

Vision Plan—EyeMed

The vision plan, through EyeMed, covers eye exams and materials, such as glasses, frames, and contacts. To receive maximum coverage, visit a provider in the Select network. When you visit an out-of-network provider, you receive reimbursement up to a scheduled amount for each covered service or supply after you file a claim for reimbursement. The plan helps you pay for a range of vision-related services and products as shown below.

Vision Plan—EyeMed		In-Network Member Cost	Out-of-Network Reimbursement
Network		Select	Not Applicable
Vision Exam (Once Per 12 Months)		\$10	Up to \$30
Frames (Once Per 24 Months)		\$0; \$130 Allowance; 20% off balance above \$130	Up to \$65
Lenses (Once Per 12 Months)			
Single		\$25	Up to \$25
Bifocal		\$25	Up to \$40
Trifocal		\$25	Up to \$60
Progressive		\$25	Up to \$40
Contact Lenses (Once Per 12 Months)			
Fit & Follow up		Up to \$40	Not Covered
Conventional		\$0; \$130 Allowance; 15% off balance above \$130	Up to \$104
Disposable		\$0; \$130 Allowance	Up to \$104
Medically Necessary		\$0; Paid in full	Up to \$200
<u>Coverage Tier</u>		<u>Bi-Weekly Contributions</u>	
Employee		\$2.71	
Employee +1		\$5.15	
Family		\$7.56	
To find a network provider, visit www.eyemed.com			

Flexible Spending Accounts (FSAs)

When you participate in the Health Care and/or Dependent Care Flexible Spending Accounts (FSAs), administered by Benefit Resource, you can pay for eligible expenses with pre-tax dollars. Since your contributions are deducted before federal income taxes and Social Security taxes are calculated, your taxable income is lowered. This means you pay less tax in each paycheck and you reimburse yourself with tax-free money from your account, as shown in the chart below.

Savings Example	With FSA	Without FSA
Annual Pay	\$30,000	\$30,000
Health Care FSA Contributions	\$1,000	\$0
Federal, State and Social Security Taxes*	\$8,019	\$8,295
After-Tax Dollars Spent on Health Care Expenses	\$0	\$1,000
Net Available Income	\$20,981	\$20,705
Tax Savings with the FSA Plan	\$276	\$0

*Assumes 15% federal tax, 5% state tax and 7.65% Social Security tax.

FSA Facts

In exchange for tax advantages, the IRS sets certain requirements for FSAs:

- **Use it or lose it.** Any balance left in your FSA(s) after all of your incurred expenses are submitted and paid timely (see next page) will be forfeited. You cannot roll the balance over to the next year.
- **You must enroll each year.** Your enrollment will not carry over to the following benefit plan year.
- **The two Accounts are separate.** You cannot use the money in your Health Care FSA to pay for Dependent Care expenses, nor vice versa.
- **You may not be eligible for both the Dependent Care FSA and the dependent care tax credit on your federal income tax return.** Check with your tax advisor for details.
- **If you contribute** to a Health Savings Account, you cannot contribute to a Full Health Care FSA for reimbursement for medical expenses.

Actions to Follow	Full Health Care FSA	Dependent Care FSA
Eligible Expenses	<ul style="list-style-type: none"> ▪ Deductibles, copays and coinsurance for medical, prescription drug, dental and vision care that are not paid under any health plan. ▪ Expenses exceeding plan limits or UCR cost. Over-the-counter medications not eligible unless insulin or with a prescription. ▪ Refer to Publication 502 for more information. 	<ul style="list-style-type: none"> ▪ Expenses that enable you and your spouse to work, look for work or attend school full-time. ▪ Child care centers, private providers, nursery schools, summer day camps and after-school care provided for your eligible dependent (children up to age 13). ▪ Care provided for your eligible elderly or disabled, tax-qualified dependent. ▪ Refer to Publication 503 for more information.
Annual Contributions	Up to \$2,750 Per Year, \$150 minimum	Up to \$5,000 Per Year, \$150 minimum (\$2,500 if Married and Filing Separately)
Payroll deductions are taken:	January 1, 2021 – December 31, 2021	
Amount Available for Reimbursement	Annual Elected Amount	Account Balance
Enrollment Deadline	Enroll during Open Enrollment OR when you have a qualifying life event You must re-enroll every year. Your election will NOT carry over.	
Important Deadlines	<ul style="list-style-type: none"> ▪ Incur expenses: March 15, 2022 ▪ Submit expenses: March 31, 2022 	

For more information, including a list of eligible expenses, visit www.benefitresource.com, or call 1-800-473-9595.

Paying for Eligible Expenses

- **Debit Card** – It works like a credit card and you can use it to pay for your health care and/or dependent care, expenses. Just one Debit Card is needed for all accounts. Keep your receipts. You may need to provide documentation to substantiate your purchase.
- **Submit a Claim for Reimbursement** – You will receive payment by check or Direct Deposit.

Term Life/AD&D Insurances (Basic & Voluntary Plans)

Basic Term Life/AD&D Insurance (Employer Paid)

Your employer provides eligible employees with this basic coverage at no cost to you.

LIFE/AD&D INSURANCE FEATURES

Life Insurance Benefit	Employee: \$10,000 Spouse: \$5,000; Child(ren): \$2,000
Accidental Death Benefit	Employee: \$10,000
Reductions due to age	All amounts reduce to 50% at age 70

According to Federal law, the first \$50,000 of employer provided Life Insurance is not taxable.

See the carrier plan booklet for limitations, exclusions, and full benefit details including continuation of coverage options.

Voluntary Term Life Insurance (Employee Paid)

EMPLOYEE LIFE INSURANCE FEATURES

Life Insurance Benefit	Purchased in increments of 1, 2, 3, 4 or 5x basic annual earnings.
Maximum Benefit	The lesser of 5x-earnings or \$550,000.
Guaranteed Issue Amount	\$350,000 at initial eligibility.
Reductions Due to Age	Reduces to 50% at age 70

SPOUSE LIFE INSURANCE FEATURES

Life Insurance Benefit	50% of the employee election
Maximum Benefit	The lesser of 50% of the employee's benefit or \$275,000
Guaranteed Issue Amount	\$20,000
Reductions Due to Age	Same as the employee and based on the employee's age.

CHILD LIFE INSURANCE FEATURES

Eligible Dependents	Unmarried dependent children, to age 20; or to 25 if full-time student.
Life Insurance Benefit	Purchased in increments of \$1,000.
Maximum Benefit	\$5,000
Guaranteed Issue Amount	\$5,000

Requirement: Employee coverage required to purchase spouse and/or dependent coverage.

Evidence of Insurability (Proof of Good Health) is required if:
1- enrollment is waived at initial date of eligibility;
2- applying for an amount greater than the Guaranteed Issue Amount; and
3- increases in coverage.

Employee paid with after tax payroll deductions.

Coverage ends at the employee's retirement or if leaving employment.

TERM LIFE INSURANCE

Monthly Rates for Employees & Spouse Plans

Benefits for Employee and Spouse are NOT the Same

Age	Per \$1,000	Age	Per \$1,000
<20	\$.037	55-59	\$.394
20-34	\$.058	60-64	\$.605
35-39	\$.071	65-69	\$1.025
40-44	\$.103	70-74	\$1.945
45-49	\$.154	75+	\$3.929
50-54	\$.245		
Dependent Children			\$.271

Example: \$40,000 Life Insurance for an employee, age 57.
 $\$40,000 \div 1,000 = 40 \times \$0.394 \text{ (rate)} = \mathbf{\$15.76/\text{Month}}$

See the carrier plan booklet for limitations, exclusions, and full benefit details including continuation of coverage options.

Term Life/AD&D Insurances (Basic & Voluntary Plans)

Voluntary Term AD&D Insurance (Employee Paid)

EMPLOYEE AD&D INSURANCE FEATURES

AD&D Benefit	Purchased in increments of \$25,000
Maximum Benefit	Lesser of 10 x annual earnings or \$300,000
Age Reductions	From age 70-74 reduces by 32%, at age 75-79 reduces by 53%, at age 80-84 reduces by 68%, and at age 85+ reduces by 84%

SPOUSE AD&D INSURANCE FEATURES

Benefit	If no child(ren) insured: 50% of employee's benefit If child(ren) insured: 100% of employee's benefit
Maximum Benefit	\$250,000

CHILD AD&D INSURANCE FEATURES

Eligible Dependents	Unmarried dependent children, to age 20; or to 25 if full-time student.
Benefit	If no insured spouse: 10% of employee's benefit If insured spouse: 15% of employee's benefit
Maximum Benefit	\$25,000

AD&D INSURANCE

Monthly Rates / \$1,000

Employee	\$0.029
Spouse	\$0.029
Child(ren)	\$0.062

Example: \$50,000 AD&D for an employee
 $\$50,000 \div 1,000 = 50 \times \0.029 (employee rate) =
\$1.45/Month

See the carrier plan booklet for limitations, exclusions, and full benefit details including continuation of coverage options.

Disability Insurances (Long and Short Term Plans)

Employer Paid—Long Term Disability (LTD) Insurance

Alfred University provides a level of income protection should you become disabled and cannot work. Since Alfred University pays for your LTD coverage, any benefits you receive would be taxed as ordinary income.

LTD coverage is provided to you automatically.

FEATURES OF THE PLAN

Maximum Benefit Period* <i>(see contract for full details)</i>	To normal Social Security Retirement Age
Monthly Benefit	60% of Base Monthly Earnings. May be reduced by other incomes eligible to receive.
Maximum Benefit / Monthly	\$8,000
Maximum Benefit / Monthly Pension	7% of Base Monthly Earnings or \$1,000 Max.
Benefit Start Date	180-days (Elimination Period)
Own Occupation Period	24-months
Any Occupation Period	60-months

For more information about benefits and limitations, contact your HR department

Voluntary—Short Term Disability (STD) Insurance

Employees are automatically enrolled in this employee paid short term disability program.

Employees may opt-out of coverage but must elect that change.

The Short Term Disability benefits are offset by your NYS DBL benefit, as well as any other income you receive as a result of your disability.

FEATURES OF THE PLAN

Contributions	Employee Paid
Benefit Start Date	After 7-days (injury or illness)
Maximum Benefit Period	26-weeks (25-payments)
Benefit Amount	50% of Base <u>Weekly</u> Earnings
Maximum Benefit / week	\$1,500
Payments	Pays in addition to any other benefits, including New York State Disability.

For more information about benefits and limitations, contact your HR department

SHORT TERM DISABILITY INSURANCE

Monthly Rate / \$10 Of Monthly Covered Payroll

Age <54	\$0.254	Age 60-64	\$0.367
55-59	\$0.311	65/+	\$0.403

Example

Annual Income	÷ 52 and x 50%= Weekly Benefit	÷ 10= Multiplier	See Rate Above/ (Age)	Multiplier x Rate= Monthly Rate
\$28,000	\$269	26.9	\$.254 / (32)	\$6.83

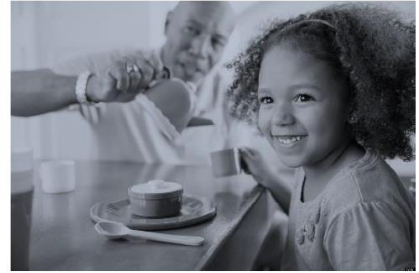
Monthly Rate x 12= Annual Premium and ÷ 26 = Per Pay Premium

Insert Your Income and Compute Your Monthly Rate

\$	\$		\$	\$
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NOTE: This benefit is in addition to the mandatory New York State Disability (NYS DBL) that provides a benefit of 50% of your weekly earnings up to \$170 per week.

NY Paid Family Leave (PFL)



Paid Family Leave (PFL) is a mandatory benefit for most New York employers. PFL provides employees with paid benefits and job protection for three qualifying events.

CARE for a family member with a serious Health Condition.

A leave taken to care for a family member (spouse, domestic partner, child, parent, grandparent, grandchild, and in-laws) with a serious health condition such as an illness, injury, impairment, or physical or mental condition that involved: inpatient care in a hospital, hospice, or residential health care facility; or continuing treatment or continuing supervision by a health care provider; or a family member who donates or is preparing to donate, an organ, **may include COVID-19 orders of quarantine or isolation.**

BOND Maternity and Paternity Leave

A leave taken as a time to bond with a child.

Employee may seek these benefits: -during the first twelve months after the child's birth; or
-during the first twelve months after the placement of a child as an adoption or foster care.

ASSIST Family experiencing Active Duty Deployment

Active Duty Orders are required for the initial leave request to assist when a covered active duty or call to active duty status is issued for a spouse, domestic partner, child or parent.

Eligibility—Employees eligible for **Paid Family Leave (PFL)** must meet a qualification period:

- Employees working 20 or more hours per week, must have been employed at least 26 consecutive weeks at their current employer
- Employees working less than 20 hours a week, must have completed at least 175 work days at their current employer

NOTE: If an employee changes employers, time worked at the previous employer does not count.

In other words, employees with the new employer, begin a new qualification period. Time out on NYS Disability (DBL) does not count toward the qualification period.

What is the Paid Family Leave (PFL) Benefit?

Effective Date	January 1, 2021
Benefit Amount	67% of an Employee's Average Weekly Wage*
Maximum Benefit Amount	67% of NY State Average Weekly Wage (up to \$971.61)
Duration of Benefits	Up to 12 Weeks

—Increases to Benefit Amount and Duration will be implemented incrementally through 2021.

—Benefit paid on wages up to the 2020 Statewide Average Weekly Wage of \$1,401.17.*

—Leaves taken in weekly increments are paid the full benefit.

—Leaves taken in daily increments are based on the average number of days worked per week during the last 8 weeks before the leave and capped at 60 days.

Who pays for the Paid Family Leave (PFL) coverage and how does it work?

The cost of PFL is 100% employee paid at .511% of weekly pay to an annual maximum of \$385.34.

For more information about benefits and limitations, contact your HR department

Pet Insurance

Discover the greatest pet insurance plans ever offered.

My Pet Protection® is offered exclusively to employees and gives your pet superior protection at an unbeatable price.

- ✓ 90% back on vet bills¹
- ✓ Exclusive to employees, not available to the general public
- ✓ Same price for pets of all ages
- ✓ Best deal: average savings of 30% over similar plans from other pet insurers²
- ✓ Wellness plan option that includes spay/neuter, vaccinations and more

		
Accidents, including poisonings and allergic reactions	✓	✓
Injuries, including cuts, sprains and broken bones	✓	✓
Common illnesses, including ear infections, vomiting and diarrhea	✓	✓
Serious/chronic illnesses, including cancer and diabetes	✓	✓
Hereditary and congenital conditions	✓	✓
Surgeries and hospitalization	✓	✓
X-rays, MRIs and CT scans	✓	✓
Prescription medications and therapeutic diets	✓	✓
Wellness exams	✓	
Vaccinations	✓	
Spay/neuter	✓	
Flea and tick prevention	✓	
Heartworm testing and prevention	✓	
Routine blood tests	✓	

Just like all other pet insurers, we don't cover **pre-existing conditions**.³ However, we go above and beyond with extra features such as **emergency boarding, lost pet advertising and more**. Plus, both plans have a low \$250 annual deductible and a generous \$7,500 maximum annual benefit.

*Any illness or injury that your pet had prior to the start of your policy will be considered a pre-existing condition.

Easy enrollment

1 Select the species (dog or cat)**

2 Provide your zip code

3 Pick your plan

**To enroll your bird, rabbit, reptile or other exotic pet, please call 888-899-4874.



Available to all pet insurance members. Unlimited, 24/7 access to a veterinary professional (\$150 value). Only from Nationwide®.



Get your pet insurance reimbursements deposited directly to your bank.

Submit claims right from your smartphone with the free VitusVet app.



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Email, fax and snail mail claim submissions also available.

Sign up multiple pets with individual plans and receive a discount⁴ for even more savings.

Get a free, no-obligation quote today at www.petinsurance.com/alfred



For Assistance



Relph Benefit Advisors | 1-800-836-0026

Insurance Carrier Contact Information

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

Benefit	Insurance Provider	Website	Phone
Medical	Univera	www.univerahealthcare.com	1-800-499-1275
Dental	MetLife	www.metlife.com	1-800-942-0854
Vision	EyeMed	www.eyemed.com	1-866-299-1358
FSAs	Benefit Resource	www.benefitresource.com	1-800-473-9595
Short Term Disability Insurance (Voluntary)	Cigna	www.cigna.com	1-888-842-4462
Long Term Disability Insurance (Employer Paid)	Cigna	www.cigna.com	1-888-842-4462
Term Life & AD&D Insurance (Employer Paid)	Cigna	www.cigna.com	1-888-842-4462
Term Life Insurance (Voluntary)	Cigna	www.cigna.com	1-888-842-4462
Term AD&D Insurance (Voluntary)	Cigna	www.cigna.com	1-888-842-4462
Pet Insurance	Nationwide	www.petinsurance.com/alfred	1-877-738-7874