



OFFICE OF HUMAN RESOURCES

OPEN ENROLLMENT 2024

HAVERFORD
COLLEGE

WELCOME TO OPEN ENROLLENT 2024

This year's Open Enrollment will begin on November 1, 2023, and continues through November 21, 2023. All the plans offered during the Open Enrollment period are based on the 2024 calendar year (January 1 –December 31, 2024). 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

What to expect in 2024:

- There are no plan-design changes to any of the three medical plans.
- The College will continue to contribute the same amount as in 2023 to employee Health Savings Accounts. *(See page 4.)*
- There is a small increase to dental plan premiums. *(See the chart on page 9.)*
- Virtual provider visits via Teladoc are now covered by Independence Blue Cross (IBC). *(See page 11.)*
- **Livongo**, a new program offering resources and support for IBC members with diabetes and/or hypertension. *(See page 15.)*
- **TruHearing**, a new program offering discounts and resources to IBC members with hearing loss. *(See pages 16–17.)*



CONTENTS

Your Annual Benefits Election	1
Coverage Changes	2
Medical Plan Choices for 2024	2
Health Savings Account (HSA)	4
Medical Insurance Opt-Out	4
Vision Insurance	4
Clinical Dental Panel	4
Flexible Spending Accounts (FSA)	5
Life Insurance	6
Additional Resources	7
Comparison of Medical Plans	8
Medical Coverage Premium Rates	9

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.)*



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 defined on page 1. 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 2024

The College offers three medical plan options through Independence Blue Cross (IBC) for 2024, consisting of:

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

MEDICAL INSURANCE ELIGIBILITY AND PLAN TYPES

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 offered by 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 third type of plan offered by the College is a high deductible health plan (HDHP). An 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 page 4.)

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 continues as the HSA plan administrator for 2024. Employees initially enrolling in the HSA account for 2024 will receive an HSA debit card from Bank of America.

HSA contribution limits for 2024 are as follows:

- Individual: \$4,150
- Family: \$8,300
- 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)

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 IBC Vision for vision care insurance for 2024. This coverage uses the Davis Vision network and 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.

IMPORTANT: HSA ACCOUNTS AND MEDICARE

If you are enrolled in a Medicare Plan for 2024, or plan to enroll in 2024, you may not be permitted to make contributions (including both College and Employee contributions) to an HSA account for all, or part, of the 2024 calendar year. Please consult with your tax advisor for further guidance.

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 expected annual Health Care FSA contribution maximum for 2024 is \$3,200.* (A Grace Period allows participants to incur claims through March 15, 2025, and submit them by March 31, 2025, against the 2024 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 2024, 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 2024.

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 2024.

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 2024 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 expected maximum annual contribution amount for a Limited Purpose FSA for 2024 is \$3,200.*

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.



*At time of printing, the federal government had not released 2024 maximum contribution amounts for the Health Care FSA or the Limited Purpose FSA. The final maximum contribution amounts for 2024, if different, will be updated on Workday as soon as the information becomes available.



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 INSURANCE

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 coverage amounts:

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 coverage amounts:

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.*)

PROVIDING EVIDENCE OF INSURABILITY

When evidence of insurability is required, the employee **MUST** complete and submit the Evidence of Insurability form, a health 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 pages 12–13.)

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.

T. Muriel Brisbon
Executive Director and Chief Human Resources Officer
(610) 896-1250
tbrisbon@haverford.edu

Charles Crawford
Director of Benefits Administration
(610) 896-1219
ccrawford1@haverford.edu

Debra Doyle
HR Generalist
(610) 896-2943
ddoyle12@haverford.edu

Shelley Harshe
Director of Talent Acquisition, Equity, and Belonging
(610) 896-1044
sharshe@haverford.edu

Donna Hawkins
Director of Employee Relations
(610) 896-1241
dhawkins@haverford.edu

Tessa Kahley
Manager, HRIS
(610) 896-1239
tkahley@haverford.edu

Sue McCarthy
HR Administrative Coordinator
(610) 795-6124
smccarthy1@haverford.edu

Julia Sapelkina
Talent Acquisition Specialist
(610) 896-1258
isapelkina@haverford.edu



BRIEF COMPARISON OF MEDICAL PLANS & COVERAGE

For January 1, 2024, through December 31, 2024

BENEFITS	KHMO		PC PPO		HDHP/HSA	
	Referred Care	In Network	Out of Network	In Network	Out of Network	
DEDUCTIBLE						
Individual	\$0	\$300	\$1,500	\$1,600	\$5,000	
Family	\$0	\$900	\$4,500	\$3,200	\$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 (Teladoc)	\$15 Copay	\$20 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	

MEDICAL COVERAGE MONTHLY PREMIUM RATES For January 1, 2024, through December 31, 2024

TIER 1 SALARY UP TO \$50,999						
TIER 1	KHMO		PC PPO		HDHP/HSA	
	YOU PAY	HC PAYS	YOU PAY	HC PAYS	YOU PAY	HC PAYS
■ INDIVIDUAL	\$26	\$767	\$66	\$731	\$12	\$704
■ EMPLOYEE & CHILDREN	\$113	\$1,473	\$209	\$1,384	\$18	\$1,415
■ COUPLE	\$136	\$1,648	\$245	\$1,548	\$29	\$1,583
■ FAMILY	\$191	\$2,386	\$348	\$2,241	\$35	\$2,294
Opt-out waiver amount is \$159.20 per month (paid to you as taxable income).						

TIER 2 SALARY \$51,000 TO \$102,000						
TIER 2	KHMO		PC PPO		HDHP/HSA	
	YOU PAY	HC PAYS	YOU PAY	HC PAYS	YOU PAY	HC PAYS
■ INDIVIDUAL	\$58	\$735	\$113	\$684	\$23	\$693
■ EMPLOYEE & CHILDREN	\$191	\$1,395	\$288	\$1,305	\$74	\$1,359
■ COUPLE	\$225	\$1,559	\$337	\$1,456	\$95	\$1,517
■ FAMILY	\$321	\$2,256	\$479	\$2,110	\$131	\$2,198
Opt-out waiver amount is \$142.10 per month (paid to you as taxable income).						

TIER 3 SALARY ABOVE \$102,000						
TIER 3	KHMO		PC PPO		HDHP/HSA	
	YOU PAY	HC PAYS	YOU PAY	HC PAYS	YOU PAY	HC PAYS
■ INDIVIDUAL	\$113	\$680	\$177	\$620	\$36	\$680
■ EMPLOYEE & CHILDREN	\$334	\$1,252	\$479	\$1,114	\$205	\$1,228
■ COUPLE	\$387	\$1,397	\$551	\$1,242	\$241	\$1,371
■ FAMILY	\$553	\$2,024	\$791	\$1,798	\$343	\$1,986
Opt-out waiver amount is \$125.00 per month (paid to you as taxable income).						

PART-TIME EMPLOYEES						
Opt-out waiver amount is \$79.60 per month (paid to you as taxable income).						
	KHMO		PC PPO		HDHP/HSA	
	YOU PAY	HC PAYS	YOU PAY	HC PAYS	YOU PAY	HC PAYS
■ INDIVIDUAL	\$373	\$420	\$374	\$423	\$337	\$379
■ EMPLOYEE & CHILDREN	\$745	\$841	\$749	\$844	\$673	\$760
■ COUPLE	\$838	\$946	\$842	\$951	\$758	\$854
■ FAMILY	\$1,211	\$1,366	\$1,217	\$1,372	\$815	\$1,514

DENTAL PANEL RATES				
SALARY TIER				
	1	2	3	
■ INDIVIDUAL	\$4.12	\$9.54	\$17.01	
■ EMPLOYEE + 1 DEPENDENT	\$7.47	\$13.92	\$21.39	
■ EMPLOYEE + 2 OR MORE DEPENDENTS	\$8.76	\$15.21	\$22.68	

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.

Stay motivated with well-being tools!



Earn tokens and badges on your well-being journey

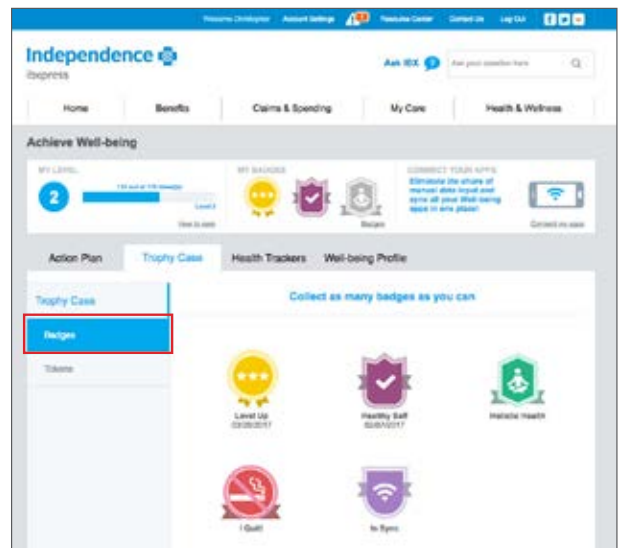
Start your journey to Achieve Well-being by completing the Well-being Profile on ibxpress.com or on our IBX mobile app. Then pick from hundreds of programs to create a personalized Action Plan to help you earn tokens and badges and meet your goals.

How to Earn Tokens and Badges

You can earn tokens for every small step that you take to reach your well-being goals, such as:

- Logging in at ibxpress.com
- Completing your Well-being Profile
- Finishing programs successfully
- Reading well-being articles and healthy recipes
- Watching videos
- Syncing a health tracking app

The more you use the Achieve Well-being tools, the quicker you earn tokens. You can also earn badges by completing specific activities, such as syncing a health tracking app. As your token count increases, you move up to higher levels. See if you can achieve Level 4 by earning 320 tokens!



Use the well-being tools often to earn tokens faster and level up. You can also earn badges for specific activities.



Get medical care, anytime, anywhere

Talk to a doctor 24/7



When you're not feeling well, you don't want to wait to get care. Good news — with virtual care from Teladoc Health (Teladoc), you don't have to!

Teladoc is a leader in whole-person virtual care. With Teladoc General Medical, you get 24/7 access to low-cost, high-quality virtual health care for common health concerns like cough, sore throat, fever, rashes, allergies, asthma, ear infections, pink eye, nausea, and more.

Using Teladoc General Medical is quick and convenient. Features include:

- Access to one of the largest virtual care networks in the country, with board-certified doctors who are available by phone, web, or the Teladoc award-winning mobile app
- Interpreters who know your language, including American Sign Language (ASL)
- Prescription requests sent to your pharmacy of choice
- A caregiving option, which allows a babysitter to schedule a visit on your behalf if your child gets sick while in their care

Nearly 90% of users are satisfied with their Teladoc experience.

Teladoc Health, Inc. is an independent company that provides virtual care, for medical and specialty.

Independence Blue Cross offers products through its subsidiaries Independence Assurance Company, Independence Hospital Indemnity Plan, Keystone Health Plan East, and QCC Insurance Company — independent licensees of the Blue Cross and Blue Shield Association.

Independence 

Schedule an appointment
Learn more and make an appointment:
TeladocHealth.com.

How Teladoc General Medical works



Initiate: You can access Teladoc by:

- Calling 1-800-835-2632, or
- Visiting teladochealth.com, or
- Downloading the Teladoc mobile app



Request: Schedule a visit at your preferred time or request an on-demand visit for an urgent need.



Visit: Meet with your doctor, who will evaluate you and answer your health questions.



Resolve: Your doctor uploads a visit summary to your Teladoc file, sends any prescriptions to your pharmacy, and provides details for follow-up.

IBX

21781 2442158 (7-23)



We make healthcare easier



Health Advocate offers a unique level of healthcare, insurance and well-being support to help you reach your best health.

Our experts will do the work to ensure that you get the right information and assistance at the right time. Our services are completely confidential and available to you, your spouse, dependents, parents and parents-in-law at no cost.

Take the hassle out of healthcare

- Find the right in-network doctors and make appointments
- Review medical bills to find errors or duplicate charges; resolve claims and billing issues

Support for every type of medical condition

- Explain health conditions, diagnoses and treatments; research treatment options
- Answer questions so you can make the right choices for your care

Coordinate medical care and services

- Facilitate any necessary pre-authorizations and coordinate benefits
- Provide in-hospital support and arrange post-discharge services and care

Research and arrange second opinions

- Identify and connect you with leading specialists and Centers of Excellence
- Arrange for the transfer of medical records, lab results and X-rays



866.695.8622

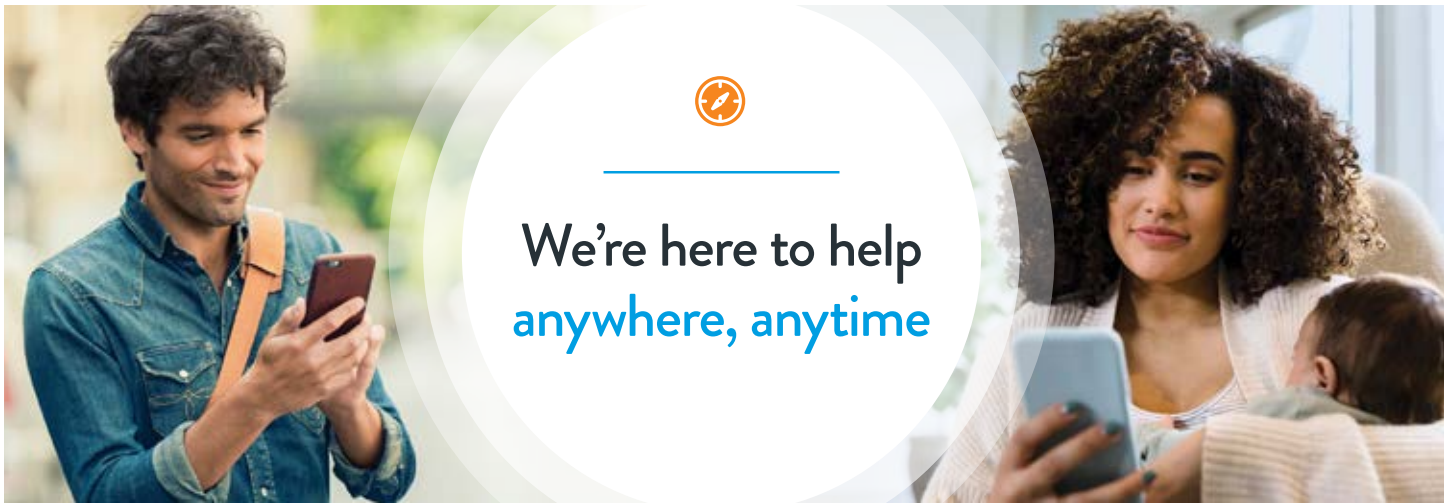
Email: answers@HealthAdvocate.com



Web: HealthAdvocate.com/members

HealthAdvocateSM

We're not an insurance company. Health Advocate is not a direct healthcare provider, and is not affiliated with any insurance company or third party provider. ©2021 Health Advocate CM-2105008-1FLY



Your mobile app is now available!

Free • Convenient • On-the-Go Help



Review Member Benefits



Confidential support from Personal Health Advocates for healthcare and insurance-related issues



Get personalized help finding the right doctors, understanding diagnoses and treatment plans, addressing claims and billing issues



One-Touch Calling: Talk to a Personal Health Advocate



Quick Email Contact: Ask a question or address an issue



24/7 Member Website

- Get personalized help improving your health and saving on healthcare costs
- Instantly upload relevant documents and forms
- Get tips and reminders specific to your health needs and goals
- View your monthly member newsletter
- Read the Health Advocate blog
- Access trusted information on virtually any health topic like weight loss, pregnancy, first aid, chronic conditions



866.695.8622

Email: answers@HealthAdvocate.com

Web: HealthAdvocate.com/members

HealthAdvocateSM

We're not an insurance company. Health Advocate is not a direct healthcare provider, and is not affiliated with any insurance company or third party provider. ©2021 Health Advocate HA-M-2105009-2FLY



From Prevention to Intervention, Carebridge Can Help.

Life Doesn't Stop When You're At Work.

That's Why We're Here for You & Eligible Family Members with Free and Confidential Support.



Mental Health Support

Build resilience and overcome life's tough moments.

Get real support for anxiety, depression, conflict, grief, addiction, and more. We provide free consultations, short-term counseling with licensed clinicians, and referrals for long-term care.



Work-Life Services

You don't need to have it all figured out.

Let us help you through life's circumstances, such as childcare, eldercare, legal, and financial matters. We offer unlimited access to work-life specialists for guidance, referrals, and educational support.



Emotional Wellbeing & Behavioral Change

Reach your highest potential every day.

Make progress towards your goals with motivation, stress relief, mindfulness, and goal-setting assistance. We provide live training, life coaching, virtual groups, and digital tools for proactive support.

Use your Carebridge EAP to your advantage today!

800.437.0911

clientservice@carebridge.com
myliferesource.com

Access Code: TTY4N



Download the Carebridge EAP App



© 2022 Carebridge Corporation. All Rights Reserved.

Livongo means living healthier at no cost to you



An advanced blood glucose meter and blood pressure monitor, plus the support you need.
Available to you and offered by your employer or health plan.

Livongo for Diabetes

Connected meter
Unlimited strips and lancets

Livongo for Hypertension

Connected monitor
One-on-one coaching

Get started

Text **"GO IBX-HEALTH"** to 85240 to learn more and join

You can also join by visiting **Go.Livongo.com/IBX-HEALTH/register**
or call **800-945-4355** and use registration code: **IBX-HEALTH**

Program includes trends and support on your secure Livongo account and mobile app but does not include a phone, tablet or smartwatch.

Las comunicaciones del programa Livongo están disponibles en español. Al inscribirse, podrá configurar el idioma que prefiera para las comunicaciones provenientes del medidor y del programa. Para inscribirse en español, llame al 800-945-4355 o visite Holo.Livongo.com/IBX-HEALTH

Program eligibility varies. Visit our website to learn more.

Hear better at any age with TruHearing®

Better hearing improves your overall health



Hearing well is essential to your overall health and well-being. If you think you may be experiencing hearing loss, you don't have to wait to get quality care.

As an Independence Blue Cross member, you have access to TruHearing for an easy and affordable way to help you hear better. With TruHearing, you and your family members are covered for exams and discounts on hearing aids and hardware.

TruHearing features



Excellent service

TruHearing consultants will help you schedule an exam, fitting, and follow-up care with a licensed provider near you.



Improved quality of life¹

You have access to smartphone apps to adjust your hearing aids and stream your favorite music and shows with Bluetooth®.



State-of-the-art technology²

Experience clarity in a crowded room with the newest technology that lifts voices from background noise and redefines your ability to have conversations. Rechargeable batteries that last all day are also available.



Call TruHearing today

Your dedicated Hearing Consultant can answer your questions, explain your coverage, and schedule an appointment with a TruHearing provider near you.

Call **1-888-933-7861 (TTY: 711)**,
Monday – Friday, 8 a.m. – 8 p.m.

Get complete hearing care

- Access to a large provider network
- Risk-free 60-day trial period
- One year of follow-up visits
- 80 free batteries per non-rechargeable hearing aid
- Full three-year manufacturer warranty

Independence 


HAVERFORD
COLLEGE

IBX

Treating hearing loss can help improve your balance,⁴ mental health, and quality of life.

Hearing coverage with TruHearing

The TruHearing program includes coverage for a hearing exam and discounts on a range of hearing aids. No matter your lifestyle, budget, or level of hearing loss, you have a variety of options.

Service	Your cost	Average retail cost	How often?
Hearing exam	\$0	\$59–\$95	1 exam, per year
Hearing aid – Basic ³	\$295	\$1,850	1 aid per ear, every 3 years
Hearing aid – Standard ³	\$695	\$2,000	
Hearing aid – Advanced ³	\$1,095	\$2,450	
Hearing aid – Premium ³	\$1,495	\$3,100	

Would you like to take a quick hearing test?

Grab your headphones, find a quiet spot, and click the button below to get started.

Take the test

Visit TruHearing.com/IndependenceCommercial-HS

Independence Blue Cross offers products through its subsidiaries Independence Hospital Indemnity Plan, Keystone Health Plan East and QCC Insurance Company — independent licensees of the Blue Cross and Blue Shield Association.

1 Smartphone-compatible hearing aids connect directly to iPhone®, iPad®, and iPod® Touch devices. Some TruHearing models connect to Android® phones directly. Connectivity also available to many Android phones with use of an accessory. TV streaming available through most TVs with use of an accessory. In-app interfacing requires provider activation.

2 Features may vary by model. Activation required.

3 Price based per hearing aid.

4 Attitudes and Actions Towards Hearing Health Summary Report of U.S. Adults Ages 18+, ASHA, 2021.

This is a value-added program and not a benefit under an Independence health plan and is, therefore, subject to change without notice. The TruHearing program is provided by TruHearing, Inc., an independent company. TruHearing, Inc. does not provide Blue Cross products or services. TruHearing® is a registered trademark of TruHearing, Inc. All other trademarks, product names, and company names are the property of their respective owners. Retail pricing based on prices for comparable aids. Follow-up provider visits included for one year following hearing aid purchase. Free battery offer is not applicable to the purchase of rechargeable hearing aid models. Three-year warranty includes repairs and one-time loss and damage replacement. Hearing aid repairs and replacements are subject to provider and manufacturer fees. For questions regarding fees, contact a TruHearing hearing consultant.

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 summary is not a guarantee or a contract of continued employment.



HAVERFORD COLLEGE

HUMAN RESOURCES

370 Lancaster Avenue
Haverford, PA 19041

haverford.edu/hr

Updated October 2023