



Sacred Heart
UNIVERSITY



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PART-TIME

EMPLOYEE BENEFITS GUIDE

WELCOME

to Sacred Heart University!

As a new benefits-eligible employee, you may elect to enroll in the Health and Welfare plans described in this guide.

Questions?

If you have questions about your benefits, please contact **EmployeeBenefits@sacredheart.edu** or the Member Advocacy Team at **800.563.9929** (Monday through Friday, 8:30 am to 5:00 pm ET) or go to **www.connerstrong.com/memberadvocacy**.

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Important Information

Making Plan Changes

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

The following circumstances are some reasons you may change your benefits during the plan year:

- Marriage
- Birth & Adoption
- Divorce or Legal Separation
- Death of spouse or dependent
- Change in coverage through a spouse's plan
- Loss of dependent status
- Gain/loss of eligibility for Medicare or Medicaid
- Gain/loss of eligibility for a Children's Health Insurance Program (CHIP)
- Receiving a Qualified Medical Child Support Order (QMCSO)

These special circumstances, often referred to as Qualifying Life Events or life event changes, will allow you to make plan changes outside of the Open Enrollment period. For any allowable changes, you must inform Human Resources, **within 30 calendar days of the event** to avoid a lapse in coverage. A special 60 day notification period applies to changes related to Medicaid or CHIP eligibility. Changes requested due to a "change of mind" cannot be allowed until the next annual Open Enrollment period.



Aetna Concierge

Have benefit questions but not sure where to turn? Aetna Concierge has answers. There's a great, big, complex world of healthcare out there. Your concierge can help you make sense of it all.

Now, your health plan fits you

Your health is unique – different from anyone else's. With concierge support, courtesy of your employer, your health plan can now be personalized to you.

Your concierge can help you:

- Choose the right doctor
- Learn about your coverage
- Understand a diagnosis
- Plan for upcoming treatment
- By providing articles and guidance to self-assessments
- Find solutions that fit your needs
- Walk you through tools to help you make great decisions
- Find network providers based on your medical needs
- Help you schedule appointments to save you some stress

Helping You Budget

Your health care and your budget go hand in hand. Your concierge can help you plan your health care expenses. What will that doctor's visit cost? What's the price difference between in-network and out-of-network care? How about inpatient and outpatient surgery? Your concierge can help you figure out your costs before you go. Now you can be the smartest, savviest health care consumer around.



Getting started:

To speak with a concierge call **1.800.240.2386** and choose option 1. Your concierge is available Monday through Friday, from 8 am to 6 pm.

If you call after regular hours, a 24/7 service is available. Your call will be handled by a Non-Concierge Member Services Representative who will be able to assist with general claims and benefit questions.

Medical Plan Options

The following grid outlines our medical plan options administered by Aetna. Employees who enroll in medical coverage will also be enrolled in our EyeMed vision plan at no additional cost.

PREMIERE COPAY PLAN AETNA CHOICE POS II			ENCORE HDHP AETNA CHOICE POS II	
MEDICAL PLAN SERVICES	IN-NETWORK	OUT-OF-NETWORK	IN-NETWORK	OUT-OF-NETWORK
Deductible (Individual/Family)	\$750/\$1,500	\$2,000/\$4,000	\$2,000/\$4,000	\$2,000/\$4,000
Coinsurance (Plan / Employee)	80% / 20%	60% / 40%	80% / 20%	60% / 40%
Out-of-Pocket Max** (Individual/Family)	\$2,250/\$4,500	\$4,500/\$10,500	\$3,500/\$6,850	\$3,500/\$6,850
PCP Office Visit	\$25 copay	Plan pays 60% *	Plan pays 80% *	Plan pays 60% *
Specialist Office Visit	\$40 copay	Plan pays 60% *	Plan pays 80% *	Plan pays 60% *
Preventive Care	Plan pays 100% NO copay	Plan pays 60% *	Plan pays 100% NO coinsurance	Plan pays 60% *
Diagnostic Laboratory & X-ray	Plan pays 80% *	Plan pays 60% *	Plan pays 80% *	Plan pays 60% *
Inpatient Hospital	Plan pays 80% *	Plan pays 60% *	Plan pays 80% *	Plan pays 60% *
Outpatient Service	Plan pays 80% *	Plan pays 60% *	Plan pays 80% *	Plan pays 60% *
Emergency Room	\$200 copay	\$200 copay	Plan pays 80% *	Plan pays 60% *
Urgent Care	\$50 copay	\$50 copay	Plan pays 80% *	Plan pays 60% *
PRESCRIPTION DRUG***	IN-NETWORK	OUT-OF-NETWORK	IN-NETWORK	OUT-OF-NETWORK
Deductible	\$100/\$200	\$100/\$200	N/A	N/A
Retail (up to a 30-day supply) - Generic Drugs - Preferred Brand Drugs - Non-Preferred Brand Drugs	\$10 copay* \$25 copay* \$40 copay*	Plan pays 70% *	\$10 copay* \$25 copay* \$40 copay*	Plan pays 70% *
Mail Order (up to a 90-day supply) - Generic Drugs - Preferred Brand Drugs - Non-Preferred Brand Drugs	\$20 copay* \$50 copay* \$80 copay*	Not Covered	\$20 copay* \$50 copay* \$80 copay*	Not Covered

* After deductible

** Out-of-Pocket Max includes deductibles, coinsurance and copays for medical and prescription drug benefits

*** Specialty Drugs follow retail copayment amounts above based on the medication's formulary status without wellness credit

The below medical plan monthly employee contributions are effective January 1, 2022.

PREMIERE COPAY PLAN AETNA CHOICE POS II

ENCORE HDHP AETNA CHOICE POS II

EMPLOYEE	EMPLOYEE + SPOUSE	EMPLOYEE + CHILD(REN)	FAMILY	EMPLOYEE	EMPLOYEE + SPOUSE	EMPLOYEE + CHILD(REN)	FAMILY
\$378.00	\$908.00	\$680.00	\$1,436.00	\$230.00	\$552.00	\$414.00	\$876.00

Note: To determine your per-pay contributions, divide the above amounts by 2.

Vision Benefits

Below is a summary of our vision plan. The EyeMed Customer Care center associates and website, www.eyemedvisioncare.com, provide exceptional service to members. Contact EyeMed Customer Service Monday through Saturday 7:30am to 11:00pm EST and Sunday 11:00am to 8:00pm EST at **1.866.808.5457**.

EYEMED VISION PLAN

SERVICES	IN-NETWORK	OUT-OF-NETWORK REIMBURSEMENT
Eye Exam	\$10 copay	up to \$35
Contacts		
Standard Contact Lens Fit & Follow-Up	Up to \$40	N/A
Premium Contact Lens Fit & Follow-Up	10% off retail price	N/A
Frames	\$0 copay; \$130 allowance; 20% off balance over \$130	up to \$71
Standard Plastic Lenses		
Single Vision	\$25 copay	Up to \$25
Bifocal	\$25 copay	Up to \$40
Trifocal	\$25 copay	Up to \$65
Lenticular	\$25 copay	Up to \$65
Standard Progressive Lens	\$90 copay	Up to \$40
Premium Progressive Lens	80% of retail price, less \$30 allowance	Up to \$40
Lens Options		
UV Treatment	\$15	N/A
Tint (solid and gradient)	\$15	
Standard Plastic Scratch Coating	\$15	
Standard Polycarbonate (adults)	\$40	
Standard Polycarbonate (children)	\$40	
Standard Anti-Reflective Coating	\$45	
Other Add-ons	20% off retail price	
Contact Lenses		
Conventional or Disposable	\$0 copay; \$115 allowance; 15% off balance over \$115	Up to \$92
Medically Necessary	\$0 copay; Paid in Full	Up to \$210
Laser Vision Correction		
Lasik or PRK from U.S. Laser Network	15% off retail price or 5% off promotional price	N/A
Frequency		
Exam	Once every calendar year	
Lenses OR Contacts	Once every calendar year	
Frame	Once every calendar year	

NOTE: Employees enrolled in the medical plan are automatically enrolled in the vision plan at no additional cost. If you are not enrolled in the medical plan, you still have the ability to elect vision coverage at the below rates.

2022 VISION PLAN MONTHLY EMPLOYEE CONTRIBUTIONS

ENROLLMENT TIER	
Employee	\$2.60
Employee + Spouse	\$4.94
Employee + Child(ren)	\$5.20
Employee + Family	\$8.16

Dental Benefits

Below is a summary of our dental plan. The Delta Dental Customer Care center associates provide exceptional service to members. Questions? Contact Delta Dental Customer Service at **1.800.452.9310** or view their website at **www.deltadentalnj.com**.

	DELTA DENTAL BASE DENTAL PLAN		DELTA DENTAL BUY-UP DENTAL PLAN	
	DELTA DENTAL PPO DENTISTS	PREMIER DENTISTS/ OUT-OF-NETWORK	DELTA DENTAL PPO DENTISTS	PREMIER DENTISTS/ OUT-OF-NETWORK
Calendar Year Deductible (waived for Preventive & Diagnostic Care)	\$50 individual \$150 family	\$75 individual \$225 family	\$50 individual \$150 family	\$75 individual \$225 family
Calendar Year Max (per person)	\$1,000	\$700	\$2,000	\$1,500
Orthodontia Benefits (dependent child only)	N/A	N/A	Plan pays 50%	Plan pays 50%
Orthodontia Lifetime Max (per patient)	N/A		\$1,000	
Preventive & Diagnostic <i>Exams, Cleanings, Bitewing x-rays (each subject to frequency limitations), Fluoride Treatment*, Sealants, Space Maintainers</i>	Plan pays 100% NO deductible	Plan pays 100% NO deductible	Plan pays 100% NO deductible	Plan pays 100% NO deductible
Remaining Basic <i>Fillings, Extractions, Anterior/Bicuspid, Root Canals, Periodontics, Oral Surgery</i>	Plan pays 70% after deductible	Plan pays 50% after deductible	Plan pays 80% after deductible	Plan pays 70% after deductible
Crowns & Prosthodontics <i>Crowns, Gold Restorations (over natural teeth), Bridgework, Full & Partial, Dentures, Repair of Dentures, Molar Root Canals, Osseous Surgery, Bony Impaction Removal</i>	Plan pays 40% after deductible	Plan pays 30% after deductible	Plan pays 50% after deductible	Plan pays 40% after deductible

* Fluoride Treatments are now available twice per calendar year for children up to age 18.

2022 DENTAL PLAN MONTHLY EMPLOYEE CONTRIBUTIONS

ENROLLMENT TIER	BASE PLAN	BUY-UP PLAN
Employee	\$14.00*	\$32.00
Employee + Spouse	\$26.00	\$62.00
Employee + Child(ren)	\$34.00	\$80.00
Employee + Family	\$68.00	\$166.00

* Employees who enroll in a University sponsored medical plan will receive base dental plan benefits for themselves at no additional cost.

Flexible Spending Accounts (FSA)

Flores

Healthcare FSA Highlights:

- The healthcare FSA is a good way to help keep expenses down, because it lets you pay for your out-of-pocket health care costs using pre-tax dollars you earn
- You can use the FSA to pay for deductibles, copayments, coinsurance and other eligible medical expenses not paid for by your medical, dental or vision plans
- The amount you elect to contribute for the year is **immediately available** in your medical flexible spending account
- You don't pay taxes on the money you contribute to your account, and you don't pay taxes when you use your account to pay eligible health care expenses
- You can put as much as you want into your own account up to the **\$2,850** limit

Dependent Care FSA Highlights

A Dependent Care FSA is used to reimburse eligible expenses related to care of eligible dependents while you and your spouse work.

- You may contribute up to \$5,000 per year (\$2,500 if married filing separately) to a Dependent Care FSA
- Qualified dependent day care expenses include before and after school programs, nursery school or preschool, summer day camp and even adult day care.

To obtain additional information regarding the benefits of using an FSA, or for assistance in estimating what your out-of-pocket expenses for the coming year could be, go to:

www.flores247.com.



Employees can take advantage of a Flexible Spending Account, which allows you to save, using pre-tax dollars, on eligible healthcare and dependent care expenses.

Don't Forget: Use it or lose it

It is very important that you estimate your annual contributions carefully. Any funds left in your account(s) at the end of the year will be forfeited.

Health Savings Account (HSA)

When opening up your HSA account, you will need the following information:

- Unexpired government issued ID for the account holder and for an authorized signer, if elected. This can be a driver's license, state-issued ID, passport, or military ID.
- The date of birth for your beneficiaries.
- The social security number and date of birth for the authorized signer, if elected.

Complete the following steps to open your account:

1. Go to **theHSAauthority.com** and click on the **"Enroll Now"** button. Click on **"Continue"** to access the account opening website
2. Select the option **"If you have been instructed by your employer..."** The prompt to enter your six-digit employer code will appear. **Enter Employer Code: 160402**
3. Click the **"Continue"** button at the bottom of the screen to continue the account opening process.
4. Once you have successfully submitted your enrollment application, a confirmation number will appear.
5. After completing the online enrollment, you'll receive a welcome letter in the mail with your new HSA information.
6. If you requested a debit card it will be mailed separately and will arrive following the welcome letter. If checks are requested, the order is held and processed after your balance reaches \$25.00.



Online Banking & eStatements

Your Welcome Letter contains your new HSA number along with instructions for accessing Old National Bank's online banking site and telephone banking system. If you choose eStatements, be sure to follow the instructions in the welcome letter to activate your eStatement election.

If you'd like assistance using these services, please call the Client Care Center toll-free at **888.472.8697**.

High Deductible Health Plan With HSA

Sacred Heart University will help fund your Health Savings Account, if you participate in the High Deductible Health Plan! The University offers one High Deductible Health Plan (HDHP) plan; the HDHP 80 Plan. If you elect coverage in the HDHP plan, the University will contribute funds into your Health Savings Account (HSA).

Encore High Deductible Health Plan (HDHP):

- **University Contributes up to \$1,000** into the HSA for an employee who chooses individual coverage (\$500 in January and \$500 in July).
- **University Contributes up to \$2,000** into the HSA for an employee who chooses employee + 1 or family coverage (\$1000 in January and \$1,000 in July).
- Your HDHP enrollment effective date must be either January 1 or February 1 to receive the January contribution from the University.

Things to consider before electing to enroll in an HSA:

- Unlike a medical FSA, the money must be in your HSA account before you can use it. However, you do have the option to put more into your account throughout the year.
- The 2022 IRS maximum contribution amounts that can be made into your HSA on a pre-tax basis are **\$3,650 for individuals** and **\$7,300 for employees + 1 or more dependents**.
 - Remember to calculate the University contributions as part of these maximums.
 - Anyone 55 or over may also contribute an additional \$1,000.
- You cannot be enrolled in another group health plan and still be eligible for the SHU HSA. This includes anyone who is covered under a spouse's plan or who is enrolled in Medicare.
- If your spouse is enrolled in an FSA at his or her company you may not enroll in the HSA at Sacred Heart.
- You may not be claimed as a dependent on someone else's tax return and be enrolled in an HSA.
- You may not enroll in Sacred Heart's Healthcare FSA, if you have elected the HSA.
- If you use the money in your HSA for any ineligible expenses before age 65, you will be taxed and held responsible for a 20% penalty.



Hospital Indemnity



Our hospital indemnity plan provides fixed payments directly to members when they have a covered inpatient hospital stay.

Plan Highlights

- Base plan offered to HDHP enrollees at no additional cost
- Buy-up plan offering available to those who would like additional coverage*
- Members can use the money to help pay for medical expenses or everyday expenses (mortgage, day care, bills, etc.)
- Guaranteed Issue
- HSA compatible
- Benefits paid to the employee
- Simplified claims process

Plan Features

- Lump-sum payment for first day of inpatient stay, when stay begins during the plan year
- Daily benefit payment beginning on the second day
- Additional per day payment in an intensive care unit (ICU)

For details on this benefit, see page 13!

** To those HDHP enrollees who would like additional coverage*

Hospital Indemnity

COVERED BENEFIT FOR INPATIENT STAYS

EMPLOYER PAID

BUY-UP

Hospital stay/admission

Provides a lump sum benefit for the initial day of your stay in a hospital
Maximum 1 admission per plan year

\$500

\$1,500

Hospital stay- Daily

Pays a daily benefit, beginning on day two of your stay in a non-ICU room of a hospital
Maximum 31 days per plan year

\$50

\$150

Hospital stay - (ICU) Daily

Pays a daily benefit, beginning on day two of your stay in an ICU room of a hospital
Maximum 31 days per plan year

\$100

\$300

Newborn routine care

Provides a lump sum benefit after the birth of your newborn

\$100

\$200

Observation unit

Provides a lump sum benefit for the initial day of your stay in an observation unit as the result of an illness or accidental injury
Maximum 1 benefit per plan year

\$100

\$200

Substance abuse stay- Daily

Pays a daily benefit, for each day you have a stay in a substance abuse treatment facility for the treatment of substance abuse
Maximum 31 days per plan year

\$50

\$150

Mental disorder stay- Daily

Pays a daily benefit for each day you have a stay in a mental disorder treatment facility for the treatment of mental disorders
Maximum 31 days per plan year

\$50

\$150

Rehabilitation unit stay- Daily

Pays a benefit each day of your stay in a rehabilitation unit immediately after your hospital stay due to an illness or accidental injury
Maximum 31 days per plan year

\$30

\$75

Important Note: All inpatient stays begin on day 2 and count toward the plan year maximum.

MONTHLY RATES

BASE - HDHP

BUY UP - HDHP

Employee

N/A

\$12.74

Employee + Spouse

N/A

\$28.32

Employee + Child(ren)

N/A

\$19.20

Employee + Family

N/A

\$31.80

Accident Insurance & Critical Illness

Our Accident & Critical illness plan provides cash payments directly to the insured to help cover out-of-pocket costs, such as deductibles or coinsurance, daycare, utility bills or whatever else they need as a result of a covered accident or covered critical illness such as a heart attack, stroke or major organ failure.

Accident Plan Highlights

- Guaranteed issue
- Four tier coverage options include:
 - Employee
 - Employee & Spouse
 - Employee & Child(ren)
 - Family
- HSA compatible
- Benefits paid to the employee
- Simplified claims process

Critical Illness Plan Highlights

- Guaranteed issue
- Uni-Tobacco Rates
- Attained age bands
- Four tier coverage options include:
 - Employee
 - Employee & Spouse
 - Employee & Child(ren)
 - Family
- **NO** pre-existing conditions limitations
- HSA compatible
- Benefits paid to the employee
- Simplified claims process

For details on these benefits, see pages 15 & 16!



Accident Insurance

COVERED BENEFIT

PLAN 1

PLAN 2

INITIAL CARE

Ambulance

Ground Ambulance
Air Ambulance

\$300
\$1,500

\$300
\$1,500

Initial Treatment

Emergency Room
Physician's Office/Urgent Care
Walk-In Clinic/Telemedicine
X-Ray/Lab
Medical Imaging

\$100
\$100
\$50
\$25
\$100

\$150
\$150
\$50
\$50
\$150

FOLLOW-UP CARE

Therapy Services

Speech, Occupational, or Physical Therapy or Cognitive Rehabilitation

\$15

\$25

Hospital Stay - Daily*

Non-ICU Daily
Step Down Intensive Care Unit Daily
ICU Daily

\$100
\$150
\$250

\$200
\$300
\$400

*Maximum days per accident (combined for all stays due to the same accident)

365

365

SURGICAL CARE

Surgery (without repair)

Arthroscopic or Exploratory

\$100

\$150

FRACTURES AND DISLOCATIONS

Hip
Knee (except Patella)
Wrist

\$2,000
\$1,000
\$400

\$3,000
\$1,500
\$600

* Please see policy for rest of covered benefits.

MONTHLY RATES

PLAN 1

PLAN 2

Employee

\$7.74

\$13.14

Employee + Spouse

\$13.71

\$22.89

Employee + Child(ren)

\$15.00

\$24.52

Employee + Family

\$20.46

\$33.21

Critical Illness

PLAN	LOW (\$10,000 FACE AMOUNT)	HIGH (\$20,000 FACE AMOUNT)
Face Amounts	\$10,000	\$20,000
Spouse face Amount	50% of employee face amount	50% of employee face amount
Child(ren) Face Amount	50% of employee face amount	50% of employee face amount
FEATURE		
Recurrence Critical Illness Diagnosis Benefit	50% after 180 days	50% after 180 days
Recurrence Cancer (invasive) Diagnosis Benefit	50% after 180 days	50% after 180 days
Subsequent Critical illness Diagnosis Benefit	100% after 0 days	100% after 0 days
Recurrence Carcinoma in Situ Diagnosis Benefit (Non-invasive)	50% after 180 days	50% after 180 days
COVERED BENEFIT	PERCENT OF FACE AMOUNT (EMPLOYEE)	PERCENT OF FACE AMOUNT (EMPLOYEE)
Heart Attack	100%	100%
Stroke	100%	100%
Coma	100%	100%
Alzheimer's Disease	25%	25%
Parkinson's Disease	25%	25%
Cancer (invasive)	100%	100%
Skin Cancer	\$1,000	\$1,000

* Please see policy for rest of covered benefits.

\$10,000 FACE AMOUNT					\$20,000 FACE AMOUNT			
AGE BAND	EMPLOYEE	EMPLOYEE & SPOUSE	EMPLOYEE & CHILDREN	FAMILY	EMPLOYEE	EMPLOYEE & SPOUSE	EMPLOYEE & CHILDREN	FAMILY
<20	\$2.70	\$5.04	\$2.70	\$5.04	\$4.21	\$7.56	\$4.21	\$7.56
20-24	\$3.14	\$5.69	\$3.14	\$5.69	\$5.07	\$8.86	\$5.07	\$8.86
25-29	\$3.77	\$6.60	\$3.77	\$6.60	\$6.34	\$10.68	\$6.34	\$10.68
30-34	\$4.48	\$7.75	\$4.48	\$7.75	\$7.76	\$12.99	\$7.76	\$12.99
35-39	\$5.72	\$9.61	\$5.72	\$9.61	\$10.23	\$16.70	\$10.23	\$16.70
40-44	\$7.99	\$12.94	\$7.99	\$12.94	\$14.78	\$23.35	\$14.78	\$23.35
45-49	\$11.26	\$18.12	\$11.26	\$18.12	\$21.32	\$33.71	\$21.32	\$33.71
50-54	\$16.73	\$26.60	\$16.73	\$26.60	\$32.27	\$50.68	\$32.27	\$50.68
55-59	\$23.65	\$37.98	\$23.65	\$37.98	\$46.10	\$73.44	\$46.10	\$73.44
60-64	\$33.95	\$52.87	\$33.95	\$52.87	\$66.70	\$103.21	\$66.70	\$103.21
65-69	\$44.77	\$69.77	\$44.77	\$69.77	\$88.35	\$137.03	\$88.35	\$137.03
70+	\$54.97	\$84.70	\$54.97	\$84.70	\$108.74	\$166.88	\$108.74	\$166.88

* Rates shown on a monthly basis.

Teladoc

For Enrolled Aetna Members



So many reasons to use Teladoc®!

Teladoc gives you 24/7/365 access to a doctor through the convenience of phone or video consults. It's an affordable option for quality medical care.

- Talk to a doctor anytime, anywhere you happen to be
- Receive quality care via phone or online video
- Prompt treatment, average call back in 16 min
- A network of doctors that can treat children of any age
- Secure, personal and portable electronic health record (EHR)
- No limit on consults, so take your time

When can I use Teladoc?

- When you need care now
- If your doctor is unavailable
- If you're considering the ER or urgent care center for a non-emergency issue
- On vacation, on a business trip, or away from home
- For short-term prescription refills

Get the care you need

Teladoc doctors can treat many medical conditions, including:

- Cold & flu symptoms
- Allergies
- Bronchitis'
- Skin problems
- Respiratory infection
- Sinus problems
- And more!

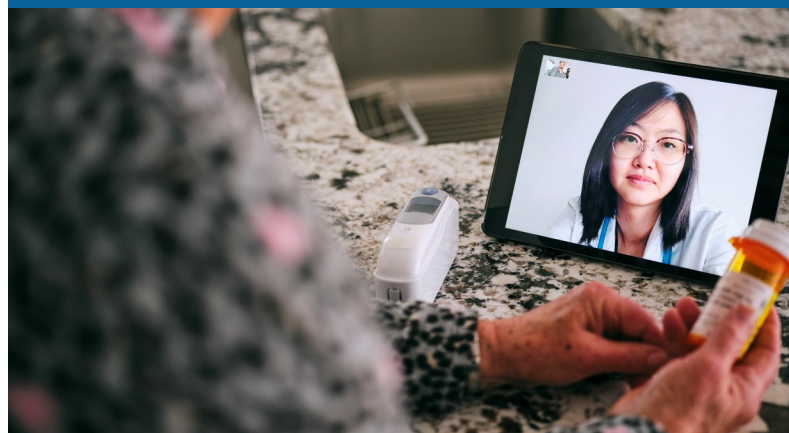
Behavioral Health

Teladoc Behavioral Health can help with:

- Providing access to qualified, licensed psychologists and psychiatrists from the comfort of your home
- Expert evaluation, care, and navigation through the complex, disjointed behavioral health system
- Expert second opinion on diagnosis and treatment plans
- Quick access to mental health professionals, particularly in remote areas – average response time to a visit request is typically fewer than 8 hours!

Talk to a doctor anytime for \$49 or less. Less than an Urgent Care or ER visit, Teladoc's never more than a doctor visit. Contact Teladoc today!

Call 1-855-Teladoc (835-2362)
or visit online anytime at
www.Teladoc.com/Aetna.



Maintenance Medication Program



Questions?

For any questions about your prescription drug coverage, please call 888.792.3862. Or to learn more you can log in to your secure member website at www.aetna.com.

Aetna Maintenance Choice

Do you take maintenance drugs regularly? These are drugs that treat conditions like arthritis, asthma, diabetes or high cholesterol. If you need this type of drug, you can get a 90-day supply. And getting a 90-day supply is convenient, quick and easy.

Enjoy Two Easy Ways to Get Your 90-Day Supply—Delivery or Pick-Up

You can choose Aetna Rx Home Delivery pharmacy to deliver your 90-day supply to your home. Or you can pick it up at a CVS Pharmacy* store near you, including those inside of Target stores.

Getting Started

You can fill a 30-day supply at any retail pharmacy in our network. Your plan **will cover the drug up to one time**. After that, for best coverage, you must fill 90-day supplies at Aetna Rx Home Delivery* pharmacy or at a CVS Pharmacy.

You Can Check Your Drug Costs Online

Just log in to your secure member website at www.aetna.com to:

- Select “Estimate Drug Costs” to compare costs of generic and brand-name drugs
- Compare the prescription drug costs from a local retail pharmacy and a mail-order pharmacy
- See how much money you can save – remember that lower cost doesn’t mean lower quality
- Find out if a 90-day supply of your drug is available at a CVS Pharmacy

Enhanced Clinical Review Program

We want you to get the right test or procedure for your specific medical needs. Today, you can take advantage of remarkable technologies to diagnose medical conditions, treat cancers, restore heartbeats, manage sleep disorders, and more. The challenge is to ensure that each procedure is accurately prescribed to treat or diagnose your unique condition. Aetna offers the Enhanced Clinical Review Program to help you get the right test or procedure at a quality, cost-effective facility.

How it Works

Medical tests and procedure typically require prior approval before they can be performed. Aetna's Enhanced Clinical Review Program uses medical specialists and diagnostic tools to review the doctor's request. An efficient process delivers the approval in four steps:

- 1. Prescribe:** Your doctor orders a test or procedure to diagnose or treat your condition.
- 2. Submit:** The doctor's office submits the request for clinical review.
- 3. Review:** Aetna uses a separate independent company, eviCore healthcare, to perform the review. eviCore healthcare reviews the request using national medical standards, applying the expertise of clinical experts and considering the doctor's area of expertise. The goal is for you to get the highest medical quality with the lowest out-of-pocket expense.
- 4. Approve:** In most cases, the request is approved in a few minutes or less. In some cases, a discussion between doctors is necessary for further clarification.



What test and procedures are reviewed?

The program covers high-tech radiology, diagnostic cardiology, sleep studies management, cardiac rhythm implant devices and radiation oncology therapy.

What if a request is denied?

In some cases, an alternative recommendation is indicated during the review process.

What happens after a denial?

If there is a denial, your physician can discuss the case with an eviCore healthcare medical director to determine the best course of action. Often, additional medical information is all that is needed.

Should I be concerned with long-term radiation exposure?

Conventional x-rays and MRIs subject the body to little or no exposure. CT, PET, and bone density scans deliver significantly more radiation—particularly multiple scans.

For more information, visit www.evicore.com.

Enhanced Maternity Benefit

Aetna

Going through a maternity journey is different for everyone. Aetna's holistic, end-to-end family-building solution will help employees, wherever they are on their journey. This program will support for family planning, fertility or postpartum care, we'll be right there as a trusted, reliable resource.

Guided genetic health

If you are thinking about starting a family or are already pregnant, you will have access to telephonic genetic counseling with board-certified genetic counseling experts. Also, available to you is confidential and cost-effective genetic testing.

Predictive analytics and targeted interventions

Aetna uses advanced data science approaches to identify risk factors in pregnancy. This results in personalized recommendations and behavioral nudges to improve clinical outcomes. Those employees who may have conditions that put them at risk will receive education and outreach.

Fertility advocate

Any employees facing infertility will receive extra support from Aetna's nurse advocates. They will help you with explaining what to expect, treatment options, fertility terminology, and navigating the journey through pregnancy and postpartum.

Education to address racial disparities in maternal health outcomes

Offering enriched support for pregnant people of color to help close health equity gaps in care is important. Aetna's maternity benefit provides enhanced education, preterm labor prevention resources and more. And we provide non-bias and cultural awareness training to our nurses.



Whether you are thinking about starting a family, facing infertility or already pregnant, Aetna's Enhanced Maternity Benefit will offer you the support you need.

To access services:

- Call **1.800.272.3531** (TTY: 711) weekdays from 8 a.m. to 7 p.m. ET.
- Log in to your member website at **www.aetna.com** and look under "Stay Healthy."

Important Information About the Dental Plan

Oral Health Enhancement Option

If you have a history of periodontal disease, the Oral Health Enhancement Option offers extra cleanings each year to help protect your health.

Delta Dental's Oral Health Enhancement Option enables you to receive up to four dental cleanings and/or periodontal maintenance procedures in any combination per benefit period if you have been treated for periodontal (gum) disease in the past. For the additional dental cleaning and/or periodontal maintenance procedures to be covered, you must have had periodontal surgery or periodontal scaling and planing in the past. Details on how to qualify can be found in your benefit booklet.



Carryover Max From Delta Dental

This valuable benefit feature allows you to carry over a portion of your unused standard annual maximum benefit limit into the next year, and beyond. You can accumulate part of your unused benefit dollars from a healthy year and use it for services such as bridges, crowns, and root canals.

Carryover Max is easy and automatic.

- To qualify for Carryover Max, you must receive at least **one cleaning or one oral exam during the plan year**. If you don't receive a cleaning or exam, you won't be eligible to carry over any of your benefit dollars to the following year. If you fail to do so, any accumulated carryover will be lost.
- A covered person is eligible for the Carryover Max benefit, if less than half of the standard annual maximum is used in the prior benefit year.
- Carryover Max allows you to carry over up to 25% of the unused portion of your standard annual maximum up to a maximum of \$500. For example, if your standard annual maximum is \$2,000, and you use \$200, you can carry over \$450 ($\$1,800 \times 25\% = \450).
- The accumulated amount can never exceed your standard annual maximum.
- Standard annual maximum dollars are used first. Carryover Max dollars are used after the standard annual maximum is met.

Employee Assistance Program

Aetna

Aetna Resources For Living is an employer-sponsored program, available at no cost to you and all members of your household. That includes dependent children up to age 26, whether or not they live at home. Services are confidential and available 24 hours a day, 7 days a week.

Employees have access up to 6 counseling sessions per issue each year at no cost.

The Employee Assistance Program (EAP) through Aetna assists employees and their eligible dependents with personal and job-related concerns including:

- Emotional well-being
- Family and relationships
- Legal and financial
- Healthy lifestyles
- Work and life transitions

Online Resources

Your member website offers a full range of tools and resources to help with emotional wellbeing, work/life balance and more. You'll find:

- Articles and self-assessments
- Adult care and child care provider search tool
- Stress resource center
- Video resources
- Live and recorded webinars
- Mobile app



To access services:

- Via phone: **888.238.6232** (TTY: 711)
- Via the web:
www.resourcesforliving.com
 - Username: **SHU**
 - Password: **EAP**

Freedom From Smoking Program

Fight Back With Freedom From Smoking!

The real costs of smoking are staggering...

FACT: Cigarette smoking kills more than 480,000 Americans each year.

FACT: Smoking-related illness in the U.S. costs more than \$300 billion a year, including over \$175 billion in direct medical care for adults and \$156 billion in lost productivity.

FACT: 36.5 million Americans are smokers. Of these, nearly half made a quit attempt in the past year.

Unmatched flexibility

No other program offers in-person, online, phone and self-help support resources that let you tailor a program to your unique needs.

Questions?

Contact **EmployeeBenefits@SacredHeart.edu** for any additional questions or information on how to sign up.



Why It Works

Freedom From Smoking assesses each smoker's readiness to quit and guides them through a three-part process that addresses addiction in a supportive, real-life tone:

- **Getting Ready to Quit:** Participants explore why they smoke and make a plan that includes behavior change and medication to overcome their addiction
- **Quit Day:** Participants are guided to take action on Quit Day and focus on saying goodbye to cigarettes and hello to a new smoke free life
- **Staying Smoke free:** Participants learn short- and long-term strategies for avoiding relapse and staying smoke free

Member Advocacy



You may contact Member Advocacy in any of the following ways:

- Phone: **800.563.9929**, Monday through Friday, 8:30 am to 5:00 pm
- Web: **www.connerstrong.com/memberadvocacy** and complete the fields
- E-mail: **cssteam@connerstrong.com**
- Fax: **856.685.2253**

Do You Need Help Resolving a Benefits Issue?

Member Advocacy, provided by Conner Strong & Buckelew, allows you to speak to a specially trained and experienced Member Advocate who can help you get the most out of your healthcare benefits.

You can contact Member Advocacy for assistance if you:

- Believe your claim was not paid properly
- Need clarification on information from the insurance company
- Have a question regarding a bill from a doctor, lab or hospital
- Are unclear on how your benefits work
- Need information about adding or deleting a dependent
- Need help resolving a benefits problem you've been working on

Member Advocates are available Monday through Friday, 8:30am to 5:00pm (Eastern Time). After hours, you will be able to leave a message with a live representative and receive a response by phone or email during business hours within 24 to 48 hours of your inquiry.

Important Contacts

The resources identified below are available to assist you with any questions that you may have about your benefits.

QUESTIONS REGARDING	CONTACT	PHONE	WEBSITE/EMAIL
	<u>SHU Benefits Team</u>		EmployeeBenefits@sacredheart.edu
Eligibility, enrollment, plan options, contributions, Qualifying Life Events, etc.	Liz Henderson Director of Employee Benefits	203.371.7921	henderson2@sacredheart.edu
	Stephanie Kennedy Payroll and Benefits Coordinator	203.371.7756	kennedys3@sacredheart.edu
Medical Benefits	Aetna Aetna Navigator	888.318.2349	www.aetna.com www.aetnanavigator.com
Medicare Solutions	Aetna	888.307.6203	N/A
Health Savings Account	The HSA Authority	888.472.8697	www.thehsaauthority.com
Dental Benefits	Delta Dental	800.452.9310	www.deltadentalnj.com
Vision Plan	EyeMed	866.268.4063	www.eyemedvisioncare.com
Flexible Spending Accounts	Flores	800.532.3327	www.flores247.com
Employee Assistance Program (EAP)	Aetna	888.238.6232	www.resourcesforliving.com
Telemedicine	Teladoc	855.TELADOC (855.835.2362)	www.teladoc.com/aetna
Aetna Concierge	Aetna	800.240.2386	N/A
Maternity Benefit	Aetna	800.272.3531 (TTY: 711)	www.aetna.com (Log in and look under "Stay Healthy")

ABOUT THIS BENEFITS SUMMARY

This Benefits Summary describes the highlights of the Sacred Heart University Benefits Program in non-technical language. Your specific rights to benefits under this program are governed solely, and in every respect, by the official documents and not the information contained within this Benefits Summary. If there is any discrepancy between the descriptions of the program elements in this Benefits Summary and the official plan documents, the language of the official plan documents shall prevail as accurate. Please refer to the plan-specific documents published by each of the respective carriers for detailed plan information. Eligibility for any benefit plan is determined by applicable plan documents and policies. You should be aware that any and all elements of the Benefits Program may be modified in the future to meet Internal Revenue Service rules or otherwise as determined by Sacred Heart University.

This Benefits Summary may not be reproduced or redistributed in any form or by any means without the express written consent of Sacred Heart University.

Notice Regarding Wellness Program

Sacred Heart Wellness Program is a voluntary wellness program available to all employees. The program is administered according to federal rules permitting employer-sponsored wellness programs that seek to improve employee health or prevent disease, including the Americans with Disabilities Act of 1990, the Genetic Information Nondiscrimination Act of 2008, and the Health Insurance Portability and Accountability Act, as applicable, among others. If you choose to participate in the wellness program you will be asked to complete a voluntary health risk assessment or "HRA" that asks a series of questions about your health-related activities and behaviors and whether you have or had certain medical conditions (e.g., cancer, diabetes, or heart disease). You will also be asked to complete a biometric screening, which will include a blood test for HDL, LDL, Total Cholesterol, Hemoglobin A1C, Height, Weight, BMI and Blood Pressure. You are not required to complete the HRA or to participate in the blood test or other medical examinations.

However, employees who choose to participate in the wellness program will receive an incentive of \$360 annually/\$15 per pay for receiving a biometric screening and completing a health risk assessment. Our weekly payroll employees are issued a credit 2 times a month. The semi-monthly payroll employees are issued a credit with each paycheck. Although you are not required to complete the HRA or participate in the biometric screening, only employees who do so will receive \$360 annually/\$15 per pay incentive.

If you are unable to participate in any of the health-related activities or achieve any of the health outcomes required to earn an incentive, you may be entitled to a reasonable accommodation or an alternative standard. You may request a reasonable accommodation or an alternative standard by contacting Human Resources.

The information from your HRA and the results from your biometric screening will be used to provide you with information to help you understand your current health and potential risks, and may also be used to offer you services through the wellness program, such as health coaching. You also are encouraged to share your results or concerns with your own doctor.

Protections from Disclosure of Medical Information

We are required by law to maintain the privacy and security of your personally identifiable health information. Although the wellness program and Sacred Heart may use aggregate information it collects to design a program based on identified health risks in the workplace, Sacred Heart's Wellness Program will never disclose any of your personal information either publicly or to the employer, except as necessary to respond to a request from you for a reasonable accommodation needed to participate in the wellness program, or as expressly permitted by law. Medical information that personally identifies you that is provided in connection with the wellness program will not be provided to your supervisors or managers and may never be used to make decisions regarding your employment.

Your health information will not be sold, exchanged, transferred, or otherwise disclosed except to the extent permitted by law to carry out specific activities related to the wellness program, and you will not be asked or required to waive the confidentiality of your health information as a condition of participating in the wellness program or receiving an incentive. Anyone who receives your information for purposes of providing you services as part of the wellness program will abide by the same confidentiality requirements. The only individual(s) who will receive your personally identifiable health information is (are) health coach or your Primary Care Physician in order to provide you with services under the wellness program.

In addition, all medical information obtained through the wellness program will be maintained separate from your personnel records, information stored electronically will be encrypted, and no information you provide as part of the wellness program will be used in making any employment decision. Appropriate precautions will be taken to avoid any data breach, and in the event a data breach occurs involving information you provide in connection with the wellness program, we will notify you immediately.

You may not be discriminated against in employment because of the medical information you provide as part of participating in the wellness program, nor may you be subjected to retaliation if you choose not to participate.

If you have questions or concerns regarding this notice, or about protections against discrimination and retaliation, please contact Human Resources.



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