

Frequently Asked Benefit Questions

General Benefits Questions

What type of Employee Benefits does St. John's offer?

St. John's offers a rich array of benefits.

- Choice of two POS (Point of Service) medical plans through Aetna
- Choice of dental plans including a DPPO (Dental Preferred Provider Organization) plan through Cigna and a DMO (Dental Maintenance Organization) plan offered through Aetna
- Life insurance and long-term disability benefits
- Flexible Spending accounts for both health and dependent care
- Qualified Transportation Expense Plan
- 403(b) Retirement Plan with a choice of investments, offered through TIAA and Fidelity Investments
- Supplemental benefits: life insurance, long-term disability insurance, Legal Services, 529 College Savings Program

Who is eligible for benefits and when do my benefits become effective?

As a St. John's employee, you are eligible for benefits if you work at least 30 hours per week. Medical, dental, and life insurance benefits become effective on the first of the month coincident with or following your date of hire. Long term disability insurance becomes effective on the first of the month coincident with or following the one-year anniversary of your date of hire.

Where can I find more information about the Benefit Plans that St. John's offers?

You can view a summary of all the plans we offer by accessing the Employee Benefits Guide that is available on the Employee Benefits page. Benefit information can also be found on Bswift. Access to Bswift can now be found by logging into the University's sign on page, signon.stjohns.edu. The username and password credentials required to access this site will be the same credentials you use to log in to check your email or access your St. John's issued laptop or desktop.

Who do I contact if I have a question regarding my medical, dental and other employee benefits?

If you have a general question regarding employee benefits, you may contact the Benefits office by calling 718-990-2363 or by emailing sjubenefits@stjohns.edu. For questions about specific claims, you will need to contact the carriers directly. Carrier contact information can be found on the Employee Benefits page under, "Carrier Contact Information".

When can I make changes to my benefit plans?

You may change your benefit plan elections during the annual Open Enrollment period. Changes made during Open Enrollment will become effective on January 1 of the following year and will remain in effect for the entire year. If you have a life event (i.e., marriage, birth, spouse's loss of coverage with his/her employer), you may change your benefit elections within 31 days of the event. Log onto Bswift to enter your life event. Access to Bswift can now be found by logging into the University's sign on page, signon.stjohns.edu. The username and password credentials required to access this site will be the same credentials you use to log in to check your email or access your St. John's issued laptop or desktop. Contact the Benefits office with any questions, by calling 718-990-2363 or by emailing sjubenefits@stjohns.edu.

Where can I access benefit forms such as: medical claim forms, dental claim forms, flexible spending account claim forms and Salary Reduction Agreement forms?

Forms can be found on the Employee Benefits page under, "Benefit Forms".

What happens to my benefits when my employment with St. John's University ends?

If you leave the University, your medical and dental will continue to the end of the month in which you terminated your employment (e.g. if you terminated your employment on November 14th, your benefits would end November 30th). You may continue your benefits at your own expense under COBRA. You will be mailed information regarding your COBRA rights from P&A Group, upon ending your employment with the University. If you meet the University's criteria to be considered a retiree (please see the Human Resources Policy manual or the Collective Bargaining Agreement for Faculty), you may be entitled to continue your benefits at the University group rates at your own expense for as long as you wish. Please contact the Benefits office, by calling 718-990-2363 or by emailing sjubenefits@stjohns.edu, to notify us if you will be retiring so we can provide you with further information concerning rates.

Medical and Vision Coverage

What are my medical plan options?

St. John's offers a choice of two medical plans. Each plan includes comprehensive health care benefits, including free preventive care services, coverage for prescription drugs, and out of network benefits.

What is the age limit for covered dependents under the medical plan?

Under the Aetna medical plan, dependents are covered until the end of the month in which they turn age 26 or until the end of the month in which they turn age 35, if still a full-time student. The vision plan will cover dependents until the end of the month in which they turn 30, if a full-time student.

What is the Aetna phone app and what information can be found on there?

Download the Aetna app for free to your Apple or Android smartphone and you'll get instant access to view your health plan details, generate a health plan ID card, check claims, or find a doctor.

Do I have vision coverage?

Yes, if you are enrolled in the Aetna health plan, you also have vision coverage.

What is the coverage for glasses/contact lenses?

You are entitled to a free vision exam once every twelve months. Lenses are covered every 12 months and frames are covered every 24 months. Please refer to your vision benefit summary for more information on your vision plan coverage.

If I go to my eye doctor and then I go to a different provider to purchase my glasses or contact lenses, how do I apply my Aetna coverage to that purchase?

If you go to an in-network provider, you will just need to provide your name and date of birth. When you stay in network, Aetna takes care of all of the paperwork.

How long do I have to submit a claims request to Aetna?

The claims filing timeframe for our medical plan is 90 days from the date of service.

What happens if I take a brand name prescription?

If you select the non-generic medication when a generic option is available, you will pay the difference in cost between the brand name and the generic, plus your copay. The cost difference for the brand-name prescription would not apply to the out-of-pocket maximum.

Can I use the HRA to pay for a brand-name prescription drug when a generic equivalent is available?

No, you cannot use your HRA to pay for services or prescriptions that are not covered by the medical plan.

Dental Coverage

What is the age limit for covered dependents under the dental plans?

Under the Cigna dental PPO plan, dependents are covered until the end of the month in which they turn age 26 or until the end of the month in which they turn age 35, if still a full-time student. Under the Aetna dental HMO plan, dependents are covered until the end of the month in which they turn age 26 or, until the end of the month in which they turn age 30, if a still a full-time student.

Continuation of Coverage

What is COBRA coverage and, do I have any other options to continue health coverage?

COBRA continuation coverage can become available to you and other members of your family when group health coverage would otherwise end. **You may have other options available to you when you lose group health coverage.** For example, you may be eligible to buy an individual plan through the Health Insurance Marketplace. By enrolling in coverage through the Marketplace, you may qualify for lower costs on your monthly premiums and lower out-of-pocket costs.

How long do I have to elect COBRA?

The deadline for electing COBRA is normally the later of sixty days from the date the COBRA notice was mailed to you or the date you lost coverage.

403(b) Plan

What are the 403(b) deferral limits for 2024?

For 2024, if you are under age 50, the maximum amount that you can contribute to the 403(b) Plan is \$23,000. If you will be age 50 or over by the end of 2024, you can contribute up to \$30,500.

How do I enroll in the University's 403(b) Retirement Plan?

You can enroll in the plan at any time by completing a Salary Reduction Agreement form and returning it to the Benefits Office. The form can be found on the Employee Benefits page under, "Benefit Forms".

How do I make changes to my plan if I am already enrolled and contributing?

If you are already enrolled in the plan and would like to change the amount you have deducted from your paycheck, you may do so by completing a new Salary Reduction Agreement and submitting it to the Benefits Office. Please note that you may only make changes once every calendar quarter. If you would like to change how your money is invested in the retirement plan, please contact your carrier directly. To contact TIAA, please call (800) 732-8353. To contact Fidelity, please call (800) 642-7131.

Am I able to take a withdrawal from the 403(b) Retirement Plan while still employed?

The intention of the 403(b) Retirement Plan is to save for retirement but, there are provisions for participants to request a withdrawal while still employed. A participant's eligible contributions may be withdrawn at any time after the participant attains age 59 ½ or if the participant encounters a financial hardship (as defined by the IRS and as detailed in the 403(b) Retirement Plan Document).

Am I able to take a loan from the 403(b) Retirement Plan while still employed?

The intention of the 403(b) Retirement Plan is to save for retirement but, there are provisions for participants to request a loan. A participant may borrow up to 45% of total accumulation in their TIAA account and may borrow up to 50% of total accumulation in their Fidelity account. Generally, the minimum loan amount is \$1,000 and the maximum loan amount is \$50,000.

Flexible Spending and Qualified Transportation Expense Accounts

How are rollover funds handled with the Flexible Spending Plan?

With the Health FSA, effective 1-1-2024, you will be permitted to have a maximum rollover amount of \$610 of unused expenses. Dependent Care FSA cannot be rolled over.

How long do I have to submit FSA and Dependent Care FSA claims?

You have until December 31st each year to use your FSA for expenses incurred during the year. You will then have until March 31st of the following year to submit the previous year's claims for reimbursement.

What are the Flexible Spending limits for 2024?

The Health FSA limit for 2024 will be \$3,050. The Dependent Care FSA limit will remain at \$5,000.

Are the Health FSA and Dependent Care FSA benefits that continues from year to year?

Health FSA and Dependent Care FSA elections do not automatically continue from year to year. You must actively enroll each year during Open Enrollment and your FSA elections will be in effect from January 1 through December 31, unless you experience a Life Event.

What are Life Events for Health FSA and DC FSA plans?

Qualifying Life Events include the following and require documentation of the event: Marriage, Divorce/Separation, Birth/Adoption, Death of a spouse or dependent child, change in employment status of employee or spouse.

What are some additional events that would allow for changes to DCFSA?

These additional events will also require documentation, from the employee, of the reason for the change. A participant may elect to switch day care centers because of: concerns around administration, quality or staff turnover; a participant has more than one child in day care and wants all children to receive care at the same center; a child being wait-listed for a center and a spot opens; a participant wishes to enroll a child in a newly opened facility; a change in participant's residence or work location makes a new center more convenient; a center requires that a child be moved due to unsafe behavior or parent's frequent late pick-ups. A participant may also be able to change the amount of DCFSA for the year due to change in home-care provider; a participant or spouse has a change in work schedule which changes the hours of child-care required; a child of divorced parents switches residences between parents.

Dependent care elections, that are changed during the year, cannot be decreased to an amount that is below what a participant has already contributed year to date.

HRA and Healthcare FSA

If I have the HRA, can I sign up for the Healthcare FSA?

Yes. An employee is automatically enrolled in the HRA when they enroll in the Core Medical Plan and all benefit eligible employees, including those who have an HRA, can elect the Healthcare FSA.

Do the Healthcare FSA and HRA have the same list of eligible expenses?

No. HRA can only be used for qualified medical expenses, including prescription drugs. The FSA can be used for qualified medical, dental and vision expenses.

If I have the HRA, why would I elect an FSA?

The FSA offers pre-tax savings on medical expenses. One reason any employee may wish to have both accounts would be to use the pre-tax money to help pay for expected expenses that would exceed the amount they would receive through HRA reimbursement.

Leaves

How do I request a Leave?

The reasons for needing a Leave can vary. You may need a Leave for your own pregnancy or for a serious health condition. The need for Leave could also be to bond with your newborn or to care for a family member who has a serious health condition. Please contact the Benefits Office (718-990-2363) at least 30 days prior to the beginning of the leave, if foreseeable. The Benefits Office will discuss the Leave options available and send you all appropriate paperwork that must be completed by your physician, or the physician for your family member. Additional information on Leaves may be found in the Employee Handbook and in the Leaves section of the Human Resources Policy Manual for Staff and Administrators. Faculty members may refer to the Leaves section of the Collective Bargaining Agreement for further information.