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The employee benefit programs described in this guide are effective July 1, 2021. The information in this guide is a summary of Franklin & Marshall College’s benefits, and every attempt has been made to ensure its accuracy. The actual provisions of each benefit program will govern if there is any inconsistency between the information in this guide and Franklin & Marshall College’s formal plans, programs, policies, or contracts or any subsequent change in such plans, programs, policies or contracts.
Welcome To Franklin & Marshall College

At Franklin & Marshall College (“the College”), we value your contributions to our success and are pleased to provide you with a competitive benefits package that is a vital part of your overall compensation. We continually evaluate our benefits to make sure that we provide a package that supports your needs, whether you are single, married, raising a family or thinking ahead to retirement. We are committed to providing you with the tools and resources you need to understand each of your benefit options.

CHANGES – EFFECTIVE JULY 1, 2021

NEW
Medical
Two Choice Blue Medical Plan Options
Medical Plan Spousal Surcharge Increase
Everyone enrolled in the medical plan will receive a new Highmark Medical Rx ID Card

NEW
Dental
Two dental options
If you are currently enrolled in dental, do not discard your ID card. You will continue using this ID card regardless of which dental option you chose.

NEW
Prescription Drug
Copay Armor Program
Smart90

Please take the time to review this guide to make sure you understand the benefits that are available to you and your family – then be sure to take action. You have 30 days from your hire date or date of benefits eligibility to enroll in these benefits.

☑ MEDICAL
Choose between the Choice Blue PPO 450 or the Choice Blue PPO HDHP + HRA. Both plans offered through Highmark and both plans include the same prescription drug coverage.

☑ DENTAL
Chose either the Standard or Enhanced dental plan option through Delta Dental.

☑ VISION
Vision coverage offered through National Vision Administrators (NVA).

☑ FLEXIBLE SPENDING ACCOUNTS (FSAs)
Set aside pre-tax dollars for qualifying expenses with a Health and/or Dependent Care FSA. Participants contributing to the Health and/or Dependent Care FSA who want to continue for the 7/1/21 plan year, must re-elect this benefit during Open Enrollment

☑ HEALTH REIMBURSEMENT ARRANGEMENT (HRA)
The College provides an annual contribution to employees’ HRAs to help those enrolled in the Choice Blue PPO HDHP pay for qualifying medical expenses.

☑ LONG TERM DISABILITY
The College provides long-term disability insurance coverage through Standard Insurance Company, (“The Standard”) at no cost to you.

☑ LIFE AND ACCIDENTAL DEATH & DISMEMBERMENT INSURANCE:
- The College provides Basic Life and Accidental Death & Dismemberment (AD&D) insurance through Standard Insurance Company at no cost to you.
- You can purchase Optional Life insurance at competitive group rates.

Please note: The Enrollment Form must be returned whether you decide to enroll or waive coverage.
WHO IS ELIGIBLE?
In general, full-time employees scheduled to work at least 30 or more hours per week are eligible for the benefits outlined in this benefit guide. You can enroll the following family members in the medical, dental and vision plans.

- Your spouse (the person to whom you are legally married under state law, including a same-sex spouse)
- Your children:
  - Under age 26 are eligible to enroll in medical, dental and/or vision coverage. They do not have to live with you or be enrolled in school. They can be married and/or living and working on their own.
  - Age 26 and over ONLY if they are incapacitated due to a disability and primarily dependent on you for support (medical carrier requires documentation from your child’s physician).
  - Named in a Qualified Medical Child Support Order (QMCSO) as defined by federal law.

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

INITIAL ENROLLMENT PERIOD
Coverage for benefits-eligible new hires begins on the first day of the month following or coinciding with your date of hire. New employees must enroll within 30 days of eligibility, or you will not be permitted to enroll until an annual enrollment period or you experience a Qualified Life Event.

OPEN ENROLLMENT
The elections you make during Open Enrollment become effective July 1, 2021 and remain in effect through June 30, 2022 unless you experience a Qualified Life Event.

QUALIFIED LIFE EVENTS
Qualified Life Events occur when you have a change in your situation such as, but not limited to:
- Loss of health coverage: includes job-based, individual and student plans
- Loss of eligibility for Medicare, Medicaid or CHIP
- Turning age 26 and losing health coverage through parent plan
- Marriage or divorce
- Birth, adoption or placement for adoption
- Death in the family

Experiencing any of these events may make you eligible for a Special Enrollment Period, which allows you to enroll/drop health insurance for yourself and/or your spouse/dependent(s) outside of the annual Open Enrollment period. The requested change must be consistent with the Qualified Life Event.

MEDICAL PLAN SPOUSAL SURCHARGE
A $1,500 annual spousal surcharge ($125 monthly /$57.69 bi-weekly) will be added to your medical plan premium if you elect coverage for your spouse and he/she is eligible for coverage through his/her employer, but declines enrollment in that plan. If your spouse is also an employee of the College, the spousal surcharge is waived. All benefits-eligible employees MUST complete the Medical Spousal Surcharge form.

30 DAYS = HOW LONG YOU HAVE TO NOTIFY HUMAN RESOURCES OF A QUALIFIED LIFE EVENT
If you experience a Qualified Life Event, please contact Human Resources as soon as possible. You have a limited window of 30 days from the date of the Qualified Life Event to make a change to your enrollment. Any change requests received after the 30 days will not be accepted and you will not be able to make your change until the next Open Enrollment period.
MEDICAL AND PRESCRIPTION DRUG

F&M College offers two Highmark Choice Blue medical options:

- Choice Blue PPO 450
- Choice Blue PPO HDHP

**Effective July 1, 2021 each Choice Blue medical plan option will include 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.
- You are not locked in to either an Enhanced or Standard choice for the plan year, you choose an Enhanced or Standard provider prior to each service.
- You will find that most of the providers you use today are already part of Highmark’s Enhanced provider network.

**Choice Blue PPO 450**
The Enhanced level of coverage carries the same out-of-pocket costs that you have today in the F&M College PPO 450 plan. When you choose a Standard provider, your in-network out-of-pocket costs may be higher depending on the services rendered. You can utilize either an Enhanced or Standard provider or go out-of-network, without a PCP referral. You will have the highest out-of-pocket costs when services are rendered out-of-network. In addition, you may be subject to balance billing from an out-of-network provider.

**Choice Blue PPO HDHP**
The Enhanced level of coverage carries the same out-of-pocket costs that you have today in the F&M College PPO High Deductible Plan. When you choose a Standard provider, your in-network out-of-pocket costs may be higher depending on the services rendered. You can utilize either an Enhanced or Standard provider or go out-of-network, without a PCP referral. You will have the highest out-of-pocket costs when services are rendered out-of-network. In addition, you may be subject to balance billing from an out-of-network provider. The College automatically enrolls employees who elect this plan into the HRA plan.
Compare Plans
Below is a brief comparison of the plans. For the full plan grids, click on the open enrollment link at the bottom of page 6.

<table>
<thead>
<tr>
<th>CHOICE BLUE PPO 450</th>
<th>In-Network Enhanced Value</th>
<th>In-Network Standard Value</th>
<th>Out of Network</th>
</tr>
</thead>
<tbody>
<tr>
<td>Benefit</td>
<td></td>
<td></td>
<td></td>
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<tr>
<td>Deductible</td>
<td>$450</td>
<td>$900</td>
<td>$1,800</td>
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<td></td>
<td>$900</td>
<td>$1,800</td>
<td>$3,600</td>
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<tr>
<td>Coinsurance</td>
<td>Plan pays 95% after deductible</td>
<td>Plan pays 90% after deductible</td>
<td>Plan pays 70% after deductible</td>
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<tr>
<td>Out-of-pocket</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Coinsurance limit</td>
<td>$1,000</td>
<td>$2,000</td>
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<tr>
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<td>$2,000</td>
<td>$4,000</td>
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</tr>
<tr>
<td>Primary Care Visit</td>
<td>$20 copay</td>
<td>$30 copay</td>
<td>70% after deductible</td>
</tr>
<tr>
<td>Specialist Visit</td>
<td>$40 copay</td>
<td>$50 copay</td>
<td>70% after deductible</td>
</tr>
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</table>

<table>
<thead>
<tr>
<th>CHOICE BLUE PPO HDHP</th>
<th>In-Network Enhanced Value</th>
<th>In-Network Standard Value</th>
<th>Out of Network</th>
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</thead>
<tbody>
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<tr>
<td>Deductible</td>
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<td>Coinsurance</td>
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<td>Specialist Visit</td>
<td>$40 copay</td>
<td>$50 copay</td>
<td>70% after deductible</td>
</tr>
</tbody>
</table>
HOW TO FIND ENHANCED AND STANDARD LEVEL PROVIDERS

1. Logon to www.highmarkblueshield.com
2. Click on “Find a Doctor or Rx”
3. Choose the “Medical Care” category
4. Network = Choice Blue PPO
5. Provider Choices will show either:
   “Enhanced Benefit Level” or
   “Standard Benefit Level”

To view step-by-step screen shots of the above steps go to the College’s open enrollment link listed below and click on “Find Highmark Enhanced and Standard Level Providers.”

You can also view a six-minute Highmark video in the link below which walks you through how to find Enhanced and Standard Level Providers.

https://www.brainshark.com/hmk/ChoiceBlueEnhancedProviders

You also have the option of calling Member Services to ask for assistance in locating Enhanced and Standard providers. You can find the Member Services phone number on the back of your Highmark I.D. card.

PRESCRIPTION DRUG

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

NEW Prescription Drug – Smart90

Effective July 1, 2021 maintenance medications for chronic conditions such as diabetes, hypertension, hypothyroidism, etc. must transition to a 90-day fill. You can fill two 30-day fills at any in-network pharmacy. The third fill must be for 90 days and you have a choice of filling at either:

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

For example, if you currently take a medication for hypertension, starting July 1, 2021 your July and August 30-day fills can be at any in-network pharmacy. Your third fill for September must be for a 90-day supply and can only be filled at CVS or through Express Scripts Mail Order Pharmacy.

By filling maintenance medications on a 90-day basis vs. a 30-day basis, you save money. For example, if you take a Formulary Brand drug and you fill it on a retail basis for a 30 day supply, your minimum cost is $40. Three 30-day retail fills costs you $120. By filling this prescription on a 90-day basis, you will receive 90 days’ supply for the minimum cost of $80, a savings of $40.

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 those short-term medications at any in-network pharmacy not exclusively at CVS.
TO GET STARTED WITH SMART90: CHOOSE CVS OR MAIL ORDER

Fill at a CVS Pharmacy:
- Contact your doctor and request a 90-day prescription
- Present your prescription to a CVS pharmacist
- Refill at any CVS pharmacy at 90-day intervals

Fill with Express Scripts Mail Order Pharmacy:
- Contact your doctor and request a 90-day prescription
- Complete an Express Scripts Home Delivery Order Form:
  - Logon to [www.highmark.com](http://www.highmark.com)
  - Under the Prescriptions tab, click on Mail order Form (PDF)
  - You can also find the Express Scripts Home Delivery Order Form in the College’s open enrollment link.

WHEN WILL I RECEIVE MY MEDICAL AND PRESCRIPTION DRUG ID CARDS?

You will receive your ID card two to three weeks after you submit your enrollment information to Human Resources. If you need to use your benefits before you receive your I.D. card, call Highmark at 1-800-345-3806. You can also logon to [www.highmarkblueshield.com](http://www.highmarkblueshield.com) anytime after your coverage start date and download the digital I.D. card app.

NEW Prescription Drug Copayment Assistance Program (Copay Armor) by PillarRx Consulting – Effective July 1, 2021

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

ADULT DIABETES PREVENTION PROGRAM

Did you know current projections show that 1 in 3 Americans will be diabetic by the year 2050? And that currently, 1 in 3 Americans have prediabetes, and 87% are not aware they have this condition? Included in your Highmark Preventive Schedule, included on the College’s open enrollment link, is access to the Adult Diabetes Prevention Program at no cost to you if you qualify. It includes expert coaching, engaging lessons and support of a community. Call the member services number on your Highmark ID card to learn more or get started.
WHAT IS AblePay HEALTH?
AblePay is a program that can save you money on your deductible/coinsurance (up to 13%) along with helping you if you ever have questions/concerns on a medical bill. AblePay is offered at NO-COST (no monthly/annual fees) to you by Franklin & Marshall and it also provides flexible payment terms for any of your deductible/coinsurance expenses.

HOW DO I GET STARTED?
1. Visit the website (www.ablepayhealth.com) and click “Enroll Now”
2. Enter your demographic Information
3. Add your family members that you’ll be responsible for (they can have a different insurance plan)
4. Add your default payment term and payment method(s)
5. Receive your AblePay card in the mail and keep with insurance card

Enroll Here: https://enroll.ablepayhealth.com/apply/benecon21

WHEN DO I USE AblePay?
AblePay has contracts with Penn Medicine – Lancaster General Health (LGH), May-Grant Obstetrics & Gynecology, Lehigh Valley Health Network (LVHN), St. Luke’s University Health Network, Grand View Health, Penn Medicine, and Main Line Health (all hospitals and employed doctors in the physician groups). AblePay is also having success in getting discounts for their members at other providers throughout Pennsylvania and New Jersey – try and use the card everywhere!

AblePay members save up to 13% on all copays at any Lancaster General Health provider locations!

HOW DO I USE AblePay?
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. You will get an email from AblePay notifying you that we received your bill and the amount you owe (after your insurance has paid their portion). You will have 5 days to decide if you would like to change your payment method and terms to one of the options below. If you do nothing, after 5 days the first payment will be pulled from your default payment method based on the term you originally chose.

1 Payment..............Save 13% with Bank ACH, 10% with credit/debit card
3 Payments..........Save 10% with Bank ACH, 7% with credit/debit card
6 Payments ..........Save 8% with Bank ACH, 5% with credit/debit card
12 Payments........Save 0% with Bank ACH and with credit/debit card (no interest)

ANY QUESTIONS?
Visit the website ablepayhealth.com or call them at (484) 292-4000 or email info@ablepayhealth.com!
FLEXIBLE SPENDING ACCOUNTS (FSAs)

By allowing you to set aside money directly from your paycheck before taxes are taken out, FSAs are a great way to save money for eligible expenses and to lower your taxable income. You can use that tax-free money to pay for eligible out-of-pocket health care and dependent care expenses.

The College offers two FSA options, administered by Benecon:

HEALTH FSA:
- Pay for eligible medical, dental and vision care expenses such as copays, coinsurance, deductibles, medical supplies and equipment, mental health and substance abuse treatment, orthodontia, eyeglasses and contact lenses for yourself and your eligible dependents. You do not need to be enrolled in a College health plan to participate in the Health FSA.
- Contribute up to $2,750 per year. No minimum contribution required.
- If electing participation in the Health FSA, you must elect within 30 days of your hire date or first date of benefits eligibility.

DEPENDENT CARE FSA:
- Pay for eligible dependent care (for a child under age 13) or adult care expenses, including day care, care for a disabled spouse or dependent, after-school care and many types of summer camps. This account is NOT for a dependent’s health expenses.
- Contribute up to $5,000 per family per year ($2,500 if you are married and filing taxes separately). No minimum contribution required.
- You must elect this benefit within 30 days of your hire date or first date of benefits eligibility.

ESTIMATE CAREFULLY WITH AN FSA
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. Only the Health FSA includes a Grace Period, which means you have until September 15, 2022 to incur eligible expenses and until September 30, 2022 to submit requests for reimbursement before the forfeiture of your Health FSA account. For a list of eligible expenses, visit Benecon’s Health Shopper site on Amazon at https://my-healthshopper.com/?id=10624.
- Please note: if you had been enrolled in an HSA with a previous employer during the 2021 or 2022 calendar year coincident with the calendar year you enroll in the College’s benefits, you are not eligible to enroll in the Health FSA for that calendar year.

NEW HIRES MUST ENROLL WITHIN 30 DAYS OF HIRE
MANAGING YOUR FSA
You can easily manage your FSA from the Benecon website at https://benecon.lh1ondemand.com. On the website, you can check your FSA balance, file claims, enroll in direct deposit for reimbursements and download the mobile app.

WHEN IT COMES TO SPENDING, NOT ALL FSAs ARE THE SAME:
• With the Health FSA, you can spend up to the full amount of your annual election as soon as your account has been set up.
• With the Dependent Care FSA, you can be reimbursed only up to the amount in your account at the time you request reimbursement.
• All eligible expenses must be incurred on or after your FSA enrollment date.

PAYING FOR SERVICES:
• You will automatically receive a CDH Health Payment Debit Card (debit card) in the mail in a plain envelope when you enroll. The debit card allows for easy, convenient payment at participating providers or merchants. Although you do not need to file for reimbursement when using your debit card, you may be required to submit documentation, so be sure to save your receipts. Eligible expenses must be incurred by September 15, 2022.
• Use your debit card to pay the provider directly.
• If the provider doesn’t accept a debit card, pay for expenses out-of-pocket and submit receipts for reimbursement to Benecon.

To be reimbursed for eligible expenses, submit an FSA claim form along with original receipts or carrier explanation of benefits statements (EOBs) to Benecon. The claim form can be found at https://benecon.lh1ondemand.com under Tools and Support > Documents & Forms.

Reimbursement forms and supporting documentation for current eligible FSA expenses must be postmarked by September 30, 2022 and submitted to:

Benecon
Attn: CDH Services
P.O. Box 5406
Lancaster, PA 17606-5406

Fax: 1-888-965-3629
Email: cdhservices@benecon.com
Online: https://benecon.lh1ondemand.com
Phone: 1-833-738-6729
The College provides an annual contribution to employees’ HRA to help employees enrolled in the Choice Blue PPO HDHP pay for qualifying medical expenses. The amount available for reimbursement is based on the tier of coverage elected by the employee under this plan:

- Employee Only: $420
- Employee plus One: $840
- Employee plus Two or More: $1,260

All reimbursement account funds are available at the beginning of each plan year. Qualifying medical expenses must be incurred beginning on July 1, 2021 and ending on June 30, 2022, and can be submitted up through September 30, 2022.

Qualifying medical expenses include those as defined under IRS Code 213d. If an employee is eligible for the HRA and elects the FSA, then funds in the FSA must be exhausted prior to seeking reimbursement from the HRA.

Unused funds remaining in the employee’s HRA at the end of the plan year are carried forward to the next plan year as long as the employee continues enrollment in the Choice Blue PPO HDHP.

MANAGING YOUR HRA
You can easily manage your HRA from Benecon’s website at https://benecon.lh1ondemand.com. On the website, you can check your HRA balance, file claims, enroll in direct deposit for reimbursements and download the mobile app.

PAYING FOR SERVICES:
- You will automatically receive a CDH Health Payment Debit Card (debit card) in the mail in a plain envelope when you enroll in the HDHP. The debit card allows for easy, convenient payment at participating providers or merchants.
- Claims for reimbursement may be submitted via the online portal or via the mobile app.
- Documentation supporting the claim must be included and indicates that the claim was for a qualifying medical expense.
- If the provider doesn’t accept a debit card, pay for expenses out-of-pocket and submit receipts or the carrier’s EOB for reimbursement to Benecon.

To be reimbursed for qualifying medical expenses, submit an HRA claim form along with original receipts or carrier EOBs to Benecon. The claim form can be found at https://benecon.lh1ondemand.com under Tools and Support > Documents & Forms.

Reimbursement forms and supporting documentation for current eligible HRA expenses must be postmarked by September 30, 2022 and submitted to:

Benecon
Attn: CDH Services
P.O. Box 5406
Lancaster, PA 17606-5406

Fax: 1-888-965-3629
Email: cdhservices@benecon.com
Online: https://benecon.lh1ondemand.com
Phone: 1-833-738-6729
Health & Welfare

DENTAL
As an F&M College employee, you have a choice of dental plans with Delta Dental’s PPO program, which includes dentists in the Delta Dental PPO and Delta Dental Premier networks. Be sure to enroll within 30 days of your hire date or first date of benefits eligibility to get the coverage you need.

MAKE THE MOST OF YOUR PLAN
Locate participating dentists by visiting www.deltadentalins.com. Although you may use Non-Delta dentists, you’ll pay more than you would if you used a participating dentist.

- When you visit a participating dentist, you don’t have to complete claim forms, and you cannot be billed for the difference between your dentist’s rate and Delta Dental’s allowed charges (negotiated rates for services).
- If you visit a Non-Delta (out-of-network) dentist, you may be balance billed, meaning you may be billed for the difference between the dentist’s rate and the Delta Dental negotiated rate, in addition to the regular charges.

WHEN WILL I RECEIVE MY DENTAL ID CARD?
You will receive an ID card for dental coverage two to three weeks after you submit your enrollment information. If you need to use this benefit before receiving your ID card, call Delta Dental at 1-800-932-0783 to obtain your member number.

<table>
<thead>
<tr>
<th>DENTAL BENEFITS &amp; COVERED SERVICES*</th>
<th>STANDARD PLAN*</th>
<th>ENHANCED PLAN**</th>
</tr>
</thead>
<tbody>
<tr>
<td>Plan Year Deductible</td>
<td>$50 per person/$150 per family</td>
<td>$25 per person/$75 per family</td>
</tr>
<tr>
<td>Plan Year Maximum Benefit</td>
<td>$1,500 per person</td>
<td>$2,000 per person</td>
</tr>
</tbody>
</table>

REIMBURSEMENT IS BASED ON PPO FEES FOR PPO DENTISTS, PREMIER FEES FOR PREMIER DENTISTS AND PREMIER CONTRACTED FEES FOR NON-DELTA DENTAL DENTISTS.

Preventive Care
Periodic exams, cleanings and X-rays
Delta Dental pays 100% of allowed charges
Delta Dental pays 100% of allowed charges.

Basic Services
Temporary and permanent fillings, simple extractions, surgical extractions***
Delta Dental pays 80% of allowed charges after deductible
Delta Dental pays 90% of allowed charges after deductible.

Restorative Services
Periodontics, endodontics, oral surgery, root canals, prosthetic maintenance, emergency dental care
Delta Dental pays 80% of allowed charges after deductible
Delta Dental pays 90% of allowed charges after deductible.

Major Services
Prosthodontics, installation of crowns, inlays, onlays, dentures, implants, bridges
Delta Dental pays 50% of allowed charges after deductible
Delta Dental pays 60% of allowed charges after deductible.

Orthodontics
Delta Dental pays 50% of allowed charges (with no deductible) for children under age 19, up to $1,500 lifetime maximum per child
Delta Dental pays 50% of allowed charges (with no deductible) for children under age 19, up to $2,000 lifetime maximum per child.

*For the full Standard Plan Summary of Benefits, please see the College’s open enrollment link.
**For the full Enhanced Plan Summary of Benefits, please see the College’s open enrollment link.
***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 Delta Dental 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 Delta Dental 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.
VISION
As an eligible College employee, you may enroll in the National Vision Administrators (NVA) vision plan. It offers greatly reduced rates on vision exams, frames, lenses, and contacts.

TO LOCATE AN IN-NETWORK PROVIDER:
• Call NVA at 1-800-672-7723
• Visit the website at www.e-nva.com

If you are considering enrolling in the vision plan but want to search in-network providers, click the “Find a Provider” link on their homepage at www.e-nva.com and enter the College’s group number, 12600001, under Search for a Provider by Zip Code.

Not all in-network providers are in-network for both exams and materials (lenses/frames/contacts). When searching for an in-network provider on the NVA site, there is an indicator to the right of each provider that indicates the in-network services available with that provider:

• In-network for exams only
• In-network for dispensing of eyeglasses and contacts only
• Full Service: in-network for exams, eyeglasses and contacts

MAKE THE MOST OF YOUR PLAN
Find the date that you and/or your enrolled family member(s) are next eligible for an exam, lenses, and/or frames. Login to www.e-nva.com and click on View Eligibility to determine when you are next eligible for each of these services.

VISION CARE BENEFITS & COVERAGE

<table>
<thead>
<tr>
<th>Service</th>
<th>Participating Provider</th>
</tr>
</thead>
<tbody>
<tr>
<td>Eye Exam (once every plan year)</td>
<td>Covered 100%</td>
</tr>
<tr>
<td>Lenses (once every plan year)</td>
<td>Standard Glass or Plastic • Covered 100%</td>
</tr>
<tr>
<td>Frame (once every two plan years)</td>
<td>Retail Allowance • Up to $100 (20% discount off balance)*</td>
</tr>
<tr>
<td>Contact Lenses (once every plan year) Elective Contact Lenses</td>
<td>In lieu of Lenses • Up to $75 Retail (15% Conventional) or 10% discount (Disposable) off balance**</td>
</tr>
<tr>
<td>Medically Necessary***</td>
<td>• Covered 100%</td>
</tr>
<tr>
<td>Laser Vision Correction</td>
<td>Significant discounts available through The National LASIK Network</td>
</tr>
</tbody>
</table>

Refer to the NVA Vision Benefit Summary, which can be found on the College’s open enrollment link, for a full description of the available benefits.
*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

WHEN WILL I RECEIVE MY VISION ID CARD?
You will receive an ID card from NVA two to three weeks after you submit your enrollment information. If you need to use this benefit before receiving your ID card, call NVA at 1-800-672-7723 to obtain your member number.
MEDICAL PLAN SPOUSAL SURCHARGE
An $1,500 annual spousal surcharge ($125 monthly/$57.69 bi-weekly) will be added to your medical plan premium if you elect coverage for your spouse and he/she are eligible for coverage through his/her employer, but declines enrollment in that plan. If your spouse is also a College employee, the spousal surcharge is waived. All benefits-eligible employees MUST complete the Medical Spousal Surcharge form. Contact HR@fandm.edu for the Medical Spousal Surcharge form.

### CHOICE BLUE PPO 450:

<table>
<thead>
<tr>
<th></th>
<th>MONTHLY COST</th>
<th>BI-WEEKLY COST</th>
</tr>
</thead>
<tbody>
<tr>
<td>Employee Only</td>
<td>$184.01</td>
<td>$84.93</td>
</tr>
<tr>
<td>Employee + One</td>
<td>$299.01</td>
<td>$138.01</td>
</tr>
<tr>
<td>Employee + Family</td>
<td>$491.37</td>
<td>$226.78</td>
</tr>
</tbody>
</table>

### CHOICE BLUE PPO HDHP:

<table>
<thead>
<tr>
<th></th>
<th>MONTHLY COST</th>
<th>BI-WEEKLY COST</th>
</tr>
</thead>
<tbody>
<tr>
<td>Employee Only</td>
<td>$138.52</td>
<td>$63.93</td>
</tr>
<tr>
<td>Employee + One</td>
<td>$227.40</td>
<td>$104.95</td>
</tr>
<tr>
<td>Employee + Family</td>
<td>$372.56</td>
<td>$171.95</td>
</tr>
</tbody>
</table>

### DENTAL PPO STANDARD PLAN:

<table>
<thead>
<tr>
<th></th>
<th>MONTHLY COST</th>
<th>BI-WEEKLY COST</th>
</tr>
</thead>
<tbody>
<tr>
<td>Employee Only</td>
<td>$29.89</td>
<td>$13.80</td>
</tr>
<tr>
<td>Employee + One</td>
<td>$52.24</td>
<td>$24.11</td>
</tr>
<tr>
<td>Employee + Family</td>
<td>$78.08</td>
<td>$36.04</td>
</tr>
</tbody>
</table>

### DENTAL PPO ENHANCED PLAN:

<table>
<thead>
<tr>
<th></th>
<th>MONTHLY COST</th>
<th>BI-WEEKLY COST</th>
</tr>
</thead>
<tbody>
<tr>
<td>Employee Only</td>
<td>$35.57</td>
<td>$16.42</td>
</tr>
<tr>
<td>Employee + One</td>
<td>$62.17</td>
<td>$28.69</td>
</tr>
<tr>
<td>Employee + Family</td>
<td>$92.91</td>
<td>$42.88</td>
</tr>
</tbody>
</table>

### VISION PLAN:

<table>
<thead>
<tr>
<th></th>
<th>MONTHLY COST</th>
<th>BI-WEEKLY COST</th>
</tr>
</thead>
<tbody>
<tr>
<td>Employee Only</td>
<td>$3.33</td>
<td>$1.54</td>
</tr>
<tr>
<td>Employee + One</td>
<td>$4.88</td>
<td>$2.25</td>
</tr>
<tr>
<td>Employee + Family</td>
<td>$9.13</td>
<td>$4.21</td>
</tr>
</tbody>
</table>
BASIC LIFE AND ACCIDENTAL DEATH & DISMEMBERMENT (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.

*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.

<table>
<thead>
<tr>
<th>Administrator</th>
<th>The Standard</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td><a href="http://www.standard.com">www.standard.com</a></td>
</tr>
<tr>
<td></td>
<td>1-800-348-3226 for general questions</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Basic Life Insurance Benefit Amount</th>
<th>1.5 times base annual salary, rounded to the nearest $1,000</th>
</tr>
</thead>
<tbody>
<tr>
<td>Basic Life Maximum Coverage Amount</td>
<td>$100,000</td>
</tr>
<tr>
<td>AD&amp;D Benefit Amount</td>
<td>1.5 times base annual salary, rounded to the nearest $1,000</td>
</tr>
<tr>
<td>AD&amp;D Maximum Coverage Amount</td>
<td>$100,000</td>
</tr>
<tr>
<td>Reductions in Insurance (Basic Life &amp; AD&amp;D)</td>
<td>Age 75 and over = 50%</td>
</tr>
</tbody>
</table>
OPTIONAL LIFE INSURANCE

OPPORTUNITIES TO ENROLL NEW OR MAKE OPTIONAL LIFE INSURANCE CHANGES WILL BECOME AVAILABLE SEPTEMBER 1

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.

NEW HIRE - EXAMPLE 1:
You are hired July 3 with annual earnings of $30,000. You become initially eligible August 1. You decide to enroll in Optional Life Insurance for $150,000, which is the GI and does not exceed the Maximum Coverage amount (see below). You do not need to complete an EOI form for this amount.

NEW HIRE - EXAMPLE 2:
You are hired July 3 with annual earnings of $30,000. You become initially eligible August 1. You decide to enroll in Optional Life Insurance for $170,000, which is above the GI. You will need to complete an EOI form for the $20,000 that exceeds the GI.

OPEN ENROLLMENT – EXAMPLE 3:
If you had declined Optional Life insurance for yourself, your spouse and/or your dependent child(ren) when you were initially eligible or decide to increase the Optional Life insurance you already have for yourself, your spouse and/or your dependent child(ren), you will need to complete an EOI form.
Administrator

The Standard
www.standard.com
1-800-348-3226 for general questions
1-800-843-7979 for EOI questions

EMPLOYEE OPTIONAL LIFE INSURANCE COVERAGE

<table>
<thead>
<tr>
<th>Benefit Schedule</th>
<th>$10,000 increments up to $500,000</th>
</tr>
</thead>
<tbody>
<tr>
<td>Minimum Coverage</td>
<td>$10,000</td>
</tr>
<tr>
<td>Maximum Coverage</td>
<td>$500,000, not to exceed 6x Annual Salary when combined with your Basic (College-provided) Life insurance coverage</td>
</tr>
<tr>
<td>Guarantee Issue Amount (GI)</td>
<td>$150,000 (when initially eligible only)</td>
</tr>
</tbody>
</table>
| 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.

<table>
<thead>
<tr>
<th>Benefit Schedule</th>
<th>$5,000 increments up to $250,000</th>
</tr>
</thead>
<tbody>
<tr>
<td>Minimum Coverage</td>
<td>$5,000</td>
</tr>
<tr>
<td>Maximum Coverage</td>
<td>$250,000</td>
</tr>
<tr>
<td>Guarantee Issue Amount (GI)</td>
<td>$50,000 (when initially eligible only)</td>
</tr>
</tbody>
</table>
| 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.

DEPENDENT CHILD(REN) OPTIONAL LIFE INSURANCE COVERAGE

| Benefit Schedule | Flat $10,000 (regardless of the number of children covered) |

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:

<table>
<thead>
<tr>
<th>Weblink to the EOI Form</th>
<th><a href="http://www.standard.com/mybenefits/mhs_ho.html">http://www.standard.com/mybenefits/mhs_ho.html</a></th>
</tr>
</thead>
<tbody>
<tr>
<td>Group Name</td>
<td>Franklin &amp; Marshall College</td>
</tr>
<tr>
<td>Policy Number</td>
<td>756762</td>
</tr>
</tbody>
</table>

OPTIONAL LIFE INSURANCE PREMIUMS
Premiums for both employee and spouse Optional Life insurance coverage are based on the employee’s age as of the prior year’s January 1st.

<table>
<thead>
<tr>
<th>Employee’s Age</th>
<th>Rate per $1,000 of Optional Life Insurance Coverage per Month</th>
</tr>
</thead>
<tbody>
<tr>
<td>20-29</td>
<td>$0.06</td>
</tr>
<tr>
<td>30-34</td>
<td>$0.08</td>
</tr>
<tr>
<td>35-39</td>
<td>$0.09</td>
</tr>
<tr>
<td>40-44</td>
<td>$0.10</td>
</tr>
<tr>
<td>45-49</td>
<td>$0.15</td>
</tr>
<tr>
<td>50-54</td>
<td>$0.23</td>
</tr>
<tr>
<td>55-59</td>
<td>$0.43</td>
</tr>
<tr>
<td>60-64</td>
<td>$0.66</td>
</tr>
<tr>
<td>65-69</td>
<td>$1.27</td>
</tr>
<tr>
<td>70-74</td>
<td>$2.06</td>
</tr>
<tr>
<td>75+</td>
<td>$6.82</td>
</tr>
</tbody>
</table>

Dependent Child(ren) Coverage $0.20 per child

For additional information about these Optional Life Insurance plans, please visit https://www.fandm.edu/human-resources/benefits optional-life-insurance.
MEDICAL LEAVE BENEFITS
The College encourages faculty 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.

PAID SICK LEAVE
Beginning with the first year of employment, a full-time faculty member is eligible for sick leave, with continuation of base salary, based on length of full-time College service, according to the following schedule:

<table>
<thead>
<tr>
<th>YEAR OF FULL-TIME SERVICE</th>
<th>LEAVE AT FULL BASE SALARY:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Less than 1 year</td>
<td>4 weeks (20 working days)</td>
</tr>
<tr>
<td>1 but less than 2 years</td>
<td>8 weeks (40 working days)</td>
</tr>
<tr>
<td>2 but less than 4 years</td>
<td>10 weeks (50 working days)</td>
</tr>
<tr>
<td>4 but less than 6 years</td>
<td>16 weeks (80 working days)</td>
</tr>
<tr>
<td>6 but less than 8 years</td>
<td>21 weeks (105 working days)</td>
</tr>
<tr>
<td>8 years or more</td>
<td>26 weeks (130 working days)</td>
</tr>
</tbody>
</table>

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).
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.

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

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.
WHAT IS CONNECTCARE3?
ConnectCare3 is a confidential benefit provided to employees and their dependents covered under the health plan at no additional cost. ConnectCare3 has no affiliation with any insurance carrier or hospital system. We aim to provide callers with positive health outcomes on their health and wellness journey.

AVAILABLE SERVICES:

Patient Advocacy
The patient advocates are the first line of contact when reaching out to ConnectCare3. They also assist our clinical team with conducting research.

Nurse Navigation
The nurse navigators are available to work with patients who have received a medical diagnosis that requires a specialist. Our nurses can provide education on a diagnosis and treatments, physician options, and can help patients prepare for physician appointments.

Chronic Disease Management & Prevention
The Chronic Disease Management & Prevention team consists of registered nurses, certified health coaches, and a registered dietitian. Our team approach to preventing and managing chronic conditions provides you with access to resources and expertise all in one place.

Nutrition Education
Our registered dietitian will help patients to understand the connection between diet and health by completing a thorough nutritional assessment and providing healthy meal plans and alternatives.

Tobacco Cessation
Work one-on-one with our Tobacco Cessation coaches to achieve and maintain a tobacco-free life.

HOW TO ENROLL
Contact us at 877-223-2350 or info@connectcare3.com to enroll in our services today.
Additional Benefits

EMPLOYEE ASSISTANCE PROGRAM (EAP)

The College EAP is a free benefit administered by Cigna and allows you access to licensed clinicians to help you with emotional, behavioral and other issues you may be experiencing, such as help with finding pet care, elder care and caregiver support.

EAP SERVICES INCLUDE:

**Administrator**  
Cigna  
1-877-622-4327  
www.mycigna.com  
Employer ID: fanmd

**Services**

- **Counseling:** Up to three face-to-face sessions with a counselor in your area, per plan year, for each issue you face. Such issues could be personal, marital or family-related, work-related, school-related, or substance abuse issues, among others.
- **Consultation and Support by Phone:** Consultations may be related to questions about behavioral health related topics, assistance with problem identification, problem-solving skills, and approaches and/or resources to address behavioral concerns.
- **Legal Assistance:** Free 30-minute consultation with an attorney face-to-face or by phone.
- **Pre-retirement Counseling:** Three free sessions that focus on assessing emotional readiness for the transition to retirement, providing support and planning for a successful transition, identifying any problems and stressors, discussing how roles and relationships may change, discussing use of time and money, providing support for those with challenging health concerns, and helping to identify community resources.
- **Financial:** Free 30-minute consultation by phone with a qualified specialist on issues such as debt counseling or planning for retirement.
- **Parenting and Child Care:** Resources and referrals for child care providers, before and after-school programs, camps, adoption organizations, and information on parenting questions and prenatal care.
- **Elder Care:** Resources and referrals for home health agencies, assisted living facilities, social and recreational programs, and long-distance care giving.
- **Veterans:** EAP specialists can provide support to veterans, their family (any household members of the employee) and their employer.
- **Pet Care:** Resources and referrals for pet sitting, obedience training, veterinarians and pet stores.
- **Identity Theft:** Free 60-minute consultation with a fraud resolution specialist.
**EDUCATION BENEFITS**

The College offers education benefits 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. |

**FOR SPOUSES:**

<table>
<thead>
<tr>
<th>Grant-in Aid</th>
<th>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):</th>
</tr>
</thead>
<tbody>
<tr>
<td>• <strong>Part-time</strong> - a full-time employee’s spouse may take College classes on a part-time basis with no tuition fees.</td>
<td></td>
</tr>
<tr>
<td>• <strong>Full-time</strong> - 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).</td>
<td></td>
</tr>
</tbody>
</table>

**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. |
Benefit Terms Glossary

**Coinsurance:** The specific percentage (5% for the Enhanced network and 10% for the Standard network) of the plan allowance for covered services that is your responsibility. Coinsurance applies to any service that would also apply toward the plan-year deductible. For example, let’s say your plan year deductible is met and you have lab work performed at an Enhanced network provider. The in-network allowance for all of the lab services is $100. Your plan pays at 95% and the coinsurance (your responsibility is 5%). Your coinsurance cost for this lab work would be $5.

**Coinsurance Limit (a.k.a. Out-of-Pocket):** After your plan-year deductible has been met and you incur services applicable to the 5% or 10% coinsurance, the plan places a limit on the total amount of coinsurance you pay for the plan year to protect you from catastrophic claims costs. For an individual, the most coinsurance you will pay in a plan year is $1,000 whether those services were for an Enhanced or Standard network provider. For a family contract, the most coinsurance you will pay for all family members combined in a plan year is $2,000.

**Copay/Copayment:** The upfront fixed dollar amount that the enrolled member pays at the time of service. For example, a primary care physician copay at an Enhanced network provider is $20. A hospital inpatient admission copay is $100.

**Deductible:** A specified dollar amount of covered services that must be incurred by you or your family member(s) before the plan begins to pay. Services subject to the copay and preventive services do not apply toward the plan year deductible. The individual and family deductible limits vary by plan and by network. For example, in the Choice Blue PPO 450, which has an Enhanced $450 individual deductible and a $900 family deductible, let’s say that you, your spouse and your son incur services applicable to the Enhanced plan year deductible. You and your spouse meet your $450 Enhanced deductible. Combined, the two of you have met $900 of Enhanced deductible expenses. This means that your son who incurs services at Enhanced providers, normally subject to the plan-year deductible, does not have to meet the deductible since the family Enhanced deductible of $900 has been met. Only coinsurance would apply to your son’s services in this example until the new plan year begins.

**Formulary:** A list of FDA-approved prescription drugs. It covers products in every major treatment category. A drug formulary may restrict coverage of some drugs. To help manage costs, coverage will be for the generic drug if it is available. Generic drugs have the same active ingredients, chemical composition and therapeutic effects as brand names, and must meet the same FDA requirements.

**Health Reimbursement Arrangement (HRA):** Only your employer may fund an HRA. Upon termination of employment, there is no cash-out provision; the funds revert back to the employer. HRA funds can only be used for qualifying medical expenses. The College offers the HRA paired with the Choice Blue PPO HDHP only.

**In-network:** A provider of services such as a doctor, clinic, hospital, lab, dentist or vision-care provider who has entered into an agreement with the insurance carrier pertaining to payment at negotiated rates for specific covered services. Utilizing in-network providers takes advantage of the lower negotiated rates, which save you and the health plan money. In-network providers cannot balance bill you the difference between their submitted amount to the insurance carrier and the negotiated rate. The College offers two levels of in-network medical access, Enhanced and Standard. You will incur lower out-of-pocket costs when you utilize Enhanced providers.

**Out-of-network:** A provider of services such as a doctor, clinic, hospital, lab, dentist or vision-care provider who has not entered into an agreement with the insurance carrier for payment at negotiated rates for specific covered services. Your plan allows you to use out-of-network providers, but you will generally pay the highest out-of-pocket costs for this flexibility. Out-of-network providers can balance bill you the difference between their submitted amount to the insurance carrier and the plan allowance. Plan allowance for an out-of-network provider is based on an adjusted contractual allowance for like services rendered by a network provider in the same geographic region.
**Premium:** The cost of the insurance plan paid by the covered employee and/or the College. We deduct your share of the premium on a periodic basis (monthly or biweekly) from your paycheck.

**Total Maximum Out-of-Pocket (TMOOP):** Protects you against catastrophic claims costs each plan year. The TMOOP is a specified dollar amount each plan year that includes deductible, coinsurance and copays incurred for in-network services, covered prescriptions and qualified medical expenses. When you or your family meets this maximum in a plan year, your plan begins to pay 100% of all covered expenses with no additional coinsurance, copayments or deductible for the remainder of the plan year.

**Qualified Life Event:** A change in your situation – like marriage, new baby or losing health insurance coverage – that can make you eligible for a Special Enrollment Period. A Qualified Life Event allows you to enroll/drop health insurance outside of the yearly Open Enrollment period.
Below is the contact information for each insurance carrier and administrator:

<table>
<thead>
<tr>
<th>PLAN TYPE</th>
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<tr>
<td>Medical/Prescription Scripts</td>
<td>Highmark/Express Scripts</td>
<td>1-800-345-3806</td>
<td><a href="http://www.highmarkblueshield.com">www.highmarkblueshield.com</a></td>
<td>Reference Member I.D. Card</td>
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<td>Discount Program</td>
<td>AblePay</td>
<td>(484) 292-4000</td>
<td><a href="http://www.ablepayhealth.com">www.ablepayhealth.com</a></td>
<td>Your Name</td>
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<td>Dental</td>
<td>Delta Dental</td>
<td>1-800-932-0783</td>
<td><a href="http://www.deltadentalins.com">www.deltadentalins.com</a></td>
<td>Group 09367</td>
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<td>Vision</td>
<td>NVA</td>
<td>1-800-672-7723</td>
<td><a href="http://www.e-nva.com">www.e-nva.com</a></td>
<td>Group 1260</td>
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<td>FSA</td>
<td>The Benecon Group</td>
<td>1-888-965-3629</td>
<td><a href="https://benecon.lh1ondemand.com">https://benecon.lh1ondemand.com</a></td>
<td>Phone inquiries indicate F&amp;M College FSA</td>
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<td>HRA</td>
<td>The Benecon Group</td>
<td>1-888-965-3629</td>
<td><a href="https://benecon.lh1ondemand.com">https://benecon.lh1ondemand.com</a></td>
<td>Phone inquiries indicate F&amp;M College HRA</td>
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<td>Life &amp; LTD</td>
<td>The Standard</td>
<td>1-800-348-3226</td>
<td><a href="http://www.standard.com">www.standard.com</a></td>
<td>Group 756762</td>
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<td>Evidence of Insurability</td>
<td>The Standard</td>
<td>1-800-843-7979</td>
<td><a href="http://www.standard.com">www.standard.com</a></td>
<td>Group 756762</td>
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<td>Nurse Navigation/ Patient Advocacy</td>
<td>ConnectCare3</td>
<td>1-877-223-2350</td>
<td><a href="http://www.connectcare3.com">www.connectcare3.com</a> or <a href="mailto:info@connectcare3.com">info@connectcare3.com</a></td>
<td>Phone inquiries indicate F&amp;M College</td>
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<td>EAP</td>
<td>Cigna</td>
<td>1-877-622-4327</td>
<td><a href="http://www.mycigna.com">www.mycigna.com</a></td>
<td>Employer ID: fandm</td>
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