My SU Benefits
Benefits Contact Information

<table>
<thead>
<tr>
<th>Provider/Plan</th>
<th>Contact Information</th>
</tr>
</thead>
<tbody>
<tr>
<td>Excellus BlueCross BlueShield: Medical Benefit</td>
<td>800.493.0318 (TTY: 800.662.1220)</td>
</tr>
<tr>
<td>Client Prefix: VYK</td>
<td>Exellus8CBS.com/syredu</td>
</tr>
<tr>
<td>OptumRx: Prescription Drug Benefit</td>
<td>866.854.2945 (TTY: 711)</td>
</tr>
<tr>
<td>Group ID: PURSYR</td>
<td>optumrx.com</td>
</tr>
<tr>
<td>WageWorks: Flexible Spending Accounts</td>
<td>877.924.3967</td>
</tr>
<tr>
<td>(National TTY: 866.353.8058 / International TTY: 602.267.3826)</td>
<td>wageworks.com</td>
</tr>
<tr>
<td>DeltaDental: Dental Benefit</td>
<td>800.932.0783 (TTY: 711)</td>
</tr>
<tr>
<td>Group #10735</td>
<td>deltalternalins.com</td>
</tr>
<tr>
<td>VSP Vision: Vision Benefit</td>
<td>800.877.7195 (TTY: 800.428.4833)</td>
</tr>
<tr>
<td></td>
<td>vsp.com</td>
</tr>
<tr>
<td>SEBF Dental/Vision and Disability Plan for SEIU Members</td>
<td>855.835.9720</td>
</tr>
<tr>
<td>MetLife: Auto and Home Insurance</td>
<td>Local Representative: Tom Swanson</td>
</tr>
<tr>
<td></td>
<td>315.656.2982 or toll-free 800.438.6388</td>
</tr>
<tr>
<td>The Standard: Long Term Disability Insurance</td>
<td>800.426.4332</td>
</tr>
<tr>
<td></td>
<td>standard-ny.com/mybenefits/syracuse</td>
</tr>
<tr>
<td>TIAA: Retirement Benefit Plan</td>
<td>855.842.2873 (TTY: 800.842.2755)</td>
</tr>
<tr>
<td></td>
<td>tiaa.org/syr</td>
</tr>
<tr>
<td></td>
<td>Online access code to change elections:</td>
</tr>
<tr>
<td></td>
<td>Noncontributory Retirement Plan: SURETP</td>
</tr>
<tr>
<td></td>
<td>Voluntary Retirement Plan: SUTDAP</td>
</tr>
<tr>
<td>Carebridge: Faculty and Staff Assistance Program</td>
<td>800.437.0911 (TTY: 711)</td>
</tr>
</tbody>
</table>

University Contact Information

Syracuse University Human Resources - humanresources.syr.edu

HR Service Center
Equal Opportunity, Inclusion and Resolution Services x4042 or hrservice@syr.edu
x4018

Other Syracuse University Departments

<table>
<thead>
<tr>
<th>Department</th>
<th>Phone</th>
</tr>
</thead>
<tbody>
<tr>
<td>Hazard Communication Training</td>
<td>x4132</td>
</tr>
<tr>
<td>ID Card Services</td>
<td>x2726</td>
</tr>
<tr>
<td>Information Technology and Services</td>
<td>x2677</td>
</tr>
<tr>
<td>Parking</td>
<td>x4652</td>
</tr>
<tr>
<td>Payroll</td>
<td>x4042</td>
</tr>
<tr>
<td>Public Safety (Communications Center)</td>
<td>x2224</td>
</tr>
<tr>
<td>Recreational Services</td>
<td>x4386</td>
</tr>
<tr>
<td>University College (Continuing Education)</td>
<td>x9378</td>
</tr>
</tbody>
</table>
Welcome to Syracuse University

It is our pleasure to welcome you to Syracuse University!

This booklet provides an overview of the varied employee benefits and privileges that you will enjoy as a member of the SU community. Beyond the basics found in this packet, you will want to review the details found on the Human Resources website, hr.syr.edu, which is continually updated with the most current benefit information.

The Human Resources Service Center is here to help with any questions you may have about your employment. We can be contacted by phone at 315.443.4042 or via email at hrservice@syr.edu.

We hope that you find this information to be a valuable resource as you begin your Syracuse University career, and we wish you much success in your new role.

Sincerely,

Human Resources Service Center
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New Employee Checklist

First Day:

☐ Complete Employment Eligibility Verification (I-9) at Human Resources. Bring your required documentation.

☐ Activate your NetID at netid.syr.edu, so that you have access to online resources and services such as:
  • Email
  • Electronic documents
  • MySlice, the University web portal where you access SU’s benefits enrollment site and other employee services.

☐ Obtain an SU Identification Card from the Office of Housing, Meal Plan, and I.D. Card Services at 206 Steele Hall.

☐ Complete your Pay Notice Acknowledgement in the Employee Services section of MySlice

First Week:

☐ Sign-up for direct deposit of your pay and update your federal and/or state tax withholding status and allowances on MySlice atmyslice.syr.edu.

☐ Complete a TIAA waiting period waiver form, if applicable.

☐ Review the Orange Alert information and provide your preferred contact information in MySlice.

☐ Schedule your Hazard Communication Training online at ehss.syr.edu/about/training/, if applicable.

☐ If your duties will include accounting and payroll tasks, visit fab.syr.edu to register for applicable training. For additional training regarding the General Ledger Financial Reports, please contact General Accounting at 315.443.2522 or genacctg@syr.edu.

First Month:

☐ Review benefits information and enroll as soon as possible.
  IMPORTANT: You must enroll within the first 31 days of employment to commence benefits as of your hire date.

☐ Attend New Employee Orientation, if applicable. New Employee Orientation sessions are held monthly in Goldstein Student Center Room 201A, B, and C. You should receive an email from HR with details about the next session.
Retirement Planning

It may seem strange to begin your first day with a look toward a time that you will no longer be working, but planning for a financially secure future is important. The Syracuse University Retirement Plan is one of our most valued employee benefits.

The University offers you the opportunity to save in tax-deferred and tax-advantaged accounts and will contribute to those accounts if you are eligible. The accounts are administered by TIAA, and you can select from a variety of investment options.

- One-step investing is easy when you select a single lifecycle fund. Select the T. Rowe Price Target Date Fund for the year closest to your anticipated retirement date. The fund invests more aggressively the longer you have until retirement and will adjust its mix of assets (stocks, bonds, and cash) to become more conservative as retirement approaches.
- Want to design your own investment mix? Choose from actively managed or passive funds, including fixed and variable annuities, mutual funds, inflation-protected securities, and real estate funds.

Retirement Plan Investment Options

<table>
<thead>
<tr>
<th>Guaranteed</th>
<th>Money Market</th>
<th>Fixed Income/Bond Funds</th>
<th>Hybrid and Target Date Funds</th>
<th>Domestic Equity</th>
<th>Real Estate</th>
<th>International/Global Equity</th>
</tr>
</thead>
<tbody>
<tr>
<td>TIAA Stable Value**</td>
<td>CREF Money Market Account</td>
<td>BlackRock High Yield Bond Fund</td>
<td>CREF Social Choice Account</td>
<td>Delaware Small-Cap Value</td>
<td>CREF Stock Account</td>
<td>Alliance Bernstein Discovery Growth</td>
</tr>
<tr>
<td>TIAA Traditional*</td>
<td>CREF Inflation-Linked Bond Account</td>
<td>T. Rowe Price Target Date Funds</td>
<td>Oppenheimer Equity Income***</td>
<td>TIAA-CREF Small-Cap Equity</td>
<td>T. Rowe Price Blue Chip Growth</td>
<td>Vanguard Total International Stock Index</td>
</tr>
<tr>
<td>Vanguard Total Bond Market Index</td>
<td>PIMCO Total Return</td>
<td>Victory Established Value</td>
<td>Vanguard Extended Market Index</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Templeton Global Bond</td>
<td>Vanguard Total Bond Market Index</td>
<td>Vanguard Institutional Index</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

*The TIAA Traditional Annuity is guaranteed insurance contract and not an investment for Federal Securities Law purposes.

**The TIAA Stable fund will only be available for the Syracuse Noncontributory Retirement Plan (101201).

*** Effective on or about July 9, 2019, the Oppenheimer Equity Income investment option will be replaced by the JPMorgan Equity Income investment option.

For more information on the investment choices, visit www.tiaa.org/syr.

You can change your contribution amount and your investment elections at any time. If you do not select your investments when you first enroll, contributions will automatically go into the T. Rowe Price Target Date Fund for the year closest to the year that you will reach age 65.

For assistance getting started, contact TIAA at 855.842.CUSE (2873) or visit tiaa.org/syr.

You will have two separate accounts: one that will hold your contributions (called the Voluntary Plan) and one that the University will contribute to on your behalf (called the Noncontributory Plan).

Voluntary Retirement Plan

Upon employment, you are immediately eligible to participate in the University’s Voluntary Retirement Plan. You can contribute either a flat dollar amount or a percentage of your pay each pay period, up to the maximum amount permitted by law, which is adjusted each year. For 2019, the maximum contribution is capped at $19,000. If you are over age 50, or turn 50 during 2019, you are permitted to make additional catch-up contributions of up to $6,000, for a total of $25,000. Note: If you made contributions to a previous employer’s plan during the calendar year, you must include those contributions to ensure that you do not exceed the annual maximum.

To enroll, complete your new hire enrollment through myslice.syr.edu or return the Voluntary 403(b) Salary Reduction Form to HR, which can be found at hr.syr.edu/forms/. Voluntary contributions may be made to either a pre-tax traditional 403(b) or a post-tax Roth 403(b). More information on these plans is available online at hr.syr.edu/benefits/retirement-planning.
Noncontributory Retirement Plan

Upon completion of your first year of employment, you will be eligible to receive the Syracuse University contribution of 10 percent of your base annual salary to your retirement account, subject to the annual maximum ($28,000 in 2019). The University contribution will default into the T. Rowe Price Target Date Fund for the year closest to the year you reach age 65, but you can redirect the contributions to other investment options at any time.

Once you are eligible for the University’s contribution, TIAA may contact you directly to get additional information, even if you are already enrolled in the Voluntary Plan. Be sure to respond promptly to this request to ensure that your account is administered correctly.

Waiving the one-year waiting period

The one-year waiting period to receive the University contribution may be waived for faculty and staff joining the University from another accredited four-year institution that confers a baccalaureate degree. In order to waive the University’s one-year waiting period, you must meet the criteria provided on the waiver form. The waiver form, which must be completed by you and your previous employer, can be found at hr.syr.edu/forms/. Once the waiver form has been completed by your previous employer, you should review it for accuracy, sign and date it, and return it to the HR Service Center either by fax (315.443.1063) or email (hrservice@syr.edu). This waiver will go into effect and the University’s contributions will begin after the completed form is returned, reviewed, and processed by the HR Service Center. Please keep in mind that there is no retroactive contribution of the University’s 10 percent contribution, so you are encouraged to complete the waiver form as soon as possible to maximize the amount you are eligible to receive from the University.

Making Changes to Your Investments

Once enrolled, you can make changes to your account by contacting TIAA by phone at 855.842.CUSE (2873) or online at tiaa.org/syr/.

Financial Counseling at No Additional Cost

You may schedule a one-on-one appointment with a TIAA advisor by calling 855.842.CUSE (2873) for meetings on campus, or at the local TIAA office at 250 South Clinton Street, Suite 310, in Syracuse. The advisor can assist you with planning the right contribution level, selecting your investments, and general information about the Plan. In addition, on-campus financial education seminars are offered periodically.

Online Tools and Resources for Retirement Benefits

The TIAA website has useful tools to help you plan for a secure retirement, as well as to meet other financial goals, such as paying for a child’s college education, buying a home, and general budgeting. There are a variety of online videos and self-paced webinars to help explain financial terms and principles that will help you successfully prepare for your family’s future. Download the mobile app for iOS or Android to have account access anytime, anywhere.

Designate a Beneficiary

A beneficiary is the person or organization who will receive the money in your accounts if you die. You can name primary beneficiaries, who receive the money if they are alive when you die, and contingent beneficiaries, who receive the money if your primary beneficiaries die before you. You can update your beneficiary designations at any time.

In general, if you are married, your spouse must consent in writing if you choose to name someone else as your primary beneficiary. If you do not name a beneficiary, the plan rules will determine who receives your account. Naming a beneficiary ensures that your wishes are followed.
**Group Health Insurance**

Syracuse University is committed to providing affordable, comprehensive health plan options for you and your family. Three health insurance options are available for you to choose from: SUBlue, SUOrange, and SUPro. All three health plans are administered through Excellus BlueCross BlueShield (BCBS), and prescription drug benefits are administered by OptumRx. The premiums you pay for medical coverage include the prescription drug benefit coverage.

**Benefits Eligibility**

You are eligible to enroll as of your date of hire. Generally, you may cover your legal spouse or domestic partner, and your children up to age 26 under your health coverage. Please refer to the University’s Benefits Eligibility Policy online at supolicies.syr.edu/emp_ben/benefits_eligible.htm to determine if your dependents are eligible for coverage. You must show documentation of your dependent’s relationship to you before your dependent will be enrolled in coverage.

**Medical Benefits**

SUBlue and SUPro are Preferred Provider Organization (PPO) plans that allow members to receive services from any provider subject to certain plan restrictions. When you receive health care, the Plan’s coverage will be determined by whether the provider participates in the Plan’s network:

- **In-Network** - Services must be performed by a provider that participates with the local Excellus BCBS network or the national BlueCard network, regardless of their location. Coordination with your Primary Care Physician (PCP) is not required.

- **Out-of-Network** - Services are performed by a provider that does not participate in the Excellus BCBS network.

SUOrange restricts coverage to only those providers that participate with Excellus BCBS or the national BlueCard network.

**Coverage for International Travel:** When traveling outside the United States, whether on University business or for pleasure, you have access to in-network providers in over 200 countries worldwide. If you receive health care services from a participating BCBS Global Core provider, you can present your ID card and pay the applicable deductible and copay/coinsurance under SUBlue, SUOrange, or SUPro.

If you see an international provider who does not participate in the BCBS Global Core network, you will need to pay for those services at the time they are rendered. If you are enrolled in SUBlue or SUPro, you can submit those claims to Excellus for reimbursement as though the providers were participating; however, there is no coverage for non-participating providers in the SUOrange plan.

**Online Tools and Resources for Medical Benefits:** Register for the ExcellusBCBS.com/syredu secure member website, for a full suite of online tools. You will be able to view your benefits, eligibility, claims and search for participating providers and facilities. You can also download the mobile app (iOS, Android) for instant access to your member ID card and claims information. Excellus also offers member assistance through the dedicated customer service unit at 800.493.0318.

**Prescription Drug Benefits**

**Generic Drugs**

To encourage the appropriate use of generic medications, if a generic equivalent is available and you choose to have the brand-name drug, or your doctor writes “Dispense As Written” (DAW) on your prescription to ensure that you get the brand name drug, you will be required to pay the generic, tier one copay plus the difference in cost between the brand name drug and the generic drug.

**Biotech/Specialty Drugs**

Prescription drugs in the Biotech/Specialty class, required to be filled through mail order by BriovaRx, may be limited to a 30-day supply per refill. Your cost will follow the mail order schedule for your medical plan option. Contact BriovaRx at 855.427.4682 or visit briovarx.com to learn more about specialty medications.

**Home Delivery**

If you take certain prescription medications on an ongoing basis, you can fill your prescriptions using home delivery, which offers convenient mail order service with free standard shipping. Enroll in home delivery online at optumrx.com. You need to provide your address and payment details as well as health and allergy information.

Have your doctor write your prescription for up to a 90-day supply with three refills. Your doctor can call, fax, or electronically prescribe your medication for home delivery. Some medications, including pre-packaged medications and controlled substances, may not be available in a supply greater than 30 days per order.

Home delivery orders are generally received within 14 days, but you will be notified if there will be a delay with your shipment. Call OptumRx at 866.854.2945 with for assistance home delivery.

When you use mail order, the plan’s mail order cost sharing applies, which is different than the cost sharing at a retail pharmacy. This may result in significant savings in your out-of-pocket costs, but savings vary for each medication and savings are not guaranteed.

**Retail 90-Day Network**

You may fill a 90-day supply at a local participating pharmacy, instead of using the mail order option, and pay the retail cost sharing for your plan option.

**Online Tools and Resources for Prescription Drug Benefits**

The secure member website optumrx.com allows you to view your claim history, view/print your member ID card, find participating pharmacies, estimate the cost of prescriptions, and much more. The mobile app for iOS and Android gives you access from anywhere (search the app store for OptumRx).
## 2019 Monthly Employee Health Plan Contributions

<table>
<thead>
<tr>
<th></th>
<th>SUBlue</th>
<th>SUOrange</th>
<th>SUPro</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Schedule A</td>
<td>Schedule B</td>
<td>Schedule A</td>
</tr>
<tr>
<td>Employee</td>
<td>$142.15</td>
<td>$124.53</td>
<td>$138.02</td>
</tr>
<tr>
<td>Employee + Spouse/ Domestic Partner</td>
<td>$312.73</td>
<td>$273.95</td>
<td>$303.63</td>
</tr>
<tr>
<td>Employee + Child(ren)</td>
<td>$274.35</td>
<td>$240.33</td>
<td>$266.37</td>
</tr>
<tr>
<td>Employee + Spouse/ Domestic Partner + Child(ren)</td>
<td>$444.93</td>
<td>$389.76</td>
<td>$431.98</td>
</tr>
</tbody>
</table>

Contributions listed here are based on the 12-month calendar year. The actual deduction from your paycheck depends on your deduction cycle. Contributions for domestic partners and their children are paid on an after-tax basis.

### Schedule B Contributions
Employees will pay the Schedule A contribution rates for medical coverage unless they qualify, apply, and are approved for reduced Schedule B contributions. Applications must be received within 31 days of your date of hire and resubmitted each year during Open Enrollment. Eligibility for Schedule B contributions is based on household income and household size according to the chart below (subject to change each year):

<table>
<thead>
<tr>
<th>Household Size</th>
<th>Household Income</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Less than $36,000</td>
</tr>
<tr>
<td>2</td>
<td>Less than $49,000</td>
</tr>
<tr>
<td>3</td>
<td>Less than $62,000</td>
</tr>
<tr>
<td>4 and up</td>
<td>Less than $75,000</td>
</tr>
</tbody>
</table>

Household size is the number of individuals declared on your most recent federal income tax return and the return for your spouse or domestic partner, if filed separately. Included in household size are your children who are not declared on your tax return, but are either under age 19 and living with you, or age 19 or older and enrolled on your medical plan. Household income is the combined adjusted gross income reported on your (combined) federal income tax returns.

Additional information about Schedule B contributions, including the application form, is available online at [hr.syr.edu/scheduleb](http://hr.syr.edu/scheduleb).
## 2019 Schedule of Medical Benefits

The following chart shows the benefit levels for some commonly used health care services. The complete benefit summary and coverage features of each plan options can be found in the Medical Booklet, posted online in MySlice.

<table>
<thead>
<tr>
<th></th>
<th>SUBlue</th>
<th>SUOrange</th>
<th>SUPro</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td><strong>In-Network</strong></td>
<td><strong>Out-of-Network</strong></td>
<td><strong>In-Network</strong></td>
<td><strong>Out-of-Network</strong></td>
</tr>
<tr>
<td><strong>Annual Deductible</strong></td>
<td>$100 per individual with a maximum of $250 per family</td>
<td>$300 per individual with a maximum of $1,000 per family</td>
<td>$200 per individual with a maximum of $400 per family</td>
<td>$300 per individual with a maximum of $1,000 per family</td>
</tr>
<tr>
<td><strong>Coinsurance</strong></td>
<td>Generally, no coinsurance. Certain exceptions apply. See the Medical Booklet for information.</td>
<td>30% allowable amount plus the difference between provider’s charge and the allowable amount Certain exceptions apply. See the Medical Booklet for information.</td>
<td>5% of allowable amount for inpatient hospitalization - or - 20% of allowable amount for other services, except as otherwise noted in the Medical Booklet</td>
<td>5% of allowable amount for inpatient hospitalization - or - 30% of allowable amount for other services, except as otherwise noted in the Medical Booklet - plus - Difference between submitted charges and allowable amount</td>
</tr>
<tr>
<td><strong>Annual Out-of-Pocket Maximum</strong></td>
<td>$2,000 per individual with a maximum of $4,000 for a family</td>
<td>$6,000 per individual with a maximum of $12,000 for a family</td>
<td>$1,500 per individual with a maximum of $3,000 for a family</td>
<td>$6,000 per individual with a maximum of $12,000 for a family</td>
</tr>
<tr>
<td><strong>Routine Preventive Screenings</strong></td>
<td>No deductible or copay; paid in full</td>
<td>Deductible plus coinsurance</td>
<td>No coinsurance; paid in full</td>
<td>Deductible plus coinsurance</td>
</tr>
</tbody>
</table>

**Routine Preventive Screenings include, but are not limited to, the following:**
- Routine Mammography (one per calendar year for ages 35 and older, with exceptions if high risk)
- Prostate Cancer (one per calendar year for ages 50 and older, with exceptions if high risk)
- Cervical Cancer (one per calendar year for ages 18 and older)
- Colonoscopy

This list is subject to change based on guidelines issued by the United States Preventive Services Task Force and the Advisory Committee on Immunization Practices.

<table>
<thead>
<tr>
<th></th>
<th>No deductible or copay; paid in full</th>
<th>Deductible plus the difference between provider’s charge and allowable amount</th>
<th>No deductible or copay; paid in full</th>
<th>Deductible plus the difference between provider’s charge and allowable amount</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Well Child Visits</strong></td>
<td>Birth to 2nd Birthday: 11 visits 2nd Birthday to 3rd Birthday: 2 visits 3rd Birthday to 19th Birthday: 1 visit per calendar year</td>
<td>No deductible or copay; paid in full</td>
<td>Deductible plus the difference between provider’s charge and allowable amount</td>
<td>No deductible or copay; paid in full</td>
</tr>
<tr>
<td><strong>Routine Adult Physical</strong></td>
<td>(one per calendar year)</td>
<td>No deductible or copay; paid in full</td>
<td>Deductible plus the difference between provider’s charge and allowable amount</td>
<td>No deductible or copay; paid in full</td>
</tr>
<tr>
<td>Service</td>
<td>In-Network</td>
<td>Out-of-Network</td>
<td>In-Network</td>
<td>Out-of-Network</td>
</tr>
<tr>
<td>---------------------------------</td>
<td>------------------------------------------------------</td>
<td>-----------------------------------------</td>
<td>------------------------------------------------------</td>
<td>-----------------------------------------</td>
</tr>
<tr>
<td>Physician Office Visits</td>
<td>Deductible plus $35 copay (PCP) or deductible plus $50 copay (Specialist)</td>
<td>Deductible, $50 copay, and coinsurance</td>
<td>Deductible plus coinsurance</td>
<td>Deductible plus coinsurance</td>
</tr>
<tr>
<td>Urgent Care Facility Visit</td>
<td>Deductible plus $50 copay</td>
<td>Deductible, $50 copay, and coinsurance</td>
<td>Deductible plus coinsurance</td>
<td>Deductible plus coinsurance</td>
</tr>
<tr>
<td>Hospital Emergency Room</td>
<td>Deductible plus $150 copay</td>
<td>In-network deductible plus $150 copay</td>
<td>Deductible plus coinsurance</td>
<td>In-network deductible plus in-network coinsurance</td>
</tr>
<tr>
<td>Inpatient Hospital</td>
<td>Deductible plus $350 copay per admission</td>
<td>Deductible, $350 copay per admission, and coinsurance</td>
<td>Deductible plus coinsurance</td>
<td>Deductible plus coinsurance</td>
</tr>
<tr>
<td>Outpatient Surgery</td>
<td>Deductible plus $200 copay</td>
<td>Deductible, $200 copay, and coinsurance</td>
<td>Deductible plus coinsurance</td>
<td>Deductible plus coinsurance</td>
</tr>
<tr>
<td>(performed at a hospital)</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Diagnostic Machine Tests, X-Rays, and Radiology Services</td>
<td>Deductible plus $50 copay</td>
<td>Deductible, $50 copay, and coinsurance</td>
<td>Deductible plus coinsurance</td>
<td>Deductible plus coinsurance</td>
</tr>
<tr>
<td>Diagnostic Laboratory Tests</td>
<td>No deductible or copay; paid in full</td>
<td>Deductible and coinsurance</td>
<td>Deductible plus coinsurance</td>
<td>Deductible plus coinsurance</td>
</tr>
<tr>
<td>Physical Therapy</td>
<td>Deductible plus $35 copay</td>
<td>Deductible, $35 copay, and coinsurance</td>
<td>Deductible plus coinsurance</td>
<td>Deductible plus coinsurance</td>
</tr>
<tr>
<td>Maternity</td>
<td>No deductible or copay; paid in full</td>
<td>Deductible and coinsurance</td>
<td>No deductible or coinsurance; paid in full</td>
<td>Deductible plus coinsurance</td>
</tr>
<tr>
<td>Allergy Testing and Treatment</td>
<td>Deductible plus $35 copay (PCP) or deductible plus $50 copay (Specialist)</td>
<td>Deductible plus $35 copay (PCP) and coinsurance or deductible plus $50 copay and coinsurance (Specialist)</td>
<td>Deductible plus coinsurance</td>
<td>Deductible plus coinsurance</td>
</tr>
<tr>
<td>Chiropractic Services</td>
<td>Deductible plus $50 copay</td>
<td>No Coverage</td>
<td>Deductible plus coinsurance</td>
<td>Deductible plus coinsurance</td>
</tr>
</tbody>
</table>

1 Unless otherwise noted, all plan options require the employee to pay an annual deductible before any other cost sharing is determined. After the annual deductible is satisfied, the employee must pay the copay or coinsurance, if applicable. For out-of-network services, the coinsurance and/or copay is then applied to the balance of the allowable amount. The employee is also responsible for the difference between the provider’s charge and the allowable amount as defined by Excellus BCBS. Review examples of how the deductible, copays, and coinsurance apply at [hr.syr.edu/medical](http://hr.syr.edu/medical).

2 Out-of-pocket maximum refers to the maximum amount of out-of-pocket expenses an employee would pay in a calendar year. The out-of-pocket expenses are defined as the deductibles, coinsurance, and copayment amounts. Any member payment for the difference between provider charges and the allowable amounts for out-of-network services does not count toward the out-of-pocket maximum.

3 Copays for outpatient treatment related to mental health and substance use in SUBlue and SUOrange are consistent with that of a PCP office visit.

Each medical program is governed by the plan document. If there is any difference between the information on these summary sheets and the plan document, the plan document will rule.
## Prescription Drug Coverage

<table>
<thead>
<tr>
<th></th>
<th>SUBlue and SUOrange</th>
<th>SUPro</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Annual Deductible</strong></td>
<td>No Deductible</td>
<td></td>
</tr>
<tr>
<td><strong>Out-of-Pocket Maximum</strong></td>
<td>$2,000 per individual with a maximum of $4,000 for a family</td>
<td></td>
</tr>
<tr>
<td><strong>Retail: Tier 1</strong></td>
<td>20% coinsurance*</td>
<td>15% coinsurance*</td>
</tr>
<tr>
<td><strong>Retail: Tier 2</strong></td>
<td>25% coinsurance</td>
<td>25% coinsurance</td>
</tr>
<tr>
<td><strong>Retail: Tier 3</strong></td>
<td>45% coinsurance</td>
<td>40% coinsurance</td>
</tr>
</tbody>
</table>

Receive up to a 30 day supply or up to a 90 day supply of maintenance medications at a retail pharmacy.

| **Mail Order: Tier 1** | $20* | Lesser of $15 or 15% coinsurance* |
| **Mail Order: Tier 2** | $50  | Lesser of $45 or 25% coinsurance  |
| **Mail Order: Tier 3** | $90  | Lesser of $90 or 40% coinsurance  |

Receive up to a 90 day supply of maintenance medication through home delivery.

| Specialty Mail Order (All) | Same as Mail Order except 30-day supply for most medications |

*Prescription Drugs Available at $0 Copay (Certain Age, Gender and Other Restrictions May Apply; Contact OptumRx for More Details at 866-854-2945, TTY: 711):

- Aspirin
- Breast Cancer Prevention Drugs
- Cholesterol Medications
- FDA-Approved Tobacco Cessation Drugs and OTC Products
- Fluoride
- Folic Acid
- Iron Supplements
- Preparatory Prescriptions for Colonoscopies
- Vitamin D Supplements
- Women’s Contraceptives
Group Dental and Vision Insurance

There are two dental plan options offered by Delta Dental to choose from: Preventive and Comprehensive. Enrollment in a Delta Dental option is a two-year commitment. A new two-year commitment cycle for the University’s dental and vision plans started Jan. 1, 2019. Elections made during calendar year 2019 will be in effect through Dec. 31, 2020. In order to enroll in vision benefits with Vision Service Plan (VSP), you must first enroll in a dental plan. Vision coverage is not available as a separate option.

2019 Monthly Employee Contributions for Dental With or Without Vision

<table>
<thead>
<tr>
<th></th>
<th>Preventive</th>
<th>Preventive Plus Vision</th>
<th>Comprehensive</th>
<th>Comprehensive Plus Vision</th>
</tr>
</thead>
<tbody>
<tr>
<td>Employee</td>
<td>$8.32</td>
<td>$13.49</td>
<td>$30.08</td>
<td>$35.25</td>
</tr>
<tr>
<td>Employee + Spouse/ Domestic Partner</td>
<td>$21.38</td>
<td>$31.73</td>
<td>$70.51</td>
<td>$80.86</td>
</tr>
<tr>
<td>Employee + Child(ren)</td>
<td>$24.25</td>
<td>$35.48</td>
<td>$69.64</td>
<td>$80.87</td>
</tr>
<tr>
<td>Employee + Spouse/ Domestic Partner + Child(ren)</td>
<td>$40.50</td>
<td>$58.44</td>
<td>$109.04</td>
<td>$126.98</td>
</tr>
</tbody>
</table>

Contributions listed here are based on the 12-month calendar year. The actual deduction from your paycheck depends on your deduction cycle. Contributions for domestic partners and their children are paid on an after-tax basis.

Summary of University Dental Benefits

Syracuse University offers a choice of two Delta Dental PPO plan options. You can visit any licensed dentist, but you’ll maximize plan value by using a dentist who participates in a Delta Dental network. PPO dentists have agreed to accept lower fees and cannot “balance bill” you for any amounts that are not covered by the Plan after you have paid your deductible and coinsurance.

Delta Dental gives you access to two networks of participating providers: the Delta Dental Premier® network (“Premier”) and the PPO network. Using a dentist in the PPO network provides the best value. A dentist in the Premier network is the next best option if you can’t find a Delta Dental PPO dentist. Premier dentists’ contracted fees are moderately higher than PPO dentists’ contracted fees; however, they will not “balance bill,” so you will usually save when compared to a non-participating dentist.

<table>
<thead>
<tr>
<th>Delta Dental PPO Dentist</th>
<th>Delta Dental Premier Dentist</th>
<th>Non-Participating Dentist</th>
</tr>
</thead>
<tbody>
<tr>
<td>Plan Allowance</td>
<td>Dentists are paid PPO</td>
<td>Claims for services</td>
</tr>
<tr>
<td></td>
<td>contracted fees. Your costs</td>
<td>provided by non-</td>
</tr>
<tr>
<td></td>
<td>are usually lowest.</td>
<td>participating dentists</td>
</tr>
<tr>
<td></td>
<td></td>
<td>will be processed using</td>
</tr>
<tr>
<td></td>
<td></td>
<td>a maximum fee level that</td>
</tr>
<tr>
<td></td>
<td></td>
<td>may be higher than</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Delta Dental’s maximum</td>
</tr>
<tr>
<td></td>
<td></td>
<td>plan allowance. Your costs</td>
</tr>
<tr>
<td></td>
<td></td>
<td>are usually highest.</td>
</tr>
<tr>
<td>Payment Responsibilities</td>
<td>By agreement, participating</td>
<td>The benefit payment is sent</td>
</tr>
<tr>
<td></td>
<td>dentists must accept</td>
<td>directly to you. You are</td>
</tr>
<tr>
<td></td>
<td>contracted fees as payment</td>
<td>responsible for any</td>
</tr>
<tr>
<td></td>
<td>in full for covered services.</td>
<td>applicable coinsurance and/</td>
</tr>
<tr>
<td></td>
<td>Delta Dental’s benefit is</td>
<td>or deductibles, plus any</td>
</tr>
<tr>
<td></td>
<td>a percentage of the maximum</td>
<td>difference between Delta</td>
</tr>
<tr>
<td></td>
<td>plan allowance, which may</td>
<td>Dental’s payment (the</td>
</tr>
<tr>
<td></td>
<td>require a coinsurance amount.</td>
<td>maximum plan allowance)</td>
</tr>
<tr>
<td></td>
<td>Deductibles may also apply.</td>
<td>and the amount billed that</td>
</tr>
<tr>
<td></td>
<td>You are also responsible for</td>
<td>exceeds this allowance. You</td>
</tr>
<tr>
<td></td>
<td>costs related to services</td>
<td>are also responsible for</td>
</tr>
<tr>
<td></td>
<td>that are not covered.</td>
<td>costs related to</td>
</tr>
<tr>
<td></td>
<td></td>
<td>services that are not</td>
</tr>
</tbody>
</table>

LIMITATIONS AND EXCLUSIONS

Certain limitations and exclusions apply. For example, non-covered services include services that improve appearance only and are not considered necessary, preventive plaque control programs, and orthodontics. Additionally, procedures provided or devices started prior to the date you are enrolled in the plan are not covered. Refer to the plan booklet for full details.

PRE-TREATMENT ESTIMATE

If your proposed cost of dental care exceeds $300, Delta Dental recommends that you ask your dentist to request a pre-treatment estimate before you agree to receive the prescribed treatment. The pre-treatment estimate provides you up-front with an estimate of what will be paid by the Plan and the difference you will need to pay based on your selected plan’s benefits. Pre-treatment estimates usually take about two to three weeks and are valid for 365 days.
Online Tools and Resources for Dental Benefits

Visit Delta Dental’s website at deltadentalins.com to:
- Locate participating dentists by location, specialty, and network type;
- Obtain eligibility and benefit information; or
- Check the status of a claim.

From a mobile phone, the website is streamlined so you can access your ID card, benefit, and claim information with just a few clicks. You can also download the free Delta Dental app from the App Store or Google Play. Call Delta Dental at 800.932.0783 with any questions.

Summary of Delta Dental Benefits:
The Preventive plan covers two annual exams and cleanings per calendar year. Coverage for basic and major dental care, including fillings, scaling, extractions and root canals, is available if you select the Comprehensive plan.

<table>
<thead>
<tr>
<th>Plan</th>
<th>Annual Deductible Per Person</th>
<th>Family Deductible</th>
<th>Deductible for Diagnostic and Preventive Services</th>
<th>Annual Maximum Per Person</th>
</tr>
</thead>
<tbody>
<tr>
<td>Preventive</td>
<td>$0</td>
<td>$0</td>
<td>Waived</td>
<td>$500</td>
</tr>
<tr>
<td>Comprehensive</td>
<td>$50 (does not apply to preventive services)</td>
<td>$150 (does not apply to preventive services)</td>
<td>Waived</td>
<td>$2,000</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Service</th>
<th>Examples of Covered Services</th>
<th>Delta Dental PPO Dentist</th>
<th>Delta Dental Premier Dentist</th>
<th>Non-Participating Dentist</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Preventive Plan Coverage</strong></td>
<td></td>
<td>Paid by Delta Dental</td>
<td>Paid by Delta Dental</td>
<td>Paid by Patient</td>
</tr>
<tr>
<td>Diagnostic</td>
<td>Exam and X-rays (two per calendar year)</td>
<td>100%</td>
<td>0%</td>
<td>100%</td>
</tr>
<tr>
<td>Preventive</td>
<td>Fluoride treatments (to age 19), teeth cleaning, sealants (to age 14)</td>
<td>100%</td>
<td>0%</td>
<td>100%</td>
</tr>
<tr>
<td>TMJ</td>
<td>Temporomandibular joint dysfunction treatment</td>
<td>50%</td>
<td>50%</td>
<td>50%</td>
</tr>
</tbody>
</table>

**Additional Coverage for Comprehensive Plan Only**

<table>
<thead>
<tr>
<th>Service</th>
<th>Examples of Covered Services</th>
<th>Delta Dental PPO Dentist</th>
<th>Delta Dental Premier Dentist</th>
<th>Non-Participating Dentist</th>
</tr>
</thead>
<tbody>
<tr>
<td>Basic Restorative</td>
<td>Fillings</td>
<td>80%</td>
<td>20%</td>
<td>60%</td>
</tr>
<tr>
<td>Oral Surgery</td>
<td>Extractions</td>
<td>80%</td>
<td>20%</td>
<td>60%</td>
</tr>
<tr>
<td>Endodontics</td>
<td>Root canal therapy</td>
<td>80%</td>
<td>20%</td>
<td>60%</td>
</tr>
<tr>
<td>Periodontics</td>
<td>Treatment of gum disorders</td>
<td>80%</td>
<td>20%</td>
<td>60%</td>
</tr>
<tr>
<td>Prosthodontics</td>
<td>Dentures, bridgework</td>
<td>50%</td>
<td>50%</td>
<td>50%</td>
</tr>
<tr>
<td>Major Restorative</td>
<td>Crowns</td>
<td>50%</td>
<td>50%</td>
<td>50%</td>
</tr>
<tr>
<td>Stainless Steel Crowns</td>
<td>On temporary teeth (only for children)</td>
<td>80%</td>
<td>20%</td>
<td>60%</td>
</tr>
</tbody>
</table>
Summary of University Vision Benefits

The following is a summary of vision services and benefits provided through VSP:

<table>
<thead>
<tr>
<th>Coverage</th>
<th>Frequency</th>
<th>Co-pay</th>
<th>Plan Information</th>
</tr>
</thead>
<tbody>
<tr>
<td>Exam</td>
<td>Every calendar year</td>
<td>$15</td>
<td>Routine exam only</td>
</tr>
<tr>
<td>Prescription Glasses</td>
<td>Every calendar year</td>
<td>$25*</td>
<td>Single vision, lined bifocal, and lined trifocal lenses</td>
</tr>
<tr>
<td>(lenses)</td>
<td></td>
<td></td>
<td>Polycarbonate lenses for dependent children</td>
</tr>
<tr>
<td>Prescription Glasses</td>
<td>Every other calendar year</td>
<td></td>
<td>$150 allowance for a wide selection of frames</td>
</tr>
<tr>
<td>(frames)</td>
<td></td>
<td></td>
<td>$170 allowance for featured frame brands</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>20% savings on the amount over your allowance</td>
</tr>
<tr>
<td>Lens Options</td>
<td>Every calendar year</td>
<td>$0</td>
<td>Standard progressive lenses</td>
</tr>
<tr>
<td></td>
<td></td>
<td>$95-$105</td>
<td>Premium progressive lenses</td>
</tr>
<tr>
<td></td>
<td></td>
<td>$150-$175</td>
<td>Custom progressive lenses</td>
</tr>
<tr>
<td>Contact Lens Care</td>
<td>Every calendar year</td>
<td>up to $60</td>
<td>$150 allowance for contacts.</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>Copay applies to contact lens exam (fitting and evaluation). Either frames or contact</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>lenses are covered in a calendar year. If you choose contact lenses, you will be eligible</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>for a frame one calendar year from the date the contact lenses were obtained. Current</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>soft contact lens wearers may qualify for a special program that includes a contact</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>lens exam and initial supply of replacement lenses.</td>
</tr>
</tbody>
</table>

Additional Coverage - Diabetic Eyecare Plus Program

* A $25 copay applies for prescription glasses; if frames or lenses are purchased separately, a $25 copay applies.
If frames and lenses are purchased at the same time, only one copay of $25 is charged.

Extra Discounts and Savings

- **Glasses and Sunglasses**: 20% off additional glasses and sunglasses, including lens options, from any VSP doctor within 12 months of your last Well Vision Exam
- **Laser Vision Correction**: Average 15% off the regular price or 5% off the promotional price. Discounts only available from contracted facilities.

If you see a non-VSP provider, you’ll receive a lesser benefit. Before seeing a non-VSP provider, call VSP at 800.877.7195 for more details.

Out-of-Network Reimbursement Amounts:

- Exam: Up to $45
- Single vision lenses: Up to $30
- Lined bifocal lenses: Up to $50
- Progressive lenses: Up to $50
- Lined trifocal lenses: Up to $65
- Frame: Up to $70
- Contacts: Up to $105

Service Employees Benefit Fund Dental and Vision Plans

Employees represented by the SEIU bargaining unit have the choice of participating in either the University's dental and vision plans as identified above, or the Service Employees Benefit Fund (SEBF) dental with or without vision plan. The SEBF plan is administered by the union and coverage is provided through SEBF Dental and Davis Vision, respectively. **Enrollment in the SEBF plan is a one-year commitment.** In order to enroll in vision benefits, you must first enroll in a dental plan. Vision coverage is not available as a separate option. For information about the SEBF plan benefits, visit hr.syr.edu/sebf.

2019 Monthly Employee Contributions for SEBF With or Without Vision

<table>
<thead>
<tr>
<th></th>
<th>Basic</th>
<th>Basic Plus Vision</th>
<th>Comprehensive</th>
<th>Comprehensive Plus Vision</th>
</tr>
</thead>
<tbody>
<tr>
<td>Employee</td>
<td>$17.39</td>
<td>$22.36</td>
<td>$23.63</td>
<td>$28.60</td>
</tr>
<tr>
<td>Employee + 1</td>
<td>$35.83</td>
<td>$47.00</td>
<td>$40.86</td>
<td>$52.03</td>
</tr>
<tr>
<td>Family</td>
<td>$52.05</td>
<td>$63.22</td>
<td>$60.17</td>
<td>$71.34</td>
</tr>
</tbody>
</table>

Contributions listed here are based on the 12-month calendar year. The actual deduction from your paycheck depends on your deduction cycle. Contributions for domestic partners and their children are paid on an after-tax basis.
Flexible Spending Accounts (FSA)

Flexible Spending Accounts allow you to set aside a portion of your salary before taxes are taken and use those funds to pay for eligible health care and dependent care expenses. The advantage of Flexible Spending Accounts is that you do not pay any federal, state, or Social Security (FICA) taxes on the money you contribute to your FSA. The University’s FSA benefits are administered by WageWorks.

A Health Care Flexible Spending Account allows you to set aside pre-tax dollars for eligible health care expenses that are not covered under any other health plan (including medical, prescription drug, dental and vision plans). In general, funds in your Health Care FSA may be used for yourself, your spouse, and your family members who can be claimed as dependents on your income tax return, even if they are not covered under your health insurance. In some instances, you may still be eligible to claim expenses for dependents who did not claim on your tax return if the dependent meets certain criteria established by the IRS. For example, expenses incurred by your child through the end of the calendar year in which he or she attains age 26 may be eligible for reimbursement even if you can’t claim the child as a tax dependent on your federal income tax return for that year. Employees who have dependents falling into this criteria are strongly encouraged to consult with their tax preparer to ensure the dependent qualifies as an eligible dependent before setting aside pre-tax dollars into their Health Care FSA to use towards eligible health care expenses incurred by the dependent. Please note that expenses for your domestic partner or his or her children will not be eligible for reimbursement under your Health Care FSA unless they qualify as your dependents for federal income tax purposes.

You can contribute any amount between $100 and $2,700 annually to this account, automatically deducted in equal installments from your paychecks before taxes are calculated. Your entire annual pledge is available to use immediately for services incurred as of your enrollment date (date of hire) through December 31. You have until April 30 of the following year to submit claims.

Carryover up to $500 of Unused Health Care FSA Funds:

Health Care FSA participants may carry over up to $500 in unused funds from one year to the next. Any money carried over from one year to the next does not count toward the annual maximum contribution amount ($2,700), which means you could have access to up to $3,200 in the new year. Any unused amount over $500 at the end of the year will be forfeited under IRS rules; this is often referred to as the “use-it-or-lose-it” provision.

A Dependent Care Flexible Spending Account offers tax savings on eligible dependent care expenses provided by qualified caregivers for a child or elderly parent. The services must be incurred to enable you, or you and your spouse if you are married, to work or attend school full time. Services must be for the physical care of the child, not for education, meals, or health care expenses.

Unlike Health Care FSAs, Dependent Care FSAs are “pay-as-you-go” accounts. You can only be reimbursed up to your available balance (i.e., the amount you have had deducted during that plan year, less any reimbursements you have already received). You can contribute any amount between $100 to $5,000 per household annually to this account (the maximum is $2,500 each for married individuals filing separate returns). Carryover is not permitted for unused Dependent Care FSA funds. You have until April 30 of the following year to submit claims.

Note: Expenses are considered to be “incurred” when the service is provided, and not when you are billed for, or pay for, the expenses.

Plan carefully! Any remaining balance in excess of $500 for your Health Care FSA or the entire excess amount remaining in your Dependent Care FSA at the end of the plan year will be forfeited. Therefore, it is important that you estimate your expenses carefully before electing your contribution amount.

FSA Frequently Asked Questions

What is the advantage of receiving reimbursement through my FSA instead of claiming these expenses on my tax returns?

The IRS only permits you to deduct health care expenses that meet or exceed 10 percent of your adjusted gross income. A Health Care FSA can be used for any amount (subject to the minimum contribution of $100). For dependent care, consult your tax advisor or a WageWorks representative to see if it is more beneficial for you to take the Child and Dependent Care Credit on your taxes or use a Dependent Care FSA. Keep in mind the FSA will allow you to recover these funds much sooner, rather than waiting to file your income tax return.

Can I change the amount I elect to contribute to these accounts?

During the plan year you may change your contribution only if you or your spouse experience a qualifying event, such as marriage, divorce, birth, adoption or a change in employment status for you or your spouse. During each annual Open Enrollment period, you must elect the amount you wish to contribute for the next plan year. FSA elections do not carry forward automatically, as other benefit elections do.

How do I file for reimbursement? WageWorks offers a variety of ways in which you can submit your health and dependent care expenses. If you are also enrolled in the University’s medical, dental, or vision plans, you can choose automatic reimbursement of your costs after those plans process your claims. Select the automatic reimbursement feature in MySlice when you enroll, or contact the HR Service Center at 315.443.4042 or hrservice@syr.edu for assistance.

Some people prefer to control which expenses are reimbursed, or need to prevent expenses from being reimbursed for domestic partners, whose claims are not eligible for reimbursement under your FSA. In that case, you can file your claim yourself using one of the following methods:

- Complete a reimbursement form (available on the HR forms webpage) and attach receipts or an Explanation of Benefits (EOB) from an insurance company.
- Submit your claims online at wageworks.com by scanning in your receipts and EOB.
- Download the free EZ Receipts app on your mobile device and take a photo of your receipts to submit your claims (iOS and Android). More information on these options, as well as helpful tools to maximize your FSA, can be found online at hrsyr.edu/fsa.
Do I need receipts in order to receive reimbursement?
Yes. **Dependent Care** claims require a receipt or a personal statement itemizing the charges from your provider. In addition, the statement must include the provider’s name, address, tax identification number or Social Security number, date(s) of service, amount charged, a description of the service(s) rendered, and name of person receiving the service. **Health Care** claims should be accompanied by an Explanation of Benefits from your insurance carrier or, if the expense is excluded by insurance, a description or explanation of the charge and a cash register receipt.

**FSA Eligible Expenses**
This is a partial list of expenses that may be reimbursed. For more information, visit [wageworks.com](http://wageworks.com) or call 877.924.3967.

**Health Care Expenses**

<table>
<thead>
<tr>
<th>Deductibles, copays, and coinsurance after other insurance has paid (includes medical, prescription drug, dental, and vision)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Counseling and psychiatric care</td>
</tr>
<tr>
<td>Hearing aids and batteries</td>
</tr>
<tr>
<td>Orthopedic and surgical supports; orthotics</td>
</tr>
</tbody>
</table>

**Prescription drugs and over-the-counter (OTC) medications and supplies**
These OTC items require a Letter of Medical Necessity: allergy and sinus, cough and cold, antacids, antibiotic creams, eye drops, ear wax removal treatments, lactose intolerance, motion and nausea, oral and teething pain

These OTC items are eligible for reimbursement without a Letter of Medical Necessity: bandages, contact lens solution, condoms, fertility and ovulation monitors, sunscreen (SPF 15 or higher)

**Dependent Care Expenses** (For a child under the age of 13 or other dependents who are physically and mentally incapable of taking care of themselves)

<table>
<thead>
<tr>
<th>Before or after school program</th>
<th>Au pair or nanny</th>
<th>Nursery school or preschool</th>
<th>Summer day camp (but not overnight camp)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Adult day care center</td>
<td>Elder care (in your home or someone else’s)</td>
<td>Babysitting (to allow you/your spouse to work or go to school full time)</td>
<td>Transportation to and from eligible care</td>
</tr>
</tbody>
</table>
Syracuse University Wellness and Worklife Resources

Syracuse University cares about the health and wellness of our entire campus community. There are several University departments and programs that provide faculty and staff with a variety of wellness and worklife related programs, tools, and resources. Please visit hr.syr.edu/work-life-benefits-and-resources for more information on worklife opportunities at the University.

- **Syracuse University Wellness Initiative** provides learning opportunities, activities, programs, and other resources needed to empower and encourage Syracuse University faculty and staff to make choices and changes that lead to a balanced and healthy lifestyle. Learn more and subscribe to our email list at http://wellness.syr.edu/

- **Carebridge**, our Faculty and Staff Assistance Program provides comprehensive counseling, worklife services and resources to eligible faculty, staff and their families. This partnership enables the University to offer independent, confidential local counseling (both in person and telephonic), and other resources to help people manage challenges at work and in their personal lives. Licensed, credentialed counselors are available 24 hours a day, 7 days a week, 365 days a year by calling Carebridge at 800.437.0911.

- **Tobacco-and Smoke-Free Campus** wellness.syr.edu/tobacco-free
To help ensure a healthy, productive, respectful environment in which to work, learn, and live, Syracuse University is pleased to provide a smoke-free and tobacco-free campus. Smoking and the use of all tobacco and tobacco-related products (including e-cigarettes and chewing tobacco) are prohibited on University property, including buildings, sidewalks, and parking areas.

- **Healthy Monday Syracuse:**
Healthy Monday is a national initiative to help end chronic preventable diseases by offering weekly programs to support people in starting and sustaining healthy behaviors. Many people view Monday as a “fresh start” and are more likely to begin a healthier diet, start an exercise routine, or quit smoking on Monday. Those who begin the week with a healthy habit find it easier to keep it up all week long. Sign up for our Healthy Monday Syracuse weekly email newsletter for tips on staying active, eating well, and managing stress. Or check out our free fitness, yoga, and mediation classes, Monday Mile walking routes, and Meatless Monday dining options! Visit lernercenter.syr.edu/healthy-monday/ for more information.

- **Syracuse University Recreation Services** offers many comprehensive and accessible recreational opportunities. Students, faculty, and staff with a current SU ID are encouraged to take advantage of the on-campus fitness centers and several other facilities that promote health and wellness to the SU community. Learn more at recreationservices.syr.edu.

- **Hendricks Chapel** is the diverse religious, spiritual, ethical and cultural heart of Syracuse University that connects people of all faiths and no faith through active engagement, mutual dialogue, reflective spirituality, responsible leadership and a rigorous commitment to social justice. Meditation Schedule at Hendricks Chapel is brought to you by Healthy Monday and Hendricks Chapel. Learn more about Hendricks Chapel at hendricks.syr.edu.

- **Ergonomics**
The Fire and Life Safety Services Department provides quality services in ergonomics to effectively assist the Syracuse University workforce increase comfort and safety on the job, increase productivity and job satisfaction, and reduce overall occupational injuries. Ergonomic interventions allow employees to work safely and comfortably while reducing injuries. To request an ergonomic consultation/evaluation of your workstation, please contact 315.443.5475.
Group Life Insurance

Upon employment, Syracuse University provides $50,000 basic group life insurance at no cost for faculty members and $10,000 basic group life insurance at no cost for staff employees. Coverage reduces when you reach age 65 to $32,500 for faculty and $6,500 for staff. All life and AD&D insurance is administered through MetLife.

Supplemental Life Insurance

In addition to the life insurance benefit provided to you by the University, you have the opportunity to purchase additional life insurance in increments of one to 10 times your annual salary, not to exceed $2,000,000. A Statement of Health is required if you elect supplemental life coverage above $250,000 upon hire, or if you decide in the future to increase your supplemental life insurance coverage. The Statement of Health form can be found at hr.syr.edu/lifesoh.

2019 Monthly Employee Contributions for Supplemental Life Insurance

<table>
<thead>
<tr>
<th>Age</th>
<th>Cost per $1,000 per Month*</th>
</tr>
</thead>
<tbody>
<tr>
<td>Under age 25</td>
<td>$.032</td>
</tr>
<tr>
<td>25 through 29</td>
<td>$.038</td>
</tr>
<tr>
<td>30 through 34</td>
<td>$.051</td>
</tr>
<tr>
<td>35 through 39</td>
<td>$.058</td>
</tr>
<tr>
<td>40 through 44</td>
<td>$.077</td>
</tr>
<tr>
<td>45 through 49</td>
<td>$.109</td>
</tr>
<tr>
<td>50 through 54</td>
<td>$.173</td>
</tr>
<tr>
<td>55 through 59</td>
<td>$.306</td>
</tr>
<tr>
<td>60 through 64</td>
<td>$.466</td>
</tr>
<tr>
<td>65 through 69</td>
<td>$.810</td>
</tr>
<tr>
<td>70+</td>
<td>$1.441</td>
</tr>
</tbody>
</table>

*Rates listed here are based on the 12-month calendar year. The actual deduction from your paycheck depends on your deduction cycle.

Calculating your Contribution

**Step 1:** Find your rate based on your age in the chart above (for example, the rate for a 40-year-old is $.077).

**Step 2:** Multiply your annual salary by the level you want to get the total coverage amount (for example, 3 x $50,000 = $150,000). If this is not an even number, round up to the next highest thousand (for example, $147,672 becomes $148,000).

**Step 3:** Divide the coverage amount by 1,000 (for example, $150,000 divided by 1,000 = $150).

**Step 4:** Multiply by the rate from the chart ($150 x $.077 = $11.55). This is the monthly amount.

**Step 5:** To determine the amount that will be deducted from each paycheck, multiply the monthly amount by 12 and divide by the number of checks you receive in a year:
- Paid weekly over the fiscal year: 52 pays
- Paid weekly over the academic year: 37 pays
- Paid semi-monthly over the fiscal year: 24 pays
- Paid semi-monthly over the academic year: 18 pays

Will Preparation Service

If you choose to enroll in supplemental life insurance, you have access to another service to protect the ones you love—Will Preparation.

**Having an up-to-date will is one of the most important things you can do for your family.**

Like life insurance, a carefully prepared will is important. With a will, you can define your most important decisions, such as who will care for your children or inherit your property. The Will Preparation Service also includes the preparation of living wills and power of attorney. By enrolling for supplemental life coverage, you will have access to Hyatt Legal Plans’ network of more than 14,000 participating attorneys for preparing or updating these documents at no additional cost to you if you use a Hyatt Legal Plans’ participating attorney.

**Using the Will Preparation Service is easy.**

**Step 1:** Call Hyatt Legal Plans’ toll-free number, 800.821.6400, and a client service representative will assist you in locating a participating plan attorney in your area and provide you with a case number.
**Step 2:** Call and make an appointment with a participating attorney—many plan attorneys have evening and weekend appointments for your convenience.

**Step 3:** That’s it. When you use a plan attorney, you do not need to submit any claim forms. You also have the flexibility of using a non-network attorney and being reimbursed for covered services according to a set fee schedule.

For more information and schedule of fees, visit [hr.syr.edu/life](http://hr.syr.edu/life).

### Accidental Death and Dismemberment (AD&D) Insurance

Upon employment, Syracuse University provides you with $3,000 of basic AD&D coverage at no cost to you.

### Supplemental Accidental Death and Dismemberment (AD&D) Insurance

You have the opportunity to purchase additional AD&D coverage in increments of one to 10 times your annual salary. Total coverage must not exceed the amount of supplemental life insurance. The monthly cost is $.02 per thousand dollars of coverage.

With the purchase of Supplemental AD&D coverage, you will also enjoy the benefits of MetLife’s Travel Assistance program, which provides a range of travel concierge services to you and your dependents. For more information, see [hr.syr.edu/travel](http://hr.syr.edu/travel).

### Dependent Life Insurance: Spouse/Same-Sex Domestic Partner

You may purchase life insurance for your spouse/same-sex domestic partner in an amount not to exceed your own coverage (basic and supplemental life combined). You can choose coverage for your spouse/same-sex domestic partner in the amounts of $10,000 or $20,000 without providing a Statement of Health. Coverage levels of $40,000, $60,000, $80,000, and $100,000 may also be elected; however, your spouse/same-sex domestic partner must complete and submit a Statement of Health form which can be found at [hr.syr.edu/lifesoh](http://hr.syr.edu/lifesoh) and have it approved by MetLife. Coverage will not go into effect until MetLife notifies Human Resources of its approval.

### 2019 Monthly Employee Contributions for Spouse/Same-Sex Domestic Partner Life Insurance

<table>
<thead>
<tr>
<th>Age</th>
<th>Cost Per Thousand Per Month*</th>
</tr>
</thead>
<tbody>
<tr>
<td>Under age 25</td>
<td>$.05</td>
</tr>
<tr>
<td>25 through 29</td>
<td>$.06</td>
</tr>
<tr>
<td>30 through 34</td>
<td>$.08</td>
</tr>
<tr>
<td>35 through 39</td>
<td>$.09</td>
</tr>
<tr>
<td>40 through 44</td>
<td>$.12</td>
</tr>
<tr>
<td>45 through 49</td>
<td>$.15</td>
</tr>
<tr>
<td>50 through 54</td>
<td>$.23</td>
</tr>
<tr>
<td>55 through 59</td>
<td>$.43</td>
</tr>
<tr>
<td>60 through 64</td>
<td>$.66</td>
</tr>
<tr>
<td>65 through 69</td>
<td>$1.27</td>
</tr>
<tr>
<td>70+</td>
<td>$2.26</td>
</tr>
</tbody>
</table>

*Rates listed here are based on the 12-month calendar year. The actual deduction from your paycheck depends on your deduction cycle.

### Dependent Life Insurance: Child(ren)

You may purchase life insurance for your unmarried child(ren) under age 26 who are dependent upon you for more than half of their support in the amount of $10,000 as long as this coverage does not exceed your own amount. A Statement of Health is not required. If both parents are SU employees, each can elect Child Life. The monthly premium is $.63, based on a 12-month calendar year, and remains the same regardless of the number of children covered. The actual deduction from your paycheck depends on your deduction cycle.
Disability Benefits

Salary Continuation Disability Benefits for Exempt Employees

Upon employment, the Syracuse University Salary Continuation Plan for faculty and exempt (salaried) employees provides benefits for qualifying short-term disabilities, maternity leaves, and long-term disabilities. There is no employee contribution required.

<table>
<thead>
<tr>
<th>Period of Disability</th>
<th>Benefits Paid by SU (taxable)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Weeks 0-16</td>
<td>100% of current salary</td>
</tr>
<tr>
<td>Weeks 17-26</td>
<td>60% of current salary</td>
</tr>
<tr>
<td>Weeks 27-52</td>
<td>50% of current salary</td>
</tr>
<tr>
<td>Weeks 53+</td>
<td>50% of current salary if Social Security disability award has been granted before Week 53 and if the eligible employee has completed at least 12 months of active employment</td>
</tr>
</tbody>
</table>

Questions about the Salary Continuation Plan for Exempt Employees should be directed to the HR Service Center at 315.443.4042.

Disability Benefits Plan for Non-Exempt Employees

Syracuse University provides income replacement in excess of Statutory New York State Disability Benefits and Workers’ Compensation for a non-exempt (hourly) employee absent from work due to occupational or non-occupational injury or illness. Syracuse University provides the following benefits. There is no employee contribution required.

<table>
<thead>
<tr>
<th>Period of Disability</th>
<th>Benefits Paid by SU (taxable)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Weeks 0-1</td>
<td>First week waiting period (5 consecutive days), sick pay benefits payable if eligible.</td>
</tr>
<tr>
<td>Weeks 2 - 26</td>
<td>New York State Statutory benefits up to a maximum of $170 per week, if eligible. Supplemental Benefit up to a maximum of $170 per week, if eligible.</td>
</tr>
</tbody>
</table>

Workers’ Compensation

Syracuse University provides coverage (Statutory Benefits) for all employees, on a non-contributory basis, for protection for occupational illness or injury. Questions about Non-exempt Disability benefits and Workers’ Compensation should be directed to the Office of Risk Management at 315.443.5106.
Voluntary Long Term Disability Insurance

The LTD Plan complements Syracuse University's Salary Continuation Plan (for eligible faculty and exempt employees) and Disability Plan (for eligible non-exempt employees), both of which cover the first six months of disability before the LTD Plan begins payments.

It is important to consider the advantages of seeking coverage beyond the University's plans alone.

Voluntary LTD insurance helps protect you and your lifestyle and further helps you to meet your financial commitments in a time of need. You may purchase additional coverage for long-term disabilities at group rates through the Voluntary Group Long Term Disability Plan (LTD), insured by The Standard. This program is designed to provide you with a benefit of 60 percent of your pre-disability earnings, payable monthly, if you have an illness or injury that prevents you from working for more than six months. Voluntary LTD benefit payments are not taxable because you pay the full premium cost.

The benefit amount you receive may be reduced by other income such as Social Security Disability benefits. If you are covered under both the Voluntary LTD insurance and the University’s Salary Continuation Plan, disability benefits shall first be provided under the Voluntary LTD insurance, and benefits under the Salary Continuation plan would be reduced by the amount you receive under the Voluntary LTD plan.

You are guaranteed acceptance if you apply for Voluntary LTD insurance during your first 45 days of benefit eligibility. However, if you don’t enroll when you are first eligible and later decide to elect the benefit, you must wait for the annual Open Enrollment period to elect coverage. You will need to submit a Medical History Statement and may be asked to supply additional medical information and/or have a physical exam.

The Voluntary LTD program offers you the advantages of:

- Convenience. With premiums deducted directly from your paycheck after-tax, you don’t have to worry about mailing monthly payments.
- Savings. Typically, group insurance rates are lower than the rates for individual insurance plans.
- Peace of Mind. You can take comfort in knowing that you have help meeting your financial obligations if you become disabled and are unable to work for an extended period of time.

Learn more about the voluntary LTD coverage at hr.syr.edu/ltd.

2019 Monthly Employee Contributions for Long Term Disability Insurance

<table>
<thead>
<tr>
<th>Age</th>
<th>Cost/Hundred per Month*</th>
</tr>
</thead>
<tbody>
<tr>
<td>Under age 30</td>
<td>$.196</td>
</tr>
<tr>
<td>30 through 34</td>
<td>$.235</td>
</tr>
<tr>
<td>35 through 39</td>
<td>$.294</td>
</tr>
<tr>
<td>40 through 44</td>
<td>$.431</td>
</tr>
<tr>
<td>45 through 49</td>
<td>$.647</td>
</tr>
<tr>
<td>50 through 54</td>
<td>$.941</td>
</tr>
<tr>
<td>55 through 59</td>
<td>$1.215</td>
</tr>
<tr>
<td>60 through 64</td>
<td>$1.264</td>
</tr>
<tr>
<td>65 through 69</td>
<td>$1.343</td>
</tr>
<tr>
<td>70 through 74</td>
<td>$1.735</td>
</tr>
<tr>
<td>75+</td>
<td>$2.646</td>
</tr>
</tbody>
</table>

*Contributions listed here are based on the 12-month calendar year. The actual deduction from your paycheck depends on your deduction cycle.

Calculating your Contribution

To calculate your monthly cost: Annual Base Salary ÷ 12 = Covered Earnings + 100 x Age-Based Rate = Monthly Cost.

For example: Randy earns $60,000 per year and is 37 years old. His monthly cost would be:

$60,000 ÷ 12 = $5,000 + 100 x $.294 = $14.70. If Randy is an academic year employee, his cost per paycheck would be $14.70 x 12 / 18 = $9.80.

*The maximum covered earnings is $20,000 per month.
Remitted Tuition Benefits For Employees and Retirees

Syracuse University is pleased to offer Remitted Tuition Benefits (RTB), which may be applied to tuition charges for undergraduate and graduate courses at Syracuse University, including University College (UC), with certain restrictions. You may use RTB credits for yourself, or you may transfer them to your eligible spouse or same-sex domestic partner. Credit hours are awarded at the start of the new fiscal year (July 1) and are available for use during the fall, spring, or summer semesters immediately following. Please visit the Syracuse University Remitted Tuition Policy online at supolicies.syr.edu/emp_ben/tuition_remitted.htm for complete details.

Eligibility

- **Employees** - Remitted tuition is available to all benefits-eligible employees. When you use RTB, you receive a full tuition waiver.
- **Retirees** - If you retire at age 55 or older with at least five consecutive years of service, you continue to be eligible for RTB for a full tuition waiver.
- **Spouse/Same-Sex Domestic Partner** - You may transfer some or all of your available RTB to an eligible spouse or same-sex domestic partner. RTB credit hours transferred to a spouse or same-sex domestic partner are valued at 85 percent.

Credit Hours Granted

The number of credit hours available depends upon your employment status:

- Full-time employees receive 12 credit hours annually.
- Part-time employees receive 9 credit hours annually.
- Retirees receive the number of credit hours they were eligible for at the time of retirement.

Getting Started

You will receive prorated RTB during your first year of employment, according to the following schedule:

<table>
<thead>
<tr>
<th>Employment Date</th>
<th>Full-Time</th>
<th>Part-Time</th>
</tr>
</thead>
<tbody>
<tr>
<td>7/1 - 9/30</td>
<td>12</td>
<td>9</td>
</tr>
<tr>
<td>10/1 - 12/31</td>
<td>8</td>
<td>6</td>
</tr>
<tr>
<td>1/1 - 3/31</td>
<td>4</td>
<td>3</td>
</tr>
<tr>
<td>4/1 - 6/30</td>
<td>0</td>
<td>0</td>
</tr>
</tbody>
</table>

There are no forms or applications to complete to use RTB, unless you are transferring credits to an eligible spouse/same-sex domestic partner. To transfer credits to an eligible spouse or same-sex domestic partner, complete a Remitted Tuition Transfer Authorization Form and return it to Human Resources prior to the start of the semester in which the benefits are to be used. The form is available online at hr.syr.edu/forms. A new form will only need to be completed if you wish to make a change in the number of credits assigned, or to change the recipient, including transferring credits back to yourself.

RTB credits may be used for courses offered through Syracuse University, including University College (UC), according to the following guidelines:

- Credit hours do not carry over from year to year; credits not used are forfeited.
- Credit hours may not be borrowed from a future year to be used in a current year.
- Up to six credit hours may be taken per semester or summer session. You may exceed six credit hours in a single semester only with the permission of your supervisor. You may take classes during regular work hours only with the permission of your supervisor.
- Remitted tuition applies to tuition charges only.
- UC registrants must pay a processing fee that is not covered by RTB.
- SU reserves the right to restrict the use of RTB for certain workshops, non-credit courses, and special programs.
- Spouses/same-sex domestic partners receiving RTB must have a United States-issued Social Security number or an individual tax identification number.

Benefits Eligibility Status Change

RTB will be adjusted based upon any changes in your eligibility status (e.g., moving from full- to part-time employment). If you separate from the University, the total year benefit will be prorated based upon your termination date according to the chart below and no benefits for future semesters, including Maymester or Summer Sessions, will be authorized. If you terminate during a semester when RTB were used by you or your spouse/same-sex domestic partner, you will be billed for any remaining balance after the prorated remitted tuition credits have been applied.

<table>
<thead>
<tr>
<th>Termination Date</th>
<th>Full-Time</th>
<th>Part-Time</th>
</tr>
</thead>
<tbody>
<tr>
<td>7/1 - 9/30</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>10/1 - 12/31</td>
<td>4</td>
<td>3</td>
</tr>
<tr>
<td>1/1 - 3/31</td>
<td>8</td>
<td>6</td>
</tr>
<tr>
<td>4/1 - 6/30</td>
<td>12</td>
<td>9</td>
</tr>
</tbody>
</table>

Tax Implications

For information on remitted tuition taxability rules, please refer to the Comptroller’s Office website at bfas.syr.edu/forms/remitted-tuition-application-for-employee-graduate-rtb-to-be-non-taxable/. You are encouraged to determine whether you are eligible to claim the federal Lifetime Learning Tax Credit to help offset your share of tuition costs paid for a participating spouse or same-sex domestic partner (if claimed as a dependent on your tax return).
Dependent Tuition Benefits For Employees and Retirees

After the equivalent of three years of full-time employment, Syracuse University provides educational benefits to your qualified dependents to assist them in pursuing their first baccalaureate degree. Benefits are available for dependents attending Syracuse University through the SU Tuition Waiver Program and for dependents attending other educational institutions through the Tuition Exchange Program and the Cash Grant Program.

Benefits are limited to tuition expenses and are applicable to undergraduate coursework only. Students are eligible for only one program at a time, must meet academic and admission requirements, and be matriculated in a program of study leading to the first bachelor’s degree. The following is a brief description of each Dependent Tuition Benefit Program available. Please visit the Syracuse University Dependent Tuition Policy online at supolicies.syr.edu/emp_ben/ tuition_dependent.htm for complete details.

SU Tuition Waiver Program

Eligible dependents receive a tuition waiver based on your salary and your dependent's matriculation date for undergraduate study at Syracuse University. Benefits are limited to the number of credits required for his/her first baccalaureate degree. Matriculated students may also apply SU Tuition Waiver to Summer Session courses. The value of the tuition waiver for the 2019-2020 academic year is:

- Qualified dependents of employees with annual salaries up to $58,869* will receive a full tuition waiver.
- Qualified dependents of employees with annual salaries between $58,869* and $117,740* will receive a 95 percent tuition waiver.
- Qualified dependents of employees with salaries of $117,740* or above will receive a 90 percent tuition waiver.

*For eligible courses taken during subsequent academic years, the thresholds will continue to be increased by an amount equal to the University’s annual budgeted salary staff pro-forma. For purposes of determining the level of tuition waiver, the University salary to be used is the eligible employee’s “average base benefit rate” as defined by the University and recorded by the Office of Human Resources. The measurement of an eligible employee’s University salary is determined as of November 1 prior to the academic year of receiving a tuition waiver.

Tuition Exchange Program

Eligible dependents pursuing their first baccalaureate degree at an institution other than Syracuse University that is a member institution of Tuition Exchange, Inc. may also receive tuition waivers. Benefits are limited to a maximum of eight semesters. Tuition is not guaranteed at any of the participating member colleges. Tuition Exchange scholarships are awarded by the participating member institutions according to their own criteria. The value and duration of each award may be restricted. Summer Session courses are not available under the Tuition Exchange program. Please visit www.tuitionexchange.org for more details.

Cash Grant Program

Eligible dependents may receive up to $1,250 per semester applied to tuition for matriculated full-time studies leading to the first baccalaureate degree at an accredited institution other than Syracuse University. Benefits are limited to a maximum of eight semesters. Summer Session courses are not available under the Cash Grant program.

How To Apply

All applicants must complete and submit the Dependent Tuition Application form. The form is available on the HR website at hr.syr.edu/forms.

In addition to the Dependent Tuition Application, all SU Tuition Waiver Program applicants are required to file an application for the New York State Tuition Assistance Program (TAP) within state deadlines. An exemption from this requirement is available if certain criteria are met. Consult the Dependent Tuition Policy for complete details.

Applicants for the Tuition Exchange Program must also complete the Tuition Exchange Request form. The form is available on the HR website at hr.syr.edu/forms.

<table>
<thead>
<tr>
<th>New applicant applications are due no later than:</th>
</tr>
</thead>
<tbody>
<tr>
<td>SU Tuition Waiver</td>
</tr>
<tr>
<td></td>
</tr>
<tr>
<td>Tuition Exchange</td>
</tr>
<tr>
<td>Cash Grant</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Renewal applications are due no later than:</th>
</tr>
</thead>
<tbody>
<tr>
<td>SU Tuition Waiver</td>
</tr>
<tr>
<td>Tuition Exchange</td>
</tr>
<tr>
<td>Cash Grant</td>
</tr>
</tbody>
</table>
Paid Time Off for Staff Employees

**Holidays** - The University provides the following seven paid holidays each calendar year: New Year’s Day, Martin Luther King Jr. Day, Memorial Day, Independence Day, Labor Day, Thanksgiving Day, and Christmas Day. In addition, at certain times of year, paid bonus days are assigned to certain holidays that will result in long weekends. These assigned days may vary from year to year depending upon how these holidays fall on the calendar. You are eligible for these holidays immediately upon employment. The University also provides Orange Appreciation days. Additional information may be found at hr.syr.edu/benefits/paid-time-off-and-leaves.

**Floating Holidays** - Syracuse University provides two floating holidays available for use immediately upon employment. Floating holidays are prorated for part-time employees and must be taken within the fiscal year. Unused floating holidays cannot be carried into the next fiscal year.

**Vacation for Exempt (Salaried) Employees** - Syracuse University provides 20 days of vacation with an additional 5 days beginning in the 20th year of employment and another 5 days in the 30th year. Vacation time is available beginning July 1 following the date of hire.

**Vacation for Non-Exempt (Hourly) Employees** - Syracuse University provides 10 days of vacation with an additional 5 days beginning in the 5th year of employment. Upon reaching the fiscal year in which the 11th anniversary falls, a day for every year thereafter will accrue, up to reaching the 20th anniversary. Upon reaching the fiscal year in which the 30th anniversary falls, Syracuse University will provide 30 days. Vacation time is available beginning July 1 following your date of hire. Vacation days are prorated in the case of eligible part-time employees.

The vacation entitlement schedule for bargaining unit staff employees is also based on years of service. Bargaining unit staff employees should consult the collective bargaining agreement for additional details about this benefit.

**Personal Business Days for Non-Exempt (Hourly) Employees** - Syracuse University provides two personal business days annually beginning July 1 following the date of hire. Personal business days are prorated in the case of eligible part-time staff employees and must be scheduled with the approval of your supervisor. Unused personal business days cannot be carried into the next fiscal year.

**Sick Time for Non-Exempt (Hourly) Employee** - Eligible employees hired on or after the beginning of the fiscal year will accrue one day of sick pay every three months for personal or family illness, which may be taken by the end of the fiscal year. As of July 1, all active benefits eligible non-exempt staff employees are credited with six paid sick days that may be taken during the fiscal year. These six days may be used for personal illness or to care for an ill/injured child, spouse/same-sex domestic partner, or parent. Sick days are prorated in the case of eligible part-time employees.

**Leaves of Absence**

You may request short-term leaves of absence, with pay, for court and jury duty, military training, volunteer fire fighting, the funeral of an immediate relative (as defined in the University’s Funeral/Bereavement Leave Policy), special public service assignments, or unusual personal business that cannot be accomplished outside of working hours. Syracuse University recognizes the New York Paid Family Leave benefit that provides support when employees need time away from work for certain family matters. In addition, employees who have completed one year of continuous service are eligible to request a leave of absence, without pay, for family, health, and other personal reasons for a period of up to one year. Bargaining unit staff employees should consult the collective bargaining agreement for additional details about their leaves.
Other Benefits

MetLife Home and Auto Insurance
You are eligible upon employment to participate in Syracuse University’s Group Home and Auto Insurance Program with MetLife. Through MetLife, you can apply to purchase insurance coverage for your home, automobile, and other personal property at special group rates. You can receive an additional discount if you pay your premium through payroll deduction. SU’s dedicated MetLife representative, Tom Swanson, may be contacted at 315.656.2982. More information can be found at hr.syr.edu/benefits/home-auto.

Worldwide Travel Protection
International SOS (ISOS) provides worldwide travel, medical, and security assistance, and evacuation services for faculty, staff, and students traveling outside the United States on University business, sanctioned academic work, or research. ISOS serves to better enhance safety and to help facilitate communication in the event of emergency situations. Visit riskmanagement.syr.edu, or call Risk Management at 315.443.5334 for more information.

Home Mortgage Program
The University’s Real Estate Office administers a mortgage guarantee program for employees purchasing a home in the University area. For more information on this program, contact the University’s Real Estate Office at 315.443.2104 or visit realestate.syr.edu.

Identification Cards
You will be issued a Syracuse University identification card upon employment. The ID card enables you to obtain a discount on certain purchases at the Syracuse University Bookstore and on the purchase of tickets for certain athletic and cultural events. It also facilitates borrowing privileges at the University Libraries and access to campus recreational facilities. Your spouse/domestic partner and dependents may also apply for ID cards through the Office of Housing, Meal Plan and ID Card Services (315.443.2726), for which they will be charged a processing fee. ID cards enable family members to use University facilities such as the library, campus bus service, and gymnasiums.

Adoption Assistance
Syracuse University offers adoption assistance reimbursement grants to cover eligible expenses up to $5,000 for the adoption of one child or $8,000 for simultaneous adoption of more than one child. To qualify, the child being adopted must be under 18 years of age and not biologically related to either parent. More information can be found at hr.syr.edu/benefits/adoption.

Lesbian, Gay, Bisexual and Transgender (LGBT) Resource Center
Syracuse University values diversity in all its forms and welcomes faculty and staff members to our community who identify as lesbian, gay, bisexual, transgender, queer, questioning, intersex, and asexual. Our mission is to provide community building, outreach and visibility, and intellectual and leadership development that centers the experience of people with marginalized sexualities and genders. We invite on- and off- campus community members to join us as we seek to understand the ways that privilege and oppression manifest in our society, commit to ending oppression in our communities, and to actively engage in struggles to achieve liberation.

We provide services, resources and programs that benefit staff and faculty through individual consultations with faculty and staff about content and research on LGBTQ topics, LGBTQ-inclusion workshops and reference materials, and advocacy through campus-wide committees to support diversity and inclusion. To stay informed and to tell us what you would like to see, join the SU Faculty and Staff Listserv and the LGBT Community Listserv by emailing us at lgbt@syr.edu.
Information Security

World-Class Technology at your Fingertips
Syracuse University depends on a broad range of information and communications technology for its day-to-day teaching, research, and operations. Regardless of the nature of the work you do here at the University, you’ll touch this technology and depend on it to succeed.

Information Technology Services (ITS) is the central organization on campus for a wide array of technology services. These include financial and academic applications, technical support, and enterprise systems ranging from desktop computing to data centers, application development to information security. ITS handles the University’s information security, data networks, related infrastructure, all campus Internet connectivity, and telephone and cable television services. Log into answers.syr.edu and search for “ITS Faculty and Staff Services.”

Protecting University Information: It’s Up to You
As a University employee, you’ll likely be exposed to all kinds of information in many different formats. Student and employee personal records, financial and payroll information, Social Security numbers, SU ID numbers, and research data are only some of the data you may encounter. Whether working in your office, at home, across the country, or around the globe, it is critical that you understand how to protect University information. You need to be vigilant and careful when handling or sharing data using any devices, including desktop and laptop computers, hand-held devices, smartphones, and thumb drives. The University’s greatest defense against unauthorized or unlawful disclosure of confidential information comes from alert, informed faculty and staff who understand and follow good security practices.

You can find detailed Information on the University’s policies and procedures for protecting information at its.syr.edu/infosec. Here are the most important DO’s and DON’Ts:

- **DON’T** share your SU NetID password with anyone, and **DON’T** use it as a password for systems outside of SU.
- **DON’T** click on hyperlinks in email unless you are sure the link is valid.
- **DON’T** provide information of any kind to anyone—University employee or third-party—who does not require it to perform their SU role.
- **DON’T** access data from off campus unless using an approved remote access method.
- **DON’T** take information home on portable media such as thumb drives, CDs, or portable hard disks.
- **DO** find detailed answers to security questions at its.syr.edu/infosec.
- **DO** ask questions about data security of your local IT support personnel or of the Information Security team at itsecurity@listserv.syr.edu.

Technical Support
Computing information and technical support are available from your department support staff and from ITS. You can find contact information for your department support staff at its.syr.edu/contact_its/. You can contact the ITS Service Center by calling 315.443.2677 or by emailing help@syr.edu. The center is located in room 1-227 in the Center for Science and Technology. Visit its.syr.edu/supportsvc for service center hours of operation as well as a complete description of available services. And you can search for support and other information at answers.syr.edu.

Please Take A Few Minutes
You’ll want to become familiar with Syracuse University’s Information Technology policies at supolicies.syr.edu/it. Also, visit answers.syr.edu/x/b419Aw to find out about how SU addresses and resolves issues of electronic copyright infringement and about its preventive measures and policies to ensure compliance with federal laws.

Ensuring Accessibility Using Technology
ITS offers a variety of resources for using technology to ensure accessibility. Our goal is that all University technology is usable by the greatest number of students, faculty, and staff possible, including those with disabilities, so that everyone is able to participate to the maximum extent that they can. Accessibility enables full participation by all people regardless of their individual learning styles and abilities. To explore and take advantage of these resources, visit its.syr.edu/accessibility.

Find the Technology Guide
The Technology Guide brings valuable advice and how-to information right to your mobile device. It’s your go-to source for a wide array of technology services and resources available to you. To access the Technology Guide, go to https://its.syr.edu/techguide/.

Training and Software for Professional Development
Build your abilities and your career with Lynda.com. Learn business, technology, and creative skills with unlimited access to the Lynda.com video library of more than 3,600 engaging, top-quality courses, including 275,000 tutorials taught by industry experts. To get started, visit answers.syr.edu/x/zbBfAg.

Install the latest Office 365 software on up to five of your personally owned computers and devices. Word, Excel, Powerpoint, Outlook, and more are yours as long as you are a University employee. For complete information visit answers.syr.edu/x/DwDiAQ.
Notice of Special Enrollment Rights

Enrollment of Eligible Employees, Spouses, Domestic Partners, and Dependents:

Enrollment in benefits must take place within 31 days of an Eligible Employee first becoming eligible for benefits, during an annual open enrollment period, or within 31 days of an appropriate qualifying life event. All necessary forms and required documentation must be submitted to the Office of Human Resources within this time period.

Qualifying life events for enrolling Eligible Employees, Spouses, Domestic Partners, and Dependents include the following:

1. Marriage, civil union, or registered domestic partnership; or for Eligible Domestic Partners, the earliest date on which the residency and financial interdependence criteria are satisfied as defined by the Syracuse University Office of Human Resources;

2. Birth, adoption, or legal guardianship of a child;

3. Loss of benefit coverage for an Eligible Employee, Spouse, Domestic Partner, or Dependent previously covered by a non-SU employer or other non-SU source.

Coverage for an Eligible Employee, Spouse, Domestic Partner, or Dependent will be terminated upon the date he or she no longer meets the eligibility criteria for benefits (e.g., date of divorce, dissolution of marriage, civil union, or registered domestic partnership, or the earliest date the Domestic Partner or Dependent criteria are no longer met, as applicable). Eligible Employees must notify the Office of Human Resources and submit all necessary forms and required documentation within 31 days of the date their covered Spouse, Domestic Partner, or Dependent no longer meets the eligibility criteria.

Eligible Employees may voluntarily terminate coverage for themselves or their Eligible Spouses, Domestic Partners, and Dependents during an annual open enrollment period or within 31 days of an appropriate qualifying life event. For qualifying life events, benefits will be terminated as of the date of the event, provided all necessary forms and required documentation are submitted to the Office of Human Resources within the 31-day time period.

An Eligible Spouse’s or Domestic Partner’s open enrollment that includes new coverage options not previously available is considered a qualifying life event for voluntarily terminating coverage.

For further information on eligibility, please refer to the Benefits Eligibility Policy online at supolicies.syr.edu/emp_ben/benefits_eligible.htm.
**Continuation of Health Coverage/COBRA**

This notice summarizes your rights and obligations with regard to continuation coverage under the Consolidated Omnibus Budget Reconciliation Act of 1985, as amended (commonly known as “COBRA”).

In the event that you are no longer covered under a Syracuse University Group Health Plan (Group Health Plan refers to the individual active or retiree medical, dental/vision, and/or health care flexible spending account benefit to which you are enrolled, with eligibility determined by each individual plan document), you will have the opportunity for a temporary extension of Group Health Plan coverage (called “Continuation Coverage”) if your coverage terminates for one of the reasons specified below (commonly known as “Coverage”) if your Group Health Plan coverage terminates due to one of the following Qualifying Events:

1. **Your benefit coverage may be continued for up to 36 months in the event of death, divorce or legal separation, dissolution of domestic partnership, or loss of dependent eligibility.**

2. **The 18-month coverage period may be extended to 29 months for Qualifying Beneficiaries, if:**
   a. any Qualifying Beneficiary is determined under Title II or Title XVI of the Social Security Act to have been disabled on or within 60 days of the date of termination or reduction in hours of the covered employee’s employment; and
   b. you or another Qualifying Beneficiary notifies the University within 60 days after the determination and before the end of the 18-month coverage period.

   Any coverage extended after the initial 18 months because of a disability determination may be charged to you at 150% of the applicable premium (even if your coverage is ultimately continued for a total of 36 months, pursuant to the paragraph below), so long as the disabled person is covered during the extension. If it is later determined that the Qualifying Beneficiary whose disability resulted in the extended coverage is no longer totally disabled, you or another Qualifying Beneficiary must notify the University within 30 days of the determination.

3. If you are a covered Family Member and you continue your coverage upon a termination or reduction in hours of employment, your Continuation Coverage may be extended to 36 months if another event (death, divorce or legal separation, dissolution of domestic partnership, or ineligibility for dependent coverage) occurs during the initial 18-month period. If one of these events occurs, you should notify the University right away. Continuation Coverage will not last beyond 36 months from the date of the first event that made you eligible to continue your coverage.

**IV. Premium Payments**

If you elect to continue your coverage, you will be required to pay the applicable premium for your benefits. Except with respect to Continuation Coverage extended for up to 29 months for a disabled person and any other covered Family Members whose coverage is extended with the disabled person’s coverage (or up to 36 months in the event that a second Qualifying Event occurs with respect to a Qualifying Beneficiary whose coverage is extended due to disability), your premium payment will not exceed 102% of the full cost of the coverage to the Group Health Plan, which includes an administration fee.

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**I. Eligibility for Continuation Coverage**

A “Qualified Beneficiary” is a person who has a right to enroll in Continuation Coverage following a Qualifying Event. Qualified Beneficiary may refer to the covered employee, or retiree, or the covered employee's/retiree’s spouse, domestic partner, or dependent child (collectively “Family Members”) who has continuation rights with respect to a Qualifying Event. In general, all individuals must have health coverage on the day before a Qualifying Event in order to be a Qualified Beneficiary. As an exception, an eligible dependent child who is born or placed for adoption with a covered employee/retiree during a period of Continuation Coverage immediately becomes a Qualified Beneficiary. The COBRA period for such a child is measured from the same date as for other Family Members arising from the Qualifying Event, not from the date the child became enrolled in Continuation Coverage. The term “placed for adoption” includes an adoption without a preceding placement.

**II. Qualifying Events**

Qualifying Event means an event that gives rise to Continuation Coverage, depending upon whether the Qualified Beneficiary is the covered employee, covered retiree, or a Family Member.

1. **If you are an employee covered by a Group Health Plan, you have the right to elect Continuation Coverage if your Group Health Plan coverage terminates due to one of the following Qualifying Events:**
   a. a reduction in your hours of employment; or
   b. your employment has terminated (for reasons other than gross misconduct on your part). Termination of employment or reduction of hours is not a qualifying event with respect to coverage under the Syracuse University Retiree Medical Benefits Plan or the Syracuse University Retiree Prescription Drug Plan.

2. **If you are the Family Member of an employee/retiree and are covered by a Group Health Plan, you have the right to elect Continuation Coverage if your Group Health Plan coverage terminates due to one of the following Qualifying Events:**
   a. death of the covered employee/retiree;
   b. termination (for reasons other than gross misconduct), or reduction of hours of the covered employee’s employment. Termination of employment or reduction of hours is not a qualifying event with respect to coverage under the Syracuse University Retiree Medical Benefits Plan or the Syracuse University Retiree Prescription Drug Plan;
   c. divorce or legal separation of a covered employee/retiree from the employee’s/retiree’s spouse;
   d. the employee’s/retiree’s action to file a termination of domestic partnership with the Office of Human Resources; or
   e. a dependent child’s ceasing to satisfy the requirements for a dependent child under a Group Health Plan.

3. *In addition, sometimes filing a bankruptcy proceeding under Title 11 of the United States Code can be a Qualifying Event. If a bankruptcy proceeding is filed with respect to Syracuse University, and that bankruptcy results in the loss of coverage of any retired employee covered under a Group Health Plan, the retired employee will become a Qualified Beneficiary. The retired employee’s covered Family Member will also become a Qualified Beneficiary if bankruptcy results in the loss of their coverage under a Group Health Plan.*

**III. Continuation Coverage Term Limits**

In general, Continuation Coverage is available for up to 18 months due to employment termination or reduction of hours of work. However, certain Qualifying Events, or a second Qualifying Event during the initial period of coverage, may permit a Qualified Beneficiary to receive a maximum of 36 months of coverage as identified in 1., 2., and 3. as follows:
Premiums must be paid on a monthly basis. You will be required to pay the first premium payment in advance, along with any retroactive premium payments owed from the date of termination of your coverage, within 45 days after you submit your written election form. Payment is considered made on the date it is postmarked to the applicable Group Health Plan.

V. Notification Procedures
The University will notify the designated COBRA Administrator of the Qualifying Event within 30 days following the date coverage ends when the Qualifying Event is:

a. the end of employment or reduction of hours employment;
b. death of the employee/retiree; or
c. commencement of a proceeding in bankruptcy with respect to the University.

For other Qualifying Events (divorce, legal separation, dissolution of domestic partnership, or a dependent child's losing eligibility for coverage as a dependent child), you or someone on your behalf must notify the University or its designee in writing within 60 days after the Qualifying Event occurs, using the procedures specified below. If these procedures are not followed or if the notice is not provided in writing to the University or its designee during the 60-day notice period, any spouse/domestic partner or dependent child who loses coverage will not be offered the option to elect Continuation Coverage.

NOTICE PROCEDURES: Any notice that you provide must be in writing. Oral notice, including notice by telephone, is not acceptable. You must mail, email, fax or hand-deliver your notice to the department listed below, at the following address:
Syracuse University
Office of Human Resources, Suite 101
640 Skytop Road
Syracuse, New York 13244
Fax: 315.443.1063
Email: hrservice@syr.edu
If mailed, your notice must be postmarked no later than the last day of the required notice period. Any notice you provide must state:

1. the name of the plan or plans under which you lost or are losing coverage;
2. the name and address of the employee covered under the plan;
3. the name(s) and address(es) of the Qualified Beneficiary(ies); and
4. the Qualifying Event and the date it happened.

If the Qualifying Event is a divorce or legal separation, your notice must include a copy of the divorce decree or the legal separation agreement. Please be aware that there are other notice requirements in other contexts (for example, to qualify for a disability extension).

In order to protect your family's rights, you should keep the University informed of any changes in your address and the addresses of family members. You should also keep a copy, for your records, of any notices you send to the University.

VI. Termination of Continuation Coverage
Continuation Coverage may be terminated for the following reasons:

1. you reach the applicable maximum coverage period;
2. the University no longer provides Group Health Plan coverage to any of its employees/retirees;
3. you fail to make timely payment of any premium due;
4. your Continuation Coverage has been extended for up to 29 months due to a Qualifying Beneficiary's disability, and there has been a final determination that the Qualifying Beneficiary is no longer totally disabled;
5. after you enroll in Continuation Coverage, you become entitled to Medicare; or
6. after you elect Continuation Coverage, you become covered under another group health benefits plan that either: (i) does not contain any exclusion or limitation; or (ii) contains an exclusion or limitation that does not apply to you or has been satisfied in accordance with federal law.

The University reserves the right to terminate for cause the coverage of a Qualified Beneficiary on the same basis that the Group Health Plan terminates for cause the coverage of similarly situated non-continuation beneficiaries (for example, for the submission of a fraudulent claim).

In the case of an individual who is not a Qualified Beneficiary and who is receiving coverage under the Group Health Plan solely because of the individual's relationship to a Qualified Beneficiary, if the Group Health Plan's obligation to make Continuation Coverage available to the Qualified Beneficiary ceases, the Group Health Plan is not obligated to make coverage available to the individual who is not a Qualified Beneficiary.

Notice of Privacy Practices

THIS NOTICE DESCRIBES HOW MEDICAL INFORMATION ABOUT YOU MAY BE USED AND DISCLOSED AND HOW YOU CAN GET ACCESS TO THE INFORMATION. PLEASE REVIEW IT CAREFULLY.

This Notice of Privacy Practices ("NPP") is made in compliance with the Standards for Privacy of Individually Identifiable Health Information (the "Privacy Standards") established by the United States Department of Health and Human Services ("DHHS") pursuant to the Health Insurance Portability and Accountability Act of 1996 ("HIPAA"). This NPP summarizes the privacy practices of Syracuse University's Group Health Plans. The Privacy Standards shall control in the event of a discrepancy between this NPP and the Privacy Standards. Syracuse University's Group Health Plans, which include the Syracuse University Medical Benefits Plan; the Syracuse University Retiree Medical Benefits Plan; the Syracuse University Retiree Prescription Drug Plan; the Syracuse University Dental and Vision Benefits Plan; and the Syracuse University Health Care Flexible Spending Account (included within the Syracuse University Cafeteria Plan and Summary Plan Description; (collectively, the "Health Plans")), are required by law to maintain the privacy of your Protected Health Information ("PHI") as defined below, and to inform you, through this NPP, about:

1. the Health Plans' duties with respect to your PHI;
2. how the Health Plans may use and disclose your PHI;
3. your privacy rights with respect to your PHI;
4. your right to file a complaint with the Health Plans and with the Secretary of DHHS; and
5. who to contact for further information about the Health Plans' privacy practices.

PHI, as defined by HIPAA, includes all individually identifiable information about you that is transmitted or maintained by the Health Plans, including demographic information, and includes information that is created or received by the Health Plans that relates to:

- your past, present, or future physical or mental health or condition;
- the provision of health care services to you; or
- the past, present, or future payment for the provision of health care to you.

The Health Plans are required to abide by the terms of the NPP that is currently in effect for the Health Plans. The Health Plans reserve the right to revise or amend the terms of this NPP. Any revision or amendment will be effective for all records that the Health Plans have created or maintained in the past and for any of your records that we may create or maintain in the future. You will be informed of any material changes made to this NPP. In addition, the Health Plans will post, at all times, a copy of its most current NPP online at supolicies.syr.edu/emp_ben/hipaa.htm. You may also obtain a copy of the most current NPP at any time by calling the Syracuse University Office of Human Resources at 315.443.4042.
If you have any questions about this NPP or would like further information about HIPAA, please contact Human Resources at 315.443.4042.

**HOW THE HEALTH PLANS MAY USE AND DISCLOSE YOUR PHI**

HIPAA permits the Health Plans, its Business Associates, and their agents/subcontractors, if any, to use and/or disclose your PHI, without prior authorization, for the purposes of treatment, payment, and other health care operations of the Health Plans, which are described below. Consistent with the Genetic Information Nondiscrimination Act (GINA), the Health Plans are prohibited from using or disclosing genetic information for underwriting purposes. The Health Plans will disclose your PHI to its Business Associates only if it has received satisfactory assurances that the Business Associates will appropriately safeguard your PHI. HIPAA also permits the Health Plans to use and disclose your PHI, without prior authorization, for other specific purposes that are also described below. For each category, a description and some examples of the permitted uses and/or disclosures has been provided. The following examples are illustrative and are not meant to be a complete description of the permitted uses and disclosures of the Health Plans.

**A. Treatment.** The Health Plans may use and/or disclose your PHI to health care providers who are involved in your care and treatment. The Health Plans may use or disclose PHI about you to physicians, nurses, paraprofessionals, technicians, or other health care providers who are involved in your care and treatment. For example, we may disclose your PHI to a physician or a pharmacy to assist in the management of your health care.

**B. Payment.** The Health Plans may use and/or disclose your PHI to fulfill its obligation for coverage and the provision of health benefits under the Health Plans. For example, the Health Plans may use or disclose PHI to obtain or provide reimbursement for the provision of health care. Payment includes, but is not limited to, actions relating to eligibility or coverage determinations, billing, claims management, collection activities, reviews for medical necessity determinations and appropriateness of care, utilization review, and pre-authorizations.

**C. Health Care Operations.** The Health Plans may use and/or disclose PHI in order to conduct its normal business operations. For example, the Health Plans may use your PHI to conduct quality assessment and improvement activities, population-based activities relating to improving or reducing health care costs, contacting health care providers and patients with information regarding treatment alternatives, reviewing the competence or qualifications of health care professionals, evaluating health plan performance, and other insurance-related activities.

**D. Follow-up Telephone Calls/Emails.** The Health Plans may call you to follow up on care or treatment you received by a health care provider or to ask questions relating to treatment, payment, or other health care operations of the Health Plans.

**E. Treatment Alternatives or Other Health-Related Benefits and Services.** The Health Plans may use and/or disclose PHI to tell your health care providers about or recommend possible treatment alternatives or health-related benefits or services that may be of interest to you or your health care provider.

**F. Individuals Involved in Your Care or Payment for Your Care.** HIPAA permits the Health Plans to disclose PHI to a family member, other relative, a close personal friend, or any other person identified by you if:

1. you are present for, or otherwise available prior to the disclosure and we have either obtained your agreement to the disclosure, provided you the opportunity to object to the disclosure, or the Health Plans have reasonably inferred from the circumstances that you do not object to the disclosure;
2. due to your incapacity or an emergency circumstance the Health Plans have determined that a disclosure is in your best interest - in such circumstances, the Health Plans will only disclose PHI that is directly relevant to the person's involvement with your health care.

**G. As Required By Law.** The Health Plans may use and/or disclose your PHI if we are required to do so under any federal, state, or local law. HIPAA permits the Health Plans to use and/or disclose PHI if we are required to do so under any federal, state, or local law.

**H. Public Health Risks.** The Health Plans may use and/or disclose your PHI to authorized public health officials (or a foreign government agency collaborating with such officials) so such officials may carry out public health activities. For example, The Health Plans may disclose your PHI to public health officials for the following reasons:

1. to prevent or control disease, injury, or disability;
2. to report vital events such as births and deaths;
3. to report child abuse or neglect;
4. to report quality, safety, or effectiveness of FDA-regulated products or activities;
5. to notify people of product recalls they may be using;
6. to notify a person who may have been exposed to a communicable disease or may be at risk for contracting or spreading a disease or condition; or
7. to your employer, in order to comply with employment laws.

**I. Victims of Abuse, Neglect, or Domestic Violence.** The Health Plans may disclose your PHI to government authorities, including a social service or protective services agency, authorized by law to receive reports of abuse, neglect, or domestic violence. For example, the Health Plans may report your PHI to government officials if it reasonably believes that you have been a victim of abuse, neglect or domestic violence. The Health Plans will make every effort to obtain your permission before releasing this information; however, in some cases the Health Plans may be required or authorized to act without your permission.

**J. Health Oversight Activities.** The Health Plans may disclose your PHI to a health oversight agency for activities authorized by law. These agencies typically monitor the operation of the health care system, government benefits programs, and compliance with government regulatory programs. The oversight activities may include audits; civil, criminal, or administrative investigations or actions; inspections; and/or licensure or disciplinary actions.

**K. Lawsuits and Similar Proceedings.** The Health Plans may use or disclose your PHI in response to a court or administrative order, if you are involved in a lawsuit or similar proceeding. The Health Plans may also disclose your PHI in response to a discovery request, subpoena, or other lawful process that is not accompanied by an order of a court or administrative tribunal, but only if we have first received satisfactory assurances from the party requesting the information that reasonable efforts have been made to inform you of the request or if the Health Plans have received satisfactory assurances that efforts have been made by the party seeking the information to obtain a qualified protective order. A qualified protective order is an order of a court or administrative tribunal or a stipulation by parties to the litigation that prohibits the parties from using or disclosing PHI for any purpose other than the litigation or proceeding. A qualified protective order will require the return of PHI to the Health Plans at the end of the litigation or proceeding.

**L. Law Enforcement Purposes.** The Health Plans may disclose your PHI to law enforcement officials for the following reasons:

1. in response to court orders, warrants, subpoenas, or summons or similar legal process;
2. to assist law enforcement officials with identifying or locating a suspect, fugitive, material witness, or missing person;
3. if you have been or are suspected of being a victim of a crime and you agree to the disclosure, or if we are unable to obtain your agreement because of incapacity or other emergency;
4. if we suspect that a death resulted from criminal conduct;
5. to report evidence of criminal conduct that occurred on our premises;
6. in response to a medical emergency, to report a crime (including the location or victims of the crime; or the identity, description, or location of the person who committed the crime).

M. Coroners, Medical Examiners, and Funeral Directors. The Health Plans may disclose your PHI to a coroner or medical examiner for the purpose of identifying a deceased person, determining cause of death, or other duties as authorized by law. The Health Plans may also release PHI to funeral directors as necessary to carry out their duties.

N. Organ, Eye, or Tissue Donation Purposes. The Health Plans may use or disclose your PHI to organ procurement organizations or other entities engaged in the procurement, banking, or transplantation of organs, eyes, or tissue for the purpose of facilitating donation and transplantation.

O. Research. In most cases, the Health Plans will ask for your written authorization before using and/or disclosing your PHI to conduct research. However, in limited circumstances we may use and/or disclose PHI without authorization if: (i) the use or disclosure is approved by an Institutional Review Board or a Privacy Board; and (ii) we obtain representations from the researcher that the information is necessary for the research protocol, PHI will not be removed from our location, and the information will be used solely for research purposes; or (iii) the PHI sought by the researcher relates only to decedents and the researcher agrees that the use or disclosure is necessary for the research.

P. Uses that Require Your Written Authorization.  
1. Any use or disclosure of any PHI for marketing purposes and disclosures that constitute the sale of PHI require your written authorization;
2. Psychotherapy notes will only be used and disclosed with your written authorization;
3. Any other uses and disclosures not specified in this Notice require your written authorization.

Q. To Avert Serious Threat to Health or Safety. The Health Plans may use or disclose your PHI when necessary to prevent or lessen a serious and imminent threat to your health or safety, or the health or safety of another person or the public. In such cases, the Health Plans will only share your PHI with a person or persons reasonably able to prevent or lessen the threat, including the target of the threat, or if it is necessary for law enforcement authorities to identify or apprehend an individual.

R. Specialized Government Functions. The Health Plans may use and disclose PHI regarding:
1. Military and veteran activities;
2. Intelligence, counterintelligence, and other national security activities authorized by law;
3. Protective services for the president, to foreign heads of state, or to other persons authorized by law;
4. Inmates to a correctional institution or a law enforcement official having lawful custody of an inmate or other individual.

S. Workers’ Compensation. The Health Plans may disclose your PHI for workers’ compensation or other similar programs that provide benefits for work-related injuries or illnesses.

Except as otherwise indicated in this NPP, uses and disclosures for all other purposes will be made only with your written authorization. You may revoke an authorization at any time, provided that your revocation is done in writing, and except to the extent that the Health Plans have already relied upon your authorization.

YOUR RIGHTS REGARDING YOUR PHI

HIPAA provides you with the following rights regarding the PHI we maintain about you:

A. Right to Inspect and Copy. You have the right to inspect and receive a copy of your PHI contained in a “designated record set” for as long as the information is kept by the Health Plans, if you feel that the PHI the Health Plans have about you is incorrect or incomplete. The Health Plans may deny your request for amendment if it determines that the PHI or record that is the subject of the request:
1. was not created by the Health Plans, unless you provide a reasonable basis to believe that the originator of the PHI is no longer available to act on the requested amendment;
2. is not part of the designated record set;
3. would not be available for your inspection under the Privacy Standards (as described in Right to Inspect and Copy Section, above); or
4. is accurate and complete.

To request an amendment, your request must be made in writing and submitted to the Office of Human Resources at Syracuse University, Skytop Office Building, Suite 101, 640 Skytop Road, Syracuse, New York 13244-5300. In addition, your request should include the reasons(s) why you believe the Health Plans should amend your PHI. The Health Plans will respond to your request for amendment no later than 60 days after the receipt of your request. If the Health Plans...
C. Right to an Accounting of Disclosures. You have the right to request an “accounting of disclosures.” An “accounting of disclosures” is a list of disclosures the Health Plans have made regarding your PHI. An accounting of disclosures will include all disclosures except the following:

1. Disclosures to carry out treatment, payment, and health care operations;
2. Disclosures made to you;
3. Disclosures made pursuant to your authorization;
4. Disclosures made in a facility directory or to persons involved in your care;
5. Disclosures for national security or intelligence purposes;
6. Disclosures to correctional institutions or law enforcement officials; or

The accounting of disclosures will be in a format that is consistent with the requirements of the Privacy Standards. To request an accounting of disclosures, you must submit your request in writing to the Office of Human Resources at Syracuse University, Skytop Office Building, Suite 101, 640 Skytop Road, Syracuse, New York 13244-5300. Your request must include a time period of requested disclosures, which may not be longer than six years and may not include dates before April 14, 2003. The first list you request within a 12-month period will be free. Additional lists within the same 12-month period will be assessed a charge for the costs of providing the list.

The Health Plans will notify you of the cost involved, at which time you may choose to withdraw or modify your request before any costs are incurred. The Health Plans will respond to your request for an accounting of disclosures within 60 days from the receipt of such request. If the Health Plans need additional time to prepare the accounting, they will notify you in writing within 60 days about the reason for the delay and provide you with the date when you can expect to receive the accounting.

D. Right to Receive Notifications of Breaches. You have the right to receive notifications of breaches of your unsecured PHI. You need not specifically request such notification; it will be provided to the extent required by the privacy rules.

E. Right to Request Restrictions. You have the right to request a restriction or limitation on the PHI the Health Plans use or disclose about you for treatment, payment, or health care operations. You also have the right to request a limit on the medical information that the Health Plans disclose about you to someone who is involved in your care, like a family member, relative, friend, or other person(s) identified by you.

The Health Plans are not required to agree to your request for restriction. If the Health Plans do agree to a requested restriction, the Health Plans may not use or disclose PHI in violation of such restriction, unless the information is needed to provide you with emergency care or treatment, or as otherwise required by law. Under certain circumstances, the Health Plans may terminate its agreement to a restriction.

To request restrictions, you must make your request in writing to the Office of Human Resources at Syracuse University, Skytop Office Building, Suite 101, 640 Skytop Road, Syracuse, New York 13244-5300. In your request, you must tell us (1) what information you want to limit; (2) whether you want to limit our use, disclosure or both; and (3) to whom you want the limits to apply, for example, disclosures to your spouse.

F. Right to Request Confidential Communications. You have the right to request that the Health Plans communicate with you about and your PHI in a certain way or at a certain location. For example, you can ask that the Health Plans contact you only at work or by mail.

The Health Plans will not ask you the reason for your request and will accommodate all reasonable requests. Your request must specify how or where you wish to be contacted and how payment for your health care will be handled if we communicate with you through this alternative method or location. To request confidential communications, you must make your request in writing to the Office of Human Resources at Syracuse University, Skytop Office Building, Suite 101, 640 Skytop Road, Syracuse, New York 13244-5300.

G. Right to Receive a Paper Copy of This NPP. You have the right to receive a paper copy of this NPP at any time. Even if you have agreed to receive this NPP, electronically, you are still entitled to a paper copy of this NPP. To obtain a paper copy of this NPP please contact the Office of Human Resources at Syracuse University at 315.443.4042.

COMPLAITS

If you believe your privacy rights have been violated, you may file a complaint with the Privacy Official at the Office of Human Resources at Syracuse University, with Syracuse University’s Privacy Officer, and/or with the Secretary of the DHHS. To file a complaint with the Privacy Official at the Office of Human Resources at Syracuse University, please submit a written complaint to Privacy Official, Office of Human Resources at Syracuse University, Skytop Office Building, Suite 101, 640 Skytop Road, Syracuse, New York 13244-5300. To file a complaint with Syracuse University’s Privacy Officer, please submit a written complaint to Privacy Officer, Office of Risk Management and Regulatory Compliance Services, 119 Euclid Avenue, Syracuse, New York 13244. The Health Plans will not retaliate against you for filing a complaint with a Privacy Official of Syracuse University or with the Secretary of the DHHS.

CONTACT PERSON

If you have any questions about this Notice of Privacy Practices or subjects addressed in it, please contact Privacy Official, Office of Human Resources at Syracuse University Skytop Office Building, Suite 101, 640 Skytop Road, Syracuse, New York 13244-5300, 315.443.5462.

NOTICE REGARDING THE WOMEN’S HEALTH AND CANCER RIGHTS ACT OF 1998

Federal law requires group health plans that provide medical and surgical benefits for mastectomies to provide coverage in connection with the mastectomy (in the manner determined by the attending physician and the patient) for:

- reconstruction of the breast on which the mastectomy was performed,
- surgery and reconstruction of the other breast to produce a symmetrical appearance, prostheses, and
- treatment of physical complications at all stages of mastectomy, including lymphedema.

Group health plans and health insurers may not deny eligibility to enroll, renew, or continue group health plan coverage to avoid providing coverage for breast reconstruction or mastectomy complications. In addition, the law prohibits penalizing or otherwise reducing or limiting the reimbursement of an attending provider for the required care, or providing any incentive (monetary or otherwise) to induce the attending provider to provide care that would be inconsistent with the law.

The above-described coverage required by applicable law may only be subject to the annual deductibles, copayments, and coinsurance provisions that apply to similar benefits.

Please refer to the benefit information that has been provided to you on page 8 for the coverage that you have selected, for the amount of any deductible or coinsurance limitation that may apply.
If you have any questions about this coverage, please contact your Plan Administrator (SU Human Resources at 315.443.4042) or the health plan administrator (Excellus BCBS at 800.493.0318/TTY: 800.662.1220).

SUMMARY OF BENEFITS AND COVERAGE (SBC)
Choosing health coverage is an important decision. To help you make an informed choice, a Summary of Benefits and Coverage (SBC) is available to you. An SBC summarizes important information about health coverage in a standard format to help you compare features across coverage options available to you. The SBCs for the SUBlue, SUOrange and SUPro coverage options are posted on this website: hr.syr.edu/sbc. Paper copies of the SBCs also are available, and may be requested at any time free of charge by contacting the HR Service Center at 315.443.4042 or hrservice@syr.edu.

DISCRIMINATION IS AGAINST THE LAW
Syracuse University’s Retiree Prescription Drug Plan complies with applicable Federal civil rights laws and does not discriminate on the basis of race, color, national origin, age, disability, or sex. Syracuse University’s Retiree Prescription Drug Plan does not exclude people or treat them differently because of race, color, national origin, age, disability, or sex.

Syracuse University’s Retiree Prescription Drug Plan:
- Provides free aids and services to people with disabilities to communicate effectively with us, such as:
  - Qualified sign language interpreters
  - Written information in other formats (large print, audio, accessible electronic formats, other formats)
- Provides free language services to people whose primary language is not English, such as:
  - Qualified interpreters
  - Information written in other languages

If you need these services, contact Sheila Johnson-Willis, Chief, Equal Opportunity & Title IX Officer.

If you believe that Syracuse University’s Retiree Prescription Drug Plan has failed to provide these services or discriminated in another way on the basis of race, color, national origin, age, disability, or sex, you can file a grievance with: Sheila Johnson-Willis, Chief, Equal Opportunity & Title IX Officer, 005 Steele Hall, Syracuse University, Syracuse, NY 13244, telephone 315.443.1520, fax 315.443.5021 or sjohnson@syr.edu. You can file a grievance in person or by mail, fax, or email. If you need help filing a grievance, Sheila Johnson-Willis is available to help you.

You can also file a civil rights complaint with the U.S. Department of Health and Human Services, Office for Civil Rights, electronically through the Office for Civil Rights Complaint Portal, available at https://ocrportal.hhs.gov/ocr/portal/lobby.jsf, or by mail or phone at:
U.S. Department of Health and Human Services
200 Independence Avenue, SW
Room 509F, HHH Building
Washington, D.C. 20201
800.368.1019, 800.537.7697 (TDD)
Complaint forms are available at www.hhs.gov/ocr/office/file/index.html.

ATENCIÓN: si habla español, tiene a su disposición servicios gratuitos de asistencia lingüística. Llame al 315.443.1520.

ATTENTION: Si vous parlez français, des services d’aide linguistique vous sont proposés gratuitement. Appelez le 315.443.1520.

주의: 한국어를 사용하시는 경우, 인터 지원 서비스를 무료로 이용하실 수 있습니다. 1.315.443.0211 번으로 전화해 주십시오.

ATTENZIONE: In caso la lingua parlata sia l’italiano, sono disponibili servizi di assistenza linguistica gratuiti. Chiamare il numero 1.315.443.1520.

CHÚ Y(118,948),(211,982): Nếu bạn nói Tiếng Việt, có các dịch vụ hỗ trợ ngôn ngữ miễn phí dành cho bạn. Gọi số 1.315.443.1520.

PAUNAWA: Kung nagasalita ka ng Tagalog, maaari kang gumamit ng mga serbisyo ng tulong sa wika nang walang bayad. Tumawag sa 1.315.443.1520.
This document summarizes your Syracuse University benefit options. Every effort has been made to ensure this information is accurate. However, the benefits are governed by legal documents (which, in certain circumstances, may include insurance contracts). If there is any difference between the information in this book and the official documents, the official documents will control.

Eligible employees electing to participate in SU benefit plans, programs, or policies are bound by the terms of the governing plan, program, and policy documents. If you have any questions regarding the plans, programs, or policies, you may request a copy of the governing document by contacting HR Service Center at 315.443.4042 or hrservice@syr.edu.

As is the case with all benefits offered by SU, (1) the SU administrator of the applicable benefit plan, program, or policy has the discretionary authority to interpret the terms of that plan, program, or policy, and such interpretation will be binding on all interested parties to the fullest extent permitted by law, and (2) the University reserves the right to modify or terminate its benefit plans, programs, and/or policies from time to time.