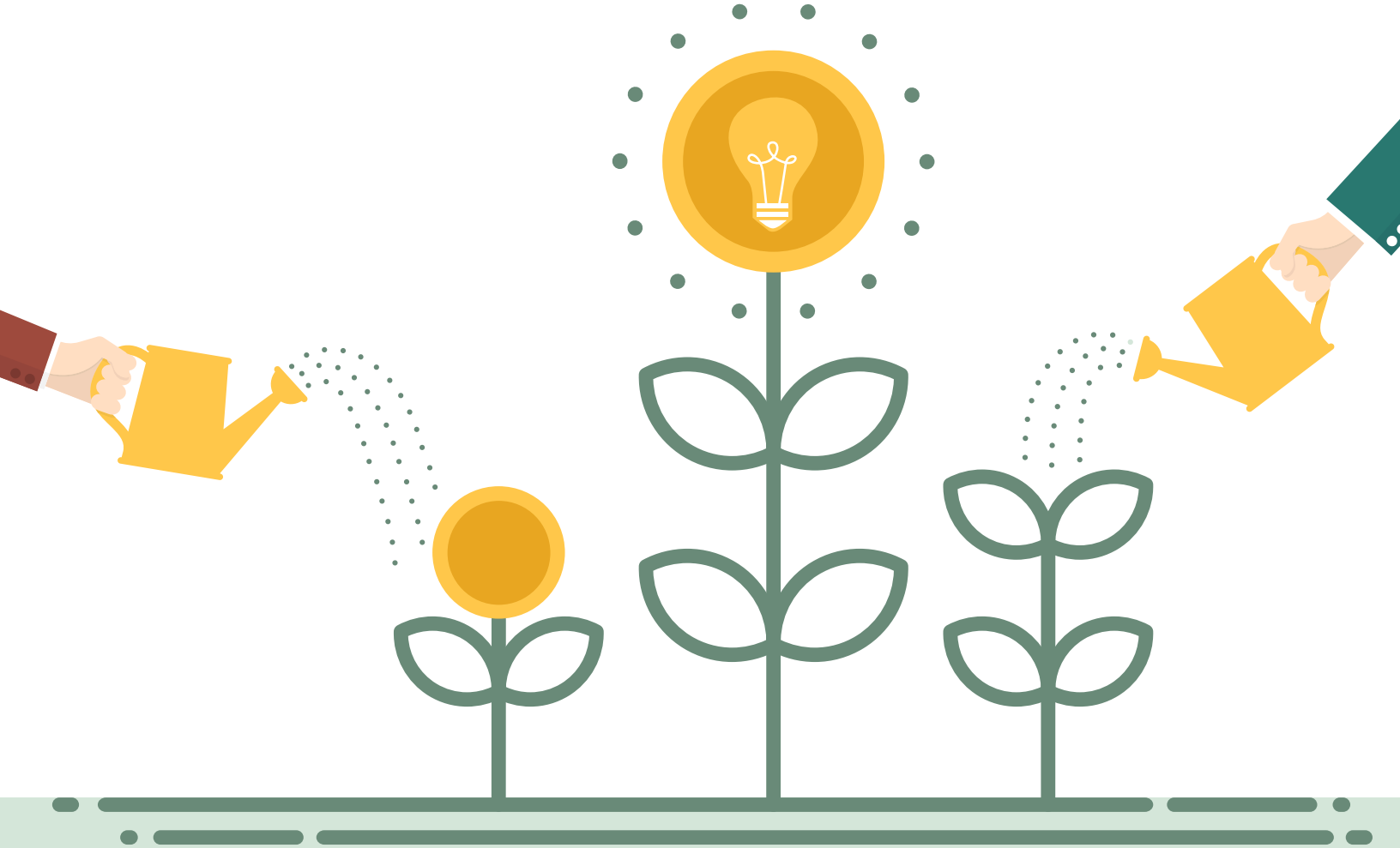




Middlebury



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.



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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

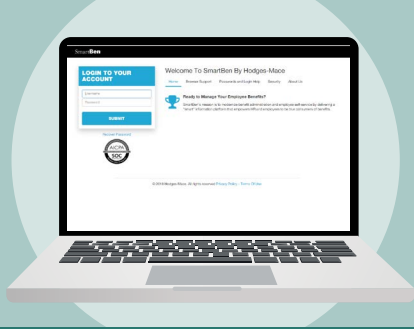
Enroll! Attend your pre-scheduled meeting and lock in your choices for 2020 benefits.

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.

\$0



%



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.

20%

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%.



100%

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.

\$0



100%



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.



100%

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



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.

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.

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.



Medical Plan Comparison

CIGNA MEDICAL PLANS				
PPO PLAN			PANTHER PLAN: HDHP WITH HSA	
	In-Network	Out-Of-Network	In-Network	Out-Of-Network
Calendar Year deductible – (how much you pay out of pocket before the plan pays)	Individual: \$300 Individual + 1: \$600 Family: \$900	Individual: \$300 Individual + 1: \$600 Family: \$900	Individual: \$2,000 Family: \$4,000	Individual: \$4,000 Family: \$8,000
Medical Coinsurance (% you pay for services)	20% after deductible	20% after deductible	20% after deductible	30% after deductible
Medical Out-of-Pocket Maximum	Individual: \$1,100 Individual +1: \$2,200 Family: \$3,300	Individual: \$1,100 Individual +1: \$2,200 Family: \$3,300	Individual: \$3,000 Family: \$6,000	Individual: \$6,000 Family: \$12,000
Prescription Out-of-Pocket Maximum	Individual: \$600 Individual +1: \$1,200 Family: \$1,800	Individual: \$600 Individual +1: \$1,200 Family: \$1,800	Included with medical Out-of-Pocket Maximum	Included with medical Out-of-Pocket Maximum
WHAT YOU PAY FOR SERVICES				
Preventive Care	\$0; Plan pays 100%	\$0; Plan pays 100%	\$0; Plan pays 100%	30% after deductible
Primary Care Physician (PCP) Visit	20%, deductible does not apply	20%, deductible does not apply	20% after deductible	30% after deductible
Specialist Visit	20%, deductible does not apply	20%, deductible does not apply	20% after deductible	30% after deductible
Urgent Care	20%, deductible does not apply	20%, deductible does not apply	20% after deductible	30% after deductible
Hospitalization	20% after deductible	20% after deductible	20% after deductible	30% after deductible
Outpatient Mental Health/Substance Abuse	20%, deductible does not apply	20%, deductible does not apply	20% after deductible	30% after deductible
Inpatient Mental Health/Substance Abuse	20% after deductible	20% after deductible	20% after deductible	30% after deductible
Emergency Room	20% after deductible	20% after deductible	20% after deductible	30% after deductible
PRESCRIPTION DRUG COVERAGE				
RETAIL PHARMACY (30-DAY SUPPLY)				
Generic	\$10 copay		10% after deductible	
Preferred Brand	\$25 copay		30% after deductible	
Non-Preferred Brand	\$40 copay		40% after deductible	
MAIL ORDER (90-DAY SUPPLY)				
Generic	\$20 copay		10% after deductible	
Preferred Brand	\$50 copay		30% after deductible	
Non-Preferred Brand	\$80 copay		40% after deductible	

Medical Plan Rates

PPO PLAN PREMIUMS			
Total Cost...	Per Year	Per Month	Per Pay Period
Single	\$10,596.78	\$883.06	\$407.57
2-Person	\$21,179.59	\$1,764.97	\$814.60
Family	\$29,654.03	\$2,471.17	\$1,140.54
2 EE Couple (each)	\$14,827.08	\$1,235.59	\$570.27

PANTHER HDHP WITH HSA PREMIUMS			
Total Cost...	Per Year	Per Month	Per Pay Period
Single	\$8,689.36	\$724.11	\$334.21
2-Person	\$17,367.26	\$1,447.27	\$667.97
Family	\$24,316.31	\$2,026.36	\$935.24
2 EE Couple (each)	\$12,158.21	\$1,013.18	\$467.62

PPO PLAN EMPLOYEE CONTRIBUTIONS				
BI-WEEKLY EMPLOYEE CONTRIBUTION RATES BY SALARY TIER (MIDDLEBURY COLLEGE PAYROLL ONLY)				
Salary Tier	Single	2 Person	Family	2 Employee Couple (each)
\$20Ks	\$25.34	\$121.88	\$170.19	\$46.12
\$30Ks	\$35.48	\$124.07	\$172.39	\$49.66
\$40Ks	\$45.61	\$144.94	\$202.03	\$63.85
\$50Ks	\$55.75	\$151.52	\$207.52	\$78.05
\$60Ks	\$65.88	\$167.99	\$234.97	\$92.23
\$70Ks	\$76.01	\$175.68	\$245.95	\$106.42
\$80Ks	\$86.15	\$192.15	\$269.01	\$120.62
\$90Ks	\$96.28	\$203.13	\$284.38	\$134.77
\$100Ks	\$106.42	\$218.50	\$306.34	\$148.99
\$110Ks	\$116.55	\$233.12	\$326.36	\$163.19
\$120Ks	\$126.69	\$253.39	\$354.74	\$177.37
\$130Ks	\$136.83	\$273.65	\$383.11	\$191.56
\$140Ks	\$146.97	\$293.92	\$411.50	\$205.75
\$150Ks	\$157.10	\$314.19	\$439.88	\$219.94
\$160Ks	\$167.24	\$334.47	\$468.25	\$234.13
\$170Ks	\$177.37	\$354.74	\$496.64	\$248.31
\$180Ks	\$183.40	\$366.57	\$513.24	\$256.63

PANTHER PLAN EMPLOYEE CONTRIBUTIONS			
% OF INCOME – MIDDLEBURY AND MIIS			
Single	2 Person	Family	2 Employee Couple (each)
2.50%	5.00%	7.00%	3.50%

ANNUAL EMPLOYEE CONTRIBUTION CEILING	
Single	\$3,910.21
2-Person	\$7,815.27
Family	\$10,942.34
2 Employee Couple (each)	\$5,471.19

PPO PLAN EMPLOYEE CONTRIBUTIONS			
% OF INCOME EMPLOYEE CONTRIBUTION RATES (MIIS PAYROLL EMPLOYEES ONLY)			
Single	2 Person	Family	2 Employee Couple (each)
2.75%	5.50%	7.70%	3.85%

ANNUAL EMPLOYEE CONTRIBUTION CEILING	
Single	\$4,768.55
2-Person	\$9,530.81
Family	\$13,344.31
2 Employee Couple (each)	\$6,672.19

Health Savings Account

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)			
	TOTAL IRS LIMIT	EMPLOYER CONTRIBUTION	YOU CAN CONTRIBUTE
Employee Only	\$3,550	\$1,400	\$2,150
Family	\$7,100	\$2,600	\$4,500
55+ Catch Up	\$1,000	N/A	\$1,000

IF YOU ENROLL IN THE 2020 HDHP WITH HSA PLAN AS A NEW HIRE IN 2020			
	TOTAL IRS LIMIT	EMPLOYER CONTRIBUTION	YOU CAN CONTRIBUTE
Employee Only	\$3,550	\$1,000	\$2,550
Family	\$7,100	\$2,000	\$5,100
55+ Catch Up	\$1,000	N/A	\$1,000

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.

ISSUE AGE	MONTHLY RATES PER \$1,000	
	WITH CANCER RIDER	NO CANCER RIDER
<25	\$0.46	\$0.27
25-29	\$0.52	\$0.28
30-34	\$0.76	\$0.40
35-39	\$1.05	\$0.54
40-44	\$1.51	\$0.78
45-49	\$2.08	\$1.02
50-54	\$2.75	\$1.32
55-59	\$3.59	\$1.70
60-64	\$4.50	\$2.17
65-69	\$4.96	\$2.48
70+	\$8.64	\$4.65

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	
TIER	RATE
Employee Only	\$14.66
Employee + Spouse	\$23.71
Employee + Child	\$27.37
Employee + Family	\$36.42

Dental

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.

CIGNA DENTAL PLANS		
	CURRENT PPO PLAN*	NEW LOW PLAN*
	In-Network	In-Network
Deductible (Single/Family)	\$25 per person	\$100/\$300
Calendar Year Benefits Maximum	\$2,000 per person	\$1,250 per person
Preventive Services (2 per year, 6 months apart)	Covered 100%, no deductible	Covered 100%, no deductible
Basic Services	Covered 80% after deductible	Covered 50% after deductible
Major Services	Covered 80% after deductible	Covered 50% after deductible
Dental Implants	Covered 80% after deductible	Covered 50% after deductible
Orthodontics	Covered 80% after 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.

DENTAL PPO PLAN PREMIUMS				
Coverage Tier	Total Cost Per Year	Total Cost Per Month	Total Cost Per Pay Period	Your Cost Per Pay Period
Single	\$656.64	\$54.72	\$25.26	\$4.00
2-Person	\$1,325.64	\$110.47	\$50.99	\$18.18
Family	\$1,858.32	\$154.86	\$71.47	\$26.51
2 EE Couple (each)	\$929.16	\$77.43	\$35.74	\$6.89

DENTAL LOW PLAN PLAN PREMIUMS				
Coverage Tier	Total Cost Per Year	Total Cost Per Month	Total Cost Per Pay Period	Your Cost Per Pay Period
Single	\$459.60	\$38.30	\$17.68	\$2.75
2-Person	\$927.96	\$77.33	\$35.69	\$13.25
Family	\$1,300.80	\$108.40	\$50.03	\$18.50
2 EE Couple (each)	\$650.40	\$54.20	\$25.02	\$5.30

Vision

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				
VSP BASE PLAN			VSP ENHANCED PLAN	
IN-NETWORK BENEFITS	COPAY	FREQUENCY	COPAY	FREQUENCY
WellVision Exam	\$15 for exam and glasses	Every calendar year	\$15 for exam and glasses	Every calendar year
FRAMES				
(Plus up to 20% discount on balance after allowance is exhausted)	Covered by exam copay; \$150 frame allowance	Every other calendar year	Covered by exam copay; \$200 frame allowance	Every calendar year
LENSES				
Single vision, lined bifocal, and lined trifocal lenses	Covered by exam copay	Every calendar year	Covered by exam copay	Every calendar year
CONTACT LENSES (IN LIEU OF EYEGLASSES)				
Elective	\$60 copay for contacts fitting and evaluation; \$150 allowance for contacts	Every calendar year	\$60 copay for contacts fitting and evaluation; \$200 allowance for contacts	Every calendar year
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. Or, get 20% from any VSP provider within 12 months of your last 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				
Coverage Tier	Total Cost Per Year	Total Cost Per Month	Total Cost Per Pay Period	Your Cost Per Pay Period
Single	\$98.64	\$8.22	\$3.79	\$0.76
2-Person	\$197.04	\$16.42	\$7.58	\$3.79
Family	\$317.52	\$26.46	\$12.21	\$6.11
2 EE Couple (each)	\$158.76	\$13.23	\$6.11	\$1.95

ENHANCED PLAN PREMIUMS				
Coverage Tier	Total Cost Per Year	Total Cost Per Month	Total Cost Per Pay Period	Your Cost Per Pay Period
Single	\$159.00	\$13.25	\$6.12	\$1.22
2-Person	\$317.76	\$26.48	\$12.22	\$6.11
Family	\$512.28	\$42.69	\$19.70	\$9.85
2 EE Couple (each)	\$256.14	\$21.35	\$9.85	\$3.15

Flexible Spending Accounts

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. Follow the steps below to register as a first-time user.

1. Go to 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
- 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)
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
- 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
- Print, complete, and sign your claim form
- Attach a copy of your supporting documentation
- Fax (**937.865.6502**) or mail your claim form and documentation to:
myCafeteriaPlan
Attention: Claims
432 East Pearl Street
Miamisburg, OH 45342

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.

COVERAGE TYPE	BENEFIT AMOUNT
Term Life Insurance	Core Life Insurance amount ("principal sum") is 1.5x annual earnings to \$600,000
Accidental Death and Dismemberment Insurance (AD&D)	AD&D Insurance amount ("principal sum") is 1.5x annual earnings to \$600,000

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.

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.

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.

GROUP	BENEFIT DETAILS
Faculty and Staff	60% of bi-weekly earnings (less state disability, if any)

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

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.

COVERAGE TYPE	BENEFIT AMOUNT
Employee Life Insurance	Choose \$10,000 to \$500,000, not to exceed 5x your basic annual earnings. Guaranteed issue amount is \$200,000 for newly eligible employees.
Spouse/Partner Life Insurance	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.
Child Life Insurance	Birth to 6 months: \$1,000; Over 6 months: \$1,000 to \$10,000 in Increments of \$1,000.

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!*

* Unless you have been previously denied for coverage.

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.

VOLUNTARY LIFE RATES

AGE	EMPLOYEE MONTHLY RATE	SPOUSE MONTHLY RATE
	PER \$10,000	PER \$5,000
<25	\$0.875	\$.566
25 to 29	\$0.875	\$.566
30 to 34	\$1.07	\$.624
35 to 39	\$1.466	\$.806
40 to 44	\$2.154	\$1.199
45 to 49	\$3.569	\$2.105
50 to 54	\$5.938	\$3.458
55 to 59	\$8.712	\$5.029
60 to 64	\$11.230	\$7.812
65 to 69	\$21.144	\$14.630
70 to 74	\$37.464	\$25.797
75+	\$70.000	\$48.557
Child Monthly Rate	\$0.656 per \$1,000	

VOLUNTARY AD&D RATES

EMPLOYEE	SPOUSE	CHILD
PER \$10,000	PER \$5,000	PER \$1,000
\$0.25	\$0.25	\$0.04

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.

LEARN MORE ABOUT GMHEC
WELL-BEING RESOURCES:
<https://www.gmhec.org/category/well-being/resources/>

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/>.

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/>.

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.

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

My Secure Advantage

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.

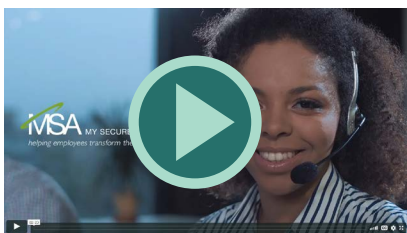
TRANSFORMING YOUR FINANCIAL FUTURE STARTS TODAY

The mentors at MSA are not just financial gurus, they are there to coach and provide personalized guidance to help you learn 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!



TAKE ADVANTAGE OF THESE GREAT RESOURCES!

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

MEMBER WEBSITE

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

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

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.

CORE PLAN CONTRIBUTIONS			
YEARS OF SERVICE	EMPLOYEE AGE	EMPLOYEE CONTRIBUTION	EMPLOYER CONTRIBUTION
0-2	21+	3%	3%
2+	21-44	3%	9%
2+	45+	6%	11%*

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

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

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.

OPEN ENROLLMENT HOTLINE (NOVEMBER 1–15)

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

FOR YEAR-ROUND BENEFITS SUPPORT

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