



Middlebury

2021

BENEFIT GUIDE



Green Mountain
Higher Education Consortium
Champlain • Middlebury • Saint Michael's

Supporting you to
bring your best self
to life everyday

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Welcome to your 2021 benefits!

We are pleased to present our 2021 benefit plan offerings, and we sincerely hope that you take the time to learn as much as possible about what is available to you and your family.

You will see on the next page expanded programs offered in 2021 to support your overall health and wellbeing.

THIS YEAR, YOU WILL BE COMPLETING YOUR OPEN ENROLLMENT PROCESS VIA SELF-SERVICE WITHIN ORACLE HCM.

Since 2013, the Green Mountain Higher Education Consortium (GMHEC) has partnered with our Middlebury benefit team to design and implement benefit programs in support of our institution. We have benefited from significant savings within our benefit plans and have been able to offer additional programs as a result of our GMHEC membership.

Starting this year, the GMHEC Benefits Team is managing the open enrollment process. As we continue to move forward, the GMHEC Benefits team will expand Shared Services and administer and manage most of our benefit plans. Questions on your benefits can be sent to benefits@gmhec.org or you may call 802-443-5485.

We wish all of you the best in health.



KAREN MILLER
Vice President for Human Resources
and Chief Risk Officer



Enrollment Info

ANNUAL ENROLLMENT

For current benefit-eligible employees, Annual Open Enrollment will take place **October 30 – November 15**.

NOTE: ALL CIGNA ENROLLEES WILL RECEIVE A NEW ID CARD IN LATE DECEMBER.

REMEMBER TO REFER TO THIS GUIDE YEAR-ROUND

Your 2021 Benefit Guide should be used as a reference tool to help you get the most out of your plans and as a resource throughout the year.

LEARN MORE

There will be a live Benefit Overview Session for you to attend via a Zoom meeting. There will also be an Overview Session from Cigna on the medical & dental plans and Health Equity on the Health Savings Account.

If you can't make a session there are recorded videos on the Overviews, Medical & Dental Plans, Health Savings Accounts, Vision Plans, Flexible Spending Accounts and Unum benefits for you to view. These can be found on <https://www.middlebury.edu/office/human-resources/oracle-hcm/open-enrollment>. You can also search **go/openenrollment** from your browser from the Middlebury website.

Cigna One Guide

CHOOSE THE RIGHT MEDICAL PLAN WITH CONFIDENCE

We understand how confusing and overwhelming it can be to review your health plan options. And we want to help by providing the resources you need to make a decision with confidence. That's why Cigna One Guide® service is available to you now.

What's New for 2021

ONE GUIDE PROGRAM THROUGH CIGNA: See the bottom of this page for details.

COLON CANCER SCREENING AT HOME: Symptoms for colon cancer are not always obvious. That's why screening is so important, especially if you're age 50 and older. Cigna is teaming up with LabCorp to mail a FIT (fecal immunochemical test) kit directly to your home at no extra cost. The FIT kit is one of several screening options. You will receive a letter in the mail from Cigna with more information on this option, if you are eligible.

If you are interested in having a different type of colon cancer screening, such as a colonoscopy, please contact your health care provider to discuss which screening is right for you. If you do not have a provider, call the number on your Cigna ID card or visit myCigna.com to find an in-network provider.

OMADA – CIGNA'S PRE-DIABETES PROGRAM: If you are pre-diabetic you may enroll in this program at no cost to you. A new campaign will begin in January. More details can be found in this Guide.

ENHANCED ACCIDENT, CRITICAL AND WHOLE LIFE THROUGH UNUM: If you are currently enrolled in the Critical Illness and Accident Plans, they are ending as of 12/31/20. If you wish to participate in the New Enhanced Plans for 2021, you will need to enroll during Open Enrollment. More information can be found in this guide.

Your personal guide will help you:

- Easily understand the basics of health coverage
- Identify the types of health plans available to you
- Check if your doctors are in-network to help you avoid unnecessary costs
- Get answers to any other questions you may have about the plans or provider networks available to you

Steps to Enroll

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.

2

Collect your dependents' information if you intend to add them to your plans. You'll need information like, full names, birth dates, and Social Security numbers.

3

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

4

Enroll via Oracle to lock in your choices for 2021 benefits. **The plans you enroll in will be effective January 1 through December 31, 2021.**

Benefits Enrollment: Easy as 1, 2, 3

To get started with self-service enrollment, you will need to select **BENEFITS** under the **ME** tab on the Navigator menu, which will open the self-service enrollment work area. From here, you're ready to dive into the quick three-step process. Keep in mind that these steps need to be completed in the order below for everything to work most smoothly.

STEP ONE: ADDING CONTACT AND BENEFICIARY INFORMATION

- The first step in benefits enrollment is to review or choose your contacts and beneficiaries, you will need to click **CHANGE BENEFIT ELECTIONS**. You will then have the option to **ADD** contacts under **CREATE CONTACT**. More specifically, this step is where you add or update all people that you want to designate as dependents or beneficiaries. You do not need to delete anyone.
- While you are at it, do not forget to provide all the information that is required to determine eligibility for each contact. This ensures that the contacts are available for designation when you elect benefits. Be sure to include the person's date of birth. Click **CONTINUE**.

STEP TWO: ELECTING BENEFITS

- This button will only be available during an open enrollment period or if you have a qualifying life event.
- Choose the **HEALTH & WELFARE PROGRAM** tile. In the process of electing benefits, you will need to select benefits offerings and designate beneficiaries and dependents for each offering by checking the box with their name. Starting at the top, go through each benefit offering. Once you have completed the page, go back to the top and click on **NEXT**.
- You may need to add contribution amounts for the FSA's or HSA, the IRS requires you enroll in these each year. This is one of those situations where little details really matter, so do not forget to review your choices before submitting.

STEP THREE: REVIEWING AND RESOLVING ACTION ITEMS

Just one more step and you will be a benefits enrollment pro. Carefully review the **PENDING ACTION ITEMS** section to see if any lingering details remain. Perhaps you did not elect a beneficiary for your Life insurance. Review your elections and click on **SUBMIT**. You now have the option to Print and we suggest you print to be able to view you benefits at a later date. Click **PRINT**, you may then need to right click to print your elections.

NOTE: It is important to review the Benefit Guide to understand the benefits and review what coverage you are currently enrolled in. Detailed enrollment instructions can also be found at <https://www.middlebury.edu/office/human-resources/oracle-hcm/open-enrollment>. You can also search **GO/OPENENROLLMENT** from the Middlebury website. All deductions are per pay period.

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 10 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 2021 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.

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.



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!



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
- 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
- Pink eye

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.

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.

In the world of COVID one thing to understand is the difference between Telehealth and Telemedicine. **Telehealth** (MDLive) is not a visit with your doctors. **Telemedicine** is the new tagline used when you see your doctor via secure video conference or phone, but not in person. This rate is normally higher than the Telehealth rate.

Save on Prescription Drugs

PREFER TO HAVE YOUR MEDICATIONS DELIVERED TO YOUR DOOR?

Express Scripts, Cigna's home delivery pharmacy, will deliver maintenance medication to you at the location of your choice. Standard Shipping is always free. 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 MEMBERS WILL RECEIVE A NEW ID CARD

Use your new ID card every time you fill a prescription. It has important information on it that the pharmacy needs to process your prescription.



- Throw away your old ID card. It no longer works.
- Your pharmacists will need to use the BIN, PCN, and Rx Group number on your ID card to access your benefits and process your claim.
- If you forget your ID card, you can access it using the myCigna® app. You can also download and print a temporary Cigna ID card from the myCigna website.

BENEFITS OF HOME DELIVERY

- **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.

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	\$10,752.24	\$896.02	\$413.55
2-Person	\$21,490.56	\$1,790.88	\$826.56
Family	\$30,089.28	\$2,507.44	\$1,157.28
2 EE Couple (each)	\$15,044.76	\$1,253.73	\$578.64

PANTHER HDHP WITH HSA PREMIUMS			
Total Cost...	Per Year	Per Month	Per Pay Period
Single	\$8,816.88	\$734.74	\$339.11
2-Person	\$17,622.12	\$1,468.51	\$677.77
Family	\$24,673.20	\$2,056.10	\$948.97
2 EE Couple (each)	\$12,336.60	\$1,028.05	\$474.48

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	\$25.72	\$123.71	\$172.74	\$46.81
\$30Ks	\$36.01	\$125.94	\$174.97	\$50.41
\$40Ks	\$46.30	\$147.11	\$205.06	\$64.81
\$50Ks	\$56.58	\$153.80	\$210.63	\$79.22
\$60Ks	\$66.87	\$170.51	\$238.50	\$93.62
\$70Ks	\$77.15	\$178.32	\$249.64	\$108.01
\$80Ks	\$87.44	\$195.03	\$273.05	\$122.42
\$90Ks	\$97.73	\$206.18	\$288.65	\$136.82
\$100Ks	\$108.01	\$221.78	\$310.94	\$151.22
\$110Ks	\$118.30	\$236.61	\$331.25	\$165.63
\$120Ks	\$128.59	\$257.19	\$360.06	\$180.03
\$130Ks	\$138.89	\$277.76	\$388.86	\$194.43
\$140Ks	\$149.17	\$298.33	\$417.67	\$208.83
\$150Ks	\$159.46	\$318.91	\$446.48	\$223.24
\$160Ks	\$169.74	\$339.49	\$475.28	\$237.64
\$170Ks	\$180.03	\$360.06	\$504.09	\$252.04
\$180Ks	\$186.10	\$371.95	\$520.78	\$260.39

PANTHER PLAN EMPLOYEE CONTRIBUTIONS			
% OF INCOME – MIDDLEBURY AND MIIS			
Single	2 Person	Family	2 Employee Couple (each)
2.54%	5.08%	7.11%	3.55%

ANNUAL EMPLOYEE CONTRIBUTION CEILING	
Single	\$3,967.60
2-Person	\$7,929.95
Family	\$11,102.94
2 Employee Couple (each)	\$5,551.47

PPO PLAN EMPLOYEE CONTRIBUTIONS			
% OF INCOME EMPLOYEE CONTRIBUTION RATES (MIIS PAYROLL EMPLOYEES ONLY)			
Single	2 Person	Family	2 Employee Couple (each)
2.79%	5.58%	7.82%	3.91%

ANNUAL EMPLOYEE CONTRIBUTION CEILING	
Single	\$4,838.51
Two person	\$9,670.75
Family	\$13,540.18
2EE Couple (each)	\$6,770.14

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.

HSA BASICS

An HSA is unique because you own the account and control how the money is spent. Unused funds roll over from year to year. Contributions can be made with pre-federal tax and pre-state* tax dollars through payroll deduction or by making post-tax contributions and later claiming a tax deduction when you file your income tax return*. The money in the account can be invested and for federal and state* tax purposes earnings and capital gains are not taxed. Withdrawals to pay for qualified medical expenses are not taxed either!

**CA and NJ do not grant HSAs the same tax advantages that federal law and other states provide. The employer’s contribution, your contribution, and any taxable earnings within your HSA will generally be subject to state income tax, if you are required to file a CA or NJ state income tax return. Consult your tax advisor for specifics.*

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.

EMPLOYER CONTRIBUTIONS

NEW THIS YEAR – the College’s Contribution will be deposited into your HSA each pay period (rather than twice per year).

ADDING MONEY

The IRS sets the annual dollar maximum that can be made to an HSA depending on if you are enrolled in a qualified high deductible health plan. 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 2021 HDHP WITH HSA PLAN DURING OPEN ENROLLMENT (FALL 2020)

PANTHER PLAN	TOTAL IRS LIMIT	EMPLOYER CONTRIBUTION	YOU CAN CONTRIBUTE
Employee Only	\$3,600	\$1,000	\$2,600
Family	\$7,200	\$2,000	\$5,200
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
- Set up monthly payments to providers
- Transfer funds to your personal checking account
- Use the HSA Tool Kit as an additional resource

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 are not enrolled in Medicare (if you or your spouse is enrolled in Medicare please contact Benefits@GMHEC.org to discuss alternative solutions)
- 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 (current year’s) tax return.

Eligible Expenses

The money in your HSA must 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. The spouse may only enroll in half of the employee's coverage.

Coverage Amounts

- Employee – Choose \$10,000, \$20,000, or \$30,000
- Child – All eligible children are automatically covered at 50% of the employee benefit amount (no additional cost)
- Spouse – Choose \$5,000, \$10,000, and \$15,000 (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, \$75, or \$100 per calendar year per person covered under the Critical Illness plan if a covered health screening test is performed.

These wellness benefits are based on the employee coverage amount that is selected. Contact Unum at **866.614.1849** to inquire about claiming your wellness benefit.

FOR THOSE EMPLOYEES CURRENTLY ENROLLED IN THESE BENEFITS:

If you are an currently enrolled in the Critical Illness Insurance or Accident Insurance Plans for 2020 and want to continue your coverage, you must ENROLL in these plans during the 2021 Open Enrollment period (October 30 - November 15). The current plans will be ending on December 31, 2020 and you will not be automatically enrolled in the Enhanced plans that are being introduced for 2021. For more information about these plans, please contact Unum directly at **866.614.1829**.

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

Dental

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		
	DENTAL PPO PLAN*	DENTAL 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	\$706.68	\$58.89	\$27.18	\$4.30
2-Person	\$1,426.68	\$118.89	\$54.87	\$19.56
Family	\$1,999.92	\$166.66	\$76.92	\$28.52
2 EE Couple (each)	\$999.96	\$83.33	\$38.46	\$7.41

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	\$494.64	\$41.22	\$19.02	\$2.96
2-Person	\$998.64	\$83.22	\$38.41	\$14.26
Family	\$1,399.92	\$116.66	\$53.84	\$19.91
2 EE Couple (each)	\$699.96	\$58.33	\$26.92	\$5.70

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 \$2,750. 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, 2021, 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, 2021.
- 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
- 800.865.6543

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. After a two-week elimination period STD pays 60% of pre-disability wages for up to 24 weeks.

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. In order to purchase spouse and child(ren) coverage, you must enroll in coverage for yourself.

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 beyond the Guaranteed Issue Amount
- If you do not have existing coverages under this plan, your application for coverage is subject to Evidence of Insurability.

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.

VOLUNTARY LIFE RATES		
AGE	EMPLOYEE BI-WEEKLY RATE	SPOUSE BI-WEEKLY RATE
	PER \$10,000	PER \$5,000
< 25	\$0.40	\$0.26
25 to 29	\$0.40	\$0.26
30 to 34	\$0.49	\$0.29
35 to 39	\$0.68	\$0.37
40 to 44	\$0.99	\$0.55
45 to 49	\$1.65	\$0.97
50 to 54	\$2.74	\$1.60
55 to 59	\$4.02	\$2.32
60 to 64	\$5.18	\$3.61
65 to 69	\$9.76	\$6.75
70 to 74	\$17.29	\$11.91
75+	\$32.31	\$22.41
Child Monthly Rate	\$0.32 per \$1,000	

VOLUNTARY AD&D BI-WEEKLY RATES		
EMPLOYEE	SPOUSE	CHILD
PER \$10,000	PER \$5,000	PER \$1,000
\$0.12	\$0.06	\$0.02

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. If you have questions or would like to enroll in this benefit, please contact Unum at **866.614.1829**.

Well-being: Supporting you to bring your best self to life everyday

The Green Mountain Higher Education Consortium is committed to supporting your well-being through comprehensive programming and strategic initiatives.

OUR THREE OVERARCHING PRIORITIES ARE TO:

1. Foster an environment that makes the healthy choice the easy choice
2. Foster an inclusive and engaging culture of well-being
3. Educate and empower employees to effectively manage and utilize the health care system

WELLBEING PROGRAMS

Some of our programs and initiatives include the Omada/Cigna Diabetes Prevention Program, comprehensive employee and family assistance programs, fitness and well-being challenges, virtual mental and behavioral health support, mindfulness workshops, fitness and yoga classes, cooking and art classes, health coaching, annual flu clinics and department specific programming.

TO FIND OUT MORE ABOUT WHAT'S AVAILABLE:

- Check out the school specific resource guides on the GMHEC Well-Being web page.
- Sign up for the "What's on tap for well-being?" newsletter
- Check out our events calendar (password is GMHECWell-being)
- Join the GMHEC Well-being Facebook page

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

FOCUSING ON MENTAL HEALTH

2021 is shaping up to be another challenging year and to weather the storm it is imperative that we nurture all domains of our well-being including our mental and emotional health. Mental health diagnoses including anxiety and depression are on the rise and Cigna has some wonderful resources available to support you to manage these challenges.

- **CIGNA TALKSPACE:** Utilize your behavioral health benefits to virtually connect with a Talkspace licensed therapist via live video and private texting as well as access online resources via the Talkspace app. Go to the [Cigna Talkspace link](#) to schedule an assessment.
- **IPREVAİL:** A digital therapeutics program designed by experienced clinicians to help you take control of the stresses of everyday life and challenges. iPrevail helps you overcome feelings of anxiety and loneliness, reduce negativity and feelings of depression, decrease stress from relationships, work and daily life and build resilience and positivity. To sign up, go to mycigna.com, stress and emotional wellness page and click on the iPrevail link.
- **HAPPIFY:** A free app with science-based games and activities that are designed to help you defeat negative thoughts, gain confidence, reduce stress and anxiety, increase mindfulness and emotional well-being and boost health and performance. Sign up and download the free app [here](#).

CIGNA DIABETES PREVENTION PROGRAM

More than 1 in 3 American adults have prediabetes and without meaningful intervention, 30% of those individuals will develop type 2 diabetes. We are now offering a solution to help: The Cigna Diabetes Prevention Program in collaboration with Omada – A CDC recognized digital lifestyle and behavior change program focused on reducing the risk of diabetes through health weight loss and lifestyle changes.

HOW DO I PARTICIPATE? Cigna will identify those who are at risk based upon, Age 18+ and BMI 25 or higher and one or more of prediabetes diagnosis, high triglycerides, low HDL, high blood pressure and high blood sugar. There is also a self-enrollment process. For more information, please contact Benefits@gmhec.org or call 802.443.5485

Employee and Family Assistance Program

We offer an Employee and Family Assistance Program (EFAP) through New Directions 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 New Directions 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. New Directions' 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 New Directions 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

New Directions 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: <https://eap.ndbh.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.

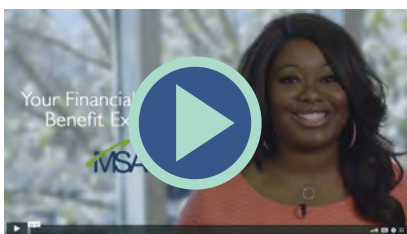
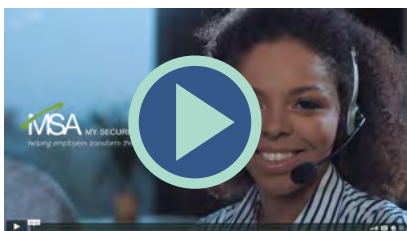
TRANSFORMING YOUR FINANCIAL FUTURE STARTS TODAY

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](https://www.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 may be 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 making your change in Oracle.

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 Benefits@gmhec.org or 802.443.5485 for details.



2021 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	New Directions	800.828.6025	eap.ndbh.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

Supporting you to bring your best self to life everyday

FOR QUESTIONS ON OPEN ENROLLMENT AND YOUR BENEFITS, CONTACT THE GREEN MOUNTAIN HIGHER EDUCATION CONSORTIUM BENEFIT TEAM AT **BENEFITS@GMHEC.ORG** OR **802.443.5485**.

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.