

# 2022 Benefits Enrollment Guide



# Table of Contents

Table of Contents .....	2
A Message From Oswego Health System .....	3
Medical Insurance .....	4
Flexible Spending Account (FSA) .....	6
Dental Insurance .....	7
Vision Insurance .....	8
Contacts.....	12

This brochure summarizes the benefit plans that are available to Oswego Health System 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.

# A Message From Oswego Health System

## Benefits Open Enrollment is Here!

Welcome to your 2022 employee benefits guide. In these pages, you'll learn about the Oswego Health System benefits program, which is designed to help you stay healthy, secure, and maintain a work/life balance. Offering a competitive benefits package is just one way we strive to provide our employees with a rewarding workplace. Please read the information in this guide carefully, and for full details about our plans, refer to each plan's summary plan description



## 2022 Benefit Plan Highlights

- We will continue to offer multiple Medical and Dental Plan options
- There will be no change to plan benefits or rates for 2022!
- The rates shown within this guide and on the enrollment platform have been set to the "non-wellness" rates. Those who obtain and submit proof of their annual physical and required lab testing each year can earn a \$25 per pay, Wellness discount. Please visit [www.wellworksforyoulogin.com](http://www.wellworksforyoulogin.com) or call 800.425.4657 for more information.

## Who is Eligible?

Employees hired to work 60 hours or more biweekly and eligible dependents may participate in the benefit program. Generally, for the Oswego Health System benefits program, dependents are defined as:

- Your spouse
- Dependent child(ren) up to age 26.

## When and How Can I Enroll?

Open enrollment begins on Monday, November 8<sup>th</sup> and runs through Monday, November 22<sup>nd</sup>.

It is required that all eligible employees log onto bswift ([www.oswegohealth.bswift.com](http://www.oswegohealth.bswift.com)) and go through the enrollment process for 2022 **even if you are making no changes**. Enter your user name: First initial of first name, first initial of last name and last four digits of your SSN. All passwords have been reset to the last 4 digits of your SSN.

## When is Coverage Effective?

The effective date for your benefits is January 1, 2022.

## Changing Coverage During the Year

You can change coverage during the year only when you experience a qualifying life event, such as marriage, divorce, birth, adoption, placement for adoption, or loss of coverage. The change must be reported to the Human Resources Department within 30 days of the event. The change must be consistent with the event.

*For questions about your benefits or enrollment options, contact Heather Elen at 315-349-5671 or Keri Parker at 315-349-5929.*



## Medical Insurance

Oswego Health System will continue to offer medical coverage. The below chart is a brief outline of the plan. Please refer to the summary plan description for complete plan details.

	Excellus Blue Cross Blue Shield Oswego Health Advantage 00112734			Excellus Blue Cross Blue Shield Oswego Health Advantage Plus 00112734		
	Domestic	In-Network	Non-Network	Domestic	In-Network	Non-Network
<b>Annual Deductible</b>						
Individual	\$500	\$1,250	\$2,000	\$250	\$750	\$1,000
Family	\$1,500	\$3,500	\$6,000	\$750	\$2,000	\$3,000
Coinsurance (% Insurance pays)	85%	65%	55%	90%	70%	60%
<b>Maximum Out-of-Pocket</b>						
Individual	\$8,150	\$8,150	\$8,150	\$5,300	\$5,300	\$10,600
Family	\$16,300	\$16,300	\$16,300	\$10,600	\$10,600	\$10,600
<b>Physician Office Visit</b>						
Primary Care	\$15 copay	\$45 copay after deductible	45% after deductible	\$10 copay	\$30 copay after deductible	40% after deductible
Specialty Care	\$25 copay	\$50 copay after deductible	45% after deductible	\$20 copay	\$40 copay after deductible	40% after deductible
<b>Preventive Care</b>						
Adult Periodic Exams	100%	100%	45% after deductible	100%	100%	40% after deductible
Well-Child Care	100%	100%	45% after deductible	100%	100%	40% after deductible
<b>Diagnostic Services</b>						
X-ray and Lab Tests	100%	35% after deductible	45% after deductible	100%	30% after deductible	40% after deductible
Complex Radiology	100%	35% after deductible	45% after deductible	100%	30% after deductible	40% after deductible
Urgent Care Facility	\$30 copay	\$100 copay after deductible	45% after deductible	\$30 copay	\$75 copay after deductible	40% after deductible
Emergency Room Facility Charges	\$150 copay, after deductible	\$250 copay, after deductible	\$250 copay, after deductible	\$100 copay, after deductible	\$175 copay, after deductible	\$175 copay, after deductible
Inpatient Facility Charges	\$250 copay after deductible	\$1,500 copay, after deductible	45% after deductible	Covered in Full	\$1,000 copay, after deductible	40% after deductible
Outpatient Facility and Surgical Charges	\$250 copay, after deductible	\$1,250 copay, after deductible	45% after deductible	\$100 copay, after deductible	\$1,000 copay, after deductible	40% after deductible
<b>Mental Health</b>						
Inpatient	\$250 copay, after deductible	\$1,500 copay, after deductible	45% after deductible	Covered in Full	\$1,000 copay, after deductible	40% after deductible
Outpatient	\$15 copay	\$45 copay, after deductible	45% after deductible	\$10 copay	\$30 copay, after deductible	40% after deductible
<b>Substance Abuse</b>						
Inpatient	\$250 copay, after deductible	\$1,500 copay, after deductible	45% after deductible	Covered in Full	\$1,000 copay, after deductible	40% after deductible

	Excellus Blue Cross Blue Shield Oswego Health Advantage 00112734			Excellus Blue Cross Blue Shield Oswego Health Advantage Plus 00112734		
	Domestic	In-Network	Non-Network	Domestic	In-Network	Non-Network
Outpatient	\$15 copay	\$45 copay, after deductible	45% after deductible	\$10 copay	\$30 copay, after deductible	40% after deductible
<b>Other Services</b>						
Chiropractic	\$25 copay	\$50 copay after deductible	45% after deductible	\$20 copay	\$40 copay after deductible	40% after deductible
<b>Retail Pharmacy (30 Day Supply)</b>						
Generic (Tier 1)	\$5 copay	\$10 copay	Not covered	\$5 copay	\$10 copay	Not covered
Preferred (Tier 2)	\$30 copay	\$40 copay	Not covered	\$30 copay	\$40 copay	Not covered
Non-Preferred (Tier 3)	\$50 copay	\$60 copay	Not covered	\$50 copay	\$60 copay	Not covered
Preferred Specialty (Tier 4)	40% to a \$100 maximum	40% to a \$100 maximum	Not covered	40% to a \$100 maximum	40% to a \$100 maximum	Not covered
<b>Mail Order Pharmacy – receive 3 months quantity at cost equal to 2 months of copayment</b>						

#### Employee Contributions\* (Bi Weekly 26 per yr)

Oswego Health Advantage		Wellness *	Non-Wellness
Employee		\$39.21	\$64.21
Employee & 1 Dep		\$98.55	\$123.55
Employee & 2+ Deps (Family)		\$161.01	\$186.01
Oswego Health Advantage Plus		Wellness	Non-Wellness
Employee		\$83.30	\$108.30
Employee & 1 Dep		\$168.91	\$193.91
Employee & 2+ Deps (Family)		\$310.66	\$335.66

\*Wellness rates apply for those that have completed the annual physician and screening wellness requirement

“In-Network” providers are those who are contracted with BlueCross BlueShield. To find a provider within the preferred, Domestic network, please visit: <http://ohportal/home to Human Resources, Domestic Provider>

## Flexible Spending Account (FSA)

Oswego Health is pleased to again offer you the convenience and savings of a Flexible Spending Account (FSA). Your FSA lets you save a portion of your income each year without paying tax on it (that's the same as earning an extra 30% on that money!) to pay for qualified medical and other expenses. **You must re-enroll each year to receive this benefit.**

### Healthcare FSA Account

Eligible expenses are those that are not fully paid by your medical, dental or prescription drug plan including deductibles, copays, prescriptions, glasses, etc. You may set aside up to **\$2,750** pre-tax dollars per year for both you and your eligible dependents for these out of pocket expenses. **Dependents must be enrolled with Lifetime Benefit Solutions in the Health Reimbursement Account to be eligible.** You and your dependents do not need to be enrolled in the health insurance to participate in the FSA.

Healthcare Reimbursement Account (FSA) Savings Example		
Pre-Tax Income	\$38,000	\$38,000
FSA Contribution	\$0	-\$500
Taxable Income	\$38,000	\$37,500
Federal, State & FICA Taxes (26.65%)	-\$10,127	-\$9,994
Out of Pocket Medical Expenses	-\$500	\$0
Take-Home Income	\$27,373	\$27,506
*Illustration is just an example. Incomes, contributions and taxes will vary by individual and state.		

Another plus of the Oswego Health FSA is the availability of a debit card that may be used to access your account funds, making it convenient to fill prescriptions and pay copays at physician offices. In addition, the debit card is "front loaded", which means that you choose the amount you will save each year and that total amount is available to you at the start of the year.

***Funds that are not used by the end of the plan's grace period (March 15<sup>th</sup>, 2023) will be forfeited per IRS rules.***

### Dependent Care Reimbursement Account

Eligible expenses include dependent care expenses for any dependent children (as defined by the IRS) less than 13 years of age, or an adult dependent who is disabled, or unable to care for themselves and spends at least 8 hours per day in your home. You may set aside up to **\$5,000** pre-tax dollars per year for any eligible child or adult care expenses.

Contributions to your FSA come out of your paycheck before any taxes are taken out. This means that you don't pay federal income tax, Social Security taxes, and state and local income taxes on the portion of your paycheck you contribute to your FSA. You should contribute the amount of money you expect to pay out of pocket for eligible expenses for the plan period.



# Dental Insurance

Oswego Health System offers dental insurance through Delta Dental Insurance Company.



<b>Eligibility</b>	Primary enrollee, spouse and eligible dependent children to age 26			
<b>Deductibles</b>  Deductibles waived for Diagnostic & Preventive (D & P) and Orthodontics?	<b>Preventive Plan:</b> None			
	<b>Comprehensive Plan:</b> \$50 per person / \$150 per family each calendar year			
<b>Maximums</b>  D & P counts toward maximum?	<b>Preventive Plan:</b> N/A			
	<b>Comprehensive Plan:</b> Yes			
<b>Maximums</b>  D & P counts toward maximum?	<b>Preventive Plan:</b> \$750 per person each calendar year			
	<b>Comprehensive Plan:</b> \$1,200 per person each calendar year			
<b>Waiting Period(s)</b>	Basic Benefits None	Major Benefits None	Prosthodontics None	Orthodontics None

Benefits and Covered Services**	Preventive Plan		Comprehensive Plan	
	Delta Dental PPO dentists†	Non-Delta Dental PPO dentists†	Delta Dental PPO dentists†	Non-Delta Dental PPO dentists†
<b>Diagnostic &amp; Preventive Services (D &amp; P)</b> Exams, cleanings, x-rays and sealants	100 %	100 %	100 %	100 %
<b>Basic Services</b> Fillings, simple tooth extractions and posterior composites	80 %	80 %	80 %	80 %
<b>Endodontics</b> (root canals)	80 %	80 %	80 %	80 %
<b>Non-Surgical Periodontics</b>	80 %	80 %	80 %	80 %
<b>Surgical Periodontics</b>	0 %	0 %	50 %	50 %
<b>Oral Surgery</b>	0 %	0 %	50 %	50 %
<b>Major Services</b> Crowns, inlays, onlays and cast restorations	0 %	0 %	50 %	50 %
<b>Prosthodontics</b> Bridges, dentures and implants	0 %	0 %	50 %	50 %
<b>Orthodontic Benefits</b> Dependent children to age 19	0 %	0 %	50 %	50 %
<b>Orthodontic Maximums</b>	N/A	N/A	\$1,500 Lifetime	\$1,500 Lifetime

\*\* Limitations or waiting periods may apply for some benefits; some services may be excluded from your plan. Reimbursement is based on Delta Dental contract allowances and not necessarily each dentist's actual fees.

† Reimbursement is based on PPO contracted fees for PPO dentists, Premier contracted fees for Premier dentists and program allowance for non-Delta Dental dentists.

Employee Contributions (Bi Weekly 26 per yr)	
<b>Preventive Plan</b>	
Employee	\$8.70
Employee & 1 Dep	\$18.69
Employee & 2+ Deps	\$29.12
<b>Comprehensive Plan</b>	
Employee	\$15.80
Employee & 1 Dep	\$29.00
Employee & 2+ Deps	\$43.92

\*Child dependents can remain on the plan until age 26

# Vision Insurance

Oswego Health System provides vision insurance through Vision Service Plan.

BENEFIT	DESCRIPTION	COPAY	FREQUENCY
YOUR COVERAGE WITH A VSP PROVIDER			
WELLVISION EXAM	<ul style="list-style-type: none"><li>Focuses on your eyes and overall wellness</li></ul>	\$10	Every 12 months
PRESCRIPTION GLASSES		\$25	See frame and lenses
FRAME	<ul style="list-style-type: none"><li>\$120 allowance for a wide selection of frames</li><li>\$140 allowance for featured frame brands</li><li>20% savings on the amount over your allowance</li><li>\$70 Walmart*/Sam's Club*/Costco* frame allowance</li></ul>	Included in Prescription Glasses	Every 24 months
LENSES	<ul style="list-style-type: none"><li>Single vision, lined bifocal, and lined trifocal lenses</li><li>Impact-resistant lenses for dependent children</li></ul>	Included in Prescription Glasses	Every 12 months
LENS ENHANCEMENTS	<ul style="list-style-type: none"><li>Standard progressive lenses</li><li>Premium progressive lenses</li><li>Custom progressive lenses</li><li>Average savings of 20-25% on other lens enhancements</li></ul>	\$0 \$95 - \$105 \$150 - \$175	Every 12 months
CONTACTS (INSTEAD OF GLASSES)	<ul style="list-style-type: none"><li>\$120 allowance for contacts; copay does not apply</li><li>Contact lens exam (fitting and evaluation)</li></ul>	Up to \$60	Every 12 months
PRIMARY EYECARE	<ul style="list-style-type: none"><li>As a VSP member, you can visit your VSP doctor for medical and urgent eyecare. Your VSP doctor can diagnose, treat, and monitor common eye conditions like pink eye, and more serious conditions like sudden vision loss, glaucoma, diabetic eye disease, and cataracts. Ask your VSP doctor for details.</li></ul>	\$20	As needed
EXTRA SAVINGS	<p><b>Glasses and Sunglasses</b></p> <ul style="list-style-type: none"><li>Extra \$20 to spend on featured frame brands. Go to <a href="http://vsp.com/offers">vsp.com/offers</a> for details.</li><li>20% savings on additional glasses and sunglasses, including lens enhancements, from any VSP provider within 12 months of your last WellVision Exam.</li></ul> <p><b>Retinal Screening</b></p> <ul style="list-style-type: none"><li>No more than a \$39 copay on routine retinal screening as an enhancement to a WellVision Exam</li></ul> <p><b>Laser Vision Correction</b></p> <ul style="list-style-type: none"><li>Average 15% off the regular price or 5% off the promotional price; discounts only available from contracted facilities</li></ul>		
YOUR COVERAGE WITH OUT-OF-NETWORK PROVIDERS			
Get the most out of your benefits and greater savings with a VSP network doctor. Call Member Services for out-of-network plan details.			
Coverage with a retail chain may be different or not apply. Log in to <a href="http://vsp.com">vsp.com</a> to check your benefits for eligibility and to confirm in-network locations based on your plan type. VSP guarantees coverage from VSP network 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.			

## Reimbursement Amounts for Non-VSP Providers

Eye Exam	Up to \$45
Frames	\$70
Lenses	\$30 - \$105 (depending on type of lens)

## Employee Contributions (Bi-Weekly)

<b>VSP Choice Plan</b>	
Employee	\$3.06
Employee & 1 Dep*	\$4.44
Employee & 2+ Deps*	\$7.95

\*Child dependents can remain on the plan until age 26



## Disability and Life Insurance

The statutory New York State Disability plan is in place for disabilities resulting from a non-work-related injury or sickness. You are not eligible to receive short-term disability benefits if you are receiving workers' compensation benefits.

### New York State Disability Benefits

Benefits Begin	After 7 Day Elimination Period
Benefit Duration	26 Weeks
% of Income Replaced	50%
Maximum Benefit	\$170 Per Week

## Basic Term Life Coverage

Oswego Health provides full-time and exempt employees with basic group life and accidental death and dismemberment (AD&D) insurance, and pays the full cost of this benefit. The amount you are provided is as follows:

- **Exempt employees:** 200% of your basic earnings to a maximum of \$250,000
- **Full-time employees:** 100% of your basic earnings to a maximum of \$200,000
- **Spousal benefit:** \$2,000
- **Child(ren) benefit:** Up to \$1,000

Beneficiary information can be updated at any time through your bswift account.

## Voluntary Additional Life Insurance Coverage

Oswego Health offers you the opportunity to purchase additional term life insurance for yourself, your spouse and your children.

- **Full-time Exempt Employee:** Additional Life Insurance coverage is available up to \$450,000\* (not to exceed 5 times your current salary).
- **Full-time Non-exempt Employee:** Additional Life Insurance coverage is available up to \$400,000\* (not to exceed 5 times your current salary).
- **Spousal coverage:** If an employee has basic term life coverage, spousal coverage is available up to \$50,000 (not to exceed 50% of the employee elected amount).
- **Child coverage:** If an employee has basic term life coverage, child coverage is available as well. If elected, all eligible children will be covered. The schedule of this coverage is as follows:
  - Live birth to 14 days - \$0
  - Age 14 days to 6 months - \$1,000
  - 6 months to 19 years (or 25 if full time student) - \$4,000

\*Total amount is an aggregate amount of basic term life insurance and the voluntary additional life coverage

## Additional Benefits

You work hard for your paycheck. But it can be hard to budget for life's unexpected emergencies. That's why Oswego Health is giving you the option to purchase the Sun Life coverage shown below. These benefits can help protect your finances from the uncertainty of the future and give you peace of mind. These plans are payroll deducted on a post-tax basis which means benefits are paid out **tax free**.

**Long term disability insurance:** (offered to all active full-time, non-exempt and part time benefit eligible employees working 20 or more hours/week)

Long term disability insurance protects up to 60% of your income up to \$5,000/month. It can pay you a monthly benefit if you can't work - for an extended period of time - due to a covered injury or illness. Long term disability insurance can pay a benefit as long as you are considered disabled according to your policy. The amount of benefit you receive from the plan may be reduced or offset by income from other sources - such as Social Security Disability Insurance. The length of time you can receive benefits is based on your age when you become disabled.

**Individual short-term disability insurance:** (offered to all active employees working 20 or more hours/week)

Individual short term disability insurance can help replace up to 60% of your monthly income if you are unable to work due to a covered injury or illness. This means you can have some income protection during a time of need. Common reasons people use this coverage include pregnancy, injuries and digestive problems - such as gall bladder surgery. Benefits are offset by the statutory plan. Your benefit duration is up to 24 weeks and you can choose which elimination period you would like (8 or 15 days). This is the number of days prior to when you would be eligible for benefits.

**Group specified disease insurance:** (offered to all active employees working 20 or more hours/week)

What's a specified disease? Some common examples are heart attack, stroke and cancer. But this plan also includes coverage for coronary artery disease, non-life-threatening cancer, and major organ transplant for example. The medical treatment for these conditions can be very expensive. Specified disease insurance can help by paying a lump sum payment directly to you at the first diagnosis of a covered condition. You decide how to spend it. You can use this coverage more than once for different conditions. You can also purchase coverage for your spouse and dependent children. Additionally, the plan includes a \$50 wellness benefit for both you and your spouse, if covered under the plan.

# Employee Assistance Program



## Information Resources:

### *One of your most important EAP Benefits*

Today's healthcare workers face new, more daunting challenges than ever before: Budget crises, government mandates, difficult patient and family issues, rapidly changing technology and the impact of social media are just a few of the emerging issues impacting the healthcare landscape. HealthCare EAP offers extensive links, tools, and resources to help healthcare workers deal with these and other professional challenges:

- **Patient and Family Challenges**
- **Workplace Safety and Violence**
- **Social Media for Healthcare**
- **Money Saving Tools and Tips for Healthcare Workers**
- **Cultural Competency, Health Literacy, and Communication Challenges**



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**More benefits than any other EAP.**  
**[www.MyHealthCareEAP.com](http://www.MyHealthCareEAP.com) • 1-800-252-4555**

## Contacts

### USI Mobile App

Oswego Health System is pleased to offer on-the-go access to key benefit information through the USI EB Mobile App. Download in the App Store or Google Play Store and enter code 913432 in the app to access your benefit highlights.

### Have Questions? Need Help?

Oswego Health System is excited to offer 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. 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.

Additional information regarding benefit plans can be found posted on bswift benefit enrollment site. Please contact Human Resources to complete any changes to your benefits that are not related to your initial or annual enrollment.

### Carrier Customer Service

Benefits Plan	Carrier	Phone Number	Website
Medical PPO (3-Tier)	Excellus Blue Cross Blue Shield	(800) 499-1275	<a href="http://www.excellusbcbs.com">www.excellusbcbs.com</a>
Dental PPO	Delta Dental Insurance Company	(800) 932-0783	<a href="http://www.deltadental.com">www.deltadental.com</a>
Vision	Vision Service Plan (VSP)	(800) 877- 7195	<a href="http://www.vsp.com">www.vsp.com</a>
Flexible Spending (FSA)	Lifetime Benefit Solutions, Inc.	(800) 327- 7130	<a href="http://www.lifetimebenefitsolutions.com">www.lifetimebenefitsolutions.com</a>
Life and Disability Insurance	Sun Life	800-247-6875	<a href="http://www.sunlife.com">www.sunlife.com</a>

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