

2020



Benefits Guide – Eligible Adjuncts



FOCUSING ON YOUR HEALTH

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Annual Enrollment for 2020 is here, and we want to update you on the benefit programs offered to eligible Adjuncts: Refer to 2019-2021 Collective Bargaining Agreement, Article 16 (page 23) for eligibility guidelines for each benefit coverage.

Please take a close look at all the information in this guide. For a more detailed benefit description, please visit the Benefits page of the Human Resources website at <https://www.lesley.edu/faculty-staff/human-resources/benefits>.

Annual Enrollment is the period when we introduce new benefits and/or changes to existing plans for the upcoming year. In addition, employees may enroll in coverage, terminate coverage or change their elections under certain benefit programs.

Important Notes about Annual Enrollment

- Annual Enrollment Period is **Thursday, December 12, 2019 through Thursday, December 19, 2019**. All benefit changes made during this period will become effective January 1, 2020.
- **Employees participating in the dependent care FSA must complete a new election form each year as elections do not continue into the new plan year.**



Please see the Enrollment section on Page 15 for detailed information on how to enroll in benefits or change your enrollment.

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Your health and wellbeing are priorities at Lesley. We offer Tufts Health Plans to ensure you and your eligible dependents have access to quality health care.

Back in 2019, Lesley joined edHealth, a consortium of regional colleges and universities who got together to identify ways to slow the rising cost of medical insurance.

For 2020, you will continue to have the choice of four health plan options through Tufts Health Plan.

You do not have to do anything to maintain your current medical coverage. If you wish to change plans for 2020, you must do so during open enrollment

Lesley offers the following health plans (see the plan comparison chart on [Page 5](#) or benefit summaries for more details):



- **Tufts HMO Value Plan:** This Health Maintenance Organization (HMO) plan requires the use of in-network providers. There is only urgent and emergency care for services received from non-network providers. There are no deductibles for medical services. Preventive care is covered in-full.
- **Tufts Advantage HMO Plan:** This plan has a lower monthly premium than the HMO Value Plan and is subject to an annual deductible of \$500 for Employee coverage and \$1,000 for Employee plus One or Family coverage. Preventive care is covered in-full.
- **Tufts HMO Saver Plan:** This plan has the lowest monthly premium and is subject to an annual deductible of \$1,500 for Employee coverage and \$3,000 for Employee plus One or Family coverage. Everything except preventive care is subject to the deductible on this plan. After the deductible has been met, members pay 35% coinsurance (or copayments for prescriptions) up to the annual out-of-pocket maximum. You also have the ability to make pre-tax contributions to your Health Savings Account, in addition to the amount that Lesley contributes. Preventive care is covered in-full.
- **Tufts CareLink PPO Plan:** This Preferred Provider Organization (PPO) plan gives you the option of using either in-network or out-of-network benefits. Employee costs are lower when using in-network or "preferred" providers. You do not have to select a primary care physician, or obtain a referral. The plan also has a deductible for medical services which must be met before benefits become payable. Preventive care is covered in-full.

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Plan Comparison Chart

	Tufts HMO Value Plan – edH	Tufts Advantage HMO Plan – edH	Tufts HMO Saver Plan – edH	Tufts CareLink PPO Plan		
				In-Network ²	Out-of-Network ²	
Calendar-Year Deductible			(*Includes Rx)			
<ul style="list-style-type: none">EmployeeEmployee plus OneFamily	N/A N/A N/A	\$500 \$1,000 \$1,000	\$1,500 \$3,000 \$3,000	N/A N/A N/A	\$750 \$1,500 \$1,500	
Out-of-Pocket Maximum (Medical & Rx)						
<ul style="list-style-type: none">EmployeeEmployee plus OneFamily	\$2,500 \$5,000 \$5,000	\$2,500 \$5,000 \$5,000	\$4,500 \$9,000 \$9,000	\$2,500 \$5,000 \$5,000	\$2,500 \$5,000 \$5,000	
Doctor's Office Visits					20% after ded.	
<ul style="list-style-type: none">Primary care(PCP)Specialist	\$25 \$25	\$25 \$25	35% after ded.	\$25 \$25		
Preventive Care	covered in full	covered in full	covered in full	covered in full		
X-rays, Lab Work, Etc.	covered in full	covered in full after ded.	35% after ded.	covered in full		
Hi-Tech Imaging (MRI, PET/CT Scan)	\$75 per visit, max of 2	\$75 per visit, max of 2	35% after ded.	\$75 per visit, max of 2		
Emergency Room	\$150 waived if admitted	\$150 waived if admitted	35% after ded.	\$150 waived if admitted	\$150 waived if admitted	
Outpatient Surgery	\$150	covered in full	35% after ded.	\$150	20% after ded.	
Inpatient Hospital Care	\$250	covered in full	35% after ded.	\$250		
Prescription Drugs						
Retail	30-day supply after Rx ded.	30-day supply after Rx ded.	30-day supply after ded.	30-day supply after Rx ded.	Not covered	
<ul style="list-style-type: none">GenericPreferred BrandNon-Preferred Brand	\$15 \$30 \$50	\$15 \$30 \$50	\$15 \$30 \$50	\$15 \$30 \$50		
Mail Order	90-day supply after Rx ded.	90-day supply after Rx ded.	90-day supply after ded.	90-day supply after Rx ded.		Not covered
<ul style="list-style-type: none">GenericPreferred BrandNon-Preferred Brand	\$30 \$60 \$150	\$30 \$60 \$150	\$30 \$60 \$150	\$30 \$60 \$150		

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	Tufts HMO Value Plan	Tufts Advantage HMO Plan	Tufts Advantage HMO Saver Plan	Tufts CareLink PPO Plan	
				In-Area ²	Out-of-Area ²
Monthly Rates:					
• Employee	\$222.76	\$211.86	\$96.70	\$274.04	\$228.38
• Employee plus One	\$490.06	\$466.16	\$222.00	\$593.78	\$502.44
• Family	\$801.92	\$762.76	\$387.36	\$959.18	\$822.16
Biweekly Rates:					
• Employee	\$111.38	\$105.93	\$48.35	\$137.02	\$114.19
• Employee plus One	\$245.03	\$233.08	\$111.00	\$296.89	\$251.22
• Family	\$400.96	\$381.38	\$193.68	\$479.59	\$411.08

¹ These rates apply to employees working 28 hours or more per week. Rates for part-time employees can be found on the Human Resources web site. ² This refers to whether you live within or outside of the HMO service area.



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The Health Savings Account (HSA) is a special, tax-advantaged savings account available only to participants in the HMO Saver Plan. You can use your HSA to offset out-of-pocket health care costs during the plan year, or save it for the future.

An HSA is similar in some ways to a 403(b) plan, but with some important differences. Here are the key features:

- **A triple tax advantage.** Like 403(b) contributions, HSA money is tax-free when it enters the account and as it grows through investment earnings. But unlike a 403(b) balance, HSAs offer a third tax advantage: money remains tax free when it is withdrawn — as long as you use it to pay eligible health care expenses (refer to [Page 8](#) for more information).
- **Immediate ownership.** All contributions to your HSA, including contributions from Lesley University, are immediately yours to keep.
- **No risk of forfeiture.** Any unused amount at the end of a plan year rolls over to the next year. Unlike FSAs, there is no “use it or lose it” rule.
- **Portability.** If you change plans, retire or leave the University for any reason, you keep your account balance.
- **Investment options.** Once you reach a certain balance in your HSA, you can choose from the account’s options for investing your balance. Interest and investment earnings are also tax-free.
- **Easy withdrawals.** Your HSA is your own personal account. Unlike an FSA, you do not have to file a claim for reimbursement.
- **Mutually exclusive.** You can not be enrolled in an HSA and an FSA during the same plan year.

Contributions

For anyone enrolled in the HMO Saver plan in 2020, the University will make a contribution of \$500 (Employee) and \$1,000 (Employee Plus One and Family) to your Health Savings Account.

In addition, you can make optional contributions to an HSA. The maximum annual pre-tax amount you and Lesley University combined can contribute to your account is determined by the IRS, as follows:

Coverage Level	IRS Combined Maximum for 2020	Lesley Contribution	Amount You Can Contribute*
Employee Only	\$3,550	\$500 (Lesley contribution)	\$3,050 (max you can contribute)
Employee Plus One or Family	\$7,100	\$1,000 (Lesley contribution)	\$6,100 (max you can contribute)

* If you are age 55 or older, you can make an additional catch-up contribution of up to \$1,000 per year.

Note: These amounts are prorated based on the average number of hours worked per week for those who are less than full-time employees.

If you are hired during the plan year, contributions from the University are prorated.

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Important Rules

Certain rules apply if you want to participate in an HSA:

- You may not have any other health coverage (e.g., coverage from a parent or spouse) while you are making contributions to an HSA (or while the University is making contributions on your behalf).
- You cannot have an active health care FSA.

Eligible Expenses

The IRS determines what expenses qualify for reimbursement from an HSA. Eligible expenses include:

- Deductibles and coinsurance
- Prescribed medications
- Mental health specialist visits and prescriptions
- Chiropractor, acupuncture, X-rays
- Dental cleaning, sealants, fluoride treatments, extractions, orthodontia
- Eye exams, contact lenses, eyeglasses, eye surgery

See these IRS Publications for information about eligible HSA expenses:

- 502 – <http://www.irs.gov/pub/irs-pdf/p502.pdf>
- 969 – <http://www.irs.gov/pub/irs-pdf/p969.pdf>

Hassle-Free Withdrawals

When you enroll in the HSA, you will receive a debit card from Health Equity, a Tufts Health Plan partner, which will allow you to use your HSA funds at health care providers and vendors that accept debit cards.

You may also have Health Equity directly pay a provider or request reimbursement for expenses you paid out of pocket through the Health Equity online system.



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Remember to re-enroll in Flexible Spending Accounts (FSA) each year to ensure coverage

FSAs are a great way to save because they let you set aside pre-tax dollars out of your pay — up to \$5,000 annually for dependent care expenses.

An employee can elect an annual amount to set aside on a pre-tax basis. Deductions are taken out of each paycheck.

Participation in FSAs requires a new enrollment form each plan year because your current benefit election does not automatically carry over into the next plan year. **You need to actively re-enroll into the FSA each year.**

The new plan year will run from January 1, 2020, through December 31, 2020.

Be sure to estimate your expenses carefully because you will forfeit any unused funds if the expenses are not incurred during the coverage period.

For additional information, please visit the Human Resources web site or visit www.wageworks.com.

FSA Savings Example: \$30,000 annual salary | 28% tax bracket | \$1,800 annual dependent care expense

Without a Flexible Spending Account:	
Annual wages:	\$30,000
Taxes (28% of \$30,000):	-\$8,400
Net (after taxes):	\$21,600
Dependent Care expense:	-\$1,800
Net after Dependent Care expense:	\$19,800

With a Flexible Spending Account:	
Annual wages:	\$30,000
Pre-tax Dependent Care expense:	-\$1,800
Net after Dependent Care deduction:	\$28,200
Taxes (28% of \$28,200):	-\$7,896
Net after taxes:	\$20,304

\$504 more in take-home pay due to reduced taxes! And this example only accounts for Federal Income Tax savings. There is an additional 7.65% that comes from FICA plus any applicable State Income Tax savings.

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Dental Insurance

Delta Dental gives you plenty of reasons to smile.

Everyone deserves a healthy smile. That's why dental insurance through Delta Dental is available to all eligible employees and their eligible dependents. Two plans are available, Delta PPO Plus Premier and Delta Care.

- **The Delta PPO Plus Premier Plan** consists of a robust national provider network that covers preventive and diagnostic care, basic services and major restorative services. The full Delta Premier network is available to members of the PPO Plus Plan. However, you have the opportunity to lower your costs by utilizing a dental provider that is part of the Delta Dental PPO network. This plan covers preventive and diagnostic services at 100% with no deductible. Otherwise, services are covered at 80% (minor restorative) or 50% (major restorative) after a \$50 deductible (per member) up to an annual benefit maximum of **\$1,500 per member (increased amount for 2020)**. Orthodontia is not covered under this plan.
- **The Delta Care Plan** covers these same services, except offers a smaller provider network. In-network services are covered at a much higher level compared to out-of-network services. You and your covered family members are required to select and designate a Primary Care Dentist with Delta Dental before you can receive services. The plan then has a \$100 deductible for out-of-network care only. Otherwise, services are covered in accordance with a predetermined fee schedule (available on the Lesley HR web site) up to an annual benefit maximum of \$1,000 (per member). This plan does cover orthodontia.

Employees participating in the dental insurance program are responsible for paying the premium shown in the table to the right. **Premium payment amounts did not increase for 2020.**

Dental Premiums

Coverage	Delta PPO Plus Premier		DeltaCare	
	Monthly Rates	Biweekly Rates	Monthly Rates	Biweekly Rates
Employee	\$43.90	\$21.95	\$22.42	\$11.21
Family	\$133.06	\$66.53	\$71.70	\$35.85

Vision Insurance

Better vision is just a blink away when you take part in either of the two voluntary vision insurance programs from EyeMed.

The **High Option** covers materials-only with a \$25 copay on lenses every 12 months, \$140 allowance on frames every 24 months and a \$155 allowance on contacts every 12 months (in lieu of glasses).

The **Medium Option** covers exams and materials with a \$10 copay for exams every 12 months, \$25 copay on lenses every 12 months, \$120 allowance on frames every 24 months and a \$135 allowance on contacts every 12 months (in lieu of glasses).

Employees participating in the vision insurance program are responsible for paying the premium shown below: **Premium payment amounts did not increase for 2020.**

Vision Premiums

Coverage	Medium Eye + Materials		High Materials Only	
	Monthly Rates	Biweekly Rates	Monthly Rates	Biweekly Rates
Employee	\$5.68	\$2.84	\$6.56	\$3.28
Employee + 1	\$10.80	\$5.40	\$12.44	\$6.22
Family	\$15.84	\$7.92	\$18.24	\$9.12

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Life and AD&D Insurance should be an important part of your financial planning to help protect you and your family when it's needed most.

While no one likes to think about it, planning for your family's financial security in the event of your death, sickness or serious injury is one of the greatest gifts you can give to your loved ones. The University is pleased to continue to offer Basic Life and Disability Insurance at **no cost to you**. The Life/AD&D Insurance programs are offered through Unum (new carrier for 2020).

- **Employee Basic Life Insurance:** Lesley provides a benefit of one times the employee's salary to a maximum benefit of \$250,000, subject to an age-reduction schedule that begins at age 65. Lesley pays 100% of the premium for eligible participants. In addition, the University offers employees the option of purchasing additional Voluntary Life Insurance for you and your dependents subject to medical underwriting if over the guaranteed issue amount.
- **Employee Supplemental Life Insurance:** increments of \$10,000 to the lesser of 3 x annual earnings or \$500,000. Guarantee Issue is 3 x annual earnings or \$200,00. Premiums are based on the employee's age.
- **Spousal Life Insurance:** increments of \$10,000 to the lesser of 50% of employee amount or \$250,000. Guarantee Issue is \$30,000. Premiums are based on the employee's age.
- **Dependent Life Insurance:** Coverage for Birth to 6 Months is \$500; 6mos to age 19 or 26 if FT Student is the lesser of 50% of employee amount or \$10,000. Guarantee Issue is \$10,000..

Supplemental Life Insurance Premium Rates*

Employee/Spouse Age Categories	Employee/Spouse Age Categories
Younger than 25	\$0.05
25-29	\$0.06
30-34	\$0.08
35-39	\$0.09
40-44	\$0.10
45-49	\$0.15
50-54	\$0.23
55-59	\$0.43
60-64	\$0.64
65-69	\$1.14
70+	\$1.85
Dependent Life Insurance	Monthly Rates
\$10,000 coverage option	\$1.80

* Per \$1,000 unit for employee / spouse.

- **Supplemental Employee / Dependent AD&D Insurance:** . Follows Supplemental Life schedule of benefits.
 - Employee Rate: \$0.025/\$1,000 of Coverage
 - Family Rate: \$0.04/\$1,000 of Coverage

Beneficiary Designation

You should review your beneficiary designations annually. You may obtain a new beneficiary form on the Human Resources website at <https://www.lesley.edu/faculty-staff/human-resources/forms>.

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Long-Term Disability Insurance (LTD)

No one plans on becoming disabled. But if the unexpected happens, you are covered; Lesley pays 100% of the premium for this benefit.

Disability Insurance provides important protection should you become disabled and unable to work. The Monthly Income Benefit is equal to 60% of the employee's monthly base wage, not to exceed a benefit of \$9,000 per month. Benefits under this program may begin after a waiting period of 90 days.

Eligibility and enrollment in this plan is automatic and begins the first of the month following your date of hire. Long-Term Disability Insurance is provided through Unum (new carrier for 2020).

Long-Term Care (LTC)*

LTC insurance is a voluntary insurance benefit available to eligible employees through Genworth Life Insurance Company. Long-Term Care offers financial protection if you or another insured family member requires long-term care services. It helps pay for covered long-term care expenses whether services are received at home, in the community or in a nursing facility. You have several benefit options to choose from. For more information on LTC through Genworth, visit the Lesley Human Resources benefits website at <https://www.lesley.edu/faculty-staff/human-resources/benefits> and www.genworth.com/groupltc

(Group ID: **lesleyu** and Access code: **groupltc**) to enroll.

* If you have a Unum LTC policy, you may keep your policy until you choose to cancel it. Unum is no longer our primary LTC insurance provider, and no longer offers new policies. However, Unum policyholders may apply for additional coverage with Genworth.



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In addition to the core benefit plans, employees can access the following benefit programs at no additional cost.

Employee Assistance Program (EAP)

- Lesley University's Employee Assistance Program, administered by UNUM, provides a variety of services, such as:

**Childcare Services | Eldercare Services |
Financial Services | Legal Services**

- **Additional Key Features also include:**
 - Medical Bill Saver™ service that can help negotiate out-of-pocket medical and dental expenses over \$400.
 - 24/7 access to master's level staff clinicians for information, assessment, short-term problem resolution and referrals.
 - Up to 3 face-to-face counseling sessions. Sessions are conducted by a network of qualified EAP consultants.
 - In lieu of face to face sessions, UNUM offers HIPAA compliant video counseling sessions for those in rural communities, those with transportation concerns, or those that may prefer the use of technology to receive the service.
 - UNUM provides access to a national network of over 60,000 licensed EAP affiliates. All EAP providers have a master's degree or higher with state licensure.

Health Club

To encourage you to get fit and stay healthy, Tufts Health Plan members can save on fitness center fees:

- \$150 reimbursement on your fitness center membership once a year.
- When you join a fitness center in Tufts Health Plan network, save 20% on one-year memberships and pay no initiation fee.
- Save 50% when you join a participating New England Curves club.
- Save 10% on a personal training package at Fitness Together and get a free fitness evaluation.
- Pay a small copayment of \$3–\$6 for each visit up to five visits a month at a fitness center in the Tufts Health Plan network.

UNUM Worldwide Assist

Medical consultation, evaluation and referral - The operations center is staffed 24/7 by certified personnel who can evaluate, troubleshoot and make immediate recommendations for any emergency situation.

Hospital Admission Assistance – UNUM's provider will assist with hospital admission outside the U.S. by validating health coverage or advancing funds to the hospital.

Emergency Medical Evacuation - If you become ill or injured in an area where appropriate care is not available, you will be evacuated to the nearest facility that meets UNUM's standards. And the full cost, including medical treatment in transport, is paid by Assist America.

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When you have questions, we're here to help!

Contact the providers listed below or Lesley University's Human Resources at hr@lesley.edu.

When You Have Questions About	Provider	Phone Number	Website
Dental Insurance	Delta Dental	1-800-872-0500 (Delta Dental PPO Plus Premier) 1-800-327-6277 (DeltaCare)	www.deltamass.com
Flexible Spending/Transit Reimbursement Accounts	WageWorks	1-877-924-3967	www.wageworks.com
Health Insurance	Tufts Health Plan	1-800-462-0224	www.tuftshealthplan.com
Health Savings Account	Health Equity	1-866-346-5800	www.healthequity.com
Lesley University Benefits	Human Resources	1-617-349-8787	https://www.lesley.edu/faculty-staff/human-resources/benefits
Life/AD&D/LTD	UNUM	1-866-679-3054	www.unum.com
Long-Term Care	UNUM Genworth	1-800-227-4165 1-800-416-3624	www.unum.com https://www.genworth.com/groupltc
Retirement Plan	TIAA	1-800-842-2252	www.tiaa.org/lesley
Rx Mail Order	OptumRx	1-855-546-3439	www.optumrx.com
Vision Insurance	EyeMed	1-866-939-3633	www.eyemedvisioncare.com
529 College Savings Plan	ScholarShare 529 Savings Plan	Jennifer Benson, jabenson@tiaa.org , 510-907-2601	www.ScholarShare.com

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Enrollment Period

As a reminder, employees should carefully select benefit plan elections as changes are not permitted after the Annual Enrollment period unless an employee experiences a qualifying event (e.g., marriage, divorce, birth, adoption, etc.)

Select enrollment forms and benefit plan information will be available online on the Human Resources website. Additional benefit material, including provider directories, will be available in Human Resources or the respective provider's website.

You can access a new Summary of Benefits and Coverage (SBC) document by contacting the Human Resources website. This SBC is a disclosure required by the Affordable Care Act, and details how commonly used health services are covered by the medical plan.

All plan enrollments and/or changes to current plan elections must be completed and returned to Human Resources at hr@lesley.edu by **Thursday, December 19, 2019**. Forms can be submitted electronically via the Dynamic Forms system. Changes made during the Annual Enrollment period will become effective January 1, 2020.

As a reminder, you will need to make an election for the Dependent Care FSA plans, otherwise you will not have coverage in 2020.

Questions? Please contact Human Resources at: hr@lesley.edu.



Note: Changes made to your 403(b) Retirement Plan deferral can be made at any time during the year by submitting a Salary Deferral Agreement (SDA) to Human Resources. These changes become effective on the pay period after the change is processed, depending on the date the SDA is received.

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Special Enrollment Notice

Lesley University will allow a special enrollment opportunity if you or your eligible dependents either:

- Lose Medicaid or Children's Health Insurance Program (CHIP) coverage because you are no longer eligible, or
- Become eligible for a state's premium assistance program under Medicaid or CHIP

For these enrollment opportunities, you will have 60 days – instead of 30 – from the date of the Medicaid/CHIP eligibility change to request enrollment in the Lesley University group health plan. Note that this new 60-day extension doesn't apply to enrollment opportunities other than those due to the Medicaid/CHIP eligibility change.

Newborns' Act Disclosure

Group health plans and health insurance issuers generally may not, under Federal law, restrict benefits for any hospital length of stay in connection with childbirth for the mother or newborn child to less than 48 hours following a vaginal delivery, or less than 96 hours following a cesarean section. However, Federal law generally does not prohibit the mother's or newborn's attending provider, after consulting with the mother, from discharging the mother or her newborn earlier than 48 hours (or 96 hours as applicable). In any case, plans and issuers may not, under Federal law, require that a provider obtain authorization from the plan or the insurance issuer for prescribing a length of stay not in excess of 48 hours (or 96 hours).

WHCRA Notice

Do you know that your plan, as required by the Women's Health and Cancer Rights Act of 1998, provides benefits for mastectomy-related services including all stages of reconstruction and surgery to achieve symmetry between the breasts, prostheses, and complications resulting from a mastectomy, including lymphedema? Contact Human Resources at hr@lesley.edu for more information.

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Active Employees****Important notice from Lesley University about
creditable prescription drug coverage and
Medicare**

The purpose of this notice is to advise you that the prescription drug coverage listed below under the Lesley University medical plans is expected to pay out, on average, at least as much as the standard Medicare prescription drug coverage will pay in 2020. This is known as “creditable coverage.”

Why this is Important

If you or your covered dependent(s) are enrolled in any prescription drug coverage during 2020 listed in this notice and are (or become) covered by Medicare, you may decide to enroll in a Medicare prescription drug plan later and not be subject to a late enrollment penalty – as long as you had creditable coverage within 63 days of your Medicare prescription drug plan enrollment. You should keep this notice with your important records.

If you or your family members are not currently covered by Medicare and won't become covered by Medicare in the next 12 months, this notice does not apply to you.

Please read the notice below carefully. It has information about prescription drug coverage with Lesley University and prescription drug coverage available for people with Medicare. It also tells you where to find more information to help you make decisions about your prescription drug coverage.

Notice of creditable coverage

You may have heard about Medicare's prescription drug coverage (called Part D), and wondered how it would affect you. Prescription drug coverage is available to everyone with Medicare through Medicare prescription drug plans. All Medicare prescription drug plans provide at least a standard level of coverage set by Medicare. Some plans also offer more coverage for a higher monthly premium.

Individuals can enroll in a Medicare prescription drug plan when they first become eligible, and each year from October 15 through December 7. Individuals leaving employer/union coverage may be eligible for a Medicare Special Enrollment Period.

If you are covered by Lesley University's prescription drug plans listed below, you'll be interested to know that coverage is, on average, at least as good as standard Medicare prescription drug coverage for 2020. This is called creditable coverage. Coverage under these plans will help you avoid a late Part D enrollment penalty if you are or become eligible for Medicare but decide to enroll in a Medicare prescription drug plan later.

Lesley University plans:

- Tufts Healthcare HMO Plan
- Tufts Healthcare Advantage HMO Plan
- Tufts Healthcare Advantage HMO Saver Plan
- Tufts Healthcare PPO Plan

If you decide to enroll in a Medicare prescription drug plan and you are an active employee or family member of an active employee, you may also continue your employer coverage. In this case, the employer plan will continue to pay primary or secondary as it had before you enrolled in a Medicare prescription drug plan. If you waive or drop Lesley University coverage, Medicare will be your only payer. You can re-enroll in the employer plan at annual enrollment or if you have a qualifying life event recognized by the Lesley University medical plans. *(continued next page)*

Premium Assistance Under Medicaid and the Children's Health Insurance Program (CHIP)

Important Notes

Health Insurance

Health Savings Accounts

Flexible Spending Accounts

Dental & Vision Insurance

Life / AD&D Insurance

LTD / LTC Insurance

Other Employee Benefits

Important Contacts

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If you or your children are eligible for Medicaid or CHIP and you're eligible for health coverage from your employer, your state may have a premium assistance program that can help pay for coverage, using funds from their Medicaid or CHIP programs. If you or your children aren't eligible for Medicaid or CHIP, you won't be eligible for these premium assistance programs but you may be able to buy individual insurance coverage through the Health Insurance Marketplace. For more information, visit www.healthcare.gov.

If you or your dependents are already enrolled in Medicaid or CHIP and you live in a State listed below, contact your State Medicaid or CHIP office to find out if premium assistance is available.

If you or your dependents are NOT currently enrolled in Medicaid or CHIP, and you think you or any of your dependents might be eligible for either of these programs, contact your State Medicaid or CHIP office or dial **1-877-KIDS NOW** or www.insurekidsnow.gov to find out how to apply. If you qualify, ask your state if it has a program that might help you pay the premiums for an employer-sponsored plan.

If you or your dependents are eligible for premium assistance under Medicaid or CHIP, as well as eligible under your employer plan, your employer must allow you to enroll in your employer plan if you aren't already enrolled. This is called a "special enrollment" opportunity, and **you must request coverage within 60 days of being determined eligible for premium assistance**. If you have questions about enrolling in your employer plan, contact the Department of Labor at www.askebsa.dol.gov or call **1-866-444-EBSA (3272)**.

If you live in one of the following states, you may be eligible for assistance paying your employer health plan premiums. The following list of states is current as of July 31, 2019. Contact your State for more information on eligibility –

ALABAMA – Medicaid	FLORIDA – Medicaid
Website: http://myalhipp.com/ Phone: 1-855-692-5447	Website: http://flmedicaidprecovery.com/hipp/ Phone: 1-877-357-3268
ALASKA – Medicaid	GEORGIA – Medicaid
The AK Health Insurance Premium Payment Program Website: http://myakhipp.com/ Phone: 1-866-251-4861 Email: CustomerService@MyAKHIPP.com Medicaid Eligibility: http://dhss.alaska.gov/dpa/Pages/medicaid/default.aspx	Website: https://medicaid.georgia.gov/health-insurance-premium-payment-program-hipp Phone: 678-564-1162 ext 2131
ARKANSAS – Medicaid	INDIANA – Medicaid
Website: http://myarhipp.com/ Phone: 1-855-MyARHIPP (855-692-7447)	Healthy Indiana Plan for low-income adults 19-64 Website: http://www.in.gov/fssa/hip/ Phone: 1-877-438-4479 All other Medicaid Website: http://www.indianamedicaid.com Phone 1-800-403-0864
COLORADO – Health First Colorado (Colorado's Medicaid Program) & Child Health Plan Plus (CHP+)	IOWA – Medicaid
Health First Colorado Website: https://www.healthfirstcolorado.com/ Health First Colorado Member Contact Center: 1-800-221-3943/ State Relay 711 CHP+: https://www.colorado.gov/pacific/hcpf/child-health-plan-plus CHP+ Customer Service: 1-800-359-1991/ State Relay 711	Website: http://dhs.iowa.gov/Hawki Phone: 1-800-257-8563

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InsuranceLTD / LTC
InsuranceOther
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KANSAS – Medicaid	NEW HAMPSHIRE – Medicaid
Website: http://www.kdheks.gov/hcf/ Phone: 1-785-296-3512	Website: https://www.dhhs.nh.gov/oii/hipp.htm Phone: 603-271-5218 Toll free number for the HIPP program: 1-800-852-3345, ext 5218
KENTUCKY – Medicaid	NEW JERSEY – Medicaid and CHIP
Website: https://chfs.ky.gov Phone: 1-800-635-2570	Medicaid Website: https://www.state.nj.us/humanservices/dmahs/clients/medicaid/ Medicaid Phone: 609-631-2392 CHIP Website: http://www.njfamilycare.org/index.html CHIP Phone: 1-800-701-0710
LOUISIANA – Medicaid	NEW YORK – Medicaid
Website: http://dhh.louisiana.gov/index.cfm/subhome/1/n/331 Phone: 1-888-695-2447	Website: https://www.health.ny.gov/health_care/medicaid/ Phone: 1-800-541-2831
MAINE – Medicaid	NORTH CAROLINA – Medicaid
Website: http://www.maine.gov/dhhs/ofi/public-assistance/index.html Phone: 1-800-442-6003 TTY: Maine relay 711	Website: https://medicaid.ncdhhs.gov/ Phone: 919-855-4100
MASSACHUSETTS – Medicaid and CHIP	NORTH DAKOTA – Medicaid
Website: http://www.mass.gov/eohhs/gov/departments/masshealth/ Phone: 1-800-862-4840	Website: http://www.nd.gov/dhs/services/medicalserv/medicaid/ Phone: 1-844-854-4825
MINNESOTA – Medicaid	OKLAHOMA – Medicaid and CHIP
Website: https://mn.gov/dhs/people-we-serve/seniors/health-care/health-care-programs/programs-and-services/other-insurance.jsp Phone: 1-800-657-3739	Website: http://www.insureoklahoma.org Phone: 1-888-365-3742
MISSOURI – Medicaid	OREGON – Medicaid
Website: http://www.dss.mo.gov/mhd/participants/pages/hipp.htm Phone: 573-751-2005	Website: http://healthcare.oregon.gov/Pages/index.aspx http://www.oregonhealthcare.gov/index-es.html Phone: 1-800-699-9075
MONTANA – Medicaid	PENNSYLVANIA – Medicaid
Website: http://dphhs.mt.gov/MontanaHealthcarePrograms/HIPP Phone: 1-800-694-3084	Website: http://www.dhs.pa.gov/provider/medicalassistance/healthinsurancepremiumpaymenthippprogram/index.htm Phone: 1-800-692-7462
NEBRASKA – Medicaid	RHODE ISLAND – Medicaid & CHIP
Website: http://www.ACCESSNebraska.ne.gov Phone: (855) 632-7633 Lincoln: (402) 473-7000 Omaha: (402) 595-1178	Website: http://www.eohhs.ri.gov/ Phone: 855-697-4347, or 401-462-0311 (Direct Rlte Share Line)

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SOUTH DAKOTA - Medicaid	WASHINGTON – Medicaid
Website: http://dss.sd.gov Phone: 1-888-828-0059	Website: https://www.hca.wa.gov/ Phone: 1-800-562-3022 ext. 15473
TEXAS – Medicaid	WEST VIRGINIA – Medicaid
Website: http://gethipptexas.com/ Phone: 1-800-440-0493	Website: http://mywvhipp.com/ Toll-free phone: 1-855-MyWVHIPP (1-855-699-8447)
UTAH – Medicaid and CHIP	WISCONSIN – Medicaid and CHIP
Medicaid Website: https://medicaid.utah.gov/ CHIP Website: http://health.utah.gov/chip Phone: 1-877-543-7669	Website: https://www.dhs.wisconsin.gov/publications/p1/p10095.pdf Phone: 1-800-362-3002
VERMONT– Medicaid	WYOMING – Medicaid
Website: http://www.greenmountaincare.org/ Phone: 1-800-250-8427	Website: https://wyequalitycare.acs-inc.com/ Phone: 307-777-7531
VIRGINIA – Medicaid and CHIP	
Medicaid Website: http://www.coverva.org/programs_premium_assistance.cfm Medicaid Phone: 1-800-432-5924 CHIP Website: http://www.coverva.org/programs_premium_assistance.cfm CHIP Phone: 1-855-242-8282	

To see if any other states have added a premium assistance program since July 31, 2019, or for more information on special enrollment rights, contact either:

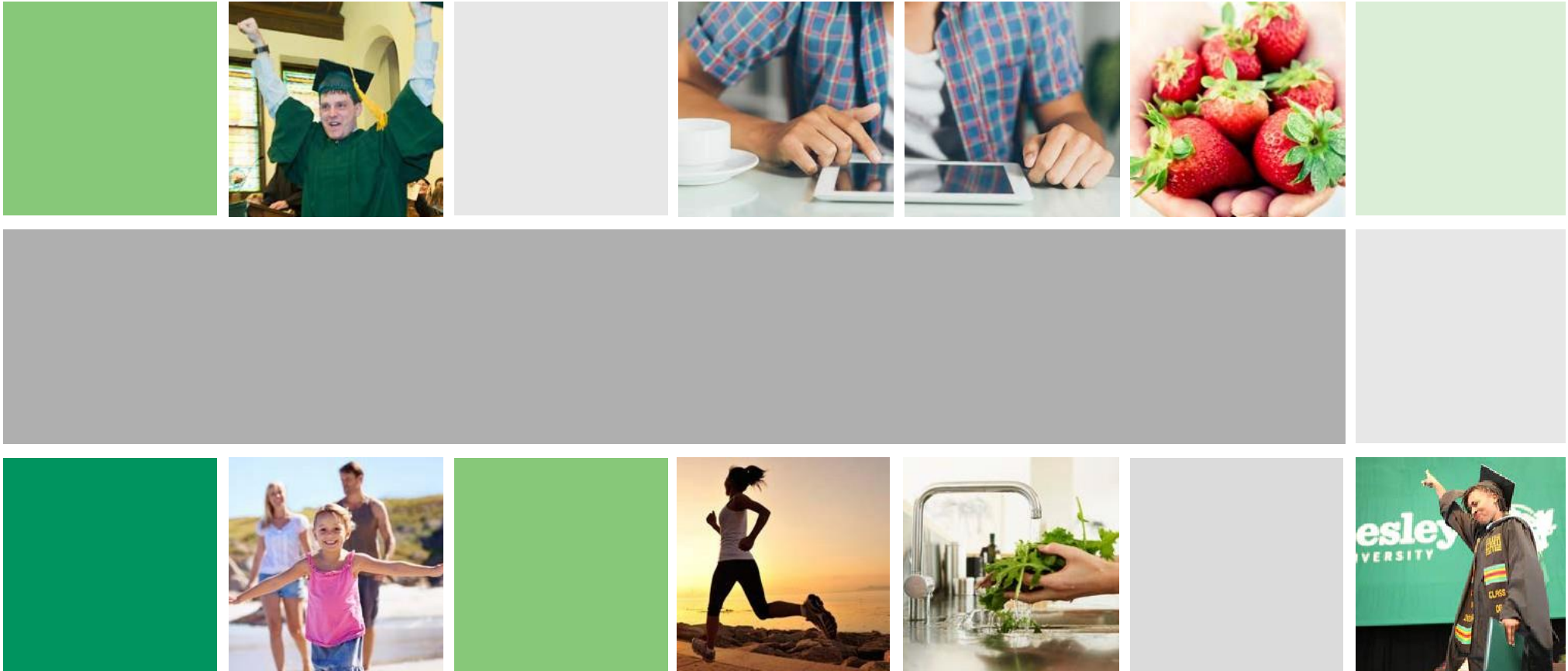
U.S. Department of Labor
Employee Benefits Security Administration
www.dol.gov/agencies/ebsa
1-866-444-EBSA (3272)

U.S. Department of Health and Human Services
Centers for Medicare & Medicaid Services
www.cms.hhs.gov
1-877-267-2323, Menu Option 4, Ext. 61565

Paperwork Reduction Act Statement

According to the Paperwork Reduction Act of 1995 (Pub. L. 104-13) (PRA), no persons are required to respond to a collection of information unless such collection displays a valid Office of Management and Budget (OMB) control number. The Department notes that a Federal agency cannot conduct or sponsor a collection of information unless it is approved by OMB under the PRA, and displays a currently valid OMB control number, and the public is not required to respond to a collection of information unless it displays a currently valid OMB control number. See 44 U.S.C. 3507. Also, notwithstanding any other provisions of law, no person shall be subject to penalty for failing to comply with a collection of information if the collection of information does not display a currently valid OMB control number. See 44 U.S.C. 3512.

The public reporting burden for this collection of information is estimated to average approximately seven minutes per respondent. Interested parties are encouraged to send comments regarding the burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden, to the U.S. Department of Labor, Employee Benefits Security Administration, Office of Policy and Research, Attention: PRA Clearance Officer, 200 Constitution Avenue, N.W., Room N-5718, Washington, DC 20210 or email ebsa.opr@dol.gov and reference the OMB Control Number 1210-0137.



About This Guide

This document is an outline of coverage proposed by the carrier(s), based on information provided by Lesley University. It does not include all of the terms, coverage, exclusions, limitations, and conditions of the actual contract language. The policies and contracts themselves must be read for those details. Policy forms for your reference will be made available upon request.

The intent of this document is to provide you with general information regarding the status of, and/or potential concerns related to your current employee benefits environment. It does not necessarily fully address all of your specific issues. It should not be construed as, nor is it intended to provide, legal advice. Questions regarding specific issues should be addressed by your general counsel or an attorney who specializes in this practice area.

Note: The benefits highlighted and described in this guide may be changed at any time and do not represent a contractual obligation — either implied or expressed — on the part of Lesley University.

