



**Your Benefits  
July 1, 2023–June 30, 2024**



## Our Benefits Program

Elections you make during open enrollment will become effective **July 1, 2023**.

Centenary University offers you and your eligible family members a comprehensive and valuable benefits program. We encourage you to take the time to educate yourself about your options and choose the best coverage for you and your family.

Your Benefit Choices include:

- Medical/Prescription Coverage – 3 Options
- Dental Coverage – 2 Options
- Vision Coverage – 2 Options

### ELIGIBILITY

Employees must be scheduled to work at least 20 hours per week / 12 months per year to be eligible for these benefits. In addition, full-time 9 month Faculty and full-time Coaches are benefit eligible.

### ENROLLMENT PERIODS

The Open Enrollment Period is from June 14, 2023 – June 27, 2023, with changes taking effect on July 1, 2023.

Special Enrollment allows an employee to make changes to their benefits throughout the plan year when an employee experiences a qualifying life event. Examples of qualifying life events are:

- ▶ Marriage
- ▶ Birth or Adoption of a Child
- ▶ Divorce
- ▶ Loss of Other Coverage

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

### UHC - OXFORD HEALTH PLANS

Centenary University offers a choice of three medical plan options, so you can choose the plan that best meets your needs and those of your family. Each plan includes comprehensive health care benefits, including free in-network preventative care services and coverage for prescription drugs.

#### Important Notes:

- This is a synopsis of coverage only; the plan documents contain exclusions and limitations that are not shown here. Please refer to the plan documents for the full scope of coverage.
- In-network services are based on negotiated charges; out-of-network services are based on Reasonable & Customary (R&C) charges.
- Medical services and benefits are paid at higher levels when you use participating providers and give you the freedom to utilize the services of any out-of-network provider by paying higher deductibles and coinsurance.

#### **Pre-Certification**

Pre-certification may be required for certain procedures. Speak with your physician when using the following services:

- For non-emergency hospital admissions
- For emergency hospital admissions
- Complex imaging tests

Failure to obtain this authorization may result in a reduction or exclusion of benefits. Please note that this is not a complete list – contact your carrier for a comprehensive listing.

#### **Definitions**

**Coinsurance** – The percentage of each health care bill a person must pay out of their own pocket. Non-covered charges are in addition to this amount.

**Copayment** – The amount you must pay out of your own pocket when you receive medical care or a prescription drug. A copayment applies to each in network visit or prescription.

**Deductible** – The amount the insured must pay before any payment is due from the insurance company. A covered individual is responsible for their deductible only once each calendar year.

**Out of Pocket Maximum** – Each plan limits the amount an individual may pay out of their own pocket during a calendar year. Once the out of pocket maximum is met, benefits are paid at 100%. Deductibles and coinsurance accrue toward this amount.

## Medical and Prescription Insurance

Taking care of matters relating to your United Healthcare / Oxford policy may be easier than you realize. Through UnitedHealthcare's website, you can obtain your account information quickly and find answers to many of your health plan questions. Log on to [www.myuhc.com](http://www.myuhc.com). If you are a returning member, click on "Sign In." If you are a new member, click on the "Register" link. Once you have registered, you will be able to confirm your eligibility, request ID cards, and check the status of your claims.

- Find a Physician
- Check the Status of a Claim
- Download Explanation of Benefits (EOB)
- Email Customer Service

## OXFORD HEALTH PLANS PROVIDER ACCESS



The UHC Direct Oxford Freedom Plan utilizes the Oxford Freedom network and United HealthCare Choice Plus network nationally.

The UHC EPO Oxford Liberty and UHC Oxford EPO POST Liberty plans utilize the Oxford Liberty network and United HealthCare Core network nationally.

Outside NJ, Metro NY and CT the national provider network is United HealthCare Choice Plus for Direct and Core for EPO plans.

To search for a medical provider online, please follow the below steps:

- Go to [www.myuhc.com](http://www.myuhc.com) and select **Find a Doctor**
- In the new window, select under **What type of provider are you looking for?** (Medical Directory, Behavioral Health, etc.)
- Select **Employer and Individual Plans** and then **Oxford Health Plans**
- Choose either **Freedom with Choice Plus** or **Liberty with Core**

## PARTICIPATING LAB

**LabCorp and Quest** are both in the UHC/Oxford network for laboratory services.

## OXFORD CONTACT PHONE NUMBERS

**Oxford Member Customer Services:** 1-800-444-6222

**Pharmacy (OptumRx) Member Services:** 1-800-444-6222

*The following summaries are not complete lists of available benefits.*

## Benefit Summaries

| Plan Provisions   | UHC Direct Freedom Plan                   |                  | UHC EPO Liberty Plan                      | UHC EPO Liberty POST Plan                                |
|---|---|------------------|---|--|
|   | Network: Freedom                          |                  | Network: Liberty                          | Network: Liberty   |
|   | In-Network                                | Out-of-Network   | In-Network Only                           | In-Network Only  |
| <b>Annual Deductible</b><br>(Individual/Family)                                       | \$500/\$1,000                             | \$1,000/\$2,000  | \$1,000/\$2,000                           | \$2,000/\$4,000  |
| <b>Out-of-Pocket Maximum</b><br>(Includes Deductible)                                 | \$2,500/\$5,000                           | \$5,000/\$10,000 | \$4,000/\$8,000                           | \$6,350/\$12,700   |
| <b>Coinsurance</b>  | 10%                                       | 30%              | 20%                                       | 30%  |
| <b>Preventive Care</b>  | 100%                                      | 30%*             | 100%                                      | 100%   |
| <b>Primary/Specialist Physician Office Visit</b>                                      | \$25/\$40 copay                           | 30%*             | \$30/\$50 copay                           | \$30/\$50 copay  |
| <b>Radiology</b>  | 10%*                                      | 30%*             | 20%*                                      | Freestanding: 30%*<br>Hospital: 50%*                     |
| <b>Laboratory</b>   | No charge                                 | 30%*             | No charge                                 | Freestanding: No charge<br>Hospital: 20%                 |
| <b>Hospital Care</b>  | 10%*                                      | 30%*             | 20%*                                      | 30%*   |
| <b>Outpatient Surgery</b>   | 10%*                                      | 30%*             | 20%*                                      | Freestanding: 30%*<br>Hospital: 50%*                     |
| <b>Urgent Care</b>  | \$40 copay                                | 30%*             | \$50 copay                                | \$50 copay   |
| <b>Emergency Care</b>   | \$100 copay per visit, waived if admitted |                  | \$100 copay per visit, waived if admitted | \$100 copay per visit, then 30% Copay waived if admitted |
| <b>Retail Prescription Drugs</b> (30-day supply)<br>•Tier 1<br>•Tier 2<br>•Tier 3     | \$25 copay<br>\$50 copay<br>\$75 copay    | Not covered      | \$25 copay<br>\$50 copay<br>\$75 copay    | \$25 copay<br>\$50 copay<br>\$75 copay                   |
| <b>Mail Order Prescription Drugs</b> (90-day supply)<br>•Tier 1<br>•Tier 2<br>•Tier 3 | \$50 copay<br>\$100 copay<br>\$150 copay  | N/A              | \$50 copay<br>\$100 copay<br>\$150 copay  | \$50 copay<br>\$100 copay<br>\$150 copay                 |

\*After deductible is met.

Note: This is a summary only of your coverage.

In-network services are based on negotiated charges; out-of-network services are based on reasonable and customary (R&C) charges.

**DELTA DENTAL OF NEW JERSEY**

Taking care of your teeth is as important as taking care of the rest of your body. That is why Centenary University offers comprehensive dental coverage through Delta Dental. Two plans are available for you to pick from: the PPO Plus Premier plan or the DeltaCare/Flagship plan. Both cover routine check-ups as well as additional services needed to maintain a healthy mouth.

| Type of Service   | PPO Plus Premier  |                      | DeltaCare            |
|---|---|----------------------|----------------------|
|   | In-Network  | Out-of-Network       | In-Network Only      |
| <b>Calendar Year Deductible Individual/Family (Applies to Type B &amp; C Services Only)</b> | \$50 / \$150  |                      | None                 |
| <b>Calendar Year Maximum</b>  | \$2,000 per individual<br>In & Out-of-Network amounts cross-apply |                      | Unlimited            |
| <b>Type A - Preventative &amp; Diagnostic</b>   |   |                      |                      |
| Oral Exam   | 100%  | 100%                 | 100%                 |
| Cleanings (Once every 6 months)   | 100%  | 100%                 | 100%                 |
| Bitewing X-Rays   | 100%  | 100%                 | 100%                 |
| <b>Type B - Basic Services</b>  |   |                      |                      |
| Fillings  | 80% after deductible  | 80% after deductible | 100%                 |
| Periodontal Scaling   | 80% after deductible  | 80% after deductible | 100%                 |
| Simple Extractions  | 80% after deductible  | 80% after deductible | 100%                 |
| <b>Type C - Major Restorative Care</b>  |   |                      |                      |
| Crowns  | 50% after deductible  | 50% after deductible | Schedule of Benefits |
| Crown Repairs   | 50% after deductible  | 50% after deductible | Schedule of Benefits |
| Root Canal  | 50% after deductible  | 50% after deductible | Schedule of Benefits |
| Surgical Extraction   | 50% after deductible  | 50% after deductible | Schedule of Benefits |
| Bridges   | 50% after deductible  | 50% after deductible | Schedule of Benefits |
| <b>Type D - Orthodontia</b>   |   |                      |                      |
| Deductible  | Not Applicable  |                      | Not Applicable       |
| Orthodontia Treatment   | 50%   |                      | \$2,000              |
| Lifetime Maximum  | \$1,000   |                      | Not Applicable       |
| Lifetime Maximum  | Adults & Children   |                      | Adults & Children    |

## Dental Insurance

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Centenary University's Dental Plan covers three main types of expenses:

- Preventive and diagnostic care like routine exams and cleanings, fluoride treatments and X-rays
- Basic treatment such as simple fillings and extractions, sealants, root canals, oral surgery and gum disease treatment
- Major treatment such as crowns and dentures

### DELTA DENTAL WEBSITE PROVIDER ACCESS

To search online for a participating provider members can go to [www.deltadentalnj.com](http://www.deltadentalnj.com) and follow the below steps:

- Click Find a Dentist on the right hand side of the screen
- Choose either **Delta Dental Premier or Flagship** as the Network.
- Enter your City & State or Zip Code.
- Enter any other search criteria to narrow your results (Dentist Name, Specialty, etc.)
- Click **Search for a Dentist**.

### DELTA DENTAL CONTACT PHONE NUMBERS

Delta Dental Member Services: 1-800-452-9310

Centenary University offers a vision benefit administered by Vision Service Plan. Under this plan, you may use the eye care professional of your choice. However, when you use a participating Vision Service Plan provider, you receive higher levels of coverage under the In-Network benefit structure. To locate a participating provider contact Vision Service Plan at 1-800-877-7195 or visit the Vision Service Plan (VSP) website at [www.vsp.com](http://www.vsp.com).

| Services   | Vision - Base Plan   |   | Vision - Premier Plan  |   |
|--|--|---|--|---|
|  | In-Network   | Out-of-Network                                      | In-Network   | Out-of-Network                                      |
| <b>Eye Exam</b>  | \$10 copay   | \$50 allowance - the plan will reimburse up to \$50 | \$10 copay   | \$50 allowance - the plan will reimburse up to \$50 |
| <b>Materials</b>                                       |  |   |  |   |
| Single Vision Lenses                                   | \$25 copay   | \$50 allowance                                      | \$25 copay   | \$50 allowance                                      |
| Bifocal Lenses   | \$25 copay   | \$75 allowance                                      | \$25 copay   | \$75 allowance                                      |
| Trifocal Lenses  | \$25 copay   | \$100 allowance                                     | \$25 copay   | \$100 allowance                                     |
| Progressive Lenses                                     | Standard - \$50 copay<br>Premium - \$80 to \$90 copay<br>Custom - \$120 to \$160 copay | \$75 allowance                                      | Standard - \$50 copay<br>Premium - \$80 to \$90 copay<br>Custom - \$120 to \$160 copay | \$75 allowance                                      |
| <b>Contact Lenses</b><br><i>In lieu of eye glasses</i> | \$130 allowance<br>\$60 copay fitting & evaluation                                     | \$105 allowance                                     | \$150 allowance<br>\$60 copay fitting & evaluation                                     | \$105 allowance                                     |
| <b>Frames</b>  | \$130 allowance  | \$70 allowance                                      | \$150 allowance  | \$70 allowance                                      |

### Benefit Frequency

#### Base Plan

This plan will cover one set of lenses every 24 months. This plan will cover one set of frames every 24 months.

This plan will cover one set of contact lenses in lieu of eyeglasses once every 24 months.

#### Premier Plan

This plan will cover one set of lenses every 12 months. This plan will cover one set of frames every 12 months.

This plan will cover one set of contact lenses in lieu of eyeglasses once every 12 months.



## Finding A VSP Vision Provider

You will have access to an online directory to find vision professionals that participate in your plan. Information can be found in both English and Spanish. Follow the following instructions:


- Go to **www.vsp.com**
- Under “Find a Doctor” on the right-hand side of the screen, enter your **zip code** and then click **Search**.
- You can refine the search results on the left hand side of the screen.

It is your responsibility to make sure you are using in-network providers in order to enjoy the benefits of the plan’s in-network benefit schedule. Claim reimbursements for services obtained out of network are subject to reasonable and customary allowances and you may be responsible for amounts in excess of these limits.

The collage illustrates the user journey on the VSP website. The top screenshot shows the main navigation menu with options like 'FIND A DOCTOR', 'BENEFITS', 'OFFERS', 'EYEWEAR AND WELLNESS', 'PLAN OPTIONS', and 'SHOP'. Below the navigation is a banner for 'Are you a VSP Member?' with a 'LOG IN' button. The middle-left screenshot shows the 'Find an Eye Doctor' page, which includes a search form with fields for 'LOCATION', 'OFFICE', and 'DOCTOR'. The middle-right screenshot shows the 'Find an In-Network Doctor' page, which prompts the user to 'FIND A DOCTOR'. The bottom screenshot shows search results for Visionworks and Carolyn Cutney MD LLC, including details like address, phone number, hours, and a 'SCHEDULE APPOINTMENT' button.

## Premium Rate Information

Centenary University subsidizes a generous portion of cost of your health insurance. Many people do not realize how costly insurance benefits are until they lose their employer-sponsored coverage and have to elect COBRA coverage or shop for benefits on their own.

|  | <b>Centenary University</b><br><b>Medical/Prescription Drug, Dental &amp; Vision</b><br><b>Premium Rate Information</b><br><b>Effective July 1, 2023 through June 30, 2024</b> |                      |               |                  |
|---|--|----------------------|---------------|------------------|
|   | Plan   | Category of Coverage | Monthly Total | Monthly Employer |
| <b>United Healthcare Oxford Freedom</b>   | Single Employee  | \$1,023.18           | \$407.03      | \$616.15         |
|   | Employee and Spouse  | \$2,151.75           | \$659.08      | \$1,492.67       |
|   | Employee & Child(ren)  | \$1,785.45           | \$619.72      | \$1,165.73       |
|   | Family   | \$3,122.75           | \$1,084.37    | \$2,038.38       |
|   | Dependent to Age 31  | \$751.01             | N/A           | N/A              |
| <b>United Healthcare Oxford EPO Liberty</b>                                       | Single Employee  | \$880.82             | \$580.61      | \$300.21         |
|   | Employee and Spouse  | \$1,852.36           | \$1,139.73    | \$712.64         |
|   | Employee & Child(ren)  | \$1,537.03           | \$948.65      | \$588.38         |
|   | Family   | \$2,688.26           | \$1,703.92    | \$984.34         |
|   | Dependent to Age 31  | \$646.52             | N/A           | N/A              |
| <b>United Healthcare Oxford EPO Liberty POST</b>                                  | Single Employee  | \$776.26             | \$552.04      | \$224.22         |
|   | Employee and Spouse  | \$1,632.47           | \$1,110.17    | \$522.30         |
|   | Employee & Child(ren)  | \$1,354.57           | \$907.24      | \$447.33         |
|   | Family   | \$2,369.15           | \$1,642.04    | \$727.11         |
|   | Dependent to Age 31  | \$569.77             | N/A           | N/A              |
| <b>Delta Dental PPO Plus Premier</b>  | Single Employee  | \$47.28              | \$31.52       | \$15.76          |
|   | Employee and Spouse  | \$94.58              | \$53.94       | \$40.64          |
|   | Employee & Child(ren)  | \$102.29             | \$58.34       | \$43.95          |
|   | Family   | \$139.58             | \$79.60       | \$59.98          |
| <b>Delta Dental DeltaCare/Flagship DMO</b>  | Single Employee  | \$24.51              | \$16.56       | \$7.95           |
|   | Employee Plus Only 1   | \$47.75              | \$27.18       | \$20.57          |
|   | Employee Plus 2+ children  | \$80.47              | \$46.76       | \$33.71          |
|   | Family   | \$80.47              | \$46.76       | \$33.71          |
| <b>VSP Base Plan</b>  | Single Employee  | \$6.02               | N/A           | \$6.02           |
|   | Employee + Dependent(s)  | \$12.95              | N/A           | \$12.95          |
| <b>VSP Premier Plan</b>   | Single Employee  | \$12.73              | N/A           | \$12.73          |
|   | Employee + Dependent(s)  | \$27.38              | N/A           | \$27.38          |

### **Important Notice from Centenary University About Your Prescription Drug Coverage and Medicare**

Please read this notice carefully and keep it where you can find it. This notice has information about your current prescription drug coverage with Centenary University, and about your options under Medicare's prescription drug coverage. This information can help you decide whether or not you want to join a Medicare drug plan. If you are considering joining, you should compare your current coverage, including which drugs are covered at what cost, with the coverage and costs of the plans offering Medicare prescription drug coverage in your area. Information about where you can get help to make decisions about your prescription drug coverage is at the end of this notice.

#### **There are two important things you need to know about your current coverage and Medicare's prescription drug coverage:**

1. Medicare prescription drug coverage became available in 2006 to everyone with Medicare. You can get this coverage if you join a Medicare Prescription Drug Plan or join a Medicare Advantage Plan (like an HMO or PPO) that offers prescription drug coverage. All Medicare drug plans provide at least a standard level of coverage set by Medicare. Some plans may also offer more coverage for a higher monthly premium.
2. Centenary University has determined that the prescription drug coverage offered by Horizon is, on average for all plan participants, expected to pay out as much as standard Medicare prescription drug coverage pays and is therefore considered Creditable Coverage. Because your existing coverage is Creditable Coverage, you can keep this coverage and not pay a higher premium (a penalty) if you later decide to join a Medicare drug plan.

#### **When Can You Join A Medicare Drug Plan?**

You can join a Medicare drug plan when you first become eligible for Medicare and each year from October 15th to December 7th.

However, if you lose your current creditable prescription drug coverage, through no fault of your own, you will also be eligible for a two (2) month Special Enrollment Period (SEP) to join a Medicare drug plan.

#### **What Happens To Your Current Coverage If You Decide to Join A Medicare Drug Plan?**

If you decide to join a Medicare drug plan, your current Centenary University coverage will be affected.

If you do decide to join a Medicare drug plan and drop your current Centenary University coverage, be aware that you and your dependents will NOT be able to get this coverage back.

#### **When Will You Pay A Higher Premium (Penalty) To Join A Medicare Drug Plan?**

You should also know that if you drop or lose your current coverage with Centenary University and don't join a Medicare drug plan within 63 continuous days after your current coverage ends, you may pay a higher premium (a penalty) to join a Medicare drug plan later.

If you go 63 continuous days or longer without creditable prescription drug coverage, your monthly premium may go up by at least 1% of the Medicare base beneficiary premium per month for every month that you did not have that coverage. For example, if you go nineteen months without creditable coverage, your premium

may consistently be at least 19% higher than the Medicare base beneficiary premium. You may have to pay this higher premium (a penalty) as long as you have Medicare prescription drug coverage. In addition, you may have to wait until the following October to join.

### **For More Information About This Notice Or Your Current Prescription Drug Coverage...**

Contact the person listed below for further information. NOTE: You'll get this notice each year. You will also get it before the next period you can join a Medicare drug plan, and if this coverage through Centenary University changes. You also may request a copy of this notice at any time.

### **For More Information About Your Options Under Medicare Prescription Drug Coverage...**

More detailed information about Medicare plans that offer prescription drug coverage is in the "Medicare & You" handbook. You'll get a copy of the handbook in the mail every year from Medicare. You may also be contacted directly by Medicare drug plans.

For more information about Medicare prescription drug coverage:

- Visit [www.medicare.gov](http://www.medicare.gov)
- Call your State Health Insurance Assistance Program (see the inside back cover of your copy of the "Medicare & You" handbook for their telephone number) for personalized help
- Call 1-800-MEDICARE (1-800-633-4227). TTY users should call 1-877-486-2048.

If you have limited income and resources, extra help paying for Medicare prescription drug coverage is available. For information about this extra help, visit Social Security on the web at [www.socialsecurity.gov](http://www.socialsecurity.gov), or call them at 1-800-772-1213 (TTY 1-800-325-0778).

*CMS Form 10182-CC Updated April 1, 2011*

**Remember: Keep this Creditable Coverage notice. If you decide to join one of the Medicare drug plans, you may be required to provide a copy of this notice when you join to show whether or not you have maintained creditable coverage and, therefore, whether or not you are required to pay a higher premium (a penalty).**

Date: July 1, 2023

Name of Entity/Sender: Centenary University

Contact/Position: Christine Rosado, HR Director, 400 Jefferson Street, Hackettstown, NJ 07840

Phone #: (908) 852-1400 Ext. 2334

According to the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number. The valid OMB control number for this information collection is 0938-0990. The time required to complete this information collection is estimated to average 8 hours per response initially, including the time to review instructions, search existing data resources, gather the data needed, and complete and review the information collection. If you have comments concerning the accuracy of the time estimate(s) or suggestions for improving this form, please write to: CMS, 7500 Security Boulevard, Attn: PRA Reports Clearance Officer, Mail Stop C4-26-05, Baltimore, Maryland 21244-1850





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This benefit summary provides selected highlights of the Centenary University employee benefits program. It is not a legal document and shall not be construed as a guarantee of benefits nor of continued employment at the University. All benefit plans are governed by master policies, contracts and plan documents. Any discrepancies between information provided through this summary and the actual terms of the policies, contracts and plan documents are governed by the terms of these policies, contracts and plan documents. Centenary University reserves the right to amend, suspend or terminate any benefit plan, in whole or in part, at any time. The Plan Administrator has the authority to make these changes.