



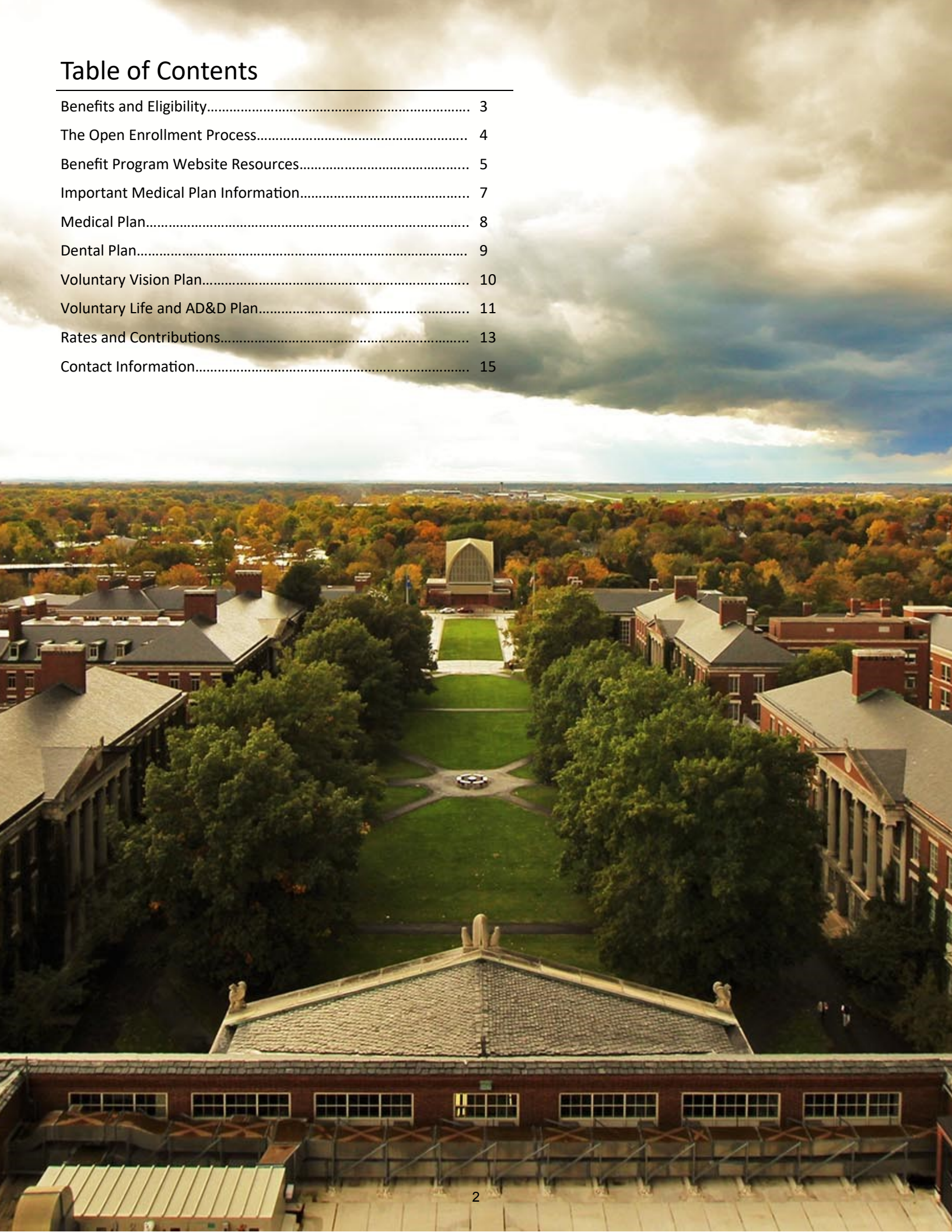
Postdoctoral Scholar Benefit Program



2022 Open Enrollment Guide

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BENEFITS



Medical Insurance: NEW Excellus BCBS



Vision Insurance: Aetna PPO



Dental Insurance: MetLife PPO



Voluntary Life | AD&D Insurance: The Standard

Eligibility for Newly Appointed Postdocs

All newly appointed Postdoctoral Scholars under the title codes below are eligible for this benefit program as of their appointment start date. Benefits will be effective (retroactively if necessary) beginning your first day as a Rochester Postdoc.

093—Postdoctoral Associate

094—Visiting Postdoctoral Fellow

095—Postdoctoral Fellow

Enrollment is NOT automatic. If you do not enroll yourself and your eligible dependents (if applicable) within the 30-day initial period of eligibility, neither you nor your dependents will be eligible for enrollment in these plans until the next open enrollment period for the following plan year, unless there is a qualifying event (i.e. loss of prior coverage, marriage, birth of a child, etc.). Your 30-day initial period of eligibility begins on your appointment start date.

OPEN ENROLLMENT

What is Open Enrollment?

Open Enrollment is an annual period of time where you are able to make changes to your coverage that you are not permitted to make throughout the rest of the year, unless you experience a qualifying event such as marriage, birth of a child, etc. **The Open Enrollment period for this year will be 11/2/2021—11/16/2021. Changes will take effect on 1/1/2022**

Changes For Plan Year 2022

- Medical rates have slightly increased

Making Changes to Your Enrollment

- To make your plan changes during the Open Enrollment period, visit the Gallagher Benefit Services web site at ur.gpa.services and click the **LOGIN** link in the top right corner.
- Login as a **RETURNING USER**. Utilize the **Forgot User ID or Password** link if necessary.
- Once you have logged in, click on **Make OE Changes**.
- Once you are viewing your online Open Enrollment form, you may do the following:
 1. Waive any plans you do not wish to continue for the 2022 plan year.
 2. Enroll yourself and/or your eligible dependents in plans you previously waived.
- Once the enrollment form is complete, please confirm that you have read and understand the COBRA Initial Notification, Health Insurance Marketplace Notice, and Insurance Carrier Privacy Notice, then click *Submit and Create Printable Enrollment Form*. Remember to print a copy for your records.



If you are not changing your current enrollment status, no action is necessary.





WEBSITE RESOURCES

Provider Directories

For your convenience, you may begin accessing a list of providers directly from the GBS web site via the **Find a Provider** section. While it is not required that you see an in-network provider under the POS plan, we advise accessing care through an in-network provider, whenever possible, to minimize your out-of-pocket costs. To find an in-network PPO provider when you wish to access service, simply follow the applicable instructions in the **Find a Provider** section of the website. Instructions for locating in-network dental and vision providers are also located in this section, should you need them.

Benefit Summaries

This booklet contains benefit “snapshots” of the plans offered through the program, listing the core benefits that are most commonly utilized. There are however more detailed plan documents, including full benefit summaries, available on the website. When visiting the site, click on the **Documents Library** navigational tile. This section of the website contains benefit summaries for all plans offered through the PSBP.

2022 Monthly Rates & Contributions

This information can be found on the website under the **Insurance Benefits and Rates** section, as well as page 13 of this booklet.



MEDICAL PLAN INFORMATION

Summary of Benefits and Coverage (SBC)

Understanding your health plan is important. The Summary of Benefits and Coverage (SBC) summarizes important information about your medical insurance plan in a straight-forward format to help familiarize you with your benefits. This document is accessible through the **Documents Library** on the website.

Excellus BCBS PPO Medical Plan Highlights

- The Excellus BCBS PPO plan offers flexibility and choice because there is an 'In-Network' and 'Out-of-Network' option at the time you seek service from a provider.
- The In-Network benefits (coinsurance, copayments, etc.) will be richer than the Out-of-Network benefits.
- At the time of service, you have the ability to seek care from a specialist, without having to obtain a referral from a PCP.



MEDICAL PLAN



Core Benefits	PPO	
	In-Network	Out-of-Network
	Postdoc Pays	Postdoc Pays
Deductible Single/Family	\$200 / \$400	\$700 / \$1,400
Out of Pocket Max Single/Family	\$2,500 / \$5,000	\$5,000 / \$10,000
Office Visit	\$20 / \$30 Copay	30%*
Wellness Visit	No Charge	40%*
Inpatient Hospital	10%*	30%*
Outpatient Surgery	10%*	30%*
Emergency Room	\$100 Copay (copay waived if admitted)	
Rx	\$10 Tier 1 \$25 Tier 2 \$40 Tier 3	n/a

*After deductible has been met

Excellus BCBS Navigator: Online Member Portal

Using the online Excellus BCBS member portal, you may perform a variety of functions such as finding a doctor, printing ID cards, or checking the status of a claim.

To Register, simply visit: <https://excellusbcbs.com/register>

- You will need your member ID provided on the front of your BCBS card
- Fill out remaining required personal information

Once you register as a member, you can immediately access the full benefits and features of the site.

DENTAL PLAN



Core Benefits	PPO	
	In-Network	Out-of-Network
Annual Deductible	\$50 per individual / \$150 per family	
Annual Benefit Maximums	\$1,500	
<u>PREVENTIVE/DIAGNOSTIC</u>		
Routine Exam	0%	20% of MAC
Teeth Cleanings (Prophylaxis)	0%	20% of MAC
X-rays	0%	20% of MAC
<u>BASIC PROCEDURES</u>		
Fillings	20%*	30% of MAC*
Endodontics	20%*	30% of MAC*
Periodontics	20%*	30% of MAC*
Oral Surgery	20%*	30% of MAC*
<u>MAJOR PROCEDURES</u>		
Crowns	50%*	50% of MAC*
Dentures	50%*	50% of MAC*
<u>ORTHODONTIA</u>		
Child	Not Covered	
Adult		

*After deductible has been met

Accessing Care Out-of-Network Under a PPO Plan

When you seek services *in-network*, meaning, from providers listed in the PPO network, you are paying less for services since these providers have agreed to provide services per the provider network discounts outlined in their contracts with the insurance carriers. When you pay 50% for major services in-network when seeking services from a PPO dentist, you are paying 50% of a contracted, discounted rate. This is not the case with out-of-network providers.

Out-of-Network Example: The out-of-network dentist decides to charge \$1,000 for a porcelain crown on a molar. This dentist is not prohibited from charging what he/she feels can be charged for this service. Your percentage of cost out-of-network is 50% after the \$50 deductible, and the Maximum Allowable Charge (MAC) is considered \$800 for this service: You pay \$425

IN ADDITION, you owe the difference between the UCR amount and what the out-of-network dentist decided to charge you (\$1,000 - \$800), which is an additional \$200. **Total estimated cost out-of-network for the porcelain crown on a molar: \$625**

VOLUNTARY VISION PLAN



	PPO	
	In-Network	Out-of-Network
Core Benefits	Postdoc Pays	
Vision Examinations	\$10 Copay	\$25 Allowance
	Every 12 Months	
Corrective Lenses	\$10 Copay	\$20 - \$65 Allowance
Conventional Contact Lenses*	\$115 Allowance + 15% off remaining balance	\$80 Allowance
Disposable Contact Lenses*	\$115 Allowance	\$80 Allowance
Medically Necessary Contact Lenses	\$0 Copay	\$200 Allowance
	Every 12 Months	
Frames	\$130 Allowance + 20% off remaining balance	\$65 Allowance
	Every 24 Months	

*Materials only. In lieu of corrective lenses, up to 4 boxes.

Additional Features

Eye Care Supplies: Receive 20% off retail price for eye care supplies like cleaning cloths and solutions purchased at in-network providers (not valid on doctor's services or contact lenses).

Laser Vision Correction: Save 15% off the retail price or 5% off the promotional price for LASIK or PRK procedures. Offer valid through U.S. Laser Network only, call 800-422-6600 for details.

Retinal Imaging: Member pays a discounted fee of up to \$39.

Additional Pairs of Prescription Eyeglasses or Sunglasses: Up to a 40% discount.

VOLUNTARY LIFE AND AD&D PLAN



Core Benefits	Voluntary Life and AD&D*
Life	\$10,000 increments up to \$300,000**
Accidental Death & Dismemberment	Matches life amount

*Contact our office for assistance calculating your rate

**Guaranteed issue is \$100,000—amounts over guaranteed issue require evidence of insurability as well as

What is Life and AD&D Insurance?

Life insurance helps provide financial protection by promising to pay a benefit in the event of an eligible member's covered death. Accidental Death and Dismemberment (AD&D) insurance may provide an additional amount in the event of a covered death or dismemberment as a result of an accident.

Additional Features

AD&D Higher Education Benefit: Reimburses tuition expenses up to \$5,000 per child per year towards a 4-year college education for the deceased's children - not to exceed a cumulative total of \$20,000 or 25% of the AD&D benefit per child, whichever is less.

AD&D Career Adjustment Benefit: Reimburses tuition expenses up to \$5,000 per year to help a spouse to return to the workforce after the death of their spouse - not to exceed the cumulative total of \$10,000 or 25% of the AD&D benefit, whichever is less.

AD&D Child Care Benefit: Reimburses a family's child care expenses up to \$5,000 per year - not to exceed \$10,000 or 25% of the AD&D benefit, whichever is less.

Designating Your Beneficiary(ies)

A beneficiary is the person or people you would like your life insurance benefit to be paid to in the event of your passing. A contingent beneficiary is the person or people who you would like the benefit to be paid to in the event that all of your primary beneficiaries have predeceased the insured. Your beneficiary(ies) can and should be designated on your Postdoctoral Scholar Benefit Plan enrollment form.



If you do not enroll in voluntary life/AD&D during your initial enrollment, your future enrollment, regardless of the requested amount of coverage, will be subject to a medical questionnaire.



RATES AND CONTRIBUTIONS

	Monthly Postdoc Contribution	Semi-Monthly Postdoc Contribution	Bi-Weekly Postdoc Contribution
Medical POS	94's Only	93/95's Only	93/95's Only
Postdoc	\$81.10	\$40.55	\$37.43
Postdoc + Spouse/Partner	\$169.50	\$84.75	\$78.23
Postdoc + Child(ren)	\$150.85	\$75.43	\$69.62
Family	\$240.06	\$120.04	\$110.80
Dental PPO	94's Only	93/95's Only	
Postdoc	\$8.30	\$4.16	\$3.83
Postdoc + Spouse/Partner	\$15.97	\$7.99	\$7.37
Postdoc + Child(ren)	\$18.68	\$9.35	\$8.62
Family	\$26.35	\$13.18	\$12.16
Voluntary Vision PPO	All Postdocs	All Postdocs	All Postdocs
Postdoc	\$6.59	\$3.30	\$3.04
Postdoc + Spouse/Partner	\$12.52	\$5.90	\$5.45
Postdoc + Child(ren)	\$13.17	\$6.26	\$5.78
Family	\$19.37	\$9.68	\$8.94

Information for Postdoc classifications of 93 & 95

Your contribution amounts will be collected by the following methods:

Medical: Collected by Payroll in semi-monthly contribution deductions

Dental: Collected by Payroll in semi-monthly contribution deductions

Vision: Collected by Payroll in semi-monthly contribution deductions

Voluntary Life: Collected by Payroll in semi-monthly contribution deductions

Information for Postdoc classifications of 94

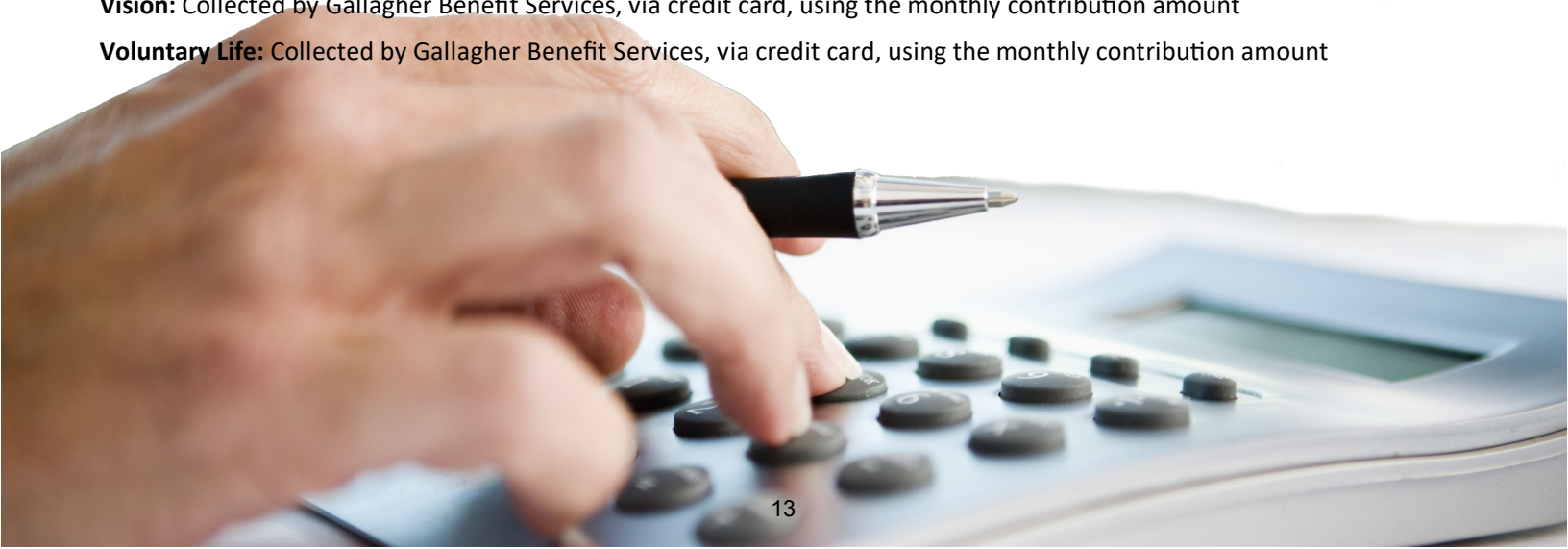
Your contribution amounts will be collected by the following methods:

Medical: Collected by Gallagher Benefit Services, via credit card, using the monthly contribution amount

Dental: Collected by Gallagher Benefit Services, via credit card, using the monthly contribution amount

Vision: Collected by Gallagher Benefit Services, via credit card, using the monthly contribution amount

Voluntary Life: Collected by Gallagher Benefit Services, via credit card, using the monthly contribution amount



NOTES

INFORMATION SOURCES

Insurance Carrier Member Services

Excellus Medical.....	(800) 499-1275
MetLife Dental.....	(800) 275-4638
Aetna Vision.....	(877) 973-3238
The Standard Voluntary Life and AD&D.....	(800) 628-8600

Gallagher Benefit Services (GBS)

Phone.....	(844) 243-0027
Email.....	UniversityServices.GBS.Urpd@ajg.com
Dedicated PSBP Website.....	ur.gpa.services

Your Dedicated Account Manager: Candace Neeson

Duties: Candace is responsible for managing and servicing several of our larger University accounts, including City of Hope, University of Chicago, and University of Rochester. From renewals to orientations and everything in between, Candace’s goal is to ensure that our clients and their employees are provided with the highest level of service and expertise.

How Candace helps GBS shine: Candace’s warm personality and passion for helping people make her an excellent account manager. Her accounts continually praise her willingness to go above and beyond for their needs.

Hobbies: Candace enjoys spending time with her three children, running half-marathons, enjoying the beach when it is warm, and watching movies.





Gallagher Benefit Services

The benefits outlined on this guide are for comparative purposes only. In the event of a discrepancy between this guide and the actual plan documents, the provisions of the master policy will prevail.