

HAVERFORD COLLEGE

BENEFITS GUIDE 2022

HAVERFORD
COLLEGE

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WELCOME, FRIEND.

We look forward to working with you in the vibrant community of students, faculty, and staff that is Haverford College. At Haverford, you'll find a professional environment informed by the same core values—trust, concern, and respect—that have driven the College's educational mission since 1833.

We support and value our faculty and staff as highly regarded professionals who dedicate their work to the mission and students of Haverford College. In keeping with this standard, the Office of Human Resources is pleased to offer a generous and comprehensive benefits program to all benefits-eligible employees. In the pages of this Guide, you'll find information about the College's health and welfare, retirement, tuition, and ancillary benefits for your consideration. Plan summaries are available in the Office of Human Resources and online at haverford.edu/hr. If, after reviewing this Guide, you have any questions regarding your benefits or the enrollment process, please call the office at (610) 795-6124 or email hc-hr@haverford.edu.





BENEFITS PROGRAM OVERVIEW

Haverford College provides a comprehensive benefits package. The plan year is based on a calendar year and runs from January 1 through December 31. As a new employee of the College, the benefit elections you make now will remain in effect for the rest of the calendar year, except in the case of a mid-year qualifying life event (see Key Terms below) that may allow you to change certain benefit elections. This Guide provides information about the following benefits:

- Medical Plan Choices for 2022
- Health Savings Account (HSA)
- Medical Insurance Opt-Out
- Vision Insurance
- Clinical Dental Panel
- Flexible Spending Accounts (Health Care, Dependent Care, Limited Purpose)
- Life Insurance
- Long-Term Disability Insurance (LTD)
- Additional Resources (Carebridge Employee Assistance Program, Health Advocate, and RideEco Transportation Benefit)
- Tuition Grant Program
- Retirement Plans

COVERAGE CHANGES

For all Haverford employees, the annual Open Enrollment period takes place every fall and has a January 1 effective date. **The annual Open Enrollment period is the only time you can make changes to your plans, including adding or removing coverage for dependents, without having to demonstrate a qualifying life event as defined below. Coverage changes based on qualifying life events must be entered in Workday within 31 days of the event.**

KEY TERMS

QUALIFYING LIFE EVENT

A qualifying life event is a significant occurrence in your life that permits you to make changes to your coverage during the current plan year. Qualifying events include the birth or adoption of a child; marriage, domestic partnership, or divorce; death; judgment, decree, or court order; Medicare eligibility; and a change in your employment status or that of your spouse or partner. The IRS requires that the benefits you elect remain in effect for the entire plan year unless you experience a qualifying life event.

ELIGIBILITY

A **benefit-eligible** employee is a full-time employee who works at least 35 or more hours per week in a position lasting at least 9 months; or a part-time employee who works at least 20 or more hours per week in a position lasting 12 months (at least 1,000 hours per year). Additional eligibility rules are found under each benefit section.

DEPENDENTS

Generally, “dependents” are (1) the legal spouse of an employee; (2) a domestic partner in a long-term, committed, and financially interdependent relationship with the employee, as certified by the employee on the College’s Domestic Partnership Affidavit; (3) a child of an employee who on January 1 of any year is under 26 years of age; and (4) a child of an employee, of any age, who is physically or mentally incapable of earning a living. The term “child” will include (a) a child born of the employee, (b) a child legally adopted by the employee, and (c) a step-child of the employee living in a normal parent-child relationship with, and dependent on, the employee. Contact the Office of Human Resources for further details.

DEPENDENT STATUS

When a covered dependent gains / loses dependent status, you must add / remove that dependent from coverage through Workday—Life Event Change. If a covered dependent is removed from medical, dental, or vision coverage, that person may be eligible for coverage continuation under COBRA.

DOMESTIC PARTNERSHIP

Haverford College provides certain benefits to your domestic partner and their eligible children under the Haverford College Health & Welfare Benefits Plan, provided you and your domestic partner complete and sign the “Affidavit of Domestic Partnership”. You must sign this Affidavit in the presence of a Notary Public, and return it along with supporting documentation to the Office of Human Resources. Once your Affidavit and documentation have been reviewed, you and your domestic partner will be informed as to whether any further information or action is required. *(Note: If a domestic partner is covered by a medical plan, the amount of the “College contribution” attributable to their portion of the overall cost of the coverage, is taxable to the employee as regular income.)*

MEDICAL PLAN CHOICES FOR 2022

The College offers three medical plan options through Independence Blue Cross (IBC) for 2022, consisting of:

- Keystone HMO Plan
- Personal Choice PPO Plan
- High Deductible Health Plan (HDHP) with HSA

MEDICAL INSURANCE OVERVIEW

Eligibility: The College offers medical insurance coverage to full-time and part-time benefit-eligible employees in accordance with the federal Affordable Care Act. Employees working 30 hours per week over 39 weeks, are eligible for medical coverage at the “full-time premium rate.” Part-time employees working at least 1,000 hours per year, are eligible for medical coverage at the “part-time premium rate.” (*Please refer to the respective premium rate tables on page 11.*)

It’s good to have choices. When it comes to health insurance, you have your choice of several plan types. Two plan types which are offered at Haverford College are HMO and PPO plans. Differences between HMO (Health Maintenance Organization) and PPO (Preferred Provider Organization) plans include network size, referrals to see specialists, costs, and out-of-network coverage. Compared to PPOs, HMOs cost less in premiums. However, PPOs generally offer greater flexibility in seeing specialists without a referral, have larger networks than HMOs, and offer some out-of-network coverage.

An HMO gives you access to certain doctors and hospitals within its network. A network is made up of providers that have agreed to negotiated rates for plan members and also meet quality standards. But unlike PPO plans, care under an HMO plan is covered only if you see a provider within that HMO’s network. In addition, referrals are needed from a primary care physician in order to see specialists.

PPO plans provide more flexibility when selecting a doctor or hospital. In most cases referrals from a primary care physician are not required in order to see specialists. They also feature a network of providers, but there are fewer restrictions on seeing non-network providers. In addition, your PPO insurance plan will cover some of your cost if you see a non-network provider, although it may be at a lower reimbursement rate and with out-of-pocket cost.

A high deductible health plan (HDHP) is PPO-based and requires greater member out-of-pocket expense in exchange for lower monthly premiums. This plan will also feature a Health Savings Account (HSA).

KEYSTONE HMO PLAN

Health Maintenance Organization—*Important information to remember about this plan:*

Primary Care Physician (PCP)—You must select a PCP when enrolling, and treat with that physician before treating with a participating specialist.

Referrals—Specific documentation is required from your PCP, authorizing care at a participating specialist for covered services.

Preapproval/Precertification—Approval from Independence Blue Cross (IBC) is required for non-emergency or elective hospital admissions and procedures prior to the admission or procedure. Your participating provider will contact Independence Blue Cross for authorization.

For more details regarding the HMO plan, please refer to the HMO Plan Summary and the HMO Rx Benefits Summary, available at haverford.edu/human-resources/benefits, or call (800) ASK-BLUE/(800) 275-2583.



Please see the charts on pages 10–11 for a high-level comparison of medical plans and coverage, as well as monthly premiums.



PERSONAL CHOICE PPO PLAN

Preferred Provider Organization—*Important information to remember about this plan:*

The Personal Choice PPO Plan provides you greater freedom of choice by allowing you to select from an expansive network of doctors and hospitals. You can maximize your coverage by accessing care through Personal Choice's network (In-network) of hospitals, doctors and specialists, or by accessing care through preferred providers that participate in the BlueCard® PPO program across the country. With Personal Choice, you also have the freedom to select providers who do not participate in the Personal Choice network or BlueCard® PPO program (Out-of-network). However, if you receive services from out-of-network providers, you will have higher out-of-pocket costs and may have to submit paid claims for reimbursement.

With Personal Choice PPO:

- You do not need to specify a Primary Care Physician (PCP).
- Typically you do not need a referral to see a specialist; you can go directly for care.

For more details regarding the PPO plan, please refer to the PPO Plan Summary and the PPO Rx Benefits Summary, available at haverford.edu/human-resources/benefits, or call (800) ASK-BLUE/(800) 275-2583.

HIGH DEDUCTIBLE HEALTH PLAN (HDHP)

Important information to remember about this plan:

The PPO-based High Deductible Health Plan (HDHP) provides you greater freedom of choice by allowing you to select from an expansive network of doctors and hospitals. You can maximize your coverage by accessing in-network care through the Personal Choice PPO network of hospitals, doctors and specialists, or by accessing care through preferred providers that participate in the BlueCard® PPO program across the country. With the HDHP, you also have the freedom to select out-of-network providers who do not participate in the Personal Choice PPO network or BlueCard® PPO program. However, if you receive services from out-of-network providers, you will have higher out-of-pocket costs and may have to submit paid claims for reimbursement.

With the HDHP:

- You are responsible for higher initial out-of-pocket expenses, because of the higher deductible (Individual: \$1500/Family: \$3000).
- You do not need to specify a Primary Care Physician (PCP).
- Typically you do not need a referral to see a specialist; you can go directly for care.

For more details regarding the HDHP plan, please refer to the HDHP Plan Summary and the HDHP Rx Benefits Summary, available at haverford.edu/human-resources/benefits, or call (800) ASK-BLUE/(800) 275-2583.

HEALTH SAVINGS ACCOUNT (HSA)

Employees participating in the HDHP will have access to a Health Savings Account (HSA). This is an interest bearing "pretax" savings vehicle, which can be funded with either College or employee pre-tax contributions. It can be used to pay for qualified health care expenses on a tax-free basis. If elected, the employee's contribution is deposited into this account during the year. (Changes to the contribution amount can be made during the year, subject to maximum IRS contribution limits.)

An HSA works very much like a flexible spending account (FSA) with some advantages. In addition to higher annual contribution limits versus an FSA, the money in the HSA account is fully owned by the employee, and the balance can be carried forward into future years without fear of forfeiture. *Note: IRS guidelines prohibit an employee from participating in a Health Care FSA account if they are enrolled in the HDHP/HSA account option.*

Bank of America is the HSA plan administrator for 2022. Employees initially enrolling in the HSA account for 2022 will receive an HSA debit card from Bank of America.

IMPORTANT: HSA ACCOUNTS AND MEDICARE

If you are enrolled in a Medicare Plan for 2022, or plan to enroll in 2022, you may not be permitted to make contributions (including both College and Employee contributions) to an HSA account for all, or part, of the 2022 calendar year. Please consult with your tax advisor for further guidance.

HSA contribution limits for 2022 are as follows:

- Individual: \$3,650
- Family: \$7,300
- Age 55 catch-up: \$1,000 (additional)

The College only makes an annual contribution (seed) to an HSA account if the employee elects the HDHP during the annual Open Enrollment.

MEDICAL INSURANCE OPT-OUT

Benefit-eligible employees who have adequate coverage through an external qualifying health plan and provide proof of this insurance to the Office of Human Resources (via Workday), will receive a monetary taxable addition with their regular pay. (*See amounts on page 11.*)

VISION INSURANCE

Eligibility: Full-time and part-time benefit-eligible employees are eligible to participate in voluntary vision insurance coverage.

The College offers Davis Vision for vision care insurance for 2022. Davis Vision offers members comprehensive routine eye care coverage, including discounted exams and corrective eyewear (frames/lenses and contact lenses). Benefits are maximized when using a participating Davis Vision Provider.

For more details regarding the Davis Vision plan, please refer to the Vision Plan Summary and Highlights available at haverford.edu/human-resources/benefits, or call (800) ASK-BLUE/ (800) 275-2583.

CLINICAL DENTAL PANEL

Eligibility: Full-time and part-time benefit-eligible employees are eligible to elect participation in the Clinical Dental Panel.

All new hires have a 1-year waiting period (from date of hire) before becoming eligible for coverage under the Clinical Dental Panel. Once eligible and enrolled, employees and their eligible dependents have access to five local participating Dental Panel providers who provide an extensive list of covered dental services.

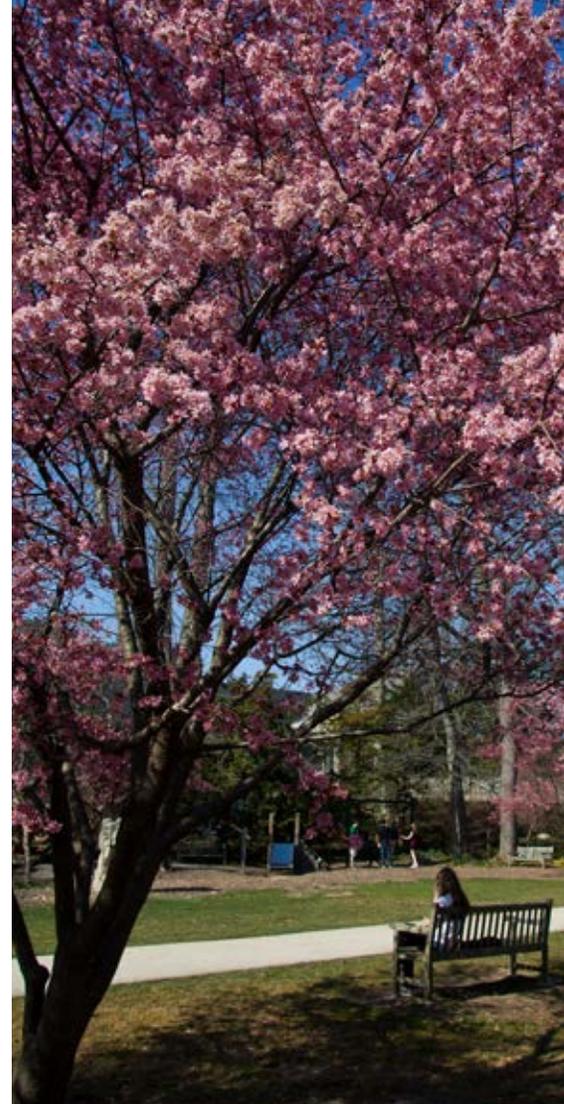
For more information, please refer to the Dental Panel summary of covered services, available at haverford.edu/human-resources/benefits.

FLEXIBLE SPENDING ACCOUNTS (FSA)

Eligibility: Full-time and part-time benefit-eligible employees are eligible to elect participation in Flexible Spending Accounts.

PayFlex is the administrator for the Flexible Spending Accounts program. This program allows employees to save money on a pre-tax basis to pay for unreimbursed (out-of-pocket) qualified health/medical care expenses, and certain dependent care expenses. In these accounts, you save a portion of your pay with pre-tax dollars (through payroll deduction), thereby reducing your federal income tax burden. Specifically, the plan allows you to contribute your own money, before federal income tax, Social Security tax, and state tax (exceptions apply) to accounts, which will then be used to reimburse you for qualified out-of-pocket health care or dependent care costs. Reimbursements are, in essence, the employee's own money paid back tax-free. Visit payflex.com.

Note: IRS guidelines prohibit an employee from participating in a Health Care FSA account if they are enrolling in the HDHP/HSA option.





HEALTH CARE FSA

You may have money deducted from your pay on a pre-tax basis to cover qualified medical expenses that are not covered by your medical, prescription drug, dental, or vision insurance. The annual Health Care FSA contribution maximum for 2022 is \$2,850. (A Grace Period exists to allow participants to incur claims through March 15, 2023, and submit them by March 31, 2023, against the 2022 plan year account balance.)

Reminder: Because of the healthcare reform legislation, you may utilize funds in your Health Care FSA to pay for qualified medical expenses for dependents to age 26. Flexible spending accounts operate on a calendar year basis. If you wish to participate for 2022, you must enroll via Workday. An FSA debit card will be issued to all new members who are enrolling in the Health Care FSA for 2022.

Important: The IRS applies a “forfeiture rule” to FSA accounts: If the amount in the FSA account is not used by the end of the calendar year (Dependent Care account), or by the end of the Grace Period (Health Care account)—that remaining balance is forfeited and returned to the College. Remember that you should only fund the flex accounts for eligible expenses that you can reasonably expect to incur in 2022.

DEPENDENT CARE FSA

You may have money deducted from your pay on a pre-tax basis (federal tax) to cover the costs for qualified dependent care expenses. This account would include expenses related to child care for children up to age 13, and for expenses incurred for the care of other qualified dependents. The maximum annual contribution amount for the 2022 plan year is \$5,000 per family. You save money by paying for these expenses with pre-tax dollars.

LIMITED PURPOSE FSA

You may have money deducted from your pay on a pre-tax basis to cover qualified dental or vision care expenses. You must be enrolled in a HDHP and enrolled in an HSA in order to elect this type of FSA arrangement. The maximum annual contribution amount for a Limited Purpose FSA for 2022 is \$2,850.

For more details regarding the PayFlex FSA plans, please refer to the Flexible Spending Account information at haverford.edu/human-resources/benefits, or visit PayFlex at payflex.com.

LIFE INSURANCE

Eligibility: Full-time employees (employees who work 35 or more hours per week over nine or more months) are eligible for all life insurance coverage options.

BASIC LIFE/ACCIDENTAL DEATH (AD&D) INSURANCE

Eligible employees under age 65 receive Basic Group Term Life and AD&D Insurance coverage through Unum Insurance in the amount of \$50,000 at no cost to the employee. Coverage is effective on the first of the month following, or concurrent with, the first day of employment. Beginning at age 65, employees receive Basic Group Term Life Insurance coverage with age-based reductions in coverage amounts.

EMPLOYEE VOLUNTARY LIFE /ACCIDENTAL DEATH (AD&D) INSURANCE

Over and above the Basic Life Insurance (described above) provided by the College, employees may elect additional Voluntary Life Insurance, offered by Haverford through Unum Insurance. Premiums, which are determined by the amount of coverage elected and the age of the employee (based on age-banded rates), are fully paid by the employee through payroll deduction.

At the time of hire, new employees may purchase Voluntary Life and AD&D Insurance for themselves in increments of \$10,000, up to five times their annual salary (not to exceed \$500,000).

- For elected coverage amounts up to \$150,000 (not to exceed five times annual salary), evidence of insurability is not required.
- For elected coverage amounts greater than \$150,000, evidence of insurability is required. *(See sidebar, Providing Evidence of Insurability.)*

After the time of hire, employees may purchase or adjust levels of Voluntary Life Insurance and AD&D only after a qualifying life event (see Key Terms, page 2) or during the annual Open Enrollment period, held each fall for benefits coverage during the following calendar year. After a qualifying life event or during Open Enrollment:

- An employee who currently holds Voluntary Life Insurance coverage in an amount less than \$150,000 may elect \$10,000 of additional coverage without providing evidence of insurability.
- An employee electing Voluntary Life coverage for the first time; electing more than \$10,000 of additional coverage; or increasing coverage above current coverage of \$150,000 must provide evidence of insurability. *(See sidebar, Providing Evidence of Insurability.)*

DEPENDENT LIFE/ACCIDENTAL DEATH (AD&D) INSURANCE

Qualified, benefit-eligible employees may purchase Dependent Life Insurance for their spouse/partner and/or dependent children (to age 26), and Accidental Death Insurance (AD&D) for themselves and for their spouse/partner and/or dependent children (to age 26). Please note these important conditions for enrollment:

- Employees must hold Voluntary Life and AD&D coverage for themselves before electing Dependent Life and AD&D for dependents.
- Voluntary/Dependent Life must be elected for all covered persons before electing AD&D coverage for those same people.
- Employees cannot elect more Dependent Life or AD&D coverage for their spouse/partner or dependents than they hold for themselves.

Dependent Life and AD&D coverage is also available during Open Enrollment or after an IRS qualifying life event. Coverage amounts are listed below.

Dependent Life:

Spouse/Partner: Up to 100% of employee's Voluntary Life coverage amount, in increments of \$5,000, not to exceed \$500,000. (Note: Coverage up to \$25,000 does not require evidence of insurability; coverage of more than \$25,000 requires evidence of insurability. *(See sidebar, Providing Evidence of Insurability.)*)

Each Child: Up to 100% of employee's Voluntary Life coverage, in increments of \$2,000, not to exceed \$10,000. *(Evidence of Insurability is not required.)*

AD&D:

Employee: Up to 100% of Voluntary Life coverage amount, in increments of \$10,000, not to exceed \$500,000.

Spouse/Partner: Up to 100% of employee's Voluntary Life coverage amount, in increments of \$5,000, not to exceed \$500,000. *(Must elect Dependent Life first.)*

Each Child: Up to 100% of employee's Voluntary Life coverage amount, in increments of \$2,000, not to exceed \$10,000. *(Must elect Dependent Life first.)*

LONG-TERM DISABILITY INSURANCE (LTD)

Eligibility: Full-time employees (employees who work 35 or more hours per week over nine or more months) are eligible for LTD.

Eligible employees receive College-paid Long-term Disability Insurance (LTD) through Unum. This insurance provides income replacement benefits of up to 60% of base



PROVIDING EVIDENCE OF INSURABILITY

When evidence of insurability is required, the employee **MUST** complete and submit the Evidence of Insurability form, a medical questionnaire provided by Unum and available via Workday. Unum will review the form and make a determination. Elected coverage amounts will not take effect until approved by Unum.

Please note these important deadlines:

- For coverage elected at the time of hire, the Evidence of Insurability form **MUST** be completed by the employee and submitted to Unum within 31 days of the employee's date of hire.
- For coverage elected during Open Enrollment, the Evidence of Insurability form **MUST** be completed by the employee and submitted to Unum within 31 days of the effective date of coverage.

If the form is not received by Unum by the deadline, the requested additional coverage will not be in place.



monthly earnings (maximum monthly benefit of \$15,000). LTD insurance payments begin after a 180-day elimination period (considered Short-Term Disability) for a qualified medical condition which causes the employee an inability to perform the essential functions of their job, resulting in a loss in earnings. LTD payments provide an income-replacement component and a retirement plan contribution component. The duration of benefit payments depends on the age at which disability begins and may continue until Social Security Normal Retirement Age.

ADDITIONAL RESOURCES

CAREBRIDGE EMPLOYEE ASSISTANCE PROGRAM

Eligibility: Full-time and part-time benefit-eligible employees are eligible for Carebridge services.

Carebridge is a free, confidential resource that provides counseling, information, and referral services to help address personal, family, and work-related concerns, and provides support for you in completing daily life responsibilities. Counselors have advanced degrees and are credentialed and experienced in helping you or your eligible dependents. You can contact Carebridge at (800) 437-0911 or log on to myliferesource.com with Haverford's code TTY4N. (Please see page 15.)

HEALTH ADVOCATE

Eligibility: Full-time and part-time benefit-eligible employees are eligible for Health Advocate services.

Health Advocate, Inc. is a U.S. national health advocacy, patient advocacy, and assistance company, offering a spectrum of services to help employees navigate the healthcare system and to facilitate interactions with insurers and providers. Health Advocate uses registered nurses, medical directors, and benefits specialists to assist employees in addressing a range of health care and health insurance issues. Personal Health Advocates can help members locate providers, address errors on medical bills, answer questions about coverage denials, and assist with insurance appeals. There is no cost to the employee for this program. Visit online at healthadvocate.com/members or call (866) 695-8622. (Please see page 14.)

RIDEECO TRANSPORTATION BENEFIT

Eligibility: Full-time and part-time benefit-eligible employees are eligible to participate in the RideEco program.

RideEco is a College-offered benefit that helps commuters pay for the cost of getting to work on public transportation. RideEco allows commuters to use pre-tax dollars to pay for transportation from their residence to the College. Transportation benefits are exempt from federal income tax withholding, Social Security and Medicare (FICA) taxes. View the RideEco instructions and then enroll at rideecoselect.com. (The employer ID is 1072.)

TUITION GRANT PROGRAM

Eligibility: Employees who have held a benefit-eligible position for seven consecutive years preceding the utilization of the Tuition Grant benefit may request this benefit for tax-qualified dependent children of the employee.

Once eligible, employees can receive a 50% tuition grant benefit (50% of the tuition of the school being attended, not to exceed 50% of Haverford's tuition for that academic year). The maximum tuition grant benefit payable "per child" is 8 academic semesters; the maximum grant benefit payable for "all children" is 16 academic semesters.

For further details, please contact the Office of Human Resources.

RETIREMENT PLANS

HAVERFORD COLLEGE RETIREMENT PLAN

Eligibility: Benefit-eligible faculty and exempt staff scheduled to work 1000 hours per year are immediately eligible for the Haverford College contribution. After a one-year waiting period, benefit-eligible fixed-term and non-exempt staff scheduled to work 1000 hours per year are eligible for the College contribution. All employees of Haverford College are eligible to participate in the Haverford College Retirement Plan at any time, through the employee's own voluntary pre-tax contributions (elective deferrals) to the Plan.

Upon meeting eligibility requirements, the College contributes an amount equal to 10% of base salary each pay period to a 403(b) defined contribution retirement plan. No contribution by the employee is required to receive this 10% College contribution. Additional voluntary contributions can be made to the plan at any time of the year.

The Haverford College Retirement Plan is a "defined contribution" plan covered under Section 403(b) of the Internal Revenue Codes. All contributions to the plan, both Employer and Employee (voluntary) are 100% and immediately vested. (Employee has full and immediate ownership of these contributions.)

Although a target-date investment fund is the default fund when a new employee is hired, employees can select from a diverse investment fund lineup that collectively covers all major asset classes. Employees can choose investment funds on the Fidelity Investments fund platform. Fund allocations and contribution amounts can be changed at any time of the year within the employee's portfolio via the Fidelity NetBenefits website, netbenefits.com.

In-service distributions are permitted from the plan (all sources) upon attaining age 59½. Loans and hardship withdrawals are also permitted from the plan subject to certain restrictions and limitations.

Please refer to the Haverford College Retirement Plan Summary Plan Description (SPD) for further details about the plan, available at netbenefits.com.

EMERITI RETIREMENT HEALTH PLAN

The Emeriti Retirement Health Plan is a way to help you prepare and pay for your qualified medical expenses in retirement. As you get older, healthcare costs are likely to take up a larger portion of your budget, and Medicare may not be enough. The Emeriti plan complements your retirement plan, and it offers a number of tax advantages, both while you are accumulating savings and later when you are retired, including:

- Tax-free employer contributions
- Tax-free investment earnings
- Tax-free reimbursement for qualified medical expenses during retirement.

The College makes contributions to an Emeriti account (pro-rated per pay), for each benefit-eligible employee age 40 and above. Employees may make after-tax voluntary contributions at any time of the year.* There is a seven-year vesting requirement for employer contributions, before the employee owns the account balance. (Employee after-tax voluntary contributions are immediately vested.) Funds can be used only after termination of employment with Haverford College, or after retirement, to pay for qualified medical expenses through a reimbursement process. In addition, qualified retired employees may be eligible to enroll in post-65 medical and/or prescription drug plans, and a dental plan offered through Aetna.

**Employer contributions and voluntary after-tax contributions are subject to forfeiture. Assets remaining in your account at time of death, if there are no surviving eligible dependents (spouse, domestic partner, IRS dependent children or relatives), forfeit back to Haverford College.*



COMPARISON OF MEDICAL PLANS For January 1, 2022, through December 31, 2022

BENEFITS	KHMO	PC PPO		HDHP/HSA	
	Referred Care	In Network	Out of Network	In Network	Out of Network
DEDUCTIBLE					
Individual	\$0	\$300	\$1,500	\$1,500	\$5,000
Family	\$0	\$900	\$4,500	\$3,000	\$10,000
OUT OF POCKET MAXIMUM (INCLUDES DEDUCTIBLE, COPAYMENTS AND COINSURANCE)					
Individual	\$6,350	\$3,000	\$6,000	\$6,350	\$10,000
Family	\$12,700	\$9,000	\$18,000	\$12,700	\$20,000
PHYSICIAN SERVICES					
Primary Care	\$15 Copay	\$20 Copay, No Deductible	70% After Deductible	100% After Deductible	50% After Deductible
Specialists	\$25 Copay	\$40 Copay, No Deductible	70% After Deductible	100% After Deductible	50% After Deductible
Retail Health Clinic	\$15 Copay	\$20 Copay, No Deductible	70% After Deductible	100% After Deductible	50% After Deductible
Telemedicine	\$40 Copay	\$40 Copay, No Deductible	Not Covered	100% After Deductible	Not Covered
Urgent Care	\$105 Copay	\$105 Copay, No Deductible	70% After Deductible	100% After Deductible	50% After Deductible
RADIOLOGY AND LAB WORK					
Xrays/ Radiology	100%	\$40 Copay, No Deductible	70% After Deductible	100% After Deductible	50% After Deductible
Lab Work/ Pathology	100%	100% After Deductible	70% After Deductible	100% After Deductible	50% After Deductible
WELL CHILD CARE					
Office Visits	100%	100%, No Deductible	70%, No Deductible	100%, No Deductible	50% No Deductible
Immunizations	100%	100%, No Deductible	70%, No Deductible	100%, No Deductible	50% No Deductible
ADULT PREVENTATIVE CARE					
Routine Physicals	100%	100%, No Deductible	70%, No Deductible	100%, No Deductible	50% No Deductible
Gyn Exam	100%	100%, No Deductible	70%, No Deductible	100%, No Deductible	50% No Deductible
Prostate Exams	100%	100%, No Deductible	70%, No Deductible	100%, No Deductible	50% No Deductible
Mammograms	100%	100%, No Deductible	70%, No Deductible	100%, No Deductible	50% No Deductible
HOSPITAL CARE					
Inpatient Treatment	\$500 Copay Per Admission	\$150/day Copay; Max 5 Days; No Deductible (After 5 Days Full Coverage, No Copay)	70% After Deductible	100% After Deductible	50% After Deductible
OUTPATIENT FACILITY AND PHYSICIAN SERVICES					
Facility	\$250 Copay	\$150 Copay, No Deductible	70% After Deductible	100% After Deductible	50% After Deductible
Physician	100%	100% After Deductible	70% After Deductible	100% After Deductible	50% After Deductible
BEHAVIORAL HEALTH					
Inpatient	\$500 Copay Per Admission	\$150/day Copay, Max 5 Days; No Deductible, Same As Above	70% After Deductible	100% After Deductible	50% After Deductible
Outpatient	\$25 Copay	\$40 Copay, No Deductible	70% After Deductible	100% After Deductible	50% After Deductible
PHYSICAL, SPEECH, AND OCCUPATIONAL THERAPIES					
Office Visits	100%	\$40 Copay, No Deductible	70% After Deductible	100% After Deductible	50% After Deductible
RETAIL DRUGS (30 DAY SUPPLY)					
Generic	\$20 Copay	\$20 Copay	30% Reimbursement	\$5 Copay, After Deductible	50% After Deductible
Preferred Brand	\$40 Copay	\$40 Copay	30% Reimbursement	\$20 Copay, After Deductible	50% After Deductible
Non-Preferred Brand	\$80 Copay	\$80 Copay	30% Reimbursement	\$45 Copay, After Deductible	50% After Deductible
MAIL ORDER DRUGS					
Generic	\$40 Copay	\$40 Copay	Not Covered	\$10 Copay, After Deductible	Not Covered
Preferred Brand	\$80 Copay	\$80 Copay	Not Covered	\$40 Copay, After Deductible	Not Covered
Non-Preferred Brand	\$160 Copay	\$160 Copay	Not Covered	\$90 Copay, After Deductible	Not Covered

MONTHLY PREMIUM RATES For January 1, 2022, through December 31, 2022

TIER 1 SALARY \$49,000 AND UNDER						
TIER 1	KHMO		PC PPO		HDHP/HSA	
	YOU PAY	HC PAYS	YOU PAY	HC PAYS	YOU PAY	HC PAYS
■ INDIVIDUAL	\$24	\$707	\$62	\$672	\$10	\$650
■ EMPLOYEE & CHILDREN	\$107	\$1,354	\$197	\$1,271	\$16	\$1,305
■ COUPLE	\$128	\$1,516	\$231	\$1,421	\$27	\$1,459
■ FAMILY	\$181	\$2,193	\$328	\$2,058	\$33	\$2,113

Opt-out waiver amount is \$159.20 per month (paid to you as taxable income).

TIER 2 SALARY \$49,001 TO \$98,000						
TIER 2	KHMO		PC PPO		HDHP/HSA	
	YOU PAY	HC PAYS	YOU PAY	HC PAYS	YOU PAY	HC PAYS
■ INDIVIDUAL	\$54	\$677	\$107	\$627	\$21	\$639
■ EMPLOYEE & CHILDREN	\$181	\$1,280	\$272	\$1,196	\$70	\$1,251
■ COUPLE	\$213	\$1,431	\$317	\$1,335	\$89	\$1,397
■ FAMILY	\$303	\$2,071	\$451	\$1,935	\$123	\$2,023

Opt-out waiver amount is \$142.10 per month (paid to you as taxable income).

TIER 3 SALARY \$98,001 AND OVER						
TIER 3	KHMO		PC PPO		HDHP/HSA	
	YOU PAY	HC PAYS	YOU PAY	HC PAYS	YOU PAY	HC PAYS
■ INDIVIDUAL	\$107	\$624	\$167	\$567	\$34	\$626
■ EMPLOYEE & CHILDREN	\$315	\$1,146	\$451	\$1,017	\$193	\$1,128
■ COUPLE	\$365	\$1,279	\$519	\$1,133	\$227	\$1,259
■ FAMILY	\$521	\$1,853	\$746	\$1,640	\$323	\$1,823

Opt-out waiver amount is \$125.00 per month (paid to you as taxable income).

PART-TIME EMPLOYEES <small>Opt-out waiver amount is \$79.60 per month (paid to you as taxable income).</small>						
	KHMO		PC PPO		HDHP/HSA	
	YOU PAY	HC PAYS	YOU PAY	HC PAYS	YOU PAY	HC PAYS
■ INDIVIDUAL	\$343	\$388	\$345	\$389	\$310	\$350
■ EMPLOYEE & CHILDREN	\$687	\$774	\$690	\$778	\$621	\$700
■ COUPLE	\$773	\$871	\$776	\$876	\$698	\$788
■ FAMILY	\$1,116	\$1,258	\$1,121	\$1,265	\$751	\$1,395

DENTAL PANEL RATES			
	SALARY TIER		
	1	2	3
■ INDIVIDUAL	\$1.00	\$4.25	\$8.50
■ EMPLOYEE + 1 DEPENDENT	\$4.25	\$8.50	\$12.75
■ EMPLOYEE + 2 OR MORE DEPENDENTS	\$5.50	\$9.75	\$14.00

VISION COVERAGE PREMIUM RATES	
■ INDIVIDUAL	\$7.53
■ EMPLOYEE & CHILDREN	\$15.06
■ COUPLE	\$15.06
■ FAMILY	\$15.06

For a complete list of covered services, please refer to the Summary of Benefits and Coverage.

Achieve
Better Health

Make the call and talk to your designated Registered Nurse Health Coach



Whether you have a general health question, need help managing a chronic health condition like diabetes, or have a more complex health situation like cancer, support from an Independence Blue Cross Health Coach is just a phone call away. All calls with your Health Coach are completely confidential, and Health Coaches are available 24/7, whenever you need their help.

What is a Health Coach?

An Independence Blue Cross Health Coach is a registered nurse whom you can call to discuss health concerns and get the help and support you need to reach your health goals. Health Coaches are available 24/7, and all calls are completely confidential. Health Coaches may also call you to offer you help.

How can a Health Coach help?

Your designated Health Coach can help you:

- Manage a chronic condition like asthma, diabetes, or heart disease
- Cope with a serious illness, like cancer or a stroke
- Prepare and coordinate services for a planned admission or procedure
- Review your doctor's discharge instructions with you
- Answer questions related to health issues, treatment instructions, tests, or procedures
- Understand your medications, and why and how to take them
- Work with you and your doctor to address health concerns

*This is a free and confidential service.

†Standard message and data rates may apply. Text STOP to stop and HELP for help. Terms and Conditions available at myhelpsite.net/ibx. Notification messages within IBX Wire™ are sent via automated SMS. Enrollment in IBX Wire™ is not a requirement to purchase goods and services from IBX.

Make the call today!

To speak with an available Health Coach 24/7, call **1-800-ASK-BLUE (1-800-275-2583; TTY: 711)**.* When prompted for a call reason, say "Health Coach."

Stay on top of personal health information, screening reminders, health tips, and more!†

Visit ibx.com/getconnected or text **IBX** to **77576** to sign up.

Independence 

Save time and money — Connect with Independence!



Looking for a simple way to get the most from your Independence Blue Cross health plan? Connect with us by signing up for email or text alerts to get:



Personalized reminders about your health
for when it's time for an annual visit or screening



Notifications to help you access important plan information
like a link to your digital ID card, or the ability to reach Customer Service with one tap



Alerts on how to get the most out of your health plan
with information about available benefits you may not be using or how you can save money when you need health care

Visit ibx.com/getconnected

Be sure to have your member ID card handy — you'll need your ID number from the front of the card.



**Stay up to date. Save money.
Maximize your benefits.**

Visit ibx.com/getconnected
to sign up for email or
text alerts





Let us advocate for you

Our Personal Health Advocates can answer questions about your health plan, explain insurance jargon, help you understand your coverage, find doctors and get support for medical and insurance issues—all to save you time, money and worry.



Help you understand your benefits

We will answer questions about your benefits and coverage, including medical, prescription, dental and vision.



Find doctors and arrange second opinions

We can help locate in-network doctors and specialists, as well as coordinate the transfer of medical records and all aspects related to your care.



Explain your share of the costs

This includes the deductibles you have to meet, as well as the copays/coinsurance for doctor and medical appointments.



Clarify health conditions

We answer questions about diagnoses, test results, treatment options, medications, and more to help you make informed decisions.



Resolve claims and billing issues

We'll research the claim or bill, and work on your behalf to sort out the issue with your insurance company and healthcare provider.



Support for the whole family

We can help you, your spouse, dependent children, parents and parents-in-law.



Help when you need it most

Quickly reach us by phone, email, online or through our mobile app.

We'll work on your behalf to get to the heart of your issue, no matter how complex.



866-695-8622

Email: answers@HealthAdvocate.com



Web: HealthAdvocate.com/members

HealthAdvocateSM

Employee Assistance Program (EAP)

MAKE EMOTIONAL WELL-BEING A PRIORITY



Real Help, When and Where You or a Loved One Needs It



Confidential Mental Health Assistance

Access to 24/7 guidance and counseling with licensed clinicians to assist with concerns such as stress, anxiety, depression, grief, substance abuse, and relationship conflicts. Support options include five in-person or telehealth referrals, text and chat.



Life Management Solutions

Experienced life management specialists can provide qualified referrals and resources for everyday concerns including child and eldercare, legal, wellness support groups, transportation, relocation, and pet care.



Personal Money Management

Financial experts can provide you with the educational information and resources you need to create a budget, pay off debt, and establish savings.



Education Planning

Useful educational guidance and information to assist from infancy through retirement. Obtain support to help your child learn while also identifying programs to develop your personal interests and skills.



Virtual Resources and Support

Carebridge EAP App and mylifersource.com make it easy for you to access a wide array of mental health and life management resources including articles, trainings, calculators, self-care tips, mindfulness practices, discount shopping program, and more.

Carebridge Can Help

Free and Confidential
24 Hours a Day, 7 Days a Week
800.437.0911
clientservice@carebridge.com
mylifersource.com
Access Code: TTY4N



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- Mindfulness Based Cancer Recovery™
- QuitSmart® Mindfully
- Skills to Thrive in Anxious Times
- Stress Less, Live More™
- The Journey Forward: Your M.M.A.P. For
- Success Weight Balance for Life™

www.myliferesource.com



MICHAEL JAHARIS
RECITAL HALL

If you have any questions or concerns about your benefits, please contact the Office of Human Resources:

(610) 795-6124

hc-hr@haverford.edu

haverford.edu/hr

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The information in this guide is only a summary of plan benefits and Haverford College's policies and is not intended to be a complete description. If there are differences between this guide and any plan documents or contracts, the plan documents or contracts will prevail. This guide is not intended to constitute a contract of employment, a promise of employment for any length of time, or a guarantee of the benefits or policies stated in it. Provisions described herein are subject to change with or without notice to the employees.



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Updated February 2022