WELCOME TO OPEN ENROLLMENT 2023

This year’s Open Enrollment will begin on Monday, November 7, 2022, and continues through November 28, 2022. All the plans offered during the Open Enrollment period are based on the 2023 calendar year (January 1–December 31, 2023). 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 2023:
• There are no plan-design changes to any of the three medical plans.
• The College will continue to contribute the same amount as 2022 to employee HSA accounts; see page 4 for details.
• There is a small increase to Dental Plan premiums.
• TeleHealth visit copays for members using MDLive through IBC have been reduced to match the copay for primary care visits. (Not applicable for the High Deductible Plan)

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.)

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COVERAGE CHANGES

For all Haverford employees, the annual Open Enrollment period takes place every fall and has a January 1 effective date.

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

MEDICAL PLAN CHOICES FOR 2023

The College offers three medical plan options through Independence Blue Cross (IBC) for 2023, 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 greater out-of-pocket costs.

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 also combines with a Health Savings Account (HSA).

Please see the charts on pages 8 and 9 for a high-level comparison of medical plans and coverage, as well as a chart of the monthly premiums.
KEYSTONE HMO PLAN
With the Keystone HMO (Health Maintenance Organization):

• A Primary Care Physician (PCP) is required. You must select a PCP when enrolling, and treat with that physician before treating with a participating specialist.
• Referrals are required. Specific documentation is required from your PCP, authorizing care at a participating specialist for covered services.
• Preapproval/Precertification is required. 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
With the Personal Choice PPO (Preferred Provider Organization):

• 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.

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.

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) WITH HSA
With the PPO-based High Deductible Health Plan (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.
• You will have access to a Health Savings Account (HSA). See details in the following section.

The 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.

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 2023. Employees initially enrolling in the HSA account for 2023 will receive an HSA debit card from Bank of America.

HSA contribution limits for 2023 are as follows:

- Individual: $3,850
- Family: $7,750
- 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)

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 2023. 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.

For more details regarding the Dental Panel, please refer to the 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.

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 2023 is $3,050. (A Grace Period exists to allow participants to incur claims through March 15, 2024, and submit them by March 31, 2024, against the 2023 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 2023, 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 2023.

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 2023.

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 2023 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 an 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 2023 is $3,050.

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.

Please see the charts on pages 8 and 9 for a high-level comparison of medical plans and coverage, 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 and Accidental Death Insurance in increments of $10,000, up to a maximum amount of $500,000 (but not to exceed five times annual salary). Evidence of insurability (i.e., a health questionnaire) may be required. If an employee previously elected Voluntary Life insurance up to $140,000, they may elect $10,000 of additional coverage without providing evidence of insurability. **Amounts requested above $10,000, or total coverage amounts greater than $150,000, are subject to review and require the completion and submission of the Evidence of Insurability form.** Premiums are determined by the amount of the insurance taken and the age of the employee (based on age-banded rates), and 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. *(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. *(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.)*
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, 2023, through December 31, 2023

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<thead>
<tr>
<th>Benefits</th>
<th>KHMO Referred Care</th>
<th>PC PPO</th>
<th>HDHP/HSA</th>
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<tr>
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<td><strong>Out of Pocket Maximum (Includes Deductible, Copayments and Coinsurance)</strong></td>
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<td>Retail Health Clinic</td>
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<td>X-rays/ Radiology</td>
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<td>Lab Work/ Pathology</td>
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<td>70% After Deductible</td>
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<td><strong>Well Child Care</strong></td>
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<td>Office Visits</td>
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<td>70%, No Deductible</td>
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<tr>
<td>Immunizations</td>
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<td>70%, No Deductible</td>
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<tr>
<td><strong>Adult Preventative Care</strong></td>
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<td>Routine Physicals</td>
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<td>Gyn Exam</td>
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<td>Prostate Exams</td>
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<td>Mammograms</td>
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<td><strong>Hospital Care</strong></td>
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<td>Inpatient Treatment</td>
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<td>70% After Deductible</td>
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<td><strong>Outpatient Facility and Physician Services</strong></td>
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<td>Facility</td>
<td>$250 Copay</td>
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<td>Physician</td>
<td>100%</td>
<td>100% After Deductible</td>
<td>70% After Deductible</td>
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<td><strong>Behavioral Health</strong></td>
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<tr>
<td>Inpatient</td>
<td>$500 Copay Per Admission</td>
<td>$150/day Copay, Max 5 Days; No Deductible (After 5 Days Full Coverage, No Copay)</td>
<td>70% After Deductible</td>
</tr>
<tr>
<td>Outpatient</td>
<td>$25 Copay</td>
<td>$40 Copay, No Deductible</td>
<td>70% After Deductible</td>
</tr>
<tr>
<td><strong>Physical, Speech, and Occupational Therapies</strong></td>
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<tr>
<td>Office Visits</td>
<td>100%</td>
<td>100% After Deductible</td>
<td>70% After Deductible</td>
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<tr>
<td><strong>Retail Drugs (30 Day Supply)</strong></td>
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<tr>
<td>Generic</td>
<td>$20 Copay</td>
<td>$20 Copay</td>
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<td>Preferred Brand</td>
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<td>$40 Copay</td>
<td>30% Reimbursement</td>
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<td>Non-Preferred Brand</td>
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<td>$80 Copay</td>
<td>30% Reimbursement</td>
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<td><strong>Mail Order Drugs</strong></td>
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<tr>
<td>Generic</td>
<td>$40 Copay</td>
<td>$40 Copay</td>
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<tr>
<td>Preferred Brand</td>
<td>$80 Copay</td>
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</tr>
<tr>
<td>Non-Preferred Brand</td>
<td>$160 Copay</td>
<td>$160 Copay</td>
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MEDICAL COVERAGE MONTHLY PREMIUM RATES  For January 1, 2023, through December 31, 2023

<table>
<thead>
<tr>
<th>TIER 1</th>
<th>SALARY $48,999 AND UNDER</th>
<th>TIER 2</th>
<th>SALARY $49,000 TO $98,000</th>
<th>TIER 3</th>
<th>SALARY $98,001 AND ABOVE</th>
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</thead>
<tbody>
<tr>
<td></td>
<td>YOU PAY</td>
<td>HC PAYS</td>
<td>YOU PAY</td>
<td>HC PAYS</td>
<td>YOU PAY</td>
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<tr>
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<td>$2,177</td>
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<td>EMPLOYEE &amp; CHILDREN</td>
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</tbody>
</table>

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

<table>
<thead>
<tr>
<th>TIER 2</th>
<th>SALARY $49,000 TO $98,000</th>
<th>TIER 3</th>
<th>SALARY $98,001 AND ABOVE</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
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<td>HC PAYS</td>
<td>YOU PAY</td>
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<td>$56</td>
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<td>$110</td>
</tr>
<tr>
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</tr>
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<td>$2,191</td>
<td>$465</td>
</tr>
<tr>
<td>∎ INDIVIDUAL</td>
<td>$110</td>
<td>$660</td>
<td>$172</td>
</tr>
<tr>
<td>∎ EMPLOYEE &amp; CHILDREN</td>
<td>$324</td>
<td>$1,216</td>
<td>$465</td>
</tr>
<tr>
<td>∎ COUPLE</td>
<td>$376</td>
<td>$1,357</td>
<td>$535</td>
</tr>
<tr>
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<td>$537</td>
<td>$1,966</td>
<td>$768</td>
</tr>
<tr>
<td>∎ INDIVIDUAL</td>
<td>$362</td>
<td>$408</td>
<td>$364</td>
</tr>
<tr>
<td>∎ EMPLOYEE &amp; CHILDREN</td>
<td>$724</td>
<td>$816</td>
<td>$727</td>
</tr>
<tr>
<td>∎ COUPLE</td>
<td>$814</td>
<td>$919</td>
<td>$818</td>
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<tr>
<td>∎ FAMILY</td>
<td>$1,176</td>
<td>$1,327</td>
<td>$1,182</td>
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</table>

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

<table>
<thead>
<tr>
<th>TIER 3</th>
<th>SALARY $98,001 AND ABOVE</th>
</tr>
</thead>
<tbody>
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<td>YOU PAY</td>
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<tr>
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<td>$110</td>
</tr>
<tr>
<td>∎ EMPLOYEE &amp; CHILDREN</td>
<td>$324</td>
</tr>
<tr>
<td>∎ COUPLE</td>
<td>$376</td>
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<tr>
<td>∎ FAMILY</td>
<td>$537</td>
</tr>
<tr>
<td>∎ INDIVIDUAL</td>
<td>$362</td>
</tr>
<tr>
<td>∎ EMPLOYEE &amp; CHILDREN</td>
<td>$724</td>
</tr>
<tr>
<td>∎ COUPLE</td>
<td>$814</td>
</tr>
<tr>
<td>∎ FAMILY</td>
<td>$1,176</td>
</tr>
</tbody>
</table>

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

<table>
<thead>
<tr>
<th>PART-TIME EMPLOYEES</th>
<th>MEDICAL COVERAGE MONTHLY PREMIUM RATES</th>
<th>VISION COVERAGE PREMIUM RATES</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>YOU PAY</td>
<td>HC PAYS</td>
</tr>
<tr>
<td>∎ INDIVIDUAL</td>
<td>$362</td>
<td>$408</td>
</tr>
<tr>
<td>∎ EMPLOYEE &amp; CHILDREN</td>
<td>$724</td>
<td>$816</td>
</tr>
<tr>
<td>∎ COUPLE</td>
<td>$814</td>
<td>$919</td>
</tr>
<tr>
<td>∎ FAMILY</td>
<td>$1,176</td>
<td>$1,327</td>
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</table>

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

<table>
<thead>
<tr>
<th>DENTAL PANEL RATES</th>
<th>VISION COVERAGE PREMIUM RATES</th>
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<tbody>
<tr>
<td>SALARY TIER</td>
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<tr>
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<td>$16.50</td>
</tr>
</tbody>
</table>

For a complete list of covered services, please refer to the Summary of Benefits and Coverage.
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**
  when it’s time for an annual visit or screening.

- **Notifications to help you access important plan information**
  like changes to the prescription drug formulary and where to go for care based on your health plan.

- **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.

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

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Chinese: 注意：如果您讲中文，您可以得到免费的语言协助服务，请致电1-800-275-2583。
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.

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Dealing with a serious health issue—or getting a diagnosis you don’t understand—can be challenging. **With Health Advocate, you’re not alone.** Our healthcare experts can support you every step of the way. You’ll get the information you need to make important care decisions with confidence and peace of mind knowing that your care and treatment are on target. **We will:**

- **Answer questions** about medical conditions, diagnoses, treatments and tests
- **Explain health plan coverage** and coordinate benefits
- Research the **latest approaches to treatment** and find clinical trials
- Locate the right **in-network providers** and make appointments
- Help you develop **questions to ask** your care team
- Arrange **second opinions** and transfer medical records
- Facilitate any necessary **pre-authorizations for care**, medical equipment and medications
- Provide **end-to-end support** through all phases of your care

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Email: answers@HealthAdvocate.com

Web: HealthAdvocate.com/members
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Access Code: TTY4N

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