WELCOME TO OPEN ENROLLMENT 2022

This year’s Open Enrollment will begin on Monday, November 1, 2021, and continue through November 22, 2021. All the plans offered during the Open Enrollment period are based on the 2022 calendar year (January 1–December 31, 2022). The following pages summarize the benefit options available during this Open Enrollment period. This information is to be used as a guide and does not reflect a complete summary of the plans. Detailed plan summaries can be obtained in the Office of Human Resources and are also available online at haverford.edu/hr.

During Open Enrollment, you may make changes to your Medical, Dental, Flexible Spending Account (including Health Care, Dependent Care, and Limited Purpose), Health Savings Account (used with the HDHP), Vision, and Voluntary/Dependent Life Insurance coverage. All employees must make their benefits elections online via Workday. (This includes those who are not making changes this year to either covered dependents or plan election, and those waiving coverage.) If, after reviewing this Guide, you have any questions regarding your benefits or the Open Enrollment process, please email hc-hr@haverford.edu or call (610) 795-6124.
YOUR ANNUAL BENEFITS ELECTION

Haverford College provides a comprehensive benefits package. The plan year is based on a calendar year and runs from January 1 through December 31. 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 that may allow you to change certain benefit elections. (See Coverage Changes and Key Terms, below.)

This Guide provides information about the following benefits:

- Medical Insurance
- Medical Insurance Opt-Out
- Vision Insurance
- Clinical Dental Panel
- Flexible Spending Accounts (Health Care, Dependent Care, Limited Purpose)
- Life Insurance
- Carebridge Employee Assistance Program
- Health Advocate

For 2022: There are no plan-design changes to any of the three medical plans. The College will continue to contribute to employee HSA accounts; see page 4 for details.

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 outlined below. Coverage changes based on qualifying life events must be entered in Workday within 31 days of the event, along with supporting documents.

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. See 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

*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 9.*)

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).

Please see the charts on pages 8 and 9 for a high-level comparison of medical plans and coverages, as well as a chart of the monthly premiums.
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.

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)
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 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.
• 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.

HSA contribution limits for 2022 are as follows:
- Individual: $3,650
- Family: $7,300
- Age 55 catch-up: $1,000 (additional)

The College will continue to make an annual contribution (seed) to the HSA Accounts:
- Full-time Employees: $650 - Employee Only / $1,300 - Employee + 1 (Family)
- Part-time Employees: $325 - Employee Only / $650 - Employee + 1 (Family)

IMPORTANT: HSA ACCOUNTS AND MEDICARE

If you are already enrolled in a Medicare Plan for 2022, or plan to enroll in 2022, you may not be permitted to make contributions (neither College nor Employee contributions) to an HSA account for all, or part, of the 2022 calendar year. (Please consult with your tax advisor for further guidance.)

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 9.)

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.

Employees and their eligible dependents have access to five local participating Dental Panel providers who provide an extensive list of covered dental services.

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 (though 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](http://www.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 $2,750. (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 $2,750.

For more details regarding the PayFlex FSA plans, please refer to the Flexible Spending Account section of the Human Resources/Benefits website, or visit PayFlex at [www.payflex.com](http://www.payflex.com).

Please see the charts on pages 8 and 9 for a high-level comparison of medical plans and coverages, as well as a chart of the monthly premiums.
LIFE INSURANCE
BASIC 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.

Reminder: Eligible employees are provided Basic Group Term Life Insurance coverage, through Unum Insurance, in the amount of $50,000 at no cost. Coverage is effective on the first of the month following, or concurrent with, the first day of employment. (Age-based reductions in coverage begin at age 65.)

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

Unum Insurance Company offers voluntary life insurance for employees over and above the non-contributory (free) Group Life coverage already provided by the College.

During the Open Enrollment period, employees may purchase Voluntary Life Insurance in increments of $10,000, up to a maximum amount of $500,000 (but not to exceed 5 times annual salary). Evidence of insurability (a medical questionnaire) may be required. If an employee previously elected Voluntary Life insurance, they may elect $10,000 of additional coverage without providing evidence of insurability. Amounts requested above $10,000, or coverage amounts greater than $150,000, are subject to review, after the completion of the Evidence of Insurability Form. Premiums, which are determined by the amount of the insurance taken and the age of the employee (based on age-banded rates), are fully paid by the employee through payroll deduction. If you wish to make any changes to your current level of Voluntary Life coverage, please complete the appropriate section through Workday. A medical questionnaire may be required. (See sidebar, Providing Evidence of Insurability.)

DEPENDENT LIFE INSURANCE/ACCIDENTAL DEATH (AD&D)

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 have Voluntary Life and AD&D coverage for themselves before electing Dependent Life and AD&D for dependents.
- Dependent Life must be elected for all covered persons before electing AD&D coverage.
- 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 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: Any request for new coverage, an increase to existing coverage greater than $5,000, or coverage greater 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.

**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.
- **Each Child:** Up to 100% of employee’s Voluntary Life coverage amount, in increments of $2,000, not to exceed $10,000.

**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: 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.
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 issues, 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 (Haverford’s code is TTY4N). See page 13.

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. See page 12.

OFFICE OF HUMAN RESOURCES

If you have any questions or concerns about Open Enrollment or your benefits, please contact our office at (610) 795-6124 or email hc-hr@haverford.edu; or reach out directly to individual staff.

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## Brief Comparison of Medical Plans & Coverage

For January 1, 2022, through December 31, 2022

<table>
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<th>Benefits</th>
<th>KHMO Referred Care</th>
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<th>Out of Network</th>
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<td>Lab Work/Pathology</td>
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<td>Prostate Exams</td>
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<td>Mammograms</td>
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<td>100%, No Deductible</td>
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<tr>
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<td>100% After Deductible</td>
<td>50% After Deductible</td>
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<td>$150/day Copay, Max 5 Days; No Deductible, Same As Above</td>
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<tr>
<td>Outpatient</td>
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<td>70% After Deductible</td>
<td>100% After Deductible</td>
<td>50% After Deductible</td>
</tr>
<tr>
<td><strong>Physical, Speech, and Occupational Therapies</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Office Visits</td>
<td>100%</td>
<td>$40 Copay, No Deductible</td>
<td>70% After Deductible</td>
<td>100% After Deductible</td>
<td>50% After Deductible</td>
</tr>
<tr>
<td><strong>Retail Drugs (30 Day Supply)</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Generic</td>
<td>$20 Copay</td>
<td>$20 Copay</td>
<td>30% Reimbursement</td>
<td>$5 Copay, After Deductible</td>
<td>50% After Deductible</td>
</tr>
<tr>
<td>Preferred Brand</td>
<td>$40 Copay</td>
<td>$40 Copay</td>
<td>30% Reimbursement</td>
<td>$20 Copay, After Deductible</td>
<td>50% After Deductible</td>
</tr>
<tr>
<td>Non-Preferred Brand</td>
<td>$80 Copay</td>
<td>$80 Copay</td>
<td>30% Reimbursement</td>
<td>$45 Copay, After Deductible</td>
<td>50% After Deductible</td>
</tr>
<tr>
<td><strong>Mail Order Drugs</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Generic</td>
<td>$40 Copay</td>
<td>$40 Copay</td>
<td>Not Covered</td>
<td>$10 Copay, After Deductible</td>
<td>Not Covered</td>
</tr>
<tr>
<td>Preferred Brand</td>
<td>$80 Copay</td>
<td>$80 Copay</td>
<td>Not Covered</td>
<td>$40 Copay, After Deductible</td>
<td>Not Covered</td>
</tr>
<tr>
<td>Non-Preferred Brand</td>
<td>$160 Copay</td>
<td>$160 Copay</td>
<td>Not Covered</td>
<td>$90 Copay, After Deductible</td>
<td>Not Covered</td>
</tr>
</tbody>
</table>
## MEDICAL COVERAGE MONTHLY PREMIUM RATES
For January 1, 2022, through December 31, 2022

### TIER 1 | SALARY $49,000 AND UNDER

<table>
<thead>
<tr>
<th></th>
<th>KHMO</th>
<th>PC PPO</th>
<th>HDHP/HSA</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>YOU PAY</strong></td>
<td><strong>HC PAYS</strong></td>
<td><strong>YOU PAY</strong></td>
<td><strong>HC PAYS</strong></td>
</tr>
<tr>
<td>INDIVIDUAL</td>
<td>$24</td>
<td>$707</td>
<td>$62</td>
</tr>
<tr>
<td>EMPLOYEE &amp; CHILDREN</td>
<td>$107</td>
<td>$1,354</td>
<td>$197</td>
</tr>
<tr>
<td>COUPLE</td>
<td>$128</td>
<td>$1,516</td>
<td>$231</td>
</tr>
<tr>
<td>FAMILY</td>
<td>$181</td>
<td>$2,193</td>
<td>$328</td>
</tr>
</tbody>
</table>

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

### TIER 2 | SALARY $49,001 TO $98,000

<table>
<thead>
<tr>
<th></th>
<th>KHMO</th>
<th>PC PPO</th>
<th>HDHP/HSA</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>YOU PAY</strong></td>
<td><strong>HC PAYS</strong></td>
<td><strong>YOU PAY</strong></td>
<td><strong>HC PAYS</strong></td>
</tr>
<tr>
<td>INDIVIDUAL</td>
<td>$54</td>
<td>$677</td>
<td>$107</td>
</tr>
<tr>
<td>EMPLOYEE &amp; CHILDREN</td>
<td>$181</td>
<td>$1,280</td>
<td>$272</td>
</tr>
<tr>
<td>COUPLE</td>
<td>$213</td>
<td>$1,431</td>
<td>$317</td>
</tr>
<tr>
<td>FAMILY</td>
<td>$303</td>
<td>$2,071</td>
<td>$451</td>
</tr>
</tbody>
</table>

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

### TIER 3 | SALARY $98,001 AND OVER

<table>
<thead>
<tr>
<th></th>
<th>KHMO</th>
<th>PC PPO</th>
<th>HDHP/HSA</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>YOU PAY</strong></td>
<td><strong>HC PAYS</strong></td>
<td><strong>YOU PAY</strong></td>
<td><strong>HC PAYS</strong></td>
</tr>
<tr>
<td>INDIVIDUAL</td>
<td>$107</td>
<td>$624</td>
<td>$167</td>
</tr>
<tr>
<td>EMPLOYEE &amp; CHILDREN</td>
<td>$315</td>
<td>$1,146</td>
<td>$451</td>
</tr>
<tr>
<td>COUPLE</td>
<td>$365</td>
<td>$1,279</td>
<td>$519</td>
</tr>
<tr>
<td>FAMILY</td>
<td>$521</td>
<td>$1,853</td>
<td>$746</td>
</tr>
</tbody>
</table>

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

### PART-TIME EMPLOYEES

<table>
<thead>
<tr>
<th></th>
<th>KHMO</th>
<th>PC PPO</th>
<th>HDHP/HSA</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>YOU PAY</strong></td>
<td><strong>HC PAYS</strong></td>
<td><strong>YOU PAY</strong></td>
<td><strong>HC PAYS</strong></td>
</tr>
<tr>
<td>INDIVIDUAL</td>
<td>$343</td>
<td>$388</td>
<td>$345</td>
</tr>
<tr>
<td>EMPLOYEE &amp; CHILDREN</td>
<td>$687</td>
<td>$774</td>
<td>$690</td>
</tr>
<tr>
<td>COUPLE</td>
<td>$773</td>
<td>$871</td>
<td>$776</td>
</tr>
<tr>
<td>FAMILY</td>
<td>$1,116</td>
<td>$1,258</td>
<td>$1,121</td>
</tr>
</tbody>
</table>

Opt-out waiver amount is $79.60 per month (paid to you as taxable income).

### DENTAL PANEL RATES

<table>
<thead>
<tr>
<th>SALARY TIER</th>
<th>1</th>
<th>2</th>
<th>3</th>
</tr>
</thead>
<tbody>
<tr>
<td>INDIVIDUAL</td>
<td>$1.00</td>
<td>$4.25</td>
<td>$8.50</td>
</tr>
<tr>
<td>EMPLOYEE + 1 DEPENDENT</td>
<td>$4.25</td>
<td>$8.50</td>
<td>$12.75</td>
</tr>
<tr>
<td>EMPLOYEE + 2 OR MORE DEPENDENTS</td>
<td>$5.50</td>
<td>$9.75</td>
<td>$14.00</td>
</tr>
</tbody>
</table>

### VISION COVERAGE PREMIUM RATES

<p>| | |</p>
<table>
<thead>
<tr>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>INDIVIDUAL</td>
<td>$7.53</td>
</tr>
<tr>
<td>EMPLOYEE &amp; CHILDREN</td>
<td>$15.06</td>
</tr>
<tr>
<td>COUPLE</td>
<td>$15.06</td>
</tr>
<tr>
<td>FAMILY</td>
<td>$15.06</td>
</tr>
</tbody>
</table>

For a complete list of covered services, please refer to the Summary of Benefits and Coverage.
Improve your emotional well-being with On To Better Health, an online program that provides easy-to-use self-help tools and resources.

The confidential program, free to Independence Blue Cross members with Magellan Health benefits, consists of self-assessments, articles, videos, and personalized and guided therapy — 24 hours a day, 7 days a week — so you can feel better and manage everyday stress.

It’s easy to get started!

• Log in to your ibxpress.com account or IBX mobile app.
• From the Health & Well-Being tab, select Value-Added Services.
• If this is your first visit, follow the prompts to use the SmartScreener, a convenient and private way to assess your emotional well-being.
• After completing the SmartScreener, you will be able to view a personalized list of recommended programs and modules, and browse thousands of library articles, resources, and self-assessments. To start a module, simply click the Launch Program button.

On To Better Health is there when and where you want — and need — it. Get started today!

*You may not have access to all of the features.

The information in this brochure is not meant to provide clinical advice. Program modules are a supplement to your overall care and are not intended to replace care through your provider. Independence Blue Cross offers products through its subsidiaries Independence Hospital Indemnity Plan, Keystone Health Plan East and QCC Insurance Company, and with Highmark Blue Shield — independent licensees of the Blue Cross and Blue Shield Association. Magellan Behavioral Health, Inc., an independent company, manages mental health and substance abuse benefits for most Independence Blue Cross members.

Achieve greater emotional well-being*

On To Better Health can help you identify your needs through a short SmartScreener online assessment. Then, it can provide cognitive behavioral therapy for common challenges such as:

— Alcohol or substance use: this ten-session program, teaches skills and techniques to promote long-lasting, skill-based changes in behavior.
— Anxiety, panic, or phobia: through exercises and activities, this nine-session program can help you overcome fears and break the cycle of unhelpful thoughts and behaviors.
— Chronic pain: this eight-session program will help you improve functioning and prevent pain flare-ups.
— Depression: this four-session program helps you recognize signs and symptoms, challenge negative thoughts, and manage relapse.
— Insomnia: this six-session program teaches you skills and techniques to help improve sleep quality.
— Obsessions or compulsions: a nine-session module of interactive videos helps you identify triggers and develop self-management skills so you can reach your goals.
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](http://ibx.com/getconnected) to sign up for email or text alerts

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

Visit [ibx.com/getconnected](http://ibx.com/getconnected) to sign up for email or text alerts

Be sure to have your member ID card handy — you’ll need your ID number from the front of the card.
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
**Employee Assistance Program (EAP)**

**MAKE EMOTIONAL WELL-BEING A PRIORITY**

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**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.

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**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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