

2024 Benefits Enrollment Guide



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

Benefits Open Enrollment is Here!

Welcome to your 2024 employee benefits guide. In these pages, you'll learn about the Oswego Health 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 posted on the bswift enrollment portal.



2024 Benefit Plan Highlights

This year we are providing more choice and giving all employees the best possible rates for their personal and family situations. As such, Oswego Health will be offering THREE plans to our employees for 2024! The current plans are still available with no changes to the plan coverage. We are also offering a new lower cost, high deductible health plan (HDHP) option called *Signature Deductible*. The new plan's deductible will be offset by contributions made by Oswego Health to a Health Savings Account (HSA).

Additionally, we have implemented a pharmacy program designed to help you and your family save money on certain high-cost specialty medications. Through ProActPLUS, ProAct will help facilitate available assistance programs that could cover the cost at 100%.

To Highlight:

- We will continue to offer multiple Medical and Dental plan options.
- We will now offer a true, qualified High Deductible Health Plan (Signature Deductible plan).
- If enrolled on the HDHP, you will be able to open and contribute to a Health Savings Account (HSA). Oswego Health has partnered with HSA Bank for HSA administration.
- If enrolled on the HDHP, Oswego Health will contribute \$500 (single) or \$1000 (family) into employee's HSA to help offset the deductible.
- Employees will save on services rendered through Oswego Health and affiliated providers!
- Those who obtain and submit proof of their annual physical and required lab testing each year can earn a \$100 per month, Wellness discount. Please visit www.wellworksforyoulogin.com or call 800.425.4657 for more information. **Enrolled spouses must complete the annual wellness incentive in order for the employee to be eligible for the wellness discount.**

Eligibility and Enrollment

Who is Eligible?

Employees hired to work 60 hours or more bi-weekly and eligible dependents may participate in the benefit program. Generally, for the Oswego Health 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 20th and runs through Monday, December 4th. New Hires should enroll within 30 days of the start of employment.

It is required that all eligible employees log onto bswift (www.oswegohealth.bswift.com) and go through the enrollment process for 2024 **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?

For Open Enrollment elections, the effective date for your benefits is January 1, 2024. New hire enrollment will take effect the 1st of the month following 30 days of employment.

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

The below chart is a brief outline of the Health Plans for Oswego Health. 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
Annual Deductible						
Individual	<i>Waived</i>	\$1,250	\$2,000	<i>Waived</i>	\$750	\$1,000
Two Person	<i>Waived</i>	\$2,500	\$4,000	<i>Waived</i>	\$1,500	\$2,000
Family	<i>Waived</i>	\$3,500	\$6,000	<i>Waived</i>	\$2,000	\$3,000
Coinsurance (% Insured Pays)	15%	35%	45%	10%	30%	40%
Maximum Out-of-Pocket						
Individual	\$6,850	\$6,850	\$6,850	\$5,300	\$5,300	\$5,300
Two Person and Family	\$13,700	\$13,700	\$13,700	\$10,600	\$10,600	\$10,600
Physician Office Visit						
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
Preventive Care						
Adult Periodic Exams	Covered in Full	Covered in Full	45% after deductible	Covered in Full	Covered in Full	40% after deductible
Well-Child Care	Covered in Full	Covered in Full	45% after deductible	Covered in Full	Covered in Full	40% after deductible
Diagnostic Services						
X-ray and Lab Tests	Covered in Full	35% after deductible	45% after deductible	Covered in Full	30% after deductible	40% after deductible
Complex Radiology	Covered in Full	35% after deductible	45% after deductible	Covered in Full	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	\$250 copay, after deductible	\$250 copay, after deductibile	\$100 copay	\$175 copay, after deductible	\$175 copay, after deductible
Inpatient Facility Charges	\$250 copay	\$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	\$1,250 copay, after deductible	45% after deductible	\$100 copay	\$1,000 copay, after deductible	40% after deductible
Mental Health						
Inpatient	\$250 copay	\$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

	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
Substance Abuse						
Inpatient	\$250 copay	\$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
Other Services						
Chiropractic	\$25 copay	\$50 copay after deductible	45% after deductible	\$20 copay	\$40 copay after deductible	40% after deductible
Retail Pharmacy (30 Day Supply)						
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
Mail Order Pharmacy – receive 3 months quantity at cost equal to 2 months of copayment						

New For 2024 – High Deductible

	Excellus Blue Cross Blue Shield Oswego Health Signature Deductible HDHP		
	Domestic	In-Network	Non-Network
Annual Deductible			
Individual	\$3,000	\$3,000	\$3,000
Two Person	\$6,000	\$6,000	\$6,000
Family	\$6,000	\$6,000	\$6,000
Coinsurance (% Insured Pays)	0%	20%	40%
Maximum Out-of-Pocket			
Individual	\$5,700	\$5,700	\$5,700
Two Person and Family	\$11,400	\$11,400	\$11,400
Physician Office Visit			
Primary Care	0% after deductible	20% after deductible	40% after deductible
Specialty Care	0% after deductible	20% after deductible	40% after deductible
Preventive Care			
Adult Periodic Exams	Covered in Full	Covered in Full	40% after deductible
Well-Child Care	Covered in Full	Covered in Full	40% after deductible
Diagnostic Services			
X-ray and Lab Tests	0% after deductible	20% after deductible	40% after deductible
Complex Radiology	0% after deductible	20% after deductible	40% after deductible
Urgent Care Facility	0% after deductible	20% after deductible	40% after deductible
Emergency Room Facility Charges	0% after deductible	20% after deductible	20% after deductible

	Excellus Blue Cross Blue Shield Oswego Health Signature Deductible HDHP		
	Domestic	In-Network	Non-Network
Inpatient Facility Charges	0% after deductible	20% after deductible	40% after deductible
Outpatient Facility and Surgical Charges	0% after deductible	20% after deductible	40% after deductible
Mental Health			
Inpatient	0% after deductible	20% after deductible	40% after deductible
Outpatient	0% after deductible	20% after deductible	40% after deductible
Substance Abuse			
Inpatient	0% after deductible	20% after deductible	40% after deductible
Outpatient	0% after deductible	20% after deductible	40% after deductible
Other Services			
Chiropractic – 20 visits	0% after deductible	20% after deductible	40% after deductible
Retail Pharmacy (30 Day Supply)			
Generic (Tier 1)	\$5 after deductible	\$10 after deductible	Not covered
Preferred (Tier 2)	\$30 after deductible	\$40 after deductible	Not covered
Non-Preferred (Tier 3)	\$50 after deductible	\$60 after deductible	Not covered
Preferred Specialty (Tier 4)	40% after deductible (max \$100)	40% after deductible (max \$100)	Not covered
Mail Order Pharmacy – receive 3 months quantity at cost equal to 2 months of copayment			

Employee Contributions* (Bi Weekly 26 per yr)		
Oswego Health HDHP	Wellness *	Non-Wellness
Employee	\$24.19	\$70.35
Employee + 1 Dependent	\$50.23	\$96.39
Family	\$96.04	\$142.19
Oswego Health Advantage	Wellness *	Non-Wellness
Employee	\$47.76	\$93.91
Employee + 1 Dependent	\$117.51	\$163.66
Family	\$190.88	\$237.04
Oswego Health Advantage Plus	Wellness *	Non-Wellness
Employee	\$99.59	\$145.74
Employee + 1 Dependent	\$200.22	\$246.37
Family	\$366.86	\$413.01

*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>

ProAct Plus – Pharmacy Program

Frequently Asked Questions: **Enrolled Participants**

■ **What is ProActPLUS?**

ProActPLUS is a 100% concierge, enrolled participant-centric program. Enrollment has already been taken care of on your behalf. We will reach out to you directly if any action is needed.

■ **How does ProActPLUS work if I'm on a specialty medication?**

If you are on an eligible, existing specialty medication or are prescribed an eligible, new specialty medication, you will be contacted by a ProActPLUS Case Manager to assist with lowering your out-of-pocket costs. Your Case Manager will walk you through the entire process.

■ **How does ProActPLUS work for non-specialty brand medications?**

There are valuable savings available through manufacturer coupons and copay cards on brand-name medications. If an eligible coupon or copay card is identified, the ProActPLUS team will secure the copay card and send over the applicable processing information to your dispensing pharmacy before your next fill.

Please ensure the pharmacy is processing your script through the ProAct coverage and applying any copay cards or coupons on file to maximize savings. Only your true paid amount will accumulate towards the deductible or maximum out-of-pocket costs.

■ **Will my employer know of my enrollment in the program?**

Yes, but the only information that will be shared back with your employer is your enrollment status and the eligible medication.

■ **Who should I contact with questions related to the ProActPLUS program?**

If you have already been assigned a ProActPLUS Case Manager, please contact them directly for questions.

If you are prescribed an eligible specialty medication and need to start the onboarding process for a Patient Assistance Program, please call our ProActPLUS team directly at (314) 949-3110 (Monday-Friday 8 a.m. - 5 p.m. EST).

If you have general questions regarding your coverage, please contact ProAct's 24/7 Help Desk at (877) 635-9545.

■ **I have been on a specialty medication for years and now it is excluded from coverage. I need this medication to live but cannot afford to cover the cost. What am I supposed to do?**

While we know this change can be confusing, please rest assured that the ProActPLUS team is here to assist you and ensure that you will still get your medication at the lowest possible cost.

Although specialty brand drugs and biosimilars are a plan exclusion, the ProActPLUS team will work with you

to secure funding through a Patient Assistance Program.

If the ProActPLUS team is unable to secure patient assistance for your medication, an appeals process is available. The appeals process will be handled by your ProActPLUS Case Manager.

If the appeal is approved, your ProActPLUS Case Manager will notify you and continue the process to get you enrolled in the program. If the appeal is denied, you will be notified and provided with next steps to take to get your medication.

■ **What will I be required to provide to be able to determine if I am eligible for a Patient Assistance Program?**

A ProActPLUS Case Manager will call you to request two pieces of information; annual income (this is based on your most recent annual tax return filing) and the size of your household (to determine number individuals within your household who contribute to the annual income).

■ **Will my employer know of the financials that I will need to provide for inclusion in a Patient Assistance Program?**

No. The only information your employer will know is that you are eligible for the program and what medication qualified you for the program.

ProAct Plus – Pharmacy Program



■ What if I am already enrolled in a Patient Assistance Program?

If you have worked with another patient assistance provider in the past, a ProActPLUS Case Manager will request the information related to your current enrollment so that they can prepare for re-enrollment on your behalf.

■ How much will it cost me to be enrolled in a Patient Assistance Program?

There is no fee for enrollment in ProActPLUS. This is an added benefit to your prescription drug coverage through ProAct. If successfully enrolled in a Patient Assistance Program, your drug will come directly from the manufacturer at no cost to you.

■ How do I determine if I am eligible for the CANARX International Program?

If you are on a CANARX eligible medication, you will be contacted by the ProActPLUS team via letter and regularly followed up on by phone. The letter will contain a pre-populated enrollment form and instructions on where to return your completed enrollment form and photo ID.

■ What happens after I send back my completed enrollment form and photo ID?

The CANARX team will reach out to your provider for a new prescription. Once that is secured, CANARX will contact you to set up your first shipment through the program. For questions related to the international program, please call CANARX directly at (866) 893-6337.



Caring people are never more than a phone call away, any time of day.

We're always here when you need us.



24/7/365 Member Support: 1-877-635-9545

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 **\$3,200** 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.

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.

You can continue to incur expenses under your Healthcare and Dependent Care FSA through March 15th of the following plan year. Funds that are not used by the end of this grace period will be forfeited per IRS rules.

Qualified Transportation Benefit (QTB)

Contribute up to \$270 per month in pre-tax deductions for reimbursement on parking and mass transit expenses. Unused funds will automatically rollover into the following plan year.

Health Savings Account (HSA)

NEW FOR 2024: Oswego Health will make HSA contributions to a Health Savings Account (HSA) for employees that enroll in the High Deductible Plan (HDHP) option to help cover out of pocket medical plan expenses. Our partner for HSA administration is HSA Bank.



Only those covered on the new HDHP are eligible. For 2024, Oswego Health will contribute \$500 (Single) and \$1,000 (Family). Employees can also voluntarily elect to contribute additional payroll deduction amounts up to the annual IRS maximums. The combined employer / employee contributions cannot exceed the IRS allowances.

A Health Savings Account (HSA) is an account you can use to pay medical, dental, and vision expenses. This account helps offset your medical costs by giving you tax advantages, allowing your income to stretch farther by using the dollars that would have otherwise been paid in taxes. In addition – unused HSA funds remain with you and can be used for investment and retirement purposes.



- Available to those who elect the High Deductible Plan (HDHP) option
- Employee can fund additional HSA up to a combined, annual maximum of \$4,150 single / \$8,300 family
- Employees 55 and older can contribute an additional \$1,000 in annual “catch-up” contributions.
- The full employer contribution amount will be available at the start of the plan year.
- HSA balance amounts over a \$1,000 balance can generally be invested.
- HSA funds can also be used for qualified dental and vision expenses.
- Unused funds rollover from year to year and stay with you regardless of employment.

There are certain situations that would prohibit you or your employer from contributing to a Health Savings Account.

- Being enrolled in a non-High Deductible Plan (including secondary coverage through your spouse)
- Being enrolled in Medicare, Medicaid, or Tricare. You can still be HSA-eligible if your spouse is enrolled in one of those plans. You must discontinue contributions to your HSA account 6 months prior to claiming Social Security.
- Receiving Veteran’s healthcare benefits currently or in the past 90 days for any non-service-connected disability. If you are otherwise HSA-eligible, you can open an HSA on the first day of the fourth month after your treatment ends
- Currently being claimed as a dependent on another person’s tax return
- Being enrolled in a Healthcare Flexible Spending (FSA) plan. Those with available carryover funds can consider opening a Limited Purpose FSA (for medical and dental expenses) in order to remain HSA eligible.
- If you are currently enrolled in a Healthcare Flex Spending Account and carry money over into 2024 through the plan’s rollover benefit, you will be prohibited from opening and HSA. You can choose to open a limited purpose FSA (for Dental and Vision only) as a workaround per IRS rules.

Dental Insurance

Oswego Health offers dental insurance through Delta Dental Insurance Company.



Eligibility	Primary enrollee, spouse and eligible dependent children to age 26			
Deductibles Deductibles waived for Diagnostic & Preventive (D & P) and Orthodontics?	Preventive Plan: None Comprehensive Plan: \$50 per person / \$150 per family each calendar year			
	Preventive Plan: N/A Comprehensive Plan: Yes			
Maximums D & P counts toward maximum?	Preventive Plan: \$750 per person each calendar year Comprehensive Plan: \$1,200 per person each calendar year			
	Yes			
Waiting Period(s)	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†
Diagnostic & Preventive Services (D & P) Exams, cleanings, x-rays and sealants	100 %	100 %	100 %	100 %
Basic Services Fillings, simple tooth extractions and posterior composites	80 %	80 %	80 %	80 %
Endodontics (root canals)	80 %	80 %	80 %	80 %
Non-Surgical Periodontics	80 %	80 %	80 %	80 %
Surgical Periodontics	0 %	0 %	50 %	50 %
Oral Surgery	0 %	0 %	50 %	50 %
Major Services Crowns, inlays, onlays and cast restorations	0 %	0 %	50 %	50 %
Prosthodontics Bridges, dentures and implants	0 %	0 %	50 %	50 %
Orthodontic Benefits Dependent children to age 19	0 %	0 %	50 %	50 %
Orthodontic Maximums	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)	
Preventive Plan	
Employee	\$8.70
Employee & 1 Dep	\$18.69
Employee & 2+ Deps	\$29.12
Comprehensive Plan	
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 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"> Focuses on your eyes and overall wellness 	\$10	Every 12 months
PRESCRIPTION GLASSES		\$25	See frame and lenses
FRAME	<ul style="list-style-type: none"> \$120 allowance for a wide selection of frames \$140 allowance for featured frame brands 20% savings on the amount over your allowance \$70 Walmart*/Sam's Club*/Costco* frame allowance 	Included in Prescription Glasses	Every 24 months
LENSES	<ul style="list-style-type: none"> Single vision, lined bifocal, and lined trifocal lenses Impact-resistant lenses for dependent children 	Included in Prescription Glasses	Every 12 months
LENS ENHANCEMENTS	<ul style="list-style-type: none"> Standard progressive lenses Premium progressive lenses Custom progressive lenses Average savings of 20-25% on other lens enhancements 	\$0 \$95 - \$105 \$150 - \$175	Every 12 months
CONTACTS (INSTEAD OF GLASSES)	<ul style="list-style-type: none"> \$120 allowance for contacts; copay does not apply Contact lens exam (fitting and evaluation) 	Up to \$60	Every 12 months
PRIMARY EYECARE	<ul style="list-style-type: none"> 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. 	\$20	As needed
EXTRA SAVINGS	<p>Glasses and Sunglasses</p> <ul style="list-style-type: none"> Extra \$20 to spend on featured frame brands. Go to vsp.com/offers for details. 20% savings on additional glasses and sunglasses, including lens enhancements, from any VSP provider within 12 months of your last WellVision Exam. <p>Retinal Screening</p> <ul style="list-style-type: none"> No more than a \$39 copay on routine retinal screening as an enhancement to a WellVision Exam <p>Laser Vision Correction</p> <ul style="list-style-type: none"> Average 15% off the regular price or 5% off the promotional price; discounts only available from contracted facilities 		

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 vsp.com 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)

VSP Choice Plan	
Employee	\$3.13
Employee & 1 Dep*	\$4.54
Employee & 2+ Deps*	\$8.14

*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 (Benefits commence on the 8 th day of disability).
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 \$100.00/month wellness benefit for both you and your spouse, if covered under the plan.

Accident Insurance: (offered to all active employees working 20 or more hours/week)

Accident insurance pays fixed benefits for fractures, x-rays, crutches, ER visits, and follow-up physician office appointments, treatments and other services resulting from an accidental injury.

Hospital Indemnity Insurance: (offered to all active employees working 20 or more hours/week)

Hospital Indemnity insurance pays benefits for covered inpatient hospital or intensive care stays and also Extended Hospitalization benefits for continuous stays of 10 days or more.

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**



More benefits than any other EAP.
www.MyHealthCareEAP.com • 1-800-252-4555

Contacts

Have Questions? Need Help?

Oswego Health 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	www.excellusbcbcs.com
Dental PPO	Delta Dental Insurance Company	(800) 932-0783	www.deltadental.com
Health Savings Account	HSA Bank	(800) 357-6246	www.hsabank.com
Rx Program	ProAct	(877) 6635-9545	www.proactrx.com
Vision	Vision Service Plan (VSP)	(800) 877- 7195	www.vsp.com
Flexible Spending (FSA)	Lifetime Benefit Solutions, Inc.	(800) 327- 7130	www.lifetimebenefitsolutions.com
Life and Disability Insurance	Sun Life	800-247-6875	www.sunlife.com

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