2020 BENEFITS ENROLLMENT GUIDE

GET HELP GROWING YOUR BENEFITS KNOWLEDGE
Welcome to your 2020 benefits!

We are excited to present our NEW benefit plan offerings for 2020, and we sincerely hope that you take time to learn as much as possible about what is available for you and your family.

HIGHLIGHTS INCLUDE:

• A new medical plan with a Health Savings Account (HSA)
• New dental and vision options
• New Voluntary Benefits which provide reimbursement for out of pocket expenses in the event of an accident or critical illness

REMEMBER TO REFER TO THIS GUIDE YEAR-ROUND

Your 2020 Benefits Enrollment Guide should be used as a reference tool to help you get the most out of your plans and resources throughout the year.

Open Enrollment ................................................................. 3
New Hire Enrollment .......................................................... 4
Benefit Basics ................................................................. 5
Medical Overview ............................................................. 6
Finding In-Network Doctors ............................................... 7
Cigna’s Telehealth Connection Services ............................ 8
Save on Prescription Drugs .............................................. 9
Medical Plan Comparison .................................................. 10
Medical Plan Rates .......................................................... 11
Health Savings Account ................................................... 12
Supplementing Your
Medical Plan ..................................................................... 13
Dental ............................................................................. 14
Vision ............................................................................ 15
Flexible Spending Accounts ........................................... 16
Managing Your FSA ........................................................ 17
Benefits Provided at No Cost to You ................................ 18
Additional Life Insurance Options ................................. 19
Well-being and GMHEC ............................................... 20
Employee and Family Assistance Program .................... 21
My Secure Advantage .................................................... 22
Retirement Plans ............................................................ 23
2020 Benefit Contacts .................................................... 24
Open Enrollment

For current benefit-eligible employees, Annual Open Enrollment will take place November 1 through November 15, 2019.

THIS YEAR, WE ARE USING A PERSONALIZED ENROLLMENT PROCESS DESIGNED TO PROVIDE A GREAT EXPERIENCE FOR YOU.

To help you navigate your options, we are excited to be bringing in professional Benefit Counselors from our new partner, Hodges-Mace (an Alight company). Your Benefit Counselor will be well-versed in our benefit offerings and is experienced in making benefits information easier to understand.

Your Benefit Counselor will assist you in making the best 2020 benefit choices for you and your family.

PARTICIPATION IN ANNUAL OPEN ENROLLMENT IS MANDATORY FOR ALL BENEFIT-ELIGIBLE EMPLOYEES.

You MUST schedule an appointment and must speak with a Benefit Counselor to elect or waive benefits for the 2020 plan year. We are confident you will enjoy this simple enrollment process and appreciate the insights gained from your meeting with a Benefit Counselor.

This is a great opportunity for you to review and consider all of the benefits we offer to you and your family. Best of all, you will have the chance to ask specific questions, get detailed answers, and enroll in your benefits.

WHAT HAPPENS IF I DON’T TAKE ACTION?

If you don’t speak with a Benefit Counselor or enroll on your own, you’ll be defaulted into your 2019 elections for medical and dental and the low vision plan, and you will not have a Flexible Spending Account in 2020. Voluntary Life and AD&D will continue at 2019 levels (unless age reduction applies).

MAKE AN APPOINTMENT

Benefits Counselors are available by appointment during the Open Enrollment window. If you have not done so already, visit http://Middlebury.myannualenrollment.com to reserve your appointment with a counselor.

Follow these steps for a successful enrollment

1. Read through this Benefit Guide to get familiar with the many benefits that are available to you and your family. While you’re at it, write down questions you have for the counselor.

2. Decide on your beneficiaries. Some of our benefits require you to provide beneficiary information. Be sure to have full names and dates of birth.

3. Enroll! Attend your pre-scheduled meeting and lock in your choices for 2020 benefits.

   The plans you enroll in will be effective January 1 through December 31, 2020.
New Hire Enrollment

FOLLOW THESE STEPS IF YOU BECOME ELIGIBLE FOR BENEFITS ON OR AFTER JANUARY 1, 2020.

YOU HAVE 30 DAYS FROM YOUR DATE OF ELIGIBILITY TO COMPLETE YOUR ENROLLMENT ONLINE

Don’t wait to enroll! Your benefits go into effect on the first of the month coincident with or next following your employment, or your classification as an Eligible Employee.

FOLLOW THE STEP BELOW TO ENROLL IN SMARTBEN

LOG IN

- Go to www.smartben.com
- **User name**: The letters MD plus your employee ID. For example: MD12345678.
- **Password**: Your birthdate in this format: MMDDYYYY. So if your birthday is October 18, 1973, you would enter 10181973.

BEGIN ENROLLMENT

- From the home page, click **Begin Enrollment**, then choose **New Hire Enrollment**.

UPDATE DEPENDENTS & BENEFICIARIES

- Use **Manage People** to review/add your dependents, Social Security numbers and beneficiary information.

ENROLL

- Click **Manage Benefits** to continue through the enrollment process.
- To make an election, select the benefit and the dependents you wish to cover on that plan. Click **Continue** to confirm your benefit election.
- Once your elections are complete, each benefit will have a green light next to it. To proceed to the next step, click the button labeled **Elect & Continue**.

REVIEW & CONFIRM ENROLLMENT

- Review your elections thoroughly. Check to make sure all benefit elections, covered dependents, and beneficiaries are correct.
- To confirm, enter your initials at the bottom of the confirmation page and click **Continue**.
Benefit Basics

ELIGIBILITY

**Employees**
You are eligible to participate on the first day of the month coincident with or next following your employment, or your classification as an Eligible Employee.

**Dependents**
Your legally married spouse or domestic partner and/or any biological, adopted, foster or stepchildren, children of a domestic partner, or any child for whom you are court appointed as legal guardian (up to age 26).

For information on domestic partner eligibility, [click here](#).

KEY TERMS TO KNOW

- **Deductibles** are the amount you pay for covered health care services before your insurance plan starts to pay.
- **Copayments** (copays) are the fixed dollar amounts (for example, $15) you pay for covered health care, typically at the time of service.
- **Coinsurance** is the percentage of costs of a covered health care service that you pay (20%, for example) after you’ve paid your deductible.
- **Generic drugs** contain the same active ingredients as brand-name drugs, but generally are less expensive.
- **Preferred brand drugs** are brand-name drugs that are listed on the plan’s preferred list of prescription drugs.
- **Non-preferred brand drugs** are brand-name drugs that are not included listed on the plan’s preferred list of prescription drugs. These may not be covered under the plan.
- **Specialty drugs** are used to treat certain complex health problems. These drugs tend to be very expensive.

A **Preferred Provider Organization (PPO)** plan provides coverage to participants through a network of selected health care providers (such as hospitals and physicians). The enrollees may go outside the network, but would incur larger costs.

A **High Deductible Health Plan (HDHP)** combines traditional medical coverage and a tax-advantaged **Health Savings Account (HSA)** to help save for future medical expenses.

WHEN CAN YOU MAKE CHANGES TO BENEFITS?

Generally, changes are only allowed under the following circumstances.

**Annual Open Enrollment Period**
Once a year we conduct an Annual Open Enrollment (usually in the fall). During this time, you can add or drop benefit plans, enroll in a FSA or HSA, and add or remove dependents from your coverage for the coming plan year.

**Qualifying Life Events (QLEs) / Change in Family Status**
Outside of Annual Open Enrollment, you may change your benefit elections during the year only if you experience a Qualifying Life Event. Below are examples of life events that may allow you to make a change.
Medical Overview

Middlebury College offers employees the choice of two medical plans through Cigna: the PPO Plan and the Panther Plan – HDHP with HSA. Both of our medical plans include 100% coverage for preventive care services in the Cigna Network. See below for an overview of how the plans work and refer to the comparison chart on page 11 to see how certain common and minimum essential services are covered.

**HOW THE PPO PLAN WORKS**

Does not come with a college-funded Health Savings Account.

You pay nothing for **in-network** preventive care for you and your family.

Certain medical services (like office visits) are not subject to the plan’s deductible and prescriptions are covered with a flat copay.

Cigna’s Telehealth Connection is covered at a low cost per visit.

Other medical services (like hospital stays) are covered at 80% after the plan’s deductible has been met.

After the plan’s deductible has been met, eligible medical expenses are covered at 80%.

If your out-of-pocket costs reach the annual maximum, the plan pays 100% for eligible care the remainder of the plan year.

**HOW THE PANTHER PLAN HDHP WITH HSA WORKS**

Comes with a college-funded Health Savings Account. For 2020 we’ll contribute $1,000* for individual coverage or $2,000* for all other tiers.

You pay nothing for **in-network** preventive care for you and your family.

You pay 100% for your non-preventive medical care and prescriptions until the plan’s deductible is met. You can use your HSA funds to pay these expenses.

Cigna’s Telehealth Connection is covered at a low cost per visit.

After the plan’s deductible has been met, eligible in-network medical expenses are covered at 80% in network or 70% out of network.

If your out-of-pocket costs reach the annual maximum, the plan pays 100% for eligible care the remainder of the plan year.

*The standard HSA contribution is 50% of the plan deductible: $1,000 for Employee Only and $2,000 for 2-Person/Family.

As a special one-time incentive during 2020 Open Enrollment, employees enrolling in the HDHP plan with HSA will be eligible for additional $400 for Employee Only coverage and $600 for 2-Person/Family coverage.
Finding In-Network Doctors

Is your doctor, dentist or hospital in the Cigna network? Cigna’s online directory makes it easy to find who (or what) you’re looking for.

HOW TO SEARCH CIGNA’S NETWORK

1. If you’re already a Cigna customer, log in to myCigna.com or the myCigna app to search your current network.
   If you are not a current customer, or would like to search other networks, go to cigna.com, and click on “Find a Doctor” at the top of the screen. Then, under “Not a Cigna Customer Yet?” select “Plans through your employer or school.”

2. Enter the location in which you want to search.

3. Optional – Select one of the plans offered by the college.

4. Type in who or what you are looking for. Or browse the A-to-Z glossary of providers and procedures or keywords option.

VISIT WWW.CIGNA.COM TO FIND A NETWORK PROVIDER NEAR YOU!

CIGNA’S WITH YOU, WHEREVER YOU ARE

myCigna Mobile App

Download the myCigna mobile app and get access to your medical benefits info from anywhere...any time! The myCigna app uses one-touch access, making it easy for you to personalize, organize, and access your health information on the go. Use it to:

• Get a digital ID card
• Track your claims and deductible
• Get answers to frequently asked questions
• View a snapshot of your benefits

Download the MyCigna app in the App Store or Google Play!
Cigna’s Telehealth Connection Services

INCLUDED WITH ALL MEDICAL PLAN OPTIONS

Our medical plans include access to Cigna’s Telehealth Connection services. You can interact with in-network, U.S. board certified physicians 24 hours a day/365 days a year via secure video chat or phone. No need to leave your home or office ... and no appointment is necessary!

Cigna’s Telehealth Connection is for use within the United States.

A SMART AND AFFORDABLE CHOICE FOR QUICK CARE

Using Cigna’s Telehealth Connection can help get you the doctor visit and prescription you need, while also saving you time and money.

It’s a great tool for when:

• You are traveling within the United States
• Your dependent is traveling or away at school
• You need help after hours or on the weekend
• Anytime you can’t get in to see your regular provider

Some of the most common uses include:

• Cold and flu symptoms such as cough, fever, earaches, and headaches
• Allergies and sinus infections
• Fever
• Bladder infections, UTIs

IT’S SIMPLE TO USE

1. Download the MyCigna app
2. Log in with your Cigna username and password
3. Tap “Find Care” at the bottom of your screen
4. Tap Cigna Telehealth Connection, then choose MDLive or AmWell

GO AHEAD AND SIGN UP TODAY!

No one plans to get sick ... it seems to happen out of nowhere! That’s why we highly encourage you to download the MyCigna app now, before you need it, and get signed in so that when you need to use the Telehealth Connection services, all you need to do is connect through the app.
Save on Prescription Drugs

ARE YOU ON A MAINTENANCE MEDICATION? YOU CAN SAVE MONEY WITH CIGNA’S MAIL ORDER PROGRAM

Your plan includes a mail order option that allows you to fill your maintenance medications in a 90-day supply which results in savings and fewer trips to the pharmacy.

Benefits of Home Delivery

Prefer to have your medications delivered to your door? Then Cigna Home Delivery Pharmacy will deliver maintenance medication to you at the location of your choice. Standard shipping is always free.

- **24/7 ACCESS TO LICENSED PHARMACISTS.** If you have a medication question, you can talk with a pharmacist anytime, day or night.
- **CONVENIENT DELIVERY.** We provide free standard delivery right to your home or work address within the United States. Your medication is shipped in packaging that protects your privacy and is designed to stand up to harsh weather.
- **EASY REFILLS.** Fill up to a 90-day supply of your medication at one time, so you fill less often.
- **REFILL REMINDERS.** You can sign up to get free refill reminders by email or text to help make sure you don’t miss a dose.
- **ORDER ONLINE.** You can refill your medication and track your orders on the myCigna website or through the mobile app.

For more information, please call Customer Service at 800.244.6224, or visit www.Cigna.com/home-delivery-pharmacy or mycigna.com.

CIGNA 90 NOW

In certain areas, Cigna offers another maintenance medication program called Cigna 90 Now for drugs taken to treat an ongoing health condition. You can pick up a 90-day supply of your medication at a participating pharmacy. These are typically chain pharmacies like Walmart and CVS.

- To fill a 90-day supply in person, you must use a 90-day retail pharmacy in the plan’s network.

To find a participating pharmacy:

1. Log on to mycigna.com.
2. Click on Prescriptions > Find a Pharmacy at the top of the page.
3. Click More Options > Pharmacy Features
4. Check the box next to “90-Day Network Pharmacy,” then click Apply to review results.

Please note: the drug list may vary between the PPO Plan and the Panther Plan. Please refer to drug list on mycigna.com or call Customer Service at 800.244.6224.
## Medical Plan Comparison

### CIGNA MEDICAL PLANS

<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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</thead>
<tbody>
<tr>
<td><strong>PPO PLAN</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Calendar Year deductible – (how much you pay out of pocket before the plan pays)</td>
<td>Individual: $300</td>
<td>Individual: $300</td>
<td>Individual: $2,000</td>
<td>Individual: $4,000</td>
</tr>
<tr>
<td></td>
<td>Individual + 1: $600</td>
<td>Individual + 1: $600</td>
<td>Family: $900</td>
<td>Family: $4,000</td>
</tr>
<tr>
<td></td>
<td>Family: $900</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Medical Coinsurance (% you pay for services)</td>
<td>20% after deductible</td>
<td>20% after deductible</td>
<td>20% after deductible</td>
<td>30% after deductible</td>
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<tr>
<td>Medical Out-of-Pocket Maximum</td>
<td>Individual: $1,100</td>
<td>Individual: $1,100</td>
<td>Individual: $3,000</td>
<td>Individual: $6,000</td>
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<tr>
<td></td>
<td>Individual + 1: $2,200</td>
<td>Individual + 1: $2,200</td>
<td>Family: $3,300</td>
<td>Family: $12,000</td>
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<tr>
<td>Prescription Out-of-Pocket Maximum</td>
<td>Individual: $600</td>
<td>Individual: $600</td>
<td>Included with medical Out-of-Pocket Maximum</td>
<td></td>
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<tr>
<td></td>
<td>Individual + 1: $1,200</td>
<td>Individual + 1: $1,200</td>
<td>Family: $1,800</td>
<td>Included with medical Out-of-Pocket Maximum</td>
</tr>
<tr>
<td></td>
<td>Family: $1,800</td>
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</tr>
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</table>

### PANTHER PLAN: HDHP WITH HSA

<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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</thead>
<tbody>
<tr>
<td></td>
<td></td>
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<td></td>
<td></td>
</tr>
<tr>
<td><strong>WHAT YOU PAY FOR SERVICES</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Preventive Care</td>
<td>$0; Plan pays 100%</td>
<td>$0; Plan pays 100%</td>
<td>$0; Plan pays 100%</td>
<td>30% after deductible</td>
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<tr>
<td>Primary Care Physician (PCP) Visit</td>
<td>20%, deductible does not apply</td>
<td>20%, deductible does not apply</td>
<td>20% after deductible</td>
<td>30% after deductible</td>
</tr>
<tr>
<td>Specialist Visit</td>
<td>20%, deductible does not apply</td>
<td>20%, deductible does not apply</td>
<td>20% after deductible</td>
<td>30% after deductible</td>
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<tr>
<td>Urgent Care</td>
<td>20%, deductible does not apply</td>
<td>20%, deductible does not apply</td>
<td>20% after deductible</td>
<td>30% after deductible</td>
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<tr>
<td>Hospitalization</td>
<td>20% after deductible</td>
<td>20% after deductible</td>
<td>20% after deductible</td>
<td>30% after deductible</td>
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<tr>
<td>Outpatient Mental Health/Substance Abuse</td>
<td>20%, deductible does not apply</td>
<td>20%, deductible does not apply</td>
<td>20% after deductible</td>
<td>30% after deductible</td>
</tr>
<tr>
<td>Inpatient Mental Health/Substance Abuse</td>
<td>20% after deductible</td>
<td>20% after deductible</td>
<td>20% after deductible</td>
<td>30% after deductible</td>
</tr>
<tr>
<td>Emergency Room</td>
<td>20% after deductible</td>
<td>20% after deductible</td>
<td>20% after deductible</td>
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### PRESCRIPTION DRUG COVERAGE

<table>
<thead>
<tr>
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<th>RETAIL PHARMACY (30-DAY SUPPLY)</th>
<th>MAIL ORDER (90-DAY SUPPLY)</th>
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<tr>
<td></td>
<td>Generic</td>
<td>Preferred Brand</td>
</tr>
<tr>
<td></td>
<td>$10 copay</td>
<td>$25 copay</td>
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<tr>
<td></td>
<td>Non-Preferred Brand</td>
<td>$40 copay</td>
</tr>
<tr>
<td></td>
<td>10% after deductible</td>
<td>30% after deductible</td>
</tr>
<tr>
<td></td>
<td>40% after deductible</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Preferred Brand</td>
<td>Non-Preferred Brand</td>
</tr>
<tr>
<td></td>
<td>$20 copay</td>
<td>$80 copay</td>
</tr>
<tr>
<td></td>
<td>10% after deductible</td>
<td>30% after deductible</td>
</tr>
<tr>
<td></td>
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</tbody>
</table>

**CONTENTS**

**CONTACTS**
# Medical Plan Rates

## PPO PLAN PREMIUMS

<table>
<thead>
<tr>
<th>Total Cost...</th>
<th>Per Year</th>
<th>Per Month</th>
<th>Per Pay Period</th>
</tr>
</thead>
<tbody>
<tr>
<td>Single</td>
<td>$10,596.78</td>
<td>$883.06</td>
<td>$407.57</td>
</tr>
<tr>
<td>2-Person</td>
<td>$21,179.59</td>
<td>$1,764.97</td>
<td>$814.60</td>
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<tr>
<td>Family</td>
<td>$29,654.03</td>
<td>$2,471.17</td>
<td>$1,140.54</td>
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<tr>
<td>2 EE Couple (each)</td>
<td>$14,827.08</td>
<td>$1,235.59</td>
<td>$570.27</td>
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## PANTHER HDHP WITH HSA PREMIUMS

<table>
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<th>Total Cost...</th>
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<th>Per Month</th>
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<td>2-Person</td>
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<td>Family</td>
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<td>2 EE Couple (each)</td>
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## PPO PLAN EMPLOYEE CONTRIBUTIONS

### BI-WEEKLY EMPLOYEE CONTRIBUTION RATES BY SALARY TIER (MIDDLEBURY COLLEGE PAYROLL ONLY)

<table>
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<tr>
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<th>Family</th>
<th>2 Employee Couple (each)</th>
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<td>$20Ks</td>
<td>$25.34</td>
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<td>$100Ks</td>
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## PANTHER PLAN EMPLOYEE CONTRIBUTIONS

### % OF INCOME – MIDDLEBURY AND MIIS

<table>
<thead>
<tr>
<th>Salary Tier</th>
<th>Single</th>
<th>2 Person</th>
<th>Family</th>
<th>2 Employee Couple (each)</th>
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<tbody>
<tr>
<td>$20Ks</td>
<td>2.75%</td>
<td>5.50%</td>
<td>7.70%</td>
<td>3.85%</td>
</tr>
<tr>
<td>$30Ks</td>
<td>2.50%</td>
<td>5.00%</td>
<td>7.00%</td>
<td>3.50%</td>
</tr>
</tbody>
</table>

## ANNUAL EMPLOYEE CONTRIBUTION CEILING

<table>
<thead>
<tr>
<th>Salary Tier</th>
<th>Single</th>
<th>2-Person</th>
<th>Family</th>
<th>2 Employee Couple (each)</th>
</tr>
</thead>
<tbody>
<tr>
<td>$20Ks</td>
<td>$4,768.55</td>
<td>$9,530.81</td>
<td>$13,344.31</td>
<td>$6,672.19</td>
</tr>
<tr>
<td>$30Ks</td>
<td>$7,815.27</td>
<td>$10,942.34</td>
<td>$5,471.19</td>
<td>$3,910.21</td>
</tr>
</tbody>
</table>
A Health Savings Account, commonly known as an “HSA,” is an individual account you can open, add money to, and spend on eligible health care expenses. The money contributed will include a generous employer contribution; you can maximize your savings by contributing your own money, too.

**HSA BASICS**

An HSA is unique because money used for eligible expenses is not taxed, investment earnings are not taxed, money spent on eligible expenses is not taxed, and the money rolls over year to year. You own the account and you control how money is spent. Contributions can be made with pre-tax dollars via payroll deduction or using post-tax dollars, allowing you to claim a deduction on your tax return.

**SETTING UP YOUR HSA**

If you are eligible for an HSA Account (by electing the Panther HDHP with HSA medical option), you will receive a Welcome Kit at your home address with registration information. We partner with Health Equity to administer our employees’ Health Savings Accounts. It is important to get your HSA set up as quickly as possible. Money cannot be deposited until the account is set up.

**ADDING MONEY**

The IRS sets the annual dollar maximum that can be made to an HSA depending on your HDHP coverage level. Coverage of two or more people is considered family coverage. People who are age 55 or older can make additional catch-up contributions.

### IF YOU ENROLL IN THE 2020 HDHP WITH HSA PLAN DURING OPEN ENROLLMENT (FALL 2019)

<table>
<thead>
<tr>
<th></th>
<th>TOTAL IRS LIMIT</th>
<th>EMPLOYER CONTRIBUTION</th>
<th>YOU CAN CONTRIBUTE</th>
</tr>
</thead>
<tbody>
<tr>
<td>Employee Only</td>
<td>$3,550</td>
<td>$1,400</td>
<td>$2,150</td>
</tr>
<tr>
<td>Family</td>
<td>$7,100</td>
<td>$2,600</td>
<td>$4,500</td>
</tr>
<tr>
<td>55+ Catch Up</td>
<td>$1,000</td>
<td>N/A</td>
<td>$1,000</td>
</tr>
</tbody>
</table>

### IF YOU ENROLL IN THE 2020 HDHP WITH HSA PLAN AS A NEW HIRE IN 2020

<table>
<thead>
<tr>
<th></th>
<th>TOTAL IRS LIMIT</th>
<th>EMPLOYER CONTRIBUTION</th>
<th>YOU CAN CONTRIBUTE</th>
</tr>
</thead>
<tbody>
<tr>
<td>Employee Only</td>
<td>$3,550</td>
<td>$1,000</td>
<td>$2,550</td>
</tr>
<tr>
<td>Family</td>
<td>$7,100</td>
<td>$2,000</td>
<td>$5,100</td>
</tr>
<tr>
<td>55+ Catch Up</td>
<td>$1,000</td>
<td>N/A</td>
<td>$1,000</td>
</tr>
</tbody>
</table>

**USING HSA MONEY**

HSA money can be used tax-free for any eligible health care expenses. If you pay out of pocket for an eligible medical expense, you can reimburse yourself for the expense from your HSA.

Once you turn age 65, you may use your HSA money for any expense, medical or not, but you will pay income taxes on those non-medical expenses.

**Distributions made for any non-qualified medical expenses are subject to income tax and a 20% penalty. The 20% penalty is waived in the case of death or disability or once the account owner reaches age 65.**

**MANAGE YOUR ACCOUNT ONLINE**

At my.healthequity.com, you can:

- Check your account balances
- Make payments to providers
- Transfer funds to your personal checking account

**Eligibility**

- You must be covered under a high deductible health plan (HDHP).
- You have no other health coverage except what is permitted under Other Health Coverage (See Publication 969 located at www.irs.gov).
- You haven’t used the VA (See Publication 969 located at www.irs.gov).
- You cannot be claimed as a dependent on someone else’s tax return.

**Eligible Expenses**

The money in your HSA is intended to be used for eligible medical, dental, vision, and prescription drug expenses. If you use money for a dental, vision or medical expense that is not covered by the medical plan, it is important you understand your medical plan deductible will still need to be met if an expense is incurred.
Supplementing Your Medical Plan

Our medical plans provide great coverage for your health needs, but an unexpected injury or illness can mean unexpected bills that you didn’t necessarily budget for. That’s where these new voluntary plans come in. If you experience a covered condition, you’ll receive a cash reimbursement benefit to help offset your out of pocket expenses.

**CRITICAL ILLNESS INSURANCE**

If serious illness strikes, Unum’s Critical Illness Insurance provides cash to help with the extra expenses associated with your recovery. If you elect this coverage and are diagnosed with a covered illness, you get a lump-sum cash reimbursement benefit — even if you receive benefits from other insurance.

**Coverage Amounts**

- **Employee** – $5,000 to $50,000
- **Child** – All eligible children are automatically covered at 50% of the employee benefit amount (no additional cost)
- **Spouse** – $5,000 to $30,000 (must also purchase employee coverage)

**Covered illnesses include (but are not limited to):**

- Heart Attack
- End Stage Renal (Kidney) Failure
- Stroke
- Coronary Artery Bypass Surgery
- Major Organ Transplant
- Cancer and Carcinoma in Situ
- Benign brain tumor
- Blindness

**Wellness Benefit**

You can receive a wellness benefit of $50 per calendar year per person covered under your Critical Illness plan if a covered health screening test is performed. Contact Unum at **866.679.3054** to inquire about claiming your wellness benefit.

**ACCIDENT INSURANCE**

The Accident Insurance plan provides benefits to help cover the costs and out-of-pocket expenses associated with recovering from an accident. When a covered accident occurs, the last thing you should have to worry about is paying for the charges that may be accumulating while you’re not at work.

If you buy this insurance through Unum and get hurt in a covered accident, they send you a reimbursement check for covered injuries and let you decide the best way to spend it.

**Examples of Covered Injuries**

- Broken bones
- Burns
- Torn ligaments
- Concussions
- Eye injuries
- Ruptured discs
- Lacerations

**MONTHLY PREMIUM**

<table>
<thead>
<tr>
<th>TIER</th>
<th>RATE</th>
</tr>
</thead>
<tbody>
<tr>
<td>Employee Only</td>
<td>$14.66</td>
</tr>
<tr>
<td>Employee + Spouse</td>
<td>$23.71</td>
</tr>
<tr>
<td>Employee + Child</td>
<td>$27.37</td>
</tr>
<tr>
<td>Employee + Family</td>
<td>$36.42</td>
</tr>
</tbody>
</table>

**MONTHLY RATES PER $1,000**

<table>
<thead>
<tr>
<th>ISSUE AGE</th>
<th>WITH CANCER RIDER</th>
<th>NO CANCER RIDER</th>
</tr>
</thead>
<tbody>
<tr>
<td>&lt;25</td>
<td>$0.46</td>
<td>$0.27</td>
</tr>
<tr>
<td>25-29</td>
<td>$0.52</td>
<td>$0.28</td>
</tr>
<tr>
<td>30-34</td>
<td>$0.76</td>
<td>$0.40</td>
</tr>
<tr>
<td>35-39</td>
<td>$1.05</td>
<td>$0.54</td>
</tr>
<tr>
<td>40-44</td>
<td>$1.51</td>
<td>$0.78</td>
</tr>
<tr>
<td>45-49</td>
<td>$2.08</td>
<td>$1.02</td>
</tr>
<tr>
<td>50-54</td>
<td>$2.75</td>
<td>$1.32</td>
</tr>
<tr>
<td>55-59</td>
<td>$3.59</td>
<td>$1.70</td>
</tr>
<tr>
<td>60-64</td>
<td>$4.50</td>
<td>$2.17</td>
</tr>
<tr>
<td>65-69</td>
<td>$4.96</td>
<td>$2.48</td>
</tr>
<tr>
<td>70+</td>
<td>$8.64</td>
<td>$4.65</td>
</tr>
</tbody>
</table>
Effective January 1, 2020, we offer two dental plans through Cigna. You’ll see from the chart below, there are differences in coverage, so it’s important you choose the plan that is right for your needs. Look at the factors such as the amount you pay for coverage, annual deductible, annual maximum, and your out-of-pocket costs on services.

**SAVE MONEY IN THE NETWORK**

Although Cigna allows you to visit any provider you would like, staying in the Cigna network will provide you with highest level of benefits. Non-network providers are allowed to balance bill you for any amount above what Cigna considers “Usual and Customary.” Visit mycigna.com or log on to the myCigna mobile app to see who is in the network.

<table>
<thead>
<tr>
<th></th>
<th>CURRENT PPO PLAN*</th>
<th>NEW LOW PLAN*</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>In-Network</td>
<td>In-Network</td>
</tr>
<tr>
<td><strong>Deductible (Single/Family)</strong></td>
<td>$25 per person</td>
<td>$100/$300</td>
</tr>
<tr>
<td><strong>Calendar Year Benefits Maximum</strong></td>
<td>$2,000 per person</td>
<td>$1,250 per person</td>
</tr>
<tr>
<td><strong>Preventive Services (2 per year, 6 months apart)</strong></td>
<td>Covered 100%, no deductible</td>
<td>Covered 100%, no deductible</td>
</tr>
<tr>
<td><strong>Basic Services</strong></td>
<td>Covered 80% after deductible</td>
<td>Covered 50% after deductible</td>
</tr>
<tr>
<td><strong>Major Services</strong></td>
<td>Covered 80% after deductible</td>
<td>Covered 50% after deductible</td>
</tr>
<tr>
<td><strong>Dental Implants</strong></td>
<td>Covered 80% after deductible</td>
<td>Covered 50% after deductible</td>
</tr>
</tbody>
</table>
| **Orthodontics** | Covered 80% after deductible | Covered 50%, no deductible  
Coverage for employee and all dependents | Covered 50%, no deductible  
Coverage for dependent children to age 19 |
| **Orthodontics Lifetime Maximum (Plan pays)** | $2,000 per person | $1,250 per child |

*For services provided by a non-network dentist, Cigna Dental will reimburse according to the allowed amount. The dentist may balance bill up to their usual fees.

<table>
<thead>
<tr>
<th>Coverage Tier</th>
<th>Total Cost Per Year</th>
<th>Total Cost Per Month</th>
<th>Total Cost Per Pay Period</th>
<th>Your Cost Per Pay Period</th>
</tr>
</thead>
<tbody>
<tr>
<td>Single</td>
<td>$656.64</td>
<td>$54.72</td>
<td>$25.26</td>
<td>$4.00</td>
</tr>
<tr>
<td>2-Person</td>
<td>$1,325.64</td>
<td>$110.47</td>
<td>$50.99</td>
<td>$18.18</td>
</tr>
<tr>
<td>Family</td>
<td>$1,858.32</td>
<td>$154.86</td>
<td>$71.47</td>
<td>$26.51</td>
</tr>
<tr>
<td>2 EE Couple (each)</td>
<td>$929.16</td>
<td>$77.43</td>
<td>$35.74</td>
<td>$7.15</td>
</tr>
</tbody>
</table>

**DENTAL LOW PLAN PREMIUMS**

<table>
<thead>
<tr>
<th>Coverage Tier</th>
<th>Total Cost Per Year</th>
<th>Total Cost Per Month</th>
<th>Total Cost Per Pay Period</th>
<th>Your Cost Per Pay Period</th>
</tr>
</thead>
<tbody>
<tr>
<td>Single</td>
<td>$459.60</td>
<td>$38.30</td>
<td>$17.68</td>
<td>$2.75</td>
</tr>
<tr>
<td>2-Person</td>
<td>$927.96</td>
<td>$77.33</td>
<td>$35.69</td>
<td>$13.25</td>
</tr>
<tr>
<td>Family</td>
<td>$1,300.80</td>
<td>$108.40</td>
<td>$50.03</td>
<td>$18.50</td>
</tr>
<tr>
<td>2 EE Couple (each)</td>
<td>$650.40</td>
<td>$54.20</td>
<td>$25.02</td>
<td>$5.30</td>
</tr>
</tbody>
</table>
You have a choice between two vision plan options, both provided by Vision Service Plan (VSP). There is a Base Plan and an Enhanced Plan with additional benefits. Review the plans and choose which works best for you.

**SAVE MONEY IN THE NETWORK**
Remember, you’ll save on eyewear and eye care when you see a VSP network doctor. Plus, take advantage of Exclusive Member Extras for additional savings. To learn what doctors are in your network, call 800.877.7195 or visit vsp.com.

### VSP VISION PLANS

<table>
<thead>
<tr>
<th>IN-NETWORK BENEFITS</th>
<th>VSP BASE PLAN</th>
<th>VSP ENHANCED PLAN</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>WellVision Exam</strong></td>
<td>$15 for exam and glasses</td>
<td>Every calendar year</td>
</tr>
<tr>
<td><strong>FRAMES</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>(Plus up to 20% discount on balance after allowance is exhausted)</td>
<td>Covered by exam copay; $150 frame allowance</td>
<td>Every other calendar year</td>
</tr>
<tr>
<td><strong>LENSES</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Single vision, lined bifocal, and lined trifocal lenses</td>
<td>Covered by exam copay</td>
<td>Every calendar year</td>
</tr>
<tr>
<td><strong>CONTACT LENSES (IN LIEU OF EYEGLASSES)</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Elective</td>
<td>$60 copay for contacts fitting and evaluation; $150 allowance for contacts</td>
<td>Every calendar year</td>
</tr>
</tbody>
</table>

**EXTRA SAVINGS**

- **Glasses and Sunglasses**: Extra $20 to spend on featured frame brands. Go to vsp.com/offers for details. 30% savings on additional glasses and sunglasses, including lens enhancements, from the same VSP provider on the same day as your WellVision Exam.
- **Retinal Screening**: No more than a $39 copay on routine retinal screening as an enhancement to a WellVision Exam.
- **Laser Vision Correction**: Average 15% off the regular price or 5% off the promotional price; discounts only available from contracted facilities.

### BASE PLAN PREMIUMS

<table>
<thead>
<tr>
<th>Coverage Tier</th>
<th>Total Cost Per Year</th>
<th>Total Cost Per Month</th>
<th>Total Cost Per Pay Period</th>
<th>Your Cost Per Pay Period</th>
</tr>
</thead>
<tbody>
<tr>
<td>Single</td>
<td>$98.64</td>
<td>$8.22</td>
<td>$3.79</td>
<td>$0.76</td>
</tr>
<tr>
<td>2-Person</td>
<td>$197.04</td>
<td>$16.42</td>
<td>$7.58</td>
<td>$3.79</td>
</tr>
<tr>
<td>Family</td>
<td>$317.52</td>
<td>$26.46</td>
<td>$12.21</td>
<td>$6.11</td>
</tr>
<tr>
<td>2 EE Couple (each)</td>
<td>$158.76</td>
<td>$13.23</td>
<td>$6.11</td>
<td>$1.95</td>
</tr>
</tbody>
</table>

### ENHANCED PLAN PREMIUMS

<table>
<thead>
<tr>
<th>Coverage Tier</th>
<th>Total Cost Per Year</th>
<th>Total Cost Per Month</th>
<th>Total Cost Per Pay Period</th>
<th>Your Cost Per Pay Period</th>
</tr>
</thead>
<tbody>
<tr>
<td>Single</td>
<td>$159.00</td>
<td>$13.25</td>
<td>$6.12</td>
<td>$1.22</td>
</tr>
<tr>
<td>2-Person</td>
<td>$317.76</td>
<td>$26.48</td>
<td>$12.22</td>
<td>$6.11</td>
</tr>
<tr>
<td>Family</td>
<td>$512.28</td>
<td>$42.69</td>
<td>$19.70</td>
<td>$9.85</td>
</tr>
<tr>
<td>2 EE Couple (each)</td>
<td>$256.14</td>
<td>$21.35</td>
<td>$9.85</td>
<td>$3.15</td>
</tr>
</tbody>
</table>
HEALTHCARE FSA
A Flexible Spending Account (FSA) allows you to set aside money from your paycheck before income taxes are withheld. This money is available to pay for eligible medical, dental, and vision expenses, such as copayments, deductibles, eyeglasses, contact lenses and other health-related expenses that are not reimbursed by insurance.

If you or your spouse are enrolled in a High Deductible Health Plan with a Health Savings Account, you are not eligible to enroll in the regular Healthcare FSA but you can instead elect a Limited Purpose FSA, as described below.

How It Works
You decide how much to contribute to your Health Care FSA each year, up to the IRS maximum. For 2019, the maximum was $2,700, expected to increase to $2,750 in 2020 (subject to IRS approval). Your annual election will be divided by the number of pay periods and deducted evenly on a pre-tax basis from each paycheck throughout the plan year.

$500 Rollover Feature
After December 31, 2020, any unused Health Care FSA funds up to $500 can roll over to the next plan year. Funds in excess of $500 will be forfeited.

LIMITED PURPOSE FSA (HDHP PARTICIPANTS ONLY)
If you are enrolled in a High Deductible Health Plan, you may enroll in a Limited Purpose FSA. You would use these funds to pay for eligible dental and vision expenses, preserving the money in your HSA for medical expenses. The Limited Purpose FSA is subject to the same rules as the Health Care FSA, including IRS contribution limits and the $500 rollover feature.

DEPENDENT CARE FSA
The Dependent Care FSA allows you to set aside money from your paycheck on a pre-tax basis for daycare expenses to allow you and your spouse to work or attend school full-time. Eligible dependents are your tax dependent children under 13 years of age or a child over 13, spouse or elderly parent residing in your home, who is physically or mentally unable to care for himself or herself.

How Much Can I Contribute to a Dependent Care FSA?
Under the Dependent Care FSA, if you are married and file a joint return, or if you file a single or head of household return, the annual IRS limit is $5,000. If you are married and file separate returns, you can each elect $2,500 for the plan year. You and your spouse must be employed or your spouse must be a full-time student to be eligible to participate in the Dependent Care FSA.

Eligible Expenses
Some examples of eligible Dependent care Expenses include day care facility fees, before and after-school care, in-home babysitting fees (income must be reported by your care provider on their tax return), and elder care.

Things to Consider Before You Contribute to A Dependent Care FSA
• Be sure to fund the account wisely. Due to the favorable tax treatment of FSAs, the IRS requires that you forfeit any unused balance in the Dependent Care FSA after December 31, 2020.
• You cannot take income tax deductions for expenses you pay with your Dependent Care FSA.
• You cannot stop or change contributions to your Dependent Care FSA during the year unless you have a change in status consistent with your change in contributions.

CLAIMS REIMBURSEMENT
You can access your FSA funds through the plan administrator’s website at mycafeteriaplan.com. Learn more about managing your account on page 17.
Managing Your FSA

ACCESS YOUR FUNDS WITH THE FLEX CARD

The “Flex Card” is a debit card issued by Visa. It can be used to access funds in your Health Care and Dependent Care Flexible Spending Accounts.

Every participant in the FSA plan will be issued a blue Flex Card. By allowing immediate access to funds in your FSA, your Flex Card helps with cash flow. Click [here](#) to learn more about the Flex Card.

**REMEMBER:** FSA claims need to be substantiated and therefore you should save all receipts from Flex Card transactions.

If you choose not to use the “Flex Card” you may use the app or send in paper claims forms with the proper documentation for reimbursement.

VIEW YOUR FSA BALANCE AND MANAGE YOUR ACCOUNT ONLINE

You can access your FSA balances online and submit claims information using the Business Plans, Inc. website at [www.mycafeteriaplan.com](http://www.mycafeteriaplan.com). Follow the steps below to register as a first-time user.

1. Go to [www.mycafeteriaplan.com](http://www.mycafeteriaplan.com)
2. Click “Participant Login”
3. Click on “New User” and answer the questions to establish your account.
4. If you are enrolled in the Dependent Care FSA, you must update your dependent information before claims can be filed. This information can be updated by going to the Profile tab and clicking on Dependents.

Contact Business Plans, Inc. if you need help filing a claim.
- [customer_service@mycafeteriaplan.com](mailto:customer_service@mycafeteriaplan.com)
- [800.865.4485](tel:800.865.4485)

FILING A CLAIM

**Step One - Prepare**

1. Confirm that the expense is eligible to be reimbursed (check Publications 502 and 503 at [www.IRS.gov](http://www.IRS.gov))
2. Gather documentation and/or explanations of benefits (EOB)
3. Be sure the documentation you submit includes:
   - Provider name and address
   - Patient name
   - Description of service
   - Date of service
   - Amount charged

**Step 2 - Submit**

Choose one of the methods below to submit your claim.

**ONLINE**

- Log on to your account at [www.mycafeteriaplan.com](http://www.mycafeteriaplan.com)
- Click “File a Claim”
- Enter your claim and upload documentation
- Review and agree to the Terms & Conditions
- Click Submit

**MOBILE**

- Install the myCafeteriaPlan On-the-Go app on your smartphone
- Log in with your username and password and select “File a Claim” from the main screen
- Enter the claim information and attach a picture of your documentation.
- Click Submit

**MAIL/FAX**

- Download a claim form at [www.mycafeteriaplan.com](http://www.mycafeteriaplan.com)
- Print, complete, and sign your claim form
- Attach a copy of your supporting documentation
- Fax ([937.865.6502](tel:937.865.6502)) or mail your claim form and documentation to:
  - myCafeteriaPlan
  - Attention: Claims
  - 432 East Pearl Street
  - Miamisburg, OH 45342

Contact Business Plans, Inc. if you need help filing a claim.
- [customer_service@mycafeteriaplan.com](mailto:customer_service@mycafeteriaplan.com)
- [800.865.4485](tel:800.865.4485)
Benefits Provided at No Cost to You

CORE LIFE AND AD&D
For eligible employees, the College pays 100% of the cost of Core Life coverage and Accidental Death & Dismemberment (AD&D) insurance. You are eligible to participate on the first day of the month coincident with or next following your employment, or your classification as an Eligible Employee.

<table>
<thead>
<tr>
<th>COVERAGE TYPE</th>
<th>BENEFIT AMOUNT</th>
</tr>
</thead>
<tbody>
<tr>
<td>Term Life Insurance</td>
<td>Core Life Insurance amount (“principal sum”) is 1.5x annual earnings to $600,000</td>
</tr>
<tr>
<td>Accidental Death and Dismemberment Insurance (AD&amp;D)</td>
<td>AD&amp;D Insurance amount (“principal sum”) is 1.5x annual earnings to $600,000</td>
</tr>
</tbody>
</table>

The Core Life and AD&D benefit premiums are paid by the College, however, the imputed cost of coverage is taxable under federal law. FICA, state and federal taxes based on the imputed cost of coverage over $50,000 is determined by using an IRS chart with your age and the dollar amount, and withheld from pay.

In most cases the tax you pay on the benefit is much less than it would cost you to purchase the insurance on your own.

SHORT-TERM DISABILITY
Short-Term Disability (STD) provides you with income when you are unable to work due to an illness, injury, or maternity. This coverage is provided to you by the College at no cost to you. Unum administers all claims.

<table>
<thead>
<tr>
<th>GROUP</th>
<th>BENEFIT DETAILS</th>
</tr>
</thead>
<tbody>
<tr>
<td>Faculty and Staff</td>
<td>60% of bi-weekly earnings (less state disability, if any)</td>
</tr>
</tbody>
</table>

Short-Term Disability benefit payments are made through payroll, which means your normal benefit deductions will still occur. Short-Term Disability benefits will begin once:

- An individual has been out for 14 consecutive days for an illness or injury
- The appropriate paperwork has been filed with Unum
- Unum has approved the illness or injury as a disability

Unum will determine your disability paid-time benefit based upon your disability and the physician’s diagnosis. STD may last up to 26 weeks, including the first 14 days you were absent.

LONG-TERM DISABILITY
Long-Term Disability (LTD) provides you with income when you are unable to work due to a disability. This coverage is provided to you by the College at no cost to you. All claims are administered by Unum. LTD payments are 60% of wages up to $10,000 per month. Payments are made directly to you by Unum.

Long-Term Disability will begin once:

- The elimination period of 180 days (length of STD) has been met
- The appropriate paperwork has been completed and submitted to Unum
- Unum has approved the disability request
- Unum will determine your disability benefits based upon the disability and the physician’s diagnosis

Remember, it is important to keep your beneficiary information up-to-date.

Please be sure to verify or update this information during Open Enrollment or when there is a status change. Examples of when you may want to update your beneficiaries are birth, adoption, marriage, or divorce.
Voluntary Life Insurance Options

VOLUNTARY LIFE AND AD&D

In addition to the College-provided benefits, you may purchase additional or “Voluntary” Life and Accidental Death and Dismemberment insurance for yourself and your spouse or partner and/or child(ren). You pay the full cost of any voluntary insurance plan coverage, which is deducted from your paycheck on an after-tax basis.

<table>
<thead>
<tr>
<th>COVERAGE TYPE</th>
<th>BENEFIT AMOUNT</th>
</tr>
</thead>
<tbody>
<tr>
<td>Employee Life Insurance</td>
<td>Choose $10,000 to $500,000, not to exceed 5x your basic annual earnings. Guaranteed issue amount is $200,000 for newly eligible employees.</td>
</tr>
<tr>
<td>Spouse/Partner Life Insurance</td>
<td>Choose $5,000 to $500,000, not to exceed 100% of the employee voluntary life amount. Guaranteed issue amount is $25,000 for newly eligible spouses.</td>
</tr>
<tr>
<td>Child Life Insurance</td>
<td>Birth to 6 months: $1,000; Over 6 months: $1,000 to $10,000 in Increments of $1,000.</td>
</tr>
</tbody>
</table>

Evidence of Insurability (EOI) is required in the following situations:

- If you enroll after your initial eligibility period
- If you increase your coverage amount
- If you apply for a coverage amount in excess of the Guaranteed Issue Amount

An electronic link will be sent to you for you to complete the Evidence of Insurability form. This form is submitted directly to Unum. Rates are determined by your age and the amount of coverage you elect.

SPECIAL ENROLLMENT OPPORTUNITY:

During Open Enrollment for 2020 benefits, Unum is offering a one-time opportunity for current employees to get Voluntary Life coverage up to the Guaranteed Issue amount with NO medical questions asked!*  

NEW! WHOLE LIFE INSURANCE

Whole Life insurance can provide financial support for families after the death of a loved one. Coverage is available for your dependents, even if you don’t elect coverage for yourself. This coverage provides protection for a lifetime, with guaranteed renewal year after year. If you purchase this coverage, rates will not go up as you age, and coverage is portable, so you can keep it even if you leave the College, as long as you continue making payments to Unum. Whole Life rates will be provided at the time of enrollment.

* Unless you have been previously denied for coverage.
**Well-being and GMHEC**

The Green Mountain Higher Education Consortium is committed to enhancing your well-being and supporting you to bring your best self to life and work every day. We partner with your college to make available a number of programs and activities to support five domains of your well-being: physical, financial, career, social and community.

- **Physical well-being**: Having good health and the energy to get things done on a daily basis
- **Financial well-being**: Effectively managing your finances
- **Career well-being**: Liking what you do each day
- **Social well-being**: Having strong relationships and love in your life
- **Community well-being**: The sense of engagement you have with the area where you live

Some of our programs and initiatives include an annual flu clinic, well-being and benefits fairs, health coaching, on-site physical activity classes, discounted gym memberships, group events such as tennis lessons, running coaching and cooking classes, lunch and learn sessions on a variety of well-being related topics as well as department specific educational programming.

To find out more about what’s available at your college, check out the school specific resource guide on the GMHEC well-being/resources web page at [https://www.gmhec.org/category/well-being/resources/](https://www.gmhec.org/category/well-being/resources/).

To get the most up to date information about initiatives sponsored by the Consortium, sign up for The Connection newsletter at [https://www.gmhec.org/the-connection-newsletter/](https://www.gmhec.org/the-connection-newsletter/).

We encourage you and our family to take advantage of all that we have to offer. If you have feedback and/or suggestions for programs or services you’d like to see available at your college, please contact Rebecca Schubert, GMHEC Employee Well-being Program Coordinator at [rebecca.schubert@gmhec.org](mailto:rebecca.schubert@gmhec.org).
Employee and Family Assistance Program

We offer an Employee and Family Assistance Program (EFAP) through e4Health to employees, their dependents, and others residing in the home. This program offers several different types of assistance.

**EMOTIONAL WELL-BEING**

You are offered up to six sessions per person, per problem, per year (except where prohibited by law) of confidential face-to-face counseling for yourself, your dependents, your household members. Personal issues may include stress and anxiety, anger or depression issues, substance abuse, addiction, relationship issues, parenting issues, grief and loss.

**LEGAL CONSULTATIONS & REFERRALS**

Through e4Health you will be connected with an advice attorney for a free 30-minute consultation. Consultations may cover civil lawsuits, real estate transactions, divorce/custody, criminal actions, contracts, immigration issues and elder care tools. Should your legal matter be more complex in nature, you will be referred to an attorney at a 25% discounted rate.

**FINANCIAL CONSULTATION & REFERRALS**

Financial issues leave you feeling stressed and confused. Having someone with whom you can discuss your options can help you feel more in control. e4Health’s financial professionals are available to help you address issues, including budgeting, credit/debt issues, bankruptcy, credit card issues, tax advice, identity theft, estate planning and planning for retirement.

**TELEPHONIC HEALTH, WELLNESS COACHING & REFERRALS**

The health coaching program offers online resources and one-on-one coaching for health-related issues. You will be offered assistance with walking/fitness programs, diet and nutrition advice, chronic disease management, weight loss and smoking cessation, referrals to gyms/health clubs, holistic health resources and support groups.

**FAMILY & CAREGIVING RESOURCES AND REFERRALS**

From becoming a new parent to taking care of an aging relative to pet care needs, the e4Health specialist provides you with in-depth consultations, resources and referrals to help you make educated decisions. Common concerns include: new parent coaching, special needs programs, educational programs, child and elder care services, adoption assistance, summer camps and pet care.

**SERVICES TO MAKE YOUR LIFE EASIER**

e4Health can provide referrals to local vendors and resources to assist with everyday tasks, such as chore services, moving and relocation, electricians and plumbers, event and party planners, consumer comparisons, volunteer opportunities, and travel and safety.

**WEBSITE & CONTACT INFORMATION**

- Log on to access articles, assessments, webinars, financial calculators, searchable databases, skill builders and more.
- Website: HelloE4.com
  Username: middlebury college  
  Password: guest
- Call 24 hours a day: **800.828.6025**, Voice/TTY 23
STRESS LESS AND SAVE MORE WITH YOUR FINANCIAL WELLNESS PROGRAM

With your employer-paid benefit, My Secure Advantage (MSA), you have all the resources you need to feel confident about your financial goals in any stage of life – be it growing a family, buying a house, caring for aging parents, or planning retirement.

TRANSFORMING YOUR FINANCIAL FUTURE STARTS TODAY

The mentors at MSA are not just financial gurus, they are there to coach and provide personalized guidance to help you lean new skills and stay accountable to your goals. Contact MSA to get started:

- Call 888.724.2326
- Go to middlebury.mysecureadvantage.com

CHECK OUT THESE VIDEOS TO LEARN MORE!

90 DAYS OF MONEY COACHING
- Finally, a mentor for your money
- Professional, unbiased, confidential
- Trustworthy support & accountability
- No sales environment – focus is on helping you
- Address life events, goals & challenges
- Ongoing, telephonic consultations
- Team approach with access to topic specialists

ASSESSMENT & ACTION PLAN
- Get a financial check-up to see where you stand
- Receive a personalized action plan based on your results
- Action plan provides relevant resources and next steps for ongoing success
- Track your financial well-being score over time to see your progress

WALLET
- See all of your accounts in one place
- Track spending & monitor cash flow
- Make informed decisions with 24/7 visibility
- Edit, split, sort & filter transaction history
- Safe & secure with bank-level security
- Co-browse with your Money Coach

CREDIT SCORE & CREDIT REPORT
- Single bureau credit score (updated every 30 days) & credit report (updated annually)
- Won’t hurt credit score & it’s confidential
- Help accessing other bureaus
- 24/7 credit & identity monitoring, available during your 90-day coaching period
- Fraud alerts, via text and email, for suspicious activity

EDUCATION
- On-site classes, monthly webinars, workshops & live forums
- Topics covering virtually all areas of finance & related life events
- Presented by money coaches who specialize in subject matter
- Webinar recordings & handouts accessible via the website

MEMBER WEBSITE
- Private & personalized
- Available year-round
- Schedule appointments
- Upload & share documents
- Watch video courses
- Access forms, calculators & coach notes
Retirement Plans

CORE PLAN

Participation in the Core Plan is a mandatory condition of employment for benefits-eligible employees age 21 and older. Your contribution level changes over time, as shown below. The plan includes generous contributions from the college! Employee contributions in Core plan are made on a tax-deferred basis. There is full and immediate vesting of all employee and employer contributions. Investments default into the TIAA Life Cycle Fund. At any time, employees can opt to instead manage their own investments among options in the plans, which include fixed and variable annuities and mutual funds. For more details, visit www.tiaa.org/public/tcm/middleburycollege.

<table>
<thead>
<tr>
<th>YEARS OF SERVICE</th>
<th>EMPLOYEE AGE</th>
<th>EMPLOYEE CONTRIBUTION</th>
<th>EMPLOYER CONTRIBUTION</th>
</tr>
</thead>
<tbody>
<tr>
<td>0-2</td>
<td>21+</td>
<td>3%</td>
<td>3%</td>
</tr>
<tr>
<td>2+</td>
<td>21-44</td>
<td>3%</td>
<td>9%</td>
</tr>
<tr>
<td>2+</td>
<td>45+</td>
<td>6%</td>
<td>11%*</td>
</tr>
</tbody>
</table>

Special rules apply for rehires and for employees who otherwise incurred a break-in-service. See HR or the SPD for details.

A new employee may qualify to go directly to the 9% or 11% employer contribution level if the employee had participated in a 401a, 401k, or 403b plan with a previous employer within 6 months of the date of hire with Middlebury AND that previous employer contributed in excess of 3% to the retirement plan. Restrictions apply: See HR or the SPD for details.

*NOTE: Middlebury Undergraduate College employees hired prior to July 3, 2017 are eligible for a 15% employer contribution upon reaching age 45.

VOLUNTARY PLAN 403(b)

If you want to make additional contributions outside of what you automatically set aside through the Core plan, the College offers a 403(b) retirement plan option.

How Much Can I Set Aside?
The 403(b) plan allows you to put aside up to 100% of your earnings, pre-tax, through bi-weekly payroll deduction up to the annual IRS maximum.

Does Middlebury Contribute to My 403(b)?
No, the 403(b) is for additional employee contributions only.

When Can I Enroll or Change my Contributions?
You can start, stop, or change 403(b) contributions at the beginning of any pay period by filling out the form linked here.

SALARY DEFERRAL SUPPLEMENTAL PLAN 457(b)

Certain employees who meet the salary threshold may also be eligible to defer income into the salary deferral supplemental retirement plan, a 457(b). Contact HR for details.
# 2020 Benefit Contacts

<table>
<thead>
<tr>
<th>BENEFIT</th>
<th>CARRIER</th>
<th>PHONE</th>
<th>WEBSITE/EMAIL</th>
</tr>
</thead>
<tbody>
<tr>
<td>Medical and Prescription</td>
<td>Cigna</td>
<td>800.244.6224</td>
<td>mycigna.com</td>
</tr>
<tr>
<td>Health Savings Account</td>
<td>Health Equity</td>
<td>866.346.5800</td>
<td>my.healthequity.com</td>
</tr>
<tr>
<td>Dental</td>
<td>Cigna</td>
<td>800.244.6224</td>
<td>mycigna.com</td>
</tr>
<tr>
<td>Vision</td>
<td>VSP</td>
<td>800.877.7195</td>
<td>vsp.com</td>
</tr>
<tr>
<td>Flexible Spending Accounts</td>
<td>Business Plans, Inc.</td>
<td>800.865.4485</td>
<td>mycafeteriaplan.com</td>
</tr>
<tr>
<td>Employee and Family Assistance Program</td>
<td>e4Health</td>
<td>800.828.6025</td>
<td>HelloE4.com</td>
</tr>
<tr>
<td>Critical Illness, Accident Insurance, and Whole Life Insurance</td>
<td>Unum</td>
<td>866.679.3054</td>
<td>unum.com</td>
</tr>
<tr>
<td>Core Life, Voluntary Life, and Disability Insurance</td>
<td>Unum</td>
<td>866.679.3054</td>
<td>unum.com</td>
</tr>
<tr>
<td>Retirement Plans</td>
<td>TIAA</td>
<td>800.842.2776</td>
<td><a href="http://www.tiaa.org/public/tcm/middleburycollege">www.tiaa.org/public/tcm/middleburycollege</a></td>
</tr>
<tr>
<td>Financial Wellness Program</td>
<td>My Secure Advantage</td>
<td>888.724.2326</td>
<td></td>
</tr>
</tbody>
</table>

The information in this guide is a summary only. Always refer to the applicable plan documents, policies or guides before making final decisions. As such, the College reserves the right to alter, amend or suspend the terms of this document at its sole discretion, with or without notice; please refer to the plans and policies posted on middlebury.edu/offices/business/hr/staffandfaculty/benefits for the most current version. This document does not constitute an employment contract.

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**OPEN ENROLLMENT HOTLINE (NOVEMBER 1–15)**

Contact the HR team at hrbenefits@middlebury.edu or **802.443.2320**

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**FOR YEAR-ROUND BENEFITS SUPPORT**

Contact the HR team at hrbenefits@middlebury.edu or **802.443.5465**