



2025 Benefit Guidebook

Empowering Your Well-Being, One Choice at a Time



Middlebury



The **Green Mountain Higher Education Consortium (GMHEC)** provides Benefits and Leave of Absence Administration Services to Middlebury College. Our Benefits Team is your resource for benefits enrollment, benefits support throughout the year, medical leave of absence management, and well-being programming.

The Benefits Team is available to support you with:

- Open and New Hire Enrollment
- Personal life changes impacting benefits eligibility for you or your family (Qualifying Life Events)
- Health, Dental, and Vision Insurance
- Retirement Plans
- Health Savings (HSA) and Flexible Spending (FSA) Accounts
- Life, AD&D, and Disability Insurance
- Supplemental Offerings (Accident/Critical Illness/Whole Life)
- Leave of Absences including Family, Medical, Short and Long Term Disability, and Worker's Compensation
- COBRA, Continuation of Coverage
- Well-being Programs
- Utilizing Oracle's HCM Benefits Application

The Benefits Team is committed to supporting you in making the most of your benefits today and for your future.

Visit the GMHEC "Contact Us" webpage to meet your team:

**[https://gmhec.org/
contact-us/](https://gmhec.org/contact-us/)**

Email: **benefits@gmhec.org**
Call: **802.443.5485**



Middlebury

Welcome to our 2025 Benefit Guidebook.

This guidebook outlines our benefit options with the goal of helping you understand and build the benefit package that will best meet you and your family's unique needs.

*Middlebury strives to provide a wide range of options and our benefits offerings are always evolving. Please take a fresh look at the options this year and be sure you are making choices that represent the best fit for your needs. Our benefits team will guide and support you through your 2025 Benefits Enrollment and there will be information forthcoming about enrollment information sessions. During this enrollment period or anytime throughout the year, please reach out with questions at **benefits@gmhec.org** or **802.443.5485**.*

In health,

Caitlin Goss

*Vice President for Human Resources and Chief People Officer
Middlebury College*

CONTENTS

Enrollment Overview	3
Steps to Enroll in Oracle	4
Benefit Basics	5
Benefit Contacts	6
Medical Overview	7
Empowering Your Healthcare Engagement.....	8
Finding In-Network Doctors	10
Cigna's Telehealth Connection Services.....	11
Save on Prescription Drugs	12
Medical Plan Comparison.....	13
Medical Plan Rates	14
Managing Your Health Savings Account	15
Supplementing Your Medical Plan.....	16
Dental	17
Vision	19
Flexible Spending Accounts.....	20
Managing Your Flexible Spending Account.....	21
Benefits Provided at No Cost to You	22
Voluntary Life Insurance Options	23
Pet Insurance.....	23
Well-being.....	24
Employee and Family Assistance Program	25
Saving for Retirement.....	26
Financial Resources	27
Important Notices.....	28

Enrollment Overview



ANNUAL OPEN ENROLLMENT

For current benefit eligible employees, Annual Open Enrollment will take place **OCTOBER 21 – NOVEMBER 1**. Follow the steps on page 4 to complete your enrollment online in **Oracle**.

NEW HIRES / NEWLY ELIGIBLE

You have 30 days from your date of hire into a benefit eligible role, status change, or life event to make your benefit elections in **Oracle**. Follow the steps on page 4 to complete your enrollment online in Oracle.

SET YOURSELF UP FOR SUCCESS

Open Enrollment each year is an active enrollment process. Employees must go through the open enrollment process and complete a submission even if no changes are necessary.

USE YOUR BENEFIT RESOURCES

This 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.

- For help with specific plans and policies, use the **"Benefit Contacts"** to reach our vendors.
- You can also reach out to Your Benefits Team (benefits@gmhec.org or **802.443.5485**) for questions or assistance with your benefits.

CONTACT CIGNA ONE GUIDE® TO CHOOSE YOUR MEDICAL PLAN WITH CONFIDENCE DURING YOUR ENROLLMENT PERIOD!

We understand how confusing and overwhelming it can be to review your health plan options. 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.

Call a representative during open enrollment or before your initial enrollment to get personalized, useful guidance. Your personal guide will help you:

- 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

For new hire or open enrollment help, reach out to Cigna One Guide® at **888.806.5042**.

ID CARDS

- **Cigna Medical Insurance:** Available digitally through mycigna.com or the app. You may request that Cigna mail you an ID card if you wish as they are not automatically mailed.
- **Northeast Delta Dental Insurance:** Cards will be mailed to new members or those who make a plan change during Open Enrollment. You may also access this information online.
- **VSP Vision Insurance:** VSP does not use ID cards. Any in-network provider will be able to pull up your information within the VSP portal.

LEARN MORE

Benefit Information Sessions will be provided to you in support of making your best benefit choices to meet your unique needs. These sessions will provide a brief overview of benefits available to you as well as tips and tricks to enroll in Oracle. Watch your email and calendar for invitations for informational sessions.

Additionally, plan summaries, recorded videos and informational flyers on the following are available on your **College Benefits Webpage**:

- Summary Plan Documents
- Benefits Overviews
- Cigna Medical
- Northeast Delta Dental
- HealthEquity - Health Savings Accounts
- VSP - Vision Plans
- Navia - Flexible Spending Accounts
- Unum - Voluntary Benefits and Life Insurance
- Employee Assistance and Well-Being Benefits
- Retirement Plans
- Medical Leave of Absence Information

Always refer to the applicable plan documents, policies or guides before making final decisions on your benefit elections and utilization. You may also reference Important Notices at the back of this guidebook.

Steps to Enroll in Oracle



The plans you enroll in will be effective from 1/1/25 (or your benefits eligibility effective date) through 12/31/25.

LOGIN TO ORACLE



1. To get started with self-service enrollment, you will need to navigate to **Oracle**. Click Oracle.
2. From the **Me** tab, click **Benefits**.
3. Click **Make Changes**, or **Start Enrollment** (if you are new to benefits), under your name in the middle of the screen.

BEFORE YOU ENROLL, UPDATE BENEFICIARIES AND DEPENDENTS

Collect your dependents' information if you intend to add them to your plans or name them as beneficiaries. You'll need full names and dates of birth.

1. Click **Add** to add each individual you intend to add as a dependent on your insurance plans and/or name as a beneficiary on your life insurance.
 - Enter required information.
 - Important: In the "What's the start date of this relationship?" box, enter a birthday or anniversary date prior to your benefits effective date.
 - Do not select contacts you do not wish to enroll in benefits.
 - Click Submit.
2. Once all of your people have been added, click **Continue**.

ELECTING BENEFITS

Be sure to select your beneficiaries for all Life & AD&D plans, even those the College provides to you at no cost.

Your Confirmation Page is the only confirmation that you will receive. If you view a confirmation page, you have successfully completed your enrollment. If you do not see a confirmation page, ensure you have clicked the Submit button.

1. Click on your **Health & Welfare Program** icon.
2. Read and **Accept** the Authorization.
3. Click the **Edit** button next to each group of benefits to enroll in.
 - Click the check box next to each benefit you would like to enroll in.
 - Click the check box next to each dependent you would like to enroll.
 - If you are editing who is enrolled in a plan, click the pencil next to the plan to modify your enrollment.
4. Click **OK** then **Continue**.
5. Follow step #3 above for each benefit you wish to enroll in or make changes to.
 - If enrolling in a Flexible Spending (medical or dependent care) or Health Savings Account, you will need to include annual contribution amounts. The IRS requires you to elect these each year.
 - If enrolling in Voluntary Life or AD&D, you will need to include the amount of coverage you would like to purchase.
6. Once you have selected all benefits you would like to enroll in, scroll to the top and click **Submit**. Right click in the Confirmation Page and choose to print a paper copy or save as a PDF.

REVIEW AND RESOLVE ACTION ITEMS

1. Navigate back to the **Benefits** page.
2. Click **Pending Actions**.
3. Review any actions requiring resolution.
 - Click the item, make necessary changes, and click on Submit.
 - If you have enrolled in Life Insurance requiring an Evidence of Insurability form, the benefits team will reach out to you with a link to the form and resolve this Pending Action for you once requirements have been met.

ENROLL IN RETIREMENT PLAN

You may change your retirement contributions anytime during the year.

1. Click on your Retirement Program icon.
2. Click **Continue** on the Before You Enroll page.
3. Click the **Edit** button. The Core Retirement Plan 401a section will be visible but not editable. Scroll to the Voluntary Retirement Plan 403b section. Click the check box next to Employee Contribution.
4. Enter the percentage of your pay you would like to contribute. Click **OK**.
5. Click **Continue**. Click **Submit**.

CONTACT YOUR BENEFITS TEAM WITH QUESTIONS: Call 802.443.5485 or email benefits@gmhec.org



ELIGIBILITY

Employees

You are eligible to participate on the first day of the month following your date of employment or classification as an eligible employee. If your first day of employment or benefits eligible classification is the first day of the month your benefits will be effective on that day.

Upon termination or departure from the College, some benefits end on the last day of the month following your last day of employment (medical/dental/vision). Other benefits end on the event date (life/disability/FSA and HSA).

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, be sure to visit <https://www.middlebury.edu/office/human-resources/self-service-resources/domestic-partner-benefits>.

KEY TERMS TO KNOW

Deductibles are the amount you pay for covered healthcare services before your insurance plan starts to pay.

- **Aggregate deductible** - All medical and pharmacy claims for a +1 or Family apply towards the same deductible and out of pocket max. There are no individual limits.
- **Stacked Deductible** - Individual medical and pharmacy claims are applied towards the individual deductible and out of pocket max regardless of +1 or Family enrollment.

Copayments (copays) are the fixed dollar amounts you pay for covered healthcare, typically at the time of service.

Coinsurance is the percentage of costs of a covered healthcare 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 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.

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

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 in the fall. During this time, you can add or drop benefit plans, enroll in an FSA or HSA, and add or remove dependents from your coverage for the coming plan year.

Qualifying Life Events - Change in Status

Outside of the Annual Enrollment period, 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.

EXAMPLES OF QUALIFYING LIFE EVENTS



Benefit Contacts



BENEFIT	CARRIER	PHONE	WEBSITE/EMAIL
Medical and Prescription	Cigna	800.244.6224	mycigna.com
Cigna Member Customer Service	Cigna	800.244.6224	N/A
Cigna Pre Enrollment Questions	Cigna	888.806.5042	N/A
Health Savings Account	HealthEquity	866.346.5800	my.healthequity.com
Dental	Northeast Delta Dental	800.832.5700	nedelta.com
Vision	VSP	800.877.7195	vsp.com
Flexible Spending Accounts	Navia Benefits	800.669.3539	naviabenefits.com
Employee and Family Assistance Program	Invest EAP	866.660.9533	investEAP.org
Critical Illness and Accident Insurance	Unum	866.679.3054	unum.com
Whole Life Insurance	Unum	866.752.7432	unum.com
Basic 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
Travel Assist	Unum	Dom. 800-872-1414 Int. 609.986.1234	unum.com
Pet Insurance	Nationwide	877.738.7874	benefits.petinsurance.com/middlebury

Empowering your well-being, one choice at a time.

FOR QUESTIONS ON YOUR BENEFITS, CONTACT YOUR BENEFITS 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 <https://www.middlebury.edu/office/human-resources/self-service-resources> and navigate to the benefits page for the current year for the most current version. This document does not constitute an employment contract.

Medical Overview



Middlebury College offers employees the choice of three medical plans through Cigna: the Platinum Plus Plan, the Gold Plan, and the Silver Plan. The Platinum Plus and Gold Plans are sometimes referred to as low deductible plans which cost more per paycheck, while the Silver Plan is a High Deductible Health Plan (HDHP) with a Health Savings Account and a lower per paycheck cost. All of our medical plans include 100% coverage for preventive care services in the Cigna Network. See the information below which outlines how the plans work and refer to the comparison chart to see how certain common services are covered.

	Silver Plan (Panther)	Gold Plan	Platinum Plus Plan (PPO)
	You pay nothing for in-network preventive care for you and your covered dependents.		
	Comes with a College-funded Health Savings Account. Middlebury College will contribute \$1,000* for individual coverage or \$2,000* for 2-Person and family coverage.	Does not come with a College-funded Health Savings Account.	
	You pay 100% for your non-preventive medical care until the plan's deductible is met. You can use HSA funds to pay these expenses.	Certain in-network medical services (like office visits) are not subject to the plan's deductible . Coinsurance will apply right away for these services.	Certain medical services (like office visits) are not subject to the plan's deductible .
	You pay 100% for your prescriptions until the plan's deductible is met. You can use HSA funds to pay these expenses.	Prescription drugs are not subject to the plan's deductible . Coinsurance applies right away.	Prescriptions are covered with a flat copay .
	AGGREGATE DEDUCTIBLE: Full single or entire family deductible must be met before claims are paid. Those enrolled in two-person plan must meet the family deductible.	STACKED DEDUCTIBLE: Individual medical and pharmacy claims are applied towards the individual deductible and out of pocket max regardless of +1 or Family enrollment. Once individual deductible is met Plan coinsurance will apply.	
	Cigna's Telehealth Connection is covered at a low cost per visit.		
	Other medical services (like hospital stays) are covered at 80% after the plan's deductible has been met.		
	After the plan's deductible has been met, eligible in-network medical expenses are covered at 80%.		
	If your out-of-pocket costs reach the annual maximum, the plan pays 100% for eligible care the remainder of the plan year.		

*HSA contribution amounts are prorated for participants joining the plan part way through the year.



UNDERSTANDING SELF-INSURED HEALTH INSURANCE AND EMPOWERING YOUR HEALTHCARE ENGAGEMENT

Our CIGNA self-insured health insurance plans are designed to empower you to make informed healthcare decisions. Our plans promote accountability, healthcare engagement and cost containment, benefiting employees, their families and the College.

HOW SELF-INSURED PLANS WORK

Employer Responsibility: Middlebury College, the employer, assumes the financial risk for medical claims. The College develops the plan designs.

Employee Contributions: Your premium contributions go towards a fund for paying medical claims.

Cost Containment: Every dollar saved on claims contributes to better benefits and/or reduced costs in the long term.

Cost Transparency: Take advantage of tools to support your decision making. For our Cigna members, check out [this video](#) developed by our Cigna Engagement Specialist. It will walk you through all the cost comparison/ cost containment tools available to help you make the most informed and financially sound decisions.

ACCOUNTABILITY AND CONSUMERISM

In-Network vs. Out-of-Network: Utilizing in-network providers lowers costs for you and the College. Find in-network providers at myCigna.com.

Cost Comparison Tools: Access online tools to compare prices and quality ratings of medical services.

Second Opinions: Encouraged for major procedures to ensure the best treatment options.

Preventive Care: Covered at 100% to promote early detection and reduce long-term costs.

Well-being Programs: Engage in programs that focus on healthy habits, earning rewards.

Consider Pre-tax savings:

- **HSAs:** For high-deductible plans, contribute tax-free to cover healthcare expenses.
- **FSAs:** Set aside pre-tax funds for qualified healthcare expenses.

CLAIM PROCESS

There are two ways claims are initiated:

DIRECT BILLING	EMPLOYEE CLAIMS
Most in-network providers submit claims directly to the insurance company.	For out-of-network or non-participating providers, you may need to submit claims yourself.

Claims are processed according to plan documents and designs as determined by the College.

TRANSPARENT BILLING

Explanation of Benefits (EOB): Receive detailed EOBs to understand costs, benefits and any balance due.

Questions: Reach out to Cigna to better understand billing or coverage. You may also reach out to Your Benefits Team if you have any billing or coverage questions.

PRESCRIPTION COVERAGE

Formulary: Prescription drugs are organized into tiers, which categorize medications based on their cost and therapeutic value. Our formulary is structured with 3 tiers:

TIER 1	TIER 2	TIER 3
Typically Generics (lowest cost medication)	Typically Preferred Brands (medium cost medication)	Typically Non-Preferred Brands (highest cost medication)

Speciality medications can be in any of the 3 tiers; however, they are usually found in tier 2 or tier 3.

Empowering Your Healthcare Engagement



ANNUAL CHECKUPS

Important: Schedule regular checkups to monitor your health and catch issues early.

Coverage: These checkups are usually covered by insurance at 100% when visiting an in-network provider.

SELF INSURED PLAN

Our self-insured health insurance plan empowers you to take control of your healthcare decisions and costs. By becoming informed consumers, we collectively contribute to better benefits and/or cost containment. We're here to support you on your healthcare journey.

ENGAGING YOUR HEALTHCARE JOURNEY

Take Charge of Your Health:

- **Make Informed Decisions:** Stay informed about your health insurance through workshops and online resources.
- **Ask Questions:** Reach out to our dedicated support team for assistance and guidance.

Choosing the Right Care for Your Needs



VIRTUAL CARE

Around the clock telehealth house calls through **MD Live** for Cigna

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- Sore throat
- Headache
- Stomach ache
- Fever
- Cold and flu
- Allergies
- Rash
- Acne
- Urinary tract infections



YOUR DOCTOR

Your first choice for non-emergency care

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- Preventive Care immunizations/ screenings
- Cuts / scrapes
- Eye swelling, pain
- Fever, colds, flu
- Sore throat
- Minor burns
- Stomach ache
- Ear / sinus pain
- Physicals
- Minor allergic reactions



IMMEDIATE / URGENT CARE

When it's not a true emergency but needs immediate attention

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- Migraines / headaches
- Cuts that need stitches
- Stomach pain
- Sprains / strains
- Urinary tract infection
- Animal bites
- Back pain



EMERGENCY ROOM

For life-threatening problems

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- Chest pain, stroke
- Seizures
- Head or neck injuries
- Sudden or severe pain
- Heart attack
- Severe vomiting, diarrhea
- Fainting, dizziness, weakness
- Uncontrolled bleeding
- Problems breathing
- Broken bones

myCigna & In-Network Doctors



ID CARD

Cigna provides Digital ID cards, similar to how travelers often have digital boarding passes or tickets. Digital ID cards allow access to plan coverage details more easily, and they are more conveniently available at your fingertips when needed.

On or after the coverage effective date, members may access ID cards through [myCigna.com](https://www.mycigna.com) and the [myCigna App](#). Both the website and app offer convenient, timely access to ID cards, as well as many other features to help manage health and savings.

Use the digital ID cards in the same way physical ID cards are used.

- On [myCigna.com](https://www.mycigna.com), view, print or request a mailed card.
- On the [myCigna App](#) view, print, share (via text, email and AirDrop) or save an image of your digital ID card(s).

Is your doctor 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](https://www.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 [myCigna.com](https://www.mycigna.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.



MYCIGNA® MOBILE APP

Cigna's With You, Wherever You Are

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

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

Download
the myCigna®
app in the
App Store or
Google Play!



Cigna's Telehealth Services



INCLUDED WITH ALL MEDICAL PLAN OPTIONS

Our medical plans include access to Cigna's Telehealth Connection services at a low cost through MD Live. 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

CIGNA VIRTUAL CARE FOR BEHAVIORAL HEALTH

Life is demanding. That's why your health plan through Cigna includes access to minor medical and behavioral/mental health virtual care.

Whether it's late at night and your therapist isn't available or you just don't have the time or energy to leave the house, you can:

- Schedule a behavioral/mental health virtual care appointment online in minutes
- Connect with quality, licensed counselors and psychiatrists
- Have a prescription sent directly to your local pharmacy, if appropriate

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.

One important thing to understand is the difference between Telehealth and Telemedicine. **Telehealth** (MDLive) is not a visit with your doctors, it is a visit with board certified physicians available through Cigna's MD Live network.

Telemedicine is the tagline used when you see your doctor via secure video conference or phone, but not in person. A Telemedicine visit follows the same cost structure as an in-person visit.

MDLIVE for Cigna®

Save on Prescriptions



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 medical plans. Please refer to drug list on mycigna.com or call Customer Service at 800.244.6224.

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

- 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.
- Access your ID card using the myCigna® app. You can also download and print a temporary Cigna ID card from the myCigna® website.
- CIGNA specialty medication Pharmacy Programs to save you and the College money.
- Clinical Day/Split Fill: limits potential waste on initial prescription for specialty medications.

CHOOSE THE FILL OPTION THAT WORKS BEST FOR YOU

You can fill your medications in a 30-day or 90-day supply:

- To fill a 90-day supply, you must use a 90-day retail pharmacy in the plan's network OR Express Scripts, Cigna's home delivery pharmacy.
- You can fill a 30-day supply at any retail pharmacy in your plan's network OR Express Scripts, Cigna's home delivery pharmacy

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. Express Scripts provides 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 automatic refills and refill reminders so 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 medications 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*						
	SILVER PLAN (PANTHER)		GOLD PLAN		PLATINUM PLUS PLAN (PPO)	
	In-Network	Out-Of-Network	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: \$2,000 Family: \$4,000 aggregate deductible	Individual: \$4,000 Family: \$8,000 aggregate deductible	Individual: \$450 Ind.+1: \$900 Family: \$1,350 stacked deductible	Individual: \$900 Ind.+1: \$1,800 Family: \$2,700 stacked deductible	Individual: \$500 2-Person: \$1,000 Family: \$1,500 stacked deductible	
Medical Coinsurance (% you pay for services)	20% after deductible	30% after deductible	20% after deductible	30% after deductible	20% after deductible	
Medical Out-of-Pocket Maximum	Individual: \$3,000 Family: \$6,000	Individual: \$6,000 Family: \$12,000	Individual: \$3,000 Ind.+1: \$6,000 Family: \$9,000	Individual: \$6,000 Ind.+1: \$12,000 Family: \$18,000	Individual: \$1,800 2-Person: \$3,600 Family: \$5,400	
Prescription Out-of-Pocket Maximum	Included with medical Out-of-Pocket Maximum	Included with medical Out-of-Pocket Maximum	Included with medical Out-of-Pocket Maximum	Included with medical Out-of-Pocket Maximum	Individual: \$1,000 2-Person: \$2,000 Family: \$3,000	
WHAT YOU PAY FOR SERVICES						
Preventive Care	\$0; Plan pays 100%	30% after deductible	\$0; Plan pays 100%	30% after deductible	\$0; Plan pays 100%	
Primary Care Physician (PCP) Visit	20% after deductible	30% after deductible	20%, deductible does not apply	30% after deductible	20%, deductible does not apply	
Specialist Visit	20% after deductible	30% after deductible	20%, deductible does not apply	30% after deductible	20%, deductible does not apply	
Urgent Care	20% after deductible	30% after deductible	20% after deductible	30% after deductible	20%, deductible does not apply	
Hospitalization	20% after deductible	30% after deductible	20% after deductible	30% after deductible	20% after deductible	
Outpatient Mental Health/Substance Abuse	20% after deductible	30% after deductible	20% after deductible	30% after deductible	20%, deductible does not apply	
Inpatient Mental Health/Substance Abuse	20% after deductible	30% after deductible	20% after deductible	30% after deductible	20% after deductible	
Emergency Room	20% after deductible	20% after deductible	20% after deductible	20% after deductible	20% after deductible	
Foreign Travel	Emergency care only		Emergency care only		Same coverage as in US	
PRESCRIPTION DRUG COVERAGE						
RETAIL PHARMACY (30-DAY SUPPLY)						
Generic	10% after deductible		10%, no deductible		\$10 copay	
Preferred Brand	30% after deductible		30%, no deductible		\$25 copay	
Non-Preferred Brand	40% after deductible		40%, no deductible		\$40 copay	
MAIL ORDER (90-DAY SUPPLY)						
Generic	10% after deductible		10%, no deductible		\$20 copay	
Preferred Brand	30% after deductible		30%, no deductible		\$50 copay	
Non-Preferred Brand	40% after deductible		40%, no deductible		\$80 copay	

*The Platinum Plus plan has one deductible and out-of-pocket maximum for in-network and out-of-network coverage. The Gold and Silver plans have separate deductibles and out-of-pocket maximums for in-network and out-of-network coverage.

Medical Plan Rates



PLATINUM PLUS PLAN (PPO) EMPLOYEE CONTRIBUTIONS				
BI-WEEKLY EMPLOYEE PREMIUM RATES BY SALARY TIER (PER PAY PERIOD)				
Salary Tier	Employee Only	2-Person	Family	2-Employee Couple Family (each)
\$20Ks	\$32.19	\$154.81	\$216.17	\$58.58
\$30Ks	\$45.06	\$157.60	\$218.96	\$63.08
\$40Ks	\$57.94	\$184.10	\$256.61	\$81.11
\$50Ks	\$70.80	\$192.46	\$263.59	\$99.13
\$60Ks	\$83.68	\$213.38	\$298.46	\$117.16
\$70Ks	\$96.54	\$223.15	\$312.40	\$135.17
\$80Ks	\$109.43	\$244.07	\$341.70	\$153.20
\$90Ks	\$122.30	\$258.02	\$361.22	\$171.22
\$100Ks	\$135.17	\$277.54	\$389.12	\$189.24
\$110Ks	\$148.04	\$296.10	\$414.54	\$207.28
\$120Ks	\$160.92	\$321.85	\$450.59	\$225.29
\$130Ks	\$173.80	\$347.60	\$486.62	\$243.31
\$140Ks	\$186.67	\$373.34	\$522.68	\$261.34
\$150Ks	\$199.55	\$399.09	\$558.73	\$279.36
\$160Ks	\$212.42	\$424.84	\$594.78	\$297.38
\$170Ks	\$225.29	\$450.59	\$630.83	\$315.41
\$180Ks+	\$232.89	\$465.47	\$651.71	\$325.86

GOLD PLAN EMPLOYEE CONTRIBUTIONS				
BI-WEEKLY EMPLOYEE PREMIUM RATES BY SALARY TIER (PER PAY PERIOD)				
Salary Tier	Employee Only	2-Person	Family	2-Employee Couple Family (each)
\$20Ks	\$24.00	\$115.42	\$161.16	\$43.68
\$30Ks	\$33.60	\$117.50	\$163.24	\$47.03
\$40Ks	\$43.20	\$137.25	\$191.32	\$60.47
\$50Ks	\$52.79	\$143.49	\$196.51	\$73.91
\$60Ks	\$62.38	\$159.08	\$222.51	\$87.34
\$70Ks	\$71.98	\$166.37	\$232.91	\$100.78
\$80Ks	\$81.58	\$181.96	\$254.76	\$114.22
\$90Ks	\$91.18	\$192.36	\$269.30	\$127.65
\$100Ks	\$100.78	\$206.92	\$290.10	\$141.09
\$110Ks	\$110.37	\$220.75	\$309.05	\$154.53
\$120Ks	\$119.97	\$239.96	\$335.93	\$167.96
\$130Ks	\$129.58	\$259.14	\$362.80	\$181.40
\$140Ks	\$139.17	\$278.34	\$389.68	\$194.83
\$150Ks	\$148.78	\$297.53	\$416.56	\$208.27
\$160Ks	\$158.37	\$316.74	\$443.42	\$221.72
\$170Ks	\$167.96	\$335.93	\$470.31	\$235.15
\$180Ks+	\$173.62	\$347.02	\$485.88	\$242.93

SILVER PLAN (PANTHER) EMPLOYEE CONTRIBUTIONS			
% OF INCOME (PER PAY PERIOD)			
Single	2-Person	Family	2-Employee Couple Family (each)
2.46%	4.93%	6.89%	3.44%
SILVER PLAN ANNUAL EMPLOYEE CONTRIBUTION CEILING			
Single	2-Person	Family	2-Employee Couple Family (each)
\$4,225.01	\$8,443.97	\$11,823.30	\$5,911.64

Managing Your 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 healthcare expenses. The HSA is only available to employees who have elected the Silver high deductible medical plan.

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. 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, dental, and vision 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 Silver HDHP with HSA medical option), you will receive a Welcome Kit at your home address with registration information. We partner with HealthEquity to administer our employees' Health Savings Accounts.

If you currently have an HSA through Middlebury, you do not need to set up a new account. Remember to review and update your employee pre-tax contribution in Oracle each year. A new debit card will not be issued unless your current card expires.

EMPLOYER CONTRIBUTIONS

The College's Contribution will be deposited into your HSA each pay period.

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 2025 HDHP WITH HSA PLAN DURING OPEN ENROLLMENT*			
SILVER PLAN	TOTAL IRS LIMIT	EMPLOYER CONTRIBUTION	YOU CAN CONTRIBUTE
Employee Only	\$4,300	\$1,000	\$3,300
EE+1/Family	\$8,550	\$2,000	\$6,550
55+ Catch Up	\$1,000	N/A	\$1,000

*Amounts are prorated for participants joining the plan part way through the year.

USING HSA MONEY

HSA money can be used tax-free for any eligible medical, dental or vision expenses. If you pay out of pocket for an eligible expense, you can reimburse yourself from your HSA by filing a claim online.

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.

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 Veteran's Affairs Medical Coverage (See Publication 969 located at www.irs.gov).
- You cannot be claimed as a dependent on someone else's (current year's) tax return.

Remember, it is important to keep your beneficiary information up-to-date. Please be sure to verify or update this information each year using the HealthEquity website. Examples of when you may want to update your beneficiaries are birth, adoption, marriage, or divorce.

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 plan for. That's where supplementing your insurance with our voluntary plans can help. 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 treatment and recovery. If you elect this coverage and are diagnosed with a covered illness, you get a lump-sum cash reimbursement payment — even if you receive benefits from other insurance. You may purchase critical illness insurance coverage for your spouse up to 50% of the amount of coverage you enroll in for yourself.

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
- Benign brain tumor
- Blindness
- Progressive Diseases such as Dementia or Parkinson's
- Supplemental Conditions such as Coma or Permanent Paralysis

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 **800.635.5597** to inquire about claiming your wellness benefit.

Critical Illness Insurance Rates

Rates are based on you and your spouse's age and coverage amount elected. Review the rates listed in Oracle as you make your elections.

ACCIDENT INSURANCE

The Accident Insurance plan provides benefits to help cover the costs and out-of-pocket expenses associated with your treatment and recovery 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.

Examples of Covered Injuries*

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

**Exclusions and limitations may apply; refer to plan documents for full list*

EXAMPLE OF BENEFIT AMOUNT FOR A BROKEN ANKLE

Fracture	\$450
Ambulance	\$300
X-ray	\$50
Crutches	\$100
Physical Therapy	\$20
Follow-up Visit	\$75
TOTAL BENEFIT	\$995



Accident Insurance Rates

TIER	PER PAY PERIOD
Employee Only	\$5.53
Employee + Spouse	\$9.75
Employee + Child(ren)	\$12.30
Family	\$16.52





Northeast Delta Dental!

Middlebury College offers two dental plans through Northeast Delta Dental. There are differences in coverage. It is important you choose the plan that is right for your needs. Those needs may change from year to year. 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 you may visit any provider you would like, you will get the best value when you receive care from a Delta Dental PPO (greatest savings) or Delta Dental Premier dentist. Out-of-network providers are allowed to balance bill you for any amount above the out-of-network reimbursement. Visit nedelta.com or log on to the Delta Dental mobile app to see who is in the network.

DELTA DENTAL PLANS		
	DENTAL BASE PLAN*	DENTAL ENHANCED PLAN*
	In-Network	In-Network
Deductible	\$100 individual / \$300 family maximum	\$25 per person
Calendar Year Benefits Maximum	\$1,250 per person	\$2,000 per person
Preventive Services (Cleanings: 2 per year)	Covered 100%, no deductible	Covered 100%, no deductible
Basic Services	Covered 50% after deductible	Covered 80% after deductible
Major Services	Covered 50% after deductible	Covered 80% after deductible
Dental Implants	Covered 50% after deductible	Covered 80% after deductible
Orthodontics	Covered 50%, no deductible Coverage for dependent children to age 19	Covered 80% after deductible Coverage for employee and all dependents
Orthodontics Lifetime Maximum (Plan pays)	\$1,250 per child	\$2,000 per person

*On the Base Plan, services provided by a non-network dentist will be reimbursed at the 90th percentile of all provider submitted amounts in the geographic area. It is the patient's responsibility to make full payment to the dentist. On the Enhanced Plan, services provided by a non-network dentist will be reimbursed as billed. It is the patient's responsibility to make full payment to the dentist.

2025 DENTAL PLAN PREMIUMS (PER PAY PERIOD)		
	BASE DENTAL	ENHANCED DENTAL
Employee Only	\$2.96	\$4.30
Employee + 1	\$14.26	\$19.56
Family	\$19.91	\$28.52
2 Employee Couple Family (each)	\$5.70	\$7.41

Northeast Delta Dental Tips



ACCESS YOUR MEMBER BENEFITS 24/7

Enjoy 24/7 access to your benefit and claim information, print additional identification cards, read your benefit booklet and Explanation of Benefits (EOB), download our mobile app, search for a dentist, register for the Health *through* Oral Wellness® (HOW®) program and so much more—all when it's convenient for you!

Northeast Delta Dental strives to give you the best experience possible. That includes technology with access to the information and tools you need, all while supporting our efforts to go green by reducing paper waste and our carbon footprint.



Register for HOW®



View your benefits/
Find a dentist



Print ID cards



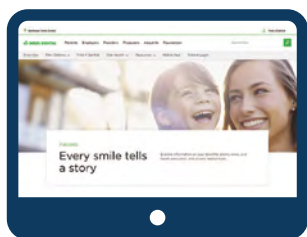
Download our
mobile app



View claims and
print EOBs



Read your
dental plan booklet



REGISTRATION IS SIMPLE:

1. Go to www.nedelta.com and click on PATIENTS
2. Click Log In or Register Here to get started!

3. Complete the registration process

Note: You will need your Subscriber ID number (found on your ID card or by calling Customer Service at 1-800-832-5700).

FINDING A DENTIST IN YOUR AREA IS EASY!

For new members, if you haven't enrolled yet you can still use the www.nedelta.com website to see if your dentist is in the network. Find a Dentist is located in the top right corner of every page. Enter some general information about your location and network type (choose either Delta Dental PPO for the greatest discounts or Delta Dental Premier), click Search, and a list of dentists serving your area will be displayed. You can always ask your dentist if they participate with Northeast Delta Dental (Delta Dental PPO or Delta Dental Premier networks).



**HEALTH *through* ORAL
WELLNESS® (HOW®)**

Health *through* Oral Wellness® is a program designed to promote better oral health and overall health for Northeast Delta Dental members. HOW® is all about YOU because it's based on your own specific oral health risks and needs. Best of all, it's secure, confidential and absolutely FREE.

REGISTER - Go to HealthThroughOralWellness.com and click on "Register Now".

KNOW YOUR SCORE - After you register, please take the free oral health risk assessment!

SHARE YOUR SCORE WITH YOUR DENTIST - Share your results with your dentist at your next dental visit. Your dentist can discuss your results with you and perform a clinical version of the assessment. Based on your risk, as shown on your clinical assessment, you may be eligible for additional preventive benefits at no cost if your employer participates in the HOW program.*

EYEMED VISION AND HEARING DISCOUNT PROGRAMS

- EyeMed vision care (save up to 35% off) eyewear. With Vision Wellness, choose from any available frame at provider locations, including: Independent Provider Network, LensCrafters, Pearl Vision, Optical.
- Amplifon hearing care (40%) - hearing exams and set pricing on thousands of hearing aids.

**Additional preventive benefits are subject to the provisions of your Northeast Delta Dental policy. Only the clinical risk assessment performed by your dentist can determine your eligibility for additional preventive benefits.*



You have a choice between two vision plan options, both provided through Vision Service Plan (VSP). There is an Enhanced Plan and a Base Plan. Review the plans and choose which works best for you.



SAVE MONEY BY GOING IN-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](https://www.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			

2025 VISION PLAN PREMIUMS (PER PAY PERIOD)		
	BASE VISION	ENHANCED VISION
Employee Only	\$0.76	\$1.22
Employee + 1	\$3.79	\$6.11
Family	\$6.11	\$9.85
2 Employee Couple Family (each)	\$1.95	\$3.15

Flexible Spending Accounts (FSAs)



HEALTHCARE FSA

A Healthcare 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.

LIMITED PURPOSE FSA (HDHP PARTICIPANTS ONLY)

If you or your spouse are enrolled in a High Deductible Health Plan, you may only enroll in a Limited Purpose FSA. You may use these funds to pay for eligible dental and vision expenses, preserving the money in your HSA for medical expenses. If you were previously enrolled in a Healthcare FSA and switch to a HDHP, your Healthcare FSA funds eligible for rollover will move into a Limited Purpose FSA and qualify for dental or vision reimbursement.

HOW IT WORKS

You decide how much to contribute to your Healthcare or Limited Purpose FSA each year. At the time of Open Enrollment, the IRS has not announced the 2025 contribution limits. In 2024 participants could contribute up to \$3,200.* 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.

Rollover

FSA plans allow up to a certain dollar amount to rollover from year to year. At the time of Open Enrollment, the IRS has not announced the rollover limit for next year. In 2024 participants may rollover \$640* of unused funds into 2025.

**The IRS reviews flexible spending limits each year*

CLAIMS REIMBURSEMENT

You can access your FSA funds through the plan administrator's website at naviabenefits.com. Learn more about managing your account on the next page.



DEPENDENT CARE FSA

The Dependent Care FSA allows you to set aside money from your paycheck on a pre-tax basis for child care 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 themselves.

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

- 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 for the previous calendar year must be submitted for reimbursement by March 31.

FSA Carryover / Runout

- **FSA Carryover = \$640 from 2024 into 2025. The 2025 into 2026 amount has not been announced yet by the IRS.**
- **Members have up to 90 days after end of plan year to submit FSA claims incurred in the prior year**
- **There is no carryover for Dependent Care Accounts.**

Managing Your Flexible Spending Account



ACCESS YOUR FUNDS WITH YOUR FLEX CARD

Navia will issue you a debit card. It can be used to pay for eligible FSA and Dependent Care expenses.

IMPORTANT: FSA claims need to be substantiated and therefore you should save all receipts from flexible spending transactions.

If you choose not to use your flexible spending 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 Navia website at www.naviabenefits.com. Follow the steps below to register as a first-time user.

1. Go to www.naviabenefits.com.
2. Click "register".
3. Click "I'm a participant."
4. Fill in the user information. The employer code is MD8.
5. Choose your security questions and click "Submit".



Contact Navia customer service if you need help filing a claim.

1. customerservice@naviabenefits.com
2. 800.669.3539

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

1. Log on to your account at www.naviabenefits.com
2. Click "login"
3. Enter your claim and upload documentation

MOBILE

1. Install the myNavia On-the-Go app on your smartphone
2. Log in with your username and password and file your claim
3. Enter the claim information and attach a picture of your documentation

MAIL/FAX

1. Download a claim form at www.naviabenefits.com
2. Print, complete and sign your claim form
3. Attach a copy of your supporting documentation
4. Mail your claim form and documentation to:
Navia Benefit solutions
Attention: Claims
PO Box 53250
Bellevue, WA 98015

Benefits Provided at No Cost to You



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. Beneficiaries for life insurance are tracked and updated in Oracle.

BASIC LIFE AND AD&D

For eligible employees, the College pays 100% of the cost of Basic Life insurance and Accidental Death & Dismemberment (AD&D) insurance through Unum.



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

* At age 70, benefits reduce to 65% of covered amount.
At age 75, benefits reduce to 50% of covered amount.

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

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

SHORT-TERM DISABILITY

Short-Term Disability (STD) provides you with income when you are unable to work due to an illness, injury, or maternity. This coverage is paid for by the College and all claims are administered by Unum.

BENEFIT DETAILS

Up to 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 may begin once:

- An individual has been out for 14 consecutive days for an illness or injury (this is called the elimination period)
- The appropriate paperwork has been filed with Unum
- Unum has approved the illness or injury as a disability

Unum will determine your 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. Unlike Short-Term disability, 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

UNUM TRAVEL ASSIST

Unum's travel assistance services are provided to you at no cost by Assist America, Inc. Available to help 24/7, 365 days per year for support when you are traveling more than 100 miles from home in case of emergency. Travel assistance speaks your language, helping you locate hospitals, embassies and other "unexpected" travel destinations. Add the number to your cell phone contacts, so it's always close at hand. Just one phone call connects you and your family to medical and other important services.

Use your Travel Assist phone number or mobile app for support with passport replacement assistance, legal and interpreter referrals, emergency trauma counseling, emergency medical evacuation, prescription replacement assistance, and so much more.

Call: **800-872-1414** Domestic, **609-986-1234** International.
Download and activate the Assist America app today.
Use reference number: **01-AA-UN-762490**

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, your spouse/partner, and your 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.
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.
Child Life Insurance	Birth to 6 months: \$1,000; Over 6 months: \$1,000 to \$10,000 in increments of \$1,000.

* At age 70, benefits reduce to 65% of covered amount.
At age 75, benefits reduce to 50% of covered amount.

Evidence of Insurability (EOI) is required if:

- **You are newly enrolling in coverage outside of new hire enrollment or above the Guarantee Issue amount.**
- **You are increasing current coverage above the Guarantee 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 (for employee or spouse coverage) are determined by your age and the amount of coverage you elect.

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.

Interested? Questions? To talk about options, rates, and/or enroll call Unum at **866.752.7432**.

NEW! PET INSURANCE

The College is pleased to offer Voluntary Pet Insurance for 2025 through Nationwide!

- You have two plan options to enroll in—My Pet Protection® and My Pet Protection® with Wellness500. Plans offer up to \$7,500 for eligible veterinary bills related to accidents, injuries and illnesses. My Pet Protection with Wellness500 offers the same protection as the medical plan, but also includes coverage for preventive care.
- You can visit any vet, anywhere. You will also have access to the VetHelpline® app—a 24/7 video chat service with licensed veterinary professionals.

	MY PET PROTECTION®	MY PET PROTECTION® WITH WELLNESS500
Accidents	✓	✓
Injuries	✓	✓
Illnesses	✓	✓
Hereditary and congenital conditions	✓	✓
Diagnostics and imaging	✓	✓
Procedures and surgeries	✓	✓
Wellness exams, vaccinations, and flea prevention		✓
Spay or neuter		✓
And more	✓	✓

Both plans are guaranteed issuance, have a \$250 annual deductible and include medical coverage with the choice of 50% or 70% reimbursement levels. See plan documents and contact nationwide for complete details.

ENROLL DIRECTLY WITH NATIONWIDE, PAY THROUGH PAYROLL DEDUCTION

Visit benefits.petinsurance.com/middlebury or call **877.738.7874** to get a quote and sign up for Nationwide Pet Insurance. After you sign up, you will see the premiums deducted each paycheck.

CONTACT INFORMATION FOR CLAIMS & QUESTIONS

submitmyclaim@petinsurance.com

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



WELL-BEING PROGRAMS

At Middlebury College, our commitment to your well-being is paramount. We understand that a healthy and thriving workforce forms the foundation of our success, and thus, we are dedicated to fostering a culture that prioritizes your well-being. Through our partnership with GMHEC, we bring you a well-being program that aims to ensure that you feel valued, empowered, and able to bring your best self to life and work every day. Together, we continue to create a workplace that not only nurtures your professional growth but also celebrates the holistic wellness of every individual.

TO FIND OUT MORE ABOUT WHAT'S AVAILABLE:

- Check out the **2025 Middlebury College Well-being Resource Guide** on the GMHEC Well-being webpage.
- Sign up for the "What's on tap for well-being?" newsletter and be the first to know about what's coming up. To sign up, send "sign up for newsletter" to **rebecca.schubert@gmhec.org**
- Check out our **events calendar**

FOCUSING ON MENTAL HEALTH



Taking care of one's mental health is essential for maintaining emotional balance, reducing stress, and enhancing overall well-being. A healthy mind helps individuals cope with life's challenges, build resilience, and develop strong, positive relationships. Prioritizing mental health also improves focus, decision-making, and productivity, which are critical for personal and professional success. Check out these resources to enhance your mental health.

CIGNA TOTAL BEHAVIORAL HEALTH PROGRAMS

For a full list of Cigna's Behavioral Health Programs, go to **<https://cignabehavioralprograms/CTBH/>**

FOCUSING ON PHYSICAL HEALTH



Physical health is the foundation of well-being. It directly supports the body's ability to function optimally. A healthy body enhances mental clarity, emotional stability, and helps to buffer against stress. A strong physical foundation allows individuals to fully engage in daily activities, pursue goals, and maintain a balanced lifestyle. Check out these resources which can help to enhance your physical well-being.

CIGNA DIABETES PREVENTION PROGRAM

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.

If you are over the age of 18, have a body mass index over 25 or have a diagnosis of prediabetes, high triglycerides, low HDL cholesterol, blood pressure or high blood sugar, you may qualify. To learn more and see if you're eligible, go to **<https://go.omadahealth.com/middlebury>**.

THE EDGE

For only \$20 per month, all benefits eligible employees are eligible to join The Edge at any of their locations.

- To learn more and to sign up, go to **<https://gmhec.org/wellbeing/wellbeing-offerings/>**
- Click here to learn more about benefits for family members: **<https://gmhec.org/resources-for-well-being/>**

AIRROSTI REMOTE RECOVERY

If you are dealing with muscle and joint pain, Airrosti provides virtual care at your convenience. Visit: **airrosti.com/remoterecovery**

FOODSMART

Talk with a dietitian for nutrition support and 1:1 counseling. Learn more: **foodsmart.com/members/cigna-healthcare**

Employee and Family Assistance Program



Middlebury College provides employees and anyone residing in their home an Employee and Family Assistance Program (EAP) through Invest EAP.

No one is immune from life's challenges. Family dynamics, worries over illness, money, work/life balance, and substance abuse are a few areas where EAP can help. EAP provides free, confidential services with a personalized approach to any challenge you and every member of your household may be facing. No problem is too big or too small.

FINANCIAL AND LEGAL HELP

Free referrals to attorneys and free advice from financial professionals ready to help with your needs.

COUNSELING

Solution-focused sessions help you with any problem you may be facing: parenting, divorce, anxiety, depression and more.

BEHAVIORAL HEALTH

There is no health without mental health. Our approach takes a holistic approach to your total well-being and increases your resiliency.

LIFE RESOURCES

Unlimited consultation, assessment and customized referrals for major life events such as childcare, eldercare, adoption, housing, transportation and more.

CONTACT THE EAP FOR ASSISTANCE **ANYTIME**

**Not sure what to do about a problem or who to turn to?
Not sure if it's something the EAP can help with? Call anyway!**

Their approach is positive and proactive and they offer services to answer any need. We encourage you to explore this free, confidential support.



866.660.9533

toll-free 24/7/365 hotline for all EAP services



www.investEAP.org

PASSWORD: "midd"

Saving for Retirement



CORE RETIREMENT PLAN 401A

Participation in the Core Retirement Plan is a mandatory condition of employment for benefits eligible employees age 21 and older. Your contribution level and the College’s generous contribution change over time. See the chart below.

Employee contributions in the mandatory Core plan are made on a tax-deferred basis. There is full and immediate vesting of all employee and employer contributions. Investments default into an age-based TIAA Life Cycle Fund. Employees can manage their own investments and choose from a variety of mutual funds as well as fixed and variable annuities. For more details, visit www.tiaa.org/public/tcm/middleburycollege.

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

Special rules apply for rehires and for employees who incur a break-in-service. See the SPD or contact Benefits 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 the SPD or contact Benefits 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 RETIREMENT PLAN 403B

All employees may save for retirement using the Voluntary Retirement Plan. Participants may contribute to this 403(b) plan on a pre-tax and/or Roth after-tax basis. A Roth contribution is taken from your check after you’ve paid income tax on your earnings, so your current taxable income is not reduced. Later, your withdrawal of the Roth contributions and any investment earnings will be tax-free. Consult with TIAA or another advisor if you have any questions about whether Roth contributions are a good option for you.

How Much Can I Contribute?

You may elect any combination of pre-tax and Roth deferrals, up to the allowed IRS maximum for your age. In 2024 the contribution limit was \$23,000. For those age 50 or older the limit was \$30,500. The 2025 limits may be higher.

Note, your mandatory employee contributions to the Core Plan, if any, do not count toward your 403(b) annual IRS savings maximum.

Does Middlebury Contribute to My 403(b)?

No, the 403(b) Plan allows employee contributions only.



When Can I Enroll or Change my Contributions?

You can start, stop or change 403(b) contributions at any time by making a new election in Oracle. Elections are effective in the pay period during which the change is made.

457(B) DEFERRED COMPENSATION PLAN

Employees with salaries above a certain threshold may also be eligible to contribute to the supplemental 457(b) Deferred Compensation Plan. Email benefits@gmhec.org or call **802.443.5485** for details.



MY SECURE ADVANTAGE

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.

90 DAYS OF MONEY COACHING

- Professional, unbiased, trustworthy, confidential
- No sales environment – focus is on helping you
- Address life events, goals and challenges
- Ongoing, telephonic consultations

ASSESSMENT & ACTION PLAN

- Get a financial check-up to see where you stand
- Receive a personalized action plan based on your results
- Track your financial well-being score over time to see your progress

MEMBER WEBSITE

- Schedule appointments
- Upload and share documents
- Watch video courses
- Access forms, calculators and coach notes



WALLET

- See all of your accounts in one place
- Track spending and monitor cash flow
- Make informed decisions with 24/7 visibility
- Safe and secure with bank-level security

CREDIT SCORE & CREDIT REPORT

- Single bureau credit score (updated every 30 days) and credit report (updated annually)
- 24/7 credit and 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 and live forums
- Webinar recordings and handouts accessible via the website

CONTACT MSA TO GET STARTED BY SCHEDULING AN APPOINTMENT:

- Call 888.724.2326
- Go to middlebury.mysecureadvantage.com
- Use your Middlebury employee ID number sign-in, set up an appointment, and access MSA services.

SAVI - A FEDERAL STUDENT LOAN MANAGEMENT PROGRAM WITH TIAA

The path to reducing your monthly student loan payment and working toward loan forgiveness could be getting much easier. That's because you and your family members have access to a robust solution that helps you find the best federal repayment and forgiveness programs for your financial situation.

This tool helps strengthen your financial footing in the short term and positions you for student loan forgiveness.

- Reduces your payment based on your income and family size
- Frees up funds to direct towards your financial goals, such as retirement or emergency savings
- Removes the complexities of forgiveness and handling all of the paperwork, employment certifications and e-file

Visit TIAA.org/middleburycollege/studentloans to calculate your savings.

To Enroll, simply provide your income and monthly payment, and see your estimated savings instantly. From there, you can finish the online application and enroll. Just be sure to have handy your most recent tax return or tax transcript, and your student loan information.



Scan here to get there faster!

Important Notices



Please read these notices carefully and keep them where you can find them for future reference. Please refer to your College Health and Welfare Plan Documents for additional required disclosures. Your Plan Documents can be found at:

<https://www.middlebury.edu/human-resources/self-service-resources/2025-benefits-information>

HEALTH INSURANCE MARKETPLACE COVERAGE OPTIONS AND YOUR HEALTH COVERAGE

Beginning in 2014, there was a new way to buy health insurance: the Health Insurance Marketplace. To assist you as you evaluate options for you and your family, this notice provides some basic information about the new Marketplace.

WHAT IS THE HEALTH INSURANCE MARKETPLACE?

The Marketplace is designed to help you find health insurance that meets your needs and fits your budget. The Marketplace offers “one-stop shopping” to find and compare private health insurance options in your geographic area.

CAN I SAVE MONEY ON MY HEALTH INSURANCE PREMIUMS IN THE MARKETPLACE?

You may qualify to save money and lower your monthly premium and other out-of-pocket costs, but only if your employer does not offer coverage, or offers coverage that is not considered affordable for you and doesn’t meet certain minimum value standards (discussed below). The savings that you’re eligible for depends on your household income. You may also be eligible for a tax credit that lowers your costs.

DOES EMPLOYER HEALTH COVERAGE AFFECT ELIGIBILITY FOR PREMIUM SAVINGS THROUGH THE MARKETPLACE?

Yes. If you have an offer of health coverage from your employer that is considered affordable for you and meets certain minimum value standards, you will not be eligible for a tax credit, or advance payment of the tax credit, for your Marketplace coverage and may wish to enroll in your employment-based health plan. However, you may be eligible for a tax credit,

and advance payments of the credit that lowers your monthly premium, or a reduction in certain cost-sharing, if your employer does not offer coverage to you at all or does not offer coverage that is considered affordable for you or meet minimum value standards. If your share of the premium cost of all plans offered to you through your employment is more than 9.12% of your annual household income, or if the coverage through your employment does not meet the “minimum value” standard set by the Affordable Care Act, you may be eligible for a tax credit, and advance payment of the credit, if you do not enroll in the employment-based health coverage. For family members of the employee, coverage is considered affordable if the employee’s cost of premiums for the lowest-cost plan that would cover all family members does not exceed 9.12% of the employee’s household income.

Note: If you purchase a health plan through the Marketplace instead of accepting health coverage offered through your employment, then you may lose access to whatever the employer contributes to the employment-based coverage. Also, this employer contribution -as well as your employee contribution to employment-based coverage- is generally excluded from income for federal and state income tax purposes. Your payments for coverage through the Marketplace are made on an after-tax basis. In addition, note that if the health coverage offered through your employment does not meet the affordability or minimum value standards, but you accept that coverage anyway, you will not be eligible for a tax credit. You should consider all of these factors in determining whether to purchase a health plan through the Marketplace.

HOW CAN I GET MORE INFORMATION?

For more information about your coverage offered through your employment, please check your health plan’s summary plan description or contact Your Benefits Team at **benefits@gmhec.org** or 802-443-5485.

Important Notices



PREMIUM ASSISTANCE UNDER MEDICAID AND THE CHILDREN'S HEALTH INSURANCE PROGRAM (CHIP)

If you or your children are eligible for Medicaid or CHIP and you're eligible for health coverage from your employer, your state may have a premium assistance program that can help pay for coverage, using funds from their Medicaid or CHIP programs. If you or your children aren't eligible for Medicaid or CHIP, you won't be eligible for these premium assistance programs but you may be able to buy individual insurance coverage through the Health Insurance Marketplace. For more information, visit www.healthcare.gov.

If you or your dependents are already enrolled in Medicaid or CHIP and you live in a State listed below, contact your State Medicaid or CHIP office to find out if premium assistance is available.

If you or your dependents are NOT currently enrolled in Medicaid or CHIP, and you think you or any of your dependents might be eligible for either of these programs, contact your State Medicaid or CHIP office or dial 1-877-KIDS NOW or www.insurekidsnow.gov to find out how to apply. If you qualify, ask your state if it has a program that might help you pay the premiums for an employer-sponsored plan.

If you or your dependents are eligible for premium assistance under Medicaid or CHIP, as well as eligible under your employer plan, your employer must allow you to enroll in your employer plan if you aren't already enrolled. This is called a "special enrollment" opportunity, and you must request coverage within 60 days of being determined eligible for premium assistance. If you have questions about enrolling in your employer plan, contact the Department of Labor at www.askebsa.dol.gov or call 1-866-444-EBSA (3272).

If you live in one of the following states, you may be eligible for assistance paying your employer health plan premiums. The following list of states is current as of July 31, 2024. Contact your State for more information on eligibility.

Alabama - Medicaid

Website: <http://myalhipp.com/>
Phone: 1-855-692-5447

Alaska - Medicaid

The AK Health Insurance Premium Payment Program
Website: <http://myakhipp.com/>
Phone: 1-866-251-4861
Email: CustomerService@MyAKHIPP.com
Medicaid Eligibility: <https://health.alaska.gov/dpa/Pages/default.aspx>

Arkansas - Medicaid

Website: <http://myarhipp.com> | Phone: 1-855-MyARHIPP (855-692-7447)

California - Medicaid

Health Insurance Premium Payment (HIPP) Program Website:
<http://dhcs.ca.gov/hipp>
Phone: 916-445-8322
Fax: 916-440-5676
Email: hipp@dhcs.ca.gov

Colorado – Health First Colorado (Colorado's Medicaid Program) & Child Health Plan Plus (CHP+)

Health First Colorado Website: <https://www.healthfirstcolorado.com/>
Health First Colorado Member Contact Center:
1-800-221-3943 / State Relay 711
CHP+: <https://hcpf.colorado.gov/child-health-plan-plus>
CHP+ Customer Service: 1-800-359-1991 State Relay 711
Health Insurance Buy-In Program (HIBI):
<https://www.mycohibi.com/>
HIBI Customer Service: 1-855-692-6442

Florida – Medicaid

Website: <https://www.flmedicaidtplecovery.com/flmedicaidtplecovery.com/hipp/index.html> Phone: 1-877-357-3268

Georgia – Medicaid

GA HIPP Website: <https://medicaid.georgia.gov/health-insurance-premium-payment-program-hipp>
Phone: 678-564-1162, Press 1
GA CHIPRA Website: <https://medicaid.georgia.gov/programs/third-party-liability/childrens-health-insurance-program-reauthorization-act-2009-chipra> | Phone: (678) 564-1162, Press 2

Indiana – Medicaid

Health Insurance Premium Payment Program - All other Medicaid
Website: <https://www.in.gov/medicaid/http://www.in.gov/fssa/dfr/>
Family and Social Services Administration
Phone: 1-800-403-0864
Member Services Phone: 1-800-457-4584

Iowa – Medicaid and CHIP (Hawki)

Medicaid Website: <https://hhs.iowa.gov/programs/welcome-iowa-medicaid>
Medicaid Phone: 1-800-338-8366
Hawki Website: <https://hhs.iowa.gov/programs/welcome-iowa-medicaid/iowa-health-link/hawki>
Hawki Phone: 1-800-257-8563
HIPP Website: <https://hhs.iowa.gov/programs/welcome-iowa-medicaid/fee-service/hipp>
HIPP Phone: 1-888-346-9562

Kansas – Medicaid

Website: <https://www.kancare.ks.gov> | Phone: 1-800-792-4884
HIPP Phone: 1-800-967-4660

Kentucky – Medicaid

Kentucky Integrated Health Insurance Premium Payment Program (KI-HIPP) Website: <https://chfs.ky.gov/agencies/dms/member/Pages/kihipp.aspx>
Phone: 1-855-459-6328 | Email: KIHIPP.PROGRAM@ky.gov
KCHIP Website: https://kynect.ky.gov/s/?language=en_US
Phone: 1-877-524-4718
Kentucky Medicaid Website: <https://chfs.ky.gov/agencies/dms>

Louisiana – Medicaid

Website: www.medicaid.la.gov or www.ldh.la.gov/lahipp
Phone: 1-888-342-6207 (Medicaid hotline) or 1-855-618-5488 (LaHIPP)

Important Notices



CHIP NOTICE (CONTINUED)

Maine – Medicaid

Enrollment Website: https://www.mymaineconnection.gov/benefits/s/?language=en_US
Phone: 1-800-442-6003 | TTY: Maine relay 711
Private Health Insurance Premium Webpage:
<https://www.maine.gov/dhhs/ofi/applications-forms>
Phone: 1-800-977-6740 | TTY: Maine relay 711

Massachusetts – Medicaid and CHIP

Website: <https://www.mass.gov/masshealth/pa>
Phone: 1-800-862-4840 | TTY: 711 | Email: masspreassistance@accenture.com

Minnesota – Medicaid

Website: <https://mn.gov/dhs/health-care-coverage/>
Phone: 1-800-657-3672

Missouri – Medicaid

Website: <http://www.dss.mo.gov/mhd/participants/pages/hipp.htm>
Phone: 573-751-2005

Montana – Medicaid

Website: <http://dphhs.mt.gov/MontanaHealthcarePrograms/HIPP>
Phone: 1-800-694-3084 | Email: HSHIPPProgram@mt.gov

Nebraska – Medicaid

Website: <http://www.ACCESSNebraska.ne.gov>
Phone: 1-855-632-7633 | Lincoln: 402-473-7000 | Omaha: 402-595-1178

Nevada – Medicaid

Medicaid Website: <http://dhcfp.nv.gov>
Medicaid Phone: 1-800-992-0900

New Hampshire – Medicaid

Website: <https://www.dhhs.nh.gov/programs-services/medicaid/health-insurance-premium-program> | Phone: 603-271-5218
Toll free number for the HIPP program: 1-800-852-3345, ext 15218
Email: DHHS.ThirdPartyLiabi@dhhs.nh.gov

New Jersey – Medicaid And CHIP

Medicaid Website: <http://www.state.nj.us/humanservices/dmahs/clients/medicaid/>
Phone: 800-356-1561
CHIP Premium Assistance Phone: 609-631-2392
CHIP Website: <http://www.njfamilycare.org/index.html>
CHIP Phone: 1-800-701-0710 (TTY: 711)

New York – Medicaid

Website: https://www.health.ny.gov/health_care/medicaid/
Phone: 1-800-541-2831

North Carolina – Medicaid

Website: <https://medicaid.ncdhhs.gov> | Phone: 919-855-4100

North Dakota – Medicaid

Website: <https://www.hhs.nd.gov/healthcare>
Phone: 1-844-854-4825

Oklahoma – Medicaid and CHIP

Website: <http://www.insureoklahoma.org> | Phone: 1-888-365-3742

Oregon – Medicaid

Website: <http://healthcare.oregon.gov/Pages/index.aspx>
Phone: 1-800-699-9075

Pennsylvania – Medicaid and CHIP

Website: <https://www.pa.gov/en/services/dhs/apply-for-medicaid-health-insurance-premium-payment-program-hipp.html>
Phone: 1-800-692-7462
CHIP Website: <https://www.pa.gov/en/agencies/dhs/resources/chip.html>
CHIP Phone: 1-800-986-KIDS (5437)

Rhode Island – Medicaid and CHIP

Website: <http://www.eohhs.ri.gov/>
Phone: 1-855-697-4347, or 401-462-0311 (Direct RlteShare Line)

South Carolina – Medicaid

Website: <https://www.scdhhs.gov> | Phone: 1-888-549-0820

South Dakota - Medicaid

Website: <http://dss.sd.gov> | Phone: 1-888-828-0059

Texas – Medicaid

Website: <https://www.hhs.texas.gov/services/financial/health-insurance-premium-payment-hipp-program> | Phone: 1-800-440-0493

Utah – Medicaid and CHIP

Utah's Premium Partnership for Health Insurance (UPP) Website:
<https://medicaid.utah.gov/upp/>
Email: upp@utah.gov
Phone: 1-888-222-2542
Adult Expansion Website: <https://medicaid.utah.gov/expansion/>
Utah Medicaid Buyout Program Website: <https://medicaid.utah.gov/buyout-program/>
CHIP Website: <https://chip.utah.gov/>

Vermont– Medicaid

Website: <https://dvha.vermont.gov/members/medicaid/hipp-program>
Phone: 1-800-250-8427

Virginia – Medicaid and CHIP

Website: <https://coverva.dmas.virginia.gov/learn/premium-assistance/famis-select>
<https://coverva.dmas.virginia.gov/learn/premium-assistance/health-insurance-premium-payment-hipp-programs>
Medicaid/CHIP Phone: 1-800-432-5924

Washington – Medicaid

Website: <https://www.hca.wa.gov/> | Phone: 1-800-562-3022

West Virginia – Medicaid and CHIP

Website: <https://dhhr.wv.gov/bms/http://mywvhipp.com/>
Medicaid Phone: 304-558-1700
CHIP Toll-free phone: 1-855-MyWVHIPP (1-855-699- 8447)

Wisconsin – Medicaid and CHIP

Website: <https://www.dhs.wisconsin.gov/badgercareplus/p-10095.htm>
Phone: 1-800-362-3002

Wyoming – Medicaid

Website:
<https://health.wyo.gov/healthcarefin/medicaid/programs-and-eligibility/>
Phone: 1-800-251-1269

Important Notices



CHIP NOTICE (CONTINUED)

To see if any other states have added a premium assistance program since July 31, 2024, or for more information on special enrollment rights, contact either:

U.S. Department of Labor

Employee Benefits Security Administration

www.dol.gov/agencies/ebsa

1.866.444.EBSA (3272)

U.S. Department of Health and Human Services

Centers for Medicare & Medicaid Services

www.cms.hhs.gov

1.877.267.2323, Menu Option 4, Ext. 61565

PAPERWORK REDUCTION ACT STATEMENT

According to the Paperwork Reduction Act of 1995 (Pub. L. 104-13) (PRA), no persons are required to respond to a collection of information unless such collection displays a valid Office of Management and Budget (OMB) control number. The Department notes that a Federal agency cannot conduct or sponsor a collection of information unless it is approved by OMB under the PRA, and displays a currently valid OMB control number, and the public is not required to respond to a collection of information unless it displays a currently valid OMB control number. See 44 U.S.C. 3507. Also, notwithstanding any other provisions of law, no person shall be subject to penalty for failing to comply with a collection of information if the collection of information does not display a currently valid OMB control number. See 44 U.S.C. 3512.

The public reporting burden for this collection of information is estimated to average approximately seven minutes per respondent. Interested parties are encouraged to send comments regarding the burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden, to the U.S. Department of Labor, Employee Benefits Security Administration, Office of Policy and Research, Attention: PRA Clearance Officer, 200 Constitution Avenue, N.W., Room N-5718, Washington, DC 20210 or email ebsa.opr@dol.gov and reference the OMB Control Number 1210-0137.

PATIENT PROTECTION DISCLOSURE

St. Michael's College Health and Welfare Benefit Plan (The Plan) generally allows the designation of a primary care provider. You have the right to designate any primary care provider who participates in our network and who is available to accept you or your family members. For information on how to select a primary care provider, and for a list of the participating primary care providers, contact CIGNA at www.cigna.com.

For children, you may designate a pediatrician as the primary care provider.

You do not need prior authorization from The Plan or from any other person (including a primary care provider) in order to obtain access to obstetrical or gynecological care from a healthcare professional in our network who specializes in obstetrics or gynecology. The healthcare professional, however, may be required to comply with certain procedures, including obtaining prior authorization for certain services, following a pre-approved treatment plan, or procedures for making referrals. For a list of participating healthcare professionals who specialize in obstetrics or gynecology, contact CIGNA at www.cigna.com.

HAVE BENEFITS QUESTIONS?

**YOUR BENEFITS TEAM IS HERE TO HELP
MONDAY THROUGH FRIDAY FROM 8:15 A.M.
TO 5:00 P.M. EST.**

CALL 802-443-5485

EMAIL BENEFITS@GMHEC.ORG



Middlebury

