

**Summary of Material Modification  
To  
University of San Francisco Welfare Benefit Plan**

To: Employee participants in the University of San Francisco Welfare Benefit Plan, and COBRA participants

From: Human Resources

Date: January 26, 2022

The University of San Francisco Welfare Benefit Plan sponsored by University of San Francisco has been revised. All of the changes summarized below are effective January 1, 2022.

1. Employee contributions for Anthem Blue Cross, Delta and VSP remain the same. Slight increase for the Kaiser HMO. Refer to the 2022 benefit guide for actual contributions. See Appendix A for monthly contributions.
2. Carrier Name Change – New York Life acquired Cigna. All welfare plans are now underwritten through New York Life.
3. New York Life Long Term Disability monthly maximum increased to \$20,000.
4. Flexible Spending Account and Cobra vendor changed from Basic Pacific to Benefit Resources.

Benefit Resources  
245 Kenneth Drive  
Rochester, NY 14623-4277  
(800)743-9595  
Benefitresource.com  
ParticipantServices@BenefitResource.com

5. Flexible Spending Account Maximums for 2022:  
Healthcare \$2750 and Dependent Care \$5000.
6. VSP Vision – Enhanced glasses benefit increased to \$150.
7. The salary bands (i.e. salary ranges) used to determine your share of the cost for medical remain the same for 2022. Refer to the 2022 benefit guide for the new salary bands. See Appendix B for the 2022 salary bands for medical premiums.

Please contact the Director of Employee Benefits (acting on behalf of the plan administrator, University of San Francisco), if you have questions regarding the information in this SMM. I can be reached as follows:

Phone: (415) 422-2442

E-mail: [benefits@office.usfca.edu](mailto:benefits@office.usfca.edu)

Address: 2130 Fulton Street, San Francisco, CA 94117

## FILING INSTRUCTIONS

Please keep this memorandum with your copy of the Plan's Summary Plan Description (SPD), as it explains important changes that may affect your benefits (please contact me if you need another copy of the SPD).

## ERISA INFORMATION

Plan Sponsor: University of San Francisco

Sponsor's EIN#: 27-0494101

Plan Name: University of San Francisco Welfare Benefit Plan

Plan Number: 501

Plan Year: 2022

## Appendix A: 2022 Monthly Contribution Rates

### Medical-Anthem Blue Cross (PPO)

Anthem Blue Cross—Employee Only				
Salary Band	Total Monthly Rates	Your Monthly Contribution <sup>1</sup>	Monthly USF Contribution	Monthly COBRA Rates
<\$63,440	\$1,178.61	\$47.00	\$1,131.61	\$1,202.18
\$63,441 - \$94,640	\$1,178.61	\$58.00	\$1,120.61	\$1,202.18
\$94,641 - \$126,880	\$1,178.61	\$68.00	\$1,110.61	\$1,202.18
\$126,881 - \$157,040	\$1,178.61	\$81.00	\$1,097.61	\$1,202.18
\$157,041 - \$189,280	\$1,178.61	\$115.00	\$1,063.61	\$1,202.18
\$189,281 +	\$1,178.61	\$138.00	\$1,040.61	\$1,202.18
Anthem Blue Cross—Employee Plus One				
<\$63,440	\$2,485.41	\$171.00	\$2,314.41	\$2,535.12
\$63,441 - \$94,640	\$2,485.41	\$219.00	\$2,266.41	\$2,535.12
\$94,641 - \$126,880	\$2,485.41	\$269.00	\$2,216.41	\$2,535.12
\$126,881 - \$157,040	\$2,485.41	\$292.00	\$2,193.41	\$2,535.12
\$157,041 - \$189,280	\$2,485.41	\$414.00	\$2,071.41	\$2,535.12
\$189,281 +	\$2,485.41	\$487.00	\$1,998.41	\$2,535.12
Anthem Blue Cross—Employee Plus Family				
<\$63,440	\$3,552.01	\$279.00	\$3,273.01	\$3,623.05
\$63,441 - \$94,640	\$3,552.01	\$350.00	\$3,202.01	\$3,623.05
\$94,641 - \$126,880	\$3,552.01	\$417.00	\$3,135.01	\$3,623.05
\$126,881 - \$157,040	\$3,552.01	\$481.00	\$3,071.01	\$3,623.05
\$157,041 - \$189,280	\$3,552.01	\$698.00	\$2,854.01	\$3,623.05
\$189,281 +	\$3,552.01	\$838.00	\$2,714.01	\$3,623.05

<sup>1</sup> Add \$75 to Your Monthly Contribution above if you cover a spouse/RDP who has health coverage available through their employer.

## Medical-Kaiser (HMO)

Kaiser-Employee Only				
Salary Band	Total Monthly Rates	Your Monthly Contribution <sup>1</sup>	Monthly USF Contribution	Monthly COBRA Rates
<\$63,440	\$689.41	\$42.00	\$647.41	\$703.20
\$63,441 - \$94,640	\$689.41	\$51.00	\$638.41	\$703.20
\$94,641 - \$126,880	\$689.41	\$57.00	\$632.41	\$703.20
\$126,881 - \$157,040	\$689.41	\$63.00	\$626.41	\$703.20
\$157,041 - \$189,280	\$689.41	\$82.00	\$607.41	\$703.20
\$189,281 +	\$689.41	\$102.00	\$587.41	\$703.20
Kaiser-Employee Plus One				
<\$63,440	\$1,378.82	\$167.00	\$1,211.82	\$1,406.40
\$63,441 - \$94,640	\$1,378.82	\$180.00	\$1,198.82	\$1,406.40
\$94,641 - \$126,880	\$1,378.82	\$207.00	\$1,171.82	\$1,406.40
\$126,881 - \$157,040	\$1,378.82	\$227.00	\$1,151.82	\$1,406.40
\$157,041 - \$189,280	\$1,378.82	\$317.00	\$1,062.82	\$1,406.40
\$189,281 +	\$1,378.82	\$385.00	\$993.82	\$1,406.40
Kaiser-Employee Plus Family				
<\$63,440	\$1,951.02	\$196.00	\$1,755.02	\$1,990.04
\$63,441 - \$94,640	\$1,951.02	\$235.00	\$1,716.02	\$1,990.04
\$94,641 - \$126,880	\$1,951.02	\$293.00	\$1,658.02	\$1,990.04
\$126,881 - \$157,040	\$1,951.02	\$337.00	\$1,614.02	\$1,990.04
\$157,041 - \$189,280	\$1,951.02	\$450.00	\$1,501.02	\$1,990.04
\$189,281 +	\$1,951.02	\$547.00	\$1,404.02	\$1,990.04

<sup>1</sup> Add \$75 to Your Monthly Contribution above if you cover a spouse/ROF who has health coverage available through their employer.

## Appendix B: 2022 Salary Bands for Medical Premiums

Salary Band
<\$63,440
\$63,441 - \$94,640
\$94,641 - \$126,880
\$126,881 - \$157,040
\$157,041 - \$189,280
\$189,281 +