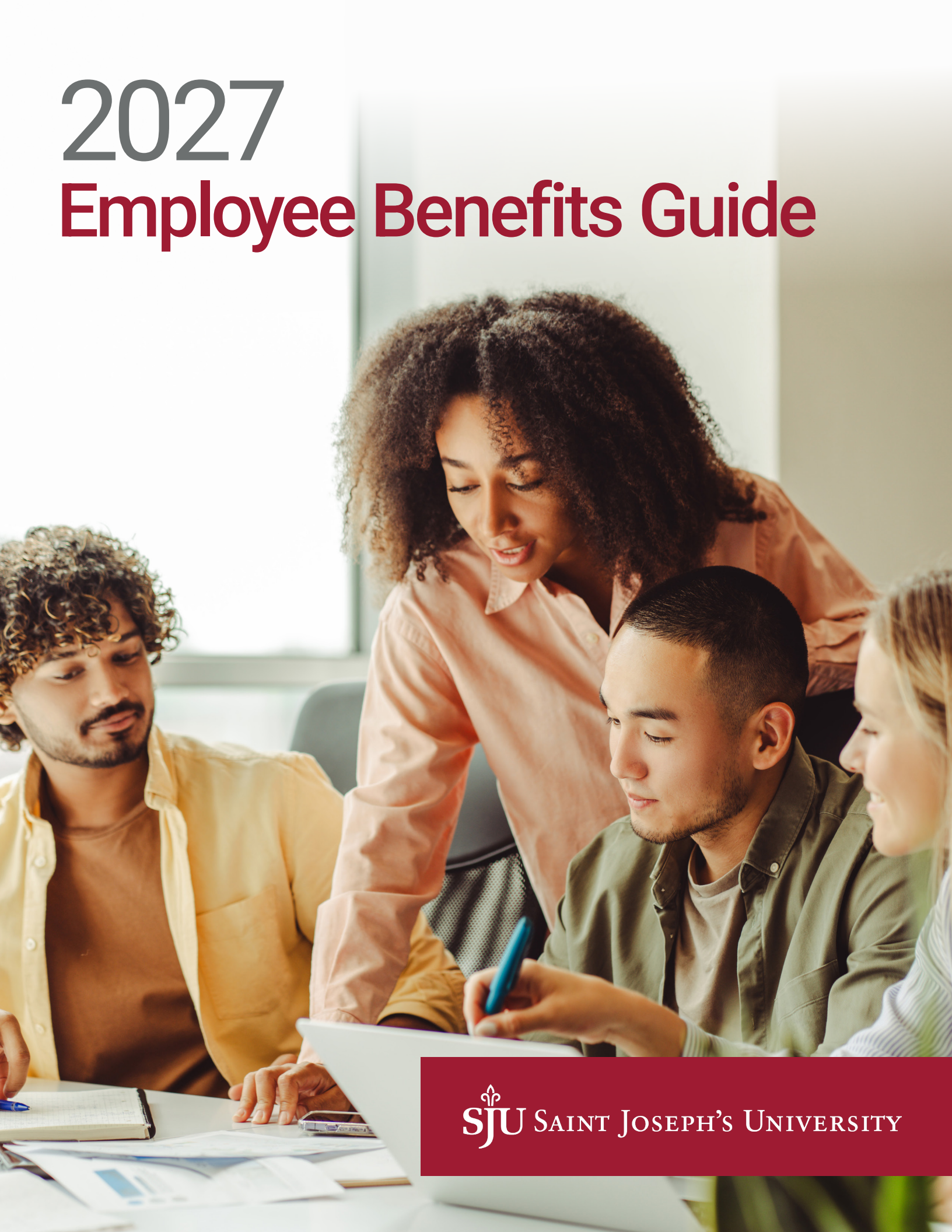
2027
Employee Benefits Guide



SJU Saint Joseph's University

Welcome to

Saint Joseph's University

What you Need to Know

Saint Joseph's University recognizes how important benefits are to you. That's why we're committed to helping you and your family enjoy the best possible physical, financial, and emotional well-being. It's also why we provide you with a comprehensive, highly competitive benefits package, with the flexibility to make the choices that best meet your needs.

Use this guide to better understand the benefits offered by the University, then be sure to enroll during your enrollment period, so that you receive the benefits you want in 2027.

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Eligibility & Enrollment

Full-time employees are eligible for benefits on their hire date if starting on the first of the month, otherwise coverage begins on the first of the month following their hire date.You may also enroll your eligible family members and non-tax dependent domestic partner (including the children of your domestic partner) under certain plans you choose for yourself. Eligible family members include: your legally married spouse, your domestic partner, your children, including biological children, stepchildren, adopted children, children for whom you have legal custody or guardianship, or the children of your domestic partner. Children may be covered until the end of the month in which they turn age 26 (unless the child is disabled). Disabled children may be covered beyond age 26.

When to enroll:

Full-time employees are eligible for benefits on their hire date if starting on the first of the month, otherwise coverage begins on the first of the month following their hire date and have a grace period of up to 31 days after hire to enroll. If you don't enroll within this time period, you will not have benefits coverage, except for plans and programs that are fully paid by the University, such as basic life, AD&D insurance, long-term disability, and employee assistance through Health Advocate. After your enrollment opportunity ends, you won't be able to change your benefits until the next Open Enrollment, unless you experience a qualifying life event.

How to enroll:

After you've carefully considered your benefit options and anticipated needs, it's time to make your benefit selections.

To get started, log in to Workday and go to your inbox, where you will see a Benefits Enrollment Task. Click on the Task to get started. Continue through all required screens to complete enrollment. Check the I Agree checkbox to provide an electronic signature. Click Submit, then Done to confirm your elections.

If you need help enrolling

Please contact the Office of Human Resources at **benefits@sju.edu**.

Qualifying Life Events:

It is important that you choose your benefits carefully. The IRS only allows you to make changes to your benefit elections once a year during the Open Enrollment period, unless you experience a Qualifying Life Event, such as:

- Marriage or divorce
- Birth, adoption, or legal guardianship
- Death of a spouse or child
- Employee and/or dependent gains or loses coverage elsewhere
- Loss of dependent status
- Gain/loss of eligibility for Medicare, Medicaid or the Children's Health Insurance Program (CHIP)
- Receiving a Qualified Medical Child Support Order (QMCSO)

Experience a Qualifying Life Event (QLE)?

You have 31 days from the date of the event to contact Human Resources to make appropriate changes and provide proof of the event and documentation for dependent verification, if applicable. Instructions on reporting a life event can be found on **The Nest** knowledge base. Allow two pay periods for processing a life event change.

When you enroll a new dependent, you may be asked to provide evidence that your dependent meets the eligibility requirements. Acceptable proof may include any of the following:

- A marriage license
- A birth or hospital certificate
- Formal court designation

Domestic Partner Benefits

Available for Medical, Dental and Vision Plans

The medical, dental and vision plans allow for enrollment of your non-tax dependent domestic partner as well as your domestic partner's children. A domestic partner's child can only be enrolled with the enrollment of the domestic partner.

Eligibility: In order to be eligible, you and your domestic partner must meet the following requirements: (1) be at least age 18, (2) neither is legally married to another person, (3) not related by blood to a degree that would prohibit marriage, (4) are in an exclusive, committed relationship that is intended to be permanent, (5) share a mutual obligation of financial support, and (6) share a principal residence that is intended to be permanent. A Domestic Partner Affidavit must be completed during the enrollment process. If the partnership ends, the employee must notify the Office of Human Resources within 30 days.

Health Savings Account (HSA): You may not receive tax-free distributions from a Health Savings Account (HSA) for reimbursement of medical expenses for your domestic partner and their children unless your domestic partner and their children are otherwise eligible for tax-free coverage under the Internal Revenue Code (IRC) as described in the section below titled "Cost & Tax Implications." An employees' HSA funds used to pay for medical expenses for their non-tax dependents are subject to federal income tax and possibly an additional 20 percent penalty tax. Other special rules apply to HSAs. For more information, refer to the Summary Plan Description and IRS Publication 969.

Cost & Tax Implications: The full cost of your domestic partner's coverage will be added to your taxable income. You will be subject to taxation for adding your domestic partner and their children even if you are already paying the family rate for coverage. The amount subject to taxation will appear on your pay statement as additional income or "imputed income," even though you do not actually receive the additional cash. In effect, this amount will increase the amount used to calculate how much you will pay in taxes. Please note that this amount can be substantial. The applicable withholdings will be deducted from your pay each pay period. The taxable income will be reported on the W-2 form issued to you for the years in which your domestic partner coverage is provided.

Medical Benefits

Independence Blue Cross

Medical and prescription benefits from Saint Joseph's University help you stay well and get the care you and your family need. You have access to an extensive network of high-quality, lower-cost providers. Your plans also offer many resources and tools to help you maintain a healthy lifestyle.

Your Medical Options

All full-time employees have access to enroll in a high-deductible health plan (HDHP) through Independence Blue Cross (via the Personal Choice PPO Network). The HDHP includes a health savings account (HSA).

Employees based out of Hawk Hill and University City also have access to enroll in the HMO-25 plan (via the Keystone HMO Network in PA and DE and the AmeriHealth Network in NJ).

Medical Benefits	HDHP Plan		HMO Plan
	In-Network	Out-of-Network	In-Network
Deductible (Individual/Family)	$2,000/$4,000	$5,000 / $10,000	$0
Out-of-Pocket Maximum (Individual/Family)	$5,600 / $11,200	$10,000 / $20,000	$1,500 / $3,000
Preventive Services	100%	100%	100%
Office Visits PCP/Specialist	100%	50%	$25 copay / $35 copay
Urgent Care	100%	50%	$50 copay
Inpatient Hospital	100%	50%	$100 copay
Outpatient Surgery	100%	50%	$50 copay
Emergency Room	100%	100% after in-network deductible	$150 copay, waived if admitted
Prescriptions Benefits			
Retail (30-day supply)	$5 / $20 / $45	50%	$20 / $40 / $60
Retail (90-day supply)	$10 / $40 / $90	Not covered	$40 / $80 / $120

Note: All services besides preventive, including prescription, apply to the deductible first in the HDHP plan.

Prescription Plan Information

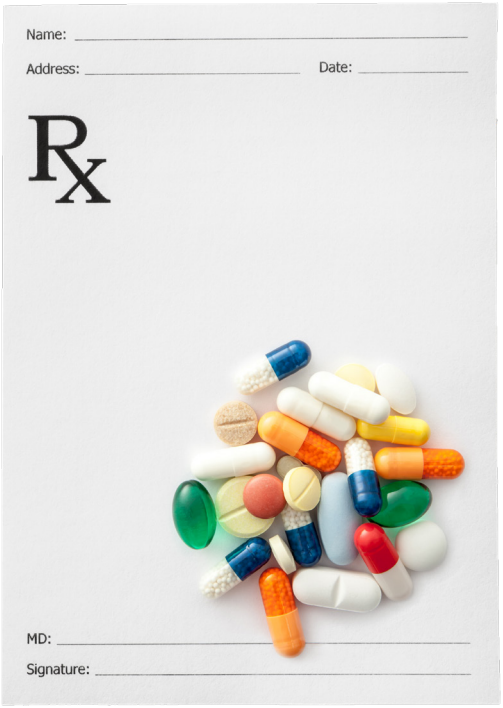
CVS Caremark

Prescription drug coverage will be included with your medical coverage. This coverage will be offered through CVS Caremark, a full-service pharmacy benefits administrator that provides an exceptional customer service experience to employees.

Saint Joseph's University offers the prescription drug plan to employees and their dependents.

Saving money on prescription drug costs

- When available, choose generic medications over brand-name medications. Generic drugs are usually just as effective and typically cost 30% to 70% less.
- Take advantage of mail order or the retail 90-day supply to buy maintenance drugs at a discount. Log on at **caremark.com** to compare prescription prices.



In-Network Providers

Both medical plans offer comprehensive coverage for you and your family. In addition, you pay $0 for in-network preventive care such as annual checkups, cancer screenings, vaccinations, and more. Although the plans share many features, there are some important differences.

Want to make sure you are receiving the best care for the most affordable cost? Use In-Network providers. To find an In-Network provider, call the SJU Champion Customer Service Team at **1-833-485-2400** or visit **ibx.com**.

HDHP Plan	HMO Plan
• Lower per-paycheck contributions for coverage • A higher annual deductible that applies to all nonpreventive care, including prescriptions. • A pretax* HSA to pay for current and future eligible medical expenses - with an annual University contribution to your HSA	• No deductible and low copayments • A required primary care physician, with referrals to use a specialist • Eligibility to enroll in a pretax traditional Health Care Flexible Spending Account (HCFSA) to pay for eligible medical, dental, and vision out-of-pocket expenses • No out-of-network coverage except for emergency room visits

*Your HSA is free from federal income taxes; however, you may pay state and other taxes, depending on your residence. Talk with your tax advisor for details.

Health Savings Account (HSA)

Available for those enrolled in the Personal Choice HDHP

Saint Joseph's University provides a convenient way for you to pay and save for health care now - and in the future. When you enroll in the Personal Choice HDHP, you're eligible to contribute to a tax-free* HSA, which helps you save money on eligible health care expenses for yourself and your tax-dependents. At the beginning of each calendar year, the University contributes $700 to the accounts of those enrolled for Employee Only coverage, and $1,400 for those enrolled in Employee plus Spouse or Domestic Partner, Employee plus Child(ren), or Family coverage. **If you are enrolling in this Plan other than during Open Enrollment, you will receive a prorated contribution from the University.**

* Your HSA is free from federal income taxes; however, you may pay state and other taxes, depending on your residence. Talk with your tax advisor for details.

What is an HSA?

If you participate in the High Deductible Health Plan (HDHP), you have the ability to contribute to a Health Savings Account (HSA).

Advantages of the HSA

- There is no “use it or lose it” provision with an HSA. If you don’t use the money in your account by the end of the year, don’t worry! Unused funds will roll over year after year.
- You can save and invest unused HSA money for future health care needs.
- Your HSA is portable. When you retire or leave the University, your HSA funds go with you.
- Your HSA contributions are pre-tax, and earnings and eligible contributions are tax-free.

Do I qualify for an HSA?

To be eligible for an HSA, you must meet the following criteria:

- You are covered under the HDHP medical option.
- You have no other non-high deductible health coverage (including Medicare).
- You aren't claimed as a dependent on someone else's tax return.
- You or your spouse cannot participate in a traditional health care FSA, even under another employer’s plan.

How to Use your HSA

You can only use funds that have already been deposited into your account. Once funds are available, you have three easy ways to pay:

- **Debit Card:** After opening your HSA, you’ll receive a debit card. Use it to pay for eligible expenses directly—your payment will be automatically deducted from your account.
- **Reimbursement:** If you pay out of pocket for an eligible expense, you can withdraw money from your HSA to reimburse yourself.
- **Online Payments:** Pay your healthcare provider directly from your HSA using the online payment feature.

Telemedicine

Teladoc Health

Teladoc Health

Teladoc Health provides 24/7 access to licensed doctors, therapists, and other healthcare professionals via phone or video. Whether you need treatment for common illnesses like colds and flu, mental health support, or expert medical advice, Teladoc offers convenient, affordable care from the comfort of your home. Skip the waiting room and get the care you need when you need it.

To get started, call **800-835-2362** or visit **teladochealth.com**.

Care Options and When to Use Them

While we recommend that you seek routine medical care from your primary care physician whenever possible, there are alternatives available. Services may vary, so it's a good idea to visit the care provider's website. Be sure to check that the facility is in-network by calling the number on the back of your medical ID card, or by visiting **ibx.com**.

Examples of Medical Need	Virtual Care through Teladoc	Primary Care	Urgent Care	Emergency Room
When you're experiencing cold/ flu like symptoms	✓			
When you need routine/ preventive care		✓		
When you have a sore throat or a sprain		✓	✓	
When you have chest pain or difficulty breathing				✓

Virtual Primary Care

Primary360 (P360)

Independence Blue Cross (IBX) members have access to board-certified virtual primary care physicians (vPCPs) through Teladoc Health's Primary360 program. Virtual care can be a convenient and cost-effective option for non-emergency needs, and ongoing primary care may help members address health concerns before they become more costly.

Covered Services

Primary360 includes:

- Annual checkups and wellness visits by phone or video
- Dedicated time with a vPCP to review medical history, challenges, and health goals
- A personalized Care Plan based on the member's needs
- Referrals, prescriptions, and lab orders as needed

Getting Started

After selecting a vPCP, members complete a short health questionnaire, which the care team reviews before the first visit. Members also receive a blood pressure monitor at no cost and may share their readings through their Teladoc account.

What to Expect at Your Visit

Each visit provides dedicated time with the vPCP to ask questions, discuss concerns, and determine next steps toward health goals. Nurses and medical assistants are part of the care team and may assist with checking vitals, coordinating specialist referrals, and providing personalized support. Following the initial visit, the vPCP and care team develop a Care Plan outlining recommended steps.

Expert Medical Opinion (Add-On Benefit)

Some plans include Expert Medical Opinion, which allows members to obtain a second opinion on a diagnosis or treatment plan from nationally recognized specialists. The process is as follows:

- The member contacts Teladoc by phone, website, or mobile app and provides basic information.
- The member is matched with a physician licensed in their state, who reaches out directly.
- The physician reviews the member's medical history and relevant records and provides guidance and recommendations.
- The member receives a written report with clinical guidance, recommendations, and answers to their questions.

Members should check their plan details to confirm whether this benefit is included.

Accessing Teladoc

Members can access Teladoc in any of the following ways:

- Call **1-800-835-2362**
- Visit **teladochealth.com**
- Download the Teladoc mobile app

Cardio Metabolic Communications

Teladoc Cardiometabolic Health Program

Members now have access to the Teladoc Cardiometabolic Health Program, a virtual program that supports members living with, or at risk for, conditions that affect heart and metabolic health. Diabetes, high blood pressure, weight, and mental health support are brought together in one app with one care team, so members receive support based on their individual needs.

Who the Program Supports

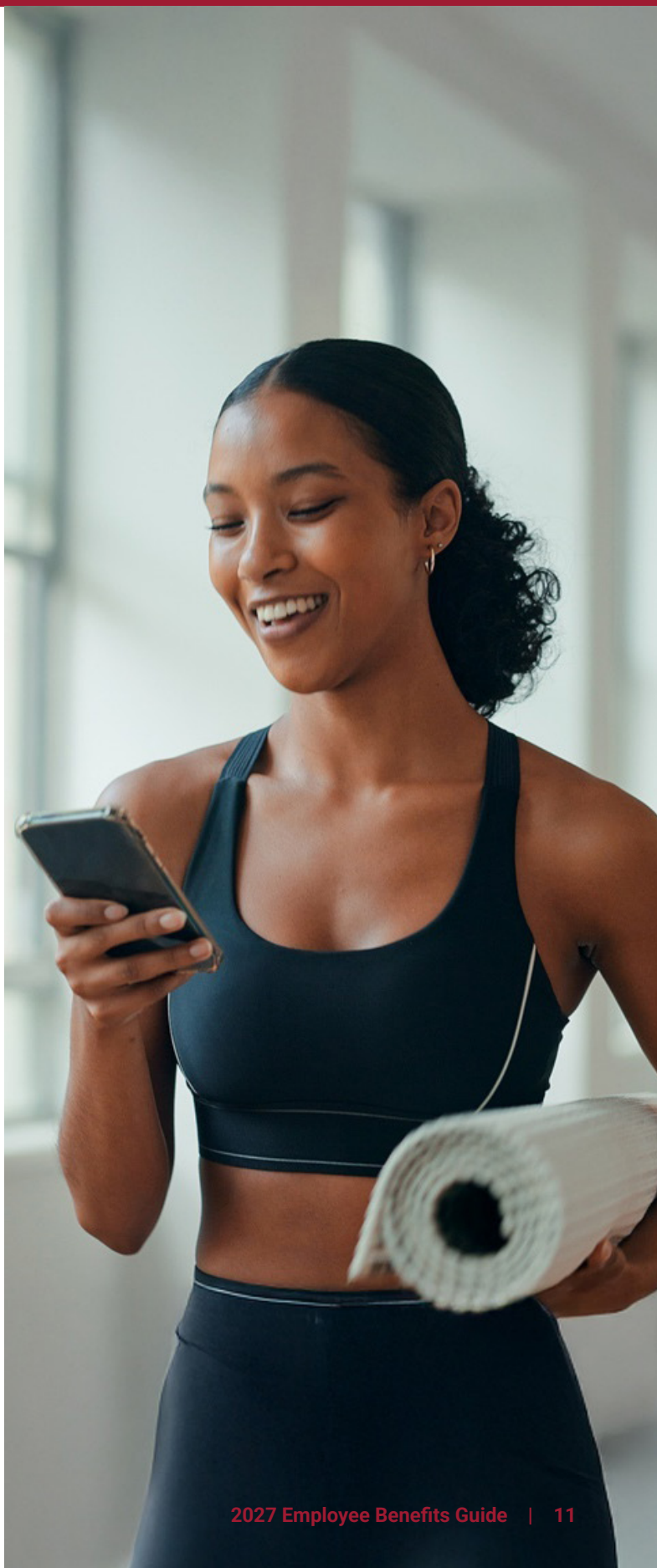
- Members living with Type 1 or Type 2 diabetes
- Members living with high blood pressure
- Members living with prediabetes
- Members living with overweight or obesity

What it includes

- A dedicated care team of health coaches, mental health coaches, and registered dietitians, with unlimited coaching visits
- Connected devices, such as a glucose meter, blood pressure cuff, or digital scale, that automatically upload readings to the app
- Personalized feedback and tips based on your health data and preferences
- Integrated mental health support, including digital courses and live coaching
- One registered dietitian nutrition visit at no additional cost
- At-home A1c and cholesterol lab tests
- Spanish-language support for all conditions

How to Get Started

- Call **1-800-835-2362**
- Visit **teladochealth.com**
- Download the Teladoc mobile app



Dental Plan

Delta Dental

Saint Joseph's University's dental benefits offer you and your family affordable options through two Delta Dental plans:

- Delta Dental PPO
- DeltaCare USA (DHMO)

You can enroll in dental coverage even if you don't have medical coverage through the University.

Delta Dental PPO

This plan offers in- and out-of-network coverage, giving you access to Delta Dental Premier dentists, the largest dental network in the country. You will pay more for out-of-network providers, so it's important to choose in-network providers when possible.

Deltacare USA (DHMO)

Pennsylvania & New Jersey

This plan features set copayments, no annual deductibles, and no maximums for covered benefits. It is very important to check to make sure your dentist is part of the DeltaCare USA network and that they are accepting new DHMO patients before you select this plan. You must select a dentist from the DeltaCare network or you will not have coverage as there are no out-of-network benefits with this plan.

Money saving tip

Remember, you can use your Health Care Flexible Spending Account or Health Savings Account for qualified out-of-pocket dental expenses!

Find a network provider

To find an In-Network dentist, visit **deltadentalins.com** or call **800-932-0783** for the PPO plan, or **800-422-4234** for the DHMO plan.

Dental Benefits	Delta PPO Plan	DeltaCare (DHMO)*
Deductible (Individual/Family)	$0 / $0	$0 / $0
Benefit Maximum (per calendar year)	$1,500	No annual limit
Basic	100% covered	Follows fee schedule
Major	50% covered	Follows fee schedule
Orthodontia (children to age 19)	50%, up to $1,500 lifetime maximum	Follows fee schedule

*Visit www.sjubenefits.com for the DHMO fee schedule.

Vision Coverage

Davis Vision

Saint Joseph's University offers premium vision benefits through Davis Vision (a subsidiary of Independence Blue Cross) to ensure that you and your family have access to quality eye care. The vision plan offers both in- and out-of-network coverage. You can maximize your benefits and reduce your out-of-pocket costs when you receive care from a Davis Vision network provider.

To find a network provider, visit **davisvision.com** or call **800-999-5431**.

Note: The Keystone HMO vision rider is still available, but it does not provide the level of care and robust benefits available through the Davis Vision Plan.

	In-Network	Out-of-Network
Exam	$10 copay	Up to $45 reimbursement
Material Copay	$20 copay	Up to $100 reimbursement
Lenses Single Vision Lenses Bifocal Lenses Trifocal Lenses	$20 copay	Up to $100 reimbursement
Frames	Davis Collection Frames: No charge Non-Davis Vision Collection Frames: Up to $270 allowance plus 20% off	Up to $70 reimbursement
Contact Lenses	Davis Collection Lenses: No charge Non-Davis Vision Contact lensess: Up to $250 allowance plus 15% off	Up to $105 reimbursement
Frequency Vision Exam Lenses Frames Contacts	 Every 12 months Every 12 months Every 12 months Every 12 months, in lieu of glasses	

Buy-Up Vision Plan

XP Health

Vision care designed with you in mind

XP Health is a digital-first vision care program that gives members access to annual vision care, online prescription the XP Health online store renewal, and savings on glasses and contact lenses. The program combines in-person exam access with an online shopping experience that includes personalized recommendations, virtual try-on, and home try-on. For more information and to get started, please visit **www.xphealth.co/sju**.

What's Included

- In-office comprehensive annual eye exam
- Online prescription renewal
- Frames and lenses through the XP Health online store
- Contact lens savings
- Doctor-recommended lenses included
- Digital tools for personalized frame recommendations

Save more on every pair

Members can save significantly on eyewear, with discounts on thousands of frame options and wholesale-style pricing on contacts.

Skip the trip

Use virtual try-on and home try-on features to shop more conveniently.

Shop thousands of styles

Choose from more than 3,500 brand-name frames in the XP Health online store.

Contact Lens Savings

The XP Health contact lens discount is in addition to the frames and lenses discount, so members can take advantage of both. The program provides wholesale pricing for up to a 12-month supply of contacts.

Benefit	Member Cost/Coverage
Program Frequency	Exams and eyewear every 12 months
Online Prescription Renewal	$0
In-Network Comprehensive Vision Exam	$10
Out-of-Network Vision Exam	Up to $35 reimbursement
Frames	Up to 75% off retail on 3,500+ frames in the XP Health store
Single Vision, Bifocal, or Trifocal Lenses	$0
Progressive Lenses	$95
Contact Lenses	Wholesale pricing for up to a 12-month supply
In-Office Frame Discount	Up to 35% off retail

Employee Contributions

Bi-Weekly (26 times per year)

While health care costs continue to rise, Saint Joseph's University is committed to keeping costs manageable. The amount you pay is deducted from your paycheck before taxes. Your specific cost is determined by your plan choice and coverage tier.

Medical Plan Contributions

Coverage Level	HDHP Plan (Personal Choice HDHP)		HMO 25 (Keystone & AmeriHealth)	
	SJU Contributions	Employee Contributions	SJU Contributions	Employee Contributions
Employee Only	$378.28	$35.67	$400.49	$54.94
Employee + Spouse / Domestic Partner	$862.42	$117.90	$874.12	$204.44
Employee + Child(ren)	$688.20	$79.09	$698.71	$145.48
Family	$1,060.50	$181.36	$1,014.21	$352.12

Dental Plan Contributions

Coverage Level	Delta Dental PPO Plus Premier		DeltaCare DHMO (Pennsylvania & New Jersey)	
	SJU Contributions	Employee Contributions	SJU Contributions	Employee Contributions
Employee Only	$7.78	$9.10	$6.50	$0
Employee + Spouse / Domestic Partner	$12.23	$14.30	$11.30	$0
Employee + Child(ren)	$17.58	$20.56	$13.38	$0
Family	$25.33	$29.63	$20.77	$0

Vision Plan Contributions

Coverage Level	Davis Vision Plan	XP Health
Employee Only	$3.13	$3.49
Family	$6.29	$8.04

Flexible Spending Accounts

TRI-AD

Flexible spending accounts, or FSAs, provide you with an important tax advantage that can help you pay health care and dependent care expenses on a pre-tax basis. By anticipating your family's health care and dependent care costs for the next plan year, you can lower your taxable income.

Plan	Health Care FSA	Dependent Care FSA	Commuter
Who can participate?	Any employee except those in a HDHP with HSA	Any employee with eligible child(ren) and/ or elder care expenses	Any employee
Contribution	Up to $3,500/year	Up to $7,500/year	Up to $350/month
Rollover	2.5-month grace period	None	Yes
Eligible Expenses	Medical, Dental, & Vision out-of-pocket expenses like copays/ deductibles/coinsurance; OTC medications	Day care, before/after school care, summer camp for your child under age 13; elder care for a relative who lives in the home	Mass transit (bus, train, subway), qualified parking Tolls, taxis, gas – not eligible
When are funds available?	Full annual election is available as of first day participation	Can only access funds that have been deposited in your account	Can only access funds that have been deposited in your account

Use it or lose it

Keep in mind, FSAs are "**use-it-or-lose-it**" accounts. You will forfeit any unused amount remaining in the account at the end of the plan year.

The Health Care FSA can cover expenses incurred up to 2.5 months after the plan year ends (March 15, 2028). Claims can be submitted until April 30.

After this run-out period, any remaining balances from the prior year are forfeited.

Life and AD&D Insurance

Unum

Life and Accidental Death & Dismemberment (AD&D) insurance provides protection to those who depend on you financially, in the event of your death or an accident that results in death or serious injury. This coverage is provided through Unum.

Basic Life and Accidental Death & Dismemberment (AD&D) Insurance

Life insurance can help provide for your loved ones if something were to happen to you. Saint Joseph's University provides you with Life and AD&D Insurance. The University pays for the full cost of this benefit, with coverage effective on the first day of the month after 90 days of hire. You must be actively at work for your life insurance coverage to become effective. Enrollment is automatic – you don't have to do anything to receive this coverage.

Note: Life insurance above $50,000 will be considered taxable imputed income.

Basic Life/AD&D Insurance	
Eligibility Waiting Period	1st of the month after 90 days of hire
Benefit Amount	2.5 times your annual salary (rounded to the next higher multiple of 1,000) up to plan maximums
Age Reduction	Age 70: 65% Age 71 or older: 45%

Evidence of Insurability (EOI)

Evidence of insurability may be required if:

- You are buying an insurance amount higher than the guaranteed issue amount for your plan.
- You declined coverage when first eligible and wish to purchase additional coverage at open enrollment or after experiencing a qualifying life event.

For both the Basic Life/AD&D coverage and the Supplemental coverage, it is important to designate a beneficiary. In the event of your death, your designated beneficiary will receive the benefits from these insurance coverages.

Questions on either of these plans?
Call Unum at **866-679-3054**.

Voluntary Term Life and AD&D Insurance

While the University offers basic life insurance, some employees may be interested in additional coverage based off their personal circumstances. Depending on your needs, you may want to consider buying supplemental coverage.

With voluntary life insurance, you are responsible for paying the full cost of coverage through payroll deductions. You can purchase coverage for yourself, your spouse, or your dependent child(ren) as outlined in the chart below. You must be actively at work on the effective date of your coverage.

	Benefits	Guaranteed Issue
Employee	Up to $500,000 in $10,000 increments	$150,000
Spouse	Up to $100,000 in $5,000 increments	$25,000
Child(ren)	Up to $20,000 in $2,000 increments	N/A

Monthly Rate per $1,000 of Coverage		
Employee's Age	Employee Rates	Spouse Rates
0-29	$0.074	$0.065
30-34	$0.076	$0.065
35-39	$0.083	$0.070
40-44	$0.112	$0.094
45-49	$0.150	$0.122
50-54	$0.237	$0.195
55-59	$0.373	$0.313
60-64	$0.498	$0.473
65-69	$0.867	$0.822
70-74	$1.860	$1.763
75+	$2.075	$2.075
Child(ren) Rates	$0.115 no matter how many children are covered per $1,000 benefit	

Disability Benefits

Unum

In the event that you become disabled from a non-work-related injury or sickness, disability income benefits will provide a partial replacement of lost income. Saint Joseph's University's disability program through Unum will help to ensure that you still collect a part of your income until you can return to work or you reach retirement age. The University pays for the full cost of this benefit.

Disability coverage can help ensure you have money to pay for basic needs such as housing, utilities, food, transportation, childcare, and more.

	Short-Term	Long-Term
Eligibility Waiting Period	1st of the month after 90 days of hire	1st of the month after 90 days of hire
Benefit Percentage	60% of weekly earnings	60% of monthly earnings
When Benefits Begin	After 7 days of accident or illness	After 90 days of disability
Maximum Benefit Duration	90 days	Social Security Normal Retirement Age

Questions?

- Short/Long-term Disability, call Unum at **866-679-3054**.
- Leave of Absence questions, call Unum at **866-868-6737**.

Supplemental Plans

Unum

Saint Joseph's University is also offering supplemental plans to you and you family to learn more about these plans please see the link provided, **www.unum.com/employees** or call **(877) 225-2712.** Review the chart below to understand the Unum supplemental plan options.

Accident Insurance

Accident insurance supplements your primary medical plan by providing cash benefits in cases of accidental injuries. You can use this money to help pay for medical expenses not paid by your medical plan (such as your deductible or coinsurance) or for anything else (such as everyday living expenses). If you apply, you automatically receive the base plan — no health questions to answer. Benefits are paid directly to you (unless assigned to someone else) based on a schedule according to the covered injury or occurrence. You can purchase this plan through Unum.

You receive a cash benefit up to a specific amount for:

- Accidental death or dismemberment
- Dislocation or fracture
- Initial hospital confinement
- Intensive care
- Ambulance and other medical expenses
- Outpatient physician's treatment

Critical Illness

When a serious illness strikes, such as a heart attack, stroke, or cancer, critical illness insurance can provide a lump-sum benefit to cover out-of-pocket expenses for your treatments that are not covered by your medical plan. You can also use the money to take care of your everyday living expenses, such as housekeeping services, special transportation services, and daycare. Plus, you can use the benefits more than once. Diagnoses must be at least 12 months apart or the conditions can't be related to each other. You may elect a $15,000 or $30,000 benefit; children and spouses may receive up to 50% of your coverage amount (up to $7,500 or $15,000). You can purchase this coverage through Unum.

Examples of covered Critical Illnesses include:

- Heart attack
- End-stage renal (kidney) failure
- Coronary artery bypass
- Stroke
- Coma
- Major organ failure
- Cancer

Supplemental Plan Contributions

Accident Insurance: Bi-Weekly

Coverage Level	Unum Low Plan	Unum High Plan
Employee Only	$1.70	$3.17
Employee + Spouse	$3.53	$6.31
Employee + Child(ren)	$3.47	$6.41
Employee + Family (spouse and children up to age 26)	$5.30	$9.56

Critical Illness: Non-Tobacco Monthly

	Employee: $15,000; Spouse: $7,500; Child: $7,500		$30,000 Employee and $15,000 Spouse	
Age	Employee & Child(ren) Cost	Spouse Cost	Employee & Child(ren) Cost	Spouse Cost
<25	$2.55	$1.28	$5.10	$2.55
25 - 29	$3.15	$1.58	$6.30	$3.15
30 - 34	$3.60	$1.80	$7.20	$3.60
35 - 39	$4.35	$2.18	$8.70	$4.35
40 - 44	$8.55	$4.28	$17.10	$8.55
45 - 49	$15.45	$7.73	$30.90	$15.45
50 - 54	$17.55	$8.78	$35.10	$17.55
55 - 59	$22.50	$11.25	$45.00	$22.50
60 - 64	$29.40	$14.70	$58.80	$29.40
65 - 69	$29.70	$14.85	$59.40	$29.70
70 - 74	$44.10	$22.05	$88.20	$44.10
75 - 79	$44.10	$22.05	$88.20	$44.10
80 - 84	$44.10	$22.05	$88.20	$44.10
85+	$44.10	$22.05	$88.20	$44.10

Critical Illness: Tobacco Monthly

	Employee: $15,000; Spouse: $7,500; Child: $7,500		$30,000 Employee and $15,000 Spouse	
Age	Employee & Child(ren) Cost	Spouse Cost	Employee & Child(ren) Cost	Spouse Cost
<25	$4.50	$2.25	$9.00	$4.50
25 - 29	$5.40	$2.70	$10.80	$5.40
30 - 34	$6.15	$3.08	$12.30	$6.15
35 - 39	$7.50	$3.75	$15.00	$7.50
40 - 44	$15.15	$7.58	$30.30	$15.15
45 - 49	$25.50	$12.75	$51.00	$25.50
50 - 54	$29.25	$14.63	$58.50	$29.25
55 - 59	$37.35	$18.68	$74.70	$37.35
60 - 64	$49.05	$24.53	$98.10	$49.05
65 - 69	$49.65	$24.83	$99.30	$49.65
70 - 74	$73.20	$36.60	$146.40	$73.20
75 - 79	$73.20	$36.60	$146.40	$73.20
80 - 84	$73.20	$36.60	$146.40	$73.20
85+	$73.20	$36.60	$146.40	$73.20

Employee Assistance Program

Health Advocate

There are times when you cannot do it alone. With Health Advocate Employee Assistance, you don't have to.

Life can be unpredictable, and it's not always easy. So it's a big deal to know there's help available when you need it. That's what the Employee Assistance Program (EAP), provided by Health Advocate, is all about. This program is provided by Saint Joseph's University – at no cost to you.

With an EAP, you and your family household members have access to free, confidential resources to help handle life's everyday - and not so every day - challenges. All services are confidential, outcomes will not be shared, and the plan includes a total of 8 face-to-face or virtual visits with a mental health provider.

Whether you're interested in work/life resources, mental health assistance, or legal and financial advice, the EAP service can connect you and members of your household with a variety of professionals.

To get started, call **866-799-2728**, visit **HealthAdvocate.com/members** or email **answers@HealthAdvocate.com**.

Retirement Plan

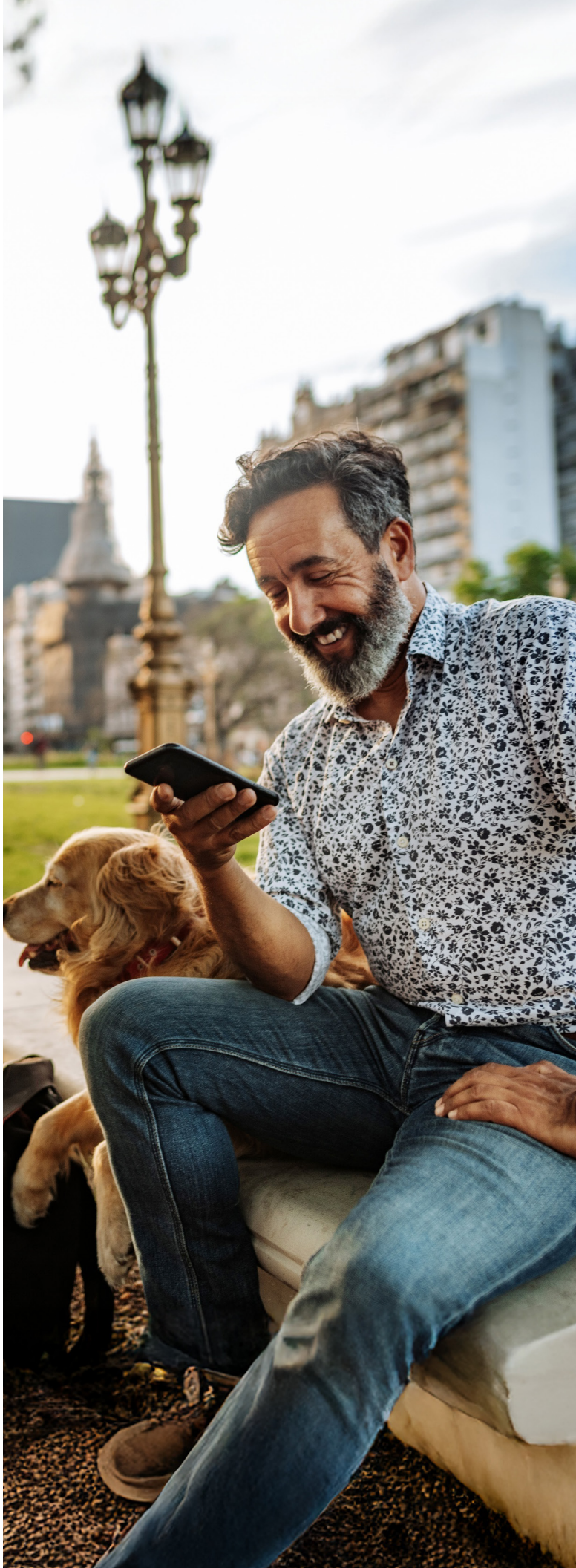
TIAA

Faculty and staff may contribute to the Saint Joseph's University 403(b) Retirement Plan on the first of the month after their hire date. The plan is administered by TIAA. Enrollment is completed online at **www.tiaa.org/sju**. Starting on the first day of the month following one year of service, full-time faculty and staff are eligible to receive University contributions to the plan.

The University will contribute 7% of the regular salary of each full-time faculty and staff member. In addition, the University will match the contribution of each eligible participant who has satisfied the one-year requirement, up to an additional 3%. Contribution changes, fund selections, and retirement plan beneficiary designations are completed on the TIAA site at **www.tiaa.org/sju**.

Faculty and staff hired after June 1, 2012 are subject to a three-year cliff vesting schedule. A three-year cliff vesting schedule means the participant is 0% vested after years one and two, and then 100% vested after completing 36 months of benefit-eligible service. Participants who were employed by a public or private educational institution offering a baccalaureate or advanced degree immediately preceding their full-time employment at the University (allowing no more than a 90-day break in employment and with no other employment in between) will be credited with their service at that institution for the purpose of vesting. Vesting only applies to University contributions, including matching contributions. All monies that a participant contributes to the plan are fully vested.

In addition to the 403(b) Plan, the University makes available a Section 457(b) Deferred Compensation Plan that allows eligible faculty and staff to make elective, tax- deferred contributions above the limits imposed on the University's regular plan.



Additional Benefits

Prepaid Legal Services

With the MetLife Legal Plan, you and your eligible dependents have access to a wide range of personal legal services for both routine and unexpected situations. The plan eliminates the hassle of hourly fees and claim forms when working with a network attorney, and you can use the services as often as needed without any limitations.

You have more than 10,000 plan attorneys from which to choose to represent you on a variety of covered legal matters, including (but not limited to):

- Estate planning documents
- Consumer protection
- Defense of civil lawsuits
- Immigration assistance
- Financial matters
- Identity theft issues
- Family law
- Document preparation
- Real estate matters
- Traffic matters

Coverage Level	MetLife Legal Plan
All coverage levels	$10.62

Identity Theft Protection

Identity theft is becoming increasingly common. Allstate Identity Protection keeps an eye on billions of public records to identify any unusual activity that could indicate identity theft. Their credit monitoring service notifies you of important updates to your credit report or suspicious transactions on your credit cards. If you or a covered family member fall victim to identity theft, dedicated specialists will take charge of your case and work to restore your identity completely.

- Dark web monitoring
- Solicitation reduction
- Data breach notification
- High-risk transaction monitoring
- Credit alerts and credit freezing
- Full-service remediation
- 24/7 US-based customer support

Coverage Level	Allstate Plan
Employee Only	$3.67
Family	$6.44

Benefits Member Advocacy Center (MAC)

Conner Strong & Buckelew

The Benefits Member Advocacy Center (Benefits MAC), provided by Conner Strong & Buckelew, can help you and your covered family members navigate your benefits. Contact the Benefits MAC to:

- Find answers to your benefits questions
- Search for participating network providers
- Clarify information received from a provider or your insurance company, such as a bill, claim, or explanation of benefits (EOB)
- Guide you through the enrollment process or how you can add or delete coverage for a dependent
- Rescue you from a benefits problem you've been working on
- Discover all that your benefit plans have to offer

You can contact a Member Advocate Monday through Friday, 8:30 am to 5:00 pm EST at **800.563.9929** or go to **www.connerstrong.com/memberadvocacy** and complete the fields.

Exploring your Medicare options?

Medicare enrollment can be tricky - get help from a specialist.

You can contact Saratoga Medicare Advisors at **856-263-3152**, email Bill Webb at **bwebb@saratogabenefits.com**, or visit **www.saratogamedicareadvisors.com** for more information.

Saratoga
MEDICARE ADVISORS
Medicare. Simplified.

Value-Added Services

Conner Strong & Buckelew

Benefit Perks

This feature provides a broad array of services, discounts and special deals on consumer services, travel services, recreational services, and much more. Simply access the site, register, and you can begin using today.

For more information, visit **https://connerstrong.corestream.com**

Husk

Save money and achieve your fitness goals! Choose from over 10,000 gyms including national chains, regional chains, and local gyms.

Save with Husk Lowest Price Guarantee
Enrolling is easy! Husk handles all inquiries, enrollments, etc. No paperwork, no payroll deductions, and no hassle! Start by moving! Once you enroll, you can start by noon the next day!

For more information, visit **https://marketplace.huskwellness.com/connerstrong**

GoodRx

This services offers an easy way to compare prices for all FDA-approved prescription drugs at virtually every pharmacy in America. You can find pharmacy coupons, manufacturer discounts, generics, comparable drug choices, and savings tips all in one place. GoodRx can often beat the copay amount or help with drugs that are not covered by the plan.

For more information, visit **https://connerstrong.goodrx.com**

HealthyLearn

This resource covers over a thousand health and wellness topics in a simple, straightforward manner. The HealthyLearn On-Demand Library features all the health information you need to be well and stay well.

For more information, visit **www.healthylearn.com/connerstrong**

Benefit Contacts

Coverage Type	Carrier Name	Phone	Website/Email
Medical	Independence Blue Cross	833-485-2400	Ibx.com
Prescription Drug	CVS Caremark	833-775-1425	caremark.com
Telemedicine	Teladoc Health	800-835-2362	Teladochealth.com
Dental	Delta Dental	**PPO:** 800-932-0783 **DHMO:** 800-422-4234	Deltadentalins.com
Vision	Davis Vision	800-999-5431	davisvision.com
Accident/Critical Illness	Unum	877-225-2712	services.unum.com
Life/Disability	Unum	**Life/AD&D & LTD/STD:** 866-679-3054 **LOA:** 866-868-6737	unum.com
Flexible Spending Accounts	TRI-AD	888-844-1372	www.tri-ad.com/ flexmail@tri-ad.com
Retirement	TIAA	800-842-2252	tiaa.org/public/tcm/sju
Employee Assistance Program (EAP)	Health Advocate	866-799-2728	HealthAdvocate.com/members answers@HealthAdvocate.com
Legal Plan	MetLife Legal Plans	800-821-6400	Info.legalplans.com
ID Theft	Allstate Identity Protection	800-789-2720	Myaip.com
Benefits MAC	Conner Strong & Buckelew	800.563.9929	connerstrong.com/memberadvocacy
Office of Human Resources	–	610-660-1290	humanresources@sju.edu benefits@sju.edu **Benefits Ticket**

Glossary of Benefit Terms

Balance Billing– Balance billing, sometimes called surprised billing, is a medical bill from a healthcare provider billing a patient for the difference between the total cost of services being charged and the amount the insurance pays.

Beneficiary– The person you designate to receive your life insurance proceeds in the event of your death.

Coinsurance– The amount or percentage that you pay for certain covered health care services under your health plan. This is typically the amount paid after a deductible is met, and can vary based on the plan design.

High Deductible Health Plan (HDHP)- A type of health insurance that has lower monthly premiums but higher out-of-pocket costs for medical care. This means you'll pay more upfront for services until you meet your deductible, though preventive care is usually covered at no cost. HDHPs can be paired with a Health Savings Account (HSA), which lets you set aside pre-tax money to help pay for qualified healthcare expenses.

Copayment – A flat fee that you pay toward the cost of covered medical services.

Covered Expenses – Health care expenses that are covered under your health plan.

Deductible – A specific dollar amount you pay out of pocket before benefits are available through a health plan. Under some plans, the deductible is waived for certain services.

Dependent – Individuals who meet eligibility requirements under a health plan and are enrolled to receive benefits from the plan as a qualified dependent.

Flexible Spending Account (FSA) – An account that allows you to save tax-free dollars for qualified medical and/or dependent care expenses that are not reimbursed. You determine how much you want to contribute to the FSA at the beginning of the plan year. Most funds must be used by the end of the year, as there is only a limited carryover amount.

Health Management Organization (HMO) – A type of health insurance plan that usually limits coverage to care from doctors who work for or contract within a specified network. Premiums are paid monthly, and a small copay is due for each office visit and hospital stay. HMOs require that you select a primary care physician who is responsible for managing and coordinating all of your health care.

Health Savings Account (HSA) – An employee-owned medical savings account used to pay for eligible medical expenses. Funds contributed to the account are pre-tax and do not have to be used within a specified time period. HSAs must be coupled with qualified high-deductible health plans (HDHP).

In-network – Health care received from your primary care physician or from a specialist within an outlined list of health care practitioners.

Inpatient – A person who is treated as a registered patient in a hospital or other health care facility.

Medicare – An insurance program administered by the federal government to provide health coverage to individuals aged 65 and older, or who have certain disabilities or illnesses.

Member – You and those covered become members when you enroll in a health plan. This includes eligible employees, their dependents, COBRA beneficiaries and surviving spouses.

Out-of-network – Health care you receive without a physician referral, or services received by a non-network service provider. Out-of-network health care and plan payments are subject to deductibles and coinsurance.

Out-of-pocket Expense – Amount that you must pay toward the cost of health care services. This includes deductibles, copayments and coinsurance.

Out-of-pocket Maximum (OOPM) – The highest out-of-pocket amount that you can be required to pay for covered services during a benefit period.

Preferred Provider Organization (PPO) – A health plan that offers both in-network and out-of-network benefits. Members must choose one of the in-network providers or facilities to receive the highest level of benefits.

Notes

SJU Saint Joseph's University

While every effort has been made to ensure accuracy of this benefits guide, the plan documents and contracts will prevail in case of discrepancy between this guide and the plan documents and contracts. In addition, Saint Joseph's University reserves the right to modify or terminate any benefit plans at any time.

Click **HERE** or scan the QR code to access legal and compliance notices.