



**MOLLOY
UNIVERSITY**



EMPLOYEE
BENEFITS 2024

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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 2024 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 one of these occurrences, you will need to **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.

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**.



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
- » Children up to age 26—**coverage terminates at the end of the month your dependent turns 26.**



It is your responsibility to make sure all dependents you enroll are eligible for coverage. 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 2024 for a January 1, 2025 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 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

MEDICAL PLAN OPTIONS

Molloy University offers you the option to choose a medical EPO plan offered through Anthem BCBS or Emblem. An EPO plan provides in-network only coverage and does not require referrals.

Anthem BCBS EPO Plan

The EPO plan offers comprehensive national coverage at affordable prices through healthcare providers that participate with Anthem BCBS.

The Anthem EPO plan offers two network options, **PPO/EPO BlueCard Network** or the **BlueAccess Network**. The BlueAccess network includes a majority of the same doctors and hospitals as the PPO/EPO BlueCard network and has a *lower paycheck contribution* than the PPO/EPO BlueCard network plan. The **BlueAccess Network** excludes the following hospitals; University of Stony Brook (Stony Brook Eastern Long Island Hospital, Stony Brook Southampton Hospital, and Stony Brook University Hospital) and University Hospital of Brooklyn SUNY Downstate. If you live in the Nassau county area the **BlueAccess Network** alternative could be a cost savings option for you.

Visit www.anthem.com for a listing of participating providers. Click on Find Care and depending on which network you chose to enroll in, search within the PPO/EPO BlueCard Network or the BlueAccess Network

EmblemHealth EPO Value Plan

The EPO Value Plan utilizes the EmblemHealth Bridge network of providers. The EPO Value Plan also provides national coverage through FirstHealth.

Visit www.emblemhealth.com for a listing of participating providers within the EmblemHealth Bridge Network.

Anthem BCBS EPO Plan	
Plan Provisions	In-Network Only
Physician Office Visit	\$30 copay
Specialist Office Visit	\$50 copay
Prescription Drug Deductible	\$50 (does not apply to generic)
Prescription Drug Card	Tier 1: \$10 Tier 2: \$25 Tier 3: \$50
Inpatient Hospital Services	\$500 copay
Outpatient Hospital Services	\$200 copay
Emergency Room	\$300 copay, waived if admitted
Urgent Care	\$50 copay
Well Baby Care	Covered at 100%
Annual Physical Exam	Covered at 100%

EmblemHealth EPO Value Plan	
Plan Provisions	In-Network Only
Physician Office Visit	\$20 copay
Specialist Office Visit	\$30 copay
Prescription Drug Card	Tier 1: \$15 Tier 2: \$30 Tier 3: \$50
Inpatient Hospital Services	\$1,000 copay
Outpatient Hospital Services	\$250 copay
Emergency Room	\$100 copay, waived if admitted
Urgent Care	\$50 copay
Well Baby Care	Covered at 100%
Annual Physical Exam	Covered at 100%

ANTHEM BCBS HEALTH & WELLNESS 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 **877.TALK.2.RN.**

Building Healthy Families with Lactation Consultation (previously Future Moms)

This program offers personalized, digital support through the Sydney Health Mobile app or on **anthem.com**, at no extra cost to you. This convenient hub offers an extensive collection of tools and information to help you navigate your family's unique journey. Depending on your situation, you'll have access to:

- » Tools to help you stay organized
- » Health and Wellness expertise for you and your family
- » Personalized pregnancy support

Case Management

If you're coming home after surgery or have a serious health condition, a nurse care manager can help answer your questions about your follow-up care, medicines and treatment options, coordinate benefits for home therapy or medical supplies, and find community resources to help you. Your nurse care manager will probably call you, but you also can call the Member Services number on your ID card.

Cancer Care Navigators

Health educators specially trained to understand your diagnosis and unique needs. They can:

- » Coordinate your care and act as a single point of contact for you, your oncologist, and your care team.
- » Support both your emotional and physical health.
- » Connect you and your loved ones to community resources.
- » Answer your questions about your treatment, medication, side effects, as well as Anthem benefits.
- » Help prevent unnecessary procedures, tests, and emergency room or hospital visits.

To learn more about the program please call **833.649.0669.**



ConditionCare

Get support from a dedicated nurse team to manage ongoing conditions like asthma, chronic obstructive pulmonary disorder (COPD), diabetes, heart disease or heart failure. Work with dietitians, health educators and pharmacists who can help you learn about your condition and manage your health.

Back and Joint Pain Guide

If you're living with back or joint pain, finding relief without surgery or injections can be hard. The Back and Joint Pain Guide program gives you the extra support you need to feel better without leaving home. The personalized six-week online program - available at no extra cost through Livara - uses simple exercises that take about 15 minutes a day. Enroll today to find long-term relief. To sign up, visit **backandjointguide.anthem.com** or call **866.455.8417.**

Well-being Coach

Get one-on-one telephonic support for high-risk members for tobacco cessation and weight management.

Exercise Reimbursement

Anthem will reimburse you up to \$400 annually (\$200 every 6 months) of your fitness center membership dues! Just work out 35 times in each six-month period during our benefit plan year at a qualifying fitness center. Online, virtual, at-home workout classes, live streaming classes will be accepted and counted toward visits.

Choose the workouts you love, including:

- » Dance
- » Tai Chi
- » Kickboxing
- » Pilates
- » Yoga
- » Zumba
- » Peloton

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

ANTHEM BCBS HEALTH & WELLNESS PROGRAMS (CONTINUED)

Earn Rewards through the Wellbeing Solutions Program

When you complete any of the activities listed below, you'll earn rewards to put towards electronic gift card for select retailers. You choose the activities you'd like to complete. You can **earn up to \$700 in rewards** based on the activities you complete.

Preventive Care	
Annual preventive wellness exam or well-woman exam	\$20
Annual cholesterol test	\$5
Colorectal cancer screening (ages 45 and older)	\$25
Routine Mammogram (women ages 40 to 74)	\$25
Annual eye exam	\$20
Annual Flu shot	\$10

Condition Management Programs	
Condition Care Work one on one with a health coach and earn rewards for participating & completing the program"	Up to \$225 (\$90/\$135)
Building Healthy Families Receive support through the SydneyHealth app during your family-planning process. Get help trying to conceive a baby or raising a toddler. Find help through content, tools & trackers"	Up to \$125 (\$30/\$35/\$30/\$30)
Well-being Coach telephonic - Tobacco Cessation Program Receive one on one coaching by phone as you complete your goal to earn a reward"	\$60
Well-being Coach telephonic - Weight Management Program Receive one on one coaching by phone to complete the goal and earn a reward"	\$60

Digital & Wellness Activities	
Action plans Complete action plans around eating healthy, weight management & physical activity"	Up to \$20 (\$4 per action plan)
Connect a fitness or lifestyle device	\$5
Health Assessment Complete a health assessment & receive tailored health recommendations"	\$20
Complete Well-being Coach digital daily check-ins	Up to \$20 (\$4 per milestone)
Log in to your Anthem Account	\$5
Track your steps	Up to \$60 (\$2 per 50,000 steps tracked)
Update your contact information	\$15

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

SYDNEY MOBILE APP

Anthem BCBS Sydney Health Mobile App

With the Sydney Health Mobile App, you can:

- » 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 Anthem Mobile app from the App store or Google play.

Virtual Care Through Your Anthem BCBS Plan

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. Through LiveHealth Online, you have access to primary care doctors, specialists and mental health & substance abuse providers. Visit www.livehealthonline.com or access care through the Sydney mobile app.

How To Access Care Around The World Through Your Anthem BCBS Medical Plan

If you're traveling outside of the U.S. and you become sick or injured, you have access to Medical care through the Blue Cross Blue Shield Global Core Program.

- » Go straight to the nearest hospital in an emergency
- » Go to www.bcbsglobalcore.com to search for a doctor or hospital
- » Call the Blue Cross Blue Shield Global Core Service center 24/7 at **1.800.810.2583**
- » Download the Blue Cross Blue Shield Global Core app using the App Store or Google play. With the App you can search for a doctor or hospital, submit claims, find a drug, get information about how to find and contact a U.S. embassy



EMBLEMHEALTH

Healthful Choices.....encouraging healthier choices, improving the quality of life.

EmblemHealth offers a broad range of programs that help you live a healthier life. The programs are provided to EmblemHealth members at no additional cost and participation is voluntary.

The following programs can be used as part of the value added advantages of your EmblemHealth coverage:

- » **Tobacco Cessation Program** – This program is in partnership with the American Cancer Society and is available free of charge to all eligible members 18 years of age and older who use tobacco and want to quit. Participants in the program receive full coverage for smoking cessation medications (nicotine patch, gum, lozenge, bupropion (generic Zyban) Chantix). Program participants also receive unlimited telephone access to professional counselors, educational information and access to an interactive website where you can track your progress and post messages in the discussion forum.
- » **Promoting Maternity Care** – If you are planning for or expecting a baby, you will receive a lot of support from EmblemHealth's Baby Benefits program. You can call anytime to consult with a registered nurse and will find helpful information on the website where you can also request a special prenatal care book on line.
- » **Healthy Discounts** - Provides you access to discounts on health-related services. The offerings include: Acupuncture, Massage Therapy, Nutrition Counseling, Jenny Craig, Vision and Hearing Discount Programs, Medical Equipment and Services Discount Programs. For more about these services, visit www.emblemhealth.com/goodhealth.
- » **The ExerciseRewards program** - Gives you various options to work out and get paid to do it. Rack up at least 50 visits each 6 months in a calendar year and earn up to \$200 in reimbursements (and your spouse and/or/dependent(s) can earn \$100).

- » **The Active&Fit Direct Program** - Allows you to choose from a network of participating fitness centers and select YMCAs nationwide for just \$28 a month (plus a \$28 enrollment fee and applicable taxes).
- » To learn more about these programs visit ExerciseRewards.com or call **877.810.2746**.
- » **EmblemHealth 24-Hour Nurse Advise Line** - Offers members access to confidential, one on one counseling with a registered nurse trained to help you make informed decisions about health issues. Access is available 24 hours a day, 365 days a year. Nurses can provide you with advice about a broad spectrum of topics, from frostbite to heat stroke; from high cholesterol to low back pain. Just dial **1.877.444.7988** for peace of mind.

EmblemHealth Mobile App

You can download the EmblemHealth mobile app from Google Play or the App Store and...

- » View your member ID card online
- » Find a provider
- » Estimate costs
- » Manage benefits
- » Check status of claims



CIGNA DENTAL PLAN

Dental Care Access Plus DHMO Plan

With the Dental Care Access Plus DHMO plan, you may only seek dental care from participating Cigna DHMO dental providers. This is the ultimate way to optimize your dental spending. The Cigna Dental Care Access Plus Network is an expanded network which offers more dentist choice. Dental Care Access Plus is one of the largest national networks available. If you enroll in the DHMO plan, you must elect a primary care dentist.

Dental PPO

If you elect to enroll in the PPO plan, you have the option of seeing any participating provider within Cigna's DPPO Advantage or DPPO Network or you can use a non-network dentist. When utilizing a DPPO Advantage provider you will have access to an enhanced plan design. Both DPPO Advantage and 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.

The Dental PPO plan includes Dental WellnessPlus, which rewards members for getting preventive dental care. **When you receive preventive care services, Cigna will increase your annual dollar maximum the next plan year by \$150. Your annual dollar maximum will grow each year up to the level listed in the Molloy University plan document.**

Visit www.cigna.com/dental for a listing of participating providers.

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.

	Dental Care Access Plus DHMO	Total DPPO		
	In-Network Only	In-Network (DPPO Advantage Network)	In-Network (DPPO Network)	Out-of-Network
Individual Deductible	None	\$50	\$50	\$50
Family Deductible	None	\$150	\$150	\$150
Office Visit Copay	\$5 copay	None	None	None
Calendar Year Maximum	N/A	\$1,000		
Diagnostic & Preventive Services*				
Oral examinations	\$0	100%	80%	80% UCR
Cleanings	\$0	100%	80%	80% UCR
Basic Services				
Amalgam filings	\$10-\$20	100%	80%	80% UCR
Sealants	\$10	100%	80%	80% UCR
Major Services				
Root canal	\$70-\$375	80%	50%	50% UCR
Extract impacted tooth	\$40-\$115	80%	50%	50% UCR
Orthodontic Services				
Children up to 19th Birthday	\$1,800	Not covered	Not covered	Not covered
Adults	\$2,400	Not covered	Not covered	Not covered

Deductible is waived for Diagnostic & Preventive services.

BLUE VIEW 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 Blue View Vision plan is sponsored by Anthem Healthcare and has one of the country's largest vision networks, with over 39,000 eye doctors at more than 29,000 locations. Within the network you will find independent optometrists and ophthalmologists, and popular retail locations such as; LensCrafters, Target, Pearle Vision and New York based Anthem Vision Centers. Or you can access online retailers 24/7 including Glasses.com®, ContactsDirect®, 1-800 CONTACTS® and Ray-Ban®.

Visit www.anthem.com for a listing of participating providers. Click on Find Care, then National Vision Provider Directory.

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.

SpecialOffersSM

As a member of the vision plan, you also have access to SpecialOffersSM, which provides discounts on products and services that help promote better health and well-being. You can receive discounts of 15-20% and free shipping on contact lens orders. There are also discounts on refractive surgery. Pay a discounted amount per eye for vision correction.

For more information log in at www.anthem.com, select discounts, then Vision, Hearing & Dental.

	In-Network	Out-of-Network
Examination	\$10 copay	Up to \$42 allowance
Frequency of Service		
Exam	12 months	12 months
Lenses	12 months	12 months
Frames	12 months	12 months
Contact Lenses	12 months	12 months
Basic Lenses		
Single Vision	\$0 copay	Up to \$40 allowance
Bifocal	\$0 copay	Up to \$60 allowance
Trifocal	\$0 copay	Up to \$80 allowance
Frame Allowance	\$130 allowance, then 20% off balance	Up to \$45 allowance
Contact Lenses		
Elective Conventional	\$130 allowance, then 15% off balance	Up to \$105 allowance
Elective Disposable	\$130 allowance	Up to \$105 allowance
Non-Elective	Covered in full	Up to \$210 allowance



2024 BENEFIT CONTRIBUTIONS PER PAY PERIOD (26 PAY PERIODS)

Anthem BCBS EPO Plan - Suffolk County Employees

Employer Monthly Cost	\$1,894.27	\$3,693.84	\$5,493.38
Salary Bands	Individual	Employee + One	Family
Under \$49,999	\$148.16	\$288.91	\$429.66
\$50,000 - \$69,999	\$166.19	\$324.06	\$481.94
\$70,000 - \$89,999	\$170.71	\$332.89	\$495.06
\$90,000 - \$109,999	\$181.08	\$353.11	\$525.14
\$110,000 - \$129,999	\$197.54	\$385.21	\$572.88
Over \$130,000	\$215.81	\$420.84	\$625.87

Anthem BCBS EPO Plan - All Employees Except Suffolk County

Employer Monthly Cost	\$1,894.27	\$3,693.84	\$5,493.38
Salary Bands	Individual	Employee + One	Family
Under \$49,999	\$206.19	\$402.07	\$597.93
\$50,000 - \$69,999	\$222.78	\$434.42	\$646.03
\$70,000 - \$89,999	\$226.93	\$442.54	\$658.11
\$90,000 - \$109,999	\$236.48	\$461.15	\$685.78
\$110,000 - \$129,999	\$251.63	\$490.68	\$729.71
Over \$130,000	\$268.43	\$523.46	\$778.47

Anthem BCBS Blue Access EPO Plan

Employer Monthly Cost	\$1,742.89	\$3,398.62	\$5,054.39
Salary Bands	Individual	Employee + One	Family
Under \$49,999	\$136.32	\$265.82	\$395.32
\$50,000 - \$69,999	\$152.91	\$298.16	\$443.42
\$70,000 - \$89,999	\$157.07	\$306.28	\$455.50
\$90,000 - \$109,999	\$166.61	\$324.89	\$483.17
\$110,000 - \$129,999	\$181.76	\$354.42	\$527.10
Over \$130,000	\$198.56	\$387.21	\$575.86

EmblemHealth EPO Value Plan

Employer Monthly Cost	\$1,389.36	\$2,917.67	\$2,639.80	\$4,168.12
Salary Bands	Individual	Employee + Spouse	Employee + Children	Family
Under \$49,999	\$103.49	\$217.33	\$196.64	\$310.48
\$50,000 - \$69,999	\$116.09	\$243.78	\$220.56	\$348.26
\$70,000 - \$89,999	\$119.24	\$250.42	\$226.57	\$357.74
\$90,000 - \$109,999	\$126.49	\$265.63	\$240.34	\$379.48
\$110,000 - \$129,999	\$137.99	\$289.78	\$262.18	\$413.97
Over \$130,000	\$150.75	\$316.57	\$286.42	\$452.24

Cigna Dental DHMO & DPPO

	Individual	Employee + Spouse	Employee + Children	Family
DHMO	\$0.00	\$4.90	\$7.81	\$14.06
DPPO	\$16.60	\$39.54	\$35.83	\$58.79

Anthem BCBS Vision

Individual: \$2.56	Family: \$6.42
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FLEXIBLE SPENDING ACCOUNT (FSA)

The University offers employees the opportunity to enroll in a Flexible Spending Account plan, administered by **WageWorks**. 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 1/1/2024, the maximum election amount is \$3,200, 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.wageworks.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 \$3,200.

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 \$5,000 (\$2,500 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.

HEALTHCARE FSA FLEXIBLE SPENDING ACCOUNT (FSA) EXPENSE WORKSHEET

Enhanced Benefits

Take advantage of a benefit that can increase your spendable income - a Healthcare Flexible Spending Account (FSA). You can enhance your benefits package by participating in this valuable option, available through the University's flexible benefit plan. A Healthcare FSA can help you pay for eligible out-of-pocket medical 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

Healthcare 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 Healthcare FSA, you elect to have a specified amount of **tax-free dollars** deducted from your gross earnings before taxes are calculated. Many out-of-pocket medical expenses incurred by you your spouse or your dependents are eligible for reimbursement. After you submit a claim for an eligible medical service provided during your Plan Year, you will be reimbursed from this account. The plan maximum is \$3,200 per year.

IRS regulations govern the eligibility of claims as described on the previous page. Adequate itemized documentation substantiating that an expense is eligible must be submitted with your claim.

The Next Step

Take time to go through the worksheet to determine how the Healthcare 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.

Medical	
_____	Acupuncture
_____	Alcohol/drug Treatment
_____	Allergy treatments
_____	Ambulance
_____	Anesthesia
_____	Artificial limbs
_____	Chiropractor fees
_____	Crutches/wheelchairs
_____	Diabetic supplies
_____	Emergency room visit
_____	Health care equipment
_____	Hospital bills
_____	Immunizations
_____	Infertility treatments
_____	Laboratory fees
_____	OB/GYN exams
_____	Office visits
_____	Osteopath fees
_____	Oxygen
_____	Physical therapy
_____	Physician fees
_____	Prescription medications (if cosmetic or weight loss drug, must include note from physician indicating specific medical condition being treated.)
_____	Private hospital room
_____	Private nurses
_____	Psychiatric Care
_____	Psychological Care
_____	Routine Checkups
_____	Smoking cessation programs
_____	Surgery
_____	Vaccinations
_____	X-rays
\$	Subtotal

Dental	
_____	Anesthesia
_____	Bondings
_____	Cleanings
_____	Crowns/bridges
_____	Dental exams
_____	Dentures
_____	Extractions
_____	Fillings
_____	Fluoride treatments
_____	Occlusal guards
_____	Oral Surgery
_____	Orthodontia
_____	Root Canal/therapy
_____	X-rays
\$	Subtotal

Vision	
_____	Prescription contacts
_____	Contact lens supplies
_____	Eye exams
_____	Corrective eye wear
_____	Corrective surgery
_____	Prescription sunglasses
\$	Subtotal

Hearing	
_____	Hearing aids
_____	Hearing exams
\$	Subtotal

Total Plan Year Tax Savings (x 35%)	
\$	

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 \$5,000 per family for a married couple filing jointly or for a single parent. The limit is \$2,500 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-pocket expenses below.

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

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).

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 2024

- » 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 \$1,151.16
- » 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.

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

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.

LEGALSHIELDSM

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 SHIELDSM

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 Carebridge, 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 **1.800.437.0911** to obtain your personal access code then visit **www.myliferesource.com**.



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**.



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:

Stephen Porto
Area Vice President, Gallagher
518.365.6311
Stephen_Porto@ajg.com

Consulting and insurance brokerage services to be provided by Gallagher Benefit Services, Inc. and/or its affiliate Gallagher Benefit Services (Canada) Group Inc. Gallagher Benefit Services, Inc. is a licensed insurance agency that does business in California as "Gallagher Benefit Services of California Insurance Services" and in Massachusetts as "Gallagher Benefit Insurance Services." Neither Arthur J. Gallagher & Co., nor its affiliates provide accounting, legal or tax advice. 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 WageWorks 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 your 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.

ADDITIONAL VOLUNTARY BENEFITS

The University offers discounts and opportunities at various times throughout the year including: BJ's, Costco and Plum Benefits.



IMPORTANT CONTACT INFORMATION

Contact Information	
Anthem Blue Cross Blue Shield	
Website	www.anthem.com
Member Services	1.844.995.1736
Medical Management Program	1.800.982.8089
Healthline Nurse Access & Healthline Related Topics	1.877.TALK.2RN
Pharmacy Management Program	1.800.342.9816
Healthy Discount	
Alternative Practitioners	1.888.289.4325
Wellness Products	1.888.289.4325
Fitness Club	1.800.866.8466
EmblemHealth	
Website	www.emblemhealth.com
Member Services	1.877.842.3625
Nurse Advice Line	1.877.444.7988
Blue View Vision	
Website	www.anthem.com
Member Services	1.866.723.0515
Cigna	
Website	www.mycigna.com
Dental Customer Service	1.800.Cigna.24
WageWorks	
Website	www.wageworks.com
Customer Service	1.877.924.3967
Flexible Spending Reimbursement Fax	1.877.353.9236
AFLAC	
Cancer Claim Wellness Benefit Fax	1.877.844.0201
Personal Accident Expense	1.800.366.3436
Carebridge EAP	
Website	www.myliferesource.com
Customer Service	1.800.437.0911
Legal Shield	
Website	www.legalshield.com
Customer Service	1.800.654.7757

ASK YOUR ADVOCATE

Gallagher 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

Toll Free **(833) 247.9471**

bac.molloy@ajg.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 2024 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.anthem.com or www.emblemhealth.com.

Depending on which plan you enroll in, ask your provider if they participate in Anthem's PPO/EPO network, Anthem's BlueAccess network or the EmblemHealth Bridge 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 a Cigna provider in a variety of ways:

Visit the website at www.mycigna.com and click on **"find a provider"**.

Ask your provider if they are in Cigna's 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 Anthem plan, you can print a temporary ID card and/or order a new ID card from the Anthem website, www.anthem.com. If you are enrolled in the EmblemHealth plan, you can order a new ID card from the carrier website at www.emblemhealth.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.mycigna.com for a dental claim form. Claim forms are not required for the Anthem EPO or the EmblemHealth EPO 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 child care 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.



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.

Newborn's 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, 2023

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.

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 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 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 July 31, 2023. Contact your state for more information on eligibility.

ALABAMA – Medicaid http://myalhipp.com 855.692.5447	INDIANA – Medicaid Healthy Indiana Plan for low-income adults 19-64 http://www.in.gov/fssa/hip/ 877.438.4479 All other Medicaid https://www.in.gov/medicaid/ 800.457.4584
ALASKA – Medicaid The AK Health Insurance Premium Payment Program http://myakhipp.com/ 866.251.4861 CustomerService@MyAKHIPP.com Medicaid Eligibility: https://health.alaska.gov/dpa/Pages/default.aspx	IOWA – Medicaid and CHIP (Hawki) Medicaid: https://dhs.iowa.gov/ime/members 800.338.8366 Hawki: http://dhs.iowa.gov/Hawki 800.257.8563 HIPP: https://dhs.iowa.gov/ime/members/medicaid-a-to-z/hipp 888.346.9562
ARKANSAS – Medicaid http://myarhipp.com 855.MyARHIPP (855.692.7447)	KANSAS – Medicaid https://www.kancare.ks.gov/ 800.792.4884 HIPP Phone: 800.967.4660
CALIFORNIA – Medicaid Health Insurance Premium Payment (HIPP) Program http://dhcs.ca.gov/hipp 916.445.8322 Fax: 916.440.5676 Email: hipp@dhcs.ca.gov	KENTUCKY – Medicaid Kentucky Integrated Health Insurance Premium Payment Program (KI-HIPP): https://chfs.ky.gov/agencies/dms/member/Pages/kihipp.aspx 855.459.6328 KIHIPPPROGRAM@ky.gov KCHIP: https://kidshealth.ky.gov/Pages/index.aspx 877.524.4718 Medicaid: https://chfs.ky.gov/agencies/dms
COLORADO – Medicaid and CHIP Health First Colorado (Colorado's Medicaid Program) https://www.healthfirstcolorado.com Member Contact Center: 800.221.3943 State Relay 711 Child Health Plan Plus (CHP+) https://www.colorado.gov/pacific/hcpf/child-health-plan-plus Customer Service: 800.359.1991 State Relay 711 Health Insurance Buy-In Program (HIBI) https://www.colorado.gov/pacific/hcpf/health-insurance-buy-program HIBI Customer Service: 855.692.6442	LOUISIANA – Medicaid www.medicaid.la.gov or www.ldh.la.gov/lahipp 888.342.6207 (Medicaid hotline) or 855.618.5488 (LaHIPP)
FLORIDA – Medicaid www.flmedicaidtprecovery.com/flmedicaidtprecovery.com/hipp/index.html 877.357.3268	MAINE – Medicaid Enrollment: https://www.mymaineconnection.gov/benefits/s/?language=en_US 800.442.6003 TTY: Maine relay 711 Private Health Insurance Premium: https://www.maine.gov/dhhs/ofi/applications-forms 800.977.6740 TTY: Maine relay 711
GEORGIA – Medicaid GA HIPP Website: https://medicaid.georgia.gov/health-insurance-premium-payment-program-hipp 678.564.1162, Press 1 GA CHIPRA Website: https://medicaid.georgia.gov/programs/third-party-liability/childrens-health-insurance-program-reauthorization-act-2009-chipra 678.564.1162, Press 2	MASSACHUSETTS – Medicaid and CHIP https://www.mass.gov/masshealth/pa 800.862.4840 TTY: 711 Email: masspreassistance@accenture.com
	MINNESOTA – Medicaid https://mn.gov/dhs/people-we-serve/children-and-families/health-care/health-care-programs/programs-and-services/other-insurance.jsp 800.657.3739

MISSOURI – Medicaid
http://www.dss.mo.gov/mhd/participants/pages/hipp.htm 573.751.2005
MONTANA – Medicaid
http://dphhs.mt.gov/MontanaHealthcarePrograms/HIPP 800.694.3084 Email: HSHIPPProgram@mt.gov
NEBRASKA – Medicaid
http://www.ACCESSNebraska.ne.gov Phone: 855.632.7633 Lincoln: 402.473.7000 Omaha: 402.595.1178
NEVADA – Medicaid
http://dhcfp.nv.gov 800.992.0900
NEW HAMPSHIRE – Medicaid
https://www.dhhs.nh.gov/programs-services/medicaid/health-insurance-premium-program 603.271.5218 Toll free number for the HIPP program: 800.852.3345, ext. 5218
NEW JERSEY – Medicaid and CHIP
Medicaid: http://www.state.nj.us/humanservices/dmahs/clients/medicaid 609.631.2392 CHIP: http://www.njfamilycare.org/index.html 800.701.0710
NEW YORK – Medicaid
https://www.health.ny.gov/health_care/medicaid/ 800.541.2831
NORTH CAROLINA – Medicaid
https://dma.ncdhhs.gov 919.855.4100
NORTH DAKOTA – Medicaid
https://www.hhs.nd.gov/healthcare 844.854.4825
OKLAHOMA – Medicaid and CHIP
http://www.insureoklahoma.org 888.365.3742
OREGON – Medicaid
http://healthcare.oregon.gov/Pages/index.aspx 800.699.9075
PENNSYLVANIA – Medicaid and CHIP
https://www.dhs.pa.gov/Services/Assistance/Pages/HIPP-Program.aspx 800.692.7462 CHIP Website: https://www.dhs.pa.gov/CHIP/Pages/CHIP.aspx CHIP Phone: 800.986.KIDS (5437)

RHODE ISLAND – Medicaid and CHIP
http://www.eohhs.ri.gov 855.697.4347 or 401.462.0311 (Direct Rite Share Line)
SOUTH CAROLINA – Medicaid
http://www.scdhhs.gov 888.549.0820
SOUTH DAKOTA – Medicaid
http://dss.sd.gov 888.828.0059
TEXAS – Medicaid
http://gethipptexas.com 800.440.0493
UTAH – Medicaid and CHIP
Medicaid: https://medicaid.utah.gov CHIP: http://health.utah.gov/chip 877.543.7669
VERMONT – Medicaid
Health Insurance Premium Payment (HIPP) Program Department of Vermont Health Access 800.250.8427
VIRGINIA – Medicaid and CHIP
https://coverva.dmas.virginia.gov/learn/premium-assistance/famis-select https://coverva.dmas.virginia.gov/learn/premium-assistance/health-insurance-premium-payment-hipp-programs Medicaid and Chip: 800.432.5924
WASHINGTON – Medicaid
https://www.hca.wa.gov/ 800.562.3022
WEST VIRGINIA – Medicaid
https://dhhr.wv.gov/bms/ or http://mywvhipp.com/ Medicaid: 304.558.1700 CHIP Toll-free: 855.MyWVHIP (855.699.8447)
WISCONSIN – Medicaid and CHIP
https://www.dhs.wisconsin.gov/badgercareplus/p-10095.htm 800.362.3002
WYOMING – Medicaid
https://health.wyo.gov/healthcarefin/medicaid/programs-and-eligibility/ 800.251.1269

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

U.S. Department of Labor
Employee Benefits Security Administration
www.dol.gov/agencies/ebsa
866.444.EBSA (3272)

U.S. Department of Health and Human Services
Centers for Medicare & Medicaid Services
www.cms.hhs.gov
877.267.2323, Menu Option 4, Ext. 61565

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

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

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

NOTES

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Insurance | Risk Management | Consulting

