





St. John Fisher University

2027 Employee Benefits Program

ST. JOHN FISHER UNIVERSITY

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A Message from St. John Fisher University's Human Resources

At St. John Fisher University, our employees' talent, commitment, and expertise drive our success. We value the contributions each individual makes to our mission, and we are committed to offering a comprehensive, competitive benefits program that helps us attract and retain exceptional faculty and staff.

Our benefits are designed to support the diverse needs of employees and their families by providing clear, accessible, and affordable options. This guide will assist you in selecting the benefits that best align with your personal and family needs.

For additional details about Fisher's benefits program—including access to Summary Plan Descriptions—please visit the Human Resources/Benefits webpage.

Sincerely,

Victoria Pietak

Sr. HR/Benefits Manager
Human Resources Department



Eligibility

Eligible Employees

You may enroll in the Fisher employee benefits program if you are a full-time employee who is scheduled to work at least 35 hours per week.

Family Eligibility for Benefits

You may only enroll eligible family members in Fisher's benefits programs. It is your responsibility to know and understand eligibility requirements and to make changes to your benefits by the required deadline when you have a change in family member eligibility. Employees may not have dual coverage under Fisher's benefits programs both as an employee and as a spouse, domestic partner, or child.

Eligible family members include:

Spouse/Domestic Partner
Legally married spouses and same- and opposite-sex domestic partners.

Children
Children include those born to you, your step-children, your legally adopted children, any children placed with you for adoption, your domestic partner's children, any children for whom you are responsible under court order, children for whom you are appointed legal guardianship, and children for whom you are responsible to provide medical coverage under a Qualified Medical Child Support Order (QMSCO).

Medical, Dental, Vision, Optional Life/AD&D, Accident, and Critical Illness Insurance: you may cover your child(ren) through the end of the month in which they turn age 26, regardless of marital status, regardless of student/employment status, regardless of household residency, and regardless of whether you support them financially.

Medical, Dental, Vision, Accident, and Critical Illness Insurance: you may cover your child(ren) of any age who are incapable of self-sustaining employment by reason of a mental or physical handicap.

NOTE: If you are enrolling a spouse and/or child(ren) for the first time, you must provide proof of marriage (e.g., marriage certificate) or proof of parentage (e.g., birth certificate) at the time you enroll by uploading these documents to the benefits enrollment portal by the enrollment deadline.

When Coverage Begins

Benefits changes made during annual Open Enrollment become effective on January 1. As a newly hired employee, your benefits become effective on the first day of the month coincident with or next following your date of hire. All elections are in effect for the entire plan year and can only be changed during Open Enrollment unless you experience a Qualifying Life Event.

How to Enroll

Go to the mySJF Launchpad and click on “Benefits Enrollment”.

Qualifying Life Events

Once Open Enrollment ends, you cannot change your benefits elections until the next annual Open Enrollment unless you experience a “Qualifying Life Event.” Below are examples of life events that can impact your benefits elections:

- Marriage
- Divorce or legal separation
- A change in your dependent child’s eligibility status under the plan
- Birth or adoption
- Death of a spouse or dependent child
- Change in your employment status or that of your spouse or dependent child that affects benefits coverage
- Involuntary loss or gain of other benefits coverage

If you experience a qualifying life event, your online benefits change request must be consistent with the event type and occur within 30 days of the event date. This means that you must go to the benefits enrollment portal and make your changes online no later than the 30th calendar day from the event date. Additionally, you must upload proof of your Qualifying Life Event no later than 30 calendar days from the event date.

Medical Options – What's the difference?

Fisher offers three options for medical insurance coverage. The chart below is a brief outline of the plans. This outline is reflective of in-network benefit highlights; full benefit details can be found in the plan's Summaries of Benefits and Coverage.

BENEFIT COVERAGE	Excellus BCBS BluePPO (HDHP)	Excellus BCBS Simply Blue Hybrid	Excellus BCBS Blue EPO
	In-Network Benefits	In-Network Benefits	In-Network Benefits (No Out-of-Network Coverage)
Annual Deductible (see page 9 for how deductibles work)			
Individual	$2,800	$1,200*	$0
Family	$5,600	$3,600*	$0
Coinsurance (Plan/Member)	70% / 30%	70% / 30%	100% / 0%
Maximum Out-of-Pocket			
Individual (Single Plan)	$5,600	$3,600	$5,000
Family (Non-Single Plans)	$11,200	$10,800	$15,000
Physician Office Visit			
Primary Care	70% after deductible	$40 copay	$50 copay
Specialty Care	70% after deductible	$60 copay	$80 copay
Preventive Care			
Adult Periodic Exams	100%	100%	100%
Well-Child Care	100%	100%	100%
Diagnostic Services			
X-ray and Lab Tests	70% after deductible	$60 copay	$80 copay
Complex Radiology	70% after deductible	$150 copay	$200 copay
Urgent Care Facility	70% after deductible	$60 copay	$80 copay
Emergency Room Facility Charges*	70% after deductible	$200 copay *(waived if admitted)*	$300 copay *(waived if admitted)*
Inpatient Facility Charges	70% after deductible	70% after deductible	$300 copay
Outpatient Facility and Surgical Charges	70% after deductible	70% after deductible	$750 copay
Mental Health			
Inpatient	70% after deductible	70% after deductible	$750 copay
Outpatient	70% after deductible	$60 copay	$80 copay
Substance Abuse			
Inpatient	70% after deductible	70% after deductible	$750 copay
Outpatient	70% after deductible	$60 copay	$80 copay

BENEFIT COVERAGE	Excellus BCBS BluePPO (HDHP)	Excellus BCBS Simply Blue Hybrid	Excellus BCBS Blue EPO
	In-Network Benefits	In-Network Benefits	In-Network Benefits (No Out-of-Network Coverage)
Other Services			
Chiropractic	70% after deductible	$60 copay	$80 copay
Retail Pharmacy (30-Day Supply)			
Generic (Tier 1)	$10 copay after deductible	$10 copay ($0 for kids)	$10 copay
Preferred (Tier 2)	$50 copay after deductible	$50 copay	$50 copay
Non-Preferred (Tier 3)	$100 copay after deductible	$100 copay	$100 copay
Preferred Specialty (Tier 4)	80% up to $250	80% up to $250	80% up to $250
Wegmans Preferred Pharmacy (30-Day Supply)			
Generic (Tier 1)	$5 copay after deductible	$5 copay ($0 for kids)	$5 copay ($0 for kids)
Preferred (Tier 2)	$40 copay after deductible	$30 copay	$20 copay
Non-Preferred (Tier 3)	$80 copay after deductible	$50 copay	$40 copay
Mail Order Pharmacy (90-Day Supply)			
Generic (Tier 1)	$20 copay after deductible	$20 copay	$20 copay
Preferred (Tier 2)	$100 copay after deductible	$100 copay	$100 copay
Non-Preferred (Tier 3)	$200 copay after deductible	$200 copay	$200 copay

*The deductible on the Hybrid plan applies to inpatient stays and outpatient surgical services/facilities (in-network) and all out-of-network care.

Important Prescription Drug Information

Affordable Care Act (ACA) guidelines list preventive prescription drugs that are often covered with little to no out-of-pocket cost ($0 copay or pre-deductible), including under a High Deductible Health Plan (HDHP). To view this list, contact CVS/Caremark.

How Deductibles Work

BluePPO HDHP

With the BluePPO HDHP, the individual annual deductible only applies to the single plan (employee-only). Once the employee satisfies the individual deductible, the plan will begin to pay benefits (i.e., coinsurance and copayments will begin to apply). For non-single plans (employee and spouse, employee and children, family), the full family deductible must be satisfied before the plan will begin to pay benefits for any family member.

All out-of-pocket costs count toward the deductible, including prescription drug copayments.

Simply Blue Hybrid

With the Simply Blue Hybrid plan, the individual annual deductible applies to each family member. Once the employee and/or family member satisfies their individual deductible, the plan will begin to pay benefits (i.e., coinsurance will begin to apply to that individual). Also, once the aggregate family deductible is met (regardless of which family members paid into it and even if no one meets their individual deductible), the deductible is considered satisfied for all family members.

Copayments, including prescription drug copayments, do not count toward the deductible (i.e., you do not need to satisfy the deductible before copayments apply). Only costs related to services with coinsurance count toward the deductible. If you meet your annual out-of-pocket maximum before your deductible has been met, the remaining unpaid deductible amount does not apply.

Prescription Drugs

For all three medical plan options, CVS/Caremark is the pharmacy benefits manager. You will receive one ID card from Excellus that has both Excellus and CVS/Caremark plan information. This card should be used at both your doctor's office and your pharmacy.

As a reminder, Fisher has a preferred Pharmacy arrangement for non-specialty drugs with Wegmans Pharmacy, which reduces your out-of-pocket costs when you fill a prescription at Wegmans. Refer to page 7 for reduced Wegmans copayment amounts.

Mail Order Prescription Drugs

All three medical plan options include a mail-order prescription drug service. This allows you to receive a 90-day supply of your maintenance medications (e.g., cholesterol, hypertension, asthma, diabetes) for the cost of two copayments instead of three. Refer to page 7 for mail order copayment amounts.

New Diabetes Management Program

Effective January 1, 2027, a new diabetes management program through Vida will be available to members who are diagnosed as diabetic and/or pre-diabetic. This program provides virtual, personalized, and clinician-led care combining remote monitoring, habit coaching, and medication management to lower blood sugar levels. In January, Vida will contact eligible members to enroll in the program and begin their specialized support.

2027 Employee Medical Plan Rates

Employee payroll deductions occur twice a month, 24 times per year. The amount of your deductions is based on your salary and the plan and coverage tier that you are enrolled in and is deducted from your paycheck on a pre-tax basis.

SALARIES < $49,000				
	Employee	**EE + Spouse**	**EE + Child(ren)**	**Family**
BluePPO (HDHP)	$5.85	$60.94	$54.71	$69.83
Simply Blue Hybrid	$59.87	$107.46	$97.17	$131.66
BlueEPO	$122.53	$261.91	$238.31	$309.85

SALARIES $49,000 - $74,999				
	Employee	**EE + Spouse**	**EE + Child(ren)**	**Family**
BluePPO (HDHP)	$31.17	$134.54	$122.48	$157.70
Simply Blue Hybrid	$109.32	$237.18	$215.56	$297.15
BlueEPO	$182.13	$411.98	$374.78	$497.43

SALARIES $75,000 - $119,999				
	Employee	**EE + Spouse**	**EE & Child(ren)**	**Family**
BluePPO (HDHP)	$59.57	$171.33	$155.96	$201.62
Simply Blue Hybrid	$137.80	$302.12	$274.35	$388.16
BlueEPO	$215.67	$495.45	$450.72	$591.80

SALARIES >=$120,000				
	Employee	**EE + Spouse**	**EE + Child(ren)**	**Family**
BluePPO (HDHP)	$72.01	$195.27	$182.08	$236.76
Simply Blue Hybrid	$166.27	$365.54	$332.32	$479.18
BlueEPO	$249.86	$580.46	$528.29	$694.31

Health Savings Account (HSA)



When you are enrolled in a High Deductible Health Plan (HDHP) and meet the eligibility requirements, the IRS allows you to open and contribute to an HSA Account**.**
In addition, Fisher will automatically contribute to your HSA each January: $1,000 for single coverage and $2,000 for family coverage (these amounts are pro-rated if entering the plan mid-year).

What is a Health Savings Account (HSA)?

An HSA is a tax-sheltered bank account that you own that can be used to pay for current or future eligible healthcare expenses for you and/or your eligible dependents. The Health Savings Account (HSA) is yours to keep, even if you change jobs or medical plans. There is no "use -it- or- lose -it" rule, and your balance carries over from year-to-year.

Plus, you get extra tax advantages with an HSA because:

- Money you deposit into an HSA is exempt from federal and NYS income taxes
- Interest in your account grows tax-free; and
- You don't pay income taxes on withdrawals used to pay for eligible health expenses.
    - **Note:** If you withdraw funds for non-eligible expenses, taxes and penalties apply
- You also have investment options for your HSA funds that earn competitive interest rates, so your unused funds grow over time.

2027 HSA Contributions

You can contribute to your Health Savings Account on a pre-tax basis through payroll deductions up to the IRS statutory maximums. The IRS has established the following maximum HSA contributions for 2026. *Fisher's HSA contribution is included in annual maximums.*

- **$4,500 Individual**
- **$9,000 Family**
- If you are age 55 and over, you may contribute an extra **$1,000 catch-up contribution**.

Attention Medicare Eligible Employees (age 65 and older)
If you are enrolled in Medicare (including Part A), you are not eligible to contribute to an HSA. If you would like to contribute to an HSA, you must waive Medicare coverage. If you are turning age 65 in 2027 and you are contributing to an HSA, you must stop your contributions six months prior to your 65th birthday unless you waive Medicare coverage in its entirety.

Are you eligible to open an HSA?

Although everyone can enroll in the Qualified High Deductible Health Plan, not everyone is eligible to open and contribute to an HSA. If you do not meet these requirements, you cannot open an HSA.

- You must be enrolled in a Qualified High Deductible Health Plan (QHDHP)
- You must not be covered by another non-QHDHP health plan, such as a spouse's PPO plan.
- You are not enrolled in Medicare.
- You are not covered by the TRICARE or TRICARE for Life military benefits program.
- You have not received Veterans Administration (VA) benefits within the past three months.
- You are not claimed as a dependent on another person's tax return.
- You are not covered by a traditional health care Flexible Fending Account (FSA). This includes your spouse's FSA. Enrollment in a limited purpose health care FSA is allowed.

How do I get reimbursed for my eligible expenses?

The easiest way to use your HSA dollars is by using your HSA Debit Card at the time you incur an eligible expense. Or you can withdraw money from an ATM. But keep your receipts! You must be able to prove that you were reimbursing yourself for an eligible expense if you are audited.

If you use your HSA funds for non-eligible expenses, you will be charged a 20% penalty tax (if under age 65) as well as federal and state income taxes. You can manage your HSA through www.hsabank.com 24 hours a day, seven days a week. HSA Bank provides helpful information about your HSA, including online calculators to help you add up your tax savings and see your HSA's possible future growth. For additional guidelines, go to HSA Bank's website or call them at (800) 357-6246.

Flexible Spending Account (FSA)



The Flexible Spending Account (FSA) plan with WEX, Fisher's FSA administrator, allows you to set aside pre-tax dollars to pay for qualified out-of-pocket expenses you would normally pay for with post-tax dollars. This is not available to employees enrolled in the Blue PPO HDHP medical insurance plan. The plan is comprised of a healthcare spending account and a dependent care spending account. You pay no federal or state income taxes on the money you place in an FSA.

How an FSA works:

- Choose a specific amount of money to contribute each pay period, pre-tax, to one or both accounts during the year.
- The amount is automatically deducted from your pay at the same level each pay period.
- As you incur eligible expenses, you may use your flexible spending debit card to pay at the point of service OR submit the appropriate paperwork to be reimbursed by the plan.

Important rules to keep in mind:

- The IRS has a strict "use- it- or- lose- it" rule. If you do not use the full amount in your FSA, you will lose any remaining funds.
- Once you enroll in the FSA, you cannot change your contribution amount during the year unless you experience a qualifying life event.
- You cannot transfer funds from one FSA to another.

Plan your FSA contributions carefully, as any funds not used by December 31st will be forfeited.

Note that your FSA election(s) do not carry forward from one plan year to the next. You must make your FSA elections during each Open Enrollment.

The IRS is projected to increase the 2027 Healthcare FSA annual maximum contribution to $3,500 (currently $3,400).

The 2027 Dependent Care FSA annual maximum contribution is $7,500 (unchanged from 2026) for those who are single, head of household, or married and filing a joint tax return. For those who are married and filing a separate tax return, the maximum contribution is $3,750 (unchanged from 2026).

2027 Maximum Annual Election	
Healthcare FSA:	$3,500
Dependent Care FSA:	$7,500

Dependent Care FSA:

This is not a pre-loaded account; it accumulates based on your per pay deduction amount. Dependent Care FSA funds must be available in your account at the time of claim reimbursement.

The Dependent Care FSA is not to be used for your dependents' medical care expenses. It is for dependent daycare expenses. The Healthcare FSA is for your and your family's medical care expenses.

In accordance with Internal Revenue Code regulations, Fisher's Human Resources department completes annual non-discrimination testing to ensure that Dependent Care FSA elections do not disproportionately benefit highly compensated employees, as defined by the IRS, and the plan remains compliant. If the year-end test fails, highly compensated employees will be taxed on the pretax deductions contributed to their Dependent Care FSA during the year. Non-highly compensated employees are not affected by this rule.



Dental

Fisher offers two dental insurance plans – a high and a low option. The chart below provides a brief outline of the plans. More information about Excellus dental insurance, including the annual maximum rollover benefit, can be found in the Appendix of this guide.

	Excellus Dental Blue High Option		Excellus Dental Blue Low Option	
	In-Network Benefits	Out-of-Network Benefits	In-Network Benefits	Out-of-Network Benefits
Annual Deductible				
Individual	$50	$50	$50	$50
Family	$100	$100	$100	$100
Waived for Preventive Care	Yes	Yes	Yes	Yes
Plan Highlights				
Annual Maximum Benefit – Per Individual	$1,500	$1,500	$1,000	$1,000
Preventive Services	100%	100%	100%	100%
Basic Restorative (e.g., fillings, simple extractions)	80%	80%	50%	50%
Major Restorative (e.g., crowns, bridges, implants)	50%	50%	50%	50%
Annual Rollover				
Orthodontia				
Benefit Percentage	50%	50%	Not Covered	Not Covered
Adults	Not Covered	Not Covered	Not Covered	Not Covered
Dependent Child(ren) to age 19	Covered	Covered	Not Covered	Not Covered
Lifetime Maximum	$1,000	$1,000	N/A	N/A
	2027 Dental Plan Rates Per Pay Period (24 Times Per Year)			
Employee Only	$16.07		$10.02	
Two-Person	$41.59		$25.49	
Family	$58.26		$43.48	

Late Entrant Rule: If you did not enroll in the dental plan when you first became eligible to do so (e.g., upon hire) and decide to enroll at a later time, such as during Open Enrollment, Excellus considers you to be a Late Entrant, and a waiting period will apply before the plan covers certain services. To learn more about the late entrant rule and the waiting period length for various services, contact Excellus at (800) 724-1675.



Vision

Fisher provides Vision Insurance through VSP. You can go to any vision care provider of your choice; however, your out-of-pocket costs may be lower if you go to a VSP network provider. Visit www.vsp.com for information on network providers. More information regarding VSP is in the Appendix of this guide.

Benefit	Vision Service Plan VSP		
	Description	Copay	Frequency
Your Coverage with a VSP Provider			
WellVision Exam (Annual)	Focuses on your eyes and overall wellness	$10 copay	Every Calendar Year
Vision Materials			
Prescription Glasses	Eyeglasses to address your visual needs, whether you are nearsighted, farsighted or need multiple prescriptions in one lens	$25 copay	See Frames and Lenses
Lenses	Single vision, lined bifocal, and lined trifocal lenses Polycarbonate lenses for dependent children	Included in Prescription Glasses	Every Calendar Year
Lens Enhancements	Standard progressive lenses Premium progressive lenses Custom progressive lenses Average savings of 20-25% on other lens enhancements	$55 $95 - $105 $150 - $175	Every Calendar Year
Contacts (in lieu of glasses)	$130 allowance for contacts; copay does not apply Contact lens exam (fitting and evaluation) ***Note:*** *Medically necessary contacts may be covered at a higher benefit level*	Up to $60	Every Calendar Year
Frames	$150 allowance for a wide selection of frames $170 allowance for featured frame brands 20% savings on the amount over your allowance $80 Costco® frame allowance	Included in Prescription Glasses	Every Other Calendar Year

2027 Vision Plan Rates Per Pay Period (24 Times Per Year)

Employee Only	$3.77
Two-Person	$6.03
Employee + Children	$6.15
Family	$9.92

Life and Accidental Death and Dismemberment (AD&D)

Fisher provides Basic Life Insurance and Accidental Death & Dismemberment Insurance (AD&D) to you at no cost. You also have the option to purchase additional life insurance and AD&D. Optional coverage costs are calculated based on the amount you elect and your salary. The online enrollment process will guide you through your choices and costs.



The Life insurance benefit will be paid to your designated beneficiary in the event of your death. AD&D benefits are paid in addition to any life insurance if you die in an accident or become seriously injured or physically disabled.

The benefits below will begin to decrease at age 70.

Important Reminder! Be sure to assign a beneficiary or living trust to ensure your assets are distributed according to your wishes. You designate your beneficiaries through the benefits enrollment portal, which can be done at any time during the year.

Prudential Insurance Co of America Life and AD&D	
Basic Group Life/AD&D Insurance*	
Benefit	1 x salary to a maximum of $160,000
Guaranteed Issue	$160,000
Employee Optional Term Life and AD&D Insurance**	
Benefit	1, 2, or 3 x salary to a maximum of $300,000
Guaranteed Issue	$300,000
Evidence of Insurability (EOI)	Not required if coverage is selected as a newly eligible employee
Spouse Optional Term Life and AD&D Insurance***	
Benefit	Option 1 - $4,000 Option 2 - $10,000
Guaranteed Issue	All Guaranteed Issue
Child(ren) Optional Term Life/AD&D Insurance***	
Benefit	Option 1 - $2,000 Option 2 - $4,000
Guaranteed Issue	All Guaranteed Issue

** Federal tax law requires Fisher to impute income to you on the amount of University-provided basic plus optional life insurance (if elected) in excess of $50,000.*

***Evidence of insurability (EOI) will be required if you elect optional employee life insurance coverage for the first time after your initial new hire enrollment.*

****You must be enrolled in employee optional life insurance in order to elect spouse and/or child(ren) life insurance.*

Employee Optional Term Life/AD&D, payroll deductions are taken on a **pre-tax** basis.
Spouse and or Child Life/AD&D payroll deductions are taken on a **post-tax** basis.



Short-Term Disability Insurance

Fisher provides short-term disability to full-time staff through Prudential Insurance Company of America.

This benefit pays 60% of your weekly base salary up to $1,500 per week. The benefit begins after 7 calendar days of injury or illness and continues up to 25 weeks.

Long-Term Disability Insurance

Fisher provides long-term income protection to full-time staff and faculty through Prudential Insurance Company of America in the event you become unable to work due to a non-work-related illness or injury.

This benefit pays 60% of your monthly base salary up to $7,500 per month. Benefit payments begin after 180 days of disability. Refer to the Certificate of Coverage for information on benefit payment duration.



Employee Assistance Plan (EAP)

Life does not always go smoothly. All of us experience times when a personal problem or crisis affects the way we function at work or home. Your Employee Assistance Program (EAP) is a problem-solving resource available to you and your household members. A professional counselor will assist you in assessing your situation, finding options, making choices or locating further help.

It's free...Fisher covers the cost of initial assessment, additional problem-solving sessions and referral services. If there is a need for further counseling or treatment, your counselor will help you explore various options.

It's confidential...Your EAP has been set up with UR Medicine EAP, an outside counseling resource to assure confidentiality. No one at work will know you have chosen to seek help unless you choose to tell them. Nothing concerning your use of EAP will appear in your personnel file.

Employees and their household members can turn to the EAP for help with many personal and work-related issues including:

- Problems with a supervisor or coworker
- Depression
- Anxiety
- Grief and Bereavement
- Family/marriage/relationship issues
- Drug/alcohol dependency
- Financial stress
- Child/adolescent issues
- Parent/child problems
- Stress-related illnesses
- Mediation needs
- Becoming a parent
- Illness or disability

UR Medicine EAP is only a phone call or click away at (585) 276-9110 or www.urmc.rochester.edu/eap.

Voluntary Offerings

In addition to the employer-paid Basic Life and AD&D coverage and employee-paid optional Life and AD&D, you have the option to purchase voluntary insurance to cover gaps in your existing coverage that may be a result of age reduction schedules, cost of living, existing financial obligations, etc. Learn more about them below and in the Appendix section of this guide

Critical Illness

Issued by Prudential Insurance Co of America. Your contributions will depend on your age, the amount of coverage you elect, and whether you choose to cover yourself only or include eligible family members. Critical Illness Insurance pays you for a wide range of medical conditions including, but not limited to:



- Heart Attack
- Major Organ Failure
- Paralysis
- Renal (Kidney) Failure
- Stroke
- Alzheimer's Disease
- Cancer – Invasive or In Situ
- Coma
- Coronary Artery Disease (severe)

Additional benefits included in your Critical Illness plan:

- **Wellness Benefit**. Each covered person can receive a benefit annually for getting one covered health screening test, such as a blood test, chest x-ray, stress test, colonoscopy, and mammogram.
- **Transportation Benefit.** Pays a benefit per round trip, if the hospital/facility is more than 50 miles from the primary residence.
- **Lodging Benefit.** Pays a benefit if a companion is accompanying a covered person while hospitalized.

Critical Illness coverage costs are calculated based on the amount you elect and your demographic information and are available to you through the benefits enrollment portal.

Accident Insurance

Issued by The Prudential Insurance Co of America. Pays you for a wide range of injuries and medical services including, but not limited to:



Injuries, like	Medical Services, like
– Fractured Rib (Simple/Closed $125)	– Ambulance (Ground $100 or Air $500)
– Burns (2nd, 3rd Degree - varies)	– Emergency Room Visit ($100)
– Concussion ($100)	– Medical Appliances (i.e., Crutches $25)
– Laceration w/stitches (6+ inches $100)	– Medical Tests (X-ray $50)
– Broken Tooth (Crown $75)	– Physical Therapy ($25)

Additional benefits included in your Accident Insurance plan:

- **Transportation Benefit.** Pays covered person's roundtrip travel expenses between their primary residence and a hospital/medical facility.
- **Lodging Benefit.** Pays a benefit if a companion is accompanying a covered person while hospitalized.

2027 Accident Insurance Rates Per Pay Period (24 Times Per Year)

Employee	Employee + Spouse	Employee + Child(ren)	Family
$2.56	$3.61	$3.42	$5.31



Identity Theft Protection

You may purchase Identity Theft Protection from IdentityForce, a Sontiq Brand. Identity theft is one of the fastest growing crimes in the U.S. with more than 13.1 million victims last year alone. Identity theft can impact anyone, anywhere, at any time - which is why it is important that you protect yourself and your family.

Get Covered and Get Secure with features like:

- Advanced Fraud Monitoring
- Smart SSN Tracker
- $1M Identity Theft Insurance & Recovery
- Mobile App
- Online PC Protection Tools
- Bank and Credit Card Activity
- Social Media Identity Monitoring
- Secure my Network (VPN)



2027 Identity Theft Rates **Per Pay Period** (24 Times Per Year)	
Employee	**Family**
$3.50	$6.50

Contact Information

Have Questions? Need Help?

Fisher offers access to the USI Benefit Resource Center (BRC), which is designed to provide you with a responsive, consistent, hands-on approach to benefit inquiries. Benefit Specialists are available to research and solve elevated claims, unresolved eligibility problems, and any other benefit issues with which you might need assistance. The Benefit Specialists are experienced professionals, and their primary responsibility is to assist you.

The Specialists in the Benefit Resource Center are available Monday through Friday 8:00am to 5:00pm Eastern & Central Standard Time at (855) 874-6699 or via e-mail at BRCEast@usi.com. If you need assistance outside of regular business hours, please leave a message and one of the Benefit Specialists will promptly return your call or e-mail message by the end of the following business day.

Please contact Human Resources to complete any changes to your benefits that are not related to your initial or annual enrollment.

Carrier Customer Service

	CARRIER	PHONE NUMBER	WEBSITE
Medical	Excellus BCBS	(800) 499-1275	www.excellusbcbs.com
Pharmacy Benefit Manager	CVS/Caremark	(866) 818-6911	https://www.caremark.com/
Dental	Excellus BCBS	(800) 499-1275	www.excellusbcbs.com
Vision	Vision Service Plan	(800) 877-7195	www.vsp.com
Health Savings Account	HSA Bank	(800) 357-6246	www.hsabank.com
Voluntary Accident & Critical Illness Insurance	Prudential	(844)455-1002	www.Prudential.com/mybenefits
Short-Term and Long-Term Disability (STD & LTD)	Prudential	(800) 842-1718	www.Prudential.com/mybenefits
Employee Assistance Program (EAP)	UR Medicine EAP	(585) 276-9110	www.urmc.rochester.edu/eap
FSA and COBRA	WEX	(877) 765-8815	www.wexinc.com
Identity Theft Protection	IdentityForce a Sontiq Brand	(877) 694-3367	https://mybenefits.identityforce.com
Diabetes Management Support	Vida	(855) 442-5885	support@vida.com

We speak insurance.



Call the Benefit Resource Center (BRC). We're here to help!

"Services denied?"

"Why won't they pay my claim?"

"How can my claim still be in process? It's been two months!"

"I called my insurance carrier, but now I'm just more confused."

"Do I have mail-order prescription benefits?"

Our Benefits Specialists can help you with:

- Deciding which plan is the best for you
- Benefit plan & policy questions
- Eligibility & claim problems with carriers
- Information about claim appeals & process
- Allowable family status election changes
- Transition of care when changing carriers
- Claim escalation, appeal & resolution
- Medicare basics with your employer plan
- Coordination of benefits
- Finding in-network providers
- Access to care issues
- Obtaining case management services
- Group disability claims

Benefits Resource Center

BRCEast@usi.com | Toll Free: 855-874-6699 | Monday – Friday • 8am – 5pm EST

Appendix

Excellus

Dental Summary - **High Plan**

Employer Group name: St. John Fisher University

Plan Name: Dental Blue Options

Plan Features

Reimbursement In network: BlueShield Fee Schedule Reimbursement Out-of-network: BlueShield Fee Schedule (subject to balance billing) Reimbursement Out-of-area In Network: National Dental Network GRID+ DenteMax	Dependent age limit: 26 End of Month Calendar Year Benefits
Annual Plan Deductible: $50 Ind / $100 Family Deductible applies to: Classes II, IIA and III services	Annual Plan Maximum per member: $1,500 per member Annual Max applies to: Classes I, II, IIA III services
Ortho Age Limit: 19 Lifetime Orthodontia Maximum: $1,000 (does not apply toward annual plan maximum)	Annual Maximum Rollover Benefit: Yes Rollover Threshold: $500 Rollover Amount: $250 Rollover Account Max: $1000

Plan Benefits

Type of Care	Benefits Included	Excellus BCBS Pays: In-Network	Excellus BCBS Pays: Out-of-Network
Class I Preventive & Diagnostic	• Cleanings & exams - twice per calendar year • Fluoride treatments – twice per calendar year to age 16 • Sealants – unrestored 1st and 2nd permanent molars, once every 36 months • Bitewing x-rays – up to 4 every calendar year • Full mouth/Panoramic x-rays – once every 36 months • Diagnostic Photograph/Facial Images – once per calendar year • Space maintainers – up to age 16 • Emergency palliative treatment	100%	100%
Class II Basic Restorative	• Fillings – amalgam & composite; each surface covered once every 12 months • Oral surgery – simple extractions	80%	80%
Class IIA Basic Restorative	• Oral surgery – surgical extractions • Endodontics – root canal treatment • Periodontal surgery – osseous surgery, gingivectomy, gingival flap procedure – covered once per quadrant every 36 months • Periodontal scaling & root planing – once per quadrant	80%	80%

This is not a contract or binding agreement; it is a summary of benefits and services. For complete details, please refer to your member contract.

	every 24 months • Periodontal maintenance following surgery – twice per calendar year		
Type of Care	**Plan Benefits**	**In-Network**	**Out-of-Network**
Class III Major Restorative	• Fixed prosthetics – bridgework, abutments, pontics • Removable prosthetics – partial / complete dentures • Inlays / onlays / crowns – includes coverage for re-cementation • Relines / rebases – once every 36 months and at least 6 months following initial placement • Above services eligible for replacement every 5 years • Implants – eligible for replacement every 10 years, and subject to alternate benefits provision	50%	50%
Class IV Orthodontia	• Initial banding & monthly follow-up treatment • No more than 1/2 the lifetime maximum can be paid in any calendar year	50%	50%

How to Get The Most From Your Plan

Pre-determination of Benefits

Pre-determination of benefits is recommended for any extensive treatment such as periodontics, orthodontics or prosthetics. A description of planned treatment and expected charges should be sent to the Plan before treatment is started. If there is a major change in the treatment, a revised predetermination of benefits is required. The expenses that will be included as Covered Expenses will be determined by your Plan and are subject to the Alternate Benefit provision. When there has not been a predetermination of benefits, your Plan will determine the expenses that will be included as Covered Expenses at the time the claim is received. Predetermination of Benefits does not guarantee payment and expires one year from date of issue. The estimate of benefits payable may change based on the benefits, if any, for which a person qualifies at the time services are completed.

Alternate Benefits Provision

All covered procedures are subject to an alternate benefit allowance. When there is more than one technology or material type for a dental procedure, the dental plan will reimburse for the procedure which has the lesser allowance. When alternate benefit is enforced, your benefits are not intended to interfere with the treatment plan recommended by the dentist. You and your dentist should discuss which treatment is best suited for you, and may proceed with the original treatment plan regardless of benefit determination. If the more expensive treatment is chosen, you are liable for the balance up to the billed amount.

Participating Dentists

Excellus BlueCross BlueShield offers a broad participating dental network in the Rochester, Syracuse, Utica and surrounding areas. You have the option of receiving care from a dentist of your choice. However, choosing a participating dentist may result in savings for you because participating dentists agree to accept our Schedule of Allowances as payment in full for covered services. Aside from any coinsurance, there is no balance billing for covered services when provided by a participating dentist – that's full coverage with no out-of-pocket expense for your covered routine preventive and diagnostic services.

Non-participating Dentists

This is not a contract or binding agreement; it is a summary of benefits and services. For complete details, please refer to your member contract.

You have the freedom to see any dentist. Non-participating dentists are not obligated to accept our Schedule of Allowances. You will be responsible for balances of non-participating dentists' charges.

National Dental Network (if applicable)
In addition to our local network, your Excellus BlueCross BlueShield dental plan gives you access to more dentists nationwide. The national dental network offers coverage in all 50 states, with access to an additional 123,000+ providers across the nation. You have the option of receiving care from a dentist of your choice. Choosing a participating dentist may result in savings for you because participating dentists agree to accept the national dental network Schedule of Allowances as payment for covered services. Aside from any coinsurance, there is no balance billing for covered services when provided by a participating dentist- that's full coverage with no out-of-pocket expense for your covered routine preventive and diagnostic services.

Annual Maximum Rollover Benefit (if applicable)
You can roll over a portion of your unused amount in your annual maximum to the next year if you submit at least one paid dental claim, and do not exceed the rollover threshold. Funds that roll over are added to the next year's annual maximum to be used for future treatment.

Dental Customer Service – for members and dentists
1-800-724-1675
Hours: Monday – Thursday 8:00 am – 5:30 pm
Friday 9:00 am – 5:30 pm

Mailing address for claims
Excellus BCBS
PO Box 21146
Eagan, MN 55121

Excellus

Dental Summary - **Low Plan**

Employer Group name: St. John Fisher University

Plan Name: Dental Blue Options

Plan Features

Reimbursement In network: BlueShield Fee Schedule Reimbursement Out-of-network: BlueShield Fee Schedule (subject to balance billing) Reimbursement Out-of-area In Network: National Dental Network GRID+ DenteMax	Dependent age limit: 26 End of Month Calendar Year Benefits
Annual Plan Deductible: $50 Ind / $100 Family Deductible applies to: Classes II, IIA and III services	Annual Plan Maximum per member: $1,000 per member Annual Max applies to: Classes I, II, IIA III services
Orthodontia Services: Not covered	Annual Maximum Rollover Benefit: Yes Rollover Threshold: $500 Rollover Amount: $250 Rollover Account Max: $1000

Plan Benefits

Type of Care	Benefits Included	Excellus BCBS Pays: In-Network	Excellus BCBS Pays: Out-of-Network
Class I Preventive & Diagnostic	• Cleanings & exams - twice per calendar year • Fluoride treatments – twice per calendar year to age 16 • Sealants – unrestored 1st and 2nd permanent molars, once every 36 months • Bitewing x-rays – up to 4 every calendar year • Full mouth/Panoramic x-rays – once every 36 months • Diagnostic Photograph/Facial Images – once per calendar year • Space maintainers – up to age 16 • Emergency palliative treatment	100%	100%
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	every 24 months • Periodontal maintenance following surgery – twice per calendar year		
Type of Care	**Plan Benefits**	**In-Network**	**Out-of-Network**
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Class IV Orthodontia	• Not Covered		

How to Get The Most From Your Plan

Pre-determination of Benefits

Pre-determination of benefits is recommended for any extensive treatment such as periodontics, orthodontics or prosthetics. A description of planned treatment and expected charges should be sent to the Plan before treatment is started. If there is a major change in the treatment, a revised predetermination of benefits is required. The expenses that will be included as Covered Expenses will be determined by your Plan and are subject to the Alternate Benefit provision. When there has not been a predetermination of benefits, your Plan will determine the expenses that will be included as Covered Expenses at the time the claim is received. Predetermination of Benefits does not guarantee payment and expires one year from date of issue. The estimate of benefits payable may change based on the benefits, if any, for which a person qualifies at the time services are completed.

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Participating Dentists

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Annual Maximum Rollover Benefit

You can roll over a portion of your unused amount in your annual maximum to the next year if you submit at least one paid dental claim, and do not exceed the rollover threshold. Funds that roll over are added to the next year's annual maximum to be used for future treatment.

Dental Customer Service – for members and dentists
1-800-724-1675
Hours: Monday – Thursday 8:00 am – 5:30 pm
Friday 9:00 am – 5:30 pm

Mailing address for claims
Excellus BCBS
PO Box 21146
Eagan, MN 55121

This is not a contract or binding agreement; it is a summary of benefits and services. For complete details, please refer to your member contract.

A Look at Your VSP Vision Coverage

With VSP and St John Fisher University, your health comes first.



As a member, you'll get access to savings and personalized vision care from a VSP network doctor for you and your family.

vsp vision care

Value and savings you love.

Save on eyewear and eye care when you see a VSP network doctor. Plus, take advantage of Exclusive Member Extras which provide offers from VSP and leading industry brands totaling over $3,000 in savings.

Provider choices you want.

vsp PREMIER edge

With thousands of choices, getting the most out of your benefits is easy at a VSP Premier Edge™ location.

Shop online and connect your benefits.

eyeconic a vsp vision company

Eyeconic® is the preferred VSP online retailer where you can shop in-network with your vision benefits. See your savings in real time when you shop over 70 brands of contacts, eyeglasses, and sunglasses.

Quality vision care you need.

You'll get great care from a VSP network doctor, including a WellVision Exam®. An annual eye exam not only helps you see well, but helps a doctor detect signs of eye conditions and health conditions, like diabetes and high blood pressure.

Using your benefit is easy!

Create an account on **vsp.com** to view your in-network coverage, find the VSP network doctor who's right for you, and discover savings with Exclusive Member Extras. At your appointment, just tell them you have VSP.

More Ways to Save

Extra

$20

to spend on Featured Frame Brands†

bebe · Calvin Klein · COLE HAAN · DRAGON · FLEXON · LONGCHAMP PARIS · and more

See all brands and offers at **vsp.com/offers**.

+

Up to

40%

Savings on lens enhancements‡

Create an account today.

Contact us: **800.877.7195** or **vsp.com**

Your VSP Vision Benefits Summary

St John Fisher University and VSP provide you with an affordable vision plan.

PROVIDER NETWORK:
VSP Choice
EFFECTIVE DATE:
01/01/2025

vsp vision care

BENEFIT	DESCRIPTION	COPAY	FREQUENCY
Your Coverage with a VSP Provider			
WELLVISION EXAM	• Focuses on your eyes and overall wellness • Routine retinal screening	$10 Up to $39	Every calendar year
ESSENTIAL MEDICAL EYE CARE	• Retinal imaging for members with diabetes covered-in-full • Additional exams and services beyond routine care to treat immediate issues from pink eye to sudden changes in vision or to monitor ongoing conditions such as dry eye, diabetic eye disease, glaucoma, and more. • Coordination with your medical coverage may apply. Ask your VSP network doctor for details.	$20 per exam	Available as needed
PRESCRIPTION GLASSES		**$25**	See frame and lenses
FRAME†	• $170 Featured Frame Brands allowance • $150 frame allowance • 20% savings on the amount over your allowance • $150 Walmart/Sam's Club frame allowance • $80 Costco frame allowance	Included in Prescription Glasses	Every other calendar year
LENSES	• Single vision, lined bifocal, and lined trifocal lenses • Impact-resistant lenses for dependent children	Included in Prescription Glasses	Every calendar year
LENS ENHANCEMENTS	• Standard progressive lenses • Premium progressive lenses • Custom progressive lenses • Average savings of 30% on other lens enhancements	$0 $95 - $105 $150 - $175	Every calendar year
CONTACTS (INSTEAD OF GLASSES)	• $130 allowance for contacts; copay does not apply • Contact lens exam (fitting and evaluation)	Up to $60	Every calendar year
ADDITIONAL SAVINGS	**Glasses and Sunglasses** • Discover all current eyewear offers and savings at **vsp.com/offers**. • 20% savings on unlimited additional pairs of prescription or non-prescription glasses/sunglasses, including lens enhancements, from a VSP provider within 12 months of your last WellVision Exam.		
	Laser Vision Correction • Average of 15% off the regular price; discounts available at contracted facilities.		
	Exclusive Member Extras for VSP Members • Contact lens rebates, lens satisfaction guarantees, and more offers at **vsp.com/offers**. • Save up to 60% on digital hearing aids with TruHearing®. Visit **vsp.com/offers**/special-offers/hearing-aids for details. • Enjoy everyday savings on health, wellness, and more with VSP Simple Values.		

YOUR COVERAGE GOES FURTHER IN-NETWORK

With so many in-network choices, VSP makes it easy to get the most out of your benefits. You'll have access to preferred private practice, retail, and online in-network choices. Log in to **vsp.com** to find an in-network provider.

†Only available to VSP members with applicable plan benefits. Frame brands and promotions are subject to change.
‡Savings based on doctor's retail price and vary by plan and purchase selection; average savings determined after benefits are applied. Ask your VSP network doctor for more details.
+Coverage with a retail chain may be different or not apply.

VSP guarantees member satisfaction from VSP providers only. Coverage information is subject to change. In the event of a conflict between this information and your organization's contract with VSP, the terms of the contract will prevail. Based on applicable laws, benefits may vary by location. In the state of Washington, VSP Vision Care, Inc., is the legal name of the corporation through which VSP does business. TruHearing is not available directly from VSP in the states of California and Washington. Premier Edge is not available for some members in the state of Texas.

To learn about your privacy rights and how your protected health information may be used, see the VSP Notice of Privacy Practices on **vsp.com**.

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VSP, Eyeconic, and WellVision Exam are registered trademarks, and VSP LightCare and VSP Premier Edge are trademarks of Vision Service Plan. Flexon and Dragon are registered trademarks of Marchon Eyewear, Inc. All other brands or marks are the property of their respective owners. 102898 VCCM

Classification: Restricted



Learn more about Critical Illness Insurance

Frequently Asked Questions

Medical care for illnesses like cancer and heart disease can be expensive. But that's not everything. It can be financially challenging to provide the support and care beyond medical treatments. Critical Illness Insurance can help provide a financial cushion so you can stay on track financially and focus on your recovery.

I have a good medical plan, so why do I need Critical Illness Insurance?

Critical Illness Insurance works to complement your medical coverage—paying in addition to what your medical plan may or may not cover. It pays a lump sum amount directly to you to use however you choose, like for out-of-pocket* medical costs such as deductibles, co-pays, or non-covered services. You can even use it to help pay for everyday living expenses, like babysitters and take-out food, making recovery a little easier and helping you to safeguard your savings.

What types of conditions are covered?

Critical Illness Insurance, issued by **The Prudential Insurance Company of America (Prudential),** pays you for a variety of medical conditions including, but not limited to:

- Alzheimer's Disease
- Cancer--invasive or in situ
- Coma
- Coronary Artery Disease (severe)
- Heart Attack
- Major Organ failure
- Renal (Kidney) failure
- Paralysis
- Stroke

Every **40 seconds** someone has a stroke in the U.S.†



Monthly employee coverage‡ may **cost less than the allowance** for a 10-year old.**



Prudential

How much would it cost?
Critical Illness Insurance may cost less than you think. It's designed to be an affordable way to complement your current medical plan. You can find your specific rates in the enrollment materials provided by your employer.

How are benefits paid?
We send payments directly to you, not your doctor, hospital, or any other health care provider. There's no coordination with any other coverage, so the amount you receive is in addition to other benefits you may have.

Is the claim process easy?
Yes. Submitting a claim is simple. Choose how you want to send it to us—online, fax, phone, or paper—and our experts will take care of the rest. You only need one claim form per diagnosis or hospital stay, no matter how many services you receive.

Do I have to answer medical questions to get this coverage?
No. You're guaranteed coverage regardless of your health when you enroll during your annual open enrollment period or if you experience a qualifying event. You just need to be actively at work on the day your coverage starts.

Is my family eligible to enroll for this coverage?
Yes. You can choose coverage for yourself as well as eligible family members.

Can I keep my coverage if I change jobs or retire?
Yes. This coverage is portable, meaning you can take it with you. Your coverage will only end if you stop paying your premiums, which will be direct billed once we're notified of a change in your employment status.

Are there additional benefits included in the plan?
Wellness benefit††: Every year, each covered person can receive $50 for getting one covered health screening test, such as a blood test, chest x-rays, stress tests, colonoscopies, and mammograms.

Transportation benefit: This benefit pays you for travel expenses associated with a covered person's round-trip travel between his/her primary residence and a hospital or medical facility.

Lodging benefit: You can receive $75 per day if a companion is accompanying a covered person while hospitalized.

How can I find out more information?
Contact your benefits administrator for more information.

*Benefits can be used for medical and non-medical purposes.

†Centers for Disease Control and Prevention. Stroke Facts. https://www.cdc.gov/stroke/facts.htm#::text=Someone%20in%20the%20United%20States,minutes%2C%20someone%20dies%20of%20stroke.&text=Every%20year%2C%20more%20than%20795%2C000,are%20first%20or%20new%20strokes, accessed March 2021.

‡Premium is based on Prudential's standard plan designs. Actual costs may vary by group plan design.

**Scholastic Parents, "Allowance, Age by Age." https://scholastic.com/parents/family-life/financial-literacy/allowance-age-age.html, accessed March 2021.

††The Screening/Wellness benefit is not available in all states.

This coverage is not health insurance coverage (often referred to as "Major Medical Coverage").
This type of plan is NOT considered "minimum essential coverage" under the Affordable Care Act and therefore does NOT satisfy the individual mandate that you have health insurance coverage.

Group Critical Illness Insurance coverage is a limited benefit policy issued by The Prudential Insurance Company of America, a Prudential Financial company, Newark, NJ. Prudential's Critical Illness Insurance is not a substitute for medical coverage that provides benefits for medical treatment, including hospital, surgical, and medical expenses, and it does not provide reimbursement for such expenses. The Booklet-Certificate contains all details, including any policy exclusions, limitations, and restrictions, which may apply. If there is a discrepancy between this document and the Booklet-Certificate/Group Contract issued by The Prudential Insurance Company of America, the Group Contract will govern. A more detailed description of the benefits, limitations, and exclusions applicable are contained in the Outline of Coverage provided at time of enrollment. Please contact Prudential for more information. Contract provisions may vary by state. Contract Series: 114774.

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Learn more about Accident Insurance

Frequently Asked Questions

Accidents happen. And many people are not financially prepared for the unexpected out-of-pocket costs that come with them. Accident Insurance can help provide a financial cushion so you can stay on track financially and focus on your recovery.

I have a good medical plan, so why do I need Accident Insurance?
An accident plan works to complement your medical coverage—paying in addition to what your health plan may or may not cover. It pays a lump sum amount directly to you to use however you choose, like for out-of-pocket* medical costs such as deductibles, co-pays, or non-covered services. You can even use it to help pay for everyday living expenses, like babysitters and take-out food, making recovery a little easier and helping you to safeguard your savings.

What types of services are covered?
Accident Insurance, issued by **The Prudential Insurance Company of America (Prudential)**, pays you for a variety of medical services including, but not limited to:

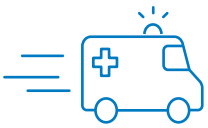
Injuries, like:

- Fractures
- Burns – 2nd and 3rd Degree
- Concussion
- Laceration
- Broken Tooth

Medical services, like:

- Ambulance (Ground or Air)
- Emergency Room Visit
- Medical Tests
- Medical Appliances (like crutches)
- Physical Therapy

Nearly **30% of ER visits** are related to injuries from accidents.†



Monthly employee coverage‡ may **cost less than one ticket** to the movies.**



Prudential

How much would it cost?
Accident Insurance may be more economical than you think. It's designed to be an affordable way to complement your current medical plan. You can find your specific rates in the enrollment materials provided by your employer.

How are benefits paid?
We send payments directly to you, not your doctor, hospital, or any other health care provider. There's no coordination with any other coverage, so the amount you receive is in addition to other benefits you may have.

Is the claim process easy?
Yes. Submitting a claim is simple. Choose how you want to send it to us—online, fax, phone, or paper—and our experts will take care of the rest. You only need one claim form per admission or hospital stay, no matter how many services you receive.

Do I have to answer medical questions to get this coverage?
No. You're guaranteed coverage regardless of your health when you enroll during your annual open enrollment period or if you experience a qualifying event. You just need to be actively at work on the day your coverage starts.

Is my family eligible to enroll for this coverage?
Yes. You can choose coverage for yourself as well as eligible family members.

Can I keep my coverage if I change jobs or retire?
Yes. This coverage is portable, meaning you can take it with you. Your coverage will only end if you stop paying your premiums, which will be direct billed once we're notified of a change in your employment status.

Are there additional benefits included in the plan?
Transportation benefit: This benefit pays you for travel expenses associated with a covered person's round-trip travel between his/her primary residence and a hospital or medical facility.

Lodging benefit: You can receive $75 per day if a companion is accompanying a covered person while hospitalized.

How can I find out more information?
Contact your benefits administrator for more information.

*Benefits can be used for medical and non-medical purposes.
†Centers for Disease Control and Prevention. Emergency Department Visits, 2018. https://www.cdc.gov/nchs/fastats/emergency-department.htm, accessed March 2021.
‡Premium is based on Prudential's standard plan designs. Actual costs may vary by group plan design.
**The Motley Fool, "Here's What the Average American Spends on These 25 Essentials," August 10, 2018. https://www.fool.com/slideshow/heres-what-average-american-spends-these-25-essentials/?slide=13, accessed March 2021.

This coverage is not health insurance coverage (often referred to as "Major Medical Coverage").
This type of plan is NOT considered "minimum essential coverage" under the Affordable Care Act and therefore does NOT satisfy the individual mandate that you have health insurance coverage.

This policy provides ACCIDENT insurance only. It does NOT provide basic hospital, basic medical, or major medical insurance as defined by the New York State Department of Financial Services.
IMPORTANT NOTICE—THIS POLICY DOES NOT PROVIDE COVERAGE FOR SICKNESS.
Group Accident Insurance coverage is a limited benefit policy issued by The Prudential Insurance Company of America, a Prudential Financial company, Newark, NJ. Prudential's Accident Insurance is not a substitute for medical coverage that provides benefits for medical treatment, including hospital, surgical, and medical expenses, and it does not provide reimbursement for such expenses.
The Booklet-Certificate contains all details, including any policy exclusions, limitations, and restrictions, which may apply. If there is a discrepancy between this document and the Booklet-Certificate/Group Contract issued by The Prudential Insurance Company of America, the Group Contract will govern. Please contact Prudential for more information. Contract provisions may vary by state.
Contract Series: 83500.
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NOT11_FL_GI316_01

Protecting What Matters Most

Identity Protection and Financial Wellness for the Whole Family

IdentityForce, a TransUnion® brand, has been helping people protect their identity and credit for more than 40 years.

Our credit health and financial account protection capabilities enable you to monitor your finances and understand the key factors that affect your credit score. Similarly, our award-winning identity theft protection features – such as BreachIQ™ – help you to guard against fraud and scams.

Our enriched family identity restoration and Child Identity Monitoring features are tailored to protect your family.



The Risks are Real

1 in 5 people have lost money to an imposter scam[1]

307% jump in account takeover fraud over two years[2]

33% of identity theft victims experienced a loss of $10,000 or more[3]

1 FTC, *2021 Consumer Sentinel Network Data Book*, 2022
2 Sift, *Q3 Digital Trust and Safety Index*, 2021
3 ITRC, *Consumer Impact Report*, 2022



Comprehensive Protection For You and Your Family

- All plans include family protection features aimed at protecting everyone from your children to the senior family members in your life.
- Fully managed identity restoration for household members, including seniors and children who are most vulnerable to identity fraud attacks.
- Both employee and family plans include up to 10 dependent children. Family plans include up to 10 adult household members.*

* Children 18-years old and under will be enrolled in child monitoring features specifically designed for minors. IdentityForce identity protection enrollment is limited to employees and their eligible dependents.

Personalized BreachIQ™ Risk Scores and Action Plan

- All plans include our exclusive BreachIQ search tool, which enables you to search your past breach history and learn what you can do to protect yourself from past data compromises.
- BreachIQ scours a proprietary breach universe consisting of dark web and other breach databases to identify risks that are missed by dark web scans alone.
- With each BreachIQ Risk Score, we provide a list of potential risks and a detailed action plan of how to protect you or your family members.
- Premium plans include BreachIQ's highly personalized Identity Safety Score™ and action plan that combines all of your identity risks and protections and changes as soon as you take action.

Financial Wellness and Credit Health

- Enhanced credit alerts provide more insights into the important actions you can take toward greater financial wellness.
- Score change alerts help you stay on top of your credit activity that may impact your credit standing.
- Daily credit reports, along with our credit simulator and score tracker, provide more detailed tracking of your progress.
- Our education resource center includes resources for safeguarding your financial health and identity safety with timely tips, videos and live webinars.
- With Credit Lock, you can lock and unlock your TransUnion credit report with the touch of a button, helping prevent criminals from opening or extending credit in your name.

This brochure summarizes the benefit plans that are available to St. John Fisher University eligible employees and their dependents. Official plan documents, policies and certificates of insurance contain the details, conditions, maximum benefit levels and restrictions on benefits. These documents govern your benefits program. If there is any conflict, the official documents prevail. These documents are available upon request through the Human Resources Department. Information provided in this brochure is not a guarantee of benefits.