



Alfred University
OUTSIDE of ORDINARY



2024 Employee Benefits Guide

STATUTORY EMPLOYEES

Get the Most from Your Benefits

Health Benefits	Coverage	26 Pay Periods
Medical	Provided through the state of New York	Contact HR for more information
Dental		

Questions | Help

1-800-836-0026, x7400

support@aleracare.zendesk.com

You are eligible for medical, dental, vision, long-term disability, FSA, and group life benefits coverage if you are an active eligible employee of the College of Ceramics.

All Employees must complete an Election Form.

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Legal Disclaimer: Alera Group has attempted to ensure that the information in this Benefits Guide is clear and accurate. However, this Benefits Guide is not a legal document; the terms and provisions of each benefit are governed by the Plan Document or Summary Plan Description.



Vision Benefits

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)	\$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	\$130 Allowance; 15% off balance above \$130	Up to \$104
Disposable	\$130 Allowance	Up to \$104
Medically Necessary	Paid in full	Up to \$200

Coverage	26 Pays
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.

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 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.

Paying for Eligible Expenses

You can use your Debit Card which 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.

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



Actions to Follow	Full Health Care FSA	Dependent Care FSA
Annual Contributions	Up to \$3,050 Per Year, \$150 minimum	Up to \$5,000 Per Year, \$150 minimum (\$2,500 if Married and Filing Separately)
Payroll deductions are taken:	Each pay period from January 1-December 31	
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	Incur (2024) expenses: March 15, 2025 / Submit (2024) expenses: June 15, 2025	

Term Life/AD&D Insurances

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

Your employer provides eligible employees with basic coverage at no cost to you (shown in the chart to the right).

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.

EMPLOYER_PROVIDED 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

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

Voluntary Term Life Details:

- Voluntary Term Life is employee paid with after tax payroll deductions.
- Coverage ends at the employee's retirement or if leaving employment.
- Employee coverage required to purchase spouse and/or dependent coverage.
- See the carrier plan booklet for limitations, exclusions, and full benefit details including continuation of coverage options.

Voluntary Term Life Insurance (Employee Paid) - *continued*

Monthly Rates:

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

Evidence of Insurability

Proof of Good Health is required if:

1. Enrollment is waived at initial date of eligibility
2. You're applying for an amount greater than the Guaranteed Issue Amount
3. You're applying for increases in coverage

AD&D Insurance Features:

EMPLOYEE	
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	
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	
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: 25% 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

Disability Insurances

Employer Paid—Long Term Disability (LTD) Insurance

FEATURES OF THE PLAN	
Maximum Benefit Period* (see contract for full details)	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	

Long Term DBL Benefits

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.

Voluntary—Short Term Disability (STD) Insurance

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 DBL Benefits

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.

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.

Rates:

SHORT TERM DISABILITY INSURANCE			
Monthly Rate / \$10 Of Monthly Covered Payroll			
Age <54	\$0.254	Age 60-64	\$0.36
55-59	\$0.311	65/+	\$0.40

New York Paid Family Leave (PFL)

What is Paid Family Leave?

Effective January 1, 2018, New York State enacted New York Paid Family Leave (PFL) – one of the most comprehensive family leave programs in the nation. The PFL Law requires employers to provide employees with mandatory wage replacement and time off for employees who need to be out of work for reasons that fall under the following categories:

- Bond or care for a new child (birth, adoption, or foster)
- Caring for a close relative with a serious health condition
- To handle qualifying military exigencies for a family member

Paid Family Leave Funding

This benefit is fully funded by employees through post-tax payroll deductions. For example:

- Annual income is \$40,000
- Average weekly wage is \$769.23 per week
- Weekly deduction would be \$2.87 (.373% of weekly wage)

Paid Family Leave Benefits

Date	Maximum Benefit <i>(within 52-week period)</i>	Mandatory Paid Family Leave Benefit
January 1, 2024	12 weeks	67% of the employee's average weekly wages*

*The New York State Average Weekly Wage is \$1,718.15, which means the maximum weekly benefit is \$1,151.16. This is \$20.07 more than the maximum weekly benefit for 2023.

Specifics on this new statutory NYS benefit can be found at the link here:

<https://paidfamilyleave.ny.gov/employees>



Paid Family Leave Program

Eligibility

Covered employees become eligible to take Paid Family Leave for a qualifying event once they have met the minimum time-worked requirements:

- **Full-time employees:** Employees who work a regular schedule of 20 or more hours per week are eligible after 26 consecutive weeks of employment.
- **Part-time employees:** Employees who work a regular schedule of less than 20 hours per week are eligible after working 175 days, which do not need to be consecutive. Employees with irregular schedules should look at their average schedule to determine if they work, on average, fewer than 20 hours per week.

Pet Insurance

As a full-time faculty or staff member working at least 35 hours/week, you are eligible for the benefits described in this guide.

Nationwide

Nationwide® Pet Insurance is now available to you as a voluntary benefit. Nationwide offers coverage for your pet's injuries, illnesses and accidents. Plus, you're free to use any vet, anywhere. Choose a 50% or 70% benefit product to help pay unexpected veterinary costs. Plans are available for dogs, cats, birds and exotic pets.

Rest easy with 24/7 veterinary help

All Nationwide Pet Insurance members receive free, 24/7 access to Vethelpline® (\$110value) for guidance on any pet health concern. This service is available exclusively from Nationwide.

Learn more

As an employee, you're eligible for exclusive plans and preferred pricing for your pets. Visit: <https://benefits.petinsurance.com/Alfred> or call 877-738-7874 and state that you are an Alfred University employee for more information or to get a no-obligation quote.

Contact:

Allison Bradley - National Account Executive – East
Email – bradla1@nationwide.com
Phone: 714-989-0555
Ext: 7935

Nationwide Vethelpline:

<https://pethelpchat.com/>

Chat with a veterinary professional now

Or call [1-855-331-2833](tel:1-855-331-2833)

We're live and ready to help in real time.



Eligibility

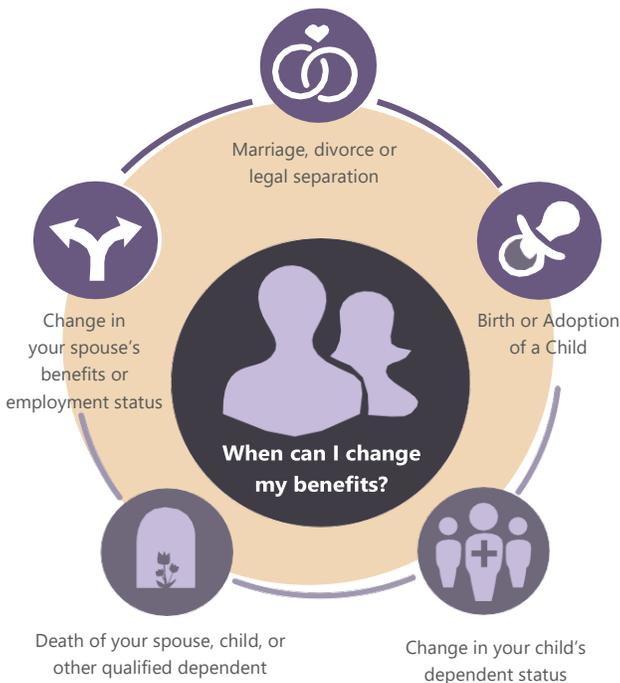
Requirements

You are eligible for medical, dental, vision, long-term disability, FSA, and group life benefits coverage if you are an active eligible employee of the College of Ceramics. If you enroll, you also may enroll your eligible dependents including:

- Your lawful spouse (including same-sex spouse in a state that recognizes such unions)
- Your same or opposite sex domestic partner (per Alfred policy guidelines)
- Your dependent child(ren) - vision plan up to Age 26
- Your unmarried children of any age who are permanently and totally disabled physically or mentally for whom you provide financial support. You must periodically provide medical documentation of such disability

If you are adding dependents to your medical, dental, and/or vision benefits, proof of dependent eligibility may be required, such as a birth, adoption, or marriage certificate, or domestic partner certification.

Examples of Qualifying Life Events



Changes to Your Benefit Elections

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

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

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

Benefit changes must take place within 30-days of the qualifying change in status OR during Open Enrollment

Who is entitled to Benefits under COBRA?

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

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

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

Eligibility - *continued*

State and Federal Regulations Regarding Enrollment in Benefits and Dependent Status

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

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

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

Flexible Spending Arrangements are governed by Federal IRS Code 152.

Domestic Partner Coverage Rules

Employees may cover their domestic partner provided each are over 18 years old and each other's sole domestic partner and are not married to anyone.

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

1. Registration as a domestic partnership or an affidavit of domestic partnership
2. Proof of cohabitation for 6 months (for example, a driver's license or tax return) and
3. Proof of financial interdependence, as evidenced by two or more of the following:
 - a. A joint bank account
 - b. A joint credit or charge card
 - c. Joint obligation on a loan
 - d. Status as authorized signatory on the partner's bank account, credit or charge card
 - e. Joint ownership of holding of investments
 - f. Joint ownership of a residence
 - g. Joint ownership of real estate other than residence
 - h. Listing of both partners as tenants on the lease of the shared residence
 - i. Shared rental payments of residence (need not be shared 50/50)
 - j. Listing of both partners as tenants on a lease, or shared rental payments, for property other than residence
 - k. A common household and shared household expenses (for example, shared grocery, utility, telephone bills—(need not be shared 50/50)
 - l. Shared household budget for purposes of receiving government benefits
 - m. Status of one as representative payee for the other's government benefits
 - n. Joint ownership of major items of personal property (for example, appliances, furniture)
 - o. Joint ownership of a motor vehicle
 - p. Joint responsibility for child care (for example, school documents, guardianship)
 - q. Shared child care expenses (for example, baby-sitting, day care, school bills (need not be shared 50/50)
 - r. Execution of wills naming each other as executor and/or beneficiary
 - s. Designation as beneficiary under the other's life insurance policy
 - t. Designation as beneficiary under the other's retirement benefits account
 - u. Mutual grant of durable power of attorney
 - v. Mutual grant of authority to make health care decisions (for example, health care power of attorney)
 - w. Affidavit by creditor or other individual able to testify to partners' financial interdependence
 - x. Other item(s) of proof sufficient to establish economic interdependency under the circumstances of the particular case.

Coverage of the subscriber's domestic partner under the medical contract will terminate on the date the domestic partnership ends. You are responsible for notifying Human Resources. A six (6) month waiting period will be imposed from the date a covered domestic partner is no longer eligible, until the date a new domestic partner is deemed eligible for coverage.

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

Carrier Contact Information

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

Benefit	Insurance Provider	Website	Phone
Vision	EyeMed	www.eyemed.com	1-866-299-1358
FSA's	Benefit Resource	www.benefitresource.com	1-800-473-9595
Short Term Disability Insurance (Voluntary)	Sun Life	www.sunlife.com	1-888-842-4462
Long Term Disability Insurance (Employer Paid)	Sun Life	www.sunlife.com	1-888-842-4462
Term Life & AD&D Insurance (Employer Paid)	Sun Life	www.sunlife.com	1-888-842-4462
Term Life Insurance (Voluntary)	Sun Life	www.sunlife.com	1-888-842-4462
Term AD&D Insurance (Voluntary)	Sun Life	www.sunlife.com	1-888-842-4462
Pet Insurance	Nationwide	www.petinsurance.com/alfred	1-877-738-7874

