



# 2025 Benefits Open Enrollment

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Enrollment Dates: November 5<sup>th</sup> – 22<sup>nd</sup>  
Changes Effective: January 1, 2025

# Let Us Introduce Ourselves

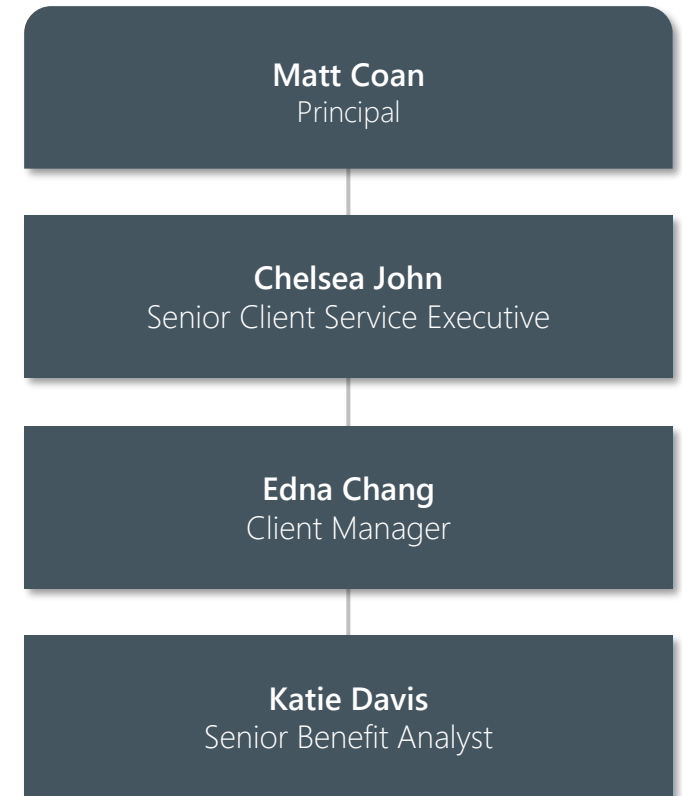


## What we do at Marsh McLennan Insurance Agency (MMA)

- Full-service Insurance Brokerage Firm
- Help your company develop a meaningful benefits program
- Assist with benefits related questions
- Your advocate!



d/b/a Marsh & McLennan Insurance Agency LLC  
CA Insurance License# 0H18131



**PLEASE NOTE:** The information contained in this presentation is only a summary. For detailed, comprehensive benefit information, please refer to your carrier plan documents.

# Agenda



- Open Enrollment Overview.
- Changes From Last Year.
- Review Benefits Plans and Programs.
- Next Steps.
- Questions & Answers.



# Eligibility & Enrollment

Quick answers to your questions



# Benefits Enrollment



## Open Enrollment November 5<sup>th</sup> – 22<sup>nd</sup>



- Add, change or drop dependents from your coverage
- Enroll, change or decline coverage
- Update beneficiary information (allowed any time)

## Qualifying Life Events for Mid-Year Changes



- Marriage, divorce, or legal separation
- Birth or adoption of a child
- Gain/Loss of coverage
- Loss of dependent status
- Medicaid or Medicare enrollment

**Must contact Human Resources within 30 days of event!**

# Who Can Enroll?



## Employees

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- Regular, full-time employees (50% FTE, a minimum of 20 hours per week)
- Benefit eligibility begins the 1st of the month coinciding with or following date of hire

## Eligible Dependents

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- Spouse
- Domestic partner\*
- Dependent children and step-children:
  - Medical, dental and vision: to age 26.
  - Children of any age who are incapable of self-support due to a physical or mental disability may potentially be covered

\*A domestic partner must enter into a registered domestic partnership or other official domestic partnership arrangement with a state in order to elect coverage for them.

# What's New, Effective Jan 1, 2025



- Aetna EPO Medical Plan for out-of-state employees
- Online Will Preparation
- Claimant Support Services
- New Decision Support Tool



# ALEX: Decision Tool



## What is ALEX?

ALEX by Jellyvision is an interactive video tool that helps guide you to the medical plan that best suits your needs. ALEX provides personalized, confidential benefits guidance on any computer, tablet, or smartphone. Before you make your enrollment decisions, let ALEX help you find the plans that make the most sense for you and your family.



Talk to ALEX on whatever you like.

<https://www.myalex.com/santa-clara-university>



# Medical Plans

Breaking down plan types  
(and understanding acronyms)



# Health Maintenance Organization (HMO)



## Using an HMO (In-network)



## Tips



- Each family member may select their own Primary Care Physician (PCP)
- Are you new to the HMO? Make sure your desired PCP is accepting new patients

# Kaiser- Manage Your Care



At [kp.org](https://kp.org) or with the Kaiser Permanente app, you can stay on top of your care 24/7.

- Schedule and cancel routine appointments
- Telehealth visit
- Refill most prescriptions
- Choose your doctor and change anytime
- View most lab test results
- Email your doctor's office with non-urgent questions
- Manage a family member's health care

# Kaiser Care Away From Home



- If you get hurt or sick while traveling, Kaiser will help you get care. All Kaiser plans include emergency and urgent care coverage from qualified providers anywhere in the world.
- Kaiser can also help you before you leave town by checking to see if you need a vaccination, refilling eligible prescriptions, and more. Just give Kaiser a call or go online:

24/7 Away from  
Home Travel Line:  
**951-268-3900\***

[kp.org/travel](https://www.kp.org/travel)

# How to Find a Provider - Kaiser



## Kaiser HMO

- Review physician's profiles at [www.kp.org/chooseyourdoctor](http://www.kp.org/chooseyourdoctor)
- (888) 956-1616 (Southern CA)
- (800) 464-4000 (Northern CA)
- Visit [www.kp.org](http://www.kp.org) for more information.



# Kaiser HMO



## Plan Highlights

## Kaiser HMO

| Plan Description                                | All your healthcare services must be received from Kaiser providers and facilities. |
|---|---|
| <b>Annual Calendar Year Deductible</b>          |   |
| Individual                                      | None  |
| Family  | None  |
| <b>Maximum Calendar Year Out-of-pocket (1)</b>  |   |
| Individual                                      | \$1,500   |
| Family  | \$3,000   |
| <b>Lifetime Maximum</b>                         |   |
| Individual                                      | Unlimited   |
| <b>Professional Services</b>                    |   |
| Primary Care Physician (PCP) / Specialist Visit | \$20 Copay / \$20 Copay   |
| Routine Physical Exam / Preventive Care         | No Copay  |
| Diagnostic X-ray and Lab                        | Covered at 100%   |
| Chiropractic / Acupuncture Services             | \$15 Copay; Limited to 30 Visits per Calendar Year                                  |
| Optical Dispensing                              | \$175 Eyewear Allowance Every 2 Years   |
| Hearing Aid Benefit                             | \$2,500 allowance per device; 1 device per ear; 2 devices every 3 years             |
| <b>Hospital Services</b>                        |   |
| Room & Board                                    | \$250 Copay per Admission   |
| Maternity Services                              | Same as other Illness   |
| Urgent Care                                     | \$20 Copay  |
| Emergency Room                                  | \$50 Copay  |
| <b>Mental Health &amp; Substance Abuse</b>      |   |
| Inpatient                                       | \$250 per Admission   |
| Outpatient                                      | \$20 Copay per Visit  |
| <b>Prescription Drugs</b>                       |   |
| Contraceptive Drugs & Devices                   | No Charge   |
| Generic / Tier 1 (30-day supply)                | \$10 Copay  |
| Formulary / Tier 2 (30-day supply)              | \$25 Copay  |
| Non-Preferred / Tier 3 (30-day supply)          | \$25 Copay  |
| Specialty / Tier 4 (30-day supply)              | 20% up to \$200 Copay   |
| Mail Order (100-day supply)                     | 2 x copay   |

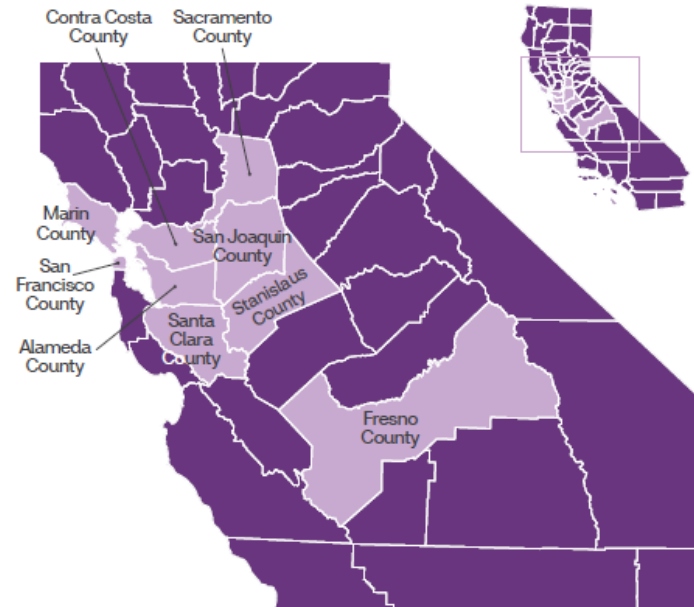


# Aetna Whole Health for HMO Members



If you are a current Aetna HMO member or covered dependent, you qualify for Aetna Whole Health, which offers coordinated health experience that gives members a wider access to regional network of high-performing health care provider groups.

## Aetna Whole Health Northern California HMO network coverage\*\*



**1,700+**  
primary care  
doctors

**5,200+**  
specialists

**33**  
hospitals

**13**  
retail clinics

**250+**  
urgent care  
centers

# Aetna HMO



| Plan Highlights                           | Aetna AWH NorCal HMO<br>(CA) Aetna Whole Health - Northern California HMO | Aetna HMO<br>Aetna Standard HMO                          |
|---|---|--|
| Plan Network Detail                       |   |  |
| Annual Calendar Year Deductible           |   |  |
| Individual/Family                         | None  | None   |
| Maximum Calendar Year Out-of-pocket (1)   |   |  |
| Individual                                | \$2,000   | \$2,000  |
| Family                                    | \$4,000   | \$4,000  |
| Lifetime Maximum                          |   |  |
| Individual                                | Unlimited   | Unlimited  |
| Professional Services                     |   |  |
| Primary Care Office Visit                 | \$20 Copay  | \$20 Copay   |
| Specialist Care Office Visit              | \$20 Copay  | \$20 Copay   |
| Routine Physical Exam / Preventive Care   | No Copay  | No Copay   |
| Diagnostic X-ray / Lab                    | No Copay  | No Copay   |
| Chiropractic Services - 20 visits/year    | \$15 Copay  | \$15 Copay   |
| Acupuncture Services – 20 visits/year     | \$20 Copay  | \$20 Copay   |
| Hearing Aid Benefit                       | 20% coinsurance, \$4,000 benefit maximum every 24 months                  | 20% coinsurance, \$4,000 benefit maximum every 24 months |
| Hospital Services                         |   |  |
| Room & Board                              | \$250 Copay per Admission   | \$250 Copay per Admission                                |
| Maternity Services                        | \$250 Copay per Admission   | \$250 Copay per Admission                                |
| Urgent Care                               | \$20 Copay  | \$20 Copay   |
| Emergency Room Visit (waived if admitted) | \$100 Copay   | \$100 Copay  |
| Mental Health & Substance Abuse           |   |  |
| Inpatient                                 | \$250 Copay per Admission   | \$250 Copay per Admission                                |
| Outpatient                                | \$20 copay  | \$20 copay   |
| Prescription Drugs                        |   |  |
| Contraceptive Drugs                       | No Charge   | No Charge  |
| Tier 1 (30-day supply)                    | \$5 Copay   | \$5 Copay  |
| Tier 2 (30-day supply)                    | \$20 Copay  | \$20 Copay   |
| Tier 3 (30-day supply)                    | \$40 Copay  | \$40 Copay   |
| Tier 4 (30-day supply)                    | 20% to \$200 Copay  | 20% to \$200 Copay                                       |
| Mail Order (90-day supply)                | Tiers 1, 2 & 3: 2x Retail Copay   | Tiers 1, 2 & 3: 2x Retail Copay                          |



# High Deductible Health Plan (HDHP)



## Using a HDHP

(In-network or Out-of-network)



HSA Funds



Primary Care  
Physician

or



Specialist



## Tips

- An HDHP is like a PPO with a high deductible
- All healthcare services apply towards the deductible first, including prescription drugs
- Can be paired with a Health Savings Account (HSA)

# Aetna PPO with HSA (HDHP)



| Plan Network Detail                               | Aetna PPO with HSA (HDHP)         |                |
|---|-----------------------------------|----------------|
|   | OA Managed Choice POS HDHP (OAMC) |                |
|   | In-network                        | Out-of-network |
| <b>Annual Calendar Year Deductible</b>            |                                   |                |
| Individual  | \$2,000                           | \$4,000        |
| Individual within Family                          | \$3,300                           | \$4,000        |
| Family  | \$4,000                           | \$8,000        |
| <b>Maximum Calendar Year Out-of-pocket (3)</b>    |                                   |                |
| Individual  | \$4,000                           | \$8,000        |
| Individual within Family                          | \$4,000                           | \$8,000        |
| Family  | \$8,000                           | \$16,000       |
| <b>Lifetime Maximum</b>                           |                                   |                |
| Individual  | Unlimited                         | Unlimited      |
| <b>Professional Services</b>                      |                                   |                |
| Primary Care Office Visit                         | Covered at 90%                    | Covered at 70% |
| Specialist Care Office Visit                      | Covered at 90%                    | Covered at 70% |
| Physician Home Visit                              | Covered at 90%                    | Covered at 70% |
| Routine Physical Exam / Preventive Care           | Covered at 100%                   | Covered at 70% |
| Diagnostic X-ray / Lab                            | Covered at 90%                    | Covered at 70% |
| Chiropractic Services - 20 visits/year            | Covered at 90%                    | Covered at 70% |
| Acupuncture Services - 20 visits/year             | Covered at 90%                    | Covered at 70% |
| Hearing Aid Benefit                               |                                   |                |
| Limited to 1 pair of hearing aids every 24 months | Covered at 90%                    | Covered at 30% |
| <b>Hospital Services</b>                          |                                   |                |
| Room & Board                                      | Covered at 90%                    | Covered at 70% |
| Maternity Services                                | Covered at 90%                    | Covered at 70% |
| Urgent Care                                       | Covered at 90%                    | Covered at 70% |
| Emergency Room (waived if admitted)               | Covered at 90%                    | Covered at 90% |
| <b>Mental Health &amp; Substance Abuse</b>        |                                   |                |
| Inpatient   | Covered at 90%                    | Covered at 70% |
| Outpatient  | Covered at 90%                    | Covered at 70% |
| <b>Prescription Drugs</b>                         |                                   |                |
| Tier 1 (30-day supply)                            | \$5 Copay                         | N/A            |
| Tier 2 (30-day supply)                            | \$20 Copay                        | N/A            |
| Tier 3 (30-day supply)                            | \$40 Copay                        | N/A            |
| Tier 4 (30-day supply)                            | 30% up to \$250 Copay             | N/A            |
| Mail Order (90-day supply)                        | Tiers 1, 2 & 3: 2x Retail Copay   | Not Covered    |



# Exclusive Provider Organization (EPO)



## Using an EPO In-network

aetna<sup>SM</sup>



Primary Care  
Physician

or



Specialist



## Tips

- You may receive health care services from doctors, hospitals, and other care providers who are within a certain network
- Your insurance will not cover any costs if you go outside of that network
- Emergencies are covered worldwide

# Aetna EPO (for Out-of-State Employee)



## Plan Highlights

## Aetna EPO

| Plan Description  | This plan is for Non-California Employees Only           |
|---|--|
| Plan Network Detail                                       | In-network<br>OA Elect Choice EPO                        |
| <b>Annual Calendar Year Deductible</b>                    |  |
| Individual  | \$0  |
| Family  | \$0  |
| <b>Maximum Calendar Year Out-of-pocket <sup>(1)</sup></b> |  |
| Individual  | \$2,000  |
| Family  | \$4,000  |
| <b>Lifetime Maximum</b>                                   |  |
| Individual  | Unlimited  |
| <b>Professional Services</b>                              |  |
| Primary Care Office Visit                                 | \$20 Copay   |
| Specialist Care Office Visit                              | \$20 Copay   |
| Routine Physical Exam / Preventive Care                   | No Charge  |
| Diagnostic X-ray / Lab                                    | No Charge  |
| Chiropractic Services - 20 visits/year                    | \$15 Copay   |
| Acupuncture Services – 20 visits/year                     | \$20 Copay   |
| Hearing Aid Benefit                                       | 20% coinsurance, \$4,000 benefit maximum every 24 months |
| <b>Hospital Services</b>                                  |  |
| Room & Board  | \$250 Copay  |
| Maternity Services  | \$250 Copay per Admission                                |
| Urgent Care   | \$25 Copay   |
| Emergency Room Visit (waived if admitted)                 | \$100 Copay  |
| <b>Mental Health &amp; Substance Abuse</b>                |  |
| Inpatient   | \$250 Copay per Admission                                |
| Outpatient  | \$20 copay   |
| <b>Prescription Drugs</b>                                 |  |
| Contraceptive Drugs                                       | No Charge  |
| Tier 1 (30-day supply)                                    | \$5 Copay  |
| Tier 2 (30-day supply)                                    | \$20 Copay   |
| Tier 3 (30-day supply)                                    | \$40 Copay   |
| Tier 4 (30-day supply)                                    | 20% to \$200 Copay                                       |
| Mail Order (90-day supply)                                | Tiers 1, 2 & 3: 2x Retail Copay                          |

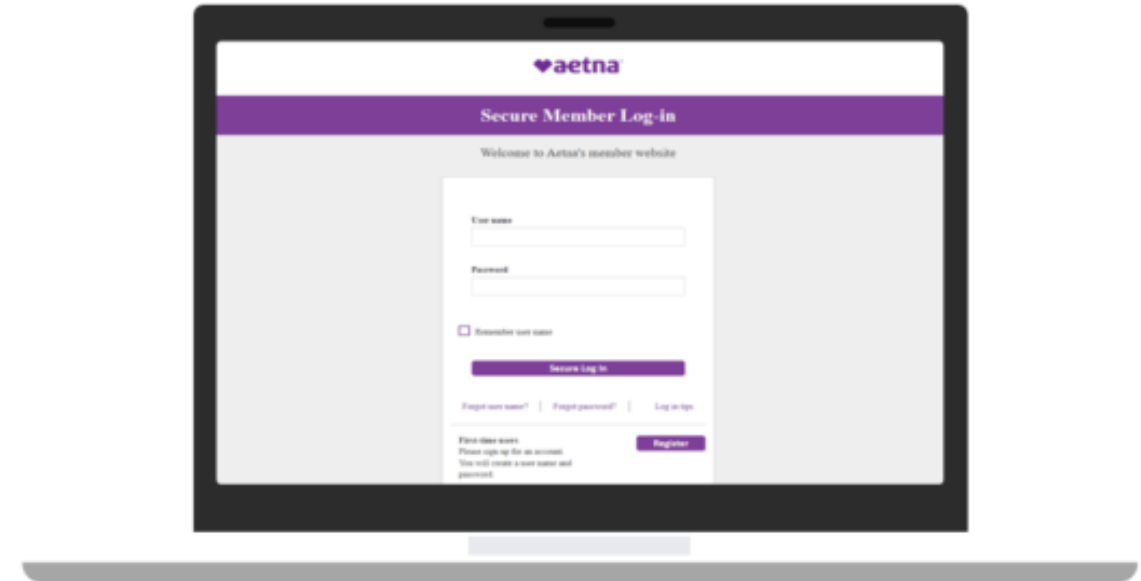


# Aetna: Online or On-the-go!



- Secure 24/7 Access
- Look up a claim status
- Check account balances
- Find costs of test and doctor visits
- View tools and educational materials
- Download a temporary ID Card

**Plus, Discounts Available!**



# How to Find a Provider - Aetna



## Aetna

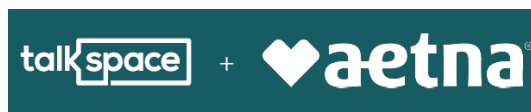
- Go to [www.aetna.com](http://www.aetna.com) and select "Find a doctor"
- Under Guests, select "Plan from an employer"
- Under Continue as Guest, enter in your zip code and preferred radius and select Search
- From here select the Plan you are interested in reviewing if your provider is within the network, the plans available through SCU include:
  - For the Aetna AWH HMO plan:
    - Under Aetna Whole Health Plans Select the following:
      - (CA) Aetna Whole Health<sup>SM</sup> - Northern California HMO
  - For the Aetna HMO plan:
    - Under Aetna Standard Plans select the following:
      - HMO
  - For the Aetna PPO with HSA (HDHP) plan:
    - Under Aetna Open Access Plans select the following:
      - OA Managed Choice POS HDHP (OAMC)
  - For the Aetna EPO plan:
    - Under Aetna Open Access PLans Select the following:
      - OA Elect Choice EPO (Open Access)
- Once you have selected the plan above, you will be able to search for providers, urgent care centers, hospitals, mental health providers, etc.



# Mental Health Support with Aetna



- Talkspace is your digital space for private and convenient mental health support.
  - With Talkspace, you can receive counseling from a behavioral health clinician or medical professional
  - Talkspace services include
    - Counseling & Therapy
    - Medication evaluation and management
    - Education and self-help tools
- To register, visit [talkspace.com/aetna](https://talkspace.com/aetna) and have your member ID ready



# Prescription Drugs



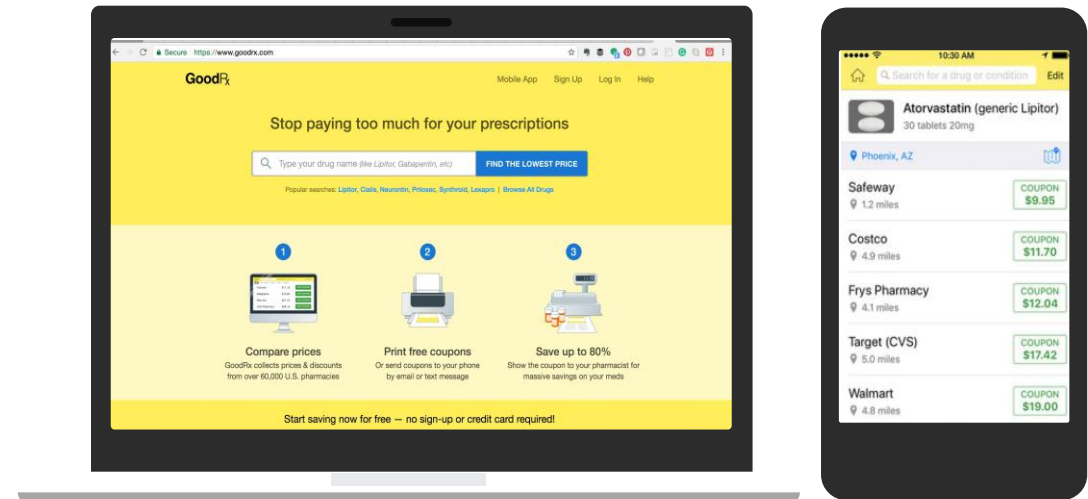


# Save Money on Prescriptions



- Go to [www.goodrx.com](http://www.goodrx.com) or download the mobile app to search for less expensive drugs at various pharmacies in your area
- Enter the name of your prescription, zip code and select “Find the Lowest Prices”

## GoodRx



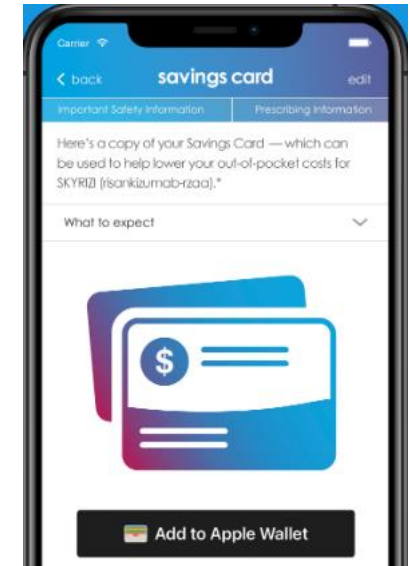
When you use GoodRx, you pay out of pocket and insurance doesn't apply. Any amount paid for prescriptions will not apply to your out-of-pocket maximum.

# Specialty Rx - Copay Assistance Cards



## Copay Card Programs

- Copay card programs are made available to consumers by drug companies in an effort to steer them towards purchasing their particular drugs.
- They reduce or completely cover the cost of the consumer's out-of-pocket cost. Other ways to refer to copay card programs include copay offset cards, savings cards and manufacturer's coupons.
- Copay coupons are typically for expensive, brand-name medications that don't have a generic equivalent. For example, a commonly prescribed medication to treat Plaque Psoriasis or Crohn's Disease, SKYRIZI, could be filled for as little as \$0 per dose through the Savings Card
- If you are taking a specialty medication, we recommend reviewing the drug manufacturer's website to see if a Copay Card program applies and look into the eligibility guidelines



# Health Savings Account (HSA)

Make your money work for you





# What is the High Deductible Health Plan (HDHP) + Health Savings Account (HSA) Option?

## Using a HDHP

In-network or Out-of-network



HSA Funds



Primary Care Physician

or



Specialist

### What to know about your health savings account



It's all yours—you own your HSA and your funds can accumulate year after year



You choose how much to contribute up to an annual maximum



You have to be enrolled in a High-Deductible Health Plan in order to contribute



HSA funds are not taxed as long as you use the funds for qualified expenses



# HSA Contribution Limits



| <b>Calendar Year<br/>Maximum Contribution</b> | <b>Santa Clara<br/>University<br/>Contributes</b> | <b>Your<br/>Maximum<br/>Contribution</b> | <b>2025<br/>Limit</b> |
|---|---|--|-----------------------|
| Employee Only                                 | \$600   | \$3,700                                  | \$4,300               |
| Employee + dependents                         | \$600   | \$7,950                                  | \$8,550               |
| Additional “catch-up” if 55 or older          |   |  | \$1,000               |

- Maximum contribution is reduced pro-rata for partial year enrollment (i.e. 1/12 for each month of HDHP Coverage).
- The calendar deductible is not pro-rated from the enrollment date like the fund is.
- Santa Clara University contributes \$50/month to your Health Savings Account



# HSA Eligible Expenses

The IRS regulates how you can spend your HSA funds. Visit [www.HSAstore.com](http://www.HSAstore.com) to view a comprehensive eligibility list!



## Eligible Expenses

- Unreimbursed qualified medical, dental and vision expenses
- Prescriptions
- Medical Supplies
- Laser surgery
- Orthodontia
- Medical premiums for COBRA, or health coverage while receiving unemployment compensation
- Medicare Parts B & D



## Ineligible Expenses

- Cosmetic or elective surgery
- Personal trainers
- Maternity clothes
- Life insurance premiums
- Toiletries
- Career counseling
- Teeth whitening
- Vet bills

## Keep in Mind...

- Funds can be used towards eligible expenses even after you are no longer covered by an HSA-qualified plan
- If you use an HSA for non-IRS approved medical expenses, you will be subject to pay earned income taxes on the misused funds as well as a 20% excise tax

# Flexible Spending Account (FSA)

Make your money work for you



# What is a Flexible Spending Account (FSA)?



An FSA is a pre-tax benefit, which allows you to set aside a specific pre-tax dollar amount for unreimbursed medical, dental, vision and dependent care expenses.

- FSA Plan Year: January 1<sup>st</sup>, 2025- December 31<sup>st</sup>, 2025
- It is not required that you be enrolled in your company's medical plans
- If you'd like to participate in an HSA compatible plan (i.e., HDHP), you should not elect the Healthcare FSA because you would no longer be eligible to contribute to your HSA
  - You are, however, allowed to sign up for the Limited Purpose FSA for eligible dental and vision expenses if you are enrolled in the HSA

## Contribution Limits

**\$3,300** + **\$5,000**  
Healthcare & Dependent Care  
Limited Purpose



Any statements concerning actuarial, tax, accounting, investment or legal matters are based solely on our experience as insurance brokers and are not to be relied upon as actuarial, accounting, tax, investment or legal advice, for which you should consult your own professional advisors.



# FSA Eligible Expenses



The IRS regulates how you can spend your FSA funds. Visit [www.FSAStore.com](http://www.FSAStore.com) to view a comprehensive eligibility list!

## Healthcare FSA

### Medical



- Copays/Deductibles
- Prescriptions
- Hospital costs
- Smoking cessation
- Fertility/Family planning
- Acupuncture/Chiropractic

### Dental



- Deductible
- Copays
- Orthodontia

### Vision



- Prescription glasses
- Prescription sunglasses
- Contact lenses/products
- Laser eye surgery

### Physician prescription not required



- Sunscreen, SPF 30+
- Denture adhesives
- First aid supplies
- Diagnostic tests & monitors
- Durable medical equipment
- Menstrual care products

# Dependent Care FSA Eligible Expenses



An FSA is a pre-tax benefit, which allows you to set aside a specific pre-tax dollar amount for dependent care expenses.

- FSA Plan Year: : January 1<sup>st</sup>, 2025- December 31<sup>st</sup>, 2025
- It is not required that you be enrolled in your company's medical plans
- Maximums are per household

## Contribution Limits

**\$5,000**

Dependent Care

## Dependent Care FSA



- Daycare centers
- School programs for children under age 13
- In-home day care
- Summer day camp
- Elder care or dependents not capable of self-care

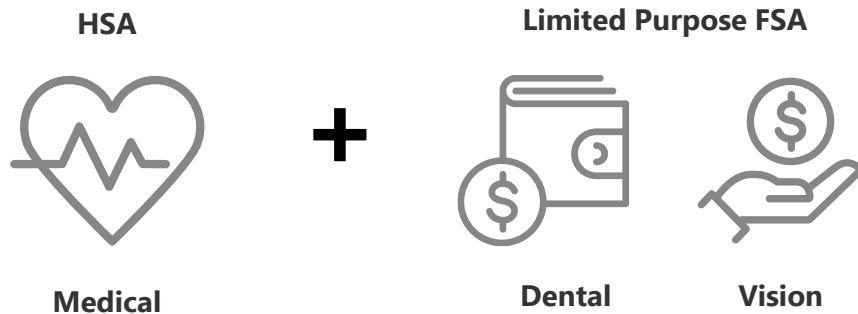
Any statements concerning actuarial, tax, accounting, investment or legal matters are based solely on our experience as insurance brokers and are not to be relied upon as actuarial, accounting, tax, investment or legal advice, for which you should consult your own professional advisors.

# Limited Purpose Flexible Spending Account



You are allowed to sign up for the Limited Purpose FSA if you are enrolled in the High Deductible Health Plan for medical coverage

## Maximize Savings



### Dental

- Out-of-pocket costs
- Orthodontia

### Vision

- Out-of-pocket costs
- Prescription glasses and prescription sunglasses (frames and lenses)
- Contact lenses and products
- Laser eye surgery

# FSA vs. HSA



|                           | <b>Healthcare FSA</b>  | <b>Dependent Care FSA</b>   | <b>Limited Purpose FSA</b>                                     | <b>Health Savings Account</b>   |
|---------------------------|--|---|--|---|
| Eligibility               | You are enrolled in Kaiser HMO, Aetna EPO, or Aetna PPO plan | If you are married, your spouse must be working, looking for work, or attending school full-time. You can be enrolled in any medical plan | You are enrolled in the Aetna HDHP plan or have an HSA account | You are enrolled in Kaiser HDHP or Aetna HDHP plan                          |
| Max. Contribution         | \$3,300*   | \$5,000*  | \$3,300*   | \$4,300(EE only)/\$8,550 (Family)<br>\$1,000 catch-up for ages 55 and older |
| Max. Rollover             | Use it or lose it  | Use it or lose it   | Use it or lose it  | The account is yours and you keep all the amount                            |
| Claim submission Deadline | 3/31/2025  | 3/31/2025   | 3/31/2025  | 3/31/2025   |
| Eligible Expenses         | Medical, Dental, and Vision expenses                         | Childcare/Eldercare   | Preventive care, Dental, and Vision expenses                   | Medical, Dental and Vision expenses   |
| List of expenses          | <a href="http://www.FSASStore.com">www.FSASStore.com</a>     | <a href="http://www.FSASStore.com">www.FSASStore.com</a>  | <a href="http://www.FSASStore.com">www.FSASStore.com</a>       | <a href="http://www.HSASStore.com">www.HSASStore.com</a>                    |

\*The plan allows up to \$660 of FSA funds to roll over to the next year.

# Commuter Benefit Program



- Pre-tax payroll deductions for out-of-pocket transit expenses up to \$325 per month in 2025.
- Pre-tax payroll deductions for out-of-pocket qualified parking expenses up to \$325 per month in 2025.
- Can elect additional post-tax deductions.
- Ability to change amount of transit order each month or sign up for recurring transit orders.



# Dental

Taking care of your smile



# Dental Plans



## Dental PPO Plan Overview:

- Freedom to see a wider network of dentists
- You don't need to select a Primary Care Dentist and a specialty services referral is not necessary
- You will pay a higher amount for services from an out-of-network dentist



**Note:** If you're planning to have extensive dental work or if total charges for anticipated claims are expected to exceed your plan's minimum predetermination amount of \$300, a Predetermination of Benefits is suggested so you can fully understand your out-of-pocket cost before receiving services.



# Guardian Dental Plan

## Guardian PPO: Dental Guard Preferred



### Plan Highlights

### Guardian Dental PPO

|                                 | In-network | Out-of-network |
|---------------------------------|------------|----------------|
| <b>Calendar Year Deductible</b> |            |                |
| Individual                      | \$25       | \$25           |
| Family                          | \$75       | \$75           |
| <b>Annual Maximum</b>           | \$3,500    | \$3,500        |
| Preventive                      | 100%       | 100%           |
| Basic Services                  | 100%       | 80%            |
| Major Services                  | 60%        | 50%            |
| <b>Orthodontia Services</b>     |            |                |
| Adults                          | 50%        | 50%            |
| Children to age 26              | 50%        | 50%            |
| <b>Lifetime Maximum</b>         | \$3,000    | \$3,000        |



The above information is a summary only. Please refer to your Evidence of Coverage for complete details of Plan benefits, limitations and exclusions.



# Vision

Bringing your benefits into focus



# Anthem Blue View Vision Plan



## Plan Highlights

## Anthem Blue View Vision PPO

|  | In-network                    | Out-of-network      |
|--|-------------------------------|---------------------|
| Exam – Every 12 months                                 | \$20 copay                    | \$45 copay          |
| Lenses – Every 12 months                               |                               |                     |
| Single   | Covered at 100%               | Covered up to \$45  |
| Bifocal  | Covered at 100%               | Covered up to \$65  |
| Trifocal   | Covered at 100%               | Covered up to \$85  |
| Progressive  | \$0 after eyeglass lens copay | Not Covered         |
| Frames – Every 12 months                               | Covered at 100% up to \$150   | Covered up to \$47  |
| Additional Pairs of Glasses                            |                               |                     |
| Contacts – Every 12 months, in lieu of lenses & frames |                               |                     |
| Medically Necessary                                    | Covered at 100%               | Covered up to \$210 |
| Cosmetic   | Covered up to \$120           | Covered up to \$105 |



The above information is a summary only. Please refer to your Evidence of Coverage for complete details of Plan benefits, limitations and exclusions.

# Life Insurance and AD&D



# Basic Life and AD&D



## Life Insurance

- \$70,000 per employee
- Insured by Sun Life, Paid 100% by Santa Clara University
- Update your beneficiaries

## AD&D

- \$70,000 per employee in the event of an accidental death
- Insured by Sun Life, Paid 100% by Santa Clara University

**IRS Regulation:** Employees can receive employer paid life insurance up to \$50,000 on a tax-free basis and do not have to report the payment as income. However, an amount in excess of \$50,000 will trigger taxable income for the “economic value” of the coverage provided to you.



# Voluntary Life and AD&D



100% Employee Paid

## Coverage Level

## Description

|          |  |
|----------|--|
| Employee | Increments of \$10k up to \$500k max.  |
| Spouse   | Increments of \$5k to lesser of \$100,000 or 50% of employee's combined basic and voluntary life amounts |
| Child    | \$500 birth to 6 months; \$2,000 increments to \$10,000 for 6 months to age 26                           |



**Note:** One-time Guarantee Issue of \$10,000 Employee / \$5,000 Spouse during Open Enrollment 2025 if you are a late entrant

If electing amount over the Guarantee Issue amount, you will need to submit the online Evidence of Insurability form directly to Sun Life for approval.

# Disability Coverage





# Disability

## Short Term Disability (STD) & Long Term Disability (LTD)

### 100% Employer Paid

#### Short Term Disability (STD)

- SCU provides in lieu of CA State Disability Insurance
- 60% of weekly earnings up to
- \$1,700\* per week. Eligible after a 7-day waiting period

#### Long Term Disability (LTD)

- 66 2/3% of monthly earnings up to
- \$10,000 per month. Eligible after 360 days

*Note: If you reside in CA, NY, NJ, RI, HI or PR, your benefits will be coordinated with the mandated disability program offered in your state. Given your benefit is employer-paid and it is available at no cost, disability payments made to you will be taxable.*

*\*The University considers the State of California's weekly maximum for State Disability when determining its STD maximum. As of the time this guide was created, the State has not announced the 2025 maximum. If changes are made to the University's maximum, this guide will be updated. The University's maximum will always be the same or more than the State's.*

# Additional Benefits





# Additional Benefits



## **Online Will Preparation:**

Online Will Preparation is provided by ComPsych to active employees enrolled in Sun Life's insurance. Through an easy-to-use secure website, you and your spouse can create and download a will in about 20 minutes. To protect your assets and loved ones, you can go online to create and download a will at [www.estateguidance.com](http://www.estateguidance.com) enter code: SLF4VAS.

## **Claimant Support Services:**

You have access to no-cost, objective financial planning, legal information, and emotional support. If you need to talk to a counselor or need legal or financial information because of a life or Disability insurance claim with Sun Life, you can call ComPsych for no cost at 888.475.3827.

## **Travel Assistance:**

Reliance Matrix offers 24/7 emergency travel assistance to you and your dependents. Whether you need help with an illness or injury, lost passport, missing luggage or even a prescription refill, you and your covered dependents have access to a personal travel emergency companion anytime you're more than 100 miles away from home. To seek services call (US) 800.456.3893 or (Worldwide) 603.328.1966.

## **Identity Theft:**

When Identify Theft occurs oftentimes it's difficult to think about everything you will need to do. With a trusted partner by your side, InfoArmor's unique combination of proprietary technology and remediation expertise provides peace of mind every step of the way so you can live confidently. To access, call 855.246.7347.

# Additional Benefits



Travel Assistance Services administered by



## Travel Assistance Services

### Covered services

When traveling more than 100 miles from home or in a foreign country, On Call offers you and your dependents the following services:

|  |   |   |
|--|---|---|
| Pre-trip assistance                    | <ul style="list-style-type: none"> <li>Inoculation requirements information</li> <li>Passport/visa requirements</li> <li>Currency exchange rates</li> </ul>                                       | <ul style="list-style-type: none"> <li>Consulate/embassy referral</li> <li>Health hazard advisory</li> <li>Weather information</li> </ul>             |
| Emergency medical transportation*      | <ul style="list-style-type: none"> <li>Emergency evacuation</li> <li>Medically necessary repatriation</li> <li>Visit by family member or friend</li> <li>Return of traveling companion</li> </ul> | <ul style="list-style-type: none"> <li>Return of dependent children</li> <li>Return of vehicle</li> <li>Return of mortal remain</li> </ul>            |
| Emergency personal assistance services | <ul style="list-style-type: none"> <li>Urgent message relay</li> <li>Interpretation/translation services</li> <li>Emergency travel arrangements</li> </ul>  | <ul style="list-style-type: none"> <li>Recovery of lost or stolen luggage/ personal possessions</li> <li>Legal assistance and/or bail bond</li> </ul> |
| Medical assistance services            | <ul style="list-style-type: none"> <li>Medical referrals for local physicians/dentists</li> <li>Medical case monitoring</li> </ul>  | <ul style="list-style-type: none"> <li>Prescription assistance and eye glasses replacement</li> <li>Convalescence arrangements</li> </ul>             |

\*The services listed above are subject to a maximum combined single limit of \$250,000. Return of vehicle is subject to \$2,500 maximum.

# Employee Assistance Program (EAP)

Free resources for tough moments





# Employee Assistance Program (EAP)

Confidential counseling for you and your immediate family members

- Available 24 hours a day, 7 days a week
- 10 in-person, telephone, video consultations per member per issue per year
- Unlimited telephonic counseling available

100% Employer Paid

Concern EAP: 800.344.4222

Examples for how the EAP can support you:

|   |  |   |  |  |
|---|--|---|--|--|
| <p>Childcare/<br/>eldercare</p> <hr/>  | <p>Family/<br/>relationships</p> <hr/>  | <p>Legal/<br/>financial</p> <hr/>  | <p>Alcohol/<br/>drug abuse</p> <hr/>  | <p>Grief/<br/>loss</p> <hr/>  |
|---|--|---|--|--|

# Cost Summary & Next Steps

Let's sum it all up!



# Medical Benefits Cost Summary



| Coverage Level                    | Employee Contribution | SCU Contribution | Total Cost |
|-----------------------------------|-----------------------|------------------|------------|
|                                   | Per Pay Period        | Per Pay Period   | Per Month  |
| <b>Aetna AWH NorCal HMO</b>       |                       |                  |            |
| Employee Only                     | \$9.44                | \$487.91         | \$994.69   |
| Employee + One Dependent          | \$99.47               | \$944.95         | \$2,088.84 |
| Employee + Two or More Dependents | \$188.22              | \$1,303.81       | \$2,984.06 |
| <b>Aetna HMO</b>                  |                       |                  |            |
| Employee Only                     | \$63.88               | \$687.72         | \$1,503.20 |
| Employee + One Dependent          | \$271.27              | \$1,307.08       | \$3,156.69 |
| Employee + Two or More Dependents | \$411.82              | \$1,842.97       | \$4,509.57 |
| <b>Aetna PPO with HSA (HDHP)</b>  |                       |                  |            |
| Employee Only                     | \$96.45               | \$843.89         | \$1,880.67 |
| Employee + One Dependent          | \$328.22              | \$1,646.49       | \$3,949.41 |
| Employee + Two or More Dependents | \$520.80              | \$2,300.21       | \$5,642.01 |
| <b>Aetna EPO – Non-CA Only</b>    |                       |                  |            |
| Employee Only                     | \$65.28               | \$702.85         | \$1,536.25 |
| Employee + One Dependent          | \$277.24              | \$1,335.82       | \$3,226.11 |
| Employee + Two or More Dependents | \$420.88              | \$1,883.49       | \$4,608.74 |
| <b>Kaiser Permanente HMO</b>      |                       |                  |            |
| Employee Only                     | \$37.87               | \$504.15         | \$1,084.04 |
| Employee + One Dependent          | \$211.12              | \$872.92         | \$2,168.07 |
| Employee + Two or More Dependents | \$318.44              | \$1,215.48       | \$3,067.83 |

# Dental and Vision Benefits Cost Summary



| <b>Coverage Level</b>              | <b>Employee Contribution</b> | <b>SCU Contribution</b> | <b>Total Cost</b> |
|------------------------------------|------------------------------|-------------------------|-------------------|
|                                    | <b>Per Pay Period</b>        | <b>Per Pay Period</b>   | <b>Per Month</b>  |
| <b>Guardian Dental PPO</b>         |                              |                         |                   |
| Employee Only                      | \$0.00                       | \$41.25                 | \$82.50           |
| Employee + One Dependent           | \$9.85                       | \$56.60                 | \$132.90          |
| Employee + Two or More Dependents  | \$22.50                      | \$76.37                 | \$197.74          |
| <b>Anthem Blue View Vision PPO</b> |                              |                         |                   |
| Employee Only                      | \$2.31                       | \$2.52                  | \$9.65            |
| Employee + One Dependent           | \$3.20                       | \$3.84                  | \$14.08           |
| Employee + Two or More Dependents  | \$5.39                       | \$7.10                  | \$24.97           |

# Next Steps & Reminders



## Action

## Date(s)

| Action  | Date(s)                                   |
|---|---|
| Open Enrollment information available and Benefits & Wellness Fairs held                                      | Tuesday, November 5 – Friday, November 22 |
| Online Enrollment System, Workday, opens for elections  | November 5                                |
| Online Enrollment System closes at 11:59pm (Pacific Time) and all elections must be finalized to system close | November 22                               |
| Benefits become effective   | January 1, 2025                           |



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