



OPEN ENROLLMENT

Daemen University



WHAT TO EXPECT FOR 2024 - 2025

MEDICAL COVERAGE

Daemen University will continue to provide medical insurance through Univera for the 2024 plan year.

Signature Copay 1

Signature Deductible 3

HEALTH SAVINGS ACCOUNT (HSA)

Administered by Lakeshore Savings Bank.

Daemen University will continue to offer an annual contribution to participating employees.

There has been an increase in the single and family maximum contribution limits.

FLEXIBLE SPENDING ACCOUNT (FSA)

Administered by Pro-Flex.

Daemen University will continue to offer a FSA to participating employees.

Health Care and Dependent Care options.

The 2024 maximum contribution limit increased to \$3,200 from \$3,050 in 2023.

ADDITIONAL COVERAGE

Guardian will be the provider for: Life/AD&D, Voluntary Life, LTD, Dental and Vision.



Signature Copay 1



Benefit Summary	In-Network	Out-of-Network
Deductible (embedded)	N/A	Individual: \$1,000 Family: \$2,000
Coinsurance	N/A	20% coinsurance after deductible
Out-of-Pocket Maximum (embedded)	Individual: \$6,350 Family: \$12,700	Individual: \$5,000 Family: \$10,000
In-Network Services		
Prescription Coverage	\$10 / \$50 / \$100 (Mail Order: 2.5 Copays / 90 Day Supply)	
Primary Office Visit	\$25 copay	
Specialist Office Visit	\$25 copay	
Inpatient Hospitalization	\$500 copay	
Outpatient Surgery (facility)	\$75 copay	
Emergency Room	\$50 copay	
Urgent Care	\$35 copay	
Wellness Benefit	\$250 Wellness Rider	
Dependent Coverage	To age 26	

Signature Deductible 3

EXAMPLE OF HOW A DEDUCTIBLE PLAN WORKS



PREVENTIVE SERVICES



OTHER SERVICES

Until deductible amount is reached



You pay a deductible up to a certain amount

After deductible amount is reached

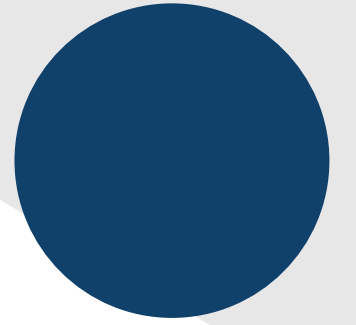


Once the deductible amount is reached, you pay a copay or coinsurance



EMPLOYEE MEDICAL PAYROLL DEDUCTIONS

2024 - 2025 Semi-



EMPLOYEE MEDICAL PAYROLL DEDUCTIONS

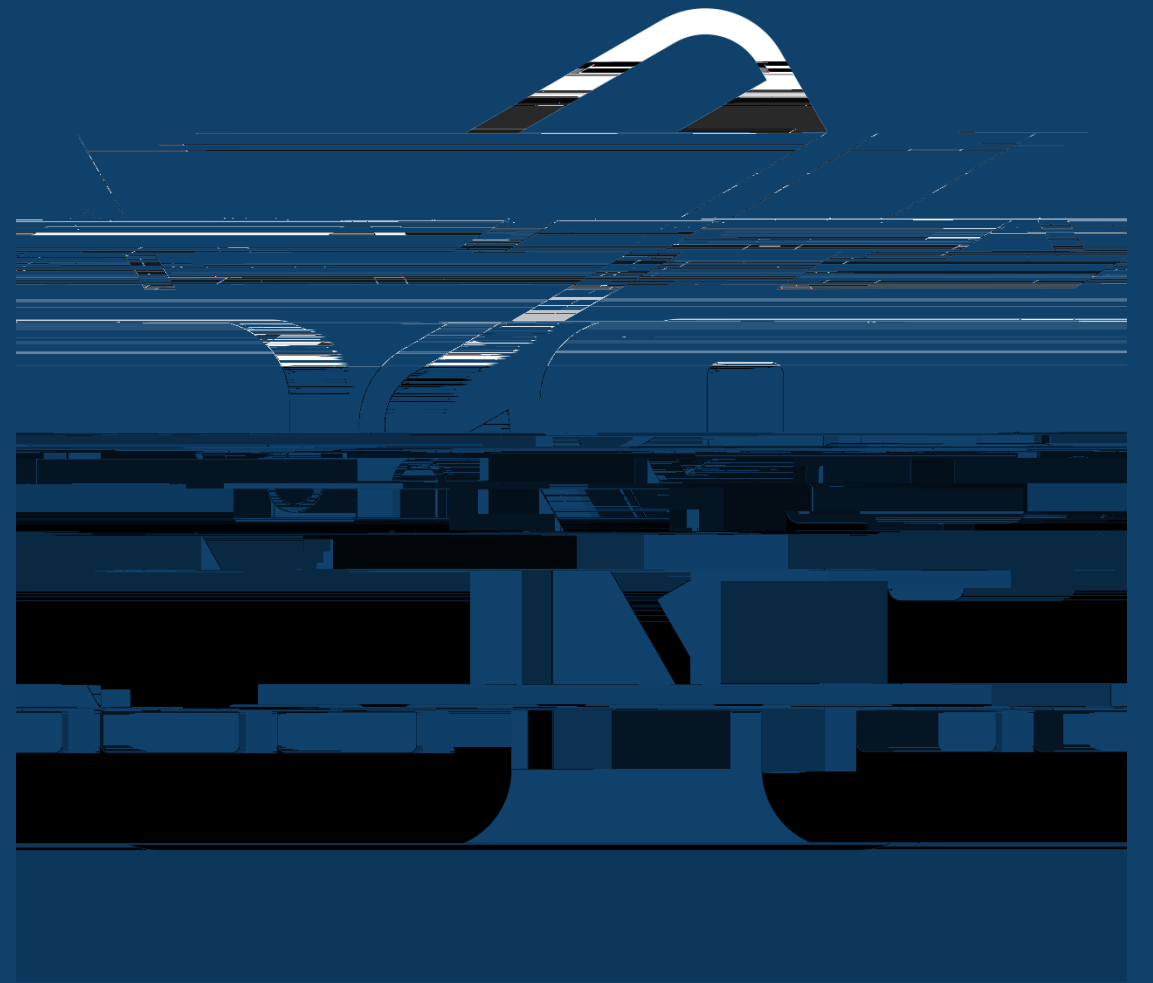


2024 - 2025 Semi-Monthly Payroll Deductions – Signature Deductible 3

Type of Coverage	Annual Salary Up to \$49,999	Annual Salary \$50,000-\$64,999 (Single)	Annual Salary \$65,000-\$79,999 (Single)	Annual Salary \$80,000 and above (Single)
Single	\$13.47	\$42.32	\$77.58	



Health Savings Account



WHO IS ELIGIBLE FOR A HEALTH SAVINGS ACCOUNT (HSA)?

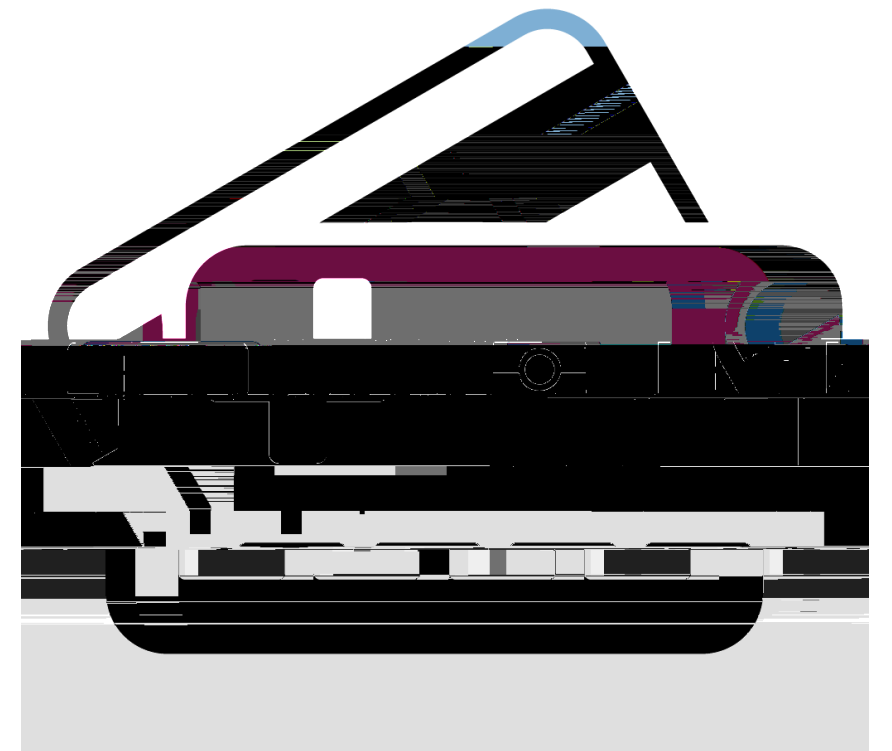
ANYONE WHO IS:

COVERED BY a High-Deductible-Health-Plan (HDHP) (which would be Signature Deductible 3)

NOT enrolled in Medicare

NOT covered under other health insurance*

NOT claimed as a dependent on another person's tax return



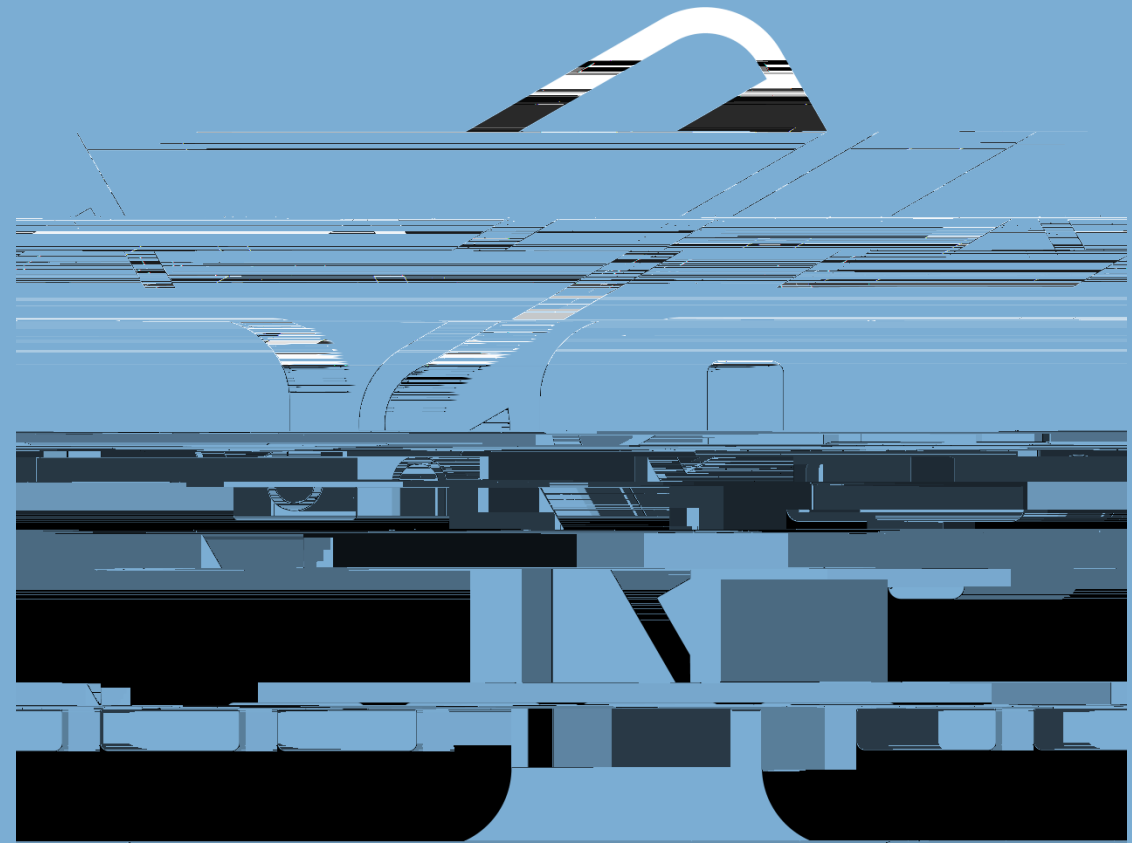
You, your employer or a family member may contribute money to the HSA (either a lump sum payment or through payroll deductions).

HSA YEAR END REPORTING

HSA Bank Statement

Includes contributions,

Flexible Spending Account



Flexible spending accounts (FSAs) offers a convenient way to **set aside pre-tax dollars** to pay for qualified health care and dependent care expenses.

HEALTH CARE (FSA)

FSAs can be offered with any type of health plan and you can have an FSA regardless of whether you are covered by your employer's medical plan.

You can begin using your FSA money on the first day of the plan year, even if the amount has not yet been deposited into the account.

The amount you contribute to a health FSA is not subject to federal income tax or social security (FICA)

1922(y)17(ou)-67) (FI67)



A full list is available on the IRS website,
www.irs.gov in



FLEXIBLE SPENDING ACCOUNT (FSA) ANNUAL LIMITS

HEALTH CARE (FSA) LIMITS

MINIMUM CONTRIBUTION

\$400

MAXIMUM CONTRIBUTION

\$3,200

ROLLOVER

\$500

DEPENDENT CARE (FSA) LIMITS

\$5,000 (\$2,500 if you are married and file separate returns)

" USE-IT OR LOSE-IT RULE "

It is important to plan carefully because if you don't use your FSA money by the end of the plan year, you will lose it.

FSA RECORDKEEPING


Always keep a copy of the Explanation of Benefits (EOB) and itemized medical and pharmacy receipts.

Allows you to visit any dentist of your choice but you pay less out-of-pocket when you choose a participating in-network dentist.

DENTAL INSURANCE

DENTAL PLAN

Allows you to visit any dentist of your choice but you pay less out-of-pocket when you choose a participating in-network dentist.



DENTAL INSURANCE

VISION INSURANCE

VSP SIGNATURE FULL FEATURE

Benefit Summary	In-Network	Out-of-Network
Who Pays for Coverage	Employee	
Vision Network	VSP	
Eye Exam	\$10 copay	\$50 allowance
Provider Frames	\$130 allowance + 20% off balance	\$48 allowance
Standard Vision Lenses	\$25 copay	Allowance amount varies*
Elective Contacts	\$130 allowance	\$120 allowance
Medically Necessary Contacts	Covered in full after \$25 copay	\$210 allowance
Dependent Age Limit	To age 26	
Vision Frequency		
Eye Exam	Once every 12 months	
Frames	Once every 24 months	
Lenses or Contact Lenses**	Once every 12 months	
Bi-Weekly Payr BDC F4 14.04 Tf1 0 0 1 540.41 * nBT To TITQ3ed41 * nBT D Type	Dependent Ag	

VISION INSURANCE

DAVIS SIGNATURE FULL FEATURE

Benefit Summary	In-Network	Out-of-Network
Who Pays for Coverage	Employee	
Vision Network	Davis	
Eye Exam	\$10 copay	\$50 allowance
Provider Frames	\$135 allowance + 20% off balance	\$48 allowance
Standard Vision Lenses	\$25 copay	Allowance amount varies*
Elective Contacts	\$135 allowance + 15% off balance	\$105 allowance
Medically Necessary Contacts	Covered in full	\$210 allowance
Dependent Age Limit	To age 26	
Vision Frequency		
Eye Exam	Once every 12 months	
Frames	Once every 24 months	
Lenses or Contact Lenses**	Once every 12 months	
Bi-Weekly Payroll Deductions		
Employee	\$3.57	
Family	\$7.67	

Life insurance provides your family with a variety of support services designed to help them cope with both emotional and financial issues, even if you cannot be there.

BASIC LIFE & AD&D BENEFIT SUMMARY

Who Pays for Coverage > Daemen University

Benefit Amount > Flat benefit of \$50,000

VOLUNTARY LIFE INSURANCE



Life insurance provides your family with a variety of support services designed to help them cope with both emotional and financial issues, even if you cannot be there.

VOLUNTARY LIFE BENEFIT SUMMARY

Who Pays for Coverage	> Employee
Employee	
Benefit Amount	> Increments of \$10,000 up to a maximum of \$250,000

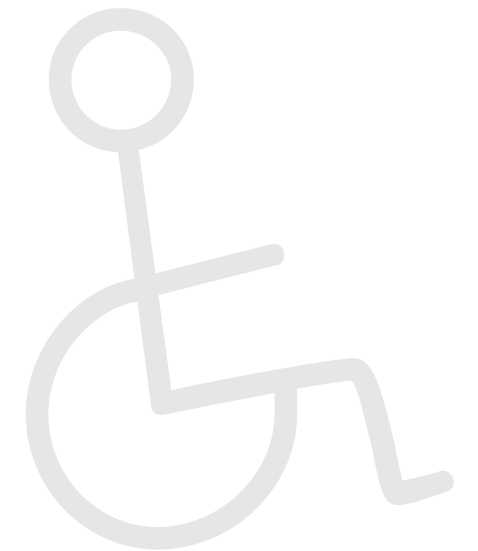


LONG TERM DISABILITY (LTD) INSURANCE

Long Term Disability (LTD) coverage can provide a steady stream of income to help cover essential expenses during an extended illness or after a disabling accident.

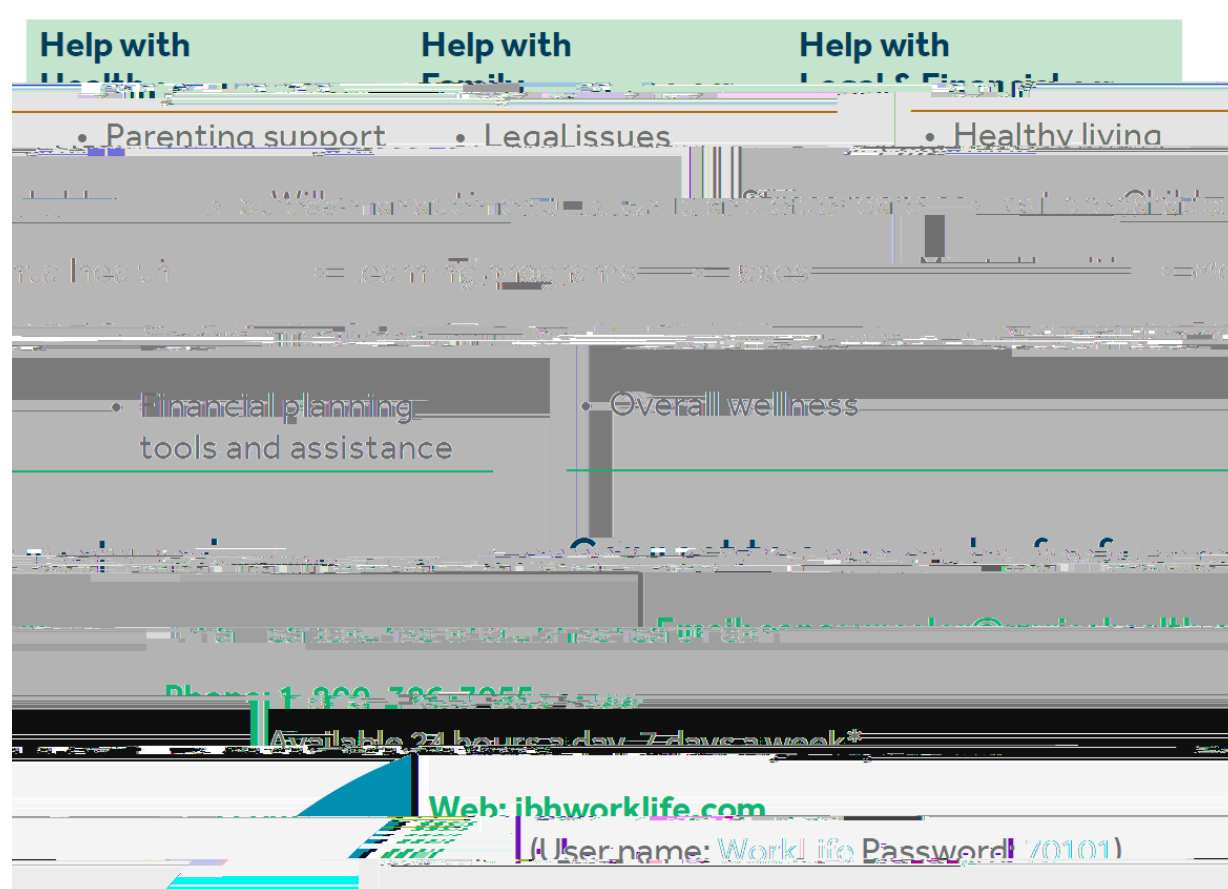
LONG TERM DISABILITY (LTD) BENEFIT SUMMARY

Who Pays for Coverage	> Daemen University
Maximum Percentage	> 66.67% of monthly earnings
Maximum Benefit	> \$8,000 per month
Waiting Period	> 90 days
Maximum Duration	> Social Security Normal Retirement Age (SSNRA)
Pre-Existing Limitation	> 3 months look-back; 12 months covered
Disability Definition	> 2 year own occupation



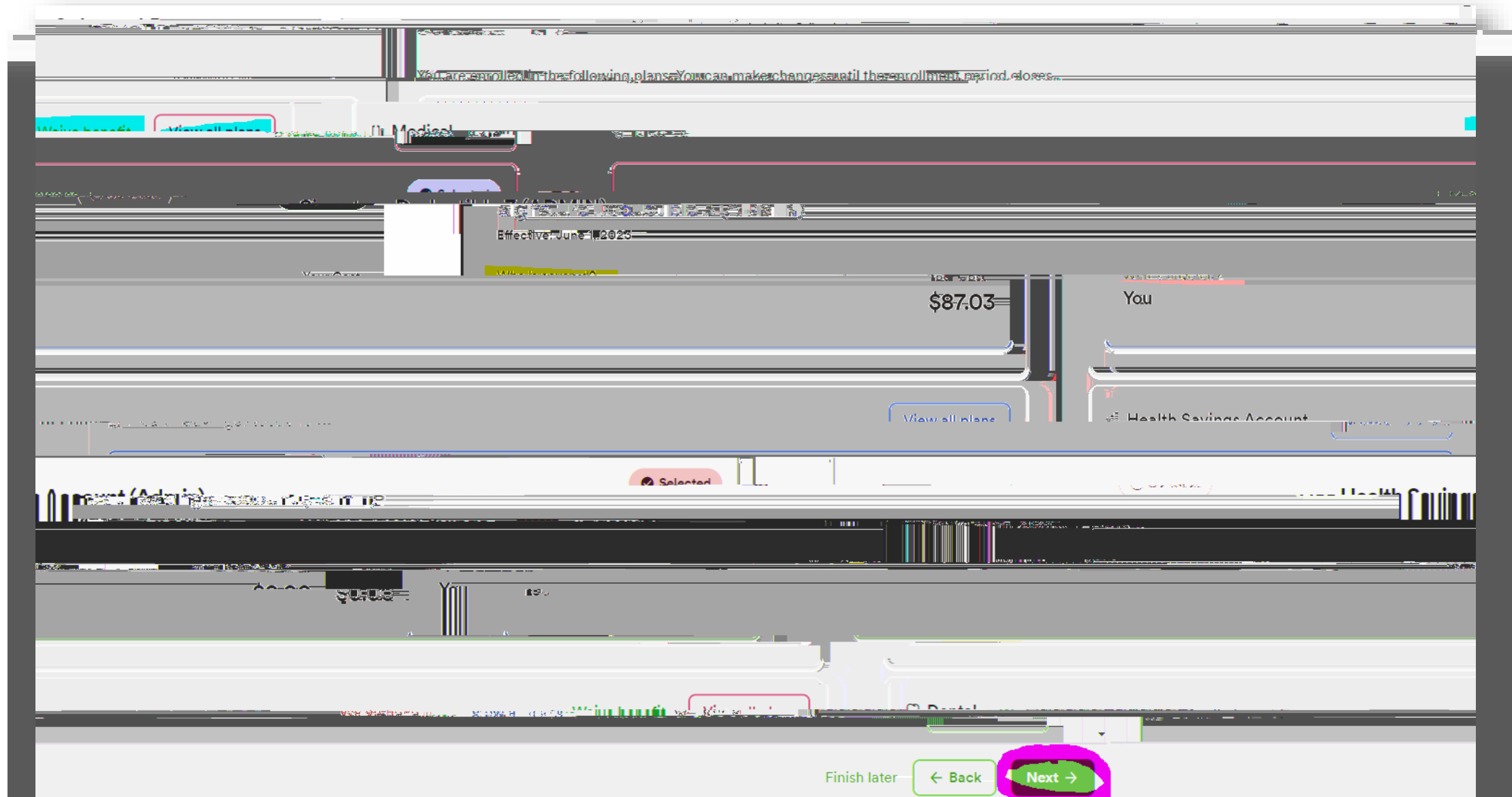
EMPLOYEE ASSISTANCE PROGRAM (EAP)

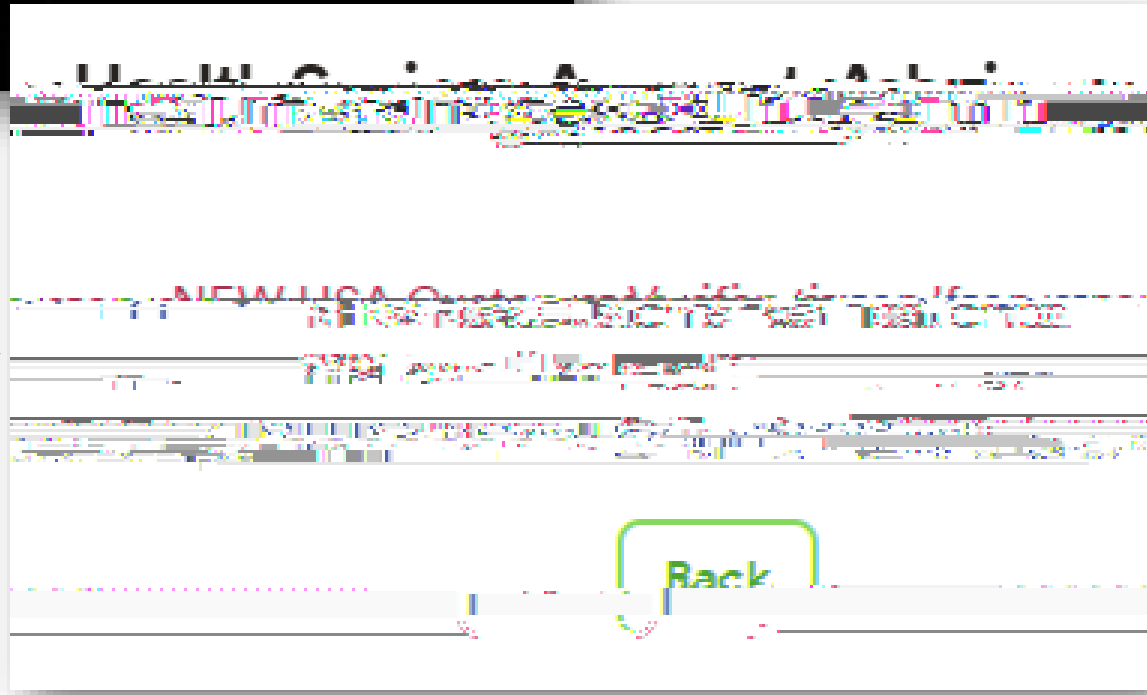
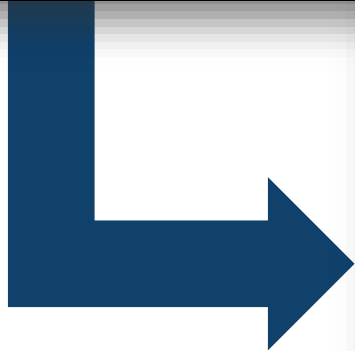
Employee Assistance Program (EAP) is a no-cost, company-sponsored benefit available to you and your dependents that offers confidential support, resources and information to get through life's challenges.



System Improvements in ADP - Passive

OE Navigation: Welcome – Manage Dependents – Select Benefits – Upload Documents – Review & Submit





1 Plan Available

[Additional details](#)

Provider

Provider

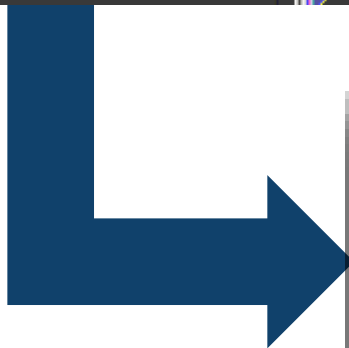
Contributions

View your estimated cost

Enter contribution amount to view

Submit

For the entire year, I want to contribute



Flex Enrollment Application

A_FILLABI F.pdf ProFlexEnrollment Form-FS

[Back](#)

welcome

Upload Documents

My Documents

Manage Dependents

File Leave Request

File must be less than 5MB. [Accepted formats](#)

Drag the file here to upload.

or

Upload Documents

.wps or .wpd formats.

[Review and Submit](#)

[Upload Documents](#)

Click Upload document to save the documents to your account.

