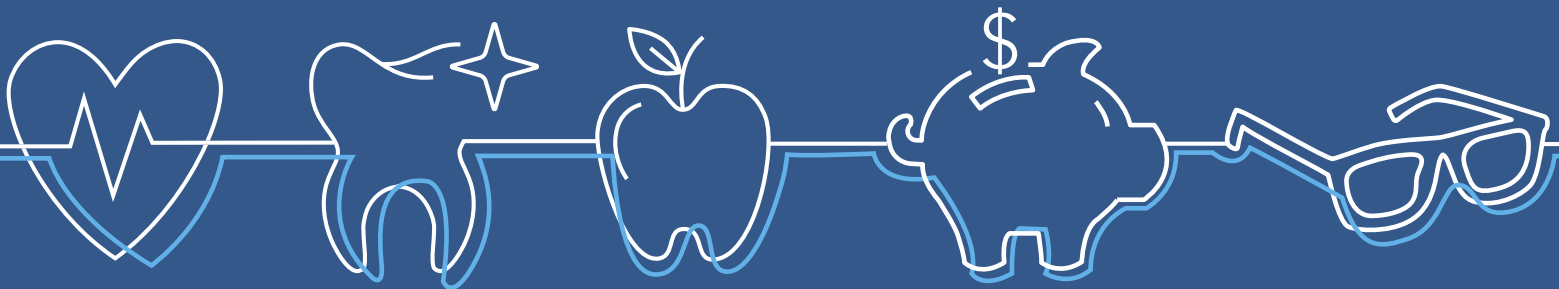


2022 BENEFIT GUIDE

Empowering you to take advantage of your benefits today and for your future



Middlebury





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

Below is a summary of what your Benefits Services team is available to support you with:

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

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

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

<https://gmhec.org/contact-us/>

Email: benefits@gmhec.org
Call: 802.443.5485



Middlebury

Welcome to your 2022 benefits!

I am pleased to present our 2022 benefit plan offerings, and sincerely hope that you take the time to learn and understand your benefits program and what is available to you and your family. Perhaps more than ever, now is a good time to consider, understand and utilize the resources available to you.

Middlebury is committed to providing a meaningful benefits program for employees and their families to support a variety of needs. We are pleased to offer programs that retain a critical focus on preventative care, take advantage of the latest offerings in wellness and remote access to care, and manage cost containment in support of a sustainable future. Thank you for your continued hard work and commitment to the Middlebury community.

Your Benefits Team will support you through your 2022 Benefits Enrollment. 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,

Caitlin Goss

Vice President for Human Resources and Chief People Officer
Middlebury College

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ANNUAL ENROLLMENT

For current benefit-eligible employees, Annual Open Enrollment will take place **OCTOBER 29 – NOVEMBER 12**. 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 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

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 "[2022 Benefit Contacts](#)" on page 24.

You can also reach out to the GMHEC 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

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.

Call a representative during pre-enrollment to get personalized, useful guidance. 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

Reach out to Cigna One Guide® at **888.806.5042**.

WATCH FOR ID CARDS IN THE MAIL (NEW ENROLLEES ONLY)

Insurance ID Cards will be issued to employees who newly enroll in a medical or dental plan or have eligibility changes. If you are currently enrolled in a medical or dental plan and re-enroll, you can keep using the same ID card.

LEARN MORE

Benefit Overview Sessions will be provided to you in support of making your best benefits choices today and for your future. These sessions will provide a brief overview of benefits available to you as well as tips and tricks to enroll in Oracle HCM. Watch your email and calendar for invitations for in-person or Zoom informational sessions.

Additionally, plan summaries, recorded videos and informational flyers on the following are available on your [College Benefits Webpage](#):

- Benefits Overview
- Cigna Medical & Dental
- Health Equity - Health Savings Accounts
- Vision Plans
- Flexible Spending Accounts
- Unum Voluntary Benefits
- Employee Assistance and Well-Being Benefits
- Retirement Plans

Always refer to the applicable plan documents, policies or guides before making final decisions on your benefit elections and utilization.

Steps to Enroll in Oracle



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

The plans you enroll in will be effective from 1/1/22 (or your benefits eligibility effective date) through 12/31/22.

LOGIN TO ORACLE

- A. To get started with self-service enrollment, you will need to navigate to Oracle.
- B. From the **Me** tab, click **Benefits**.
- C. Click **Make Changes** 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, dates of birth, gender, and Social Security Number.

- A. Click **Add** to add each individual you will add as a dependent on your insurance plans or name as a beneficiary on your life insurance.
 - Enter all required information.
 - Important: In the **What's the start date of this relationship?** box, be sure the date is prior to your benefits effective date or your hire date. Birthdays or anniversary dates are good options.
 - You do not need to delete any contacts on this step. If you will not be enrolling a contact, you will not select them when you enroll in a benefit.
 - Click **Submit**.
- B. Once all of your people have been added, click **Continue**.

ELECTING BENEFITS

- A. Click on your **Health & Welfare Program** icon.
- B. Read and **Accept** the Authorization.
- C. 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.
 - Click **Continue**.
- D. Follow the steps in C 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 enroll in 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.
 - Be sure to select your beneficiaries for all Life & AD&D plans, even those the college provides to you at no cost.
 - Once you have selected all benefits you would like to enroll in, scroll to the top and click **Submit**. You may save or print the Confirmation page.

REVIEW AND RESOLVE ACTION ITEMS

- A. Navigate back to the **Benefits** page.
- B. Click **Pending Actions**
- C. Review any actions requiring resolution.
 - Perhaps you did not elect a beneficiary for your Life insurance. Click the item, review your elections, 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.



ELIGIBILITY

Employees

You are eligible to participate on the first day of the month following your 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.

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 <http://www.middlebury.edu/offices/business/hr/staffandfaculty/benefits/DP>.

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 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 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 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.





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 services are covered.

HOW THE PPO PLAN WORKS



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

\$0



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



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

STACKED DEDUCTIBLE: Plan pays for an individual once the individual deductible is met, even on a two-person or family plan.



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

80%



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. Middlebury College will contribute \$1,000* for individual coverage or \$2,000* for all other tiers.

\$0



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



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

AGGREGATE DEDUCTIBLE: Full single or entire family deductible must be met before benefits are paid. Those enrolled in two-person plan must meet the family deductible.



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 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.

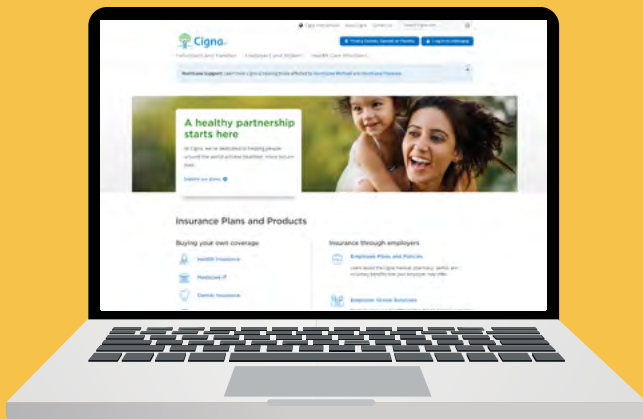
MYCIGNA® MOBILE APP

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

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



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





INCLUDED WITH ALL MEDICAL PLAN OPTIONS

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

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

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.

NEW CIGNA MEMBERS WILL RECEIVE AN ID CARD

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.
- 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.** 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 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 2-Person: \$600 Family: \$900 <i>stacked deductible*</i>	Individual: \$300 2-Person: \$600 Family: \$900 <i>stacked deductible*</i>	Individual: \$2,000 Family: \$4,000 <i>aggregate deductible*</i>	Individual: \$4,000 Family: \$8,000 <i>aggregate deductible*</i>
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 2-Person: \$2,200 Family: \$3,300	Individual: \$1,100 2-Person: \$2,200 Family: \$3,300	Individual: \$3,000 Family: \$6,000	Individual: \$6,000 Family: \$12,000
Prescription Out-of-Pocket Maximum	Individual: \$600 2-Person: \$1,200 Family: \$1,800	Individual: \$600 2-Person: \$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	
*PPO PLAN			*PANTHER PLAN	
Stacked Deductible			Aggregate Deductible	
<p>Each individual can meet their own deductible OR the family can work together to meet one family deductible, whichever comes first.</p> <ul style="list-style-type: none"> If you have a family of four, one person could meet their \$300 deductible alone to move to their coinsurance of 80% even if the rest of the family hasn't had any claims. On the other hand, let's say all four family members use the plan and each one accrues claims as follows: \$225, \$275, \$200, \$275. No one individual met their \$300 deductible but the 4 of them have met the \$900 family deductible together. Based on their combined claims, the whole family will have their services covered at 80% moving forward. 			<p>There is one collective 2-person / family deductible. The family must work together to satisfy this amount. (The individual deductible does not apply if more than one person is enrolled in the plan.)</p> <ul style="list-style-type: none"> If you have a family of four, each person's claims will feed to the same deductible. Once they reach \$4,000 everyone moves to their 80% coinsurance. On the other hand, let's say only one family member needs medical treatment. That one person must satisfy the full \$4,000 deductible in order to move themselves and their family to the 80% coinsurance. 	

Medical Plan Rates



PPO PLAN PREMIUMS			
Total Cost	Per Year	Per Month	Per Pay Period
Single	\$11,311.36	\$942.61	\$435.05
2-Person	\$22,608.07	\$1,884.01	\$869.54
Family	\$31,653.92	\$2,637.83	\$1,217.46
2-Employee Couple Family (each)	\$15,827.09	\$1,318.92	\$608.73

PANTHER HDHP WITH HSA PREMIUMS			
Total Cost	Per Year	Per Month	Per Pay Period
Single	\$9,275.36	\$772.95	\$356.74
2-Person	\$18,538.47	\$1,544.87	\$713.02
Family	\$25,956.21	\$2,163.02	\$998.32
2-Employee Couple Family (each)	\$12,978.10	\$1,081.51	\$499.16

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 Family (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 Family (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 Family (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
2-Employee Couple Family (each)	\$6,770.14

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 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.

If you currently have an HSA through Middlebury, you do not need to set up a new plan. 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 2022 HDHP WITH HSA PLAN DURING OPEN ENROLLMENT (FALL 2021)

PANTHER PLAN	TOTAL IRS LIMIT	EMPLOYER CONTRIBUTION	YOU CAN CONTRIBUTE
Employee Only	\$3,650	\$1,000	\$2,650
Family	\$7,300	\$2,000	\$5,300
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.

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 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 benefit — even if you receive benefits from other insurance. Your spouse may 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.

Critical Illness Rates

Rates are based on 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 PAYOUT	\$995



Accident Rates

TIER	PER PAY PERIOD	PER YEAR
Employee Only	\$5.53	\$143.78
Employee + Child(ren)	\$12.30	\$319.80
Employee + Spouse	\$9.75	\$253.50
Family	\$16.52	\$429.52



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. Out-of-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 Employee Couple Family (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 Employee Couple Family (each)	\$699.96	\$58.33	\$26.92	\$5.70



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 Employee Couple Family (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 Employee Couple Family (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.

Rollover Feature

Covid-related legislation passed in December 2020 allows for an unlimited rollover of remaining FSA funds from 2021 into 2022.

LIMITED PURPOSE FSA (HDHP PARTICIPANTS ONLY)

If you are enrolled in a High Deductible Health Plan, you may enroll in a Limited Purpose FSA. The annual contribution limit for this plan is \$2,750.

You would use these funds to pay for eligible dental and vision expenses, preserving the money in your HSA for medical expenses, including IRS contribution limits and an unlimited fund rollover for remaining funds from 2021 into 2022.

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

- Due to Covid-related legislation you can rollover unused Dependent Care FSA funds from 2021 into 2022.
- 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 naviabenefits.com. Learn more about managing your account on page 17.



ACCESS YOUR FUNDS WITH THE FLEX CARD

The “Flex Card” is a debit card. 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 Flex Card. By allowing immediate access to funds in your FSA, your Flex Card helps with cash flow.

IMPORTANT: 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 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”

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.naviabenefits.com
- Click “login”
- Enter your claim and upload documentation

MOBILE

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

MAIL

- Download a claim form at www.naviabenefits.com
- Print, complete, and sign your claim form
- Attach a copy of your supporting documentation
- Mail your claim form and documentation to:

Navia Benefit solutions

Attention: Claims

PO Box 53250

Bellevue, WA 98015

Contact customer service if you need help filing a claim.

- customerservice@naviabenefits.com
- 800.669.3539

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 insurance and Accidental Death & Dismemberment (AD&D) insurance through Unum.

COVERAGE TYPE	BENEFIT AMOUNT*
Term Life Insurance	Core 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 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. Beneficiaries for life insurance are tracked and updated in Oracle.

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.

GROUP	BENEFIT DETAILS
Faculty and Staff	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. 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, 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 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.

* 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 in the following situations:

- If you newly enroll during annual Open Enrollment
- 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 BI-WEEKLY RATES		
AGE	EMPLOYEE PER \$10,000	SPOUSE 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 PER \$10,000	SPOUSE PER \$5,000	CHILD 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 **800.503.1106**.

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



Middlebury College and the Green Mountain Higher Education Consortium are 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. Faculty and staff can also get a discounted membership to The Edge for \$20/month.

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 and be the first to know about what's coming up. To sign up, send "sign up for newsletter" to **wellbeing@gmhec.org**
- Check out our **events calendar** (password is GMHECWell-being)

LEARN MORE ABOUT GMHEC WELL-BEING RESOURCES:

<https://www.gmhec.org/category/well-being/resources/>

FOCUSING ON MENTAL HEALTH

Cigna has some wonderful resources available to support you to manage life's many challenges.

You can find information about all of Cigna's behavioral health and lifestyle management programs at **<https://cignabehavioralprograms.com/CTBH/>**.



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 **mycigna.com** and click on the Talkspace link to schedule an assessment.



IPREVAIL: 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. To learn more, visit **mycigna.com** and click on Happify.

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? 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>**.

Employee and Family Assistance Program



Beginning January 1, 2022, Middlebury College is pleased to offer employees and their families a local, free, independent 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, substance abuse: you name it, and the EAP can help. Invest EAP is a confidential clinical and wellbeing non-profit with a personalized approach to providing counseling and resources to your entire household. 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 wellbeing and increases your resiliency.

LIFE RESOURCES

Unlimited consultation, assessment, and customized referrals for major life issues 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: "middlebury" for VT employees, "miis" for MIIS employees



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.

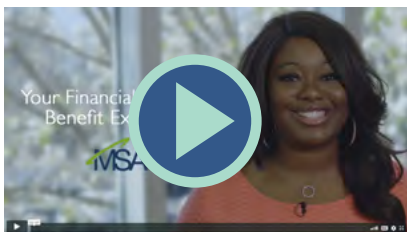
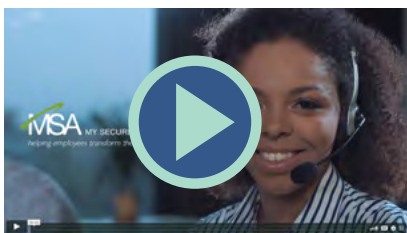
TRANSFORMING YOUR FINANCIAL FUTURE STARTS TODAY

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



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.



2022 Benefit Contacts



BENEFIT	CARRIER	PHONE	WEBSITE/EMAIL
Medical and Prescription	Cigna	800.244.6224	mycigna.com
OneGuide	Cigna	888.806.5042	N/A
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	Navia Benefits	800.669.3639	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	800.503.1106	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

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

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