Ithaca College
EMPLOYEE BENEFITS GUIDE

ITHACA COLLEGE
ithaca.edu
This guide is meant to provide basic benefit plan information. For additional details and specific information, please contact the vendor or review the summary plan description (SPD) for each plan. SPDs are available online at https://ithacaedu.sharepoint.com/sites/hr-documents (click on benefit_documents after signing in) or by contacting the Office of Human Resources at 607.274.8000 for a printed version.

The information in this guide is intended to provide you with an overview of our program; the full texts of insurance contracts and of other plan documents are the controlling documents. Informational materials are available upon request. Ithaca College reserves the right to terminate, suspend, withdraw, amend, or modify the plan in whole or in part at any time. Further, Ithaca College reserves the right to terminate or modify coverage for any group of employees, active or retired, and their dependents or a class of dependents at any time.
Dear Benefits-eligible Employee,

Welcome to Ithaca College! We are committed to providing high quality benefit programs that give you the options and flexibility you need at work and in life. Benefits are an important component of the total compensation package offered by the college. Our goal is to provide employees with the most comprehensive benefit program possible at an affordable price.

This guide gives you important information about the benefits offered by Ithaca College. It provides you with details about your options, explains the enrollment process and directs you to tools and resources to help you select the coverages that best meet the needs of you and your family.

Ithaca College offers an easy-to-use online decision support tool called alex® to make the enrollment process easier. Visit alex® at www.myalex.com/ithacacollege2019 to review your benefit options. Information about how alex® works can be found on page 5 of this guide.

Please take time to review this guide carefully. If you have any questions regarding the information presented, or require additional information about Ithaca College’s benefits, please visit our website at http://www.ithaca.edu/hr/benefits or contact the Office of Human Resources at 607.274.8000 or benefits@ithaca.edu.
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Benefits At-a-Glance

As a benefits-eligible employee at Ithaca College, you have a wide range of benefit programs available to you. Benefits give you important financial protection when you need it most.

Individual Choice Benefits
- Medical Plans
- Dental Plans
- Vision & Hearing Care Plan
- Flexible Spending Accounts
- Health Savings Account
- Life Insurance
- Accidental Death & Dismemberment Insurance
- Long-term Disability Insurance

Retirement Plans
- Ithaca College 403(b) Retirement Plan
- Ithaca College 457(b) Retirement Plan
- Emeriti Retiree Health Care Program

Additional Benefits
- Paid-time Away
- Educational Benefits
- Employee Assistance Program
- Family Friendly & Wellness Benefits
- Long-term Care Insurance
- ICPerks

Mandated Benefits
- NYS Disability and Short-term Disability (Staff and Administrators)
- Workers' Compensation
- NYSPaidFamilyLeave (non-faculty employees)

Individual Choice Benefits

Individual Choice is the college’s flexible benefits program that allows you to choose benefits to fit your individual needs. By selecting wisely, you create a benefits package for yourself and your family that is truly an individual choice.

Who Is Eligible

EMPLOYEE ELIGIBILITY
In general, hourly paid employees that are regularly scheduled to work at least 1,000 hours per fiscal year, and salaried staff scheduled to work fifty percent or more during the fiscal year in a job that is not temporary, or faculty who teach at least seven (7) credit hours both semesters, or a total of at least fourteen (14) credit hours per academic year are eligible for benefits.

DEPENDENT ELIGIBILITY
If you are eligible to participate in the benefits offered by Ithaca College, your eligible dependents may also participate.

Eligible dependents are defined as:
- Your legal spouse.
- Your legal children.
  - For Medical, Dental, Vision & Hearing Care plans this includes your natural, adopted or foster children, stepchildren, or any children for whom you have legal custody or are required to provide health insurance by a Qualified Medical Child Support Order.
  - For Dependent Life and Accidental Death and Dismemberment insurance plans this includes your natural, adopted or stepchildren.

Dependents are eligible:
- Up to age 19.
- Between ages 19 and 25, provided they are a full-time student.
- Up to age 26, for medical insurance regardless of student or marital status.
- Age 19 or older if registered disabled and unemployed.
When Your Coverage Begins

You are eligible to enroll in Individual Choice benefits as of the date you become benefits-eligible. You will automatically be enrolled as of your eligibility date in the College’s Long-term Disability, Basic Life and Accidental Death & Dismemberment plans. You will have 30 days to complete the enrollment process for all other benefits. Your coverage will be effective the date you complete the enrollment process. If you do not enroll within the 30-day time-frame, you will have only Ithaca College-paid Long-term Disability, Basic Life and Accidental Death and Dismemberment insurance until your next enrollment opportunity.

Your Benefits Enrollment Checklist

To make sure your enrollment process goes as smoothly as possible, we’ve provided the following checklist:

- Review the information in this guide and visit our website.

- Chat with alex®. Which medical plan is best for me? How much should I save in my flexible spending accounts? Does a health savings account make sense for me? These decisions are important, and a lot goes into making these choices for you and your family. To access alex®, log on from any computer or mobile device and respond to alex®’s questions at: www.myalex®.com/ithacacollege/2019.

- Schedule a time to complete the enrollment process with a representative from Human Resources. Please call 607.274.8000 or email benefits@ithaca.edu to schedule an appointment.

- Attend your enrollment session bringing the following information with you:
  - Dependent Information – name, birth date, and social security number for your spouse and/or dependents you wish to cover under your benefits.
  - Proof of spouse and dependent eligibility—the first page of your most recent federal tax return. If any dependent you wish to cover, is not listed on your tax return, please see the Dependent/Contact Designation Form found at http://www.ithaca.edu/hr/benefits for additional information.
  - Verification of full-time student status for dependent children age 19 and above (class schedule for current semester or tuition bill).
  - Beneficiary Information – names, addresses, birth dates, and social security numbers of any-one you wish to designate as a beneficiary.
  - Proof of coverage under another medical plan, if you plan to opt-out of IC medical coverage.

Making Changes

Once you have made your initial enrollment elections, you generally cannot make any changes until the next annual re-enrollment period. However, you may make certain changes if you have a qualified life status change that affects your benefits.

Typical qualified life status changes include, but are not limited to:
- Marriage, divorce or legal separation;
- Birth, adoption, or placement for adoption of an eligible child;
- Death of your spouse or covered child;
- Enrollment in (or loss of) state or federal medical coverage, including Medicare or Medicaid;
- Change in your spouse’s or child’s employment resulting in gain or loss of eligibility for employer’s benefits;
- A change in your child’s eligibility for benefits.

If you have a qualified life status change, you must notify the Office of Human Resources and submit documentation within 30 days of the event. Payroll deductions will continue until changes to your enrollments are made. Please Note: Newborns are NOT automatically added to your coverages.
ALEX® is an online tool that will help you select the best benefit plan for you and your family. When you talk to ALEX he’ll ask you a few questions about your health care needs, crunch some numbers, and point out what makes the most sense for you. And anything you tell ALEX remains anonymous, so don’t be afraid to really let loose about that weird tooth thing.

**How long will this take?**
Most users spend about 7 minutes with ALEX, but it really just depends how much guidance you’d like. And ALEX can save your place, so you can leave to get some peanut brittle and then pick up right where you left off.

**How should I prepare?**
You don’t need to do much of anything.

ALEX will ask you to estimate what type of medical care you might need this year (doctors visits, surgeries, ER visits, prescriptions, etc.), so you may want to tally those up and talk to your family about their needs, but ALEX can also help you come up with some estimates.

**How does ALEX know what plan is best for me?**
ALEX takes the amount each plan would cost you out of your paycheck (your premium) and adds that to the amount it would cost for the services you said you might use. Then he’ll recommend the least expensive plan for your needs.

**Can I use ALEX on my phone?**
Oh yeah. ALEX is optimized for any device you’ve got.

**Can I trust ALEX with my secrets?**
Yes! Your ALEX experience is totally private. He doesn’t maintain personal info or submit it back to your employer (or anyone else), so it’s completely anonymous.

**Meet ALEX at**
https://www.myalex.com/ithacacollege/2019
Medical Plan Options

You have a choice of three medical plan options: a point of service (POS II) plan, a high deductible health plan (HDHP) with a health savings account (HSA) or if you have other coverage, you may opt-out of the College’s medical plans.

Employees who choose to opt-out of IC medical coverage will receive up to $1,250 which they can choose to put toward the cost of other benefits, receive as taxable income in their paycheck throughout the year, or contribute to a Flexible Spending Account (FSA).

Ithaca College is self-insured. The medical plans are administered by Aetna. Details of how each plan works are highlighted below. More specific information can be found by visiting ithaca.edu/hr/benefits. Participating providers can be found by visiting aetna.com or by calling 855.616.2357. You may use the services of an out-of-network physician for either medical plan, however, the cost to you will be higher.

Maintenance medications (medications that treat conditions that are chronic or long-term and are taken regularly) must be purchased either through Mail Order or through a CVS pharmacy. Up to a 90-day supply may be purchased for the equivalent of 2 copays. Members who choose not to get a 90-day supply of maintenance medication at a CVS or through Aetna’s Rx Home Delivery Program, must opt out of the Maintenance Choice Program by calling the Rx member service number on the back of their ID card. If you don’t opt out, after 2 fills of a maintenance medication at a retail pharmacy, you will be responsible for the full cost of the medication.

Preventive care (annual physical, well woman visit, routine immunizations, and other eligible services) received from an in-network provider is covered at 100% and is not subject to any deductible.

The POS II Plan works like a traditional medical plan where members pay co-pays (fixed amounts) for some services and co-insurance (a percentage of the expense you must pay for care, in most cases, after meeting your deductible). Your premium is higher for this plan than with the High Deductible Health Plan (HDHP), and your annual deductible is lower.

HIGHLIGHTS

- Most services, not considered preventive care, are covered at 90% if received from an in-network provider after you satisfy your deductible.
- Prescription drugs are not subject to any deductible. You simply pay a co-pay.
- You cannot have a health savings account (HSA) if you are enrolled in the POS II Plan. You do have the option of enrolling in a health care flexible spending account (HCFSA), which allows you to set aside pre-tax dollars to help pay for medical expenses. See page 18 for more details about FSAs.
- There is a limit as to how much you will have to pay out of your pocket for medical care if you have significant medical expenses during the year.
- If you have family coverage, all family members will be considered as having met their deductible for the remainder of the calendar year once the family deductible is met.

Summary of Benefit Coverages, Summary Plan Documents and other important notices may be found at https://ithacaedu.sharepoint.com/sites/hr-documents

Employees who opt-out of medical coverage are required to attest that they and all of their eligible dependents have other coverage.
HIGH DEDUCTIBLE HEALTH PLAN (HDHP) WITH A HEALTH SAVINGS ACCOUNT (HSA)

The HDHP option provides comprehensive health care benefits while allowing you to build savings through a health savings account. HSAs offer a way to lower overall health care costs without compromising quality and choice in your medical care. A HSA is a tax-deferred private savings account designed to pay for current or future health care expenses with tax-free money. The HSA works only in tandem with a High Deductible Health Plan (HDHP) by helping to cover medical expenses accumulating toward your annual deductible and co-insurance. The concept is simple: lower your insurance premiums and use the savings to fund your HSA to pay for medical expenses with tax-free money, while lowering your taxable income.

HIGHLIGHTS

- The college makes a generous contribution to your HSA each year. $1,000 will be contributed if you cover yourself only or $1,500 if you elect dependent coverage. Furthermore, the college's contribution is deposited in one lump sum. For mid-year enrollments, the college's HSA contribution will be pro-rated and will be funded in the first full pay period of the following month in which you enrolled.

- Most services received from an in-network provider, not considered preventive care, are covered at 90% once you satisfy the deductible.

- If you have family coverage, you must meet the family deductible before any expenses for any individual is covered except for preventive care.

- The plan has an annual out-of-pocket maximum that limits the amount you pay in a given year for covered expenses.

- You must meet your annual deductible before any prescription drugs are covered, with the exception of some preventive medications. A list of preventive medications may be found on our website at https://ithacaedu.sharepoint.com/sites/hr-documents.

- Your HSA is owned by you. Any unused monies in an HSA are rolled over each year and go with you if you leave Ithaca College and ultimately can be used for future qualified medical expenses for you and your eligible dependents.

- It is your responsibility to determine if you are eligible to have an HSA. Please see page 8 for more information.

### Point of Service II Plan Cost

<table>
<thead>
<tr>
<th></th>
<th>Total Annual Premium or Equivalent</th>
<th>Ithaca College's Annual Contribution</th>
<th>Employee's Annual Contribution</th>
<th>Employee's Monthly Contribution</th>
</tr>
</thead>
<tbody>
<tr>
<td>Employee Only</td>
<td>$8,640</td>
<td>$6,024</td>
<td>$2,616</td>
<td>$218</td>
</tr>
<tr>
<td>Employee &amp; Spouse/GFQDP*</td>
<td>$18,144</td>
<td>$12,456</td>
<td>$5,688</td>
<td>$474</td>
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<td>Employee &amp; Children</td>
<td>$17,280</td>
<td>$11,748</td>
<td>$5,532</td>
<td>$461</td>
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<tr>
<td>Employee &amp; Family</td>
<td>$25,290</td>
<td>$18,884</td>
<td>$7,236</td>
<td>$603</td>
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</table>

### High Deductible Health Plan Cost

<table>
<thead>
<tr>
<th></th>
<th>Total Annual Premium or Equivalent</th>
<th>Ithaca College's Annual Contribution</th>
<th>Employee's Annual Contribution</th>
<th>Employee's Monthly Contribution</th>
</tr>
</thead>
<tbody>
<tr>
<td>Employee Only</td>
<td>$7,944</td>
<td>$6,792</td>
<td>$1,152</td>
<td>$96</td>
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<tr>
<td>Employee &amp; Spouse/GFQDP*</td>
<td>$16,680</td>
<td>$13,476</td>
<td>$3,204</td>
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<tr>
<td>Employee &amp; Children</td>
<td>$15,888</td>
<td>$12,792</td>
<td>$3,096</td>
<td>$258</td>
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<tr>
<td>Employee &amp; Family</td>
<td>$23,820</td>
<td>$18,732</td>
<td>$5,088</td>
<td>$424</td>
</tr>
</tbody>
</table>

*Only tax dependent grandfathered qualified domestic partners are eligible for the employer's contribution to the HSA. Please see plan rules for eligibility.
Health Savings Account Basics

Internal Revenue Code allows individuals who are covered by a High Deductible Health Plan (HDHP), to set aside funds on a tax-free basis up to the contribution limit to pay for certain out-of-pocket medical expenses. HSAs have a triple tax benefit – funds go into the account tax-free, funds grow tax-free and remain completely tax-free when used for eligible medical expenses.

HSA FEATURES

- You own the account and it goes with you when you retire or leave Ithaca College.
- They can be funded by you, Ithaca College or even a third party.
- Your funds roll over every year – no use it or lose it requirements!
- HSA funds can continue to be used for eligible medical expenses, even if you become ineligible to contribute in the future.
- Your HSA can help you cover your deductible or pay for other qualified medical expenses.
- The maximum contribution (employee and employer) to an HSA in one year is set by the IRS. In 2019, the maximum for single coverage is $3,500 and $7,000 for family coverage.
- Participants who are age 55 or older can make catch-up contributions of up to $1,000. The catch-up contribution can be made any time during the year in which the HSA participant turns 55.
- It is your responsibility to make sure your HSA contributions, including any employer contributions, do not go over the IRS maximums.
- If you withdraw money for any reason other than for qualified medical expenses, you must pay income tax and a 20% IRS tax penalty. When you turn 65, you lose eligibility to contribute to an HSA the month that you become enrolled in Medicare. However, you can contribute a pro-rata amount based on when you lose eligibility. If you are not enrolled in Medicare and are otherwise HSA eligible, you can contribute to an HSA after 65, including the $1,000 catch-up.

Qualifying for an HSA

Eligibility for an HSA is based on your eligibility. In order to be eligible to contribute to an HSA, you must meet specific requirements. Eligibility for an HSA is determined by federal law. It is your responsibility to ensure you are eligible.

To qualify for an HSA:

- You cannot be claimed as a dependent on someone’s taxes.
- You cannot be enrolled in Medicare.
- You cannot be covered by any other medical plan (like a spouse’s plan) unless that plan also works with an HSA.
- Your spouse cannot have a health care FSA: because money in that FSA could be used toward your medical expenses, it would actually count as other medical coverage. (A limited FSA that only covers dental and vision expenses would be allowed.)

If you enroll in a HDHP with a health savings account and are NOT eligible, there are tax implications that you will be responsible for, including the return of funds contributed on your behalf by Ithaca College.

See IRS Publication 969 for more detail
<table>
<thead>
<tr>
<th>Plans:</th>
<th>High Deductible Health Plan with HSA</th>
<th>POS II Plan</th>
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<tbody>
<tr>
<td>Health Savings Account</td>
<td>Yes</td>
<td>No</td>
</tr>
<tr>
<td>IC’s Annual Contribution to HSA</td>
<td>$1,000 - Individual $1,500 - Family</td>
<td>Not Applicable</td>
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<table>
<thead>
<tr>
<th></th>
<th>In-Network</th>
<th>Out-of-Network</th>
<th>In-Network</th>
<th>Out-of-Network</th>
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<tbody>
<tr>
<td>Annual Deductible</td>
<td></td>
<td></td>
<td></td>
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</tr>
<tr>
<td>Individual</td>
<td>$1,350</td>
<td>$2,700</td>
<td>$250</td>
<td>$500</td>
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<tr>
<td>Family</td>
<td>$2,700</td>
<td>$5,400</td>
<td>$500</td>
<td>$1,000</td>
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<tr>
<td>Out-of-Pocket Limit</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Individual</td>
<td>$2,700</td>
<td>$4,500</td>
<td>$3,000</td>
<td>$4,000</td>
</tr>
<tr>
<td>Family</td>
<td>$5,400</td>
<td>$9,000</td>
<td>$5,000</td>
<td>$8,000</td>
</tr>
<tr>
<td>Physician Services</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Primary Care Office Visits</td>
<td>10% after deductible 30% after deductible</td>
<td>$25 copay, no deductible</td>
<td>30% after deductible</td>
<td></td>
</tr>
<tr>
<td>Specialist Office Visits</td>
<td>10% after deductible 30% after deductible</td>
<td>$40 copay, no deductible</td>
<td>30% after deductible</td>
<td></td>
</tr>
<tr>
<td>Diagnostic Procedures</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Lab and X-ray</td>
<td>10% after deductible 30% after deductible</td>
<td>10% after deductible</td>
<td>30% after deductible</td>
<td></td>
</tr>
<tr>
<td>Outpatient Complex Imaging (CT, MRI, etc.)</td>
<td>15% after deductible 30% after deductible</td>
<td>15% after deductible</td>
<td>30% after deductible</td>
<td></td>
</tr>
<tr>
<td>Routine Preventive Care</td>
<td>Covered 100%; deductible waived</td>
<td>30% after deductible</td>
<td>Covered 100%; deductible waived</td>
<td>30% after deductible</td>
</tr>
<tr>
<td>Emergency Care</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Emergency Care Provider</td>
<td>10% after deductible 30% after deductible</td>
<td>10% after $50 copay; deductible waived</td>
<td>30% after deductible</td>
<td></td>
</tr>
<tr>
<td>Emergency Room</td>
<td>15% after deductible 30% after deductible</td>
<td>10% after $150 copay, waived if admitted. No deductible</td>
<td>30% after deductible</td>
<td></td>
</tr>
<tr>
<td>Non-Emergency care in ER</td>
<td>Not Covered</td>
<td>Not Covered</td>
<td>Not Covered</td>
<td>Not Covered</td>
</tr>
<tr>
<td>Hospital Care</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Inpatient Coverage</td>
<td>10% after deductible 30% after deductible</td>
<td>Precertification Required</td>
<td>10% after deductible 30% after deductible</td>
<td></td>
</tr>
<tr>
<td>Outpatient Coverage</td>
<td>10% after deductible 30% after deductible</td>
<td>10% after deductible 30% after deductible</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Pharmacy</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Retail (for up to a 30-day supply)</td>
<td>After deductible, $10 copay for generic drugs; $30 copay for formulary brand-name drugs; $50 copay for non-formulary brand name drugs.</td>
<td>After deductible, 30% of submitted cost and $10 copay for generic drugs; $30 copay for formulary brand-name drugs; $50 copay for non-formulary brand name drugs.</td>
<td>$10 copay for generic drugs; $30 copay for formulary brand-name drugs, and $50 copay for non-formulary brand name drugs. Deductible does not apply.</td>
<td>30% of submitted cost after $10 copay for generic drugs; $30 copay for formulary brand-name drugs, and $50 copay for non-formulary brand-name drugs. Deductible does not apply.</td>
</tr>
<tr>
<td>Mail Order (for up to a 90-day supply)</td>
<td>After deductible, $20 copay for generic drugs; $60 copay for formulary brand-name drugs; $100 copay for non-formulary brand-name drugs.</td>
<td>Not Covered</td>
<td>$20 copay for generic drugs; $60 copay for formulary brand-name drugs, $100 copay for non-formulary brand-name drugs. Deductible does not apply.</td>
<td>Not Covered</td>
</tr>
</tbody>
</table>
Quiet comfort

Aetna concierge
Your personal assistant for health care

Not sure where to turn?
We’ve all been there — needing help with our health plan but not quite sure where to go.

You might be wondering:
- How can I find the right specialist?
- I have my diagnosis. Now what?
- Is this covered by my health plan?
- And of course: How much is this going to cost me?

Your concierge has answers
There’s a big and complex world of health care out there. Your concierge can help you make sense of it all.

You get support to:
- Choose the right doctor for you
- Learn about your coverage
- Understand a diagnosis
- Plan for upcoming treatment

To speak with a concierge, call 855-616-2357.
Your concierge is available Monday through Friday from 8 a.m. to 6 p.m.
When you need a doctor, make a smart choice.

**1. Teladoc**
- The convenient choice
  - Talk to a doctor in minutes
  - Visit by phone or video
  - Available 24/7/365, anywhere
  - Get a prescription
  - Never more than an office visit
  - Cannot treat more severe medical conditions

**2. Family Doctor**
- The in-office choice
  - Long-term relationship
  - Periodic checkups
  - Treats more severe issues
  - May not be available for days
  - Must leave home or work
  - Sit in a waiting room with other sick people

**3. Urgent Care/ER**
- The emergency choice
  - Available 24/7/365
  - Treats emergency issues
  - High cost of care
  - Long wait times
  - Must leave home or work
  - Sit in a waiting room with other sick people

Need a doctor? Think of Teladoc first.

Teladoc.com/Aetna | 1-855-Teladoc (835-2362) | 🍀

made available through aetna

[1. Not available outside of the U.S. If medically necessary; © 2019 Teladoc, Inc. All rights reserved. Teladoc and the Teladoc logos are registered trademarks of Teladoc, Inc. and may not be used without written permission. Teladoc is not available to all members and operates subject to state regulation. Teladoc and Teladoc physicians are independent contractors and are neither agents nor employees of Aetna or plans administered by Aetna. For complete description of the limitations of Teladoc services, visit Teladoc.com/Aetna. 181519543-07282017]
Dental Plans

Ithaca College offers two dental plans to choose from. Both the Legacy Prime and Ortho Advantage Plans offer comprehensive coverage for most conditions requiring diagnosis and treatment.

Your out-of-pocket expenses will be lower if you choose to be treated by a provider in the Delta Dental network. Find in-network providers at deltadentalins.com. You may use any Delta network with our plans.

<table>
<thead>
<tr>
<th>Benefits and Covered Services</th>
<th>Legacy Prime Dental Plan</th>
<th>Ortho Advantage Dental Plan</th>
</tr>
</thead>
<tbody>
<tr>
<td>Diagnostic &amp; Preventive Services (D&amp;P) Exams, cleanings, x-rays, and sealants (Deductible does not apply)</td>
<td>100%</td>
<td>100%</td>
</tr>
<tr>
<td></td>
<td>100% of allowable in-network amount</td>
<td>100%</td>
</tr>
<tr>
<td>Basic Services Fillings, simple tooth extractions, root canals, etc. (Subject to deductible)</td>
<td>80%</td>
<td>80%</td>
</tr>
<tr>
<td></td>
<td>80% of allowable in-network amount</td>
<td>80%</td>
</tr>
<tr>
<td>Major Services Crowns, dentures, etc. (Subject to deductible)</td>
<td>60%</td>
<td>50%</td>
</tr>
<tr>
<td></td>
<td>60% of allowable in-network amount</td>
<td>50%</td>
</tr>
<tr>
<td>Orthodontia Services, children up to age 19</td>
<td>Not Applicable</td>
<td>50%</td>
</tr>
<tr>
<td></td>
<td>Not Applicable</td>
<td>50%</td>
</tr>
<tr>
<td>Annual Deductible</td>
<td>$50 per person; $150 per family</td>
<td>$50 per person; $150 per family</td>
</tr>
<tr>
<td>General Services Maximum Benefit per covered person, per year</td>
<td>$2,000</td>
<td>$1,500</td>
</tr>
<tr>
<td>Lifetime Orthodontia Plan Maximum Benefit</td>
<td>Not Applicable</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>$1,500</td>
</tr>
</tbody>
</table>

Dental Plan Cost

<table>
<thead>
<tr>
<th>Ortho Advantage</th>
<th>Total Annual Premium or Equivalent</th>
<th>Ithaca College's Annual Contribution</th>
<th>Employee's Annual Contribution</th>
<th>Employee’s Monthly Contribution</th>
</tr>
</thead>
<tbody>
<tr>
<td>Employee Only</td>
<td>$413</td>
<td>$293</td>
<td>$120</td>
<td>$10</td>
</tr>
<tr>
<td>Employee &amp; Spouse/ GFQDP</td>
<td>$770</td>
<td>$374</td>
<td>$396</td>
<td>$33</td>
</tr>
<tr>
<td>Employee &amp; Children</td>
<td>$869</td>
<td>$389</td>
<td>$480</td>
<td>$40</td>
</tr>
<tr>
<td>Employee &amp; Family</td>
<td>$1,098</td>
<td>$450</td>
<td>$648</td>
<td>$54</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Legacy Prime</th>
<th>Total Annual Premium or Equivalent</th>
<th>Ithaca College's Annual Contribution</th>
<th>Employee's Annual Contribution</th>
<th>Employee’s Monthly Contribution</th>
</tr>
</thead>
<tbody>
<tr>
<td>Employee Only</td>
<td>$424</td>
<td>$304</td>
<td>$120</td>
<td>$10</td>
</tr>
<tr>
<td>Employee &amp; Spouse/ GFQDP</td>
<td>$789</td>
<td>$393</td>
<td>$396</td>
<td>$33</td>
</tr>
<tr>
<td>Employee &amp; Children</td>
<td>$891</td>
<td>$411</td>
<td>$480</td>
<td>$40</td>
</tr>
<tr>
<td>Employee &amp; Family</td>
<td>$1,125</td>
<td>$477</td>
<td>$648</td>
<td>$54</td>
</tr>
</tbody>
</table>

If you seek care from an out-of-network dentist and your provider does not submit the bill directly to Delta Dental for you, you will need to complete a claim form, attach the bill, and send it to Delta Dental so that you can be reimbursed directly.

Late Entrant Rule: Anyone who does not enroll when first eligible may be considered a “late entrant”. For the first 12 months of coverage, late entrant benefits are limited to two preventive care cleanings and exams (excluding x-rays), as well as one fluoride application for children under age 19.
Vision and Hearing Care Plan

Davis Vision benefits are easy to use. Members can access care through the Davis Vision network of independent, private practice doctors (optometrists and ophthalmologists) or select retail partners such as Empire Vision-works and select Walmart locations.

VISION CARE PLAN HIGHLIGHTS
EYE EXAM: Covered every 12 months, 100%.
FRAMES: Covered every 24 months. If you choose to go to an in-network provider, you have 3 options for choosing frames:
1. choose any frame from the Davis Vision Collection, and pay nothing for the frames;
2. choose any frame not from the Davis Vision Collection at Visionworks and receive a $200 allowance plus 20% off any balance;
3. choose any frame not from the Davis Vision Collection from a provider other than Visionworks and receive $150 toward any frame plus 20% off any balance.
LENSES: Covered every 12 months. Eyeglass lenses from a participating provider are covered in full after a $20 copay for standard single-vision, lined bifocal, or trifocal lenses. Discounts apply to other lenses such as standard progressive (no-line bifocals). Contact lenses (in lieu of eyeglasses) are covered in full once every 12 months if selected from the Davis Vision Collection. If you select contact lenses that are not in the Davis Vision Collection, you will receive a $130 allowance toward provider supplied contact lenses, plus 15% off of the balance. For more information log onto the Membersite at www.davision.com or call 800.999.5431.

Out-Of-Network Reimbursement Schedule

<table>
<thead>
<tr>
<th>Service</th>
<th>Amount</th>
</tr>
</thead>
<tbody>
<tr>
<td>Eye Examinations</td>
<td>up to $30</td>
</tr>
<tr>
<td>Frames</td>
<td>up to $50</td>
</tr>
<tr>
<td>Spectacle Lenses (per pair)</td>
<td>$25 for single vision; $40 for bifocal; $55 for trifocal; $75 for lenticular</td>
</tr>
<tr>
<td>Elective Contacts</td>
<td>up to $100</td>
</tr>
<tr>
<td>Medically Necessary Contacts</td>
<td>up to $225</td>
</tr>
</tbody>
</table>

HEARING CARE PLAN HIGHLIGHTS
HEARING EXAM BENEFIT: Members are eligible for up to a $75 allowance per calendar year for a comprehensive hearing exam.

HEARING AID BENEFIT: The plan pays 50% of the hearing aid cost up to the maximum benefit amount. The benefit amount is progressive, rewarding loyal members with an amount that increases over time based on the patient’s effective date in the plan.

Hearing Aid Maximum Benefits

<table>
<thead>
<tr>
<th>Year</th>
<th>Benefit Amount per Ear</th>
</tr>
</thead>
<tbody>
<tr>
<td>Year 1</td>
<td>50% up to $500 per ear</td>
</tr>
<tr>
<td>Year 2</td>
<td>50% up to $750 per ear</td>
</tr>
<tr>
<td>Year 3+</td>
<td>50% up to $1,000 per ear</td>
</tr>
</tbody>
</table>

Once plan members use their hearing aid coverage at any level, they become re-eligible for the benefit at the $1,000 per ear benefit maximum after five years as long as there is no break in coverage. A reduced benefit is available after three years if a member’s hearing suffers deterioration that the current aids cannot correct, as long as there is no break in coverage. Members are eligible for up to a $40 annual allowance per benefit period for hearing aid maintenance.

Have a question about your hearing benefits?
Call Soundcare at 877.359.8346

Vision and Hearing Care Plan Cost

<table>
<thead>
<tr>
<th></th>
<th>Total Annual Premium or Equivalent</th>
<th>Ithaca College’s Annual Contribution</th>
<th>Employee’s Annual Contribution</th>
<th>Employee’s Monthly Contribution</th>
</tr>
</thead>
<tbody>
<tr>
<td>Employee Only</td>
<td>$77.97</td>
<td>$37.29</td>
<td>$40.68</td>
<td>$3.39</td>
</tr>
<tr>
<td>Employee &amp; Spouse/ GFQDP</td>
<td>$164.06</td>
<td>$38.78</td>
<td>$125.28</td>
<td>$10.44</td>
</tr>
<tr>
<td>Employee &amp; Children</td>
<td>$127.65</td>
<td>$38.25</td>
<td>$89.40</td>
<td>$7.45</td>
</tr>
<tr>
<td>Employee &amp; Family</td>
<td>$213.00</td>
<td>$39.72</td>
<td>$173.28</td>
<td>$14.44</td>
</tr>
</tbody>
</table>

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Life Insurance

Ithaca College offers you a comprehensive life insurance program, including an employer-paid as well as a voluntary, employee paid plan. You may also purchase life insurance for your eligible dependents.

The College provides each benefits-eligible employee with a group term-life insurance benefit of $50,000*.

Basic Life Insurance - No Cost to You

<table>
<thead>
<tr>
<th>Amount of Coverage</th>
<th>Total Annual Premium or Equivalent</th>
<th>Ithaca College's Annual Contribution</th>
<th>Employee's Annual Contribution</th>
</tr>
</thead>
<tbody>
<tr>
<td>$50,000*</td>
<td>$120.00</td>
<td>$120.00</td>
<td>$0.00</td>
</tr>
</tbody>
</table>

EMPLOYEE SUPPLEMENTAL LIFE INSURANCE

You may purchase additional life insurance to supplement your basic life insurance in increments of $20,000*. The maximum amount you can purchase cannot be more $500,000.

When you are first eligible to enroll, you may elect up to $200,000 of life insurance without proof of insurability. If you need to complete the Evidence of Insurability process, you will receive instructions from the Hartford with instructions. The instructions will be sent to your Ithaca College email account.

<table>
<thead>
<tr>
<th>Age</th>
<th>Employee’s Annual Premium Per $20,000* of Coverage</th>
<th>Employee’s Annual Cost Per Unit</th>
</tr>
</thead>
<tbody>
<tr>
<td>Up to 29</td>
<td>$8.40</td>
<td>$8.40</td>
</tr>
<tr>
<td>30-34</td>
<td>$9.60</td>
<td>$9.60</td>
</tr>
<tr>
<td>35-39</td>
<td>$14.40</td>
<td>$14.40</td>
</tr>
<tr>
<td>40-44</td>
<td>$21.60</td>
<td>$21.60</td>
</tr>
<tr>
<td>45-49</td>
<td>$36.00</td>
<td>$36.00</td>
</tr>
<tr>
<td>50-54</td>
<td>$55.20</td>
<td>$55.20</td>
</tr>
<tr>
<td>55-59</td>
<td>$93.60</td>
<td>$93.60</td>
</tr>
<tr>
<td>60-64</td>
<td>$124.80</td>
<td>$124.80</td>
</tr>
<tr>
<td>65-69</td>
<td>$196.80</td>
<td>$196.80</td>
</tr>
<tr>
<td>70-74</td>
<td>$344.40</td>
<td>$344.40</td>
</tr>
<tr>
<td>75+</td>
<td>$494.40</td>
<td>$494.40</td>
</tr>
</tbody>
</table>

DEPENDENT LIFE INSURANCE

This insurance pays you a benefit upon the death of an eligible dependent. You have two options for coverage.

OPTION 1: Covers your spouse for $5,000 and each eligible child for $2,500.

OPTION 2: Covers your spouse for $10,000 and each eligible child for $4,000.

Dependent Life Insurance Cost

<table>
<thead>
<tr>
<th></th>
<th>Employee’s Annual Cost</th>
<th>Employee’s Monthly Cost</th>
</tr>
</thead>
<tbody>
<tr>
<td>Option 1</td>
<td>$23.52</td>
<td>$1.96</td>
</tr>
<tr>
<td>Option 2</td>
<td>$44.52</td>
<td>$3.71</td>
</tr>
</tbody>
</table>

Dependent life insurance is paid for with after-tax dollars.

*Age Reduction Rule: Basic and Supplemental Life Insurance coverage amounts are reduced by 35% at age 65; 60% at age 70; and 75% at age 75.
(AD&D) Insurance

AD&D insurance pays a beneficiary a death benefit if a covered person dies due to a covered accident while insured. This insurance also pays a benefit for certain accidental losses resulting in loss of limbs, thumb, index finger, paralysis, speech, hearing and sight.

EMPLOYEE BASIC AD&D INSURANCE
The College provides each benefits-eligible employee with $50,000* of AD&D insurance.

Basic AD&D Insurance – No Cost to You

<table>
<thead>
<tr>
<th>Coverage Amount</th>
<th>Total Annual Premium or Equivalent</th>
<th>Ithaca College’s Annual Contribution</th>
<th>Employee’s Annual Contribution</th>
</tr>
</thead>
<tbody>
<tr>
<td>$50,000*</td>
<td>$13.20</td>
<td>$13.20</td>
<td>$0.00</td>
</tr>
</tbody>
</table>

EMPLOYEE VOLUNTARY AD&D INSURANCE
You may purchase voluntary AD&D insurance in increments of $20,000*. The maximum amount of coverage you may purchase is $300,000.

DEPENDENT VOLUNTARY AD&D INSURANCE
There are two options if you wish to elect coverage for your spouse and/or dependent children.

1. Option 1 (Coverage for Spouse Only): If you elect this option, your covered spouse would be covered for 50% of your voluntary coverage level.

2. Option 2 (Coverage for Spouse and/or Dependent Children): If you have eligible children and wish to purchase family coverage, your spouse would be insured for 40% of your voluntary amount and each of your eligible children would be covered for 10% of your voluntary coverage level.

Voluntary AD&D Insurance Cost

<table>
<thead>
<tr>
<th>Coverage</th>
<th>Employee’s Annual Cost per $20,000* Unit</th>
</tr>
</thead>
<tbody>
<tr>
<td>Employee Only</td>
<td>$9.36</td>
</tr>
<tr>
<td>Employee &amp; Dependent(s)</td>
<td>$13.68</td>
</tr>
</tbody>
</table>

*Coverage amounts are reduced by 35% at age 65; 60% at age 70; and 75% at age 75.

According to the rules for both the dependent life and AD&D plans, “no person may be covered both as an employee and a dependent and no person may be covered as a dependent of more than one employee.”

Long-term Disability (LTD) Insurance

No benefit may be more important to protect your income and future financial security if you cannot work due to a disabling accident or illness than LTD insurance. Ithaca College provides this coverage to eligible employees at no cost.

The LTD benefit pays an amount equal to 60% of your pre-disability base salary up to $7,500 per month, after 180 days of total disability. In addition, if you are participating in the College’s 403(b) Retirement Plan (matching contribution), a monthly contribution will be made on your behalf.

Long-term Disability Insurance – No Cost to You

<table>
<thead>
<tr>
<th>Coverage</th>
<th>Total Annual Premium or Equivalent</th>
<th>Ithaca College’s Annual Contribution</th>
<th>Employee’s Annual Contribution</th>
</tr>
</thead>
<tbody>
<tr>
<td>60% Benefit with Pension</td>
<td>.31 per $100 of covered payroll</td>
<td>Variable</td>
<td>$0</td>
</tr>
<tr>
<td>60% Benefit without Pension</td>
<td>.24 per $100 of covered payroll</td>
<td>Variable</td>
<td>$0</td>
</tr>
</tbody>
</table>
Flexible Spending Accounts

A Flexible Spending Account (FSA) allows you to put money aside for qualified expenses and helps you reduce your income taxes at the same time. Ithaca College offers two types of Flexible Spending Accounts - a Health Care FSA (HCFSA) and a Dependent Care FSA (DCFSA).

Contributions to any FSA are "use-it-or-lose-it" funds. Account balances are not carried over from year to year. This means that if you have any unused funds at the end of the calendar year, those funds will be forfeited. That's an IRS rule, so estimate what you want to direct to your FSA carefully.

USING YOUR FSA

PayFlex makes it quick and easy for you to use your FSA. You will have until March 31 of the following calendar year to submit any reimbursement claims incurred during the prior calendar year.

- Use the Auto Pay Feature: This will allow you to have a qualified medical claim automatically forwarded to PayFlex for reimbursement. No claim forms are necessary.
- Use your PayFlex Debit Card: Simply present your debit card at any retail pharmacy like any other credit or debit card to pay for your eligible expenses.
- Pay with Personal Funds and Request Reimbursement Online: Pay using your own personal credit card, cash or check and keep your itemized receipt or Explanation of Benefits as documentation. Then, log on to your online PayFlex account to file for reimbursement and upload documentation.
- Pay with Personal Funds and Request Reimbursement by Fax or Mail: Pay using your own personal credit card, cash or check and keep your itemized receipt or Explanation of Benefits as documentation. Request reimbursement by attaching your receipt or Explanation of Benefits to a completed PayFlex FSA Reimbursement Form.

HEALTH CARE FSA (HCFSA)

Health Care FSAs help you stretch your budget for health care expenses for you and your dependents by allowing you to pay for these expenses using tax-free dollars. You may set aside up to $2,650 annually. Funds can be used to pay for qualified health expenses such as deductibles, medical and prescription co-pays, dental expenses, and vision expenses. You can use the HCFSA for expenses for yourself, your spouse and your dependent children – even if they are not covered under your medical, dental, or vision and hearing care plan! When you submit a claim, you can be reimbursed up to your annual election amount (less any previous reimbursement).

DEPENDENT CARE FSA (DCFSA)

The Dependent Care FSA (DCFSA) allows you to pay for eligible dependent care expenses with tax-free dollars. You may set aside up to $5,000 annually in pre-tax dollars, or $2,500 if you are married and file taxes separately from your spouse.

Contributing to a DCFSA allows you to pay dependent care expenses so that you and your spouse can work or attend school full-time. It includes daycare (center or individual daycare), before/after school care, summer day camp and elder care.

Eligible expenses include:
- Care for your dependent child who is under the age of 13 that you can claim as a dependent for tax purposes;
- Care for your dependent child who resides with you and who is physically or mentally incapable of caring for him/herself;
- Care for your spouse or parent who is physically or mentally incapable of caring for him/herself.

Note: If the situation is educational in nature (e.g. kindergarten) the expense cannot be reimbursed under the DCFSA.

When submitting a claim, you can only be reimbursed up to the amount you have contributed to date, less any previous reimbursements. You may only receive reimbursements for services already incurred. Your dependent care provider must be an individual that you do not claim as a dependent on your tax return. See IRS Publication 502 or 503 for a comprehensive list of eligible FSA expenses:
Retirement Plans

Ithaca College 403(b) Retirement Plan
The Ithaca College 403(b) Retirement Plan is an essential part of your future financial security. All IC employees who receive compensation reportable on an IRS Form W-2 and are not a student regularly attending classes offered by the College, are eligible to participate in this Plan. Eligible employees must contribute at least $200 per year. Participation is voluntary. Please see the Universal Availability Notice that follows for more information.

ELIGIBILITY TO RECEIVE MATCHING CONTRIBUTIONS FROM ITHACA COLLEGE
Newly benefits-eligible employees will be automatically enrolled in the College’s retirement plan at an employee contribution level of 5% per pay period as of their eligibility date. Ithaca College will provide a matching contribution of 9% of the base salary. Employer contributions have a 2-year vesting period. Of course, you are always 100% vested in your contributions.

Things to Know:
• You will notified by TIAA to inform you of your enrollment into the plan and provide instructions to log into your account at www.tiaa.org/ithaca.
• You will be enrolled in the auto-increase program. This means that your retirement plan contributions to an elective deferral account will increase 1% each year until you reach 15%. (Please note, in order to be eligible for this feature, you need to be enrolled and contributing to an elective deferral retirement account.) You may change this feature at any time by logging into your TIAA account.
• You can opt-out of participating in the plan at any time by logging into your TIAA account. However, in order to receive a refund of any contributions taken from your paycheck, you must do so within 45 days of the first automatic deferral by contacting the TIAA National Contact Center at 800.732.8353.
• You are strongly encouraged to log into your account at tiaa.org/ithaca to name your beneficiaries and designate your investment selection(s). Otherwise, your default investment will be the TIAA Lifecycle Fund that is most appropriate for your age.
• You can meet with a TIAA financial consultant on-campus at no additional cost. To meet with a TIAA financial consultant, sign up online at TIAA.org/schedule now or call 800.732.8353, weekdays, 8a.m. to 8 p.m. (ET).

Emeriti Retiree Health Care Program
The Emeriti Retiree Health Program provides a way for you to save for the cost of health care during retirement. Ithaca College makes contributions to an Emeriti Health Care Account on your behalf, provided you are at least age 35 of eligible service in an eligible class. IC continues to make contributions until they have made 25 years of contributions to your account, the date you cease employment at the College, or at your death, whichever is earliest. If you cease employment with the College without having met the College’s criteria for retirement eligibility, assets from employer contributions will be forfeited.

As a benefits-eligible employee in an eligible class, you may make voluntary contributions to the Emeriti Program. Your contributions will be made on an after-tax basis, and all contributions and earnings will accumulate and be paid out tax-free for qualified medical expenses. If you leave the College without meeting the College’s criteria for retirement eligibility, you are entitled to use all of your own contributions and earnings, starting at age 55, to pay for qualified medical expenses, including other health insurance.

Please visit the Emeriti website for more information on the Emeriti Retiree HealthCare Program at emeritihealth.org.

Time Away Programs
Paid Time Away—Administrators and Staff

Ithaca College understands the importance of allowing staff to take time off for rest, illness, or to attend to other personal needs. That is why a generous amount of Paid Time Away (PTA) including, vacation, medical and personal leave as well as holidays is provided.

The amount of vacation, medical and personal leave an employee is granted is based on the benefits group, length of service, and average number of scheduled workhours.

PTA is front loaded as of the date of benefits-eligibility and at the beginning of the fiscal year thereafter. Employees who gain benefits-eligibility on any date other than the start of the fiscal year will have their allowances pro-rated as follows:

<table>
<thead>
<tr>
<th>Benefit Eligibility Date</th>
<th>Pro-Ration Amount</th>
</tr>
</thead>
<tbody>
<tr>
<td>June 1 - September 30</td>
<td>Full Annual Allowance</td>
</tr>
<tr>
<td>October 1 - January 31</td>
<td>2/3 Annual Allowance</td>
</tr>
<tr>
<td>February 1 - May 31</td>
<td>1/3 Annual Allowance</td>
</tr>
</tbody>
</table>

VACATION LEAVE HIGHLIGHTS

- It is intended that any vacation balance will not be used prior to successful completion of the probationary period.
- Vacation provides time off for rest and relaxation; therefore, employees may not receive pay instead of taking vacation.
- Up to half of your annual allowance can be rolled over each year.
- Vacation leave must be pre-approved by your supervisor.
- Any unused vacation leave up to the maximum allowed will be paid out at termination provided you successfully completed your probationary period and gave the required amount of resignation notice.

<table>
<thead>
<tr>
<th>Months of Service</th>
<th>Number of Days Per Year</th>
</tr>
</thead>
<tbody>
<tr>
<td>1 - 240 Months</td>
<td>22 Days</td>
</tr>
<tr>
<td>241 Months +</td>
<td>25 Days</td>
</tr>
</tbody>
</table>

MEDICAL LEAVE HIGHLIGHTS

- Medical leave may be used immediately upon eligibility.
- Medical leave is intended to provide the security of continued income when an employee is absent due to illness or injury. Medical leave may only be used when the employee is unable to perform the employee’s duties because of illness or injury, or for medical or dental appointments that cannot be scheduled outside of working hours.
- Employees are required to notify their supervisor within the first hour of the work period if they will be absent due to illness or injury or as soon after as possible. If an employee does not give timely notification or does not provide documentation, if requested, the supervisor may deny use of medical leave.
- In recognition of the difficult roles employees must sometimes assume in caring for children, parents, and other dependents, the College allows employees to use up to five days of their medical leave as family medical leave each fiscal year.
- No medical leave balance will be paid at separation from service.

<table>
<thead>
<tr>
<th>Number of Days per Year</th>
</tr>
</thead>
<tbody>
<tr>
<td>12 Days</td>
</tr>
</tbody>
</table>

PERSONAL TIME HIGHLIGHTS

- Personal leave may be used for personal convenience, religious observance, weather conditions, care of family members who are ill, etc. Unless it is an emergency, arrangements to take personal leave must be approved in advance by the immediate supervisor. Except in special circumstances, personal leave should not be authorized during the probationary period.
- Unused personal time will not be paid out at the end of employment.

<table>
<thead>
<tr>
<th>Number of Days per Year</th>
</tr>
</thead>
<tbody>
<tr>
<td>3 Days</td>
</tr>
</tbody>
</table>

Workers' Compensation

Ithaca College provides workers' compensation insurance protection to safeguard against the costs associated with medical care and lost salary due to a work-place illness or injury. In the event of a work related illness or injury the
incident must be reported to your supervisor and the Office of Human Resources within 24 hours of the incident by completing an incident report found at ithaca.edu/hr/benefits under the Forms List.

**Short-Term Disability**

Short-term Disability (STD) benefits for staff and administrators are coordinated with New York State Disability (NYSD) benefits. Enrollment is automatic. Premiums for this coverage are paid by Ithaca College. Staff and administrators are covered after four weeks of employment. This benefit provides for employees in the event they are unable to work due to illness, injury or pregnancy.

**Paid Family Leave (PFL)**

Ithaca College provides paid family leave for eligible faculty, staff, administrators, and students. This benefit is paid for by the College. The benefit provides job protection and paid time off for qualifying events, such as:

- Bonding time with a newborn, newly adopted or foster child (anytime within 12 months of this event);
- To provide care for a family member with a serious health condition; or
- To assist loved ones when a family member is deployed abroad on active military duty.

For eligibility and additional information please contact a benefits staff member at: benefits@ithaca.edu.

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**Additional Programs**

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Educational Benefits

Ithaca College’s Educational Benefits program consists of employee tuition remission, dependent tuition remission and cash awards for eligible dependents. Employee tuition remission benefits can be used beginning with the first full semester following the successful completion of six-months of benefit-eligible service. Dependent education benefits are available to eligible dependents after the completion of 36 months of benefit eligible service. More information on program procedures and policies may be found at ithaca.edu/hr/benefits/education.

Long-Term Care Insurance (LTC)

If you ever have a long-term illness or a chronic condition, you may require extended care at home or in an assisted living facility or nursing home. Long-term care insurance can help make sure you have the financial resources to cover these costs, which can be steep. For more information about the College’s long-term care benefit, please call 800.416.3624 or visit genworth.com/groupltc. Once on the site, enter the group name: ithacacollege. The access code is groupltc.

Work/Life Advantage – It’s About You!

Ithaca College believes in the integration of work and life outside of your career. The “It’s About You” work/life advantage is designed to help you! The core elements of the initiative have been defined by the IC Community as Flexibility, Wellness, Family Care, Individual Growth & Development, and Community Service. We define work/life as education, programs, policies, practices, and services that provide connections between individuals and the College.

The college’s work/life resources and programs are developed with one or more of the above elements in mind and result in offering our employees the following:

- Flexible Work Arrangements: To help manage the various demands of work and life outside of work, the College has implemented an enhanced Flexible Work Arrangement (FWA) Policy, including flex time, compressed work weeks, job sharing, and telecommuting.
- NexGen: Your Employee Assistance Program (EAP), offered through eni, is available 24/7 to help you and your eligible family members effectively balance the competing demands of work and life. Services include counseling, child/elder care resources, legal and financial consultations, and your very own personal assistant. To learn more about these confidential services create an account at nexgeneap.com and click on new user. Use the company code: 1489. You may also call eni at 800.327.2255.
- Mind, Body, Me Wellness Program: This program offers a holistic approach to wellness that focuses on you, incorporating the mind, body, and spirit. It is individualized to respond to your needs and there’s no cost to you! Get started today for access to free personal training, the Wellness Clinic, chair massages, biometric screenings, and much more! Register here.

To learn more about the programs mentioned above and other programs offered through the Work/Life Advantage Program, click here.

IC Perks

- Free Services at IC’s Speech and Hearing Clinic
  Phone: 607.274.3714
- No Cost Occupational and Physical Therapy Services
  Phone: 607.274.3740
- Free Use of Fitness Center
  Phone: 607.274.3399
- Low Cost Access to the Wellness Clinic
  Phone: 607.274.1301
- Discounted Faculty and Staff Meal Plans
  Phone: 607.274.1187
- Funeral Planning and Concierge Services
- Beneficiary Assist Counseling Services
- Estate Guidance Will Services
- Travel Assistance and ID Theft Protection Services
- Plum Benefits – Discounts on Entertainment, Hotels, and More
- Ithaca College’s Access Code: PLUM30666!
- Free Parking/Bus Permit
- Cell Phone Discounts
- 10% Discount at the College Book Store

Visit our website for a complete listing of all IC Perks.
Women's Health and Cancer Rights Act Notice:

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). Under Ithaca College’s health plans, coverage will be provided to a person who is receiving benefits for mastectomy-related services including all stages of reconstruction and surgery to achieve symmetry between the breasts, prostheses, and complications resulting from a mastectomy, including lymphedema.

This coverage will be provided in consultation with the attending physician and patient, and will be subject to the same annual deductibles and coinsurance provisions that apply to the mastectomy. If you have questions about coverage for mastectomies and reconstructive surgery, please contact Aetna at 855.616.2357.

Additional Women’s Preventive Services:

The federal government has adopted new guidelines intended to improve women’s health in response to the health care reform law. Ithaca College is pleased to inform you that our medical plans cover women’s preventive services with no copays, coinsurance or deductible when services are provided in-network. Members will not have to pay anything for these services when:

• the doctor or other health care provider is in-network and the main purpose of the visit is to get preventive care;
• generic contraceptives are chosen;
• a breast pump is purchased according to plan guidelines

For more details on the preceding please visit aetna.com.

Statement of Rights Under the Newborn’s and Mother’s Health Protection Act:

Under federal law, group health plans and health insurance issuers offering group health insurance coverage generally may not 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 delivery by cesarean section.

However, the plan or issuer may pay for a shorter stay if the attending provider, after consultation with the mother, discharges the mother or newborn earlier. Also, under federal law, plans and issuers may not set the level of benefits or out-of-pocket costs so that any later portion of the 48-hour (or 96-hour) stay is treated in a manner less favorable to the mother or newborn than any earlier portion of the stay.

In addition, a plan or issuer may not, under federal law, require that you, your physician, or other health care provider obtain authorization for prescribing a length of stay of up to 48 hours (or 96 hours). However, you may be required to obtain precertification for any days of confinement that exceeds 48 hours (or 96 hours). For information on precertification, contact Aetna at 1.855.616.2357.

HIPAA - Privacy Notice Reminder:

The Health Insurance Portability and Accountability Act of 1996 (HIPAA) requires Ithaca College Health Plans, including but not limited to: The Ithaca College Medical Plans, Pharmacy Plans, Dental Plan, Vision and Hearing Care Plan, Health Care Flexible Spending Account Plan, Health Savings Account Plan, and the Mind Body Me Employee Wellness program (collectively, the “Health Plans”) periodically send a reminder to participants about the availability of the Plan’s Privacy Notice and how to obtain that notice. The Privacy Notice explains participants’ rights and the Plan’s legal duties with respect to protected health information (PHI) and how the Plan may use and disclose PHI.

To obtain a copy or more information about the Privacy Notice contact the Office of Human Resources at 607.274.8000. You may also view the Privacy Notice online at ithaca.edu/hr/benefits/SupervisorToolkit/.

Employee Voting Leave in New York:

If a registered voter in New York State does not have sufficient time outside of working hours to vote at any election, that person may take off the amount of working time that, when added to voting time outside working hours, will allow enough time to vote.

• Paid Time Off Rules: Of the time taken off to vote, up to two hours may be taken without loss of pay. Time off to vote must be taken at the beginning or end of the person’s work shift unless otherwise mutually agreed upon between the employee and employer.
• Advance Notice Requirements: An employee who needs time off to vote shall notify the employer no more than 10 nor less than two working days before election day that the time off is required.
• Amount of Time Off Allowed: Of the time taken off to vote, up to two hours may be taken without loss of pay.
• When Time Off Not Allowed: If an employee has four consecutive nonworking hours when the polls are open, the employee has sufficient time outside of work to vote.

Premium Assistance under Medicaid and the Children’s Health Insurance Program (CHIP):
If you or your children are eligible for Medicaid or CHIP and you are eligible for health coverage from your employer, your state may have a premium assistance program that can help pay for coverage. These states use funds from their Medicaid or CHIP programs to help people who are eligible for these programs, but also have access to health insurance through their employer. If you or your children are not eligible for Medicaid or CHIP, you will not be eligible for these premium assistance programs.

If you or your dependents are already enrolled in Medicaid or CHIP and you live in a state listed below, you can contact your state Medicaid or CHIP office to find out if premium assistance is available. If you or your dependents are NOT currently enrolled in Medicaid or CHIP, and you think you or any of your dependents might be eligible for either of these programs, you can contact your state Medicaid or CHIP office or dial 877.KIDS.NOW or insurekidsnow.gov to find out how to apply. If you qualify, you can ask the state if it has a program that might help you pay the premiums for an employer-sponsored plan.

Once it is determined that you or your dependents are eligible for premium assistance under Medicaid or CHIP, as well as eligible under your employer plan, your employer must permit you to enroll in your employer plan if you are not already enrolled. This is called a “special enrollment” opportunity, and you must request coverage within 60 days of being determined eligible for premium assistance. If you have questions about enrolling in your employer plan, you can contact the Department of Labor electronically at askbsa.dol.gov or by calling toll-free 866.444.EBSA(3272).

New York, Massachusetts, and California are among the states that may offer assistance for paying employer health plan premiums. You should contact your state for further information on eligibility.

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<tr>
<th>State</th>
<th>Medicaid Phone</th>
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<tr>
<td>NEW YORK - Medicaid</td>
<td>800.541.2831</td>
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<tr>
<td>CALIFORNIA - Medicaid</td>
<td>877.543.7669</td>
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<tr>
<td>MASSACHUSETTS - Medicaid &amp; CHIP</td>
<td>800.462.1120</td>
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To find out more information about premium assistance programs, or for more information on special enrollment rights, you can contact either the U.S. Department of Labor Employee Benefits Security Administration at dol.gov/ebsa (866.444.3272) or the U.S. Department of Health and Human Services Centers for Medicare & Medicaid Services at cms.hhs.gov (877.267.2323, ext. 61565).

HIPAA Special Enrollment Notice:

If you decline enrollment for medical benefits for yourself or your eligible dependents (including your spouse) in the Ithaca College Medical Plan (“the Plan”) because of other health insurance or group health plan coverage, you may be able to enroll yourself and your eligible dependents in the medical benefits provided under the Plan if you or your eligible dependents lose eligibility for that coverage (or if the employer stops contributing toward you or your eligible dependents’ other coverage). However, you must request enrollment in the Plan within 60 days after you or your dependents’ other 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, your spouse and your new eligible dependent children. However, you must request enrollment within 30 days after the marriage, birth, adoption, or placement for adoption. If you request a change due to a special enrollment event within the 30-day time-frame, coverage will be effective the date of birth, adoption or placement for adoption. For all other events, coverage is effective as of the event date that makes you eligible.

The Ithaca College Medical Plan must allow a HIPAA special enrollment for employees and eligible dependents who are not enrolled if they lose Medicaid or CHIP coverage because they are no longer eligible, or if they become eligible for a state’s premium assistance program. Employees have 60 days from the date of the Medicaid/CHIP event to request enrollment under the Ithaca College Medical Plan. If you request this change, coverage is effective as of the event date that makes you eligible. Specific restrictions may apply, depending on federal and state law. To request special enrollment or obtain more information, contact the employee benefits & work/life department at 607.274.8000.

Your Rights Under USERRA (Uniformed Services Employment and Re-employment Rights Act):

USERRA protects the job rights of individuals who voluntarily or involuntarily leave employment positions to undertake military service or certain types of service in the National Disaster Medical System. USERRA also prohibits employers from discriminating against past and present members of the uniformed services, and applicants to the uniformed services.

RE-EMPLOYMENT RIGHTS
You have the right to be reemployed in your civilian job if you leave that job to perform service in the uniformed service and:
• you ensure that your employer receives advance written or verbal notice of your service;
• you have five years or less of cumulative service in the uniformed services while with that particular employer;
• you return to work or apply for re-employment in a timely manner after conclusion of service; and
• you have not been separated from service with a disqualifying discharge or under other than honorable conditions.

If you are eligible to be reemployed, you must be restored to the job and benefits that you would have attained if you had not been absent due to military service, or in some cases, a comparable job.

RIGHTS TO BE FREE FROM DISCRIMINATION AND RETALIATION

IF YOU:
• are a past or present member of the uniformed service;
• have applied for membership in the uniformed service; or
• are obligated to serve in the uniformed service;

THEN AN EMPLOYER MAY NOT DENY YOU:
• initial employment;
• reemployment;
• retention in employment;
• promotion; or
• any benefit of employment because of this status

In addition, an employer may not retaliate against anyone assisting in the enforcement of USERRA rights, including testifying or making a statement in connection with a proceeding under USERRA, even if that person has no service connection.

HEALTH INSURANCE PROTECTION

• If you leave your job to perform military service, you have the right to elect to continue your existing employer-based health plan coverage for you and your dependents for up to 24 months while in the military.
• Even if you don't elect to continue coverage during your military service, you have the right to be reinstated in your employer’s health plan when you are reemployed, generally without any waiting periods or exclusions (e.g., pre-existing conditions exclusions) except for service-connected illnesses or injuries.

ENFORCEMENT

• The U.S. Department of Labor, Veterans Employment and Training Service (VETS) is authorized to investigate and resolve complaints of USERRA violations.
• For assistance in filing a complaint, or for any other information on USERRA, contact VETS at 866.4.USA.DOL or visit its website at dol.gov/vets. An interactive online USERRA advisor can be viewed at dol.gov/elaws/userra.htm.
• If you file a complaint with VETS and VETS is unable to resolve it, you may request that your case be referred to the Department of Justice or the Office of Special Counsel, as applicable, for representation.
• You may also bypass the VETS process and bring a civil action against an employer for violations of USERRA.

Universal Availability Notice

Ithaca College (the “College”) provides you with the opportunity to save for your retirement through the Ithaca College 403(b) Retirement Plan, hereafter known as the “Plan”. Ithaca College would like you to know more about how you can participate in the Plan. Whether you want to enroll in the Plan, or you are already enrolled but wish to change the amount of your deferral, you can accomplish your goal by filling out a “Salary Deferral Agreement Under Section 403(b)”. You can obtain a copy of the agreement and information about the Plan by contacting the Office of Human Resources, located in the Peggy Ryan Williams Center, at 607.274.8000 or benefits@ithaca.edu.

ELIGIBILITY

If you are an employee of Ithaca College who receives compensation reportable on an IRS Form W-2 and are not a student regularly attending classes offered by the College, then you are eligible to participate in this Plan. Eligible employees must contribute at least $200 per calendar year. Employees are eligible to participate in the Plan upon hire, provided certain eligibility requirements are met and the employee is not considered to be in an excluded class of employees, as described in the Plan Document. See Human Resources for additional information.

DEFERRAL ELECTIONS

To begin making contributions to the Plan you must first enroll by opening an account at TIAA.org/Ithaca or calling TIAA Participant Services at 888.583.0291. Once you have enrolled, complete a Salary Deferral Agreement. You may review and change the amount of your contributions and your investment allocations at any time. The exact date your investment allocations will take effect may vary depending upon the policies of the financial service firm providing the investment options, TIAA.

Also, please be aware that the law limits any amount that you may defer under this and other plans for any tax year. For example, in 2019, the limit under all plans of this type is generally $19,000 although larger limits may apply if you are age 50 or over. Each participant only gets one limit for
contributions to all 403(b) plans, so if you are a participant in a 403(b) plan of another employer, your combined contributions to that plan and the College’s plan in 2019 are generally limited to $19,000. If you do participate in more than one 403(b) plan, you are responsible for tracking and reporting the amount of all your contributions to the plans so that the total amount of all your contributions to all plans in which you participate do not exceed the limit. Note also that the sum of all of your contributions, and those of your employers, to all 403(b) plans that you participate in are generally limited to a lesser of $54,000 or 100% of your compensation in 2019.

For further details, or if you have questions, please contact the Office of Human Resources at 607.274.8000 or benefits@ithaca.edu.

403(b) Retirement Plan Automatic Enrollment and Qualified Default Investment Alternative Initial Notice

The Ithaca College 403(b) Retirement Plan (“Plan”) is designed to make saving for retirement easy by providing automatic enrollment. The Plan provides for automatic enrollment. This notice describes how your contributions under the Plan will be invested and how such contributions will continue to be invested if you have not provided complete investment instructions by the time you become eligible for a matching contribution from Ithaca College.

You may disregard this notice if you have already completed and submitted a Salary Deferral Agreement or an Agreement for Opting Out of the Ithaca College 403(b) Retirement Plan.

If you were hired on or after June 1, 2013, are at least 21 years old, and have not completed and submitted a Salary Deferral Agreement or an Agreement for Opting Out of the Ithaca College 403(b) Retirement Plan, you will be automatically enrolled in the Plan starting with your first full paycheck after you have met your eligibility to participate in the Matching Plan. Employees in Benefits Group I do not have a waiting period to be eligible. Therefore automatic enrollment occurs as soon as administratively feasible. Employees in Benefits Group II have a one year waiting period before becoming eligible. In this case automatic enrollment occurs with the first full paycheck in the month that follows your one year anniversary. This means that amounts will be taken from your pay and contributed to the Plan. These automatic contributions will be 5% of your eligible pay each pay period. But, you can choose a different amount. You can choose to contribute more, less, or even nothing.

This notice gives you important information about the Plan’s rules, including the Plan’s automatic enrollment feature and employer matching contributions. The notice covers these points:

- Whether the Plan’s automatic enrollment feature applies to you;
- What amounts will be automatically taken from your salary and contributed to the Plan;
- What other amounts your employer will contribute to your plan account;
- How your contributions will be invested;
- How you can change the investment allocation of your contributions;
- Where you can view plan and investment related information;
- When your Account will be vested (that is, not forfeited if you
leave your job), and when you can withdraw your plan
account balance;
- How you can change the amount of your contributions; and
- How you can change your beneficiary designation(s)

Distributions from 403(b) plans before age 59½, severance from employment, death, or disability may be prohibited, limited, and/or subject to substantial tax penalties. Different restrictions may apply to other types of plans.

You can find out more about the Plan in the Summary Plan Description (“SPD”), which is available from the Plan Administrator at the address shown at the end of this notice.

1. Does the Plan’s automatic enrollment feature apply to me?

The Plan’s automatic enrollment feature applies to you if you were hired on or after June 1, 2013. However, the Plan’s automatic enrollment feature will not apply to you if you have elected (completed and submitted a Salary Deferral Agreement or an Agreement for Opting Out of the Ithaca College 403(b) Retirement Plan to the Plan Administrator) to make contributions to the Plan or to not contribute. If you made an election of how much you want to contribute, your contribution level will remain the same. You can change your contribution level by completing and submitting a new online Salary Deferral Agreement with TIAA at TIAA.org/Ithaca or by submitting a Salary Deferral Agreement to the Plan Administrator at the address shown at the end of this notice.

If you do not elect a contribution rate by submitting a Salary Deferral Agreement by the effective date of your automatic enrollment, you will be automatically enrolled in the Plan. This means money will be automatically taken from your salary and contributed to your account. If you do not want to be enrolled, you need to complete and submit an Agreement for Opting Out of the Ithaca College 403(b)
Retirement Plan. Forms can be obtained from TIAA.org/Ithaca or the Plan Administrator at the address shown at the end of this notice.

2. If I do nothing, how much will be taken from my salary and be contributed to the Plan?

If you do not turn in a completed Salary Deferral Agreement by the effective date of your automatic enrollment, 5% of your eligible salary for each pay period will be taken from your salary and contributed to the Plan. To learn more about the Plan’s definition of eligible salary, you can review the Plan’s SPD.

Your contributions to the Plan will be taken out of your salary and are not subject to federal income tax at that time. Instead, they will be contributed to your plan Account and may grow over time with earnings. Your plan account balance will be subject to federal income tax only when amounts are withdrawn. This helpful tax rule is a reason to save for retirement through Plan contributions.

Contributions made pursuant to the automatic enrollment rules will be pre-tax elective deferrals. This means that the automatic contributions will be withheld from your salary on a pre-tax basis. Income tax will be paid with respect to these contributions, and the earnings thereon, when you receive a distribution from the Plan. While you also have the option of making Roth elective deferrals to the Plan, the automatic enrollment rules do not apply to the Roth elective deferrals. If you wish to make Roth elective deferrals to the Plan, you must complete a Salary Deferral Agreement. Your Roth 403(b) contributions to the Plan will be taken out of your salary on an after-tax basis. When you withdraw Roth accumulations from your retirement plan, you won’t pay taxes on any earnings, as long as you’re at least age 59½ (or disabled) and your withdrawal is made at least five years after making your first Roth contribution. Withdrawals of Roth contributions, as opposed to the earnings thereon, are not subject to Federal income taxes since you have already paid the taxes on the contributions.

Contributions will be taken out of your salary if you do nothing. However, you are in charge of the amount that you contribute. You may decide to do nothing and become automatically enrolled, or you may choose to contribute an amount that better meets your needs. You can change your contribution level by completing and submitting a new online Salary Deferral Agreement with TIAA at TIAA.org/Ithaca or by submitting a Salary Deferral Agreement, to the Plan Administrator at the address shown at the end of this notice.

If you want to contribute more to your plan account than the automatic enrollment percentage, there are limits on the maximum amount. These limits are described in the Plan’s Summary Plan Description “SPD”, which is available from the Plan Administrator at the address shown at the end of this notice.

If you do not complete and submit an Agreement for Opting Out of the Ithaca College 403(b) Retirement Plan in time to stop the automatic contributions, you can receive a refund of the contributions (plus or minus investment earnings or losses) for a short time, despite the general limits on Plan withdrawals. During the 45 days after automatic contributions are first taken from your salary, you can withdraw the automatic enrollment accumulations by contacting the Plan Administrator at the address listed at the end of this notice. The amount you withdraw will be adjusted for any gain or loss. However, if you request a refund of your automatic enrollment accumulations, you will also forfeit any matching employer accumulations that may have been made with respect to the automatic enrollment accumulations. Also, your withdrawal will be subject to federal income tax in the year of the distribution (but not the extra 10% tax that normally applies to early distributions before the age of 59½). The employee accumulations will be taxable in the year of the distribution and you will receive an Internal Revenue Service (IRS) Form 1099-R for the applicable tax reporting.

3. In addition to the contributions taken out of my salary, what amount is Ithaca College contributing to my Account?

Besides contributing the amounts taken from your salary, Ithaca College may make a matching contribution for you if you make pre-tax and/or Roth elective deferrals. If you are an employee with Group I benefits, you are eligible to receive matching contributions immediately. If you are an employee with Group II benefits, you will be eligible to receive matching contributions after completing one year of eligibility service. The amount of the matching contribution if any, will be determined each year by Ithaca College. Any matching contributions made to the Plan will be fully vested. Please refer to the SPD for further information regarding matching contributions under the Plan.

4. How will my contributions be invested?

TIAA has been selected as the investment provider for the Plan. The Plan lets you invest the contributions in a number of different investment choices. However, unless you choose a different investment option or options, your contributions (including the automatic enrollment contributions) will be invested in the default investment option for the Plan, which is the appropriate TIAA Lifecycle Fund – Premier Share Class based upon your age. If the default investment option changes at any time in the future, you will be notified. This fund is the Plan’s designated qualified default investment alternative (“QDIA”).

A Fact Sheet for the TIAA Lifecycle Funds – Premier Share
Class provides additional information, including the investment objectives and strategy, fund performance, risk and return characteristics, and fees and expenses of the fund. You can obtain updated information on fee expenses and a more detailed explanation of the TIAA Lifecycle Fund - Premier Share Class at TIAA.org/Ithaca or by contacting TIAA at 800.842.2252.

To learn more about the Plan’s investment choices, you can review the Plan’s SPD. Also, you can contact the Plan Administrator using the contact information at the end of this notice.

5. How can I change the investment allocation of the contributions that will be made on my behalf by Ithaca College to another investment choice available under the plan?

The Plan allows you to choose from a diverse set of investment options. A list of the Plan’s available investment options and a copy of the prospectus or information statement for each investment option may be obtained from TIAA at 800.842.2252 or at TIAA.org/Ithaca.

You have the right to change the allocation of your investments at any time. If you elect to change the allocation of your account from the ODDA, there are no fees or expenses imposed in connection with that transfer. But certain restrictions may apply if multiple transfers are made from any one account. See the fund prospectus at TIAA.org/Ithaca for more details on restrictions on frequent transfers.

You can change how the contributions are invested among the Plan’s offered investment options, by contacting TIAA at 800.842.2252 or accessing your account online at TIAA.org/Ithaca.

6. Where can I view plan and investment related information?

To view current performance and other plan- and investment-related information, go to TIAA.org/Ithaca and enter plan ID 101560.

If you have questions or would like a paper copy of the notices, please call TIAA at 800.842.2252.

7. When will my Account be vested and available to me?

You will always be fully vested in your contributions to the Plan. You will also be fully vested in any employer matching contributions. To be fully vested means that the contributions (together with any investment gain or loss) will always belong to you, and you will not lose them when you leave your job.

Even if you are vested in your Account, there are limits on when you may withdraw your funds. These limits may be important to you in deciding how much, if any, to contribute to the Plan. In general, for 403(b) plans you may only withdraw vested money after you leave your job, reach age 59½, or become disabled. Also, there is a 10% federal tax penalty on distributions before age 59½. The Plan’s distribution rules are described in the SPD. Matching contributions are not available for in-service distributions.

You also can borrow certain amounts from your vested account, and may be able to take out certain money if you have a hardship. Hardship distributions are limited to the dollar amount of your contributions. They may not be taken from earnings or matching contributions. Hardship distributions must be for a specified reason—for qualifying medical expenses, costs of purchasing your principal residence (or preventing eviction from or foreclosure on your principal residence, or repairing qualifying damages to your principal residence), qualifying post-secondary education expenses, or qualifying burial or funeral expenses. Before you can take a hardship distribution, you must have taken other permitted withdrawals and loans from qualifying Institution plans. If you take a hardship distribution, you may not contribute to the Plan or other qualifying plans for 6 months.

You can learn more about the Plan’s hardship withdrawal and loan rules in the Plan’s SPD. You can also learn more about the extra 10% tax on early withdrawals before age 59 ½ in IRS Publication 575, Pension and Annuity Income.

8. Can I change the amount of my contributions?

You can change the amount you contribute to the Plan. If you do not want to contribute to the Plan (and you haven’t already elected not to contribute), you will want to complete and submit an Agreement for Opting Out of the Ithaca College 403(b) Retirement Plan.

If you discontinue automatic contributions, Ithaca College will treat you as having chosen to make no further contributions. However, you can change your contribution level by completing and submitting a new online Salary Deferral Agreement with TIAA at TIAA.org/Ithaca or by submitting a Salary Deferral Agreement to the Plan Administrator at the address shown at the end of this notice.

9. How can I change my beneficiary designation(s)?

In addition to reviewing how your contributions are invested, you should also review and update your beneficiary designation(s) if it is does not reflect your how you would want your assets distributed upon your death. Reviewing and changing your beneficiary designation(s) in accordance with plan rules can be made by logging into your secure account at TIAA.org/Ithaca or by contacting.
Continuation Coverage Rights Under COBRA

You are receiving this notice because you may have recently become covered under a group health plan sponsored by Ithaca College (the Plan). This notice contains important information about your right to COBRA continuation coverage, which is a temporary extension of coverage under the Plan. This notice generally explains COBRA continuation coverage, when it may become available to you and your family, and what you need to do to protect the right to receive it.

The right to COBRA continuation coverage was created by a federal law, the Consolidated Omnibus Budget Reconciliation Act of 1985 (COBRA). COBRA continuation coverage can become available to you when you would otherwise lose your group health coverage. It can also become available to other members of your family who are covered under the Plan when they would otherwise lose their group health coverage. For additional information about your rights and obligations under the Plan and under federal law, you should review the Plan's Summary Plan Description or contact the Plan Administrator.

If you participate in a health care flexible spending account (FSA), you may be able to elect COBRA for the FSA if you could be reimbursed more, during the remainder of the plan year, than you would have to contribute.

What is COBRA Continuation Coverage?

COBRA continuation coverage is a continuation of Plan coverage when coverage would otherwise end because of a life event known as a "qualifying event." Specific qualifying events are listed later in this notice. After a qualifying event, COBRA continuation coverage must be offered to each person who is a "qualified beneficiary." You, your spouse, and your dependent children could become qualified beneficiaries if coverage under the Plan is lost because of a qualifying event. Under the Plan, qualified beneficiaries who elect COBRA continuation coverage must pay for COBRA continuation coverage.

If you are an employee, you will become a qualified beneficiary if you lose your coverage under the Plan because one of the following qualifying events happens:
• Your hours of employment are reduced, or
• Your employment ends for any reason other than your gross misconduct.

If you are the spouse of an employee, you will become a qualified beneficiary if you lose your coverage under the Plan because any of the following qualifying events happens:
• Your spouse dies;
• Your spouse’s hours of employment are reduced;
• Your spouse’s employment ends for any reason other than his or her gross misconduct;
• Your spouse becomes entitled to Medicare benefits (under Part A, Part B or both);

Or
• You become divorced or legally separated from your spouse.

Your dependent children will become qualified beneficiaries if they lose coverage under the Plan because any of the following qualifying events happens:
• The parent-employee dies;
• The parent-employee’s hours of employment are reduced;
• The parent-employee’s employment ends for any reason other than his or her gross misconduct;
• The parent-employee becomes entitled to Medicare benefits (Part A, Part B, or both);
• The parents become divorced or legally separated; or
• The child stops being eligible for coverage under the Plan as a “dependent child.”

Sometimes, filing a proceeding in bankruptcy under title 11 of the United States Code can be a qualifying event. If a proceeding in bankruptcy is filed with respect to Ithaca College, and that bankruptcy results in the loss of coverage of any retired employee covered under the Plan, the retired employee is a qualified beneficiary with respect to the bankruptcy. The retired employee’s spouse, surviving spouse, and dependent children will also be qualified beneficiaries if bankruptcy results in the loss of their coverage under the Plan.

When is COBRA Coverage Available?

The Plan will offer COBRA continuation coverage to qualified beneficiaries only after the Plan Administrator has been notified that a qualifying event has occurred. When the qualifying event is the end of employment or reduction of hours of employment, death of the employee, commencement of a proceeding in bankruptcy with
respect to the employer, or the employee becomes entitled to Medicare benefits (under Part A, Part B, or both), the employer must notify the Plan Administrator of the qualifying event.

You Must Give Notice of Some Qualifying Events

For the other qualifying events (divorce or legal separation of the employee and spouse or a dependent child’s losing eligibility for coverage as a dependent child), you must notify the Plan Administrator within 60 days after the qualifying event occurs. If notice is not received by Plan Administrator within that 60-day coverage period, the dependent or spouse will not be entitled to choose continuation coverage. If you do not choose continuation coverage within the 60-day election period, your group health coverage will end as of the date of the qualifying event or at the end of the pay period in which the qualifying event occurred.

How is COBRA Coverage Provided?

Once the Plan Administrator receives notice that a qualifying event has occurred, COBRA continuation coverage will be offered to each of the qualified beneficiaries. Each qualified beneficiary will have an independent right to elect COBRA continuation coverage. Covered employees may elect COBRA continuation coverage on behalf of their spouses and parents may elect COBRA continuation coverage on behalf of their children.

COBRA continuation coverage is a temporary continuation of coverage. When the qualifying event is the death of the employee, the employee’s becoming entitled to Medicare benefits (under Part A, Part B, or both), your divorce or legal separation, or a dependent child’s losing eligibility as a dependent child, COBRA continuation coverage lasts up to a total of 36 months. When the qualifying event is the end of employment or reduction of the employee’s hours of employment, and the employee became entitled to Medicare benefits less than 18 months before the qualifying event, COBRA continuation coverage for qualified beneficiaries other than the employee lasts until 36 months after the date of Medicare entitlement. For example, if a covered employee becomes entitled to Medicare 8 months before the date on which his employment terminates, COBRA continuation coverage for his spouse and children can last up to 36 months after the date of Medicare entitlement, which is equal to 28 months after the date of the qualifying event (36 months minus 8). Otherwise, when the qualifying event is the end of employment or reduction of the employee’s hours of employment, COBRA continuation coverage generally lasts for only up to a total of 18 months. There are two ways in which this 18-months period of COBRA continuation coverage can be extended.

Disability extension of 18-month period of continuation coverage

If you or anyone in your family covered under the Plan is determined by the Social Security Administration to be disabled and you notify the Plan Administrator in a timely fashion, you and your entire family may be entitled to receive up to an additional 11 months of COBRA continuation coverage, for a total maximum of 29 months. The disability would have to have started at some time before the 60th day of COBRA continuation coverage and must last at least until the end of the 18 month period of continuation coverage. Notification must be given to the Plan Administrator within 60-days after the qualifying even occurs.

Second qualifying event extension of 18-month period of continuation coverage

If your family experiences another qualifying event while receiving 18 months of COBRA continuation coverage, the spouse and dependent children in your family can get up to 18 additional months of COBRA continuation coverage, for a maximum of 36 months, if notice of the second qualifying event is properly given to the Plan. This extension may be available to the spouse and any dependent children receiving continuation coverage if the employee or former employee dies, becomes entitled to Medicare benefits (under Part A, Part B, or both), or gets divorced or legally separated, or if the dependent child stops being eligible under the Plan as a dependent child, but only if the event would have caused the spouse or dependent child to lose coverage under the Plan had the first qualifying event not occurred.

If You Have Questions

Questions concerning your Plan or your COBRA continuation coverage rights should be addressed to the contact identified below. For more information about your rights under ERISA, including COBRA, the Health Insurance Portability and Accountability Act (HIPAA), and other laws affecting group health plans, contact the nearest Regional or District Office of the U.S. Department of Labor’s Employee Benefits Security Administration (EBSA) in your area or visit the EBSA website at www.dol.gov/ebsa. (Addresses and phone numbers of the Regional and District EBSA officers are available through the EBSA’s website.)
Keep Your Plan Informed of Address Changes

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

Plan Contact Information
Office of Human Resources
Peggy Ryan Williams Center, GL 002
Ithaca, NY 14850

607.274.8000

OTHER NOTICES AND INFORMATION:
Public Exchange Notice:
ithaca.edu/hr/docs/other/notices/ACABenEligible

Medical Plan Summaries of Benefits and Coverage and Plan Documents:
https://ithacaedu.sharepoint.com/sites/hr-documents
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<tr>
<th><strong>AETNA</strong></th>
<th><strong>DAVIS VISION</strong></th>
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<tr>
<td>PO Box 981106 El Paso, TX 79998</td>
<td>PO Box 1525 Latham, NY 12110</td>
</tr>
<tr>
<td>Aetna Concierge: 855.616.2357</td>
<td>Customer Service: 800.999.5431</td>
</tr>
<tr>
<td>Claims Fax # 866.474.4040</td>
<td>Client Code: 2423</td>
</tr>
<tr>
<td>Group #: 346106</td>
<td>davisvision.com</td>
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<td>aetna.com</td>
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<tr>
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<th><strong>DELTA DENTAL</strong></th>
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<tr>
<td>Medical Customer Service: 800.364.2386</td>
<td>PO Box 2105 Mechanicsburg, PA 17055</td>
</tr>
<tr>
<td>Aetna Concierge: 855.616.2357</td>
<td>Customer Service: 800.932.0783</td>
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<tr>
<td>PayFlex HSA Customer Service: 888.678.8242</td>
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<td>deltadentalins.com</td>
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<th><strong>EMERITI</strong></th>
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<tr>
<td>PO Box 417019 Kansas City, MO 64179-7019</td>
<td>103 Executive Dr. Ste. 503</td>
</tr>
<tr>
<td>Telephone: 888.792.3862</td>
<td>New Windsor, NY 12553</td>
</tr>
<tr>
<td>Fax: 800.416.9264</td>
<td>Customer Service: 866.363.7484</td>
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<td>emeritihealth.org</td>
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<tr>
<td>PO Box 4000 Richmond, KY 40476-4000</td>
<td>Counseling: 800.842.2776</td>
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<tr>
<td>Fax: 888.238.3539</td>
<td>Matching Plan ID: 101560</td>
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<td>Group ID: 346106</td>
<td>Elective Deferral Plan ID: 101562</td>
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<tr>
<td>Control #: 654232</td>
<td>Schedule an appointment: 800.732.8353</td>
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<tr>
<td>PayFlex.com</td>
<td>TIAA – Local Office: 607.274.6450</td>
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<tr>
<td><strong>LONG-TERM CARE INSURANCE</strong></td>
<td>PO Box 82595 Lincoln, NE 68501</td>
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<tr>
<td>Customer Service: 800.416.3624</td>
<td>Hearing: 877.359.8346</td>
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<tr>
<td>Fax: 402.467.7336</td>
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<tr>
<td>Vestal Parkway E. Vestal, NY 13850</td>
<td>Group Benefits Division, Customer Service</td>
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<tr>
<td>Customer Service: 800.327.2255</td>
<td>P.O. BOX 2999 Hartford, CT 06104-2999</td>
</tr>
<tr>
<td>Company Code: 1489</td>
<td>Phone: 800.331.7234</td>
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<tr>
<td>nexegeaep.com</td>
<td>Policy Number: GL-402767 Life Insurance</td>
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<td>Policy Number: ADD-S07766 AD&amp;D</td>
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