ROBERTS WESLEYAN UNIVERSITY
NORTHEASTERN SEMINARY

2026

Benefit Plan Guidebook

Welcome!

Roberts Wesleyan University and Northeastern Seminary (RWU/NES) wants to provide you and your family with the most effective, cost-efficient and comprehensive benefits.

Table of Contents

Benefits Enrollment 3
How to enroll: 4
Employee Cost for Insurance 5
Medical Plan 6
Prescription Drug 10
Important Prescription Coverage Information 11
Health Savings Account (HSA) Overview 13
Flexible Savings Account (FSA) Overview 15
Sample List of Eligible and Ineligible Medical/OTC Items 17
Dental Plan 18
Vision Plan 19
Basic Life Insurance Plan 20
Voluntary Life Insurance Plan 16
Short Term Disability Insurance Plan 18
Long Term Disability Insurance Plan 19
Retirement Savings 403(b) 20
New York Paid Family Leave (PFL) Overview 21
Paid Sick Leave 23
Legal Disclaimer 24
Policy on the Rights of Employees to Express Milk in the Workplace 25
Contacts 26
Employees: Get the Most from Your Healthcare Benefits! 27

These programs are reviewed annually to ensure they are in-line with the current trends and remain in compliance with government regulations such as the Health Care Reform legislation.

Each plan year, you'll see a continued dedication to offering a wide array of benefit choices so you can make the best decisions to suit your needs and those of your family.

This guidebook contains a summary of the benefit plans offered. It is not the complete plan description. Please read this guide carefully so that you may make informed enrollment decisions.

Additional enrollment and benefit information may be requested directly the Office of Human Resources.

Benefits Enrollment

Initial Eligibility Period

RWU/NES staff, working 20 hours or more per week, may be eligible for RWU/NES benefits on the first of the month following date of hire unless the employee was hired on the first of the month, then benefit eligibility would begin on date of hire.

Eligible dependents are your spouse, children under age 26, and/or disabled dependents of any age. The initial eligibility period begins the day you become benefit eligible and ends 30 days from that date. If your enrollment is not completed on or before the end of your initial eligibility period, you will have to wait until the next Open Enrollment period to change your benefit elections,unless there is a qualifying event *(Listed in column to the right)*. You will be automatically enrolled in the core benefit plans that are paid in full by your employer.

Open Enrollment

Open Enrollment is the window of opportunity to review your benefit enrollments and determine if you want to make any changes for the following plan year.

It is important to remind you that decisions made during Open Enrollment are generally binding for the entire plan year and cannot be changed until next year's Open Enrollment unless there is a qualified change in status.

Key Dates

Open Enrollment	Benefits Info Sessions
Starts 11/17/25	**11/17 – 1:00 pm & 3:00 pm (onsite)** **11/18 – 10:00 am & 3:30 pm (virtual)**
Ends 11/26/25	**11/20 – 2:30 pm & 4:00 pm (onsite)**

Qualifying Events:

Marriage

Divorce

Legal separation

Birth or adoption of a child

Legal guardianship

Involuntary loss of coverage

National support notice

Change in child's dependent status

Death of spouse, child or other qualified dependent

Change in residence due to an employment transfer for you or your spouse

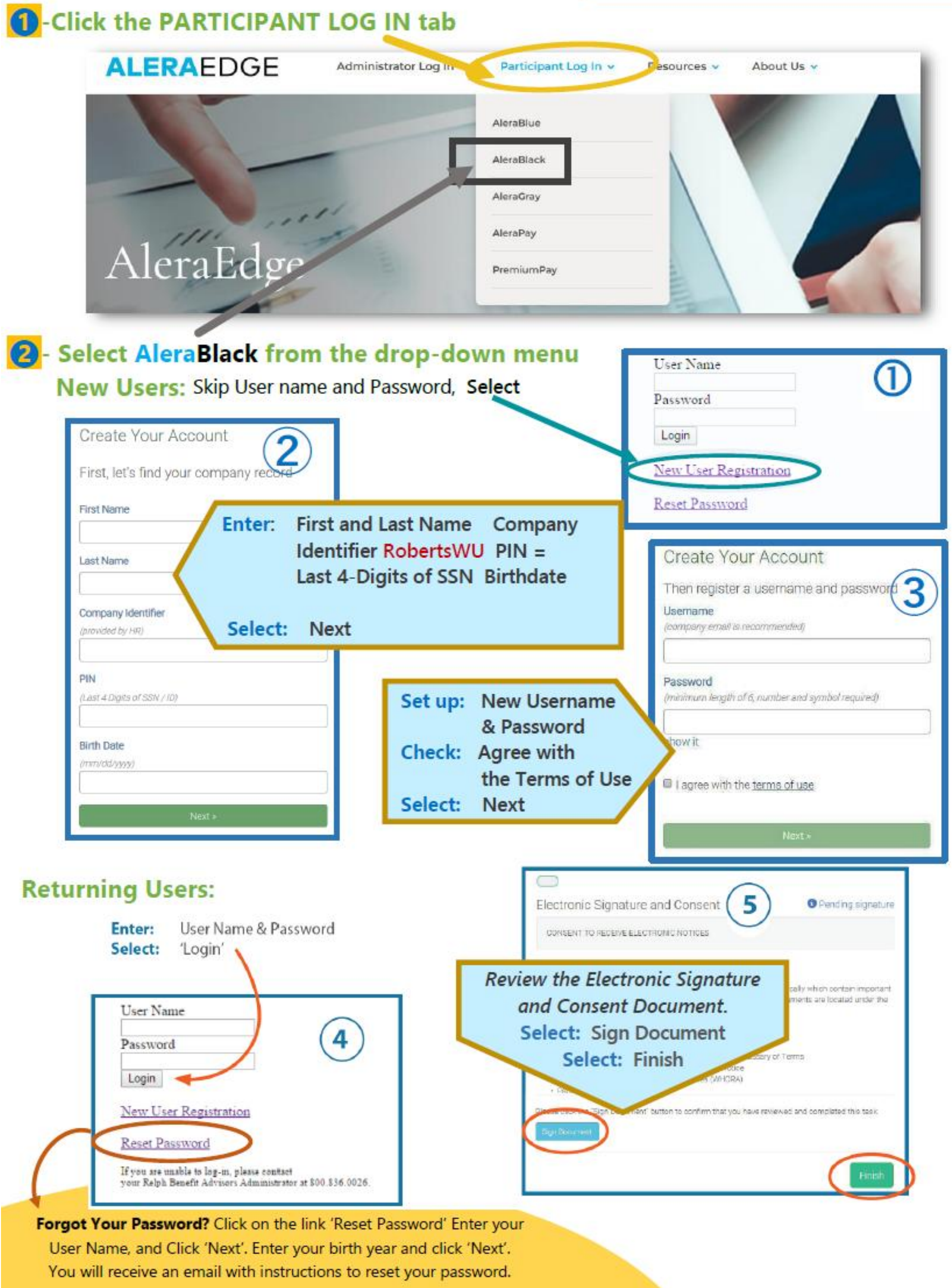
Commencement or termination of adoption proceedings

Change in spouse's benefits or employment status

How to enroll:

aleraedge.aleragroup.com

Questions? Call Customer Support
1-800-836-0026, Press 2, 8-4:30PM



Consent to Receive Electronic Documents

The following documents and notices are provided to you electronically containing important information regarding eligibility, coverage, benefits and rights.

Once you login to AleraBlack, these documents are available in the Reference Center.

- Summary Plan Descriptions
- Summary of Material Modifications
- Summary Annual Reports
- Forms 1095-B/1095-C
- Summary of Benefits & Coverage + Uniform Glossary of Terms
- Michelle's Law Notice
- Women's Health & Cancer Rights Act Notices
- Newborns & Mothers Health Protection Act Notice
- Medical Loss Ratio Rule Notice
- Notice of HIPAA Privacy Practices
- Notice of HIPAA Special Enrollment Rights
- Important Notice about Your Prescription Drug Coverage & Medicare
- Premium Assistance under Medicare& Children's Health Insurance Program (CHIP)
- Model General Notice of COBRA Continuation Coverage Rights
- Your Rights & Protections Against Surprise Medical Bills

You are entitled to request and obtain a paper copy of any electronically furnished document free of charge or to revoke your consent at any time by calling Human Resources. In order to access information provided electronically, you must have:

- A computer/electronic device with internet access
- An email account that allows you to send and receive emails
- Microsoft Word 95 (or higher)
- Adobe Acrobat Reader 5.0 (or higher)

Email your questions to:
support@aleracare.zendesk.com

Employee Cost for Insurance

See below for the cost for insurance, effective January 1, 2026.

Medical Insurance	UMR Bi-Weekly Payroll Deductions			
Tiers	**Platinum**	**Gold**	**Silver**	**Bronze**
Single	$160.79	$148.56	$92.74	$53.58
Employee & Spouse	$385.22	$359.27	$240.95	$157.92
Employee & Child(ren)	$286.86	$263.73	$158.24	$84.22
Family	$484.77	$446.83	$274.54	$152.40

Dental Insurance	Excellus Bi-Weekly Payroll Deductions
Tiers	**Excellus BCBS Smile Saver Plan**
Single	$7.71
Employee & Spouse	$31.02
Employee & Child(ren)	$31.92
Family	$57.48

This summary represents a general overview. Limitations and exclusions may vary depending on your specific benefit plan. Please review your detailed policy for complete information.

Vision Insurance	VSP Bi-Weekly Payroll Deductions
Tiers	**Vision Plan**
Single	$3.20
Employee & Spouse	$5.13
Employee & Child(ren)	$5.23
Family	$8.44

Medical Plan

UMR General Plan Information	Platinum – $1500 Medical Plan In-Network	 Out-of-Network
Deductible (Embedded*)	Single: $1,500 Family: $4,500	Single: $3,000 Family: $9,000
Prescription Drug Deductible	Single $150 Family $450	Single $150 Family $450
Coinsurance	20% Coinsurance After Deductible	40% Coinsurance After Deductible
Out-of-Pocket Maximum (Embedded**)	Single: $6,350 Family: $12,700	Single: $12,000 Family: $25,400
Dependent Age Limit	To Age 26	
Prescription Drugs	$10 / $35 / $60 After Deductible	$10 / $35 / $60 After Deductible
Mail Order	2.5 Copays Per 90 Day Supply	N/A
Preventive Routine Care	Covered in Full	40% Coinsurance After Deductible
Primary Office Visit	$35 Copay	
Specialist Office Visit	$60 Copay	
Inpatient Hospital	Subject to deductible and coinsurance	
Outpatient Surgical Procedure (facility)	Subject to deductible and coinsurance	
Emergency Room (waived if admitted)	$250 Copay	$250 Copay
Urgent Care Center	$75 Copay	40% Coinsurance After Deductible
Single	$160.79	
Employee & Spouse	$385.22	
Employee & Child(ren)	$286.86	
Family	$484.77	

**Embedded – each covered family member only needs to satisfy his/her individual deductible prior to receiving plan benefits

This summary represents a general overview. Limitations and exclusions may vary depending on your specific benefit plan. Please review your detailed policy for complete information.

Medical Plan

UMR General Plan Information	Gold – $1700 Medical Plan In-Network	 Out-of-Network
Deductible (Aggregate*)	Single: $1,700 / Family: $3,400	Single: $3,300 / Family: $6,600
Coinsurance	10% Coinsurance after Deductible	30% Coinsurance After Deductible
Out-of-Pocket Maximum (Aggregate*)	Single: $4,000 Family: $8,000	Single: $8,000 / Family: $16,000
Dependent Age Limit	To Age 26	
Prescription Drugs	$10 / $35 / $60 / $120 After Deductible	$10 / $35 / $60 / $120 After Deductible
Mail Order	2.5 Copays Per 90 Day Supply	N/A
Preventive Routine Care	Covered in Full	30% Coinsurance After Deductible
Primary Office Visit	10% Coinsurance after Deductible	
Specialist Office Visit		
Inpatient Hospital		
Outpatient Surgical Procedure (facility)		
Emergency Room (waived if admitted)		
Urgent Care Center		
Single	$148.56	
Employee & Spouse	$359.27	
Employee & Child(ren)	$263.73	
Family	$446.83	

*Aggregate – the full family deductible must be satisfied prior to receiving plan benefits

Medical Plan

UMR General Plan Information	Silver – $3300 Medical Plan In-Network	 Out-of-Network
Deductible (Aggregate*)	Single: $3,300 / Family: $6,600	Single: $6,650 / Family: $13,200
Coinsurance	10% Coinsurance after Deductible	30% Coinsurance After Deductible
Out-of-Pocket Maximum (Aggregate*)	Single: $6,650 Family: $13,200	Single: $13,200 / Family: $26,400
Dependent Age Limit	To Age 26	
Prescription Drugs	$10 / $35 / $60 / $120 After Deductible	$10 / $35 / $60 / $120 After Deductible
Mail Order	2.5 Copays Per 90 Day Supply	N/A
Preventive Routine Care	Covered in Full	30% Coinsurance After Deductible
Primary Office Visit	10% Coinsurance after Deductible	
Specialist Office Visit		
Inpatient Hospital		
Outpatient Surgical Procedure (facility)		
Emergency Room (waived if admitted)		
Urgent Care Center		
Single	$92.74	
Employee & Spouse	$240.95	
Employee & Child(ren)	$158.24	
Family	$274.54	

*Aggregate – the full family deductible must be satisfied prior to receiving plan benefits

Medical Plan

UMR General Plan Information	Bronze – $5000 Medical Plan In-Network	Out-of-Network
Deductible (Aggregate*)	Single: $5,000 / Family: $10,000	Single: $10,000 / Family: $20,000
Coinsurance	20% Coinsurance after Deductible	40% Coinsurance After Deductible
Out-of-Pocket Maximum (Aggregate*)	Single: $6,650 Family: $13,300	Single: $13,300 / Family: $26,600
Dependent Age Limit	To Age 26	
Prescription Drugs	$10 / $35 / $60 / $120 After Deductible	$10 / $35 / $60 / $120 After Deductible
Mail Order	2.5 Copays Per 90 Day Supply	N/A
Preventive Routine Care	Covered in Full	40% Coinsurance After Deductible
Primary Office Visit	20% Coinsurance after Deductible	
Specialist Office Visit		
Inpatient Hospital		
Outpatient Surgical Procedure (facility)		
Emergency Room (waived if admitted)		
Urgent Care Center		
Single	$53.58	
Employee & Spouse	$157.92	
Employee & Child(ren)	$84.22	
Family	$152.40	

*Aggregate – the full family deductible must be satisfied prior to receiving plan benefits

Prescription Drug

RWU/NES prescription benefit is managed by OptumRx. With OptumRx, you'll have access to: Convenient Home Delivery services. You'll be able to have up to a 90-day supply of most maintenance medications delivered directly to you at a savings of up to 33%.

A large network of participating retail pharmacies including independent and chain pharmacies located nationwide.

Helpful resources on the OptumRx website and Mobile App. Online resources at www.optumrx.com will allow you to:

- **Order prescription refills,** renewals and check your order status
- **Transfer retail prescription**s to Home Delivery for convenience and potential savings
- **Enroll in Worry-Free Fills** to conveniently receive Home Delivery medication automatically
- Discover possible ways to save money on medications, such as using generics and Home Delivery
- Receive time-sensitive medication-related alerts on your personalized pharmacy care profile
- Look up information about your medications and your prescription drug benefit
- Ask a pharmacist questions anytime, day or night
- View a financial summary of your prescription expenses, especially valuable at tax time
- Review your prescription history to share with your doctor

Specialist pharmacists, who each have expertise in the medications that treat a single condition, such as high blood pressure, asthma, diabetes or cancer. Specialist pharmacists at OptumRx can answer your questions about how your medications work with each other and make them work best for you.

Optum Rx Customer Service is available 24 hours per day, 7 days per week, and can be reached at 844-368-3989.

Important Prescription Coverage Information

Participants in the medical plan will receive a member ID card from UMR Healthcare which will include the Optum Rx information. Participants should present their member ID card each time you fill a prescription through a retail outlet.

The formulary is the list of medications covered by the plan and is updated twice per year based on the latest research & clinical evidence. The member's cost share or copays are determined by the prescription's tier:

- **Tier 1 Generics**
  Safe, effective & have the same active ingredients as a brand name medication, but cost much less
- **Tier 2 Preferred**
  Lower cost or more clinically effective than non-preferred or excluded medications
- **Tier 3 Non-Preferred**
  Highest cost or medications with clinical alternatives
- **Specialty**
  Generally tier 3, high complexity medications, must be purchased through OptumRx specialty pharmacy
- **Excluded**
  Medications with clinical alternatives or generics that are not covered by the plan. Members must choose an alternative therapy.

The formulary also determines which medications require treatment protocols including:

- **Quantity Limits**: for safety & cost reasons, the plan limits the amount of drugs they cover over a certain period of time.
- **Prior Authorization**: to be sure that medications are prescribed and used correctly, before the plan will cover a particular drug, your prescriber must first show that you have a medically necessary need for that particular drug and/or have met the requirements for the drug.
- **Step Therapy**: you must first try a less expensive drug on the formulary that has been proven effective for most people with your condition before you can move up a "step" to a more expensive drug. However, if you have already tried the more affordable drug and it didn't work or if your prescriber believes that it is medically necessary for you to be on a more expensive drug, they can contact the plan to request an

exception.

Health Savings Account (HSA) Overview

Paylocity's Health Savings Account (HSA) is a tax-favored savings account for individuals and families covered by a High Deductible Health Plan (HDHP) created for the purpose to set aside pre-tax dollars to pay for qualified medical expenses. Employees who participate in any of the UMR's Medical Plans, will be able to enroll in a Health Savings Account (HSA).

High Deductible Health Plan (HDHP)

To obtain the benefits of an HSA, the law requires that the savings account be combined with a qualified High Deductible Health Plan (HDHP). The minimums and maximums on HDHP's are determined annually by the Internal Revenue Service (IRS) and are subject to change. For 2026, the minimum annual deductible and maximum out-of-pocket requirements are shown in the chart to the right.

Type of Coverage	Minimum Annual Deductible	Maximum Out-of-Pocket
Single	$1,700	$8,500
Family	$3,400	$17,000

Contributing to an HSA

Individuals and families are offered the opportunity to save for current and future healthcare with a Health Savings Account (HSA). Contributions to an HSA are 100% tax-deductible from your gross income. The Internal Revenue Service (IRS) annually reviews and sets the contribution limits for HSA's. For 2026, the combined employer/employee maximum contribution limits are shown in the chart to the right.

Type of Coverage	Maximum Contribution Limit
Single	$4,400
Family	$8,750
Catch-Up Contribution (Age 55+)	$1,000

Qualified Medical Expenses

Funds you withdraw from your HSA are tax-free when used to pay for qualified medical expenses as described in Section 213(d) of the Internal Revenue Service Tax Code. A list of these expenses is available on the IRS website, www.irs.gov in IRS Publication 502, "Medical and Dental Expenses." Any funds you withdraw for non-qualified medical expenses will be taxed at your income tax rate plus 20% tax penalty, unless you are 65 or older, disabled or deceased. Remember, the IRS may modify its list of eligible expenses from time to time. As always, consult your tax advisor should you require tax advice.

Health Savings Account (HSA) Overview

HSA Medical Expenses

After visiting a physician or facility, a claim is billed by the provider to UMR for payment. UMR will process the claim after applying the contracted rate to your deductible.

Once you receive your Explanation of Benefits (EOB) from UMR and the bill from the provider, you can use your HSA funds to pay for the remaining out-of-pocket costs.

Payment at Time of Service

Some providers may request payment in advance for services. You may use your available HSA funds to pay at the time of service.

If HSA funds are not available, you can pay out-of-pocket and then reimburse yourself once your HSA funds are available. In most cases, providers will offer a payment plan.

You will be provided an HSA Debit Card offering an easier way to pay for and manage your incurred medical expenses.

HSA Pharmacy Expenses

At the pharmacy, the pharmacist processes the claim through OptumRx and applies it towards your deductible.

After the claim is processed, the pharmacist will ask you for payment at the time of service.

Reimbursement

If HSA funds are not available, you can pay out-of-pocket then reimburse yourself once your HSA funds are available.

You will be provided an HSA Debit Card offering an easier way to pay for and manage your incurred pharmacy expenses.

For more detailed information on HSA plans and taxes, visit the U.S. Department of Treasury website at www.ustreas.gov or talk with your tax advisor.

HSA Eligibility Guidelines

- You are enrolled in a qualified High Deductible Health Plan (HDHP).
- You cannot be claimed as a tax dependent.
- You are not enrolled in Medicare or covered under any other type of insurance plan. This includes plans that your spouse may be enrolled in, such as other group health plans, Flexible Spending Accounts (FSAs) or Health Reimbursement Arrangements (HRAs).
- All participants are responsible for retaining the proper documentation to verify the eligibility of a distribution.
- All participants must file an 8889 Form with their taxes.
- Contributions can be made up to the day Federal taxes are due for the previous plan year.
- Contribution limits assume you as the employee are "eligible" for the entire tax year. If you are not eligible for the entire tax year, you can still contribute the maximum as long as you remain eligible for the entire following tax year (through December 31), otherwise you will be taxed plus a 10% penalty on a prorated amount of the contribution.

Flexible Savings Account (FSA) Overview

Paylocity's Flexible Spending Account (FSA) is an employer-sponsored account that allows you to set aside pre-tax dollars to pay for qualified health or dependent care expenses regardless of whether you are covered by your employer's medical plan. It is important to plan carefully, as any unused funds over that amount are not returned to the employee per IRS – "Use It or Lose It" Rule.

Health Care FSA

Participants may elect to contribute up to a maximum of $3,400 on a pre-tax basis via payroll deductions throughout the plan year into an FSA. The full amount you select will be available to you on the first day of the plan year to use towards unreimbursed IRS eligible medical, prescription, dental, and vision expenses (not covered or paid by any insurance) incurred by you, your spouse, and/or dependents. You will be provided with an FSA Debit Card offering an easier way to pay for and manage your incurred expenses.

- HC FSA Participants are allowed to rollover up to $680 of unused funds at the end of the plan year.
- Participants will have 120 days to submit claims for reimbursement for the previous FSA plan year.

Limited Expense Healthcare FSA (LEX HCFSA)

If you're enrolled in an HSA-qualified high-deductible health plan and have a Health Savings Account (HSA), you can increase your savings with a LEX HCFSA. This pre-tax benefit account helps you save on eligible out-of-pocket dental and vision care expenses while taking advantage of the long-term savings power of an HSA. The advantage of an FSA Account is that 100% of the funds are available day 1 to purchase thousands of eligible items, including:

- Dental and orthodontia office visits and expenses
- Dental implants, veneers, dentures and bridges
- Optometrist and ophthalmologist visits and expenses
- Eyeglasses, contacts, prescription sunglasses
- Lasik surgery

The maximum annual amount you can currently deposit is $3,400.

Health Care Guidelines

You can spend FSA funds to pay deductibles and copayments, but not for insurance premiums. You can spend FSA funds on prescription medications, as well as over-the-counter medicines with a doctor's prescription. Reimbursements for insulin are allowed without a prescription. FSAs may also be used to cover costs of medical equipment like crutches, supplies like bandages, and diagnostic devices like blood sugar test kits.

In contrast a Limited Expense Healthcare FSA has all of the tax saving and funds accessibility features of a standard FSA but can only be used for out-of-pocket vision care and dental expenses.

For a sample list of eligible and ineligible expenses see page 12.

Flexible Savings Account (FSA) Overview

Dependent Care FSA

Participants may elect to contribute up to $7,500 on a pre-tax basis via payroll deductions throughout the plan year into a Dependent Care (FSA). Funds can be used on any child under the age of 13 or any dependent who is physically or mentally unable to care for themselves.

FSA Claims & Reimbursement

Always keep a copy of the Explanation of Benefits (EOB) and itemized receipts, as Benefit Resource, Inc reserves the right to substantiate expenses as well as the IRS.

It is important to plan carefully, as any unused funds over that amount are not returned to the employee.

Dependent Care Guidelines

The care of the dependent must enable you and your spouse to be employed.

The amount to be reimbursed must not be greater than you or your spouse's income, whichever is less.

The services may be provided by a daycare facility that cares for 2 or more children simultaneously, the facility must comply with state and local daycare regulations.

Services must be for the physical care of the child, not for education, meals, etc.; expenses for overnight camps and kindergarten are not eligible for reimbursement.

Sample List of Eligible and Ineligible Medical/OTC Items

Eligible OTC Medical Supplies

Adult incontinence products (e.g. Depends)
Birth control products (e.g. prophylactics)
Breast pumps & lactation supplies
Contact lens solution
Denture adhesives
First aid supplies (e.g. band-aids)
Foot insoles
Health monitors (e.g. blood pressure, cholesterol, HIV, thermometers)
Hearing aid batteries
Heat wraps (e.g. ThermaCare)
Heating pads, hot water bottles
Insulin & diabetic supplies
Medicine dropper/spoon
Motion sickness devices
Pre-natal vitamins
Sunscreen (Broad Spectrum SPF 15+)
Supports/braces
(e.g. ankle, knee, wrist, therapeutic glove)

OTC Drugs & Medicines (no longer require a prescription)

Acne medications
Allergy and sinus medications (e.g. Benadryl, Claritin, Sudafed)
Anti-fungal medications (e.g. Lotramin AF)
Anti-itch medications (e.g. Caladryl)
Cold sore medications
Cough, cold & flu remedies
Decongestants
Diaper rash ointments
Ear supplies (e.g. wax removal)
First aid creams
Gastrointestinal aids (e.g. antacids, anti-diarrhea medicines, non-fiber laxatives, nausea medications)
Lactose intolerance pills
Menstrual Care Products
Motion sickness pills
Nasal sprays for congestion (e.g. Afrin)
Pain relievers
(e.g. aspirin, Excedrin, Tylenol, Advil, Motrin)
Sleeping aids
Smoking cessation medications
(e.g. nicotine gum or patches)
Suppositories
Toothache relievers (e.g. Orajel)
Topical ointments for gingivitis
Wart remover medications
Yeast infection creams (e.g. Monistat)

Dual Purpose Items

We advise you do not use your card to pay for dual-purpose items unless you have a completed Medical Necessity Directive Form 1 from your health care provider (e.g. primary doctor, specialist).

Calcium supplements
Fiber supplements
Herbal medicines
Homeopathic remedies
Hormone therapy
Joint supplements
Nasal strips (e.g. Breathe Right)
Vaporizers/humidifiers
Vitamins/minerals/supplements

Ineligible Medical Supplies

Do not use your card to pay for ineligible items.

Baby diapers
Cosmetics
Deodorants, shampoos, soap
Face creams, lotions, moisturizers
Hair removal products
Insect repellants
Lip balms (e.g. Chapstick, Blistex)
Mouthwashes
Sport energy liquids, bars, etc.
Stay awake aids (e.g. No Doz)
Teeth whitening products
Toiletries
Toothpaste, toothbrush
Wrinkle reducers

Dental Plan

Excellus General Plan Information	BCBS Dental Blue Options Plan In-Network	Out-of-Network
Eligibility	All Eligible Employees	
Who Pays for Coverage	Employer & Employee	
Dependent Age Limit	To Age 26	
Preventive Services	100% Covered	100% Covered
Basic Services	80% Covered	80% Covered
Major Services	50% Covered	50% Covered
Orthodontia Services	50% Covered	50% Covered
Deductible (preventive waived)	Single: $50 / Family Limit: $100	
Annual Maximum	$1500	
Maximum Rollover	Not Included	
Orthodontia Lifetime Maximum Children to age 19	$1500	
Out-of-Network R & C / UCR	Fee Schedule	
Single	$7.71	
Employee & Spouse	$31.02	
Employee & Child(ren)	$31.92	
Family	$57.48	

This summary represents a general overview. Limitations and exclusions may vary depending on your specific benefit plan. Please review your detailed policy for complete information.

Vision Plan

VSP General Plan Information	Vision Plan	
	In-Network	Out-of-Network
Eligibility	All Eligible Employees	
Who Pays for Coverage	Employee	
Vision Services		
Eye Exam	$10 Copay	Up to $45
Provider Frames	$170 Allowance. 20% off Balance over $170 (Copay Waived)	Up to $70
Lenses Single Bifocal Trifocal Lenticular	$20 Copay	Allowance Varies Per Lens Type
Lenses Progressive	$0 - $175 after Copay	Up to $50
Elective Contact Lenses	$150 Allowance	Up to $105
Medically Necessary Contact Lenses	Covered in Full after Copay	Up to $210
Vision Services Frequency		
Eye Exam	Once Every 12 Months	
Frames	Once Every 24 Months	
Lenses or Contact Lenses	Once Every 12 Months	
Employee Payroll Deductions		
Single	$3.20	
Employee & Spouse	$5.13	
Employee & Child(ren)	$5.23	
Family	$8.44	

This summary represents a general overview. Limitations and exclusions may vary depending on your specific benefit plan. Please review your detailed policy for complete information.

Basic Life Insurance Plan

RELIANCE STANDARD
A MEMBER OF THE TOKIO MARINE GROUP

Reliance Standard's Basic Life Insurance provides your family with crucial financial protection along with a variety of support services designed to help them cope with both emotional and financial issues. It can help you preserve your dream of a secure lifestyle for your family, even if you cannot be there.

As an eligible employee, RWU/NES pays the full cost of the coverage. In addition, you may designate anyone as your beneficiary; make sure to designate someone by completing a Beneficiary Designation Form.

Reliance Standard General Plan Information	**Basic Life Plan**
Eligibility	All Full-Time Employees
Who Pays for Coverage	Employer
Basic Life Benefit	
Life Benefit Amount	Flat Benefit $20,000
Guarantee Issue Amount	$20,000
Benefit Age Reduction	
At Age 65	35% Reduction
At Age 70	50% Reduction

This summary represents a general overview. Limitations and exclusions may vary depending on your specific benefit plan. Please review your detailed policy for complete information.

Voluntary Life Insurance Plan

RELIANCE STANDARD
A MEMBER OF THE TOKIO MARINE GROUP

Reliance Standard's Voluntary Life Insurance provides your family with crucial financial protection along with a variety of support services designed to help them cope with both emotional and financial issues. It can help you preserve your dream of a secure lifestyle for your family, even if you cannot be there.

You may designate anyone as your beneficiary; make sure to designate someone by completing a Beneficiary Designation Form.

Reliance Standard General Plan Information	Voluntary Life Plan		
Eligibility	All Benefits-Eligible Employees Working 40 Hours Per Week		
Who Pays for Coverage	Employee		
Voluntary Life Benefit	Employee	Spouse	Child(ren)
Life Benefit Amount	$10,000 Increments to a Maximum of $500,000	$5,000 Increments to a Maximum of $50,000	14 Days to 6 months: $1,000 6 months to 26 years: $10,000
Benefit Limitations	Cannot Exceed $500,000	Cannot Exceed 100% ofEmployee Benefit	Cannot Exceed 100% of Employee Benefit
Guarantee Issue Amount	$150,000	$50,000	$10,000
Employee Benefit Age Reduction			
At Age 70	35% Reduction		
At Age 75	55% Reduction		
At Age 80	70% Reduction		
At Age 85	80% Reduction		

This summary represents a general overview. Limitations and exclusions may vary depending on your specific benefit plan. Please review your detailed policy for complete information.

Evidence of Insurability

When Evidence of Insurability (EOI) requirements apply, it means you must submit proof to Reliance Standard that you're insurable, and Reliance Standard must approve your proof in writing before your insurance or specified part becomes effective.

Evidence of Insurability is required for:

Any election above the Guarantee Issue amount.
All employees who declined coverage when initially eligible.
All employees looking to increase their coverage amount.

Voluntary Life Insurance Plan

See below for the cost for voluntary life:

Voluntary Life Insurance	Reliance Standard
Age	Monthly Rates Per $1,000 Benefit
Under age 25	$.068
Age 25 – 29	$.068
Age 30 – 34	$.077
Age 35 – 39	$.094
Age 40 – 44	$.145
Age 45 – 49	$.248
Age 50 – 54	$.410
Age 55 – 59	$.641
Age 60 – 64	$1.000
Age 65 – 69	$1.794
Age 70 – 74	$3.213
Age 75+	$5.297
Child(ren)	$1.00 per family unit

This summary represents a general overview. Limitations and exclusions may vary depending on your specific benefit plan. Please review your detailed policy for complete information.

Calculating Supplemental Life

To calculate your monthly cost, please use the following

________________	÷ 1,000 =	________________	x	________________	=	________________
Benefit Amount				**Monthly Life Rate**		**Monthly Cost**

Short Term Disability Insurance Plan

Short Term Disability (STD) Insurance can help replace a portion of your income during the initial weeks of a disability to help you pay your bills and maintain your current lifestyle. It helps by protecting you and your income if a sickness or accidental injury limits you from working.

Self-funded Short-term Disability Plan	
General Plan Information	
Eligibility	Benefit eligible employees working 20 hours or more per week
Who Pays for Coverage	Employer & Employee
Short Term Disability Benefit	Staff
Weekly Benefit Percentage	60% of Weekly Salary
Weekly Benefit Amount	Up to a Maximum of $725 Per Week
Waiting Period	7 Days
Maximum Benefit Duration	26 Weeks
Short Term Disability Benefit	Faculty
Weekly Benefit Percentage	100% of Salary for Months 1-2 80% of Salary for Months 3-4 60% of Salary for Months 5-6
Weekly Benefit Amount	Up to a Maximum of $725 Per Week
Waiting Period	7 Days
Maximum Benefit Duration	26 Weeks

This summary represents a general overview. Limitations and exclusions may vary depending on your specific benefit plan. Please review your detailed policy for complete information.

Long Term Disability Insurance Plan

Reliance Standard's Long-Term Disability (LTD) Insurance can help replace a portion of your income if you were to become disabled for an extended period of time to help you pay your bills and maintain your current lifestyle.

Reliance Standard	Long Term Disability Plan
General Plan Information	
Eligibility	Benefits-Eligible Employees Working 30 or More Hours Per Week **Class 1:** All Officers and Director of Development **Class 2:** All Other Full-Time Employees Working 30 or More Hours Per Week
Who Pays for Coverage	Employer
Long Term Disability Benefit	
Monthly Benefit Percentage	Class 1& 2: 60% of Monthly Salary
Monthly Benefit Amount	Class 1: $7,500 Per Month Class 2: $5,000 Per Month
Waiting Period	180 Days
Maximum Benefit Duration	Later of Age 65 or SSNRA
Disability Definition	Class 1: Own Occupation Class 2: 24 Months Own Occupation
Pre-Existing Limitation	3 Months Look-Back; 12 Months Covered
Social Security Integration	Family
Survivor Benefits	3 Months

This summary represents a general overview. Limitations and exclusions may vary depending on your specific benefit plan. Please review your detailedpolicy for complete information.

Retirement Savings 403(b)

All RWU/NES employees are eligible to participate in a retirement program, offering the opportunity to save for retirement on a tax-advantaged basis. New employees are automatically enrolled in the 403(b) plan at a 3% contribution rate upon hire. After one year of service, benefits-eligible employees contributing at least 2% are eligible for a 2% employer match.

A ROTH option is also available, allowing participants to contribute after-tax dollars to their individual retirement account. Participation in the 403(b) and ROTH are optional, and employees can manage their account online at TIAA.org/Roberts or by calling TIAA at (800) 842-2252.

Individuals aged 60-63 can contribute an additional $11,250 or 150% of the regular catch-up limit ($7,500) to their retirement accounts. Participating in this additional catch-up option is voluntary. To opt in, individuals may contact TIAA at (800) 845-2252 or visit TIAA.org/Roberts to manage their contributions.

	2025	2026
Basic Elective Deferral Limitation	$23,500	$24,500
Catch-up Contributions *(Age 50 or older)*	$7,500	$8,000

Voller Athletic Center Membership

RWU/NES Benefit-Eligible Faculty and Staff are invited to enroll at the VAC for a single enrollment at no cost. This enrollment allows you to utilize the VAC facilities to work out, swim, play racquetball, etc. Faculty and staff wishing to use the VAC with their families may continue to do so by purchasing a family membership at $70 annually. Adjuncts and time-as-reported staff may continue to use the facilities at a reduced single rate of $45 per year or $70 per year for family.

Faculty and Staff should visit the VAC front desk to sign an Assumption of Risk form which is required for ongoing involvement.

We hope that you will utilize this wonderful facility we have right here on campus!

New York Paid Family Leave (PFL) Overview

What is Paid Family Leave?

Effective January 1, 2018, New York State enacted New York Paid Family Leave (PFL) – one of the most comprehensive family leave programs in the nation. The PFL Law requires employers to provide employees with mandatory wage replacement and time off for employees who need to be out of work for reasons that fall under the following categories:

- Bond or care for a new child (birth, adoption, or foster)
- Caring for a close relative with a serious health condition
- To handle qualifying military exigencies for a family member

Paid Family Leave Funding

This benefit is fully funded by employees through post-tax payroll deductions. For example:

- Annual income is $40,000
- Average weekly wage is $769.23 per week
- Weekly deduction would be $3.33 (.433% of weekly wage)

Paid Family Leave Benefits

Date	Maximum Benefit *(within 52-week period)*	Mandatory Paid Family Leave Benefit
Since January 1, 2022	12 weeks	67% of the employee's average weekly wages*

*The New York State Average Weekly Wage is $1,833.63, which means the maximum weekly benefit is $1,228.53.

Specifics on this new statutory NYS benefit can be found at the link here:

https://paidfamilyleave.ny.gov/employees

Paid Family Leave Program

Eligibility

Covered employees become eligible to take Paid Family Leave for a qualifying event once they have met the minimum time-worked requirements:

- **Full-time employees:** Employees who work a regular schedule of 20 or more hours per week are eligible after 26 consecutive weeks of employment.
- **Part-time employees:** Employees who work a regular schedule of less than 20 hours per week are eligible after working 175 days, which do not need to be consecutive. Employees with irregular schedules should look at their average schedule to determine if they work, on average, fewer than 20 hours per week.

Paid Sick Leave

The Paid Sick Leave ("PSL") benefit provides paid sick and safe leave for all faculty, staff, TARs and student employees ("employee"), including full-time and part-time. The accrued leave may be taken for the following reasons impacting the employee or a member of their family for whom they are providing care or assistance with care.

Sick Leave:

For mental or physical illness, injury, or health condition, whether or not it has been diagnosed or requires medical care at the time of the request for leave; for the diagnosis, care, or treatment of a mental or physical illness, injury or health condition; or need for medical diagnosis or preventive care.

Safe Leave:

For an absence from work when the employee or family member has been the victim of domestic violence as defined by the State Human Rights Law, a family offense, sexual offense, stalking, or human trafficking due to any of the following as it relates to the domestic violence, family offense, sexual offense, stalking or human trafficking.

Key elements of the Paid Sick Leave policy are:

- Employees accrue or receive up to 80 hours per year, depending on hours worked or arrangements related to contractual relationships.
- Accrued but unused PSL hours are carried over to the next calendar year; there is no limit to the number of hours that may be carried over.
- Utilization of the benefit is capped depending on benefit status.
- There is no waiting period or length of service requirement to accrue or use PSL hours.
- Employees will be paid their regular rate of pay.

Legal Disclaimer

RWU/NES attempted to ensure all information in these pages is clear and accurate. Each benefit plan available through your employer's benefit program is governed by the individual Summary Plan Description and/or the Plan Document.

This document is not meant to describe your employer's benefits in detail and is not a Summary Plan Document. This is merely a summary of available benefits and is subject to change at any time. Open Enrollment for these programs will occur annually and eligibility requirements may apply.

To Request Notices or More Information

To request a copy of the General Notices or more information, please contact:

The Office of Human Resources
Roberts Wesleyan University / Northeastern Seminary
2301 Westside Drive
Rochester, NY 14624-1997
585-594-6260

humanresources@roberts.edu

The information in this Benefits Summary is presented for illustrative purposes and is based on information provided by the employer. The text contained in this Summary was taken from various summary plan descriptions and benefit information. While every effort was taken to accurately report your benefits, discrepancies, or errors are always possible. In case of discrepancy between the Benefits Summary and the actual plan documents, the actual plan documents will prevail. All information is confidential, pursuant to the Health Insurance Portability and Accountability Act of 1996.

Policy on the Rights of Employees to Express Milk in the Workplace

Introduction and Purpose

Section 206-c of the New York State Labor Law gives all employees in New York the right to express breast milk in the workplace. This law applies to all public and private employers in New York State, regardless of size or the nature of their business.

The New York State Department of Labor has developed the official policy on breast milk expression in the workplace as required by the law, ensuring that all employees know their rights and all employers understand their responsibilities. This policy is the minimum required standard, but employers are encouraged to include additional accommodations tailored to their workplace.

Employers are also required to provide the policy to employees as soon as they return to work following the birth of a child.

All employers must continue to follow existing federal and state laws, regulations, and guidance regarding paid and unpaid break time and mealtimes regardless of whether the employee uses such time to express breast milk. For additional information regarding what constitutes a meal period or a break period under state and federal law, please see the following resources:

- NY Department of Labor Website on Day of Rest Break Time, and Meal Periods, dol.ny.gov/day-rest-and-meal-periods
- NY Department of Labor FAQs on Meal and Rest Periods, dol.ny.gov/system/files/documents/2021/03/mealand-rest-periods-frequently-asked-questions.pdf
- U.S. Department of Labor FLSA FAQ on Meal and Rest Periods, dol.gov/agencies/whd/fact-sheets/22-flsa-hoursworked
- U.S. Department of Labor FLSA Fact Sheet on Compensation for Break Time to Pump Breast Milk, dol.gov/agencies/whd/fact-sheets/73-flsa-breaktime-nursing-mothers

Refer to the information provided, in the complete DOL publication:

Employees will learn how much time they are allowed for breast milk expression, the kind of space employers are required to provide for breast milk expression, how to notify employers about the need to express breast milk in the workplace, and how to notify the Department of Labor if these rights are not honored.

Employers are required to provide this policy in writing to all employees when they are hired and again every year after.

Contacts

Type of Coverage	Phone	Email/Website
Medical Coverage	1.800.826.9781	www.umr.com
Prescription Drug	1.800.356.3477	www.optumrx.com
Health Savings Account	1.800.631.3539	batinfo@paylocity.com
Flexible Spending Accounts	1.800.631.3539	batinfo@paylocity.com
Dental Insurance	1.800.499.1275	www.excellusbcbs.com
Vision Insurance	1.800.877.7195	www.vsp.com
Life, Long-term Disability Insurance	1.800.351.7500	reliancestandard.com
Retirement 403(b)	1.800.842.2252	www.tiaa.org

Employees: Get the Most from Your Healthcare Benefits!

Save time and effort by allowing Alera Group to assist with your medical, prescription, dental and flexible spending plan questions including:

- Help understanding and navigating your health care plan
- Ordering replacement insurance I.D. cards
- Locating providers and specialists
- Estimates for out-of-pocket cost and plan coverage
- Assistance with resolving provider billing and insurance claims
- Help with facilitating approvals and prior authorizations for services, as required
- Support with out of area services
- Any other related healthcare topic

Alera Group is your single point of contact for all your healthcare needs and insurance-related questions.

QUESTIONS?	ALERACARE Customer Service
HOURS	Monday-Friday 8 a.m.-4:30 p.m.
CALL	1-800-836-0026, Ext. 2
EMAIL	support@aleracare.zendesk.com

ALERAGROUP

Your privacy is protected. Alera Group follows careful protocols, complies with all government privacy standards, and will keep your information confidential.

1866 ROBERTS WESLEYAN UNIVERSITY NORTHEASTERN SEMINARY