



Middlebury



BENEFIT GUIDE

EMPOWERING YOU TO TAKE ADVANTAGE OF
YOUR BENEFITS TODAY AND FOR YOUR FUTURE



2023



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, 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

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" webpage to meet your team:

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

Email: benefits@gmhec.org
Call: 802.443.5485



Middlebury

Welcome to your 2023 benefits!

I am pleased to present our 2023 benefit plan offerings, and sincerely hope that you take the time to learn and understand your benefits programs and what is available to you and your family.

Middlebury is committed to providing a meaningful benefits program for employees and their families to support a variety of needs. New for 2023 we are offering a third medical plan choice, the Gold Plan, as well as a Roth contribution option on the Voluntary 403(b) Retirement Plan. 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 2023 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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Enrollment Overview



ANNUAL ENROLLMENT

For current benefit-eligible employees, Annual Open Enrollment will take place **OCTOBER 27 – NOVEMBER 11**. 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

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 to be made.

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 "**2023 Benefit Contacts**" on page 24.

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

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 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

For pre-enrollment help, 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. Visit **mycigna.com** to log in or create your online account. You may request new/replacement ID cards at **mycigna.com**. A digital ID card is always available in the the myCigna app.

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 informational sessions.

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

- Summary Plan Document
- Benefits Overview
- Cigna Medical & Dental
- HealthEquity - Health Savings Accounts
- VSP - Vision Plans
- Navia - Flexible Spending Accounts
- Unum Voluntary Benefits
- Employee Assistance and Well-Being Benefits
- Retirement Plans
- Medical Leave 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 book.

Steps to Enroll in Oracle



The plans you enroll in will be effective from 1/1/23 (or your benefits eligibility effective date) through 12/31/23.

LOGIN TO ORACLE

1. To get started with self-service enrollment, you will need to navigate to 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, dates of birth and gender.

1. 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 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.
 - To not enroll a contact, do not select them when you enroll in a benefit.
 - 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.

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.
 - Click **Continue**.
4. 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.
 - 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.

Your Confirmation Page is the only one 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.

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

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 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 <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 health care services before your insurance plan starts to pay.

- **Aggregate deductible** - All medical & 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 & 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 (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 - 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





NEW FOR 2023: INTRODUCING THE GOLD PLAN

Middlebury College offers employees the choice of three medical plans through Cigna: the PPO Platinum + Plan, the Gold Plan, and the Panther Silver Plan – HDHP with HSA. All 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.

	PPO Platinum + Plan	Gold Plan	Panther Silver Plan HDHP with HSA
	You pay nothing for in-network preventive care for you and your covered dependents.		
	Does not come with a college-funded Health Savings Account.	Does not come with a college-funded Health Savings Account.	Comes with a college-funded Health Savings Account. Middlebury College will contribute \$1,000* for individual coverage or \$2,000* for all other tiers.
	Certain medical services (like office visits) are not subject to the plan's deductible .	Certain in-network medical services (like office visits) are not subject to the plan's deductible . Coinsurance will apply right away for these services.	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.
	Prescriptions are covered with a flat copay .	Prescription drugs are not subject to the plan's deductible . Coinsurance will apply right away.	You pay 100% for your prescriptions until the plan's deductible is met. You can use HSA funds to pay these expenses.
STACKED DEDUCTIBLE: Plan pays for an individual once the individual deductible is met, even on a two-person or family plan.			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.
	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.		

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](https://www.cigna.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.cigna.com), and click on "Find a Doctor" at the top of the screen. Then, under "Not a Cigna Customer Yet?" select "Plans through your employer or school."

2. Enter the location in which you want to search.
3. Optional – Select one of the plans offered by the college.
4. Type in who or what you are looking for. Or browse the A-to-Z glossary of providers and procedures or keywords option.

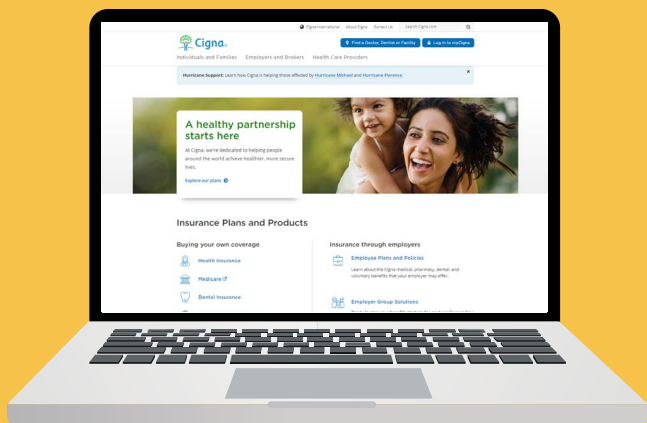
MYCIGNA® MOBILE APP

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](https://www.cigna.com)
TO FIND A NETWORK
PROVIDER NEAR YOU!



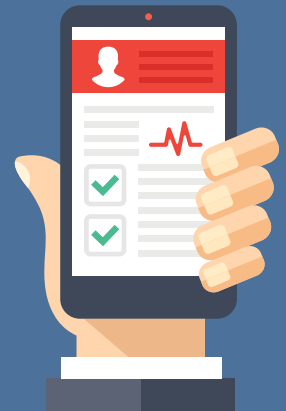
Download
the MyCigna®
app in the
App Store or
Google Play!





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.

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 Prescriptions

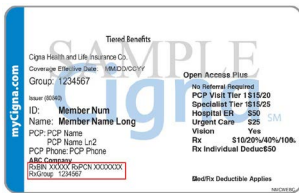


PREFER TO HAVE YOUR MEDICATIONS DELIVERED TO YOUR DOOR?

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.

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 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*						
	PPO PLATINUM + PLAN		GOLD PLAN		PANTHER SILVER PLAN: HDHP WITH HSA	
	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: \$300 2-Person: \$600 Family: \$900 <i>stacked deductible</i>		Individual: \$450 Ind.+1: \$900 Family: \$1,350 <i>stacked deductible</i>	Individual: \$900 Ind.+1: \$1,800 Family: \$2,700 <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	30% after deductible	20% after deductible	30% after deductible
Medical Out-of-Pocket Maximum	Individual: \$1,100 2-Person: \$2,200 Family: \$3,300		Individual: \$3,000 Ind.+1: \$6,000 Family: \$9,000	Individual: \$6,000 Ind.+1: \$12,000 Family: \$18,000	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		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
WHAT YOU PAY FOR SERVICES						
Preventive Care	\$0; Plan pays 100%		\$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	30% after deductible	20% after deductible	30% after deductible
Specialist Visit	20%, deductible does not apply		20%, deductible does not apply	30% after deductible	20% after deductible	30% after deductible
Urgent Care	20%, deductible does not apply		20% after deductible	30% after deductible	20% after deductible	30% after deductible
Hospitalization	20% after deductible		20% after deductible	30% after deductible	20% after deductible	30% after deductible
Outpatient Mental Health/Substance Abuse	20%, deductible does not apply		20% after deductible	30% after deductible	20% after deductible	30% after deductible
Inpatient Mental Health/Substance Abuse	20% after deductible		20% after deductible	30% after deductible	20% after deductible	30% after deductible
Emergency Room	20% after deductible		20% after deductible	20% after deductible	20% after deductible	20% after deductible
Foreign Travel	Same coverage as in US		Emergency care only		Emergency care only	
PRESCRIPTION DRUG COVERAGE						
RETAIL PHARMACY (30-DAY SUPPLY)						
Generic	\$10 copay		10%, no deductible		10% after deductible	
Preferred Brand	\$25 copay		30%, no deductible		30% after deductible	
Non-Preferred Brand	\$40 copay		40%, no deductible		40% after deductible	
MAIL ORDER (90-DAY SUPPLY)						
Generic	\$20 copay		10%, no deductible		10% after deductible	
Preferred Brand	\$50 copay		30%, no deductible		30% after deductible	
Non-Preferred Brand	\$80 copay		40%, no deductible		40% after deductible	

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

Medical Plan Rates



PPO PLATINUM + PLAN EMPLOYEE CONTRIBUTIONS				
BI-WEEKLY EMPLOYEE PREMIUM RATES BY SALARY TIER - MIDDLEBURY & MIIS				
Salary Tier	Employee Only	2-Person	Family	2-Employee Couple Family (each)
\$20Ks	\$26.86	\$129.18	\$180.38	\$48.88
\$30Ks	\$37.60	\$131.51	\$182.71	\$52.64
\$40Ks	\$48.35	\$153.62	\$214.13	\$67.68
\$50Ks	\$59.08	\$160.60	\$219.95	\$82.72
\$60Ks	\$69.83	\$178.05	\$249.05	\$97.76
\$70Ks	\$80.56	\$186.21	\$260.68	\$112.79
\$80Ks	\$91.31	\$203.66	\$285.13	\$127.84
\$90Ks	\$102.05	\$215.30	\$301.42	\$142.87
\$100Ks	\$112.79	\$231.59	\$324.70	\$157.91
\$110Ks	\$123.53	\$247.08	\$345.91	\$172.96
\$120Ks	\$134.28	\$268.57	\$375.99	\$187.99
\$130Ks	\$145.03	\$290.05	\$406.06	\$203.03
\$140Ks	\$155.77	\$311.53	\$436.15	\$218.07
\$150Ks	\$166.51	\$333.02	\$466.23	\$233.11
\$160Ks	\$177.25	\$354.51	\$496.31	\$248.15
\$170Ks	\$187.99	\$375.99	\$526.39	\$263.19
\$180Ks+	\$194.33	\$388.41	\$543.82	\$271.91

GOLD PLAN EMPLOYEE CONTRIBUTIONS				
BI-WEEKLY EMPLOYEE PREMIUM RATES BY SALARY TIER - MIDDLEBURY & MIIS				
Salary Tier	Employee Only	2-Person	Family	2-Employee Couple Family (each)
\$20Ks	\$23.53	\$113.16	\$158.00	\$42.82
\$30Ks	\$32.94	\$115.20	\$160.04	\$46.11
\$40Ks	\$42.35	\$134.56	\$187.57	\$59.28
\$50Ks	\$51.75	\$140.68	\$192.66	\$72.46
\$60Ks	\$61.16	\$155.96	\$218.15	\$85.63
\$70Ks	\$70.57	\$163.11	\$228.34	\$98.80
\$80Ks	\$79.98	\$178.39	\$249.76	\$111.98
\$90Ks	\$89.39	\$188.59	\$264.02	\$125.15
\$100Ks	\$98.80	\$202.86	\$284.41	\$138.32
\$110Ks	\$108.21	\$216.42	\$302.99	\$151.50
\$120Ks	\$117.62	\$235.25	\$329.34	\$164.67
\$130Ks	\$127.04	\$254.06	\$355.69	\$177.84
\$140Ks	\$136.44	\$272.88	\$382.04	\$191.01
\$150Ks	\$145.86	\$291.70	\$408.39	\$204.19
\$160Ks	\$155.26	\$310.53	\$434.73	\$217.37
\$170Ks	\$164.67	\$329.34	\$461.09	\$230.54
\$180Ks+	\$170.22	\$340.22	\$476.35	\$238.17

PANTHER (SILVER) PLAN EMPLOYEE CONTRIBUTIONS			
% OF INCOME - MIDDLEBURY & MIIS			
Single	2-Person	Family	2-Employee Couple Family (each)
2.41%	4.83%	6.75%	3.37%
PANTHER ANNUAL EMPLOYEE CONTRIBUTION CEILING			
Single	2-Person	Family	2-Employee Couple Family (each)
\$4,142.17	\$8,278.40	\$11,591.47	\$5,795.73

New for 2023: Single Premium Approach for All Employees for Each Plan
 Anyone enrolled in the PPO or Gold Plans will pay according to the salary sensitive charts above. Contact Your Benefits Team if you have questions about your rates. Call 802-443-5485 or email benefits@gmhec.org.

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. The HSA is only available to employees who have elected the Panther Plan (Silver) HDHP 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 Panther 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 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 2023 HDHP WITH HSA PLAN DURING OPEN ENROLLMENT (FALL 2022)			
PANTHER PLAN	TOTAL IRS LIMIT	EMPLOYER CONTRIBUTION*	YOU CAN CONTRIBUTE
Employee Only	\$3,850	\$1,000	\$2,850
EE+1/Family	\$7,750	\$2,000	\$5,750
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 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 **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 PAYOUT	\$995



Accident Insurance Rates

TIER	PER PAY PERIOD	PER YEAR
Employee Only	\$5.53	\$143.78
Employee + Spouse	\$9.75	\$253.50
Employee + Child(ren)	\$12.30	\$319.80
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. 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 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 BASE/LOW PLAN*
	In-Network	In-Network
Deductible	\$25 per person	\$100 individual / \$300 family maximum
Calendar Year Benefits Maximum	\$2,000 per person	\$1,250 per person
Preventive Services (2 per year)	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 BASE/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 through Vision Service Plan (VSP). There is an Enhanced Plan with additional benefits and a Base Plan. 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 ENHANCED PLAN		VSP BASE 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; \$200 frame allowance	Every calendar year	Covered by exam copay; \$150 frame allowance	Every other 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; \$200 allowance for contacts	Every calendar year	\$60 copay for contacts fitting and evaluation; \$150 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			

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

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

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.

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.

HOW IT WORKS

You decide how much to contribute to your Health Care or Limited Purpose FSA each year, up to \$3,050 for 2023. 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. You may rollover up to \$610 of unused funds from 2023 in to 2024.

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.

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 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

- 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.



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.

- customerservice@naviabenefits.com
- 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



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. 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 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:

- 1. You are newly enrolling in coverage above the Guarantee Issue amount.**
- 2. 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 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.

.....

This coverage provides protection for a lifetime, with guaranteed renewal year after year.

.....

If you purchase this coverage, rates will not go up as you age, and coverage is portable, so you can keep it even if you leave the College, as long as you continue making payments to Unum. Whole Life rates will be provided at the time of enrollment.

.....

If you have questions or would like to enroll in this benefit, please contact Unum at **866.643.9404**

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

WELL-BEING 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 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 wellbeing@gmhec.org
- Check out our [events calendar](#) (password is GMHECWell-Being)

LEARN MORE ABOUT 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



Middlebury College provides 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 well-being 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 well-being 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: midd

Saving for Retirement



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 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
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 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 403(b) PLAN

NEW - AVAILABLE JANUARY 9, 2023: You may make Roth after-tax contributions to the Voluntary Plan!

All employees may save for retirement using the voluntary 403(b) plan. Beginning January 9, 2023, employees may contribute to the 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 the earnings on them 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.

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) is for 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.

457(b) DEFERRED COMPENSATION PLAN

Certain employees who meet the salary threshold may also be eligible to contribute to the supplemental 457(b) Deferred Compensation Plan. Contact benefits@gmhec.org or **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 & 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 & 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
- Safe & secure with bank-level security

CREDIT SCORE & CREDIT REPORT

- Single bureau credit score (updated every 30 days) & credit report (updated annually)
- 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
- Webinar recordings & handouts accessible via the website

CONTACT MSA TO GET STARTED:

- Call 888.724.2326
- Go to middlebury.mysecureadvantage.com

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!

2023 Benefit Contacts



BENEFIT	CARRIER	PHONE	WEBSITE/EMAIL
Medical and Prescription	Cigna	800.244.6224	mycigna.com
OneGuide - Pre Enrollment	Cigna	888.806.5042	N/A
Health Savings Account	HealthEquity	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	866.643.9404	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

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

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> for the most current version. This document does not constitute an employment contract.



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 WRAP Document can be found at:

<https://www.middlebury.edu/office/human-resources/self-service-resources>

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. You may also be eligible for a new kind of tax credit that lowers your monthly premium right away.

Each year, the open enrollment period for health insurance coverage through the Marketplace runs from Nov. 1 through Dec. 15 of the previous year. After Dec. 15, you can get coverage through the Marketplace only if you qualify for a special enrollment period or are applying for Medicaid or the Children’s Health Insurance Program (CHIP).

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

You may qualify to save money and lower your monthly premium, but only if your employer does not offer coverage, or offers coverage that doesn’t meet certain standards. The savings on your premium that you’re eligible for depends on your household income.

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 meets certain standards, you will not be eligible for a tax credit through the Marketplace and may wish to enroll in your employer’s health plan. However, you may be eligible for a tax 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 meets certain standards.

If the cost of a plan from your employer that would cover you (and not any other members of your family) is more than 9.5 percent (as adjusted each year after 2014) of your household income for the year, or if the coverage your employer provides does not meet the “minimum value” standard set by the Affordable Care Act, you may be eligible for a tax credit. (An employer-sponsored health plan meets the “minimum value standard” if the plan’s share of the total allowed benefit costs covered by the plan is no less than 60 percent of such costs.)

Note: If you purchase a health plan through the Marketplace instead of accepting health coverage offered by your employer, then you may lose the employer contribution (if any) to the employer-offered coverage. Also, this employer contribution—as well as your employee contribution to employer-offered coverage—is often excluded from income for federal and state income tax purposes. Your payments for coverage through the Marketplace are made on an after-tax basis.

HOW CAN I GET MORE INFORMATION?

For more information about your coverage offered by your employer, please check your summary plan description or contact Your Benefits Team at benefits@gmhec.org or 802.443.5485.

The Marketplace can help you evaluate your coverage options, including your eligibility for coverage through the Marketplace and its cost. Please visit HealthCare.gov for more information, as well as an online application for health insurance coverage and contact information for a Health Insurance Marketplace in your area.

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, 2022. 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: <http://dhss.alaska.gov/dpa/Pages/medicaid/default.aspx>

Arkansas - Medicaid

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

California - Medicaid

Website: Health Insurance Premium Payment (HIPP) Program
<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://www.colorado.gov/pacific/hcpf/child-health-plan-plus>
CHP+ Customer Service: 1-800-359-1991 State Relay 711
Health Insurance Buy-In Program (HIBI):
<https://www.colorado.gov/pacific/hcpf/health-insurance-buy-program>
HIBI Customer Service: 1-855-692-6442

Florida – Medicaid

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

Georgia – Medicaid

A 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

Healthy Indiana Plan for low-income adults 19-64
Website: <http://www.in.gov/fssa/hip> | Phone: 1-877-438-4479
All other Medicaid Website: <https://www.in.gov/medicaid/>
Phone 1-800-457-4584

Iowa – Medicaid and CHIP (Hawki)

Medicaid Website: <https://dhs.iowa.gov/ime/members>
Medicaid Phone: 1-800-338-8366
Hawki Website: <http://dhs.iowa.gov/Hawki>
Hawki Phone: 1-800-257-8563
HIPP Website: <https://dhs.iowa.gov/ime/members/medicaid-a-to-z/hipp>
HIPP Phone: 1-888-346-9562

Kansas – Medicaid

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

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://kidshealth.ky.gov/Pages/index.aspx>
Phone: 1-877-524-4718
Kentucky Medicaid Website: <https://chfs.ky.gov>

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)

Maine – Medicaid

Enrollment Website: <https://www.maine.gov/dhhs/ofi/applications-forms>
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

Important Notices



Massachusetts – Medicaid and CHIP

Website: <https://www.mass.gov/info-details/masshealth-premium-assistance-pa>
Phone: 1-800-862-4840

Minnesota – Medicaid

Website: <https://mn.gov/dhs/people-we-serve/children-and-families/health-care/health-care-programs/programs-and-services/other-insurance.jsp>
Phone: 1-800-657-3739

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

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://dhcnp.nv.gov>
Medicaid Phone: 1-800-992-0900

New Hampshire – Medicaid

Website: <https://www.dhhs.nh.gov/oii/hipp.htm> | Phone: 603-271-5218
Toll free number for the HIPP program: 1-800-852-3345, ext 5218

New Jersey – Medicaid And CHIP

Medicaid Website: <http://www.state.nj.us/humanservices/dmahs/clients/medicaid/>
Medicaid Phone: 609-631-2392
CHIP Website: <http://www.njfamilycare.org/index.html>
CHIP Phone: 1-800-701-0710

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: <http://www.nd.gov/dhs/services/medicalserv/medicaid/>
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>
<http://www.oregonhealthcare.gov/index-es.html>
Phone: 1-800-699-9075

Pennsylvania – Medicaid

Website: <https://www.dhs.pa.gov/providers/Providers/Pages/Medical/HIPP-Program.aspx>
Phone: 1-800-692-7462

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: <http://gethipptexas.com/> | Phone: 1-800-440-0493

Utah – Medicaid and CHIP

Medicaid Website: <https://medicaid.utah.gov/>
CHIP Website: <http://health.utah.gov/chip>
Phone: 1-877-543-7669

Vermont– Medicaid

Website: <http://www.greenmountaincare.org/>
Phone: 1-800-250-8427

Virginia – Medicaid and CHIP

Website: <https://www.coverva.org/en/famis-select>
<https://www.coverva.org/en/hipp>
Medicaid Phone: 1-800-432-5924
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

To see if any other states have added a premium assistance program since July 31, 2022, 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



PATIENT PROTECTION DISCLOSURE

Middlebury 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 health care professional in our network who specializes in obstetrics or gynecology. The health care 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 health care professionals who specialize in obstetrics or gynecology, contact CIGNA at www.cigna.com.

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 ebbsa.opr@dol.gov and reference the OMB Control Number 1210-0137.