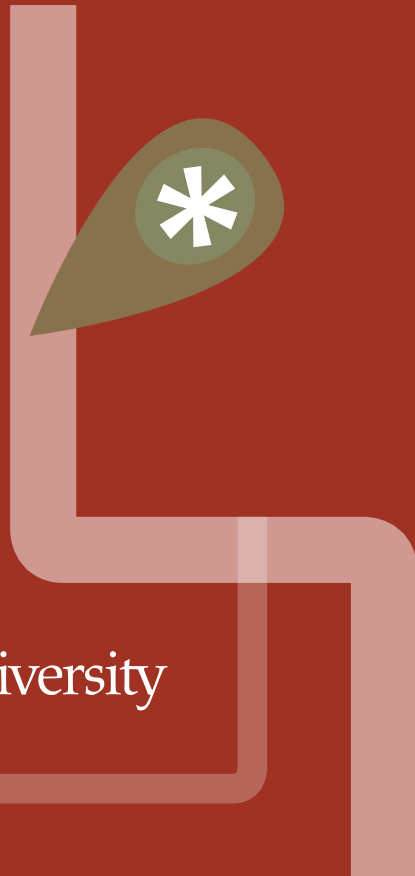


CHART YOUR COURSE

YOUR 2024 BENEFITS



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Benefits Open Enrollment for 2024 runs from Monday, October 30 to Friday, November 17. Enrollment for 2024 will be passive. If you would like medical and dental benefits to stay the same (as well as vision, Met Life, life insurance and Allstate), no action is required. If you need to enroll in medical flexible spending or dependent care assistance, you will need to login to UKG (Ultipro) and elect those benefits. Your HSA (if you have the High Deductible Health Plan) requires a paper enrollment.

MEDICAL HIGHLIGHTS

Detailed information about all four of our medical plans (High Deductible, Value, Base and Premium) can be found on pages 5-8 of this guide. Detailed information about our dental plans can be found on page 9.

The IRS has increased the minimum deductible on high deductible health plans. Starting in 2024, the deductible will increase to \$1,600 on self-only plans and \$3,200 for family plans.

We encourage employees to explore all options in order to choose the option that is right for them. If you are happy with your current Medical and Dental options, you do not need to take action. Your current elections will automatically carry over to 2024.

HEALTH SAVINGS ACCOUNT HIGHLIGHTS

The IRS has increased the maximum amount you can contribute to your Health Savings Account (HSA) to \$8,300 for family and \$4,150 for employee only for 2024. Please note that this is a combined employer/employee contribution limit. Employees over age 55 can contribute an additional \$1,000. Please see page 6 for more details on the HSA.

HEALTH SAVINGS ACCOUNT OVER AGE 65

If you participate in the Health Savings Account (for those on the High Deductible Health plan), are age 65 or over and planning to apply for Medicare, please be aware of the Medicare lookback period. Medicare Part A has a 6-month retroactive start date. This means that contributions to your HSA become ineligible six months before filing the Medicare Part A application. Please keep this in mind when making HSA elections, and consult a tax attorney for details how this might impact you.

WELLNESS PROGRAM HIGHLIGHTS

The Wellness Program is an incentive program designed to reward Blue Cross Blue Shield of RI (BCBSRI) members who adopt and maintain healthy behaviors as a way of life. An annual physical, completion of the Health Check survey and 3,500 additional wellness incentive points allows eligible members to receive a \$300 annual discount on their 2024 annual premium co-shares. In addition, employees whose spouse/domestic partner has an annual physical, completes the Health Check survey and obtains 1,500 additional wellness incentive points, will be eligible for an one-time \$100 credit in March. For detailed information about the wellness program, please see the [Wellness flyer](#).



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BRYANT RETIREMENT PLAN

IMPORTANT NOTICE: In 2024, the integration point for the employer contribution to the plan will increase to \$58,800. This applies to all employee groups except those covered under the RIPSO Labor Agreement. This is the first time the integration point has changed since 2013. Once an employee is eligible for the employer contribution, Bryant contributes 8% of eligible pay up to the integration point and 12% above the integration point. Please see the [2024 Summary of Materials Modification](#).

If you have had a life change that requires you to rethink beneficiaries, please contact your retirement vendor to update your beneficiary form.

All benefits eligible employees have the opportunity to make salary deferral contributions under the Bryant University 403(b) Plan (the “403(b) Retirement Plan”). To learn more about the eligibility provisions of the 403(b) Retirement Plan, please see the [Summary Plan Description](#).

Salary deferral contributions may be made to the 403(b) Retirement Plan in an amount not to exceed the dollar amount permitted under the Internal Revenue Code for the year. The amount you are permitted to defer under the 403(b) Retirement Plan is reduced by any salary deferrals you may contribute to certain other retirement plans during the year.

In 2022, we introduced ROTH as one of the investment plan options. The ROTH option allows you to defer money to your 403(b) account using after tax dollars. You may choose to defer your own contributions entirely to ROTH, as a regular pre-tax contribution, or some combination of the two.

Please note that the IRS has increased contribution limits for 2024 by \$500.00.

If you wish to change you contribution for 2024, please be sure to log into Retirement@Work portal (which can be accessed from the Quick Launch menu in MyBryant). Log in with your Bryant email user name and email password. Within the portal, you can access plan balances, calculate maximum contributions, make plan elections (including ROTH) and explore retirement savings tools.

Under Age 50: \$23,000
Age 50+: \$30,500

*** IMPORTANT NOTE:**

This benefits guide describes the highlights of select benefits at Bryant University in general, non-technical language. It is not intended to provide a complete plan description. If there is any difference between the information in this guide and the plan document, the plan document will govern. Bryant University reserves the right to modify, amend or terminate the plans at any time subject to applicable law.



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CLICK BELOW TO CHART YOUR
COURSE THROUGH YOUR
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OPEN ENROLLMENT KEY POINTS

- * If you wish to keep the same medical and dental elections for 2024, you are not required to complete the on line open enrollment. If you wish to make a change, **log into UKG (Ultipro), hover over Myself, Open Enrollment, OE24 Medical/Dental.**
- * If you wish to enroll in the Medical Flexible Spending Plan or Dependent Care Assistance Plan, you will be required to complete the on-line open enrollment for those plans. **Log into UKG (Ultipro), hover over Myself, Open Enrollment, OE24 FSA/DCAP.**
- * Current supplemental benefits (Life Insurance, Long Term Disability, Vision, Met Life) will automatically carry over into 2024. If you wish to make a change to any of these, please contact Human Resources a 232-6010.
- * For up to date information on Human Resources events and programming, check out "Working at Bryant" on Facebook and Instagram.

OPEN ENROLLMENT ASSISTANCE

We will host our annual Benefits Fair on Wednesday, November 8 from 9:00 AM to 1:00 PM in the rotunda. Many of our benefits providers will be on site to answer your questions.

If you need assistance with your online enrollment, Human Resources will offer the following in-person, drop in sessions, which will be held in the Human Resources Office.

THURSDAY, NOVEMBER 9	10:00 AM - 12:00 PM
WEDNESDAY, NOVEMBER 15	2:00 PM - 4:00 PM
FRIDAY, NOVEMBER 17	1:00 PM - 4:00 PM

INFORMATION TABLE

Topic	When	Where
General Benefits Information	Monday, October 30 11:00 AM - 1:00 PM	Outside Gulski

BENEFITS ENROLLMENT FOR 2024

Please take some time to review the following materials regarding the benefits offered to you through Bryant University.

BENEFITS COVERAGES AVAILABLE

- Medical Plans
- Dental Plans
- Medical Flexible Spending Account (FSA)
- Dependent Care Flexible Spending Account (FSA)
- Long-Term Disability Insurance
- Group Life Insurance
- Voluntary Additional Life Insurance
- Voluntary Spousal/Dependent Life Insurance
- MetLife Accident Protection Plan
- MetLife Critical Illness Plan
- Vision Care Plan
- CollegeBound Saver 529 Plan
- MetLaw (Group Legal)
- Allstate Identity Protection

WHO IS ELIGIBLE?

- Employees who work at least 1,000 hours per calendar year are considered eligible for most benefits. Employees must be scheduled to work at least 28 hours per week to meet the eligibility criteria for Long-Term Disability insurance coverage.

Eligible Dependents:

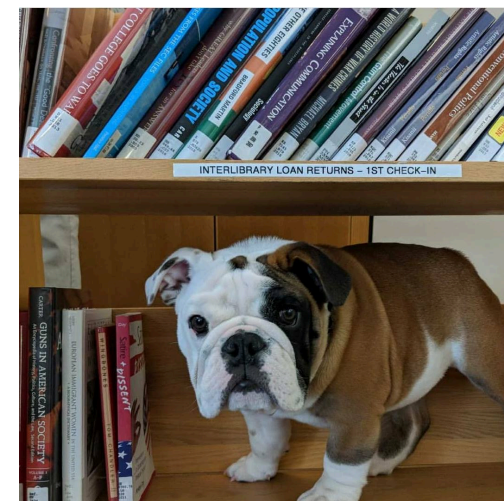
- Eligible dependents include your spouse, children up to age 26 (see specific Medical and Dental offerings for age limits and qualifications), and children of any age who are medically certified as mentally or physically disabled. The University also provides Medical and Dental coverage to qualified domestic partners or spousal equivalents.

IN PREPARING FOR BENEFITS ENROLLMENT, KEEP THESE POINTS IN MIND

- If you need to add or change a dependent, please contact the Human Resources office to make that change.
- Review your beneficiary designations on your Life insurance and/or Retirement plans on an annual basis to ensure that your beneficiary designations are consistent with any life changes (marriage, divorce, new child, death of a beneficiary, etc.).

Due to IRS enrollment rules applying to those **benefits paid for with pre-tax dollars**, you must elect these coverages now, and once enrolled you cannot make any changes until the next Open Enrollment period unless you experience a **“qualified change in family status”** as defined by the IRS. A change in status generally means:

- Marriage or divorce;
- The birth or adoption of a child;
- The death of a dependent; or,
- A change in your employment status or that of your spouse (i.e., part-time to full-time, etc.).



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MEDICAL

Maintaining your good health (and that of your family) is a primary concern not only for you, but also for the University. To address this concern, we are pleased to offer a health care benefits program with quality choices that allows you to select the best health care plan for you and your family. Bryant University's health plans are considered to have a non-grandfathered status under the guidelines set forth by the Affordable Care Act (ACA).

Bryant University offers the following medical choices:

	Bryant University Premium Plan		Bryant University Base Plan		Bryant University Value Plan		Bryant University High Deductible Plan	
PLAN BENEFITS	IN-NETWORK	OUT-OF-NETWORK	IN-NETWORK	OUT-OF-NETWORK	IN-NETWORK	OUT-OF-NETWORK	IN-NETWORK	OUT-OF-NETWORK
Annual Deductible	\$250 Individual \$500 Family	\$500 Individual \$1,000 Family	\$250 Individual \$500 Family	\$500 Individual \$1,000 Family	\$500 Individual \$1,000 Family	\$1,000 Individual \$2,000 Family	\$1,600 Individual \$3,200 Family	\$3,000 Individual \$6,000 Family
Out-of-Pocket Maximum	\$3,000 Individual \$6,000 Family	\$3,000 Individual \$6,000 Family	\$3,000 Individual \$6,000 Family	\$3,000 Individual \$6,000 Family	\$3,000 Individual \$6,000 Family	\$5,000 Individual \$10,000 Family	\$3,000 Individual \$6,000 Family	\$5,000 Individual \$10,000 Family
Preventive Services	Covered in Full	80% after deductible	Covered in Full	80% after deductible	Covered in Full	70% after deductible	Covered in Full	70% after deductible
Hospital Inpatient	100% after deductible	80% after deductible	100% after deductible	80% after deductible	\$750.00 copay	70% after deductible	100% after deductible	80% after deductible
Hospital Outpatient	100% after deductible	80% after deductible	100% after deductible	80% after deductible	\$250.00 copay	70% after deductible	100% after deductible	80% after deductible
High Tech Imaging	100% after deductible	80% after deductible	100% after deductible	80% after deductible	100% after deductible	70% after deductible	100% after deductible	80% after deductible
Emergency Room	\$50 copay		\$100 copay		\$100 copay		Annual Deductible applies, then \$100 copay	
PCP Office Visit	\$10 copay	80% after \$10 copay	\$15 copay	80% after \$15 copay	\$25 copay	70% after deductible	Annual Deductible, then \$20 copay	80% after deductible
PCP Office Visit (PCMH Physician)	\$5 copay	80% after \$10 copay	\$10 copay	80% after \$15 copay	\$20 copay	70% after deductible	Annual Deductible, then \$15 copay	80% after deductible
Specialist Office Visit	\$10 copay	80% after \$10 copay	\$25 copay	80% after \$25 copay	\$25 copay	70% after deductible	Annual Deductible, then \$30 copay	80% after deductible
Retail Prescription Drugs Generic/Preferred/Non-Preferred	\$5/\$20/\$30 copay		\$5/\$30/\$50 copay		\$10/\$30/\$50 copay		Annual Deductible then \$5/\$25/\$50 copay	
Mail Order Prescription Generic/Preferred/Non-Preferred	\$12.50/\$37.50/\$75 copay		\$12.50/\$62.50/\$125 copay		\$25.00/\$75.00/\$125 copay		Annual Deductible then \$12.50/\$62.50/\$125 copay	

WHICH OPTION IS RIGHT FOR YOU?

In making your medical election, it will be important for you to consider several factors:

- A comparison in the differences in plan design;
- Your contribution toward these plans; and
- Your and/or your family's health care usage.

The Health Plan Selection Tool can help to analyze and evaluate your health care needs. This tool allows you to project usage and will show you total costs for each of our health care options. To access the Plan Selection Tool, please visit the [HR Benefits Summary page](#) in My Bryant. Choose the Health Plan Selection Tool, which is listed under Medical Insurance.

Health Savings Account

The lower-premium, High Deductible Health Plan (HDHP) is offered in conjunction with a Health Savings Account (HSA). The HSA can be used to help pay for eligible medical expenses, and when you reach age 65, the account can be used to pay for retiree health expenses tax-free.

With the HDHP, you must reach your annual deductible before the plan begins to pay for your medical services. Unlike other Bryant plans, the deductible applies to prescription drugs as well. Your HSA funds can be used to pay for doctor's visits or prescription drugs at the pharmacy.

- **Bryant contributions to your HSA:** If you are enrolled as of January 1, 2024, Bryant will contribute \$500 to your HSA if you have individual coverage and \$1,000 to your HSA if you have family or employee plus child(ren) coverage. This money is not taxed, can be used to pay for your health-related expenses, and can carry over from year to year if you do not use it. The funds remain yours even if you leave Bryant. New hires or employees who elect the HDHP/HSA after January 1, 2024 will receive a pro-rated amount of the Bryant contribution based on coverage start date. Families who have two members working at Bryant are limited to one HSA contribution per family per year.
- **Personal contributions to your HSA:** You may contribute additional money, up to the annual IRS limits. Limits for 2024 are \$4,150 for an individual and \$8,300 for a family, and include **both the employer and employee contribution**. Employees over age 55 may make an additional \$1,000 catch-up contribution. HSA elections can be made using the HSA Enrollment Form. Unlike the FSA fund, HSA funds rollover from year to year and, if you leave the University or retire, the account remains with you. The money in the account also incurs interest, and once funds reach \$2,500 you may choose to invest your funds in a variety of mutual funds offered by London Health Administrators.
- Please note that employees who participate in other Health Insurance plans, including Medicare, are not eligible to participate in an HSA. Also, if you had a Flexible Spending Account (FSA) in 2023, and wish to enroll in the HSA for 2024, you must spend all FSA dollars prior to the end of 2023.
- If enrolled in the High Deductible Health Plan, please complete the [HSA Enrollment form](#) and return to Human Resources. This includes employees currently enrolled in the plan and rolling their coverage over into 2024.



Employees who are enrolled in a Bryant group health plan receive their prescription coverage through a separate plan administered by OptumRx. No additional election is required. Your pharmacy coverage will follow whatever health plan choice you have made, HDHP, Value, Base or Premium. Please note that you will have **two insurance cards** - one from BCBSRI and one from OptumRx. For detailed information about the pharmacy benefits linked to each health plan, please review the Medical Summary comparison on page 5.

OptumRx CVS90 Saver

The [CVS90 Saver program](#), allows you to get 90-day supplies of maintenance medications at CVS Pharmacies nationwide or through OptumRx home delivery. You will pay 2 1/2 times your co-pay for a three month supply. If you choose not to fill your prescription from OptumRx home or CVS pharmacy, you will be subject to a higher cost share.

1. Are all medications included?

No. This program only applies to certain medications taken on an ongoing basis. Excluded are medications that are taken for a short period of time (such as antibiotics), controlled substances or medications included in the specialty pharmacy program.

2. How do I get started with OptumRx home delivery?

Go to optumrx.com and sign or register to create an account. You can choose the medication(s) you want shipped directly to you. Or call the number on your ID card at any time. Optum will transfer your medication(s) to OptumRx home delivery.

3. How do I transfer a prescription to CVS Pharmacy?

Call or visit any of the nearly 9,700 CVS Pharmacy locations and show your ID card. You can also request to transfer your medication(s) online by visiting CVS.com/transfer. All you need is the name of the medication along with the name and phone number of the transferring pharmacy.

Pillar Co-Pay Assist

The Pillar Co-Pay Assist program provides cost savings for employees or covered dependents who have a specialty pharmacy prescription (a high cost prescription to treat a chronic medical condition). Those who were enrolled in Pillar during 2023 will continue on the program. If you or a dependent are prescribed one of these medications in 2024, please reach out Human Resources as soon as possible so that you can be enrolled in the program and take advantage of the savings offered. Please note this program is NOT administered by Optum Rx and a special enrollment is required.

EMPLOYEE CONTRIBUTION SCHEDULE

If you were to elect one of the Bryant University medical plan options your cost, on a pay period basis, would be as follows:

	PREMIUM PLAN			BASE PLAN			VALUE PLAN			DEDUCTIBLE PLAN		
	EE ONLY	EE +CHILD(REN)	FAMILY	EE ONLY	EE +CHILD(REN)	FAMILY	EE ONLY	EE +CHILD(REN)	FAMILY	EE ONLY	EE +CHILD(REN)	FAMILY
MONTHLY												
<\$55,000	\$239.00	\$512.00	\$567.00	\$138.00	\$295.00	\$329.00	\$94.00	\$204.00	\$227.00	\$31.00	\$70.00	\$79.00
\$55,000 - \$104,999	\$288.00	\$615.00	\$681.00	\$185.00	\$395.00	\$439.00	\$142.00	\$303.00	\$337.00	\$77.00	\$168.00	\$187.00
\$105,000+	\$336.00	\$718.00	\$795.00	\$232.00	\$495.00	\$550.00	\$189.00	\$403.00	\$448.00	\$123.00	\$266.00	\$296.00
BI-WEEKLY												
<\$55,000	\$110.31	\$236.31	\$261.69	\$63.69	\$136.15	\$151.85	\$43.38	\$94.15	\$104.77	\$14.31	\$32.31	\$36.46
\$55,000 - \$104,999	\$132.92	\$283.85	\$314.31	\$85.38	\$182.31	\$202.62	\$65.54	\$139.85	\$155.54	\$35.54	\$77.54	\$86.31
\$105,000+	\$155.08	\$331.38	\$366.92	\$107.08	\$228.46	\$253.85	\$87.23	\$186.00	\$206.77	\$56.77	\$122.77	\$136.62
WEEKLY												
<\$55,000	\$55.15	\$118.15	\$130.85	\$31.85	\$68.08	\$75.92	\$21.69	\$47.08	\$52.38	\$7.15	\$16.15	\$18.23
\$55,000 - \$104,999	\$66.46	\$141.92	\$157.15	\$42.69	\$91.15	\$101.31	\$32.77	\$69.92	\$77.77	\$17.77	\$38.77	\$43.15
\$105,000+	\$77.54	\$165.69	\$183.46	\$53.54	\$114.23	\$126.92	\$43.62	\$93.00	\$103.38	\$28.38	\$61.38	\$68.31

Employees who complete the required [wellness program](#) and have registered their information in the Blue Cross Blue Shield RI Wellness Portal are eligible for a \$300 annual premium discount. This amount will be allocated on a pay period basis throughout 2024. In addition, a one-time incentive credit of \$100 (payable in the March 2024 paycheck) is offered for a spouse/domestic partner completion of the annual physical requirement plus an additional 3,000 points.



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DENTAL*

Bryant University is pleased to offer dental benefits through Delta Dental.

The University offers the following options:

- Delta Dental USA Basic
- Delta Dental USA Expanded
- No Coverage (Dental Waiver)

When you are covered by the Delta Dental USA program, you have access to the nation's largest network of dentists – more than 152,600 dentists nationwide. That's four out of every five dentists in the country! You can view a list of participating dentists by visiting www.deltadentalri.com.

COMPARING YOUR OPTIONS

The dental care comparison chart highlights some of the distinguishing features of each plan. This is a summary of services. To be covered, services must be medically necessary and in accordance with Delta Dental's treatment guidelines.

EMPLOYEE CONTRIBUTION SCHEDULE

If you were to elect one of the Delta Dental USA options, your cost on a pay period basis would be as follows:

	BASIC			EXPANDED		
	EMPLOYEE ONLY	EMPLOYEE + CHILD(REN)	FAMILY	EMPLOYEE ONLY	EMPLOYEE + CHILD(REN)	FAMILY
MONTHLY	\$744	\$21.00	\$24.71	\$11.15	\$35.60	\$41.88
BI-WEEKLY	\$3.43	\$9.69	\$11.40	\$5.15	\$16.43	\$19.33
WEEKLY	\$1.72	\$4.85	\$5.70	\$2.57	\$8.22	\$9.66

SUMMARY OF COVERED	PLAN PAYS	
	BASIC	EXPANDED
Calendar Year Maximum	\$1,200	\$2,000
Preventive/Diagnostic Services		
<i>Cleanings (2/year)</i>	100%	100%
<i>Oral Exams by general dentist (1/year for Basic, 2/year for Expanded)</i>	100%	100%
<i>Fluoride Treatment (1/year)</i>	100%	100%
<i>X-rays</i>	100%	100%
Minor Restorative Services		
<i>Palliative Treatment</i>	80%	80%
<i>Sealants</i>	80%	80%
<i>Fillings</i>	80%	80%
<i>Simple Extractions</i>	80%	80%
<i>Denture Repairs Biopsies</i>	80%	80%
<i>Single Root Canals</i>	80%	80%
<i>Endodontics</i>	80%	80%
<i>Oral Surgery/Anesthesia</i>	80%	80%
<i>Space Maintainers</i>	80%	80%
Major Restorative Services		
<i>Periodontic Cleanings</i>	50%	100%*
<i>Periodontic Surgery</i>	50%	80%*
<i>Crowns</i>	50%	50%
<i>Prosthodontics Single</i>	50%	50%
<i>Implants</i>	0%	50%
Orthodontics (coverage for dependents under age 19 only)	50%	50%
Lifetime Maximum	\$1,200	\$2,000

*It is important to obtain pre-authorization and confirm coverage for these services from Delta Dental prior to receiving services.

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FLEXIBLE SPENDING ACCOUNTS*

Bryant University is pleased to offer a Medical Reimbursement Plan and Dependent Care Assistance Plan administered through VOYA/Benefit Strategies, LLC.

The Flexible Spending Accounts are governed by federal laws that allow you to pay for eligible health care and dependent care expenses with pre-tax dollars. Depending on your needs, you may open a medical reimbursement account, a dependent care reimbursement account, or both.

If you enroll in the High Deductible Health Plan, you are not eligible to also enroll in a Medical Flexible Spending Account.

Unless there is a qualified change in family status, the only time a Flexible Spending Account can be elected is during Open Enrollment. You may not change your election mid-year.

SAVINGS EXAMPLE

Without Flex Plan

\$30,000	Gross Income
- \$7,500	Taxes
\$22,500	Net Annual Income
- \$3,000	Health Care/Dependent Care Costs
\$19,500	Net Spendable

= \$750 Tax Savings

With Flex Plan

\$30,000	Gross Income
- \$3,000	Health Care/Dependent Care Costs
\$27,000	Adjusted Gross Income
- \$6,750	Taxes
\$20,250	Net Spendable

This example is for illustration purposes only and assumes a combined tax rate (income, FICA, Medicare) of 25%. Your own personal tax situation may differ.

MEDICAL SPENDING ACCOUNT

The annual maximum amount you may contribute to your medical spending account is **\$3,200**. This account allows you to pay, on a pre-tax basis, for certain health care expenses for you and your dependents, including:

- Medical and dental deductibles and copays;
- Health care expenses not covered by any insurance;
- Expenses for glasses and contact lenses that are not covered by any health plan; and,
- Many other health care expenses that qualify as deductions for federal income tax purposes.

Under the CARES Act, the costs of non-prescription drugs are now eligible expenses under the Bryant Flexible Spending Account. Over-the-counter drugs and medicines are eligible for reimbursement, as are insulin and other over-the-counter items such as Band-Aids. For a detailed listing of eligible expenses, please refer to the [FSA Election Worksheet and Eligible Expenses List](#).

The total amount of your annual election may be withdrawn from this account for qualified expenses at any time during the plan year plus a 2 ½ month grace period.

Flexible spending account elections do NOT carry over from year to year. If you wish to participate in either the Medical or Dependent Care Flexible Spending account, you MUST complete the on-line Flexible Spending Open Enrollment. Log into [UKG \(Ultipro\)](#), hover over Myself, Choose Open Enrollment, OE24FSA/DCAP

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FLEXIBLE SPENDING ACCOUNTS *continued...*

DEPENDENT CARE ASSISTANCE PLAN

The annual maximum amount you may contribute to your dependent care reimbursement account is **\$5,000**. This account allows you to pay on a pre-tax basis for day care of dependent children younger than age 13 and other disabled or elderly dependents. Eligible expenses include:

- Wages paid to a babysitter that is not your dependent and is claiming income;
- Fees paid to a licensed day care center or nursery school;
- Costs for family day care, adult day care or non-specialty summer day camp programs;
- Expenses for the licensed care of elderly disabled dependents;
- Home care specialists for disabled dependents; and
- Any other dependent care expenses that qualify as deductions for federal tax purposes.

You may only request reimbursements in the amount of deductions that have been placed in your account. Money will not be available for reimbursement before it has been deposited into your savings account.

IRS RULES GOVERNING FLEXIBLE SPENDING ACCOUNTS

Since Flexible Spending Accounts offer tax advantages, the IRS imposes these restrictions on their use:

- You are required to use all the money in your accounts during the period of the plan year (January 1 - December 31, 2024) plus a 2 ½ month grace period for the Medical Spending Account. If you do not use all the money in your account by the end of the grace period (March 15, 2024), the balance will be forfeited.
- You have until March 31, 2024 to request reimbursement for expenses incurred between January 1, 2023 and March 15, 2024.
- If you enroll in both reimbursement accounts, you may not transfer money from one account to the other.



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LONG-TERM DISABILITY INSURANCE

This plan provides you with income replacement equal to 60% of your monthly wage base up to a maximum of \$14,000 per month for any disabilities extending beyond three months. These benefits would normally continue up to your normal Social Security retirement age, assuming you remain continuously disabled. In addition, if you are participating in the University's formal retirement plan, this plan will continue contributions on your behalf equal to 10% of your monthly wage base.

Eligibility requirements state that an employee must be a regular, full-time employee working a minimum of 28 hours per week with a minimum of one year of service.

Premiums for this insurance are deducted from your paycheck on an after-tax basis and are shared between you and the University.

GROUP TERM LIFE INSURANCE

As a benefits eligible employee, you are currently provided with Group Life and Accidental Death and Dismemberment Insurance equal to two times your annual salary up to a maximum benefit of \$500,000. Age based reductions in coverage begin at age 70 and can be found in the Certificate of Coverage. Evidence of Insurability must be completed when your coverage level first exceeds \$400,000.

Basic Life Insurance is fully paid for by the University. For more detailed information, please refer to the Certificate of Coverage, which can also be obtained in the Human Resources Office.

This is a good time of year to consider any life change that may have occurred that require you to rethink your beneficiaries.

VOLUNTARY ADDITIONAL GROUP TERM LIFE INSURANCE

This plan allows you to elect an additional one times or two times your annual salary to provide additional income and asset protection for your family's financial security in the event of your death.

Premiums for this insurance are deducted from your paycheck on an after-tax basis and are based on your annual salary and age.

VOLUNTARY SPOUSAL/DEPENDENT INSURANCE

This plan allows employees to elect Life and Accidental Death and Dismemberment Insurance for their spouse and/or legal dependents providing the employee is covered under the University's basic life plan. The amount of dependent insurance provided is \$20,000 for your spouse and \$5,000 for each eligible dependent up to age 26.

Premiums for this insurance are deducted from your paycheck on an after-tax basis.

To enroll in any of the plans on this page, change your existing plan, or update your beneficiary designation, please complete the [Sun Life enrollment form](#) or contact the Human Resources Office to receive a paper copy.



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VOLUNTARY BENEFITS (ALL VOLUNTARY BENEFITS WILL AUTOMATICALLY ROLL OVER)

Bryant University is pleased to offer a variety of voluntary insurance benefits. These benefits are supplemental to any existing insurance benefits you now have and are offered to prevent financial hardship in the event of injury, severe illness or death.

ADDITIONAL HEALTH BENEFITS

METLIFE ACCIDENT PROTECTION PLAN

Accident insurance pays a benefit should you or any covered member of your family have an accident. More than 150 covered events/services are included, such as fractures and dislocations, 2nd and 3rd degree burns, concussions, eye injuries, cuts and lacerations, emergency care and more.

Payments are made directly to you — you decide how to spend the money for medical expenses not covered by your medical plan (copays, deductibles, out-of-network care) or for non-medical needs such as household bills, childcare or home modifications. Premiums for this coverage are deducted from your paycheck on a pre-tax basis. For more information, please contact Human Resources. To enroll, complete the [enrollment form](#).

METLIFE CRITICAL ILLNESS PLAN

Critical Illness insurance provides you with a lump-sum payment paid directly to you — you decide how to spend the money for medical expenses not covered by your medical plan (copays, deductibles, out-of-network care) or for non-medical needs such as household bills, childcare or home modifications. Additionally, this plan pays an annual, per person wellness benefit. Premiums for this coverage are deducted from your paycheck on a pre-tax basis. For more information, please contact Human Resources. To enroll, complete the [enrollment form](#).

VISION CARE PLAN

The Vision Service Plan (VSP) plan is designed to provide vision care benefits for you and your family members. The focus is on the treatment and management of both eye and related health conditions through a private practice network of doctors. Seeing a VSP doctor on a regular basis is important because an eye exam offers an opportunity to detect problems in their early stages, long before complications can arise. The following highlights some of the benefits of the vision care plan:

- Vision examination every 12 months
- Lenses every 12 months, as necessary
- Frames every 24 months, as necessary
- Elective contact lenses benefit
- Laser corrective surgery discount

VSP has 25,000 member doctors' locations to choose from nationally. For a listing of doctors, please visit www.vsp.com. Premiums for this insurance are deducted from your paycheck on a post-tax basis.

Employees who would like to elect vision coverage or make a change to their existing coverage should complete the online [Vision Form](#) or contact Human Resources for a paper copy. Otherwise, prior elections will carryover.

VISION PROGRAM MONTHLY RATES		
Employee	Employee +1 Dependent	FAMILY
\$7.77	\$12.09	\$19.29

ADDITIONAL FINANCIAL BENEFITS

COLLEGEBOUND SAVER 529 PLAN

The CollegeBound Saver, sponsored by the State of Rhode Island, is a flexible college savings program that helps make saving for a child’s higher education easier. Parents, grandparents, family and friends can participate. The CollegeBound Saver, which is managed by Ascensus, offers you the following benefits:

- Tax-free earnings growth;
- No income limits;
- Regular contributions through payroll deduction; and,
- A choice of investment options.

METLIFE LEGAL SERVICES PLAN

Most of us will need legal counsel at some point, whether it’s a planned event, such as buying a home or preparing a will, or an unexpected problem, like a speeding ticket. MetLaw provides you access to 13,000 experienced plan attorneys nationwide. You receive unlimited legal access either by phone or in-person. This plan offers coverage to pay for many common and routine legal issues including family law, real estate transactions, consumer protection, estate matters and document preparation. For more information, read the [product overview](#). To enroll, complete the [enrollment form](#).

ALLSTATE IDENTITY PROTECTION PLAN

Allstate Identity protection offers identity protection that keeps up with your digital life. This plan offers both credit report monitoring, as well as monitoring of on-line activity from financial transactions to what you share on social media, so you can protect the trail of data you leave behind.

For more details, please watch these short videos that outline this new benefit:

[Allstate Identity Protection Overview](#)

[Allstate Identity Protection Webinar](#)

For additional information, please view the [Allstate Flyer](#).

To enroll, please fill out the [electronic enrollment form](#) or request a paper copy from Human Resources.

Allstate Identity Protection Monthly Rates	
EMPLOYEE	FAMILY
\$9.95	\$17.95

FREQUENTLY ASKED QUESTIONS

1. CAN I CHANGE MY ENROLLMENT DECISIONS THROUGHOUT THE YEAR?

Changes outside the Open Enrollment period are restricted, unless you experience a “qualified change in family status.” The new coverage must be requested within 60 days of the “qualified change in family status” and must be consistent with your change. Proper documentation of the change must be provided to the Human Resources Office. Please refer to page 4 of this brochure for a definition of “qualified change in family status.”

2. WILL THERE BE ANOTHER OPEN ENROLLMENT PERIOD NEXT YEAR?

Yes. Bryant University offers you the opportunity to change your enrollment decisions once a year.

3. CAN I ENROLL IN ONE MEDICAL PLAN, BUT ENROLL MY DEPENDENTS IN ANOTHER?

No. You must choose one health care option to cover yourself and your eligible family members.

4. CAN I PARTICIPATE IN BOTH THE MEDICAL AND DEPENDENT CARE FLEXIBLE SPENDING ACCOUNTS?

Yes. If you enroll in both reimbursement accounts, you may not transfer money from one account to the other. Your medical reimbursement account balance stays completely separate from your dependent care reimbursement account balance. **Should you elect the Bryant High Deductible Health Plan you may only enroll in the Dependent Care Flexible Spending Account.**

5. OTHER QUESTIONS?

Please contact the Human Resources Office at **401-232-6010** or email humanresources@bryant.edu.

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FOR MORE INFORMATION

BENEFIT TYPE	PLAN ADMINISTRATOR/CONTACT	BY PHONE	BY WEB
Health Insurance/Health Savings Account	BCBSRI - Bryant University Health Plan	1-800-639-2227	www.bcbsri.com
Prescription Coverage	Optum Rx- Bryant University Health Plan	1-800-788-4863	www.optumrx.com
Dental Insurance	Delta Dental USA	1-800-843-3582	www.deltadentalri.com
Flexible Spending Accounts <i>Medical Spending Account</i> <i>Dependent Care Account</i>	VOYA/Benefit Strategies, LLC	1-800-371-7542 1-401-457-7266 (Fax)	www.benstrat.com
Life Insurance/Long Term Disability Insurance	Sun Life	1-800-378-2389	www.sunlife.com
Vision Care Plan	VSP	1-800-877-7195	www.vsp.com
Voluntary Benefits <i>Accident Protection Plan</i> <i>Critical Illness Plan</i> <i>Group Legal</i>	MetLife Customer Service	1-800-GET-MET8 or 1-800-438-6388	www.metlife.com
College Savings Plan	CollegeBound Saver 529 Plan (James E. Joly)	1-877-517-4829 1-401-884-7707	www.invesco.com
Allstate Identity Protection	Allstate Customer Service	1-800-789-2720	www.allstateidentityprotection.com

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