



# AMERICAN SOCIETY FOR ENGINEERING EDUCATION

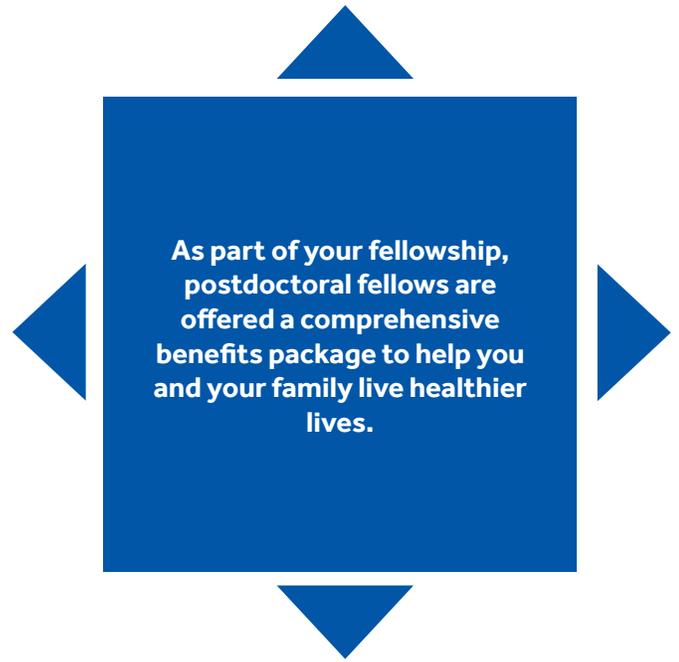
## Summary of Postdoctoral NSF/NSWC-IH Benefits *June 1, 2019–May 31, 2020*

*This communication highlights some of the benefit plans available at American Society for Engineering Education (ASEE). Your actual rights and benefits are governed by the official plan documents. If any discrepancy exists between this communication and the official plan documents, the official plan documents will always govern. ASEE reserves the right to change any benefit plan without notice. Benefits are not a guarantee of employment.*



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As part of your fellowship, postdoctoral fellows are offered a comprehensive benefits package to help you and your family live healthier lives.



### **Summary of Benefits Presentation**

Scan the QR code or visit [\(link\)](#) for a detailed presentation on your benefits.



## QUESTIONS?

When you have questions about your benefits, eligibility, or need assistance with claims issue resolution, please contact the Benefits Hotline at PSA Financial at **1-877-716-6618**. Client Advocates are available Monday through Friday, from 8:30 a.m. to 5 p.m. ET.

<b>Benefits Topic</b>	<b>Contact</b>	<b>Phone Number</b>	<b>Email/Website</b>
<b>Benefit questions, eligibility, claims issue resolution</b>	Benefits Hotline at PSA Financial	1-877-716-6618	ASEE@psafinancial.com
<b>Medical and Prescription</b>	Cigna	1-866-494-2111	www.mycigna.com
<b>Dental</b>	Cigna	1-800-244-6224	www.mycigna.com
<b>Vision</b>	VSP	1-800-877-7195	www.vsp.com
<b>Life and AD&amp;D Insurance Long-Term Disability</b>	SunLife	1-800-733-7879	www.slfserviceresources.com
<b>Assistance Program</b>	ComPsych	1-800-460-4374	www.guidanceresources.com Web ID: EAPEssential
<b>Veterinary Pet Insurance</b>	PetPlan	1-866-467-3875	www.petplanbenefits.com



## ELIGIBILITY AND ENROLLMENT

Benefits become effective on your date of hire, unless otherwise indicated. Postdoctoral fellows scheduled for 20 or more hours per week are eligible for the benefits described in this benefit summary. In addition to enrolling yourself, you may also enroll any eligible dependents under the medical, dental, and vision plans.

### Eligible Dependents

In addition to enrolling yourself, you may also cover your legal spouse and dependent children up to age 26.

Please note: medical coverage under this plan is not available to the spouse of an eligible Employee if the spouse works full-time and is eligible for health coverage through his or her own employer.



**Please keep in mind that benefit elections and their related payroll deductions cannot be changed until the next Open Enrollment period unless you, your spouse, or your dependent child(ren) experience a qualified change-in-status event. Examples of qualified change-in-status events are changes in legal marital status, number of dependents, employment status, and eligibility.**

**You must notify your Human Resources Department within 30 days of your qualified change-in-status event in order to make changes to your benefit elections. Documentation will be required.**



## CONTRIBUTIONS

**Based on 12 pays per year for medical, dental, and vision rates**

	Medical		Dental		Vision	
	ASEE Share	Fellow Monthly	ASEE Share	Fellow Monthly	ASEE Share	Fellow Monthly
<b>Individual Only</b>	\$742.77	\$0.00	\$45.64	\$0.00	\$6.44	\$0.00
<b>Individual + Child(ren)</b>	\$742.77	\$861.60	\$45.64	\$25.12	\$6.44	\$4.64
<b>Individual + Spouse</b>	\$742.77	\$980.45	\$45.64	\$46.56	\$6.44	\$4.41
<b>Family</b>	\$742.77	\$1,299.81	\$45.64	\$78.52	\$6.44	\$11.42



# MEDICAL AND PRESCRIPTION PLAN HIGHLIGHTS



ASEE offers medical coverage through **Cigna**. When you enroll in the medical plan, you automatically receive prescription drug coverage. Postdoctoral Fellows enrolling in the Cigna Open Access Plus plan are free to see any health care provider they choose. Please keep in mind doctors that are not in the network may not accept Cigna's reimbursement rate as payment in full, and reserve the right to balance bill you.



To search for a participating provider, please visit [www.mycigna.com](http://www.mycigna.com). You may register and create your own account; so that you can view your claims history online, track your deductible and out-of-pocket expenses, and order ID cards online. Cigna also has a mobile app!

Plan Features	In-Network	Out-of-Network
<b>Plan Year Deductible</b> Amount you must pay during the plan year before the plan begins to pay for certain services	\$0 Individual/\$0 Family	\$1,000 Individual/\$3,000 Family
<b>Plan Year Out-of-Pocket Maximum</b> Maximum amount you pay during the plan year towards covered expenses	\$1,500 Individual/\$4,500 Family	\$3,000 Individual/\$9,000 Family
<b>Office Visits</b>		
<b>Preventive Services</b>	Covered at 100% no deductible	Covered at 70% after deductible
<b>Office Visits for Illness</b>	\$25 copay	Covered at 70% after deductible
<b>Lab Tests &amp; X-ray</b>		
<b>Diagnostic</b> (x-ray, blood work) <b>Imaging</b> (CT/PET scans, MRI)	Covered at 90%	Covered at 70% after deductible
<b>Urgent Care/Emergency</b>		
<b>Urgent Care Center Services</b>	\$50 copay	Covered at 70% after deductible
<b>Emergency Room</b>	\$75 copay (waived if admitted)	
<b>Hospital Services <i>prior authorization required</i></b>		
<b>Inpatient Hospital Stay</b>	\$250 copay, then covered at 90%	\$250 copay, then covered at 70% after deductible
<b>Outpatient Surgery</b>	Covered at 90%	Covered at 70% after deductible
<b>Prescription Drugs</b>		
<b>Deductible</b>	None	
<b>Out-of-Pocket Maximum</b>	\$5,100 Individual / \$8,700 Family	
	<b>Retail</b> up to 30-day supply	<b>Mail Order</b> 90-day supply
<b>Formulary Generic</b>	\$15 copay	\$45 copay
<b>Formulary Brand</b>	\$25 copay	\$75 copay
<b>Non-Formulary Brand</b>	\$50 copay	\$150 copay
	Not covered	

This chart is intended for comparison purposes only. If there are any discrepancies, the plan document will govern.

Choosing a health coverage option is an important decision. To help you make an informed choice, a Summary of Benefits and Coverage (SBC), which summarizes important information in a standard format, is available for review. If you are currently enrolled, you will be provided a copy of the SBC for the plan in which you are currently enrolled in connection with Open Enrollment. If you are a new hire and enrolling for the first time, you will be provided a copy of the SBC for the medical plan option with your benefits enrollment materials.



## DENTAL PLAN HIGHLIGHTS

Eligible Postdoctoral Fellows are offered a dental plan through **Cigna**.

The plan allows you the flexibility to seek care either in-network or out-of-network. Please note that if you seek care from an out-of-network provider, you are subject to higher out-of-pocket expenses and balance billing by that provider.



To locate a dentist, call **1-800-244-6224** or visit **[www.mycigna.com](http://www.mycigna.com)**.



Plan Features	In-Network	Out-of-Network
<b>Calendar Year Annual Deductible</b> <i>Applies to Basic and Major Care</i>	\$50 Individual/\$150 Family	
<b>Calendar Year Maximum</b>	Plan pays \$1,500 per person	
<b>Preventive Care</b> Cleanings, oral exams, x-rays, fluoride treatments (under age 19), sealants	Covered at 100% no deductible	Covered at 100%* no deductible
<b>Basic Care</b> Fillings, simple extractions, oral surgery, repair and maintenance of crowns, root canals, scaling and root planing, general anesthesia	Covered at 80% after deductible	Covered at 80%* after deductible
<b>Major Care</b> Bridges, dentures, inlays/onlays, crowns	Covered at 50% after deductible	Covered at 50%* after deductible
<b>Orthodontia Care</b> Children up to age 19	Covered at 50% no deductible Plan pays up to \$1,000 lifetime maximum	

This chart is intended for comparison purposes only. If there are any discrepancies, the plan document will govern. Some services may be subject to a waiting period.

\*Out-of-network providers may balance bill you for the difference between what the plan pays and their actual fees.

### Reminder about ID cards:

You will receive an ID card from Cigna for your medical plan, which is separate from your dental plan. If you need a dental ID card, you can request a generic ID card from Human Resources or print a temporary card online at [www.mycigna.com](http://www.mycigna.com).



# VISION PLAN HIGHLIGHTS

Your vision coverage offers a full range of vision care services provided through the **VSP Choice** network. You may receive care from any provider you choose, but your benefits are greater when you see a participating, in-network provider. If you choose to receive services from an out-of-network provider, you will be required to pay that provider at the time of service and submit a claim form to VSP for reimbursement.

**VSP does not issue ID cards.**



To locate a participating provider, visit [www.vsp.com](http://www.vsp.com), and enter your zip code under "Find a Doctor."

Benefit	Description	Copay
<b>Your Coverage with VSP Doctors and Affiliate Providers (In-Network)</b>		
<b>Exam</b> Every 12 months	<ul style="list-style-type: none"> <li>Well Vision Exam: focuses on your eyes and overall wellness</li> <li>Contact Lens Exam: fitting and evaluation</li> </ul>	\$20  Member receives a 15% discount on contact lens exam services; contact lens exam copay will never exceed \$60
<b>Prescription Glasses</b>		\$20
<b>Eyeglass Frames</b> Every 12 months	<ul style="list-style-type: none"> <li>\$130 allowance for a wide selection of frames</li> <li>\$150 allowance for featured frame brands</li> <li>20% off amount over your allowance</li> </ul>	Included in prescription glasses
<b>Eyeglass Lenses</b> Every 12 months	<ul style="list-style-type: none"> <li>Single vision, lined bifocal, and lined trifocal lenses</li> <li>Polycarbonate lenses for dependent children</li> </ul>	Included in prescription glasses
<b>Eyeglass Lens Options</b> Every 12 months	<ul style="list-style-type: none"> <li>Standard progressive lenses</li> <li>Premium progressive lenses</li> <li>Custom progressive lenses</li> <li>Average 20-25% off other lens options</li> </ul>	\$55 \$95-\$105 \$150-175
<b>Contact Lenses (instead of glasses)</b> Every 12 months	<ul style="list-style-type: none"> <li>Elective contacts: \$130 retail allowance</li> </ul>	No copay
<b>Extra Savings and Discounts</b>	<p><b>Glasses and Sunglasses</b></p> <ul style="list-style-type: none"> <li>20% off additional glasses and sunglasses, including lens options from any VSP doctor within 12 months of your last Well Vision Exam.</li> </ul> <p><b>Laser Vision Correction</b></p> <ul style="list-style-type: none"> <li>Average 15% off regular price or 5% off the promotional price; discounts only available from contracted facilities.</li> </ul>	
<b>Your Reimbursement with Other Providers (Out-of-Network)</b>		
Exam..... up to \$45	Lined Bifocal Lenses ..... up to \$50	Contact lens exam and materials (in lieu of lenses and frame)
Frame ..... up to \$70	Lined Trifocal Lenses .... up to \$65	Elective ..... up to \$105
Single Vision Lenses ..... up to \$30	Progressive Lenses ..... up to \$50	

This chart is intended for comparison purposes only. If there are any discrepancies, the plan document will govern.



## LIFE AND AD&D INSURANCE

Life insurance helps protect your family from financial risk and sudden loss of income in the event of your death. Accidental death and dismemberment (AD&D) insurance provides additional benefits if you lose your life, sight, hearing, speech, limbs in an accident.

### Basic Life and AD&D

ASEE provides you with basic life insurance in the amount of 150% of your annual pay up to a maximum benefit of \$100,000—at **no cost to you** through **SunLife**. If you die as a result of an accident, your beneficiary will receive an additional benefit. Evidence of good health is not required.

The basic life and AD&D benefit is subject to the age reduction schedule as follows:

- At age 65, benefits will reduce to 65% of the original amount
- At age 70, benefits will reduce to 50% of the original amount

### Supplemental Life and AD&D Insurance

You may purchase additional life and AD&D insurance coverage for yourself and your eligible dependents through **SunLife**.

*Please note: you must purchase supplemental coverage for yourself in order to purchase spouse or dependent child supplemental coverage.*

#### Postdoctoral Fellow

You may purchase additional life and AD&D insurance in multiples of \$10,000 (minimum election is \$20,000). Coverage may not exceed the lesser of five times your annual pay or \$500,000. Evidence of insurability will be required if you elect an amount in excess of \$130,000.

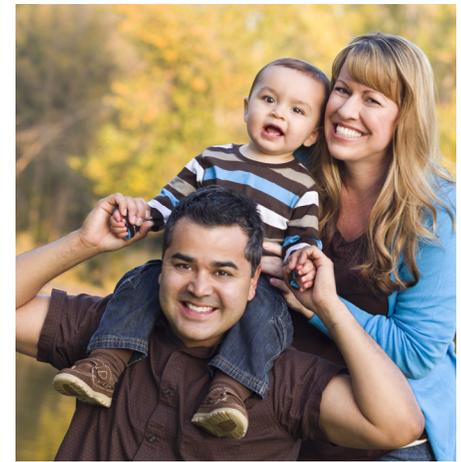
Benefits will reduce to 67% of the initial benefit at age 70 and reduce to 45% of the initial benefit at age 75.

#### Spouse

If you purchase supplemental life insurance coverage for yourself, you are eligible to purchase additional life insurance for your spouse in multiples of \$5,000 (minimum election is \$5,000). Supplemental life insurance for your spouse may not exceed the lesser of 50% of the Postdoctoral Fellow's amount or \$250,000. Evidence of insurability will be required if you elect an amount over \$50,000.

#### Child(ren)

If you purchase supplemental life insurance for yourself, you are eligible to purchase additional life insurance for your dependent children up to age 26. You can choose a benefit of \$1,000, \$5,000 or \$10,000; not to exceed 50% of the Postdoctoral Fellow's elected amount.



Supplemental Life		
Per Pay Rates per \$1,000 of coverage		
Age	Employee	Spouse
Under 25	\$0.063	\$0.063
25-29	\$0.095	\$0.095
30-34	\$0.127	\$0.127
35-39	\$0.127	\$0.127
40-44	\$0.159	\$0.159
45-49	\$0.317	\$0.254
50-54	\$0.539	\$0.476
55-59	\$0.983	\$0.856
60-64	\$1.491	\$1.237
65-69	\$2.316	\$1.998
70-74	\$3.457	\$2.982
75+	\$6.915	\$5.963
Child	\$0.222	

Supplemental AD&D	
Monthly Rates per \$1,000 of coverage	
Postdoctoral Fellow = \$0.026	
Spouse = \$0.026	
Child = \$0.026	

**New hires who do not enroll within 30 days of becoming eligible may enroll during the first annual enrollment period following date of hire without evidence of insurability, up to the guaranteed issue limits. If you choose not to enroll for coverage when you are first eligible, you are considered a late applicant and will be required to provide evidence of insurability if you elect coverage during a subsequent annual enrollment period.**



## PET INSURANCE

### Veterinary Pet Insurance

Employees have the opportunity to enroll in voluntary veterinary pet insurance offered through **Petplan**. Petplan offers plans for every pet and every budget to help reduce the cost involved in caring for your pets. Coverage and rates will vary based on the age of the pet, species, size, plan type, deductible, and state of residence. Petplan covers the below:

- All accidents and illnesses.
- All chronic and hereditary conditions.
- Diagnostic testing.
- Non-routine dental treatment.
- MRI, CAT scan, and ultrasound imaging.
- Prescription medications.
- Specialist treatments.
- And more!

To purchase this benefit, visit [www.petplanbenefits.com](http://www.petplanbenefits.com) and enter "ASEE." Then, choose your pet and get your quote with an automatic 10% discount!





## LONG TERM DISABILITY

To protect your income in case you are unable to work due to illness or injury, ASEE provides long-term disability coverage—at **no cost to you** through **SunLife**.

The Long Term Disability Plan pays a taxable benefit of 66.67% of your monthly pay **up to \$3,000** per month for each month you are unable to work due to a disabling condition. Benefits begin after 90 calendar days of disability and may be offset by income you receive from workers' compensation, Social Security or other disability coverage. Pre-existing condition limitations apply.



## ASSISTANCE PROGRAM

Our Assistance Program offers you and your immediate family members confidential and professional counseling at **no cost to you**. Often a simple telephone consultation with a counselor can help you determine what you need to do next to resolve your problem. Difficulties with relationships and coping with difficult life circumstances, managing grief and loss, communicating, and dealing more effectively with stress are all issues that short-term counseling can address. To speak with a counselor, call **1-800-460-4374**.

- 24 hour access to vital information, tools, and support
- Website programs, including consult articles, podcasts, videos, and other helpful tools
- Legal and financial assistance
- Work-life solutions, confidential emotional support, and financial resources
- Visit **www.guidanceresources.com** (Web ID: EAPEssential)



## GLOSSARY OF TERMS

### **Allowed Benefit**

The amount established for payment of covered in-network services. The Allowed Benefit will generally be lower than the amount charged. You are responsible for copays, coinsurance, and all charges that exceed the Allowed Benefit for services received out-of-network. This is called balance billing.

### **Balance Billing**

When a provider bills you for the difference between the provider's charge and the carrier's discounted price ("Allowed Benefit"). For example, if the provider's charge is \$100 and the Allowed Benefit is \$70, the provider may bill you for the remaining \$30. An in-network provider may not balance bill for the difference between their charge and the Allowed Benefit.

### **Coinsurance**

The portion of the cost of covered medical services paid by the patient under a health plan, after first meeting any applicable plan deductible. Coinsurance amounts, which are typically a percentage of the cost, may vary by type of service.

### **Copayment (Copay)**

A set dollar amount or portion that you pay for your medical services. Usually, copays start after you first pay any deductible your plan has. Copays may differ by type of service.

### **Deductible**

Amount you must pay during the plan year before the plan begins to pay for covered services, unless otherwise noted.

### **Out-of-Pocket Maximum**

Maximum amount you could pay during the plan year for your share of the covered services, including deductible, copays, and coinsurance.

### **Guaranteed Issue**

The amount of coverage (benefit) the insurance company is willing to provide regardless of your health. Guaranteed Issue only applies if you enroll in the program when you are first eligible for coverage.



# REQUIRED FEDERAL NOTICES

## Women’s Health and Cancer Rights Act of 1998

If you have had or are going to have a mastectomy, you may be entitled to certain benefits under the Women’s Health and Cancer Rights Act of 1998 (WHCRA). WHCRA requires group health plans and their insurance companies and HMOs to provide certain benefits for mastectomy patients who elect breast reconstruction. For individuals receiving mastectomy-related benefits, coverage will be provided in a manner determined in consultation with the attending physician and the patient, for:

- All stages of reconstruction of the breast on which the mastectomy was performed;
- Surgery and reconstruction of the other breast to produce a symmetrical appearance;
- Prostheses; and
- Treatment of physical complications of the mastectomy, including lymphedema.

Breast reconstruction benefits are subject to deductibles and coinsurance limitations that are consistent with those established for medical and surgical benefits under the plan.

## Health Insurance Portability and Accountability Act (HIPAA)

This group health plan complies with the privacy requirement for Protected Health Information (PHI) under HIPAA. A copy of the Notice of Privacy Practices is available from the insurance carriers for medical, dental, and vision insurance. A copy of the Notice of Privacy Practices for the Health Care Flexible Spending Account is available from Human Resources.

## Newborns’ and Mothers’ Health Protection Act

Group health plans and health insurance issuers generally may not, under federal law, restrict benefits for any hospital length of stay in connection with childbirth for the mother or newborn child to less than 48 hours following a vaginal delivery, or less than 96 hours following a cesarean section. However, federal law generally does not prohibit the mother’s or newborn’s attending provider, after consulting with the mother, from discharging the mother or her newborn earlier than 48 hours (or 96 hours as applicable). In any case, plans and issuers may not, under federal law, require that a provider obtain authorization from the plan or issuer for prescribing a length of stay not in excess of 48 hours (or 96 hours if applicable).

## Special Enrollment Rights

If you are declining enrollment for yourself, or your dependents (including your spouse) because of other health insurance or other group health plan coverage, you may be able to enroll yourself and/or your dependents in this plan if you or your dependents lose eligibility for that other coverage (or if the employer stops contributing toward your or your dependents’ coverage). However, you must request enrollment within 30 days after your previous coverage ends (or after the employer stops contributing toward the other coverage). In addition, if you have a new dependent as a result of marriage, birth, adoption or placement for adoption, you may be able to enroll yourself and your dependents in this plan, provided that you request enrollment within 30 days of the marriage, birth, adoption, or placement for adoption.

If you or your dependent lose eligibility for coverage under Medicaid or a State child health plan or if you or your dependent become eligible for State-sponsored premium assistance for the medical plan, you may be able to enroll yourself and/or your dependents in this plan if you request enrollment within 60 days of the date of termination of Medicaid or State child health plan coverage or your eligibility for premium assistance.



## HOW TO ENROLL

With our online benefits system, selecting your benefits is fast, easy, and convenient. You may review your benefits and their costs, access summaries for each plan's benefits, find links to provider network websites, and download claim forms. You may also request replacement ID cards or print temporary ID cards online.



To access and utilize our Online Enrollment website please visit <https://secure.g-b-s.com/gbsaccess/clientaccess.asp>.

### Logging in for the first time

All first time users can create their secured access by clicking on "No Log-on? Register Existing Member" on the Welcome Screen. You will then be asked to authenticate yourself by completing the information requested including your username and password.

### Enroll Online Step-by-Step

**Step 1: Complete your Employee Profile.** Please review your personal information and update if needed. Address changes, phone numbers, and email addresses can be updated on this screen.

**Step 2: Designate Beneficiaries.** Select the plan(s) for which updated beneficiary information is required. Enter the primary beneficiary name, relationship, percentage of benefit, and effective date. If contingent beneficiaries apply, please enter the same information noted above. When complete, hit "Next" to finalize.

**Step 3: Elect Benefits.** All benefit options available to the employee will be shown on the left margin and the election process will then take you through each benefit election screen step-by-step. All company paid benefit plans are automatically elected and appear with a green check mark in the left margin. Complete the enrollment steps below:

- Add dependents to be enrolled in each benefit plan
- Review list of plan options
- Click on the benefit description above any plan option to display a detailed summary of benefits
- Employer cost and employee payroll deductions for each plan option (based on coverage level/dependents included in the plan) are displayed on the benefit election screen
- Elect the plan option for this coverage type OR decline



Our website is designed to provide on-line access to a variety of information such as benefit plan enrollment, eligibility maintenance, billing, payroll (if applicable) and customer service. By utilizing a series of interactive tools, users can better manage their information, by having the ability to access and update information when it is convenient for them - regardless of the day or time.

To access your information, please login below.

#### Employers:

- If you are a first time user, or if you have forgotten your username or password, [Click here for assistance](#).

#### Employees:

- If you are a new or current employee, but a first time user you may [click here to create an account now](#).
- If you are a new or current employee and know your username and password, please enter below,

Username:

Password:

[Forgot your password?](#) | [Forgot your User Name?](#) | [No Log-on? Register Existing Member](#)

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