government regulations require that these savings accounts be tied to a high-deductible health plan.

You cannot participate in the HSA if you're covered by outside health insurance or enrolled in Medicare. (Once your Medicare coverage begins, you must stop contributing to the HSA; but, you can still use your account to pay your eligible medical expenses tax-free including Medicare premiums and other plan costs.)

## How the HSA Works

Once you elect the HDHP, you'll have the opportunity to establish an HSA. All you have to do is decide how much you want to contribute on a pre-tax basis - and complete the paperwork to open your Optum Bank account. If you choose to participate, you'll receive a debit card to access the money in your HSA (checks are also available at a small fee). You can use your debit card to pay your medical bills directly, or you can pay qualified expenses out of your own pocket and reimburse yourself from the HSA with available funds.

If you prefer to think of your HSA as a long-term savings account, you may want to leave your funds alone - and pay current expenses out of your regular income. Your account will continue to grow tax-free, including interest or investment earnings, for future use - even after retirement.

You can use your HSA to pay medical bills - but only up to the amount that's currently in your account. Then, as additional deposits are made, you can access those funds.

## Pre-Tax Contributions to HSA

Like health care premium, FSA and 401(k) contributions, your contributions to an HSA are also deducted from your pay on a pre-tax basis - before Social Security, federal, state and local taxes are calculated.

## Annual HSA Limits

You may contribute to your HSA on a pre-tax basis. The maximum annual 2024 contribution amounts are:

- Employee \$4,150
- Employee + Dependent(s) \$8,300

If you are age 55 or older, or turning age 55 in 2024, you can make "catchup" contributions to your HSA and put an additional \$1,000 in your account anytime during the year. HSA funds are not subject to "use-it-or-lose-it" rules.

## Setting Up Your HSA Account

Once your enrollment elections are transmitted from UMR to Optum Bank (after Open Enrollment ends), you'll receive a Welcome Kit by mail with information regarding the activation of the account; the debit card will arrive separately. Employees who fail the identification process may receive an additional notification in order for the bank to verify their identification. Once the accounts are verified, they will open automatically and they have 60 days to submit anything else required from UMR.

Learn More About Your HSA At  
[OPTUMBANK.COM](https://optumbank.com)  
OR CALL  
866.234.8913

Tiers	2024 Federal HSA Maximum Annual Contribution
Individual	\$4,150
Family	\$8,300
Catch up contributions for those over age 55 is \$1,000 annually.	

For additional plan information, please refer to your detailed plan design provided by the carrier. In the event of a discrepancy, the carrier Plan Document shall prevail.





# Teladoc



**Teladoc** gives you 24/7 access to U.S. board-certified doctors, from home or on the go. Call or connect online or using the Teladoc mobile app for affordable medical care, when you need it.

**Teladoc** is provided for a \$10 copay for employees enrolled on the EPO or PPO Plans. For those enrolled on the HDHP, the cost of the service will be \$49 until the deductible is met. Effective April 1, 2024, the cost for the virtual visits for those enrolled on the HDHP will increase to \$54.

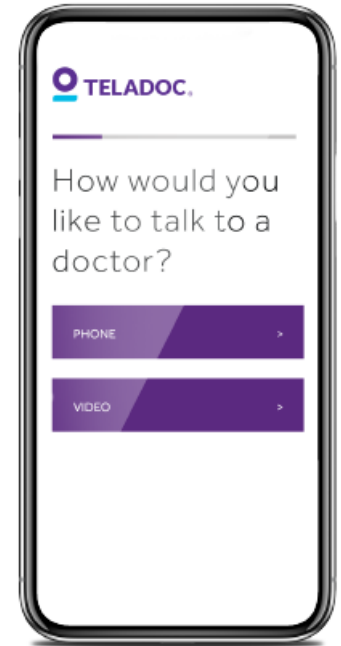
**Teladoc doctors** can treat many medical conditions, including:

- Cold & flu symptoms
- Allergies
- Pink eye
- Respiratory infections
- Sinus problems
- Skin problems
- And more!

With your consent, **Teladoc** is happy to provide information about your **Teladoc** visit to your primary care physician.

Additionally, for a higher cost share, **Teladoc doctors** can also treat:

- Mental Health
- Dermatology!



Talk to a doctor  
anytime, anywhere  
you happen to be



Receive quality  
care via phone, video  
or mobile app



Prompt treatment,  
median call back,  
in 10 minutes



A network of doctors  
that can treat every  
member of the family



Prescriptions sent to  
pharmacy of choice if  
medically necessary



Teladoc is less  
expensive than the  
ER or urgent care

**24/7 doctor visits via phone or mobile app**

Talk to a doctor anytime!!

Visit [Teladoc.com](https://www.teladoc.com)

Or call

**800.Teladoc**

For additional plan information, please refer to your detailed plan design provided by the carrier. In the event of a discrepancy, the carrier Plan Document shall prevail.





# Medical Terminology

## **Claim**

A request for payment that you or your health care provider submits to your health insurance company when you acquire items or services you believe are covered.

## **Coinsurance**

The percentage of costs of a covered health care service you pay (10%, for example) after you've paid your deductible.

## **Copayment/Copay**

A predetermined (flat) fee an individual pays for health care services, in addition to what the insurance covers.

## **Deductible**

The amount you pay for covered health care services before your insurance plan starts to pay. Eligible expenses applied to the In-Network deductibles will not be applied to satisfy Out-of-Network deductibles. In addition, check your carrier certificates to confirm how your plan satisfies the family deductible.

## **Dependent Coverage**

Insurance coverage for family members of the policyholder, such as spouses, children, or partners.

## **In-Network**

A doctor or facility providing care and has negotiated a contract rate with your health insurance company. You may not be balanced billed for amounts over the negotiated contract rate.

## **Out-of-Network**

A doctor or facility providing care and does not have a contract with your health insurance company. You may be balance billed for amounts over the percentage of costs paid by the insurance company (coinsurance).

## **Out-of-Pocket Maximum/Limit**

The most you have to pay for covered services in a plan year. After you spend this amount on deductibles, copayments, and coinsurance, your health plan pays 100% of the costs of covered benefits. Non-covered services or amounts over the Usual and Customary (U&C) are not applied to your out-of-pocket maximum.

## **Prescription Drug Coverage**

Health insurance or plan that helps pay for prescription drugs and medications.

## **Preventive Care (Preventive services)**

Routine health care, including screenings, check-ups, and patient counseling, to prevent or discover illness, disease or other health problems.

## **Primary Care Physician (PCP)**

A physician who directly provides or coordinates a range of health care services for a patient.

## **Specialist**

A physician specialist focuses on a specific area of medicine or a group of patients to diagnose, manage, prevent, or treat certain types of symptoms and conditions. A non-physician specialist is a provider who has more training in a specific area of health care.

## **Usual and Customary Allowance**

Usual and customary allowance is the amount of money that a particular health insurance company determines is the normal or acceptable range of payment for a specific health-related service or medical procedure.



# Dental Benefits



Customer Service: **800.244.6224**  
[www.cignadentalplans.com](http://www.cignadentalplans.com)

## LOW PLAN

BENEFIT	IN-NETWORK - CIGNA DPPO ADVANTAGE*	IN-NETWORK CIGNA DPPO*	OUT-OF-NETWORK
<b>Annual Deductible</b>	Individual: \$25 Family: \$75	Individual: \$100 Family: \$300	Individual: \$100 Family: \$300
<b>Dental Benefit Maximum</b> Annual Dental Maximum Lifetime Orthodontia Maximum		\$2,500 (per covered member) \$1,500 (per eligible dependent)	
<b>Diagnostic &amp; Preventive Services</b> Prophylaxis (Cleanings, 2 per calendar year); Oral examinations; Topical fluoride; X-rays; Bitewing; Sealants (up to age 14); Space maintainers	100% covered no deductible	70% covered no deductible	70% covered no deductible
<b>Basic Services</b> Fillings; Extractions; Oral surgery; Endodontics; Periodontics; Periodontal surgery; Anesthesia; Consultations; Repairs of dentures, crowns, inlays and onlays	80% covered after deductible	50% covered after deductible	50% covered after deductible
<b>Major Services</b> Bridge and Dentures; Crowns, Inlays, Onlays	50% covered after deductible	50% covered after deductible	50% covered after deductible
<b>Implants</b>	50% covered after deductible	50% covered after deductible	50% covered after deductible
<b>Orthodontic Services</b> (Children only to age 19)	50% covered no deductible	50% covered after deductible	50% covered no deductible
<b>Monthly Contributions</b> Employee Only Employee + Spouse Employee + Child(ren) Employee + Family		\$8.61 \$28.76 \$31.32 \$47.94	

\*No Additional Member Responsibility in excess of Coinsurance

For additional plan information, please refer to your detailed plan design provided by the carrier. In the event of a discrepancy, the carrier Plan Document shall prevail.



### Locate a Dental Provider

- Go to [www.cigna.com](http://www.cigna.com)
- Click on **Find a Doctor, Dentist or Facility** at the top of the page
- Choose **Plans through your employer or school**
- Click on the **Pick** icon under **Select a Plan**
- Click on **Dental Plans**
- Select your Cigna DPPO Advantage/Cigna DPPO
- Click the **Choose** icon





# Dental Benefits



Customer Service: **800.244.6224**  
[www.cignadentalplans.com](http://www.cignadentalplans.com)

## HIGH PLAN

BENEFIT	IN-NETWORK—CIGNA DPPO*	OUT-OF-NETWORK
Annual Deductible	Individual: \$50 Family: \$150	Individual: \$50 Family: \$150
Dental Benefit Maximum		
Annual Dental Maximum	\$1,250 (per covered member)	
Lifetime Orthodontia Maximum	Not Covered	
Diagnostic & Preventive Services		
Prophylaxis (Cleanings, 2 per calendar year); Oral examinations; Topical fluoride; X-rays; Bitewing; Sealants (up to age 14); Space maintainers	80% covered no deductible	80% covered no deductible
Basic Services		
Fillings; Extractions; Oral surgery; Endodontics; Periodontics; Periodontal surgery; Anesthesia; Consultations; Repairs of dentures, crowns, inlays and onlays	80% covered after deductible	80% covered after deductible
Major Services		
Bridge and Dentures; Crowns, Inlays, Onlays	50% covered after deductible	50% covered after deductible
Implants	50% covered after deductible	50% covered after deductible
Orthodontic Services	Not Covered	Not Covered
Monthly Contributions		
Employee Only	\$47.51	
Employee + Spouse	\$112.53	
Employee + Child(ren)	\$117.22	
Employee + Family	\$130.96	
*No Additional Member Responsibility in excess of Coinsurance		

For additional plan information, please refer to your detailed plan design provided by the carrier. In the event of a discrepancy, the carrier Plan Document shall prevail.

### Locate a Dental Provider

- Go to [www.cigna.com](http://www.cigna.com)
- Click on **Find a Doctor, Dentist or Facility** at the top of the page
- Choose **Plans** through your employer or school
- Click on the **Pick** icon under **Select a Plan**
- Click on **Dental Plans**
- Select your Cigna DPPO Advantage/Cigna DPPO
- Click the **Choose** icon





# Vision Benefits



## VISION PLAN

BENEFIT	IN-NETWORK	OUT-OF-NETWORK
Eye Exam	\$10	Up to \$45
Materials (Frames and Lenses)	\$25	Up to \$70
Frequency		
Exam	12 Months*	12 Months*
Lenses	12 Months*	12 Months*
Frames	24 Months**	24 Months**
Frames	\$150 allowance 20% savings on amount over allowance	Up to \$70
Lenses		
Single Vision Lenses	Covered in Full after copay	Up to \$30 allowance
Bifocal Vision Lenses	Covered in Full after copay	Up to \$50 allowance
Trifocal Vision Lenses	Covered in Full after copay	Up to \$65 allowance
Contact Lenses (in lieu of glasses)	Up to \$150 after copay	Up to \$105 allowance
Monthly Contributions		
Employee Only		\$12.26
Employee + Spouse		\$19.61
Employee + Child(ren)		\$20.02
Employee + Family		\$32.27

\*This benefit resets every calendar year

\*\*This benefit resets every other calendar year

For additional plan information, please refer to your detailed plan design provided by the carrier. In the event of a discrepancy, the carrier Plan Document shall prevail.



### Locate a VSP Doctor

- Go to [www.vsp.com](http://www.vsp.com)
- Select the **Members** link
- Click on **Find a Doctor**
- Enter the **Zip Code** or **Address**
- Select the **Doctor Network**
- Click **Search**



# Flexible Spending Accounts & Commuter Benefit Plan



## Flexible Spending Accounts

Employees may deduct pre-tax monies from their paychecks to set up:

- A Healthcare FSA for eligible medical, dental or vision expenses not paid for by health insurance.
- A Dependent Care FSA to cover childcare expenses for children up to age 13 or other eligible dependents.
- A Limited Purpose FSA for employees who participate in the HDHP with HSA.

For a list of eligible FSA items visit the Isolved Benefit Services website [www.isolvedbenefitservices.com](http://www.isolvedbenefitservices.com). The maximum employee contributions to an FSA for 2024 is **\$3,200** for Healthcare, Limited Purpose FSA and **\$5,000** for Dependent Care. The IRS requires that any participant wishing to enroll or re-enroll in these plans actively enroll each plan year.

The Healthcare FSA (only) allows you to roll over up to **\$640** of unused funds at the end of one plan year into the new plan year. Any funds over \$640 that remain in your account at the end of the plan year are, by federal law, forfeited. There is no rollover for the Dependent Care Account. We strongly urge that all participants carefully estimate how much to elect, annually. Unless you experience a life event, you cannot change your elections in the middle of a plan year nor can you transfer funds between accounts.

ACCOUNT TYPE	EXAMPLES OF ELIGIBLE EXPENSES	CONTRIBUTION LIMITS	ACCESS TO FUNDS	PRE-TAX BENEFIT
HEALTH CARE FSA	<ul style="list-style-type: none"><li>• Medical Plan Deductibles</li><li>• Prescription Drugs</li><li>• Some OTC medicines</li><li>• Vision Exams/Glasses/Contacts</li><li>• Laser Eye Surgery</li></ul>	<p>There is no minimum contribution per year</p> <p>Maximum contribution is <b>\$3,200</b> for the 2024 plan year</p>	<p>Allows immediate access to the entire contribution amount from the 1st day of the benefit year, before all scheduled contributions have been made</p>	<ul style="list-style-type: none"><li>• Save 20% - 40% on your health care expenses</li></ul>
LIMITED PURPOSE FSA (for employees enrolled in the HDHP who contribute to the HSA)	<p><b>Only Dental and Vision Expenses are eligible for reimbursement</b></p> <ul style="list-style-type: none"><li>• Dental and orthodontia</li><li>• Vision Exams/Eyeglasses/Contacts</li><li>• Laser Eye Surgery</li></ul>	<p>Employees enrolled in the HDHP may also contribute money to a Limited Purpose FSA</p> <p>Maximum contribution is <b>\$3,200</b> for the 2024 plan year</p>	<p>Allows immediate access to the entire election amount from the 1st payday of the plan year before all scheduled contributions have been made</p>	<ul style="list-style-type: none"><li>• Save on eligible purchases not covered by insurance</li></ul>
DEPENDENT CARE FSA	<ul style="list-style-type: none"><li>• Daycare</li><li>• Day Camp</li><li>• Eldercare</li><li>• Before and After School Care</li></ul>	<p>There is no minimum contribution per year</p> <p>Maximum contribution is <b>\$5,000</b> for the 2024 plan year</p>	<p>You will be able to submit claims up to your year-to-date accumulated amount in your account</p> <p>(You will only be reimbursed based on your accumulated contribution amounts)</p>	<ul style="list-style-type: none"><li>• Reduce your taxable income</li></ul>

Many over-the-counter drugs are covered under the Health Care FSA.

Employees may be required to provide substantiation to complete the processing of your claim and are responsible to check their balances.

## Commuter Benefit Plan

The Transit and Parking program through Wagner College allows you to contribute pre-tax dollars each month for public transit and/or parking via payroll deductions. Your annual savings will vary based on your tax rate. It is important to note that your pre-tax deduction is limited to the amount you spend on parking or public transit to commute to work. Your pre-tax deductions for parking and/or transit cannot exceed **\$315** per month for each of these benefits.

Once you complete the Commuter Employee Enrollment Form and return it to Human Resources, you will receive your monthly metro card or one-time visa check card from the Human Resources team.

ACCOUNT TYPE	ELIGIBLE EXPENSES	MONTHLY CONTRIBUTION LIMITS
Transit Account	<ul style="list-style-type: none"><li>• Train, bus and subway passes (Metrocards).</li><li>• Uber/Lyft ride sharing.</li></ul>	Between <b>\$10</b> and <b>\$315</b> on a pre-tax basis.
Parking Account	<ul style="list-style-type: none"><li>• Parking at or near your work location or mass transit (used for commuting).</li></ul>	Between <b>\$10</b> and <b>\$315</b> on a pre-tax basis.





# Ancillary Benefits

Customer Service: **866.679.3054**  
[www.unum.com](http://www.unum.com)

## Basic Life Insurance

- Basic Life Insurance coverage provides important supplemental financial protection for your family in the event of your death.
- **Wagner College** provides eligible full-time employees with Basic Life Insurance at no cost to you.
- The Life Insurance benefit is equal to 2 times your annual salary with a maximum of \$500,000.

## Accidental Death & Dismemberment (AD&D) Insurance

- AD&D Insurance coverage provides important financial protection in the event of death, loss of hands, feet and/or vision when an employee experiences a loss within 365 days of a related accident.
- All eligible full-time employees can qualify for the AD&D benefit which is equal to 2 times your annual salary with a maximum of \$500,000.

BENEFIT	LIFE AND AD&D
Who's Eligible?	All eligible employees
Life Benefit Amount	2x annual salary with a maximum of \$500,000
AD&D Benefit Amount	2x annual salary with a maximum of \$500,000
Accelerated Life Benefit	75% of benefit amount
Seatbelt(s) Benefit	10% of benefit amount
Air Bag Benefit	5% of benefit amount
Portability	Included
Conversion	Included

## Glossary

- **Life Benefit:** A policy that pays a beneficiary a specified death benefit amount when the insured dies.
- **AD&D Benefit:** This is paid, in addition to the life benefit, if you die in a covered accident. It also pays if you suffer a covered dismemberment.
- **Accelerated Life Benefit:** If you become terminally ill with less than 12 months to live, you have access to part of your life benefit early, up to your plan's maximum. Applies to active employees only.
- **Seatbelt(s) Benefit:** Pays an additional benefit if you die in a covered private-passenger car accident while wearing a seat belt.
- **Air Bag Benefit:** An extra benefit is paid if the seat is protected by an airbag plus seat belt and your seat belt is properly fastened.
- **Portability:** The eligible employee can continue term life coverage after a qualifying event at specified rates.
- **Conversion:** All or some of your term insurance is converted into a permanent life insurance policy.

## New York State Disability (NYS DBL)

- NYS DBL coverage provides important financial protection for your family in the event of an extended recovery from accident or illness.
- All eligible employees can qualify to receive NYS DBL coverage.
- The NYS DBL benefit is calculated at 50% of your weekly salary to a maximum of \$170 weekly, with a 26-week maximum period of payment.
- The elimination period is 7 days for disability due to injury and 7 days for disability due to sickness.

BENEFIT	NYDBL
Benefit Amount	50% of weekly earnings
Maximum Benefit	\$170 per week
Benefit Duration	Up to 26 weeks

**When Benefits Begin** After 7 days of sickness or injury

For additional plan information, please refer to your detailed plan design provided by the carrier. In the event of a discrepancy, the carrier Plan Document shall prevail.

## Paid Family Leave

NY Paid Family Leave will provide paid time off for employees to:

- Bond with a newly born, adopted, or fostered child.
- Care for a family member with a serious health condition.
- Assist loved ones when a family member is deployed abroad on active military duty.

## Eligibility

Employees with a regular work schedule of 20 or more hours per week are eligible after 26 consecutive weeks of employment. Employees with a regular work schedule of less than 20 hours per week are eligible after 175 days worked.

## Important

You cannot collect disability benefits and paid family leave benefits at the same time. The total combined disability leave and paid family leave in any 52 week period may not exceed 26 weeks.



# Ancillary Benefits

## Supplemental Short Term Disability

- Short Term Disability coverage provides important financial protection for your family in the event of an extended recovery from accident or illness.
- All eligible full-time employees can qualify to receive Short Term Disability coverage.
- The Short Term Disability benefit is calculated at 66.67% of your weekly salary to a maximum of \$2,000 weekly, with a 26-week maximum period of payment.
- Your Short Term Disability benefit will be offset by the amount you receive from NYS DBL.
- The elimination period is 7 days for disability due to injury and 7 days for disability due to sickness.

BENEFIT	SUPPLEMENTAL STD
Benefit Amount	66.67% of weekly earnings
Maximum Benefit	\$2,000 per week
Benefit Duration	Up to 26 weeks
When Benefits Begin	After 7 days of sickness or injury

## Long Term Disability

- Long Term Disability coverage provides important financial protection for your family in the event of an extended recovery from accident or illness.
- All eligible full-time employees can qualify to receive Long Term Disability coverage.
- The Long Term Disability benefit is calculated at 60% of your monthly base salary to a maximum of \$10,000 monthly.
- The elimination period is 180 days.
- Benefits are provided, as long as continuously disabled, to the greater of age 65 or Social Security Normal Retirement Age. However, if disability occurs on or after age 63, benefits will be based on a schedule in compliance with ADEA.

BENEFIT	VOLUNTARY LTD
Benefit Percentage	60% of pre-disability earnings
Definition of Disability	own occupation to age 65
Maximum Monthly Benefit	\$10,000
Elimination Period	180 days
Maximum Benefit Duration	Social Security Retirement Age
Pre-existing Conditions Limitations*	3/12*

**\*A "Pre-Existing Condition"** means the insured employee received medical treatment, consultation, care or services including diagnostic measures or took prescribed drugs or medicines in the **3 months** just prior to his/her effective date of coverage; and the disability begins in the first **12 months** after the employee's effective date of coverage unless you have been treatment free for 12 consecutive months after your effective date of coverage.



# Voluntary Benefits



Customer Service: **866.679.3054**  
[www.unum.com](http://www.unum.com)

## Employee Supplemental Life Insurance

- You may elect optional Supplemental Life Insurance in \$10,000 increments, up to a maximum of 5 times your basic annual salary or \$500,000, whichever is less. Full-time employees working at least 30 hours per week are eligible for Supplemental Life insurance.
- Evidence of Insurability must be submitted and approved for amounts in excess of \$200,000.
- If you enroll in coverage lower than \$200,000, you can increase up to the \$200,000 amount without answer medical questions.
- The cost of this insurance is paid at 100% by the employee through post-tax payroll deductions.
- Benefits are reduced to 65% of original benefit at age 65, 50% at age 70.

## Voluntary Dependent Life Insurance

- You may elect Voluntary Dependent Life Insurance in \$5,000 increments, up to a maximum of \$500,000.
- Spouse coverage cannot exceed 100% of the coverage amount you purchase for yourself.
- Evidence of Insurability must be submitted and approved for amounts in excess of \$25,000.
- If you enroll in coverage lower than \$25,000, you can increase up to the \$25,000 amount without answer medical questions.
- Benefits are reduced to 65% of original benefit at age 65, 50% at age 70.
- You can get up to \$10,000 of coverage in \$2,000 increments for children up to age 19 (or 26 if full-time student).

## Optional Accidental Death & Dismemberment (AD&D) Insurance

- Optional AD&D Insurance may be purchased in the same increments as life insurance.
- AD&D is not subject to Evidence of Insurability.

BENEFIT	EMPLOYEE	SPOUSE	DEPENDENT CHILDREN**
Benefit Amount	5 times (5x) annual salary in increments of \$10,000	Increments of \$5,000	Increments of \$2,000
Minimum Benefit Amount	\$10,000	\$5,000	\$10,000
Maximum Benefit Amount	\$500,000	100% of the Employee amount	\$10,000 Benefit for child(ren) from birth to 6 months \$1,000
Guaranteed Issue Amount*	\$200,000	\$25,000	\$10,000
Reduction of Benefits Schedule	65% of original benefit at age 65 50% of original benefit at age 70	65% of original benefit at age 65 50% of original benefit at age 70	N/A

\*Guaranteed Issue means the maximum amount of coverage available (to new hires) without medical information required. If you have previously purchased coverage, you can increase it up to \$200,000 with no Evidence of Insurability. If you previously declined coverage, you will need to answer health questions.

\*\*One policy covers all of your children until their 19th birthday or 26th birthday if they are full-time students.

For additional plan information, please refer to your detailed plan design provided by the carrier. In the event of a discrepancy, the carrier Plan Document shall prevail.







# Voluntary Benefits and Pet Insurance Discount Program



Customer Service: **866.679.3054**  
[www.unum.com](http://www.unum.com)

## Voluntary Accident Insurance

Accident insurance pays specific benefit amounts for injuries in a covered accident to help with the out-of-pocket costs that your existing coverage may not cover, such as:

- Emergency Room co-payments, coinsurance and deductibles.
- Medical treatment for fractures and dislocations or physical therapy.
- Crutches, wheelchairs or other medical aids you may need as a result of your accident.

## Voluntary Critical Illness Insurance

Fortunately, the odds of surviving a critical illness are in your favor, but would you be prepared for the many expenses that can accompany a critical illness? Even if you had health insurance, that coverage may not pay for everything, such as coinsurance, deductibles, caregivers, special medical equipment, household modifications and extra living expenses. Critical Illness Insurance complements your major medical coverage by providing a lump sum payment of either \$5,000 or \$10,000 to you. This program pays you for the following specified diseases:

- Coronary artery disease, heart attack, stroke.
- Benign brain tumor, end stage renal failure, major organ failure.
- Cancer, carcinoma in situ (CIS).



## Pet Benefit Solutions

Wagner College offers pet benefits to employees at exclusive group rates! You can choose to enroll in one, two or three plans. Choose the plans that work best for you and your pets. Pets Best offers a pet health insurance plan that offers 90% reimbursement on accidents and illnesses. You can also choose to add on routine care coverage. Pets Best also includes a 24/7 Pet Help Line powered by WhiskerDocs. To get your pet's individual quote, visit [petbenefits.com/land/wagneredu](http://petbenefits.com/land/wagneredu).

## Pet Assure Veterinary Discount Plan

Pet Assure is a veterinary discount plan that can be used as an alternative or addition to pet insurance. Members save 25% at participating veterinarians on all in-house medical services, including office visits, vaccinations, x-rays and surgeries. It also includes a 24/7 Lost Pet Recovery Service at the low cost of \$11.00/month for a family plan or \$8.00/month for one pet. For a list of participating veterinarians, go to [www.petbenefits.com/search](http://www.petbenefits.com/search).

## PetPlus Prescription Discount Plan

With PetPlus, you receive members-only pricing on prescriptions and everything else your pet needs, including prescriptions, preventatives, food, treats and more. View available products and pricing at [www.petplusbenefit.com](http://www.petplusbenefit.com). PetPlus also includes a 24/7 Pet Help Line powered by whiskerDocs. The cost for this plan is \$3.75/month for one pet or \$7.50/month for a family plan. Visit [petbenefits.com/land/wagneredu](http://petbenefits.com/land/wagneredu) to learn more about your plan options and how to enroll.

For additional plan information, please refer to your detailed plan design provided by the carrier. In the event of a discrepancy, the carrier Plan Document shall prevail.





# Rocket Lawyer Legal Coverage

**ROCKETLAWYER®**  
Group Legal Benefits

Through December, 2023, Wagner College will be offering employees the opportunity to enroll in FREE legal benefits through Rocket Lawyer!

## Legal Coverage

With Wagner College's membership, you get free access to the Rocket Lawyer platform, and all the legal help you need to handle any legal situation with confidence. Plan your estate, sell a vehicle, fight a traffic ticket, even make and sign a prenup quickly and easily on your own or with free lawyer support. Your membership also includes unlimited eSignatures through RocketSign® and discounts of up to half off lawyer services and tax prep by a pro.

## With Rocket Layer, you'll have access to these services:

### Legal Documents Library

Create and sign hundreds of legal documents such as wills, leases, and child care authorization forms.

### Attorney Q&A

Submit a question and get reliable legal advice within one business day.

### Attorney Phone Consultations

Schedule a free, 30-minute phone call with a Rocket Layer attorney specializing in your issue.

### Attorney Discounts

Save 40% on lawyers in your area.

## Rocket Lawyer can help you with:



Getting Married



Landlord/  
Tenant Issues



Estate Planning



Family/  
Elder Care



Immigration  
Issues



Buying a  
Home



Speeding  
Tickets



Starting a  
Family

## How To Sign Up:

Step One: Use your work email to sign up at <https://go.rocketlawyer.com/wagner>

Step Two: Enter your work email address

Step Three: You'll receive an email from Rocket Lawyer; click the 'Activate Account' button

Step Four: Fill out the form and you're set!

**Important Note: Rocket Lawyer will be available to Wagner College employees at no cost through December of 2023.**

Need help? Email Rocket Lawyer:

[benefitssupport@rocketlawyer.com](mailto:benefitssupport@rocketlawyer.com)

Or download the Rocket Lawyer App on the App Store or Google Play!

For additional plan information, please refer to your detailed plan design provided by the carrier. In the event of a discrepancy, the carrier Plan Document shall prevail.





# Liberty Mutual Auto and Home Coverage



Wagner College has partnered with Liberty Mutual to offer employees a special savings opportunity on customized auto and home insurance.

Along with valuable savings, enjoy access to benefits such as:

## Accident Forgiveness

Your price won't go up due to your first accident.

## Violation Free Discount

Customers can earn a discount for 3 years of violation-free driving. Get an even larger discount when you reach 5 years.

## Preferred Contractor Network

If your home incurs a covered loss, Liberty Mutual will connect you with reliable local contractors who can fix your problem quickly and at a competitive price. Liberty Mutual will even guarantee the contractor's work for three years.

## Personal Property Replacement Cost Coverage

In the even of a covered loss, Liberty Mutual will pay the actual cash value for items at the time of loss, then up to the full amount of the cost in today's market.

## 24-Hour Roadside Assistance

If your car breaks down, Liberty Mutual stranded. From a jump-start to a tow, the optional 24-Hour Roadside Assistance will get you moving again.

## How do Liberty Mutual's rates compare?

As an employee of Wagner College you may qualify for special savings on your auto and home insurance. A Sales Representative will help ensure you get all the discounts you're eligible for.

## What are my payment options?

Liberty Mutual offers several convenient options. Plus, you get a special savings for paying your bill in full or choosing automatic payments, such as Electronic Funds Transfer.

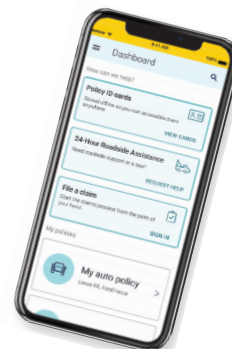
You can opt to:

- Have your payments deducted automatically from your checking/savings account.
- Pay monthly, quarterly or in one lump sum.

## Always there for you.

When you have a claim, Liberty Mutual takes care of it. It's that simple. You can call or go online 24/7. The mobile app makes things even easier:

- Pay your bill.
- Update your policy.
- Report, track, and manage your claims.
- Download from the App Store or using Google Play today!



For your free quote, call:  
800.699.4378

Or Visit: [www.libertymutual.com/wagnercollege](http://www.libertymutual.com/wagnercollege)  
Client Number: 137004

For additional plan information, please refer to your detailed plan design provided by the carrier. In the event of a discrepancy, the carrier Plan Document shall prevail.





# Norton LifeLock



**Opt-in to Cyber Safety.** No one intends to be unsafe online. Help protect your identity and devices with Norton LifeLock Benefit Plans. Let us help you empower you and your family to live your digital lives safely.

Take advantage of one of the protection plans being offered by Wagner College: **Benefit Essential** and **Benefit Premier**

## Online Privacy

Norton Secure VPN protects devices and helps keep online activity and browsing history private. Privacy Monitor scans common public people-search websites to help you opt-out. And SafeCam alerts you and blocks attempts to access your webcam.

## Identity

We monitor for fraudulent use of personal information, and send alerts when a potential threat is detected.

## Home & Family

Take action to monitor your child's online activity with easy-to-use tools to set screen time limits, block unsuitable sites, and monitor search terms and activity history.

## Device Security

Anti-virus software and multi-layered, advanced security helps protect devices against existing and emerging threats, including malware and ransomware.

**If you want to enroll, complete the LifeLock application and submit it to Human Resources**

**Questions about the program?**  
**Call LifeLock Employee Benefits Member Support**  
**800.607.9174**

**Questions about enrolling?**  
**Call Human Resources**  
**718.390.3116**

For additional plan information, please refer to your detailed plan design provided by the carrier. In the event of a discrepancy, the carrier Plan Document shall prevail.







# Employee Perks Program



## Access Your Employee Perks Program Today

**More Perks. More savings. More** of what makes you happy.

We're here to support your personal and financial well-being through exclusive deals and limited-time offers on the products, services and experiences you need and love. Start saving on:

Electronics  
Appliances  
Apparel  
Cars  
Flowers  
Fitness  
Memberships  
Gift Cards

Groceries  
Hotels  
Movie Tickets  
Rental Cars  
Special Events  
Theme Parks  
And more!

## New to Plum Benefits? Getting Started is Easy

Maximize your time away from the workplace and start saving today

**Step 1:** Visit [PlumBenefits.com](https://PlumBenefits.com).

**Step 2:** Click "Become a Member."

**Step 3:** Enter your company code or work email to create an account.

Your company code

Plum38339

Need Help?

Email us:

[customerservice@plumbenefits.com](mailto:customerservice@plumbenefits.com)



## Access Your Employee Perks Program Today

**More Perks. More savings. More** of what makes you happy.

We're here to support your personal and financial well-being through exclusive deals and limited-time offers on the products, services and experiences you need and love. Start saving on:

Electronics  
Appliances  
Apparel  
Cars  
Flowers  
Fitness  
Memberships  
Gift Cards

Groceries  
Hotels  
Movie Tickets  
Rental Cars  
Special Events  
Theme Parks  
And more!

## New to working Advantage? Getting Started is Easy

Maximize your time away from the workplace and start saving today

**Step 1:** Visit [WorkingAdvantage.com](https://WorkingAdvantage.com).

**Step 2:** Click "Become a Member."

**Step 3:** Enter your company code or work email to create an account.

Your company code

703907804

Need Help?

Email us:

[customerservice@workingadvantage.com](mailto:customerservice@workingadvantage.com)



For additional plan information, please refer to your detailed plan design provided by the carrier. In the event of a discrepancy, the carrier Plan Document shall prevail.





# Annual Notices

## NEWBORNS' AND MOTHERS' HEALTH PROTECTION ACT OF 1996 (NEWBORN'S ACT)

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

## THE WOMEN'S HEALTH AND CANCER RIGHTS ACT OF 1998 (WHCRA, ALSO KNOWN AS JANET'S LAW)

Under WHCRA, group health plans, insurance companies and health maintenance organizations (HMOs) offering mastectomy coverage must also provide coverage for reconstructive surgery in a manner determined in consultation with the attending physician and the patient. Coverage includes reconstruction of the breast on which the mastectomy was performed, surgery and reconstruction of the other breast to produce a symmetrical appearance, and prostheses and treatment of physical complications at all stages of the mastectomy, including lymph edemas. Call your Plan Administrator for more information.

## QUALIFIED MEDICAL CHILD SUPPORT ORDER (QMCSO)

QMCSO is a medical child support order issued under State law that creates or recognizes the existence of an "alternate recipient's" right to receive benefits for which a participant or beneficiary is eligible under a group health plan. An "alternate recipient" is any child of a participant (including a child adopted by or placed for adoption with a participant in a group health plan) who is recognized under a medical child support order as having a right to enrollment under a group health plan with respect to such participant. Upon receipt, the administrator of a group health plan is required to determine, within a reasonable period of time, whether a medical child support order is qualified, and to administer benefits in accordance with the applicable terms of each order that is qualified. In the event you are served with a notice to provide medical coverage for a dependent child as the result of a legal determination, you may obtain information from your employer on the rules for seeking to enact such coverage. These rules are provided at no cost to you and may be requested from your employer at any time.

## SPECIAL ENROLLMENT RIGHTS (HIPAA)

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

able to enroll yourself and your dependents, provided that you request enrollment within 30 days after the marriage, birth, adoption, or placement for adoption.

## COVERAGE EXTENSION RIGHTS UNDER THE UNIFORMED SERVICES EMPLOYMENT AND REEMPLOYMENT RIGHTS ACT (USERRA)

If you leave your job to perform military service, you have the right to elect to continue your existing employer-based health plan coverage for you and your dependents (including spouse) for up to 24 months while in the military. Even if you do not elect to continue coverage during your military service, you have the right to be reinstated in your employer's health plan when you are reemployed, generally without any waiting periods or exclusions for pre-existing conditions except for service-connected injuries or illnesses.

## MICHELLE'S LAW

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

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

## MENTAL HEALTH PARITY AND ADDICTION EQUITY ACT OF 2008

This act expands the mental health parity requirements in the Employee Retirement Income Security Act, the Internal Revenue Code and the Public Health Services Act by imposing new mandates on group health plans that provide both medical and surgical benefits and mental health or substance abuse disorder benefits. Among the new requirements, such plans (or the health insurance coverage offered in connection with such plans) must ensure that:

The financial requirements applicable to mental health or substance abuse disorder benefits are no more restrictive than the predominant financial requirements applied to substantially all medical and surgical benefits covered by the plan (or coverage), and there are no separate cost sharing requirements that are applicable only with respect to mental health or substance abuse disorder benefits.

## GENETIC INFORMATION NON-DISCRIMINATION ACT (GINA)

GINA broadly prohibits covered employers from discriminating against an employee, individual, or member because of the employee's "genetic information," which is broadly defined in GINA to mean (1) genetic tests of the individual, (2) genetic tests of family members of the individual, and (3) the manifestation of a disease or disorder in family members of such individual.

GINA also prohibits employers from requesting, requiring, or purchasing an employee's genetic information. This prohibition does not extend to information that is requested or required to comply with the certification requirements of family and medical leave laws, or to information inadvertently obtained through lawful inquiries under, for example, the Americans with Disabilities Act, provided the employer does not use the information in any discriminatory manner. In the event a covered employer lawfully (or inadvertently) acquires genetic information, the information must be kept in a separate file and treated as a confidential medical record, and may be disclosed to third parties only in very limited situations.

## CONSOLIDATED OMNIBUS BUDGET RECONCILIATION ACT (COBRA)

The Consolidated Omnibus Budget Reconciliation Act of 1985 (COBRA) requires employers who provide medical coverage to their employees to offer such coverage to employees and covered family members on a temporary basis when there has been a change in circumstances that would otherwise result in a loss of such coverage [26 USC §4980B]. This benefit, known as "continuation coverage," applies if, for example, dependent children become independent, spouses get divorced, or employees leave the employer.

## CHILDREN'S HEALTH INSURANCE PROGRAM REAUTHORIZATION ACT (CHIPRA)

Effective April 1, 2009 employees and dependents who are eligible for coverage, but who have not enrolled, have the right to elect coverage during the plan year under two circumstances:

- The employee's or dependent's state Medicaid or CHIP (Children's Health Insurance Program) coverage terminates because the individual ceases to be eligible.
- The employee or dependent becomes eligible for a CHIP premium assistance subsidy under state Medicaid or CHIP (Children's Health Insurance Program).

Employees must request this special enrollment within 60 days of the loss of coverage and/or within 60 days of when eligibility is determined for the premium subsidy.

## PREMIUM ASSISTANCE UNDER MEDICAID AND CHILDREN'S HEALTH INSURANCE PROGRAM (CHIP)

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

If you or your dependents are already enrolled in Medicaid or CHIP and you live in a State listed below, 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, contact your State Medicaid or CHIP office or

dial 1-877-KIDS NOW or [www.insurekidsnow.gov](http://www.insurekidsnow.gov) to find out how to apply. If you qualify, ask your state if it has a program that might help you pay the premiums for an employer-sponsored plan.

If you or your dependents are eligible for premium assistance under Medicaid or CHIP, as well as eligible under your employer plan, your employer must allow you to enroll in your employer plan if you aren't already enrolled. This is called a "special enrollment" opportunity, and you must request coverage within 60 days of being determined eligible for premium assistance. If you have questions about enrolling in your employer plan, contact the Department of Labor at [www.askebsa.dol.gov](http://www.askebsa.dol.gov) or call 1-866-444-EBSA (3272).

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, 2023.

Contact your State for more information on eligibility –

**ALABAMA** – Medicaid  
Website: <http://myalhipp.com/>  
Phone: 1-855-692-5447

**ALASKA** – Medicaid  
The AK Health Insurance Premium Payment Program  
Website: <http://myakhipp.com/>  
Phone: 1-866-251-4861  
Email: [CustomerService@MyAKHIPP.com](mailto:CustomerService@MyAKHIPP.com)  
Medicaid Eligibility: <https://health.alaska.gov/dpa/Pages/default.aspx>

**ARKANSAS** – Medicaid  
Website: <http://myarhipp.com/>  
Phone: 1-855-MyARHIPP (855-692-7447)

**CALIFORNIA** – Medicaid  
Health Insurance Premium Payment (HIPP) Program Website:  
<http://dhcs.ca.gov/hipp>  
Phone: 916-445-8322  
Fax: 916-440-5676  
Email: [hipp@dhcs.ca.gov](mailto:hipp@dhcs.ca.gov)

**COLORADO** – Health First Colorado (Colorado's Medicaid Program) & Child Health Plan Plus (CHP+)  
Health First Colorado Website: <https://www.healthfirstcolorado.com/>

Health First Colorado Member Contact Center:  
1-800-221-3943/State Relay 711  
CHP+: <https://hcpf.colorado.gov/child-health-plan-plus>  
CHP+ Customer Service: 1-800-359-1991/State Relay 711  
Health Insurance Buy-In Program (HIBI): <https://www.mycobibi.com/>  
HIBI Customer Service: 1-855-692-6442

**FLORIDA** – Medicaid  
Website: <https://www.flmedicaidtprecovery.com/flmedicaidtprecovery.com/hipp/index.html>  
Phone: 1-877-357-3268

**GEORGIA** – Medicaid  
GA HIPP Website: <https://medicaid.georgia.gov/health-insurance-premium-payment-program-hipp>



# Annual Notices

Phone: 678-564-1162, Press 1  
GA CHIPRA Website: <https://medicaid.georgia.gov/programs/third-party-liability/childrens-health-insurance-program-reauthorization-act-2009-chipra>  
Phone: 678-564-1162, Press 2

**INDIANA** – Medicaid  
Healthy Indiana Plan for low-income adults 19-64  
Website: <http://www.in.gov/fssa/hip/>  
Phone: 1-877-438-4479  
All other Medicaid  
Website: <https://www.in.gov/medicaid/>  
Phone: 1-800-457-4584

**IOWA** – Medicaid and CHIP (Hawki)  
Medicaid Website:  
<https://dhs.iowa.gov/ime/members>  
Medicaid Phone: 1-800-338-8366  
Hawki Website:  
<http://dhs.iowa.gov/Hawki>  
Hawki Phone: 1-800-257-8563  
HIPP Website: <https://dhs.iowa.gov/ime/members/medicaid-a-to-z/hipp>  
HIPP Phone: 1-888-346-9562

**KANSAS** – Medicaid  
Website: <https://www.kancare.ks.gov/>  
Phone: 1-800-792-4884  
HIPP Phone: 1-800-967-4660

**KENTUCKY** – Medicaid  
Kentucky Integrated Health Insurance Premium Payment Program (KI-HIPP) Website:  
<https://chfs.ky.gov/agencies/dms/member/Pages/kihipp.aspx>  
Phone: 1-855-459-6328  
Email: [KIHIPPPROGRAM@ky.gov](mailto:KIHIPPPROGRAM@ky.gov)  
KCHIP Website: <https://kidshealth.ky.gov/Pages/index.aspx>  
Phone: 1-877-524-4718  
Kentucky Medicaid Website: <https://chfs.ky.gov/agencies/dms>

**LOUISIANA** – Medicaid  
Website: [www.medicaid.la.gov](http://www.medicaid.la.gov) or  
[www.ldh.la.gov/la hipp](http://www.ldh.la.gov/la hipp)  
Phone: 1-888-342-6207 (Medicaid hotline) or  
1-855-618-5488 (LaHIPP)

**MAINE** – Medicaid  
Enrollment Website: [https://www.mymaineconnection.gov/benefits/s/?language=en\\_US](https://www.mymaineconnection.gov/benefits/s/?language=en_US)  
Phone: 1-800-442-6003  
TTY: Maine relay 711  
Private Health Insurance Premium Webpage:  
<https://www.maine.gov/dhhs/ofi/applications-forms>  
Phone: 1-800-977-6740  
TTY: Maine relay 711

**MASSACHUSETTS** – Medicaid and CHIP  
Website: <https://www.mass.gov/masshealth/pa>  
Phone: 1-800-862-4840  
TTY: 711  
Email: [masspreassistance@accenture.com](mailto:masspreassistance@accenture.com)

**MINNESOTA** – Medicaid  
Website: <https://mn.gov/dhs/people-we-serve/children-and-families/health-care/health-care-programs/programs-and-services/other-insurance.jsp>

Phone: 1-800-657-3739

**MISSOURI** – Medicaid  
Website: <http://www.dss.mo.gov/mhd/participants/pages/hipp.htm>  
Phone: 573-751-2005

**MONTANA** – Medicaid  
Website: <http://dphhs.mt.gov/MontanaHealthcarePrograms/HIPP>  
Phone: 1-800-694-3084  
Email: [HHSHIPPProgram@mt.gov](mailto:HHSHIPPProgram@mt.gov)

**NEBRASKA** – Medicaid  
Website: <http://www.ACCESSNebraska.ne.gov>  
Phone: 1-855-632-7633  
Lincoln: 402-473-7000  
Omaha: 402-595-1178

**NEVADA** – Medicaid  
Medicaid Website: <http://dhcfp.nv.gov>  
Medicaid Phone: 1-800-992-0900

**NEW HAMPSHIRE** – Medicaid  
Website: <https://www.dhhs.nh.gov/programs-services/medicaid/health-insurance-premium-program>  
Phone: 603-271-5218  
Toll free number for the HIPP program: 1-800-852-3345, ext. 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: [https://www.health.ny.gov/health\\_care/medicaid/](https://www.health.ny.gov/health_care/medicaid/)  
Phone: 1-800-541-2831

**NORTH CAROLINA** – Medicaid  
Website: <https://medicaid.ncdhhs.gov/>  
Phone: 919-855-4100

**NORTH DAKOTA** – Medicaid  
Website: <https://www.hhs.nd.gov/healthcare>  
Phone: 1-844-854-4825

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

**OREGON** – Medicaid  
Website: <http://healthcare.oregon.gov/Pages/index.aspx>  
Phone: 1-800-699-9075

**PENNSYLVANIA** – Medicaid and CHIP  
Website: <https://www.dhs.pa.gov/Services/Assistance/Pages/HIPP-Program.aspx>  
Phone: 1-800-692-7462  
CHIP Website: Children's Health Insurance Program (CHIP) (pa.gov)  
CHIP Phone: 1-800-986-KIDS (5437)

**RHODE ISLAND** – Medicaid and CHIP  
Website: <http://www.eohhs.ri.gov/>  
Phone: 1-855-697-4347, or

401-462-0311 (Direct Rlte Share Line)

**SOUTH CAROLINA** – Medicaid  
Website: <https://www.scdhhs.gov>  
Phone: 1-888-549-0820

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

**TEXAS** – Medicaid  
Website: Health Insurance Premium Payment (HIPP) Program | Texas Health and Human Services  
Phone: 1-800-440-0493

**UTAH** – Medicaid and CHIP  
Medicaid Website: <https://medicaid.utah.gov/>  
CHIP Website: <http://health.utah.gov/chip>  
Phone: 1-877-543-7669

**VERMONT** – Medicaid  
Website: Health Insurance Premium Payment (HIPP) Program | Department of Vermont Health Access  
Phone: 1-800-250-8427

**VIRGINIA** – Medicaid and CHIP  
Website: <https://coverva.dmas.virginia.gov/learn/premium-assistance/famis-select>  
<https://coverva.dmas.virginia.gov/learn/premium-assistance/health-insurance-premium-payment-hipp-programs>  
Medicaid/CHIP Phone: 1-800-432-5924

**WASHINGTON** – Medicaid  
Website: <https://www.hca.wa.gov/>  
Phone: 1-800-562-3022 Website: <https://dhr.wv.gov/bms/>

**WEST VIRGINIA** – Medicaid and CHIP  
<http://mywvhipp.com/>  
Medicaid Phone: 304-558-1700  
CHIP Toll-free phone: 1-855-MyWVHIPP (1-855-699-8447)

**WISCONSIN** – Medicaid and CHIP  
Website:  
<https://www.dhs.wisconsin.gov/badgercareplus/p-10095.htm>  
Phone: 1-800-362-3002

**WYOMING** – Medicaid  
Website: <https://health.wyo.gov/healthcarefin/medicaid/programs-and-eligibility/>  
Phone: 1-800-251-1269

To see if any other states have added a premium assistance program since July 31, 2023, or for more information on special enrollment rights, contact either:

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

U.S. Department of Health and Human Services  
Centers for Medicare & Medicaid Services  
[www.cms.hhs.gov](http://www.cms.hhs.gov)  
1-877-267-2323, Menu Option 4, Ext. 61565

## Paperwork Reduction Act Statement

According to the Paperwork Reduction Act of 1995 (Pub. L. 104-13) (PRA), no persons are required to respond to a collection of information unless such collection displays a valid Office of Management and Budget (OMB) control number. The Department notes that a Federal agency cannot conduct or sponsor a collection of information unless it is approved by OMB under the PRA, and displays a currently valid OMB control number, and the public is not required to respond to a collection of information unless it displays a currently valid OMB control number. See 44 U.S.C. 3507. Also, notwithstanding any other provisions of law, no person shall be subject to penalty for failing to comply with a collection of information if the collection of information does not display a currently valid OMB control number. See 44 U.S.C. 3512.

The public reporting burden for this collection of information is estimated to average approximately seven minutes per respondent. Interested parties are encouraged to send comments regarding the burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden, to the U.S. Department of Labor, Employee Benefits Security Administration, Office of Policy and Research, Attention: PRA Clearance Officer, 200 Constitution Avenue, N.W., Room N-5718, Washington, DC 20210 or email [ebsa.opr@dol.gov](mailto:ebsa.opr@dol.gov) and reference the OMB Control Number 1210-0137.

OMB Control Number 1210-0137 (expires 1/31/2026)



# WAGNER COLLEGE

This benefit summary provides selected highlights of the employee benefits program available. It is not a legal document and shall not be construed as a guarantee of benefits nor of continued employment. All benefit plans are governed by master policies, contracts and plan documents. Any discrepancies between any information provided through this summary and the actual terms of such policies, contracts and plan documents shall be governed by the terms of such policies, contracts and plan documents. Our company reserves the right to amend, suspend or terminate any benefit plan, in whole or in part, at any time. The authority to make such changes rests with the Plan Administrator.

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