



FRANKLIN & MARSHALL
COLLEGE

2026-2027

Benefits Guide

Professional Staff

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This benefits guide is a summary description of your College benefit plans. If there is any discrepancy between these summaries and the official plan documents, the language in the official plan documents shall prevail. Please refer to the plan-specific documents published by each of the respective carriers for detailed plan information. You should be aware that any and all elements of the College's benefits program may be modified in the future, at any time, to meet Internal Revenue Service (IRS) rules or otherwise decided by the College.

PLAN RULES, DATES AND ELIGIBILITY

At Franklin & Marshall College (“the College”), we value your contributions to our success and understand that each employee has unique and individualized needs. We continuously evaluate our benefits, and we are pleased to provide you with a competitive benefits package that is a vital part of your overall compensation. We hope this benefits guide will help you make the best choices for you and your family. If you have any questions regarding your benefits or the enrollment process, please contact Human Resources at hr@fandm.edu or 717-358-3996.

PLAN YEAR:

July 1, 2026, through June 30, 2027

ELIGIBILITY:

Regular full-time employees scheduled to work at least 30 hours or more per week are eligible for benefits on the first day of the month coinciding with or following the date of hire. Part-time and temporary employees are not eligible.

INITIAL NEW HIRE ENROLLMENT:

New employees must enroll within 30 calendar days from the date of eligibility. (i.e., date of hire 3/4; eligibility date 4/1; initial new hire enrollment by 4/30.)

WHO CAN I COVER?



Your Spouse

A spouse to whom you are legally married. Proper documentation (marriage certificate) is required.



Your Child(ren)

Dependent child(ren) under age 26. Coverage will automatically terminate at the end of the month after the dependent's 26th birthday. Coverage may be extended past the age of 26 for disabled dependents. Proper documentation (birth certificate or adoption decree or proof of guardianship) is required.

SPOUSAL SURCHARGE

A \$1,500 annual spousal surcharge (\$125 monthly / \$57.69 biweekly) will be added to your medical plan premium if you elect coverage for your spouse and your spouse is eligible for coverage through his/her employer but elects not to enroll in his/her employer's plan. If your spouse is self-employed, not employed, retired, a student, or an F&M employee, the spousal surcharge is waived.

Any full-time employee electing medical coverage for a spouse must complete and submit a Spouse Certification Form within 30 calendar days of initial eligibility AND on an annual basis during the open enrollment period.

Please refer to the Franklin & Marshall College Shared Services Health Plan Summary Plan Description for complete details on how benefits eligibility is determined.

BENEFIT CHANGES

The benefit elections you make during open enrollment or as a new hire will remain in effect for the entire plan year through June 30, 2027. You will not be permitted to change or revoke your elections once they have been made unless a qualifying event (life status change) occurs:

- Your marital status changes through marriage, the death of your spouse, divorce, legal separation, or annulment;
- Your number of dependents changes through birth, adoption, placement for adoption, or death of a dependent;
- You, your spouse or dependents terminate or begin employment;
- Your dependent is no longer eligible due to attainment of age 26;
- You, your spouse or dependents experience an increase or reduction in hours of employment (including a switch between part-time and full-time employment; strike or lock-out; commencement of or return from an unpaid leave of absence);
- Gain or loss of eligibility under a plan offered by your employer or your spouse's employer;
- A change in residence for you, your spouse or dependent resulting in a gain or loss of eligibility.

In order to be permitted to make a change of election relating to your medical, dental, or vision coverage due to a qualifying event, the change must result in you, your spouse or dependent gaining or losing eligibility for medical, dental, or vision coverage under this plan or a plan sponsored by another employer by whom you, your spouse or dependent are employed. The election change must correspond with that gain or loss of eligibility.

You may also be permitted to change your elections for medical coverage under the following circumstances:

- A court order requires that your child receive medical coverage under this plan or a former spouse's plan;
- You, your spouse or dependent become entitled to Medicare or Medicaid;
- You have a Special Enrollment Right;
- There is a significant change in the cost of coverage for you or your spouse attributable to your spouse's employment.

For purposes of all other benefits under the plan, you will be deemed to have a qualifying event if the change is on account of and consistent with a change in status, as determined by the plan administrator, in its discretion, under applicable law and the plan provisions.

If you experience a qualifying event

You must update your elections within 30 calendar days of your qualifying event or you will not be permitted to make changes until the next annual open enrollment. If adding or removing dependents, you are required to submit specific documents to Human Resources. The change will be inactive until proper documentation is received and approved. To notify HR of a qualifying event, email hr@fandm.edu or call 717-358-3996.



EMPLOYEE PLAN COSTS

July 1, 2026 - June 30, 2027

BIWEEKLY-PAID (26 paychecks per year)				
		Employee Only	Employee + One	Employee + Family
MEDICAL	Highmark			
	Choice Blue PPO 450	\$107.40	\$174.52	\$286.79
	Choice Blue PPO HDHP 1500	\$75.96	\$124.55	\$204.12
	Choice Blue PPO QHDHP 1700 (HSA)	\$70.78	\$115.02	\$189.00

DENTAL	United Concordia			
	PPO Base Plan	\$13.47	\$23.55	\$35.19
	PPO Premium Plan	\$16.71	\$29.21	\$43.65

VISION	National Vision Administrators			
	PPO Plan	\$1.72	\$2.53	\$4.78

MONTHLY-PAID (12 paychecks per year)				
		Employee Only	Employee + One	Employee + Family
MEDICAL	Highmark			
	Choice Blue PPO 450	\$232.70	\$378.13	\$621.38
	Choice Blue PPO HDHP 1500	\$164.58	\$269.85	\$442.27
	Choice Blue PPO QHDHP 1700 (HSA)	\$153.36	\$249.20	\$409.51

DENTAL	United Concordia			
	PPO Base Plan	\$29.19	\$51.02	\$76.25
	PPO Premium Plan	\$36.21	\$63.28	\$94.58

VISION	National Vision Administrators			
	PPO Plan	\$3.72	\$5.48	\$10.35

MEDICAL & PRESCRIPTION DRUG

MEDICAL

The College offers three Highmark Blue Shield Choice Blue medical plans to choose from:

- Choice Blue PPO 450 (low deductible plan)
- Choice Blue PPO HDHP 1500 (high deductible plan)
- Choice Blue QHDHP 1700 (with a Health Savings Account)

Each plan option includes two levels of in-network access:

- In-Network Enhanced Value (Enhanced)
- In-Network Standard Value (Standard)

When you choose services from an Enhanced provider, the plan receives greater Highmark negotiated discounts resulting in lower out-of-pocket costs (lower deductible, lower copays, etc) for you.

You are not locked in to either an Enhanced or Standard choice for the entire plan year; you choose an Enhanced or Standard provider prior to each service.

To find Enhanced and/or Standard providers:

1. Log on to Highmark's member website at www.highmark.com (you'll need to register if you haven't already). Note that the website will also have you set up multi-factor authentication using your phone number.
2. Click on Get Care at the top of the page
3. Click on Go to Provider search
4. The Network at the top should auto-populate to "Choice Blue PPO"
5. When searching for Names, Specialties and Procedures, the provider choices will show either "Enhanced Benefit Level" or "Standard Benefit Level"

You can also contact Highmark's Member Services (via the number on the back of your medical ID card) to ask for assistance in locating Enhanced and Standard providers.

All preventive care included in the current Highmark Preventive Schedule is covered at 100% by all three medical plans (no cost to you).

PRESCRIPTION

All three medical plans include a prescription drug benefit administered by Express Scripts. Present your Highmark medical ID card when filling prescriptions.

Smart90 for Maintenance Medications

Maintenance medications for chronic conditions such as diabetes, hypertension, hypothyroidism, etc. must transition to a 90-day fill. You can fill two 30-day refills at any in-network pharmacy. The third fill must be for 90 days and can be filled at either:

- A CVS pharmacy, or
- Via Express Scripts' Mail Order Pharmacy

Medications your doctor prescribes for acute conditions such as ear infections, bronchitis, etc. do not require a mandatory 90-day fill *and* you can fill these short-term medications at any in-network pharmacy.

Prescription Drug Copayment Assistance Program (Copay Armor) by PillarRx Consulting (not available to enrollees in the Choice Blue QHDHP 1700)

The Copay Armor program through PillarRx Consulting, a prescription benefit consulting firm, leverages manufacturer assistance dollars that may be available for certain specialty medications. If your physician prescribes an eligible specialty medication, a PillarRx team member will contact you by phone to facilitate enrollment in the manufacturer program. They will also send you an official PillarRx welcome letter in the mail.

Once enrolled in Copay Amor:

- You will save money – your out-of-pocket costs will always be the same or less than what you're currently paying
- You pay no additional cost to enroll in Copay Armor

MEDICAL & PRESCRIPTION DRUG

Compare Plans

Below is a brief description/comparison of the medical plans offered.

CHOICE BLUE PPO 450 (LOW DED. PLAN)			
Benefit	In-Network Enhanced Value	In-Network Standard Value	Out-of-Network
Deductible (single / family)	\$450 / \$900	\$900 / \$1,800	\$1,800 / \$3,600
Coinsurance	You pay 5% after ded.	You pay 10% after ded.	You pay 30% after ded.
Out-of-Pocket Limit (single / family)	\$1,000 / \$2,000		\$5,000 / \$10,000
Office Visit Copays			
PCP & PCP Virtual Visits	\$20	\$30	You pay 30% after ded.
Specialist	\$40	\$50	You pay 30% after ded.
Urgent Care	\$30	\$40	You pay 30% after ded.
Emergency Room	\$150	\$150	You pay 30% after ded.
Telemedicine	Covered in full	Covered in full	Not covered
Preventive Care	Covered in full	Covered in full	You pay 30% after ded.
Prescription Drugs	(retail 31-day supply shown)		
Deductible	None		
Generic	You pay 15% (\$10 min/\$30 max)		
Formulary	You pay 25% (\$40 min/\$100 max)		
Non-Formulary/Specialty	You pay 35% (\$100 min/\$160 max)		
Out-of-Pocket Limit (single / family)	\$1,500 / \$3,000		

CHOICE BLUE PPO HDHP 1500 (HIGH DED. PLAN)			
Benefit	In-Network Enhanced Value	In-Network Standard Value	Out-of-Network
Deductible (single / family)	\$1,500 / \$3,000	\$3,000 / \$6,000	\$6,000 / \$12,000
Coinsurance	You pay 5% after ded.	You pay 10% after ded.	You pay 30% after ded.
Out-of-Pocket Limit (single / family)	\$1,000 / \$2,000		\$5,000 / \$10,000
Office Visit Copays			
PCP & PCP Virtual Visits	\$20	\$30	You pay 30% after ded.
Specialist	\$40	\$50	You pay 30% after ded.
Urgent Care	\$30	\$40	You pay 30% after ded.
Emergency Room	\$150	\$150	You pay 30% after ded.
Telemedicine	Covered in full	Covered in full	Not covered
Preventive Care	Covered in full	Covered in full	You pay 30% after ded.
Prescription Drugs	(retail 31-day supply shown)		
Deductible	None		
Generic	You pay 15% (\$10 min/\$30 max)		
Formulary	You pay 25% (\$40 min/\$100 max)		
Non-Formulary/Specialty	You pay 35% (\$100 min/\$160 max)		
Out-of-Pocket Limit (single / family)	\$1,500 / \$3,000		

CHOICE BLUE QHDHP 1700 (HSA)			
Benefit	In-Network Enhanced Value	In-Network Standard Value	Out-of-Network
Deductible - non-embedded* (single / family)	\$1,700 / \$3,400	\$3,400 / \$6,800	\$6,400 / \$12,800
Coinsurance	You pay 5% after ded.	You pay 10% after ded.	You pay 30% after ded.
Out-of-Pocket Limit (single / family)	\$1,000 / \$2,000		\$5,000 / \$10,000
Office Visit Copays			
PCP & PCP Virtual Visits	\$20 after ded., then 100%	\$30 after ded., then 100%	You pay 30% after ded.
Specialist	\$40 after ded., then 100%	\$50 after ded., then 100%	You pay 30% after ded.
Urgent Care	\$30 after ded., then 100%	\$40 after ded., then 100%	You pay 30% after ded.
Emergency Room	\$150 after ded., then 100%	\$150 after ded., then 100%	You pay 30% after ded.
Telemedicine	100% after enhanced ded.	100% after enhanced ded.	Not covered
Preventive Care	Covered in full	Covered in full	You pay 30% after ded.
Prescription Drugs	(retail 31-day supply shown)		
Deductible	Integrated with medical ded.**		
Generic	You pay 15% (\$10 min/\$30 max)		
Formulary	You pay 25% (\$40 min/\$100 max)		
Non-Formulary/Specialty	You pay 35% (\$100 min/\$160 max)		
Out-of-Pocket Limit (single / family)	\$1,500 / \$3,000 after enhanced ded.		

*With a non-embedded deductible for those with coverage other than employee-only, there is only a family deductible. All family members' out-of-pocket expenses count toward the family deductible until it is met, and then they are all covered with the plan's usual copays or coinsurance. It doesn't matter if one person incurs all the expenses that meet the deductible or if two or more family members contribute towards meeting the family deductible.

**Deductible applies to all prescription drugs except those included in the current Highmark Preventive Medications list. Medications included in this list are covered as if you already met your deductible, so you are only responsible for a copay, if applicable.

MEDICAL & PRESCRIPTION DRUG

Additional benefits offered by Highmark:

Blue365 Discounts

Blue365 offers premier health and wellness discounts and is free to join! Enjoy discounts on apparel and footwear, fitness, hearing and vision, home and family, nutrition, personal care, and travel. Visit Blue365deals.com to register!

Well360 Virtual Health (Telemedicine)

Get care when and where you need it with Well360 Virtual Health. 24/7 access from anywhere for:

- Urgent Care: See a doctor virtually for non-urgent conditions like pink eye, sinus infections, rashes, step throat, and UTIs. A doctor can diagnose, treat, and prescribe medication for common illnesses and problems.
- Behavioral Health Therapy: If seeing a behavioral therapist is more comfortable for you virtually, or if you can't connect with your regular provider, Well360 Virtual Health can help you schedule an appointment for help with concerns like anxiety, depression, or insomnia.
- Psychiatry: Easily schedule a virtual appointment with a psychiatrist for prescription medications, psychiatric assessments, or help with any mental health needs.

Visit the Well360 Virtual Health website to register: Well360VirtualHealth.com or download the Well360 Virtual Health app.

Sword Virtual Physical Care

Using a tablet and wearable sensors, you can connect virtually with physical therapists to get real-time feedback and guidance. And it's available at zero cost to you and your covered dependents! What you get from Sword:

- Convenient, virtual access to physical therapists using wearable sensors, a tablet, and a phone-based app for easy communication.
- Guided exercises using sensor-based technology that's more accurate at detecting movement than the human eye.
- The flexibility and convenience to complete your guided exercise session from anywhere.
- ...and more!

Visit the Sword website to enroll: <https://meet.swordhealth.com/blueshield>. Click "Get Started" and complete the enrollment process.

Diabetes Prevention Program

Prediabetes is a reversible condition that affects millions of people – many of whom don't realize they have it. The good news is that it's reversible if discovered and managed early in your care. This program provides:

- Livongo for prediabetes: Gain access to digital tools and mobile access to a live coach and a community of support.
- Case Specific Nutrition: Virtual nutrition and online support programs.

Visit the Highmark website: <https://www.highmarkblueshield.com/home/>. Click "Diabetes Prevention" to learn more.

Experian IdentityWorks Identity Protection

Experian IdentityWorks offers more protection and the option to enroll at any time – at no cost to you! Once you enrolled in IdentityWorks, you will have access to:

- Experian credit report at signup: See what information is associated with your credit file.
- Credit monitoring: Actively monitors your Experian credit file for indicators or identity theft.
- Internet Surveillance: Technology searches the web, chat rooms & bulletin boards 24/7 to identity trading or selling of your personal information on the Dark Web.
- Identity Restoration: Identity Restoration Specialists are immediately available to help you address credit and non-credit related identity theft.
- ...and more!

Visit the Experian IdentityWorks website to enroll: <https://www.experianidworks.com/highmark>. Click "Get Started" and enter code: HIGHMARK24 and complete the enrollment process.

Get Started with My Highmark

- Access your virtual ID card
- Search for care



MEDICAL & PRESCRIPTION DRUG

HEALTH SAVINGS ACCOUNT (HSA)

If you enroll in the Choice Blue QHDHP 1700, a Health Savings Account (HSA) will automatically be set up for you through WealthCare Saver, Highmark Blue Shield's HSA custodian. An HSA is a savings account (i.e., a bank account owned by you, the employee) that allows you to accumulate funds to pay for "qualified medical expenses" (QMEs), per the IRS. Examples of QMEs include, but are not limited to, deductibles, copays, prescription copays, and coinsurance.

ADVANTAGES of an HSA:

- TRIPLE TAX ADVANTAGE:
 - Your contributions via paycheck are pre-tax.
 - Interest and investments earnings are not taxed.
 - Withdrawals are tax-free, if used for QMEs.
- Contributions to your HSA can be made through payroll deductions or you can deposit money directly into your account.
- Because the account is owned by you, it's portable (you can take your HSA funds with you if you leave F&M).
- Balances carry over from year to year; no "use it or lose it!"
- You can spend your funds on qualified medical expenses or save them for your future medical expenses.

College contribution to employee HSAs:

- **\$680** for employee only coverage
- **\$1,360** for employee + 1 and family coverage

Note: The College contribution is prorated for new hire coverage effective after 7/1/2026.

Employees can make pre-tax contributions via payroll deduction permitted up to the IRS maximums:

- **\$4,400** for employee only coverage
- **\$8,750** for any employee with dependents enrolled
- **Extra \$1,000 catchup** contribution for employees age 55+!

Note: IRS maximums include **both** employee and employer contributions.

Employee contributions are available in employee HSAs within 4 business days after the pay in which it was contributed.

A few important reminders:

- It is your responsibility to determine if you meet the eligibility rules for an HSA when you enroll in the Choice Blue QHDHP 1700.
- An HSA is an excellent opportunity to save on medical expenses for you and your family; however, it is important that you understand how to contribute funds to an HSA, how to withdraw funds you have contributed and what, if any, tax implications there are associated with your HSA.
- If you enroll a dependent in the Choice Blue QHDHP 1700 who is not claimed as your dependent on your income taxes, you cannot use money from your HSA to reimburse expenses for that individual; however, that dependent may be eligible to open their own HSA.

For more information on HSAs and QMEs, please visit:

<https://www.irs.gov/publications/p502>

<https://www.irs.gov/forms-pubs/about-publication-969>

EMPLOYEE ASSISTANCE PROGRAM (EAP)

Spring Health is available at no cost to all employees and their family members living in their household.

Your One-Stop-Shop for Mental Health

You don't need to wait for a crisis to prioritize your mental health. Your employer offers an Employee Assistance Program powered by Spring Health to provide personalized care and resources to support you and your family members through any of life's challenges.

Spring Health can support your mental health with easy access to:

Free therapy

Get convenient, confidential support from a therapist of your choice. Each member (age 6+) gets 6 sessions per year. After you have used all of your sessions, get access to in-network therapy through your health plan.

Specialized coaching

Build new skills, create healthier habits, and reach your goals related to personal development, health and wellness, relationships, or parenting.

Personalized care

Take a short online assessment and get care recommendations to support your immediate needs and long-term goals.

Work-life services

Access expert guidance and resources to navigate legal or financial matters, child care, elder care, pet care, travel, household services, and more.

Wellness exercises

Moments is a library of self-guided exercises that can help you manage stress, calm anxiety, beat burnout, improve sleep, and be more mindful.

Guidance and support

A Care Navigator can help you understand your care plan and find the right provider, offering recommendations and support along the way.

Employee Assistance Program is offered by your health plan and powered by Spring Health. Spring Health is an independent company that provides mental health care services through its agents. Spring Health does not provide Blue Cross and/or Blue Shield products or services. Spring Health is solely responsible for their mental health care services.



Get started today

myhighmark.page.link/EAP

Contact Spring Health
844-931-4465
General support: M-F, 8am-11pm
ET Crisis support: 24/7 (press 2)

Your care with Spring Health is private and confidential.

Therapy is available for members ages 6+ and coaching is available for members ages 18+.

ABLEPAY HEALTH

A unique, **NO-COST**, program that provides savings and flexible payment terms on out-of-pocket medical expenses.

SAVINGS & FLEXIBILITY

As a member you have the option of paying with one payment and saving up to 13% on your out-of-pocket expenses. Or you could spread your payments out over 3, 6, 12 or 24 months on every bill. Our members save money even by extending out to 6 months. If you choose to pay a bill over 12-24 months (no savings, but 0% interest).

ADVOCACY

Our team is here to support our members when they have questions or issues with a bill. We will also explain the bill and contact providers on your behalf when there is an issue to resolve.

GET STARTED

1. Scan the QR code below or click <https://enroll.ablepayhealth.com/apply/BENECON> to enroll.
2. Key in your demographic information.
3. Add family members you will be responsible for (they don't need to be on your insurance plan).
4. Add your default payment term and payment method (Bank ACH, Credit Card, FSA card or HSA card).
5. Receive your AblePay card in the mail and keep with your insurance card.

WHERE TO SHOW YOUR ABLEPAY CARD

Below are sample providers currently accepting AblePay. We also have success getting discounts at other providers throughout the country – present your card everywhere.

PRESENT YOUR ABLEPAY CARD

Show your AblePay card along with your insurance card to medical providers. They will process your AblePay card like secondary insurance. After your service is complete and your insurance company processes your claim, your provider will bill AblePay. Look for an email from AblePay notifying you that we received your bill and the amount you owe (after your insurance has paid their portion).

PAYMENT TERMS AND SAVINGS

- 1 Pay 13% BANK ACH, 10% CREDIT/DEBIT CARD
- 3 Pays 10% BANK ACH, 7% CREDIT/DEBIT CARD
- 6 Pays 8% BANK ACH, 5% CREDIT/DEBIT CARD

Payment terms up to 12-24 Months - No Savings/No Interest

Provider Network Includes Hospitals and Employed Doctors



Any questions? Visit ablepayhealth.com or call (484) 292-4000

FLEXIBLE SPENDING ACCOUNTS

Flexible Spending Accounts (FSAs) offer another way to save money on health care and dependent care expenses. Employees need not be enrolled in any F&M medical plans to participate in FSAs. Two FSA options are available, both administered by Benecon, and FSAs must be re-elected annually during open enrollment.

WHICH FSA IS RIGHT FOR YOU?

	HEALTH FSA	DEPENDENT CARE FSA
Used for:	Healthcare related expenses including (but not limited to): <ul style="list-style-type: none"> • Copays • Deductibles • Coinsurance 	Dependent care related expenses for a child under age 13 and adult care expenses for a disabled spouse or dependent which allows you to be gainfully employed
Maximum contribution:	Up to \$3,400 per year; No minimum contribution is required.	Up to \$7,500 per family per year (\$3,750 if you are married and filing taxes separately); No minimum contribution is required.
Requesting reimbursement:	You can spend up to the full amount of your annual election as soon as your account has been set up.	You can spend up to the amount in your account at the time you request reimbursement. You don't have access to future contributions until they are deposited.

NEW ENROLLEES IN EITHER FSA:

New enrollees will automatically receive a CDH Payment Debit Card (debit card) in the mail when you enroll. The debit card allows for easy, convenient payment. If a provider doesn't accept a debit card, pay for expenses out-of-pocket and submit receipts for reimbursement to Benecon.

If you are enrolled in both FSAs, they will use the same card for both the Health and Dependent Care FSA. You may be required to submit documentation after your use of the debit card, so be sure to save your receipts!

CURRENT ENROLLEES WHO RE-ELECT EITHER OR BOTH FSAS:

Current enrollees can continue to use their current debit card until the expiration date on the card.

ESTIMATE CAREFULLY!

Per IRS regulations, both the Health FSA and Dependent Care FSAs are "USE IT OR LOSE IT" accounts, which means that you will forfeit any amount left in the accounts at the end of the plan year or upon termination.

HEALTH FSA GRACE PERIOD

You have until September 15, 2027, to incur eligible expenses and until September 30, 2027, to submit requests for reimbursement before the forfeiture of your Health FSA account.

REMEMBER!

The IRS does not allow an employee to have both a Health Savings Account (HSA) and a Health FSA. Therefore, if you enroll in the Choice Blue QHDHP 1700 medical plan, you are not permitted to also enroll in the Health FSA.

DENTAL

Compare Plans

Below is a brief description/comparison of the dental plans offered.

Network: Elite Plus

	BASE PLAN	PREMIUM PLAN
Plan Year Deductible	\$50 per person/ \$150 per family	\$25 per person/ \$75 per family
Plan Year Maximum Benefit	\$1,500 per person	\$2,000 per person
Preventive Care Periodic exams, cleanings and X-rays	You pay 0% of allowed charges	You pay 0% of allowed charges
Basic Services* Temporary and permanent fillings, simple extractions, surgical extractions* Periodontics, endodontics, oral surgery, root canals, prosthetic maintenance, emergency dental care	You pay 20% of allowed charges after deductible	You pay 10% of allowed charges after deductible
Major Services Prosthodontics, installation of crowns, inlays, onlays, dentures, implants, bridges	You pay 50% of allowed charges after deductible	You pay 40% of allowed charges after deductible
Orthodontics	Not covered	You pay 50% of allowed charges (with no deductible) for children under age 19, up to \$2,000 lifetime maximum benefit per child

*Oral surgery procedures such as, but not limited to, removal of impacted teeth must be considered by the medical insurance contract under which the member is enrolled first, before United Concordia will consider for payment.

HELPFUL TIP: Minimize your out-of-pocket expenses for dental care by asking your dentist to request a pretreatment estimate from United Concordia before you agree to receive any prescribed restorative or major services. Your dentist may be able to present alternative treatment options that could lower your share of the bill while still meeting your basic dental care needs.

Locate a Participating (In-Network) Provider

Log on to www.unitedconcordia.com and click Find a Dentist or call 1-800-332-0366.

Find Your Member ID Card Online

1. Visit UnitedConcordia.com/GetStarted
2. Create your personal **MyDentalBenefits** account
3. View or print your member ID card from the homepage

Download the Mobile App

1. Get the United Concordia Dental app from the Apple App Store or on Google Play
2. Use your **MyDentalBenefits** username and password to sign in
3. Click the ID Card link under My Benefits to view your card

The College Tuition Benefit® – College Savings Program is ending as of 7/1/2026, per UCCI.

VISION

Below is a brief description of the vision plan offered.

Eye Exam (once every plan year)	You pay 0%
Lenses (once every plan year)	Standard Glass or Plastic You pay 0%
Frame (once every two plan years)	Up to \$100 off (20% discount off balance)
Contact Lenses (once every plan year) Elective Contact Lenses	In lieu of Lenses Up to \$75 off (15% discount (Conventional) or 10% discount (Disposable) off balance)**
Medically Necessary***	You pay 0%
Laser Vision Correction	Significant discounts available through The National LASIK Network

*Does not apply for certain proprietary brands

**Does not apply to Contact Fill (NVA Mail Order) or certain locations at: Target, Sears, Pearle & K-Mart, and may be prohibited by some manufacturers

***Pre-approval from NVA required

Locate a Participating (In-Network) Provider

Log on to www.e-nva.com and click Find a Provider or call 1-800-672-7723.



EMPLOYER-PAID LIFE & DISABILITY

LIFE AND AD&D INSURANCE

The College provides Basic Life and AD&D insurance through The Standard to all full-time benefits-eligible faculty and professional staff members effective the first of the month coinciding with or following your date of hire and at no cost to you. The Basic Life insurance pays your beneficiaries a lump sum if you die. AD&D insurance provides another layer of benefits to either you or your beneficiary if you suffer from loss of a limb, speech, sight, or hearing, or if you die in an accident.

Administrator	The Standard www.standard.com 1-800-348-3226 for general questions
Basic Life Insurance Benefit Amount	1.5 times base annual salary, rounded to next higher multiple of \$1,000*
Basic Life Maximum Coverage Amount	\$100,000
AD&D Benefit Amount	1.5 times base annual salary, rounded to next higher multiple of \$1,000
AD&D Maximum Coverage Amount	\$100,000
Reductions in Insurance (Basic Life & AD&D)	Age 75 and over = 50%

*The imputed cost of coverage in excess of \$50,000 is considered taxable income. The imputed cost, if any, will be shown and taxed on your paycheck.

LONG-TERM DISABILITY INSURANCE

The College provides Long-term Disability insurance coverage through The Standard, at no cost to you, to all full-time, benefits-eligible employees effective the first of the month coinciding with or following your date of hire. Long-term Disability coverage insures a percentage of your income if you are unable to work due to an illness or injury that is expected to continue beyond 180 consecutive days from the date of onset. Benefits may be reduced by income from other benefits you might receive while disabled, such as Social Security.

Subject to approval by The Standard, a Long-term Disability claim will pay 60% of your covered monthly earnings up to the Maximum Monthly Benefit for as long as you are determined by the Long-term Disability carrier to be disabled, up to the Maximum Payment Period, which is determined by your age when your period of disability begins.

Monthly Benefit Amount	Plan pays 60% of covered monthly earnings
Maximum Monthly Benefit	\$10,000
Benefit Waiting Period	180 days
Maximum Payment Period	Determined by your age when disability begins: 59 or younger.....to age 65 60 through 64.....5 years 65 through 68to age 70 69 or older.....1 year

Preexisting Condition Exclusion

A preexisting condition means a mental or physical condition, whether or not diagnosed or misdiagnosed, for which you have done any of the following:

- Consulted a physician or other licensed medical professional;
- Received medical treatment, services or advice;
- Undergone diagnostic procedures, including self-administered procedures; or
- Taken prescribed drugs or medications.

And which, as a result of any medical examination, including a routine examination, was discovered at any time during the 90-day period just before the date your insurance became effective.

You are not covered for a disability caused or contributed to by a preexisting condition or medical or surgical treatment of a preexisting condition unless, on the date you become disabled, you have been continuously insured under the long-term disability plan for 12 months.

VOLUNTARY LIFE INSURANCE

If you are interested in additional life insurance protection, the College provides you with the opportunity to purchase Optional Life insurance coverage for yourself, your spouse and/or your dependent child(ren) on a lower-cost group basis. The cost of coverage is based on your age and the amount of coverage you elect. Premiums are deducted from your pay on an after-tax basis.

Initial Eligibility

If you elect Optional Life insurance for yourself, your spouse and/or dependent child(ren) when you are initially eligible, you are automatically approved to elect coverage up to the Guarantee Issue Amount (GI) without providing Evidence of Insurability (EOI). If you decide to elect an amount higher than the GI, then you will need to complete an EOI form, which is subject to review by The Standard. Coverage will not become effective nor will payroll deductions commence until the coverage amount is approved by The Standard.

Administrator	The Standard www.standard.com 1-800-348-3226 for general questions 1-800-843-7979 for EOI questions
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Employee Optional Life Insurance Coverage

Benefit Schedule	\$10,000 increments up to \$500,000
Minimum Coverage	\$10,000
Maximum Coverage	\$500,000, not to exceed 6x Annual Salary when combined with your Basic (College-provided) Life insurance coverage
Guarantee Issue Amount (GI)	\$150,000 (when initially eligible only)
Age Reduction Schedule	Age 65 through 69 = 65% Age 70 through 74 = 50% Age 75 or over = 35%

Spouse Optional Life Insurance Coverage

You must enroll in Employee Optional Life Insurance coverage to elect coverage for your spouse. Optional Life insurance coverage amounts for spouse and child(ren) cannot exceed 100% of the employee's Optional Life insurance coverage amount.

Benefit Schedule	\$5,000 increments up to \$250,000
Minimum Coverage	\$5,000
Maximum Coverage	\$250,000
Guarantee Issue Amount (GI)	\$50,000 (when initially eligible only)
Age Reduction Schedule*	Based on Employee's Age: Age 65 through 69 = 65% Age 70 through 74 = 50% Age 75 or over = 35%

Spouse's Optional Life coverage reduces according to age of the employee, not the spouse.

For example, a 64-year old employee has \$100,000 of Optional Life coverage on herself and \$100,000 of Optional Life coverage on her spouse who is age 52.

- When she turns age 65:
- She decides to continue to work full-time and does not retire.
- Her \$100,000 Optional Life insurance reduces to 65% of the original amount or \$65,000
- Her \$100,000 Optional Spouse Life insurance also reduces according to her age (65) of the original amount or \$65,000.

VOLUNTARY LIFE INSURANCE

Dependent Child(ren) Optional Life Insurance Coverage

Benefit Schedule	Flat \$10,000 (regardless of the number of children covered)
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Evidence of Insurability (EOI)

In the event that your coverage election amount for yourself or your spouse requires completion of an EOI form by The Standard, you must access the EOI form online. When completing the EOI form you will need to have the following information:

Weblink to the EOI Form	http://www.standard.com/mybenefits/mhs_ho.html
Group Name	Franklin & Marshall College
Policy Number	756762

Optional Life Insurance Premiums

Premiums for both employee and spouse Optional Life insurance coverage are based on the employee's age as of January 1st.

Employee's Age	Rate per \$1,000 of Optional Life Insurance Coverage per Month
20-29	\$0.06
30-34	\$0.08
35-39	\$0.09
40-44	\$0.10
45-49	\$0.15
50-54	\$0.23
55-59	\$0.43
60-64	\$0.66
65-69	\$1.27
70-74	\$2.06
75+	\$6.82
Dependent Child(ren) Coverage	\$0.20 per child

PAID TIME AWAY FROM WORK

MEDICAL LEAVE

The College encourages faculty and professional staff to use paid time away from work to establish a healthy work-life balance.

Holiday Pay

Full-time Professional Staff are eligible to receive regular base pay (Holiday Pay) for normally scheduled work hours on approved College holidays. The total amount of approved holidays may vary each year based on the academic calendar.

For Full-Time Non-Exempt Staff (Hourly Paid):

Vacation Time	Non-exempt staff members earn paid vacation time based on your years of full-time College employment (pro-rated during first year of employment): Vacation time is prorated for staff members who work less than 2,080 hours per year <ul style="list-style-type: none"> • 80 Hours per fiscal year – 1 through 4 years of employment • 120 Hours per fiscal year – 5 through 9 years of employment • 160 Hours per fiscal year – 10 years or more of employment
Personal Time	<ul style="list-style-type: none"> • Eligible for 16 hours per fiscal year immediately upon hire
Family Illness Days	<ul style="list-style-type: none"> • Eligible for 24 hours per fiscal year immediately upon hire
Paid Sick Days	<ul style="list-style-type: none"> • Each full-time professional staff member is eligible to use up to 12 annual paid sick days per fiscal year (July 1 through June 30). These days are to be used for reasons such as short-term absences from work, to provide care to an eligible family member who is ill or to attend health-care appointments for a dependent child.

For Full-Time Exempt Staff (Salaried):

Vacation Time	<ul style="list-style-type: none"> • Exempt staff members earn 16 hours of vacation per work month (192 hours per fiscal year). Vacation time is prorated for those on a less-than-12-month-per-year work schedule (prorated during first year of employment).
Paid Sick Days	<ul style="list-style-type: none"> • Each full-time professional staff member is eligible to use up to 12 annual paid sick days per fiscal year (July 1 through June 30). These days are to be used for reasons such as short-term absences from work, to provide care to an eligible family member who is ill or to attend health-care appointments for a dependent child.

Medical Leave Benefits

The College encourages faculty and professional staff to take good care of themselves when experiencing a short or long-term illness. If an employee experiences a personal illness or injury and needs continuous time off to recover, you may qualify for different forms of paid and/or unpaid medical leave.

Extended Sick Leave Bank (ESLB)

Professional staff members receive a one-time allocation of 30 paid sick days to their ESLB after 12 months of full-time employment. The purpose of the ESLB is to help cover periods of non-occupational illness or injury that are longer than a total of 12 workdays in duration. After a professional staff member has completed 12 months of full-time College employment, unused annual paid sick days will be added to the individual's ESLB at the end of each fiscal year up to an accumulated maximum of 130 paid sick days.

Family and Medical Leave Act (FMLA)

FMLA provides qualifying employees with up to 12 weeks of unpaid, job-protected leave per year. It also requires that your group health benefits be maintained during the leave. You may be eligible for FMLA if you have worked at the College for at least 12 months and at least 1,250 hours over the past 12 months. FMLA may be used for the following reasons:

- The birth of a child and to care for the newborn child within one year of birth;
- The placement with the employee of a child for adoption or foster care and to care for the newly placed child within one year of placement;
- To care for the employee's spouse, child or parent who has a serious health condition;
- A serious health condition that makes the employee unable to perform the essential functions of his or her job;
- Any qualifying exigency arising out of the fact that the employee's spouse, son, daughter or parent is a covered military member on "Covered Active Duty;" or
- Up to 26 work weeks of leave during a single 12-month period to care for a covered service member with a serious injury or illness if the eligible employee is the service member's spouse, son, daughter, parent or next of kin (Military Caregiver Leave).

Nurse Navigation Services

Support and guidance you can trust

When healthcare feels overwhelming, you don't have to navigate it alone. Our nurse navigators help you find the right care at the right time, so you can move forward with confidence. They assist you in understanding your diagnosis, accessing second opinions, preparing for appointments, and connecting with Centers of Excellence when specialized care is needed.

Our nurse navigators are here to guide you through the process with **clarity, compassion,** and **experience.**


Why work with a Nurse Navigator

- ▶ Understand your condition and treatment plan with confidence
- ▶ Explore high-quality care that fits your needs
- ▶ Get expert guidance before major procedures or second opinions
- ▶ Feel supported every step of the way

Contact Us Today

Gain clear insight and personalized care to make informed decisions about your health.

Connect with a nurse navigator:

 877-223-2350

 Clinical@Benecon.com

Available at no additional cost — this service is included in your health plan.



RETIREMENT SAVINGS – 403(b)

Whether you're just starting your career or retirement is only a few years away, it's important to consider your financial needs when the time comes to retire. The F&M 403(b) Retirement Savings Plan through TIAA can help you save for retirement and assist you in meeting your financial goals. For information regarding investment fund options, fund performance and prospectus information, please call TIAA at 800-842-2252 or to go www.tiaa.org/fandm.

EMPLOYEE ELECTIVE DEFFERALS (Voluntary Contributions)

Employees are eligible to begin elective deferrals to their 403(b) retirement account immediately upon hire. Contributions must be in the form of a percentage of gross wages per pay period, and can be changed/started/stopped at any time.

Both traditional (pre-tax) and Roth (post-tax) elective deferrals are permitted.

Complete the Voluntary Retirement Salary Reduction Enrollment Form to begin your elective deferrals today!

F&M CONTRIBUTION

F&M will contribute 10% of an eligible employee's gross wages per pay period beginning on the January 1st or July 1st (whichever is sooner) after a two-year waiting period.

F&M will waive six months of this two-year waiting period for every two consecutive full years of prior full-time employment with a tax-exempt college or university, as outlined in the College's plan documents. If you believe you qualify for a waiver of all or a portion of the retirement waiting period because you have previously been employed, on a full-time basis, by a tax-exempt college or university, please have your previous employer(s) complete the Verification of Prior Employment at an Institution of Higher Education form and return it to Human Resources within 90 calendar days of your date of hire.

CONTRIBUTION LIMITS

The employee elective deferral limit for 2026 is \$24,500, and for those who have attained age 50, it is \$32,500. This limit is the sum of your voluntary contributions – traditional and Roth. If you made employee elective deferrals to another employer's retirement plan in the same calendar year, those contributions would also be included in this limit (e.g., if you began working at F&M part-way through the year).



EDUCATION/SCHOLARSHIP OPPORTUNITIES

The College offers education and scholarship opportunities to full-time employees of the College, their spouses and dependent children under the age of 23.

For Full-Time Employees:

Tuition Remission	Full-time members of the faculty are eligible for Tuition Remission immediately upon hire. Employees may enroll, without a charge for tuition, in College undergraduate-level courses on a part-time basis, which are offered during hours other than the employee's regular working hours.
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For Spouses:

Grant-in Aid	Grant-in Aid for part-time or full-time study at the College is available to a full-time employee's spouse when the employee has been employed by the College on a full-time basis for at least two years (24 months):
	<ul style="list-style-type: none"> • Part-time - a full-time employee's spouse may take College classes on a part-time basis with no tuition fees. • Full-time - a full-time employee's spouse may take College classes on a full-time basis, once admitted through the Admission office, with a reduced charge for tuition. The annual Grant-in Aid benefit currently equals 85% of the College's basic tuition rate (excluding room and board, books and other fees).

For Dependent Children:

Grant-in Aid	The annual Grant-in Aid benefit for employees with dependent children attending the College on a full-time basis equals 85% of the College's tuition rate (excluding room and board, books and other fees).
Children's Scholarship	The annual Children's Scholarship award equals 15% of the College's tuition (excluding room and board) or the actual cost of tuition at the institution the child is attending, whichever is less.
Tuition Exchange	The Tuition Exchange is a national scholarship exchange program through which dependent children of eligible College employees may apply for undergraduate study at other participating colleges and universities. Scholarship awards cover full tuition, one-half tuition for a non-resident at a public institution, or a rate set by the Tuition Exchange.

IMPORTANT CONTACTS

Below is the contact information for each insurance carrier and administrator:

PLAN TYPE	CARRIER/ ADMINISTRATOR	PHONE NUMBER	WEBSITE	IDENTIFIER
Medical/ Prescription	Highmark/ Express Scripts	1-800-345-3806	www.highmark.com	Reference Member I.D. On Card
Discount Program	AblePay	(484) 292-4000	www.ablepayhealth.com	Your Name
Dental	United Concordia	1-800-332-0366	www.unitedconcordia.com	Group 925641
Vision	NVA	1-800-672-7723	www.e-nva.com	Group 1260
FSA	The Benecon Group	1-888-965-3629	https://benecon.lh1ondemand.com	Phone inquiries indicate F&M College FSA
HSA	Highmark	1-800-345-3806	www.highmark.com	Reference Member I.D. Card
HRA	The Benecon Group	1-888-965-3629	https://benecon.lh1ondemand.com	Phone inquiries indicate F&M College HRA
Life & LTD	The Standard	1-800-348-3226	www.standard.com	Group 756762
Evidence of Insurability	The Standard	1-800-843-7979	www.standard.com	Group 756762
Nurse Navigation	Benecon	1-877-223-2350	clinical@benecon.com	Phone inquiries indicate F&M College
EAP	Highmark	844-931-4465	myhighmark.page.link/EAP	Reference Member I.D. on Highmark Card
F&M Benefits Questions	Human Resources	hr@fandm.edu	F&M Experience Benefits Card	

*How can my household members get started with Spring Health?

If you're seeking support for your child or teen age 17 or younger, the parent will create and manage a Spring Health account on their behalf. After signing an electronic informed consent, the parent will then manage their care and get specialized family support, recommendations, and referrals from the Care Navigator. For family members age 18+, they will create and manage their own Spring Health account. A household member can register directly at myhighmark.page.link/EAP.