



**MOLLOY  
UNIVERSITY**



**EMPLOYEE  
BENEFITS 2026**

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## EMPLOYEE BENEFITS

The comprehensive and competitive benefits provided to you through your Employee Benefit Program are an important part of your total compensation package.

This Information Guide offers you the resources you will need to make informed enrollment decisions for the 2026 plan year and includes information on how to use your benefits.

If you need to change your coverage before the next enrollment period due to a qualifying life event, please **contact the Human Resources Department within 30 days** of your family status change.



This document is an outline of the coverage provided under your employer’s benefit plans based on information provided by your company. It does not include all the terms, coverage, exclusions, limitations, and conditions contained in the official Plan Document, applicable insurance policies and contracts (collectively, the “plan documents”). The plan documents themselves must be read for those details. The intent of this document is to provide you with general information about your employer’s benefit plans. It does not necessarily address all the specific issues which may be applicable to you. It should not be construed as, nor is it intended to provide, legal advice. To the extent that any of the information contained in this document is inconsistent with the plan documents, the provisions set forth in the plan documents will govern in all cases. If you wish to review the plan documents or you have questions regarding specific issues or plan provisions, you should contact your Human Resources/Benefits Department.

## WELCOME TO YOUR BENEFITS ENROLLMENT

Molloy University also defined as “the University”, offers to eligible employees a competitive and comprehensive health & welfare benefit program that make up an important part of their total compensation package. The University’s health & welfare benefit program is designed to provide eligible employees and their family with a wide range of benefits to meet healthcare, financial and work/life needs. This enrollment booklet provides an overview of the important information about the University’s benefit program to assist in making enrollment decisions. Molloy University offers an extensive range of programs and benefits that eligible employees can take advantage of during their employment. We believe by offering programs that address different areas of work and personal life, the University demonstrates its commitment to our Faculty and Staff.

### Important Information for 2026

Medical - Aetna will remain our medical insurance provider and will offer three plans effective January 1, 2026:

- New High-Deductible Health Plan (HDHP) – HSA-compatible
- Aetna EPO Bronze
- Aetna EPO Silver

Molloy University will continue to provide a Health Reimbursement Arrangement (HRA) for eligible EPO plan members or contribute to an HSA for those enrolled in the new HDHP. The HRA program will continue to be administered by the Difference Card. The HSA program will be administered by Inspira/Aetna

### FSA, Dependent Care FSA, and Commuter Benefits

Starting **January 1, 2026**, Inspira/Aetna will replace **WageWorks/HealthEquity** as the administrator for:

- Flexible Spending Accounts (FSA)
- Dependent Care FSA (DCFSA)
- Commuter benefits

### HSA & Limited Purpose FSA

For employees enrolling in the new Aetna HSA HDHP:

- Inspira/Aetna will administer your HSA.
- Molloy will also offer a Limited Purpose FSA (LPFSA) for dental and vision, available only to HSA participants.

Detailed information about each of our programs can be found in this guide.

If you have specific questions, please contact Human Resources at **516.323.3050** or email [hrinternal@molloy.edu](mailto:hrinternal@molloy.edu).



## MOLLOY UNIVERSITY HEALTH & WELFARE BENEFIT

### How It Works

The University pays a major portion of the cost of your benefit plans which is considered part of your “total compensation” package. Your contributions, if any, for most company benefits, are made with “pre-tax” dollars. The cost of the option you choose is deducted from your pay before taxes (including Income and Social Security taxes) are computed. Because your annual income is reduced by the amount of your deductions for elected benefits, you pay less in taxes. Details on whether contributions are deducted from your pay on a pre-tax or post-tax basis for a benefit option are identified in this booklet.

### Who is Eligible to Participate

All regular employees of the University hired after July 1, 2013 who are scheduled to work at least 30 hours a week are eligible to enroll in the University’s benefit program. Most benefits for new hires begin the first of the month following 30 days of employment. All employees of the University hired prior to July 1, 2013 will be grandfathered into prior eligibility rules. Coverage under the benefit programs is also extended to employee’s while on sabbatical.

Medical, dental and vision coverage is also extended to your eligible dependents. Eligible dependents include:

- » Spouse/ Domestic Partner
- » Children up to age 26—**coverage terminates at the end of the month your dependent turns 26.**
- » Children with a lifelong qualifying disability



**It is your responsibility** to make sure all dependents you enroll are eligible for coverage. Proof of dependency is required. Dependent children who no longer qualify for benefits under the University’s plan, due to attainment of the limiting age 26, can continue coverage under COBRA. Consult Human Resources for more information.

### Waive Coverage

You may elect to waive medical, dental and vision coverage. Your next opportunity to enroll in these plans will be the next annual enrollment, in December 2026 for a January 1, 2027 effective date unless you experience a life status change.

### Changing Your Benefit Elections

You can only change your benefit elections during the annual open enrollment, held in December for a January 1st effective date, unless you have a change in your family status. Eligible family status changes include:

- » You get married, divorced or legally separated
- » You gain a dependent through birth, adoption or legal custody
- » Increase of hours which will qualify you as an eligible employee under the benefit plan
- » Decrease of hours which no longer qualifies you as an eligible employee under the benefit plan
- » Your dependent becomes ineligible for coverage
- » Your spouse/partner gains or loses group coverage or changes employment
- » Loss of coverage for Medicaid or a State Children’s Health Insurance Program
- » Eligibility for Medicaid or a State Children’s Health Insurance Program

If you need to change your coverage before the next enrollment period due to one of these occurrences, you will need to **contact the Human Resources Department within 30 days** of your family status change.

Molloy University offers you the option to choose between (3) medical plans through Aetna. (2) EPO plans and a new **HSA HDHP**. All three plans utilize the same Aetna national network and are in-network only coverage that do not require referrals. In addition to the Aetna medical plans, Molloy University will provide all EPO (Silver & Bronze) plan participants a Medical Expense Reimbursement Plan (MERP) to help pay for their deductible. For those electing the **HSA HDHP**, Molloy will fund up to \$2,500/ Individual or \$5,000/ family into an HSA account for employees enrolled in this new HDHP for 2026.

## MEDICAL PLAN OPTION (1)

### Aetna Elect Choice HSA HDHP Plan

You now have the choice to elect a **HSA** option, which offers comprehensive national coverage through healthcare providers that participate with the Aetna Elect Choice Network.

As a qualified HSA HDHP plan, all services are subject to the deductible and coinsurance, other than preventative care. The deductible for the individual coverage is \$5,000 and for those with dependent coverage it is a \$10,000 deductible. After the deductible the plans pay 80% coinsurance, with a maximum out of pocket (MOOP) of \$7,500/individual or \$15,000/family.

### Inspira/Aetna - HSA HDHP

Inspira is Aetna's HSA partner who will administer the HSA accounts. Only those employees electing the HSA HDHP can participate in the HSA accounts.

| Aetna Elect Choice HSA HDHP            |  |
|--|--|
| Plan Provisions                        | In-Network Only  |
| Physician Office Visit                 | Deductible & Coinsurance Apply                                   |
| Specialist Office Visit                | Deductible & Coinsurance Apply                                   |
| Deductible                             | \$5,000/\$10,000   |
| Coinsurance                            | 20%  |
| Maximum OOP w/Deductible               | \$7,500/\$15,000   |
| <b>HSA Contribution Molloy Funded</b>  | <b>\$2,500/\$5,000</b>   |
| Inpatient Hospital Services            | Deductible & Coinsurance Apply                                   |
| Outpatient Hospital Services           | Deductible & Coinsurance Apply                                   |
| Emergency Room                         | Deductible & Coinsurance Apply                                   |
| Urgent Care                            | Deductible & Coinsurance Apply                                   |
| Annual Physical Exam                   | Covered at 100%  |
| Prescription Drug Card (MO 2 X Retail) | After Deductible<br>Tier 1: \$15<br>Tier 2: \$30<br>Tier 3: \$50 |

#### Notes:

- An employee over age 65 can enroll in an HDHP and contribute to an HSA only if they are NOT enrolled in Medicare and or Social Security.
- Enrolling in Medicare at any point stops the ability to contribute to an HSA.
- If you are over age 65, receiving Social Security Benefits and/or enrolled in Medicare Part A, you cannot contribute to an HSA.
- If you establish an HSA and subsequently enroll in Medicare, you can still use the funds in your HSA for qualified medical expenses. After 65, you can withdraw funds for non-medical expenses without penalty but will pay income tax on those withdrawals.
- Employees who enroll in HSA coverage mid-year will receive a prorated employer contribution, based on the number of months they are eligible for HSA contributions during the plan year.

## MEDICAL PLAN OPTIONS (2 & 3)

### Aetna Elect Choice (2) EPO Plans

You have the choice of two EPO plans, **Silver and Bronze**, which offer comprehensive national coverage through healthcare providers that participate with the Aetna Elect Choice EPO Network.

Both EPO plans include a deductible and coinsurance for certain services, such as Inpatient Hospital, Outpatient Hospital, Lab and Radiology. The deductible is \$5,000 for individual and \$10,000 for family. After the deductible the plans pay 70% coinsurance, with a maximum out of pocket (MOOP) of \$8,550/individual or \$17,100/family.

### The Difference Card - Silver and Bronze

For **Silver** Plan members, the Difference Card will reimburse you \$3,500/individual or \$7,000/family of the deductible you may incur.

For **Bronze** Plan members, the Difference Card will reimburse you \$2,500/individual or \$5,000/family of the deductible you may incur.

| Aetna Elect Choice EPO SILVER Plan     |  |
|--|--|
| Plan Provisions                        | In-Network Only                              |
| Physician Office Visit                 | \$30 copay                                   |
| Specialist Office Visit                | \$50 copay                                   |
| Deductible                             | \$5,000/\$10,000                             |
| Coinsurance                            | 30%  |
| Maximum OOP w/Deductible               | \$8,550/\$17,100                             |
| <b>Difference Card Reimbursement</b>   | <b>\$3,500/\$7,000</b>                       |
| Inpatient Hospital Services            | Deductible & Coinsurance Apply               |
| Outpatient Hospital Services           | Deductible & Coinsurance Apply               |
| Emergency Room                         | \$250 copay, waived if admitted              |
| Urgent Care                            | \$75 copay                                   |
| Annual Physical Exam                   | Covered at 100%                              |
| Prescription Deductible                | \$100/\$200                                  |
| Prescription Drug Card (MO 2 X Retail) | Tier 1: \$15<br>Tier 2: \$30<br>Tier 3: \$50 |

| Aetna Elect Choice EPO BRONZE Plan     |  |
|--|--|
| Plan Provisions                        | In-Network Only                              |
| Physician Office Visit                 | \$40 copay                                   |
| Specialist Office Visit                | \$60 copay                                   |
| Deductible                             | \$5,000/\$10,000                             |
| Coinsurance                            | 30%  |
| Maximum OOP w/Deductible               | \$8,550/\$17,100                             |
| <b>Difference Card Reimbursement</b>   | <b>\$2,500/\$5,000</b>                       |
| Inpatient Hospital Services            | Deductible & Coinsurance Apply               |
| Outpatient Hospital Services           | Deductible & Coinsurance Apply               |
| Emergency Room                         | \$250 copay, waived if admitted              |
| Urgent Care                            | \$100 copay                                  |
| Annual Physical Exam                   | Covered at 100%                              |
| Prescription Deductible                | \$100/\$200                                  |
| Prescription Drug Card (MO 2 X Retail) | Tier 1: \$20<br>Tier 2: \$30<br>Tier 3: \$50 |

Visit [www.aetna.com](http://www.aetna.com) for a listing of participating providers. Click on Find a Doctor and you can search as a guest or create an account once you are a member.

You then add your location and when selecting the plan, under Aetna Open Access Plans you choose "**Elect Choice EPO (Open Access)**".



# SUMMARY OF BENEFITS

Molloy University

Aetna  
Silver

1/1/2026

to

12/31/2026

Submit a claim for reimbursement with EOB for payment.

| TYPE OF VISIT                                  | YOU PAY                              | DIFFERENCE CARD PAYS  | AETNA BENEFIT              |
|--|--------------------------------------|-----------------------|----------------------------|
| <b>PHYSICIAN SERVICES</b>                      |                                      |                       |                            |
| Primary Care Office Visit Copay                | \$30                                 | \$0                   | \$30 Copay                 |
| Specialist Office Visit Copay                  | \$50                                 | \$0                   | \$50 Copay                 |
| Preventive Care / Screening / Immunization     | No Charge                            |                       |                            |
| Urgent Care                                    | \$75                                 | \$0                   | \$75 Copay                 |
| <b>PHARMACY</b>                                |                                      |                       |                            |
| Prescription Deductible Application            | N/A                                  |                       |                            |
| Prescription Individual Deductible             | \$100                                | \$0                   | \$100                      |
| Prescription Family Deductible                 | \$200                                | \$0                   | \$200                      |
| Retail Prescriptions                           | \$15/\$30/\$50                       | \$0                   | \$15/\$30/\$50             |
| Mail Order Prescriptions                       | \$30/\$60/\$100                      | \$0                   | \$30/\$60/\$100            |
| <b>DIAGNOSTIC PROCEDURES</b>                   |                                      |                       |                            |
| Diagnostic Test- Lab Bloodwork                 | Remaining Deductible and Coinsurance | First \$3,500/\$7,000 | Deductible and Coinsurance |
| Diagnostic Test X-Ray                          | Remaining Deductible and Coinsurance | First \$3,500/\$7,000 | Deductible and Coinsurance |
| Complex Imaging (CT/Pet Scans, MRIs)           | Remaining Deductible and Coinsurance | First \$3,500/\$7,000 | Deductible and Coinsurance |
| <b>HOSPITAL SERVICES</b>                       |                                      |                       |                            |
| Emergency Room Care                            | \$250                                | \$0                   | \$250 Copay                |
| Outpatient Surgery                             | Remaining Deductible and Coinsurance | First \$3,500/\$7,000 | Deductible and Coinsurance |
| Inpatient Hospital                             | Remaining Deductible and Coinsurance | First \$3,500/\$7,000 | Deductible and Coinsurance |
| <b>IN NETWORK DEDUCTIBLE &amp; COINSURANCE</b> |                                      |                       |                            |
| Qualified High Deductible Health Plan          | No                                   |                       |                            |
| Deductible Accumulation Period                 | Calendar year                        |                       |                            |
| Family Deductible Accumulation Type            | Individual Accumulation              |                       |                            |
| In-Network Individual Deductible               | Last \$1,500                         | First \$3,500         | \$5,000                    |
| In-Network Family Deductible                   | Last \$3,000                         | First \$7,000         | \$10,000                   |
| In-Network Individual Coinsurance Limit        | \$3,550                              | \$0                   | 30% to \$3,550             |
| In-Network Family Coinsurance Limit            | \$7,100                              | \$0                   | 30% to \$7,100             |

In-Network Family Multiplier 2

Mail Order Multiplier 2

All claims must be submitted within 3 months of the end of the deductible accumulation period.

Terminated members must submit claims within 3 months of the termination date.

Information on this document based on carrier SBC.

Call 888.343.2110 with any questions.

Download the Mobile App to View and Submit Claims



SCAN THIS WITH YOUR CAMERA



# SUMMARY OF BENEFITS

Molloy University

Aetna  
Bronze

1/1/2026

to

12/31/2026

Submit a claim for reimbursement with EOB for payment.

| TYPE OF VISIT                                  | YOU PAY                            | DIFFERENCE CARD PAYS  | AETNA BENEFIT              |
|--|------------------------------------|-----------------------|----------------------------|
| <b>PHYSICIAN SERVICES</b>                      |                                    |                       |                            |
| Primary Care Office Visit Copay                | \$40                               | \$0                   | \$40 Copay                 |
| Specialist Office Visit Copay                  | \$60                               | \$0                   | \$60 Copay                 |
| Preventive Care / Screening / Immunization     | No Charge                          |                       |                            |
| Urgent Care                                    | \$100                              | \$0                   | \$100 Copay                |
| <b>PHARMACY</b>                                |                                    |                       |                            |
| Prescription Deductible Application            | All Tiers                          |                       |                            |
| Prescription Individual Deductible             | \$100                              | \$0                   | \$100                      |
| Prescription Family Deductible                 | \$200                              | \$0                   | \$200                      |
| Retail Prescriptions                           | \$20/\$40/\$70                     | \$0                   | \$20/\$40/\$70             |
| Mail Order Prescriptions                       | \$40/\$80/\$140                    | \$0                   | \$40/\$80/\$140            |
| <b>DIAGNOSTIC PROCEDURES</b>                   |                                    |                       |                            |
| Diagnostic Test- Lab Bloodwork                 | Remaining Deductible & Coinsurance | First \$2,500/\$5,000 | Deductible and Coinsurance |
| Diagnostic Test X-Ray                          | Remaining Deductible & Coinsurance | First \$2,500/\$5,000 | Deductible and Coinsurance |
| Complex Imaging (CT/Pet Scans, MRIs)           | Remaining Deductible & Coinsurance | First \$2,500/\$5,000 | Deductible and Coinsurance |
| <b>HOSPITAL SERVICES</b>                       |                                    |                       |                            |
| Emergency Room Care                            | \$250                              | \$0                   | \$250 Copay                |
| Outpatient Surgery                             | Remaining Deductible & Coinsurance | First \$2,500/\$5,000 | Deductible and Coinsurance |
| Inpatient Hospital                             | Remaining Deductible & Coinsurance | First \$2,500/\$5,000 | Deductible and Coinsurance |
| <b>IN NETWORK DEDUCTIBLE &amp; COINSURANCE</b> |                                    |                       |                            |
| Qualified High Deductible Health Plan          | No                                 |                       |                            |
| Deductible Accumulation Period                 | Calendar year                      |                       |                            |
| Family Deductible Accumulation Type            | Individual Accumulation            |                       |                            |
| In-Network Individual Deductible               | Last \$2,500                       | First \$2,500         | \$5,000                    |
| In-Network Family Deductible                   | Last \$5,000                       | First \$5,000         | \$10,000                   |
| In-Network Individual Coinsurance Limit        | \$3,550                            | \$0                   | 30% to \$3,550             |
| In-Network Family Coinsurance Limit            | \$7,100                            | \$0                   | 30% to \$7,100             |

In-Network Family Multiplier 2

Mail Order Multiplier 2

All claims must be submitted within 3 months of the end of the deductible accumulation period.  
Terminated members must submit claims within 3 months of the termination date.

Information on this document based on carrier SBC.

Call 888.343.2110 with any questions.

Download the Mobile App to View and Submit Claims



SCAN THIS WITH YOUR CAMERA

## THE DIFFERENCE CARD - HOW DOES IT WORK?

### Step 1



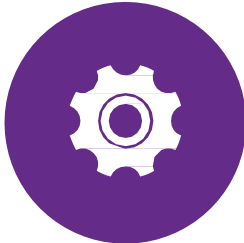
Aetna will provide the Difference Card with an electronic Explanation of Benefits (EOB) file feed biweekly.

### Step 2



If you have a service subject to the deductible and coinsurance, it will be reported to Difference Card via the electronic Explanation of Benefits file feed.

### Step 3



You will be notified if a claim has been received and processed on your behalf. Payment will be sent directly to your provider.

### Step 4



You will receive a claims summary that will contain the amount of the payment sent to the provider.



## AETNA PROGRAMS

### 24/7 Nurseline

You can connect with a registered nurse who'll answer your health questions wherever you are — anytime, day or night. They can help you decide where to go for care and find providers in your area. All you have to do is call **800.556.1555 (TTY: 711)**.

### Aetna Enhanced Maternity Program

Exciting changes are coming your way. And with the Aetna Enhanced Maternity Program, you can count on Aetna to support you throughout your entire pregnancy journey. The program is included in your Aetna® plan. So rest assured, you're getting support and resources at no extra cost to you.

Getting started is easy

- » Text BABY to 66902\*
- » Enroll on your Aetna member website.
- » Call Aetna at **800.272.3531** (TTY: 711) weekdays from 8 AM to 7 PM ET.

Aetna can also:

- » Offer you phone-based genetic counseling and screening, as well as convenient, confidential and cost-effective genetic testing
- » Help you make informed decisions throughout your pregnancy
- » Give you advice on lowering your risk for early labor
- » Help you cope with postpartum depression

### CVS Caremark Mail Service Pharmacy™

You can have maintenance drugs sent right to your home or anywhere else you choose by CVS Caremark Mail Service Pharmacy. These are drugs that are taken regularly for chronic conditions like diabetes or asthma. Depending on your plan, you can get up to a 90-day supply of medicine for less cost. It's fast and convenient, and standard shipping is always free.

To learn more about the Mail Service Pharmacy program please call **888.792.3862**



### MinuteClinic®

The Minute Clinics are located in over 900 CVS Pharmacies and Target locations. The Clinics are open every day including evenings and weekends and can treat you for over 125 minor illnesses and injuries. The Clinics can also provide you with vaccinations, screenings, physicals and more. To find a Clinic near you or to schedule an appointment visit [MinuteClinic.com](http://MinuteClinic.com) or call **866.389.2727**.

### AbleTo Behavioral Health Program

With the AbleTo program, you'll get virtual, personalized support that can help you feel better. You'll learn how to better manage your emotions and improve your overall health. And your mental and physical health can improve in as little as eight weeks. Plus, this program is already included in your Aetna® membership

The program can help you:

- » Work through normal emotions
- » Know the types of changes you need to make
- » Feel like you are in control of your health and life

### How the program works:

Every week, you'll meet with your experienced care team (a behavioral coach and therapist). You'll work with them to set goals and learn coping strategies in two private sessions per week.

You can contact Aetna for the AbleTo program:

- » Visit [AbleTo.com/Aetna](http://AbleTo.com/Aetna)
- » Call **844.330.3648**, Monday-Friday, 9 AM-8 PM ET
- » Let the Aetna Case Manager know you want to participate

Please note, you must be enrolled in one of our Aetna medical plan to utilize the benefits referenced above.

## AETNA HEALTH APP

With the Aetna Health app, you can navigate your benefits, connect to quality care and manage your costs.

- » Access your digital member ID card
- » Search for doctors and hospitals
- » View claims
- » Connect to Virtual Care options
- » Estimate costs
- » Compare costs for health care services
- » Manage benefits
- » Access wellness tools



Download the Aetna Health App from the App store or Google play.

## Virtual Care Through Your Aetna Plans

When you don't feel well or your child is sick, the last thing you want to do is leave the comfort of your home. With Aetna, you have two options for virtual care, CVS Health Virtual Care and Teladoc Health.

CVS Health Virtual Care™ (access through your Aetna app)



### On-demand care

24/7, visit with a provider right now for:

- Infections, flu and cold symptoms, aches and pains
- A one-time medication refill
- And more



### Mental health

Schedule with a:

- Therapist for anxiety, stress, depression and other life challenges
- Psychiatrist for a diagnosis and prescriptions
- On-demand provider to learn if you have symptoms of depression



### Virtual primary care

If it's on your health plan, book a visit with your Care Team for:

- Wellness and health screenings
- Sick care
- Chronic and ongoing care

## 3 ways to connect with Teladoc Health



### App

Get started with Teladoc Health through the Aetna Health<sup>SM</sup> app.



### Web

Visit the Teladoc Health website to connect with a provider at your convenience.

[Schedule virtual visit >](#)



### Phone

Call [1-855-835-2362](tel:1-855-835-2362) to speak with a licensed Teladoc Health provider in minutes. [Check terms.\\*](#)

## AETNA DENTAL PLANS

### Aetna DMO Plan

With the Aetna DMO plan, you may only seek dental care from participating Aetna DMO dental providers. This is the ultimate way to optimize your dental spending. You must elect a primary care dentist from the Aetna DMO Network if you choose this plan..

### Dental PPO

If you elect to enroll in the PPO plan, you have the option of seeing any participating provider within Aetna's DPPO or you can use a non-network dentist. When utilizing a DPPO provider you will have access to an enhanced plan design. The DPPO network providers fees are based on contracted fees. If you choose an out-of-network dentist the plan will pay a percentage of the prevailing fee in your provider's geographic area.

Visit [www.aetna.com/dental](http://www.aetna.com/dental) for a listing of participating providers. Electronic ID cards are also available online.

You may select dental coverage for yourself only or include your eligible dependents. If you enroll your dependents, you must all enroll in the same dental option.

|  | DHMO            |  | PPO         |                |
|--|-----------------|--|-------------|----------------|
|  | In-Network Only |  | In-Network  | Out-of-Network |
| <b>Individual Deductible</b>                 | None            |  | \$50        | \$50           |
| <b>Family Deductible</b>                     | None            |  | \$150       | \$150          |
| <b>Office Visit Copay</b>                    | \$5             |  | None        | None           |
| <b>Calendar Year Maximum</b>                 | N/A             |  | \$1,250     |                |
| <b>Diagnostic &amp; Preventive Services*</b> |                 |  |             |                |
| <b>Oral Examinations</b>                     | \$0             |  | 100%        | 80% UCR        |
| <b>Cleanings</b>                             | \$0             |  | 100%        | 80% UCR        |
| <b>Basic Services</b>                        |                 |  |             |                |
| <b>Amalgam filings</b>                       | \$12-\$13       |  | 100%        | 80% UCR        |
| <b>Sealants</b>                              | \$0             |  | 100%        | 80% UCR        |
| <b>Major Services</b>                        |                 |  |             |                |
| <b>Root Canal</b>                            | \$79-\$308      |  | 80%         | 50% UCR        |
| <b>Extracted impacted tooth</b>              | \$12-\$142      |  | 80%         | 50% UCR        |
| <b>Orthodontic Services</b>                  |                 |  |             |                |
| <b>Children up to 19th Birthday</b>          | \$2,000         |  | Not Covered | Not Covered    |
| <b>Adults</b>                                | \$2,000         |  | Not Covered | Not Covered    |

\*Deductible is waived for Diagnostic & Preventive Services

## AETNA VISION PLAN

The vision benefits are easy to use and offer savings beyond your basic coverage. The vision plan can help you access eye care, improve your overall wellness and save you money.

The Aetna Vision Preferred plan has one of the country's largest vision networks, with over 144,000 eye doctors at more than 27,000 locations. Within the network you will find independent optometrists and ophthalmologists, and popular retail locations such as; LensCrafters, Target, and Pearle Vision. Or you can access online retailers 24/7 including Glasses.com®, ContactsDirect®, 1-800 CONTACTS and Ray-Ban.

Visit [www.aetnavision.com](http://www.aetnavision.com) for a listing of participating providers. Click on Find a Provider, then enter your address or zip code to search. You may also search for a provider by name and zip code.

When you visit a network vision provider, your out-of-pocket expenses may be lower and you can also avoid the need to complete a paper claim form.

All you need to do is:

- » Make an appointment with a network provider
- » Present your ID card at the time of service
- » Pay your copayment or any remaining balance (if applicable). If you visit a non-network provider, you'll need to pay for services at the time of your appointment and file an out-of-network claim for reimbursement.

Remember, when you visit non-network providers, your coverage may be limited, and your out-of-pocket costs may be higher.



|                             | In-Network                            | Out-of-Network        |
|-----------------------------|---------------------------------------|-----------------------|
| Examination                 | \$10 copay                            | Up to \$32 allowance  |
| <b>Frequency of Service</b> |                                       |                       |
| Exam                        | 12 months                             | 12 months             |
| Lenses                      | 12 months                             | 12 months             |
| Frames                      | 12 months                             | 12 months             |
| Contact Lenses              | 12 months                             | 12 months             |
| <b>Basic Lenses</b>         |                                       |                       |
| Single Vision               | \$0 copay                             | Up to \$25 allowance  |
| Bifocal                     | \$0 copay                             | Up to \$40 allowance  |
| Trifocal                    | \$0 copay                             | Up to \$64 allowance  |
| Frame Allowance             | \$130 allowance, then 20% off balance | Up to \$65 allowance  |
| <b>Contact Lenses</b>       |                                       |                       |
| Elective Conventional       | \$130 allowance, then 15% off balance | Up to \$104 allowance |
| Elective Disposable         | \$130 allowance                       | Up to \$104 allowance |
| Non-Elective                | Covered in full                       | Up to \$200 allowance |



## 2026 BENEFIT CONTRIBUTIONS PER PAY PERIOD (26 PAY PERIODS)

### Aetna EPO Elect Choice HSA HDHP Plan

| Salary Bands          | Individual | Employee & Spouse | Employee & Child(ren) | Family   |
|-----------------------|------------|-------------------|-----------------------|----------|
| Under \$49,999        | \$90.54    | \$190.14          | \$172.04              | \$271.63 |
| \$50,000 - \$69,999   | \$102.69   | \$215.65          | \$195.11              | \$308.07 |
| \$70,000 - \$89,999   | \$105.73   | \$222.05          | \$200.90              | \$317.21 |
| \$90,000 - \$109,999  | \$112.73   | \$236.72          | \$214.19              | \$338.18 |
| \$110,000 - \$129,999 | \$123.82   | \$260.02          | \$235.25              | \$371.45 |
| Over \$130,000        | \$136.13   | \$285.86          | \$258.63              | \$408.36 |

### Aetna EPO Elect Choice Bronze Plan

| Salary Bands          | Individual | Employee & Spouse | Employee & Child(ren) | Family   |
|-----------------------|------------|-------------------|-----------------------|----------|
| Under \$49,999        | \$155.73   | \$327.04          | \$295.91              | \$467.20 |
| \$50,000 - \$69,999   | \$176.63   | \$370.92          | \$335.59              | \$529.88 |
| \$70,000 - \$89,999   | \$181.86   | \$381.93          | \$345.55              | \$545.60 |
| \$90,000 - \$109,999  | \$193.90   | \$407.16          | \$368.41              | \$581.67 |
| \$110,000 - \$129,999 | \$212.97   | \$447.23          | \$404.63              | \$638.89 |
| Over \$130,000        | \$234.14   | \$491.68          | \$444.84              | \$702.38 |

### Aetna Elect Choice Silver Plan

| Salary Bands          | Individual | Employee & Spouse | Employee & Child(ren) | Family     |
|-----------------------|------------|-------------------|-----------------------|------------|
| Under \$49,999        | \$251.99   | \$529.20          | \$478.82              | \$756.00   |
| \$50,000 - \$69,999   | \$285.81   | \$600.20          | \$543.03              | \$857.42   |
| \$70,000 - \$89,999   | \$294.27   | \$618.01          | \$559.14              | \$882.86   |
| \$90,000 - \$109,999  | \$313.75   | \$658.84          | \$596.13              | \$941.22   |
| \$110,000 - \$129,999 | \$344.62   | \$723.69          | \$654.75              | \$1,033.82 |
| Over \$130,000        | \$378.88   | \$795.61          | \$719.82              | \$1,136.55 |

### Aetna Dental DMO & DPPO

|     | Individual | Employee & Spouse | Employee & Child(ren) | Family  |
|-----|------------|-------------------|-----------------------|---------|
| DMO | \$0.00     | \$4.23            | \$6.74                | \$12.13 |
| PPO | \$18.75    | \$43.02           | \$39.09               | \$63.36 |

### Aetna Vision

|        | Individual | Employee & Spouse | Employee & Child(ren) | Family |
|--------|------------|-------------------|-----------------------|--------|
| Vision | \$2.79     | \$5.29            | \$5.57                | \$8.19 |

## FLEXIBLE SPENDING ACCOUNT (FSA)

The University offers employees the opportunity to enroll in a Flexible Spending Account plan, administered by INSPIRA. Flexible Spending Accounts enable you to set aside money, on a pre-tax basis via payroll deduction, for many kinds of common unreimbursed healthcare and dependent care expenses. If you elect to contribute funds to an FSA, you will reduce your taxable income (no Federal, State, or FICA taxes deducted from elected amount) while paying for services you would pay for anyway.

Your election is binding. Once you elect to contribute funds to an FSA, you cannot change or cancel that election unless you experience a life status change or until the next open enrollment period. FSA elections are on an annual basis; therefore, you will be required to complete, and enrollment form every year.

### Patient Protection and Affordable Care Act (PPACA) Provisions:

This provision enforces a limit on the annual maximum election amount. **Effective 1/1/2026, the maximum election amount is \$3,400, which is the maximum allowed by the IRS.**

### Grace Period Provision

The FSA plans include a 2 ½ month grace period, which allows participants to utilize unused funds from the prior year to help fund claims that are incurred before the end of the grace period.

### Over-The-Counter Medications

Due to the CARES Act, over-the-counter medications and menstrual products are eligible for reimbursement without a prescription.

For more information regarding the FSA plans or your specific account, please log onto [www.inspirafinancial.com](http://www.inspirafinancial.com)

### Healthcare FSA

Healthcare FSA allows you to pay for healthcare expenses such as medical (including some over the counter drugs), dental and vision expenses that are not reimbursable by your insurance plan. The minimum contribution to the Healthcare FSA is \$100, the maximum is **\$3,400**.

Examples of eligible healthcare expenses are deductibles, coinsurance, copays, orthodontia, eyewear, prescription drugs.

Your entire healthcare FSA election amount is available on the first day of coverage, regardless of whether or not the account has been pre-funded. If you have an annual election of \$1,000 and you incur a \$1,000 claim on January 1st, you can receive reimbursement for the entire amount on January 1st, even though there is no money in the account.

### Dependent Care FSA

A Dependent Care FSA allows you to pay for dependent care expenses for eligible dependents who live with you. Services provided must allow you (and your spouse) to go to work or seek employment. Eligible dependents include children under age 13, a disabled spouse, a parent or a disabled child over the age of 13. The minimum contribution to the Dependent Care FSA is \$1,000, the maximum is **\$7,500** (\$3,750 if married and filing jointly).

Examples of eligible dependent care expenses are dependent/child care centers, adult day care, nursery school, pre-school, after school and summer day camp programs.

You cannot submit a claim for funds that have not yet been contributed to the account. If you have a claim for \$2,000 but have only contributed \$1,000 to the account, you will only be reimbursed \$1,000.

## HEALTH SAVINGS ACCOUNT (HSA) / LIMITED PURPOSE FLEXIBLE SPENDING ACCOUNT (LPFSA)

New for 2026, the University will offer employees the opportunity to enroll in a Health Savings Account (HSA) when enrolling in the HSA HDHP medical plan administered by INSPIRA. Health Savings Accounts enable you to set aside money, on a pre-tax basis via payroll deduction, for many common unreimbursed healthcare expenses. You will reduce your taxable income (no Federal, State, or FICA taxes deducted from elected amounts) while paying for services you would pay for anyway and unlike the FSA, there is no “use it or lose it” provision. Employees own this account.

As an extension of the HSA, Molloy is offering a Limited Purpose FSA since the traditional FSA is prohibited along -side the HSA. FSA elections are on an annual basis; therefore, you will be required to complete, and enrollment form every year.

### Patient Protection and Affordable Care Act (PPACA) Provisions:

This provision enforces a limit on the annual maximum election amount. **Effective 1/1/2026, the maximum election amount for HSA is \$4,400/individual or \$8,750/family, and LPFSA is \$3,400 per person, which is the maximum allowed by the IRS.**

### Grace Period Provision

The LPFSA plans include a 2 ½ month grace period, which allows participants to utilize unused funds from the prior year to help fund claims that are incurred before the end of the grace period.

For more information regarding the FSA plans or your specific account, please log onto [www.inspirafinancial.com](http://www.inspirafinancial.com).

### Health Savings Account HSA

**Health Savings Account (HSA)** is a **tax-advantaged savings account** designed to help individuals pay for qualified medical expenses. It is available only to those enrolled in a **High-Deductible Health Plan (HDHP)**. HSAs combine healthcare savings with investment potential, making them useful for both short-term and long-term financial planning.

The maximum contribution to the HSA for 2026 is \$4,400 (individual) \$8,750 (family) with a \$1,000 catch up contribution (age 55 and older)

Examples of eligible healthcare expenses are deductibles, coinsurance, copays, lab fees, prescription drugs.

All HSA contributions are owned by the employee, regardless of employer/employee contributions, and are NOT subject to the “use it or lose it” rule. The employee will own the account, even upon termination

### Limited Purpose FSA

A Limited Purpose Flexible Spending Account (LPFSA) is an employer-sponsored, tax-advantaged account that allows you to set aside pre-tax dollars to pay for eligible **dental and vision expenses**. It is designed for individuals who have a Health Savings Account (HSA) and are enrolled in a High-Deductible Health Plan (HDHP).

Unlike a traditional health FSA, which covers a wide range of medical expenses, an LPFSA is **restricted to dental and vision costs** (and sometimes post-deductible preventive medical expenses). This setup lets you maximize tax savings by using the LPFSA for routine dental and vision care while preserving your HSA for other medical or long-term expenses.

#### Key Points:

- **Eligibility:** Must have an HDHP and typically an HSA; only available through an employer.
- **Contribution Limits:** IRS sets annual limits (\$3,400 for 2026).
- **Tax Benefit:** Contributions reduce taxable income; reimbursements are tax-free.
- **Use Cases:** Dental exams, orthodontia, eyeglasses, contact lenses, LASIK surgery.
- **Rollover Rules:** Some plans allow limited carryover or grace periods; unused funds may be forfeited.

## DEPENDENT CARE FLEXIBLE SPENDING ACCOUNT (FSA) EXPENSE WORKSHEET

### Enhanced Benefits

If you are one of the many people who spends money for the care of dependents, a Dependent Care Flexible Spending Account (FSA) can make these expenses more affordable. You can enhance your benefits package by participating in this valuable option, which is available through the University's flexible benefit plan.

This section explains how a Dependent Care FSA can help you pay your eligible out-of-pocket dependent care costs while increasing your spendable income. By taking time to learn more about this plan, you can make the most of your benefit choices.

### The History

Dependent Care reimbursement plans are qualified benefits under IRS Code Section 125. The United States Congress created IRS Code Section 125 as part of the Revenue Act of 1978 to make benefits more affordable for employees.

### How It Works

When you participate in a Dependent Care FSA, you elect to have a specified amount of **tax-free dollars** deducted from your gross earnings before taxes are calculated. IRS regulations govern the eligibility of claims. After you submit a claim for an eligible dependent care service provided during your Plan Year, you will be reimbursed from this account. Note that adequate documentation from the provider substantiating that an expense is eligible must be provided with your claim (see claim form instructions).

### Your Spendable Income Increases

When you contribute tax-free dollars to a Dependent Care FSA, you lower your taxable income; therefore, you pay fewer taxes and increase your spendable income.

### The Next Step

Take time to go through the worksheet to determine how a Dependent Care FSA will benefit you. Because of the **"use it or lose it" rule** (described in your Summary Plan Description), it is important for you to plan carefully.

### Eligible Expenses

The Internal Revenue Service (IRS) has set the maximum allowable contribution for a Dependent Care FSA at **\$7,500** per family for a married couple filing jointly or for a single parent. The limit is **\$3,750** for a married person filing separately. You may use this plan for expenses that meet these qualifications:

- » Expenses must be for the care of a qualified person. A qualified person is someone who spends at least eight hours per day in your home and is one of the following:
  - » Your dependent who was under age 13 when the care was provided and for whom you can claim an exemption. (If divorced or separated, see special regulations in IRS Publication 503.)
  - » A spouse or dependent who is physically or mentally incapable of self-care and for whom you can claim an exemption.
- » The dependent care must enable you to be gainfully employed or to look for work; if you are married, the dependent care must also enable your spouse to work, look for work or attend school full-time.
- » Services must be for physical care, not for education, meals, etc.
- » The amount to be reimbursed must not exceed the lesser of your or your spouse's earned income for the Plan Year.
- » The services may be provided in your home or another location but not by someone who is your minor child or dependent for income tax purposes (ex. an older child).
- » If the services are provided by a day care facility that cares for six or more individuals at the same time, the facility must comply with state day care regulations.
- » You must identify the care provider on your income tax return (Form 2441 with a 1040 return; Schedule 2 with a 1040A return).
- » Overnight camps and lessons in lieu of day care are not eligible for reimbursement from a Dependent Care FSA.

The following expenses may be eligible for reimbursement from your Dependent Care FSA. You can save money on what you spend if this money is drawn from a **tax-free** Flexible Spending Account. Estimate your Plan Year out-of-

| PLAN YEAR ESTIMATE | DEPENDENT CARE EXPENSES                    |
|--------------------|--|
| \$ _____           | Adult Day Care                             |
| \$ _____           | Child Day Care                             |
| \$ _____           | In-Home Dependent Care                     |
| \$ _____           | Nursery School                             |
| \$ _____           | <b>Total Plan Year Estimate</b>            |
| \$ _____           | <b>Total Plan Year Tax Savings (x 35%)</b> |

## LIFE AND ACCIDENTAL DEATH & DISMEMBERMENT INSURANCE

**Hartford** and Molloy University offer your family important financial protection and for this reason you may not waive life and accidental death & dismemberment insurance coverage. This benefit is **fully paid** for by Molloy University. New hires will be eligible for this benefit first day of the month coincident with or next following a 90-day waiting period.

### Life Insurance

Your Basic Term Life insurance benefit is the higher of \$50,000 or one times your base annual earnings up to a maximum of \$200,000. Benefits reduce 50% when you turn age 70.

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

Your AD&D benefit is the same as your Basic Life Insurance benefit. AD&D benefits are paid to your beneficiary if you die as the direct result of a covered accident that occurs while coverage is in effect.

### Beneficiaries

It's important to name a beneficiary or beneficiaries to receive this insurance, and to keep this designation up to date. If you name multiple beneficiaries, be sure to indicate the percentage or fraction of benefits payable to each or indicate that the benefit is to be paid equally among survivors. You may wish to consult an attorney before you name your beneficiaries, especially if you are naming dependent children or a trust. You can generally change your designation at any time.

## LONG-TERM DISABILITY INSURANCE (LTD)

LTD coverage, provided through **Hartford**, offers income protection if you suffer a disabling illness or injury that prevents you from working. It replaces a percentage of your eligible pay up to a dollar maximum. Disability income protection is very important to your financial security. This benefit is **fully paid** for by Molloy University. New hires will be eligible for this benefit first day of the month coincident with or next following a 90-day waiting period.

### Benefit

LTD offers you 60% of your salary up to a maximum of \$6,000 per month. Other sources of disability income, including benefits you are eligible to receive from Social Security Disability Insurance Benefits and Social Security Old Age Insurance Benefits, typically count toward that percentage. Before you can receive this benefit, you must fulfill a 180-day elimination period. LTD plan benefits end at the earliest of:

- » When you are no longer disabled as defined by the plan, or
- » You leave the University for any reason other than a covered disability

### Elimination Period

An elimination period (also known as a waiting period) is the length of time that must pass (180 days) after you become disabled as defined by the plan and before LTD benefits begin.



## NEW YORK STATE STATUTORY DISABILITY BENEFIT LAW (DBL)

This mandated coverage protects you from non-occupational injury or sickness.

- » There is a 7-day waiting period before you can initiate collecting your benefit
- » The standard benefit is 50% of your gross weekly earnings with a maximum weekly benefit of \$170.00
- » The duration of the benefit is up to 26 weeks

**University Faculty are exempt from this benefit as per New York State Law.**

## NEW YORK STATE PAID FAMILY LEAVE (PFL)

Non-teaching employees working in the state of New York (and who are also eligible for DBL coverage) will be eligible for the Paid Family Leave benefit. This benefit provides job protection and paid benefits while you are out on leave in addition to continuation of your health insurance (contributions will be required).

**University Faculty are exempt from this benefit as per New York State Law.**

### **What PFL can be used for:**

- » Providing care for a sick family member (spouse, domestic partner, child, parent, grandparent, grandchild, siblings) with a serious health condition
- » Bonding leave for parents (birth, adoption or foster care)
- » Qualifying Military Exigency

**PFL cannot be used for your own serious health condition.**

### **Eligibility:**

You must work in the state of NY and have worked 20 or more hours per week for 26 consecutive weeks for Molloy University, immediately preceding the first full day of paid leave or work less than 20 hours per week and have worked 175 days for the University immediately preceding the first full day of paid family leave.

### **Benefits in 2025**

- » Up to 12 weeks of paid leave in a consecutive 52-week period
- » 67% of your average weekly salary, up to a maximum weekly benefit of \$1,177.32
- » Maximum length of DBL **and** PFL benefits cannot exceed 26 weeks in any consecutive 52-week period

### **Contributions:**

- » Contributions for this mandated benefit are payroll deducted on a post-tax basis
- » You are not permitted to opt out of this mandated benefit

NYS Paid Family Leave runs concurrent with Federal Family Medical Leave laws.



## AFLAC SUPPLEMENTAL PLANS

Molloy University offers employees the option to purchase additional forms of protection through various AFLAC plans.

### **Cancer Care Plan**

The AFLAC Cancer Care Plan is an indemnity plan that can help cover the cost of expenses that aren't covered by traditional health insurance. Some examples are travel, food, lodging, and house-hold help. AFLAC will help you by providing an important safety net in fighting the financial consequences of cancer that result beyond traditional health insurance.

### **Personal Accident Plus**

Personal Accident Plus may provide disability income in the event you are in an accident. If eligible, this plan will pay you a benefit for Accident related emergency treatment, follow-up treatment and hospitalization. The plan also pays a benefit for dismemberment due to an accident or an accident related death.

### **Personal Sickness Indemnity Plan**

Personal Sickness Indemnity may provide disability income in the event you become sick. If eligible, this plan will pay you a benefit for services such as physician visits, hospital confinements, major diagnostic exams and surgeries.

**Please contact Human Resources for additional information regarding the above supplemental plans.**



## LEGALSHIELD / IDENTITY THEFT SHIELD VOLUNTARY BENEFIT

The University offers employees the option to enroll in a Legal and Identity Theft Plan through LegalShield.

### LEGALSHIELD<sup>SM</sup>

Unexpected legal questions arise every day and with LegalShield on your side, you and your family will have access to a top-quality law firm 24/7, for covered situations. From real estate to divorce advice, speeding tickets to Will preparation, and beyond. LegalShield is here to help you with any legal matter, no matter how traumatic or how trivial it may seem.

#### Membership Includes:

- » **Dedicated Law Firm** Direct access, no call center
- » **Legal Advice/Consultation** On unlimited personal issues
- » **Letters/Calls** Made on your behalf
- » **Contracts/Documents** Reviewed Up to 15 pages
- » **Residential Loan Document Assistance** For the purchase of your primary residence
- » **Will Preparation** - Living Will, Health Care Power of Attorney, Financial Power of Attorney
- » **Speeding Ticket Assistance** Upload your speeding ticket from the mobile app directly to law firm
- » **IRS Audit Assistance** (Begins with the tax return due April 15th of the year you enroll)
- » **Trial Defense** (If named defendant/respondent in a covered civil action suit)
- » **Uncontested Divorce, Separation, Adoption and/or Name Change Representation** (Available 90 days after enrollment)
- » **25% Preferred Member Discount** (Bankruptcy, criminal charges, DUI, personal injury, etc.)
- » **24/7 Emergency Access** For covered situations

### ID SHIELD<sup>SM</sup>

Identity theft affects millions of Americans each year. While it can take just minutes to happen to you, recovering from the financial damage and emotional toll it inflicts often takes years. Victims of identity theft can face issues such as problems with securing a loan, harassment from debt collectors, or even possible arrest for crimes committed by the identity theft. To avoid these issues, the LegalShield ID Plan equips you with the information and expertise you need to help prevent theft and resolve issues related to identity theft.

#### Membership Includes:

- » **Credit Monitoring** Continuous credit monitoring through TransUnion
- » **Online Privacy Management** IDShield provides consultation and guidance on ways participants can protect their privacy and personally identifiable information across the internet and on their smart devices.
- » **Reputation Management & Score** Scans social media accounts for existing content that could be damaging to participants' on line reputation. Ranks your on line reputation risk by giving you a score based off the content found on your social media accounts.
- » **Financial Account Monitoring** Accounts monitored include checking, savings, employer 401k accounts, loans and more.
- » **\$1 Million Protection Policy** Coverage for lost wages, legal defense fees, stolen funds and more
- » **Unlimited Service Guarantee** Ensures that we won't give up until your identity is restored!
- » **Identity Restoration** Performed by Licensed Private Investigators to restore your identity to its pre-theft status.
- » **24/7 Emergency Access** In the event of an identity theft emergency

| Payroll Deduction Amount   | LegalShield Only - Single Coverage | Identity Theft Only - Single Coverage | Legal + Identity Theft Combined - Single Coverage |
|----------------------------|------------------------------------|---------------------------------------|---|
| Bi-weekly (26 pay periods) | \$9.67 per pay                     | \$4.13 per pay                        | \$13.80 per pay                                   |
| Payroll Deduction Amount   | LegalShield Only - Family Coverage | Identity Theft Only - Family Coverage | Legal + Identity Theft Combined - Family Coverage |
| Bi-weekly (26 pay periods) | \$9.67 per pay                     | \$8.75 per pay                        | \$16.57 per pay                                   |

This is a general overview and is for illustrative purposes only. Please see membership policy for complete details, limitations and exclusions.

## EMPLOYEE ASSISTANCE PROGRAM (EAP)

Your health and well being both on and off the job is very important. As part of your benefit package, we provide an Employee Assistance Program to help you through life's challenges.

Provided by AllOne Health, this confidential counseling and referral service provides help for you and your dependents. After discussing your problems, questions or concerns, you may be referred to an appropriate resource for further assistance.

EAP is perfect for assistance with work/life issues such as child care or elder care, or other things such as legal advice and financial planning. This service is available to you, 24 hours a day. Just call **1.800.451.1834** or visit the website using the Member Portal Code:7PSCT [www.allonehealth.com/portal](http://www.allonehealth.com/portal).

## CENTER FOR TOBACCO CONTROL—SMOKING CESSATION

The University has partnered with North Shore LIJ's Center for Tobacco Control to offer a **no-cost** smoking cessation program.

The CTC offers **free FDA-approved smoking cessation medications** and cessation classes followed by a weekly support group, to an employee (or family member) interested in quitting smoking. Group courses are held every **Tuesday evening from 6pm-7pm** for six consecutive weeks at their Great Neck location.

To register for a course call **516.466.1980** or visit their website at [www.northshorelij.com/stopsmoking](http://www.northshorelij.com/stopsmoking).



## YOUR RETIREMENT

Whether you're five months, five years, or even 25 years away from retirement, it's never too early or too late to start planning. Making the right moves with your money now can make a big difference in how comfortable your retirement will be.

Investment Options available to you...

### Retirement Annuity (RA)

All employees who meet the following criteria: (1) one year of continuous employment, (2) attaining age 26, and (3) credited with 1000 hours or more of service, are encouraged to participate in Molloy University's pension plan. The plan is a voluntary "defined contribution benefit plan" and employees have the option of choosing between various funding vehicles.

Employees who elect to participate in the plan must contribute 5% of their base annual salary. Molloy University may make an additional discretionary contribution of the base annual salary to each participant's account. Employee contributions are made as a pre-tax payroll deduction. The one year's continuous employment criterion will be waived if a new employee has at least one year of service with another institution of higher education, immediately preceding employment at Molloy.

The Retirement Annuity is governed entirely by the terms of the plan document itself. The plan document and Summary Plan Description can be reviewed on the Human Resources portal.

### SUPPLEMENTAL RETIREMENT ANNUITY (SRA) – TIAA-CREF

All employees are eligible to participate in a Voluntary Tax -Sheltered Annuity Plan. Employees may contribute up to the legal limit, which is set annually by the IRS. Please see Human Resources for a calculation of your personal limit. There is no waiting period, and the University does not contribute to this plan.

All employee contributions are made through payroll deductions on a pre-tax basis. These amounts and the interest earned are not subject to income tax until they are received as benefits.

Rights under the SRA are governed entirely by the terms of the plan document itself. The plan document and summary Plan Description can be reviewed in the Human Resources Office.

## MEDICARE CONSULTATION & ENROLLMENT

If you are age 65 and still working or planning to retire soon, we now have a free resource for you to get answers to questions, like:

- » What action must I take to avoid penalties?
- » What is Medicare Part A, B, C, D and Supplement Insurance?
- » When and how do I enroll in Medicare?
- » What Medicare plans are available to me?

#### **Please contact:**

#### **Phil Fierro**

Managing Director | Medicare Specialist

516-883-6384 x4876

[phil.fierro@risk-strategies.com](mailto:phil.fierro@risk-strategies.com)

We do not offer every plan available in your area. Any information we provide is limited to those plans we do offer in your area. Please contact [Medicare.gov](https://www.medicare.gov) or (800) MEDICARE to get information on all of your options.

## COMMUTER BENEFITS

The Commuter Benefit administered through Inspira allows you to set aside money, on a pre-tax basis via payroll deductions, to pay for eligible transit and parking expenses. These are expenses you incur on you commute to work such as a transit pass, vouchers, parking fees.

## OTHER EMPLOYEE BENEFITS

### Ocean Financial

All employees are eligible to join the Ocean Financial Credit Union. Membership offers you lower rates on loans and other financial needs.

### Tuition Remission

For more information, please see the policy page on the Molloy website.

### NY 529 College Savings Plan

New York's 529 College Savings Program, Direct Plan, provides a flexible, convenient, and low-cost way to save for college. The program features a wide range of investment choices, tax-free withdrawals when used for qualified higher education expenses and contributions that are tax-deductible (up to certain limits) for New York State residents.



## IMPORTANT CONTACT INFORMATION

| Contact Information                 |  |
|-------------------------------------|--|
| <b>Aetna</b>                        |  |
| Website                             | www.aetna.com  |
| Member Services                     | 1.877.373.2725   |
| Maternity Program                   | 1.800.272.3531   |
| 24/7 Nurseline                      | 1.800.556.1555   |
| Pharmacy Mail Order                 | 1.800.227.5720   |
| <b>The Difference Card</b>          |  |
| Website                             | www.differencecard.com   |
| Member Services                     | 1.888.343.2110   |
| <b>Aetna Dental &amp; Vision</b>    |  |
| Dental Website                      | <a href="http://www.aetna.com">www.aetna.com</a>                       |
| Dental Member Services              | 1.877-238-6200   |
| Vision Website                      | <a href="http://www.aetnavision.com">www.aetnavision.com</a>           |
| Vision Customer Service             | 1.877.973.3238   |
| <b>Inspira</b>                      |  |
| Website                             | <a href="http://www.inspirafinancial.com">www.inspirafinancial.com</a> |
| Customer Service                    | 1.877.924.3967   |
| Flexible Spending Reimbursement Fax | 1.877.353.9236   |
| <b>AFLAC</b>                        |  |
| Cancer Claim Wellness Benefit Fax   | 1.877.844.0201   |
| Personal Accident Expense           | 1.800.366.3436   |
| <b>AllOne Health EAP</b>            |  |
| Website                             | <a href="http://www.allonehealth.com">www.allonehealth.com</a>         |
| Customer Service                    | 1.800.437.0911   |
| <b>Legal Shield</b>                 |  |
| Website                             | <a href="http://www.legalshield.com">www.legalshield.com</a>           |
| Customer Service                    | 1.800.654.7757   |

## ASK YOUR ADVOCATE

TouchCare is ready to help you get the most from your benefit programs by providing an advocate at no cost to assist you with:

- » **Explanation of benefits.** Is it unclear to you what the insurance covered on a particular claim and what is your responsibility?
- » **Prescription/pharmacy problems.** Is the pharmacy telling you that your medication is not covered or charging you full price? Do you need help getting an authorization on a medication?
- » **Benefits questions.** Are you unsure if the insurance will pay for a certain procedure?
- » **Claim issues.** Did you receive a bill from a doctor but don't know why?
- » **Difficult situations.** Are you having difficulty getting a referral? Has the insurance carrier denied a procedure, and you want to appeal their decision?
- » You have a dedicated Advocate ready to handle any situation in a discreet and confidential manner.

### Contact Information

TouchCare

Toll Free **(866) 486.8242**

[assist@touchcare.com](mailto:assist@touchcare.com)

Hours of Operation:

Monday - Friday 8am to 6pm EST

## CHECKLIST OF WHAT YOU NEED TO DO

- » Review this Benefits Guide and share it with your family. This Guide provides important information about your benefit options and their related costs.
- » Ask questions. If you have additional questions after reading this Benefits Guide, contact Human Resources.
- » Verify your elections. If you sign up for benefits, don't forget to carefully check your pay stub to make sure you are enrolled for the benefits you elected. If you have questions or think there is a mistake, contact Human Resources immediately.
- » Organize Information. Create a personal file to keep all of your benefits and claim information organized.
- » If you are covering dependents, make sure to include their information on your enrollment form.
- » Don't forget to indicate beneficiaries and their information.

## FREQUENTLY ASKED QUESTIONS

### **What should I do if I get married, have a baby or adopt a child?**

If you wish to add eligible dependents to your coverage, you must complete and return the necessary forms to Human Resources within 30 days of the life status change. If you do not notify HR within this time, the change will not take effect until the next Open Enrollment period.

### **What should I do if I get divorced, one of my dependents passes away or loses eligibility?**

If you need to drop a dependent from coverage, you must complete and return the necessary forms to Human Resources within 30 days of the life status change. If applicable, a COBRA notification will be sent to you and/or your ineligible dependent offering continuation of coverage under the University's health plan.

### **How do I find out more information about the Medical, Dental and Vision plans that are offered?**

Pre-recorded carrier presentations are saved within the Benefits Open Enrollment 2026 folder on OneDrive and the ADP employee self-service portal.

### **How do I find a participating doctor in my plan?**

You can locate a participating medical provider in a variety of ways: Visit the carrier websites at [www.aetna.com](http://www.aetna.com).

Depending on which plan you enroll in, ask your provider if they participate in Aetna's Elect Choice EPO network.

Call the member service numbers listed on the Contacts Page of this Benefits Guide.

### **How do I find a participating dentist in my plan?**

You can locate an Aetna provider in a variety of ways:

Visit the website at [www.aetna.com](http://www.aetna.com) and click on "find a provider".

Ask your provider if they are in Aetna's Elect Choice EPO network.

### **Once I sign up for benefits, when will I receive my ID card?**

You will receive your medical and/or dental card(s) within 10 business days from when your enrollment was processed.

### **What do I do if I lose my ID card?**

If you are enrolled in the Aetna plan, you can print a temporary ID card and/or order a new ID card from the Aetna website, [www.aetna.com](http://www.aetna.com). You can also call the member service numbers listed on the Contacts Page of this Benefits Guide.

### **How do I obtain a claim form?**

Claim forms can be found on the carrier websites. Visit [www.aetna.com](http://www.aetna.com) for a medica, dental or vision claim form. Claim forms are not required for the Aetna medical plans as they only provide in-network coverage.

### **Can I change my FSA election?**

**You cannot change** your FSA election mid-year unless you experience a life status change (marriage, birth of a child, divorce). The election change must be consistent with the event. For example, if your childcare needs change, you may change your dependent care FSA election. If you adopt a child and you are enrolled in the healthcare FSA, you may increase your FSA election. A benefit reduction is not consistent with the event.

### **How do I contact Human Resources?**

To contact Human Resources, please call **516.323.3050** or email at [hrinternal@molloy.edu](mailto:hrinternal@molloy.edu).





## Health Savings Account FAQ

### Overview

An HSA is a tax-advantaged savings account designed to pay for qualified medical expenses. It works with a High Deductible Health Plan (HDHP). Funds roll over annually and remain yours even if you change jobs.

### Eligibility

You must be enrolled in a qualified HDHP, not enrolled in Medicare, not claimed as a dependent, and have no disqualifying coverage.

### Contribution Limits

For 2026: Individual \$4,400, Family \$8,750. If age 55 or older, you can contribute an extra \$1,000.

### Tax Benefits

Contributions are tax-deductible, growth is tax-deferred, and withdrawals for qualified medical expenses are tax-free.

### Qualified Expenses

Includes doctor visits, prescriptions, dental, and vision care. Non-qualified withdrawals before age 65 incur tax plus a 10% penalty.

### Portability

Your HSA is portable and stays with you regardless of employer or health plan changes.

### Investment Options

Many HSA providers allow investing funds once a minimum balance is met, making HSAs useful for long-term savings.

### Common Questions

Q: Can I use HSA for non-medical expenses? A: Yes, after age 65 without penalty (tax applies). Before 65, tax plus penalty applies.

## ANNUAL NOTICES

### 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 states 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 the plan.

If you would like more information on WHCRA benefits, call your plan administrator, please contact Human Resources.

#### 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 states of reconstruction and surgery to achieve symmetry between the breasts, prostheses, and complications resulting from a mastectomy, including lymphedema? Call Human Resources for more information.

### Newborns and Mother's Health Protection 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 insurers may not, under Federal law, require that a provider obtain authorization from the plan or the insurer for prescribing a length of stay not more than 48 hours (or 96 hours).

### HIPAA Notice of Privacy Practices Reminder

#### Molloy University Health and Welfare Plan Protecting Your Health Information Privacy Rights November 1, 2025

Molloy University is committed to the privacy of your health information. The administrators of the (the "Plan") use strict privacy standards to protect your health information from unauthorized use or disclosure.

The Plan's policies protecting your privacy rights and your rights under the law are described in the Plan's Notice of Privacy Practices. You may receive a copy of the Notice of Privacy Practices by contacting Human Resources.

## HIPAA Special Enrollment Rights

### **Molloy University Initial Notice of Your HIPAA Special Enrollment Rights**

Our records show that you are eligible to participate in the Molloy University Group Health Plan (to actually participate, you must complete an enrollment form and pay part of the premium through payroll deduction).

A federal law called HIPAA requires that we notify you about an important provision in the plan - your right to enroll in the plan under its "special enrollment provision" if you acquire a new dependent, or if you decline coverage under this plan for yourself or an eligible dependent while other coverage is in effect and later lose that other coverage for certain qualifying reasons.

**Loss of Other Coverage (Excluding Medicaid or a State Children's Health Insurance Program).** If you decline enrollment for yourself or for an eligible dependent (including your spouse) while other health insurance or group health plan coverage is in effect, 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).

**Loss of Coverage for Medicaid or a State Children's Health Insurance Program.** If you decline enrollment for yourself or for an eligible dependent (including your spouse) while Medicaid coverage or coverage under a state children's health insurance program is in effect, you may be able to enroll yourself and your dependents in this plan if you or your dependents lose eligibility for that other coverage. However, you must request enrollment within 60 days after your or your dependents' coverage ends under Medicaid or a state children's health insurance program.

**New Dependent by Marriage, Birth, Adoption, or Placement for Adoption.** 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 new dependents. However, you must request enrollment within 30 days after the marriage, birth, adoption, or placement for adoption.

**Eligibility for Medicaid or a State Children's Health Insurance Program.** If you or your dependents (including your spouse) become eligible for a state premium assistance subsidy from Medicaid or through a state children's health insurance program with respect to coverage under this plan, you may be able to enroll yourself and your dependents in this plan. However, you must request enrollment within 60 days after your or your dependents' determination of eligibility for such assistance.

To request special enrollment or to obtain more information about the plan's special enrollment provisions, contact Human Resources.

## Premium Assistance Under Medicaid and the 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 **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 **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 January 31, 2024. Contact your state for more information on eligibility.**

|  |   |
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| <b>ALABAMA – Medicaid</b><br><a href="http://myalhipp.com">http://myalhipp.com</a><br>855.692.5447   | <b>INDIANA – Medicaid</b><br>Healthy Indiana Plan for low-income adults 19-64<br><a href="http://www.in.gov/fsa/hip/">http://www.in.gov/fsa/hip/</a>   877.438.4479<br>All other Medicaid<br><a href="https://www.in.gov/medicaid/">https://www.in.gov/medicaid/</a>   800.457.4584   |
| <b>ALASKA – Medicaid</b><br>The AK Health Insurance Premium Payment Program<br><a href="http://myakhipp.com/">http://myakhipp.com/</a>   866.251.4861<br><a href="mailto:CustomerService@MyAKHIPP.com">CustomerService@MyAKHIPP.com</a><br>Medicaid Eligibility: <a href="https://health.alaska.gov/dpa/Pages/default.aspx">https://health.alaska.gov/dpa/Pages/default.aspx</a>   | <b>IOWA – Medicaid and CHIP (Hawki)</b><br>Medicaid: <a href="https://dhs.iowa.gov/ime/members">https://dhs.iowa.gov/ime/members</a>   800.338.8366<br>Hawki: <a href="http://dhs.iowa.gov/Hawki">http://dhs.iowa.gov/Hawki</a>   800.257.8563<br>HIPP: <a href="https://dhs.iowa.gov/ime/members/medicaid-a-to-z/hipp">https://dhs.iowa.gov/ime/members/medicaid-a-to-z/hipp</a>   888.346.9562  |
| <b>ARKANSAS – Medicaid</b><br><a href="http://myarhipp.com">http://myarhipp.com</a><br>855.MyARHIPP (855.692.7447)   | <b>KANSAS – Medicaid</b><br><a href="https://www.kancare.ks.gov/">https://www.kancare.ks.gov/</a><br>800.792.4884   HIPP Phone: 800.967.4660  |
| <b>CALIFORNIA – Medicaid</b><br>Health Insurance Premium Payment (HIPP) Program<br><a href="http://dhcs.ca.gov/hipp">http://dhcs.ca.gov/hipp</a><br>916.445.8322   Fax: 916.440.5676   Email: <a href="mailto:hipp@dhcs.ca.gov">hipp@dhcs.ca.gov</a>   | <b>KENTUCKY – Medicaid</b><br>Kentucky Integrated Health Insurance Premium Payment Program (KI-HIPP):<br><a href="https://chfs.ky.gov/agencies/dms/member/Pages/kihipp.aspx">https://chfs.ky.gov/agencies/dms/member/Pages/kihipp.aspx</a><br>855.459.6328   <a href="mailto:KIHIPPPROGRAM@ky.gov">KIHIPPPROGRAM@ky.gov</a><br>KCHIP: <a href="https://kynect.ky.gov">https://kynect.ky.gov</a>   877.524.4718<br>Medicaid: <a href="https://chfs.ky.gov/agencies/dms">https://chfs.ky.gov/agencies/dms</a> |
| <b>COLORADO – Medicaid and CHIP</b><br>Health First Colorado (Colorado’s Medicaid Program)<br><a href="https://www.healthfirstcolorado.com">https://www.healthfirstcolorado.com</a><br>Member Contact Center: 800.221.3943   State Relay 711<br>Child Health Plan Plus (CHP+) <a href="https://www.colorado.gov/pacific/hcpf/child-health-plan-plus">https://www.colorado.gov/pacific/hcpf/child-health-plan-plus</a><br>Customer Service: 800.359.1991   State Relay 711<br>Health Insurance Buy-In Program (HIBI) <a href="https://www.colorado.gov/pacific/hcpf/health-insurance-buy-program">https://www.colorado.gov/pacific/hcpf/health-insurance-buy-program</a><br>HIBI Customer Service: 855.692.6442 | <b>LOUISIANA – Medicaid</b><br><a href="http://www.medicaid.la.gov">www.medicaid.la.gov</a> or <a href="http://www.ldh.la.gov/lahipp">www.ldh.la.gov/lahipp</a><br>888.342.6207 (Medicaid hotline) or 855.618.5488 (LaHIPP)   |
| <b>FLORIDA – Medicaid</b><br><a href="http://www.flmedicaidtorecovery.com/flmedicaidtorecovery.com/hipp/index.html">www.flmedicaidtorecovery.com/flmedicaidtorecovery.com/hipp/index.html</a><br>877.357.3268  | <b>MAINE – Medicaid</b><br>Enrollment: <a href="https://www.mymaineconnection.gov/benefits/s/?language=en_US">https://www.mymaineconnection.gov/benefits/s/?language=en_US</a><br>800.442.6003   TTY: Maine relay 711<br>Private Health Insurance Premium: <a href="https://www.maine.gov/dhhs/ofia/applications-forms">https://www.maine.gov/dhhs/ofia/applications-forms</a><br>800.977.6740   TTY: Maine relay 711   |
| <b>GEORGIA – Medicaid</b><br>GA HIPP Website: <a href="https://medicaid.georgia.gov/health-insurance-premium-payment-program-hipp">https://medicaid.georgia.gov/health-insurance-premium-payment-program-hipp</a><br>678.564.1162, Press 1<br>GA CHIPRA Website: <a href="https://medicaid.georgia.gov/programs/third-party-liability/childrens-health-insurance-program-reauthorization-act-2009-chipra">https://medicaid.georgia.gov/programs/third-party-liability/childrens-health-insurance-program-reauthorization-act-2009-chipra</a><br>678.564.1162, Press 2  | <b>MASSACHUSETTS – Medicaid and CHIP</b><br><a href="https://www.mass.gov/masshealth/pa">https://www.mass.gov/masshealth/pa</a><br>800.862.4840   TTY: 711   Email: <a href="mailto:masspremiumassistance@accenture.com">masspremiumassistance@accenture.com</a>  |

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| <b>MINNESOTA – Medicaid</b><br><a href="https://mn.gov/dhs/people-we-serve/children-and-families/health-care/health-care-programs/s/programs-and-services/other-insurance.jsp">https://mn.gov/dhs/people-we-serve/children-and-families/health-care/health-care-programs/s/programs-and-services/other-insurance.jsp</a><br>800.657.3739 |
| <b>MISSOURI – Medicaid</b><br><a href="http://www.dss.mo.gov/mhd/participants/pages/hipp.htm">http://www.dss.mo.gov/mhd/participants/pages/hipp.htm</a><br>573.751.2005  |
| <b>MONTANA – Medicaid</b><br><a href="http://dphhs.mt.gov/MontanaHealthcarePrograms/HIPP">http://dphhs.mt.gov/MontanaHealthcarePrograms/HIPP</a><br>800.694.3084   Email: <a href="mailto:HSHIPPProgram@mt.gov">HSHIPPProgram@mt.gov</a>   |
| <b>NEBRASKA – Medicaid</b><br><a href="http://www.ACCESSNebraska.ne.gov">http://www.ACCESSNebraska.ne.gov</a><br>Phone: 855.632.7633   Lincoln: 402.473.7000   Omaha: 402.595.1178   |
| <b>NEVADA – Medicaid</b><br><a href="http://dhcnp.nv.gov">http://dhcnp.nv.gov</a><br>800.992.0900  |
| <b>NEW HAMPSHIRE – Medicaid</b><br><a href="https://www.dhhs.nh.gov/programs-services/medicaid/health-insurance-premium-program">https://www.dhhs.nh.gov/programs-services/medicaid/health-insurance-premium-program</a><br>603.271.5218   Toll free number for the HIPP program: 800.852.3345, ext. 5218                                |
| <b>NEW JERSEY – Medicaid and CHIP</b><br>Medicaid: <a href="http://www.state.nj.us/humanservices/dmahs/clients/medicaid">http://www.state.nj.us/humanservices/dmahs/clients/medicaid</a><br>609.631.2392<br>CHIP: <a href="http://www.njfamilycare.org/index.html">http://www.njfamilycare.org/index.html</a><br>800.701.0710            |
| <b>NEW YORK – Medicaid</b><br><a href="https://www.health.ny.gov/health_care/medicaid/">https://www.health.ny.gov/health_care/medicaid/</a><br>800.541.2831  |
| <b>NORTH CAROLINA – Medicaid</b><br><a href="https://dma.ncdhhs.gov">https://dma.ncdhhs.gov</a><br>919.855.4100  |
| <b>NORTH DAKOTA – Medicaid</b><br><a href="https://www.hhs.nd.gov/healthcare">https://www.hhs.nd.gov/healthcare</a><br>844.854.4825  |
| <b>OKLAHOMA – Medicaid and CHIP</b><br><a href="http://www.insureoklahoma.org">http://www.insureoklahoma.org</a><br>888.365.3742   |
| <b>OREGON – Medicaid and CHIP</b><br><a href="http://healthcare.oregon.gov/Pages/index.aspx">http://healthcare.oregon.gov/Pages/index.aspx</a><br>800.699.9075   |

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| <b>PENNSYLVANIA – Medicaid and CHIP</b><br><a href="https://www.dhs.pa.gov/Services/Assistance/Pages/HIPP-Program.aspx">https://www.dhs.pa.gov/Services/Assistance/Pages/HIPP-Program.aspx</a><br>800.692.7462<br>CHIP Website: <a href="https://www.dhs.pa.gov/CHIP/Pages/CHIP.aspx">https://www.dhs.pa.gov/CHIP/Pages/CHIP.aspx</a><br>CHIP Phone: 800.986.KIDS (5437)  |
| <b>RHODE ISLAND – Medicaid and CHIP</b><br><a href="http://www.eohhs.ri.gov">http://www.eohhs.ri.gov</a><br>855.697.4347 or 401.462.0311 (Direct Rlte Share Line)   |
| <b>SOUTH CAROLINA – Medicaid</b><br><a href="http://www.scdhhs.gov">http://www.scdhhs.gov</a><br>888.549.0820   |
| <b>SOUTH DAKOTA – Medicaid</b><br><a href="http://dss.sd.gov">http://dss.sd.gov</a><br>888.828.0059   |
| <b>TEXAS – Medicaid</b><br><a href="http://gethipptexas.com">http://gethipptexas.com</a><br>800.440.0493  |
| <b>UTAH – Medicaid and CHIP</b><br>Medicaid: <a href="https://medicaid.utah.gov">https://medicaid.utah.gov</a><br>CHIP: <a href="http://health.utah.gov/chip">http://health.utah.gov/chip</a><br>877.543.7669   |
| <b>VERMONT – Medicaid</b><br>Health Insurance Premium Payment (HIPP) Program   Department of Vermont Health Access<br>800.250.8427  |
| <b>VIRGINIA – Medicaid and CHIP</b><br><a href="https://coverva.dmas.virginia.gov/learn/premium-assistance/famis-select">https://coverva.dmas.virginia.gov/learn/premium-assistance/famis-select</a><br><a href="https://coverva.dmas.virginia.gov/learn/premium-assistance/health-insurance-premium-payment-hipp-programs">https://coverva.dmas.virginia.gov/learn/premium-assistance/health-insurance-premium-payment-hipp-programs</a> Medicaid and Chip: 800.432.5924 |
| <b>WASHINGTON – Medicaid</b><br><a href="https://www.hca.wa.gov/">https://www.hca.wa.gov/</a><br>800.562.3022   |
| <b>WEST VIRGINIA – Medicaid</b><br><a href="https://dhhr.wv.gov/bms/">https://dhhr.wv.gov/bms/</a> or <a href="http://mywvhipp.com/">http://mywvhipp.com/</a><br>Medicaid: 304.558.1700<br>CHIP Toll-free: 855.MyWVHIPP (855.699.8447)  |
| <b>WISCONSIN – Medicaid and CHIP</b><br><a href="https://www.dhs.wisconsin.gov/badgercareplus/p-10095.htm">https://www.dhs.wisconsin.gov/badgercareplus/p-10095.htm</a><br>800.362.3002   |
| <b>WYOMING – Medicaid</b><br><a href="https://health.wyo.gov/healthcarefin/medicaid/programs-and-eligibility/">https://health.wyo.gov/healthcarefin/medicaid/programs-and-eligibility/</a><br>800.251.1269  |

To see if any other states have added a premium assistance program since January 31, 2024, 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)  
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)  
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, NW, Room N-5718, Washington, DC 20210 or email [ebbsa.opr@dol.gov](mailto:ebbsa.opr@dol.gov) and reference the OMB Control Number 1210-0137.

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

## NOTES



This benefit summary updated by



Insurance | Risk Management | Consulting

