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WELCOME, FRIEND.

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

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

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

- Medical Insurance
- Medical Insurance Opt-Out
- Vision Insurance
- Dental Panel
- Flexible Spending Accounts (Health Care + Dependent Care + Limited Purpose)
- Group Life Insurance/LTD
- Carebridge Employee Assistance Program
- Health Advocate
- Tuition Grant Program
- Retirement Plan
- Emeriti Health Plan

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 qualified life event as defined below. Coverage changes based on qualified life events must be entered in Workday within 31 days of the event.

KEY TERMS

QUALIFYING LIFE EVENT

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

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 2020

The College offers three medical plan options through Independence Blue Cross (IBC) for 2020, consisting of:

• Keystone HMO Plan
• Personal Choice PPO Plan
• Qualified High Deductible PPO Plan (QHDP) 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 9 months, are eligible for medical coverage at the “full-time premium rate.” Part-time employees working at least 1,000 hours per year, are eligible for medical coverage at the “part-time premium rate.” (Please refer to the respective premium rate tables on page 11.)

It’s good to have choices. When it comes to health insurance, you have your choice of several plan types. Two popular 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, ability 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, 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 lower their 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. 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 rate and with out-of-pocket cost.

A qualified high deductible health plan (QHDP) 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 10 and 11 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 points 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.

PERSONAL CHOICE PPO PLAN
Preferred Provider Organization—Important points 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)
• You never 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.

QUALIFIED HIGH DEDUCTIBLE PLAN (QHDP)
The PPO-based Qualified High Deductible Plan (QHDP) 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 Blue Card® PPO program across the country.

With the QHDP, you also have the freedom to select out-of-network providers who do not participate in the Personal Choice PPO network or BlueCard PPO program. However, if you receive services from out-of-network providers, you will have higher out-of-pocket costs and may have to submit paid claims for reimbursement.

With the QHDP:
• 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).
• You never need a referral to see a specialist/you can go directly for care.

For more details regarding the QHDP plan, please refer to the QHDP Plan Summary and the QHDP Rx Benefits Summary, available at haverford.edu/human-resources/benefits.
HEALTH SAVINGS ACCOUNT (HSA)

Employees participating in the QHDP 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 QHDP/HSA account option.

Bank of America is the HSA plan administrator for 2020. Employees enrolling in the HSA account for 2020 will receive an HSA debit card from Bank of America.

HSA contribution limits for 2020 are as follows:
- Individual: $3,550
- Family: $7,100
- Age 55 catch-up: $1,000 (additional).

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.

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 2020. 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 information about Davis Vision and to locate vision providers, please visit the Davis Vision website: davisvision.com.

CLINICAL DENTAL PANEL

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

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

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

Please see the charts on pages 10 and 11 for a high-level comparison of medical plans and coverages, as well as a chart of the monthly premiums.
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 medical FSA account if they are enrolling in the QHDHP/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 2020 is $2,750. (A Grace Period exists to allow participants to incur claims through March 15, 2021, and submit them by March 31, 2021, against the 2020 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 2020, 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 2020.

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 2020.

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 2020 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 QHDP 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 2020 is $2,750.
LIFE INSURANCE

BASIC LIFE INSURANCE

Eligibility: Full-time employees (employees who work 35 or more hours per week over 9 or more months) are eligible for all life insurance coverage options.

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 reductions begin at age 65.)

VOLUNTARY LIFE INSURANCE

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

New employees may purchase Voluntary Life Insurance in increments of $10,000, up to 5 times annual salary (not to exceed $500,000). A maximum amount of $150,000 may be elected (not to exceed 5 times salary) without the need for medical insurability/underwriting, as a new hire. Evidence of insurability (medical questionnaire from Unum) would be required if electing any amount greater than $150,000. 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.

ACCIDENTAL DEATH (AD&D)/DEPENDENT LIFE INSURANCE

Qualified benefit eligible employees may purchase Accidental Death Insurance (AD&D) for themselves, and Dependent Life Insurance and AD&D Insurance for their spouse/partner and/or dependent children (to age 26). Coverage amounts are listed below:

AD&D:
Employee: Up to 100% of Voluntary coverage, in increments of $10,000, not to exceed $500,000.
Spouse/Partner: Up to 100% of employee Voluntary coverage, in increments of $5,000, not to exceed $500,000. (Benefit is payable to employee.)
Child: Up to 100% of employee Voluntary coverage, in increments of $2,000, not to exceed $10,000. (Benefit is payable to employee.)

Dependent Life:
Spouse/Partner: Up to 100% of employee Voluntary coverage, in increments of $5,000, not to exceed $500,000. (Benefit is payable to the employee.)
Dependent Child: Up to 100% of the employee Voluntary coverage, in increments of $2,000, not to exceed $10,000. (Benefit is payable to the employee.)

LONG-TERM DISABILITY INSURANCE (LTD)

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

Eligible employees are provided College-paid Long-term Disability Insurance (LTD) through Unum. This insurance provides income replacement benefits of up to 60% of base monthly earnings (maximum monthly benefits of $15,000). LTD insurance payments begin after a 180-day elimination period (considered Short-Term Disability) for a qualified medical condition which causes the employee an inability to perform the essential functions of their job resulting in a loss in earnings. LTD payments provide an income-replacement component, and a retirement plan contribution component. The duration of benefit payments depends on the age at which disability begins and may continue until Social Security Normal Retirement Age.
ADDITIONAL RESOURCES

CAREBRIDGE EMPLOYEE ASSISTANCE PROGRAM

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

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

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.

RIDEECHO

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

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

HAVERFORD TUITION GRANT PROGRAM

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

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

For further details, please contact the Office of Human Resources.
HAVERFORD COLLEGE RETIREMENT PLAN

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

Upon meeting eligibility requirements, until July 31, 2020, the College contributes an amount equal to 11% of base salary to a 403(b) defined contribution retirement plan. Effective with paychecks received from August 1, 2020 through September 30, 2020, the College contribution will be halted (the College contribution during this period will be 0%). Effective for paychecks received on or after October 1, 2020, the contribution will resume at 10% of base pay/salary. No contribution by the employee is required to receive this 10% College contribution. Additional voluntary contributions can be made to the plan at any time of the year.

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

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

In-service distributions are permitted from the plan (all sources) upon attaining age 59 ½. Loans and hardship withdrawals are also permitted from the plan subject to certain restrictions and limitations.

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

EMERITI RETIREMENT HEALTH PLAN

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

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

The College contributes $1,000 per year (pro-rated per pay) to an Emeriti account, for each benefit-eligible employee age 40 and above. Employees may make after-tax voluntary contributions at any time of the year.* There is a seven-year vesting requirement for employer contributions, before the employee owns the account balance. (Employee after-tax voluntary contributions are immediately vested.) Funds can be used only after termination of employment with Haverford College, or after retirement, to pay for qualified medical expenses through a reimbursement process. In addition, qualified retired employees may be eligible to enroll in post-65 medical and/or prescription drug plans, and a dental plan offered through Aetna.

*Employer contributions and voluntary after-tax contributions are subject to forfeiture. Any assets remaining in your account at time of death, and no surviving eligible dependents (spouse, same-sex or opposite-sex domestic partners, IRS dependent children or relatives) the funds forfeit back to Haverford College.
<table>
<thead>
<tr>
<th>BENEFITS</th>
<th>KHMO (In Network)</th>
<th>PC PPO (Out of Network)</th>
<th>QHDP/HSA (Out of Network)</th>
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<td>$80 Copay</td>
<td>30% Reimbursement $45 Copay</td>
</tr>
<tr>
<td><strong>MAIL ORDER DRUGS</strong></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Generic</td>
<td>$40 Copay</td>
<td>$40 Copay</td>
<td>Not Covered $10 Copay</td>
</tr>
<tr>
<td>Preferred Brand</td>
<td>$80 Copay</td>
<td>$80 Copay</td>
<td>Not Covered $40 Copay</td>
</tr>
<tr>
<td>Non-Preferred Brand</td>
<td>$160 Copay</td>
<td>$160 Copay</td>
<td>Not Covered $90 Copay</td>
</tr>
</tbody>
</table>

For a complete list of covered services, please refer to the Summary of Benefits and Coverage.
### Medical Coverage Monthly Premium Rates

**Tier 1 | Salary $47,200 and Under**

<table>
<thead>
<tr>
<th></th>
<th>KHMO</th>
<th>PC PPO</th>
<th>OHDP/HSA</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>You Pay</strong></td>
<td><strong>HCPays</strong></td>
<td><strong>You Pay</strong></td>
<td><strong>HCPays</strong></td>
</tr>
<tr>
<td><strong>Individual</strong></td>
<td>$22</td>
<td>$650</td>
<td>$58</td>
</tr>
<tr>
<td><strong>Employee &amp; Children</strong></td>
<td>$101</td>
<td>$1,243</td>
<td>$186</td>
</tr>
<tr>
<td><strong>Couple</strong></td>
<td>$116</td>
<td>$1,396</td>
<td>$214</td>
</tr>
<tr>
<td><strong>Family</strong></td>
<td>$166</td>
<td>$2,018</td>
<td>$306</td>
</tr>
</tbody>
</table>

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

**Tier 2 | Salary $47,201 to $94,400**

<table>
<thead>
<tr>
<th></th>
<th>KHMO</th>
<th>PC PPO</th>
<th>OHDP/HSA</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>You Pay</strong></td>
<td><strong>HCPays</strong></td>
<td><strong>You Pay</strong></td>
<td><strong>HCPays</strong></td>
</tr>
<tr>
<td><strong>Individual</strong></td>
<td>$51</td>
<td>$621</td>
<td>$101</td>
</tr>
<tr>
<td><strong>Employee &amp; Children</strong></td>
<td>$171</td>
<td>$1,173</td>
<td>$257</td>
</tr>
<tr>
<td><strong>Couple</strong></td>
<td>$196</td>
<td>$1,316</td>
<td>$294</td>
</tr>
<tr>
<td><strong>Family</strong></td>
<td>$281</td>
<td>$1,903</td>
<td>$422</td>
</tr>
</tbody>
</table>

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

**Tier 3 | Salary $94,401 and Over**

<table>
<thead>
<tr>
<th></th>
<th>KHMO</th>
<th>PC PPO</th>
<th>OHDP/HSA</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>You Pay</strong></td>
<td><strong>HCPays</strong></td>
<td><strong>You Pay</strong></td>
<td><strong>HCPays</strong></td>
</tr>
<tr>
<td><strong>Individual</strong></td>
<td>$101</td>
<td>$571</td>
<td>$158</td>
</tr>
<tr>
<td><strong>Employee &amp; Children</strong></td>
<td>$298</td>
<td>$1,046</td>
<td>$428</td>
</tr>
<tr>
<td><strong>Couple</strong></td>
<td>$339</td>
<td>$1,173</td>
<td>$485</td>
</tr>
<tr>
<td><strong>Family</strong></td>
<td>$487</td>
<td>$1,697</td>
<td>$700</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>OHDP/HSA</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>You Pay</strong></td>
<td><strong>HCPays</strong></td>
<td><strong>You Pay</strong></td>
<td><strong>HCPays</strong></td>
</tr>
<tr>
<td><strong>Individual</strong></td>
<td>$304</td>
<td>$368</td>
<td>$386</td>
</tr>
<tr>
<td><strong>Employee &amp; Children</strong></td>
<td>$566</td>
<td>$778</td>
<td>$709</td>
</tr>
<tr>
<td><strong>Couple</strong></td>
<td>$748</td>
<td>$764</td>
<td>$935</td>
</tr>
<tr>
<td><strong>Family</strong></td>
<td>$971</td>
<td>$1,213</td>
<td>$1,212</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></th>
<th>Salary Tier</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Individual</strong></td>
<td>1</td>
</tr>
<tr>
<td><strong>Employee + 1 Dependent</strong></td>
<td>$1.00</td>
</tr>
<tr>
<td><strong>Employee + 2 or More Dependents</strong></td>
<td>$4.25</td>
</tr>
</tbody>
</table>

### Vision Coverage Premium Rates

Keystone HMO Plan includes eye exam every other year.

<table>
<thead>
<tr>
<th></th>
<th>$6.96</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Individual</strong></td>
<td>$13.92</td>
</tr>
<tr>
<td><strong>Employee &amp; Children</strong></td>
<td>$13.92</td>
</tr>
<tr>
<td><strong>Couple</strong></td>
<td>$13.92</td>
</tr>
<tr>
<td><strong>Family</strong></td>
<td>$13.92</td>
</tr>
</tbody>
</table>
Our Personal Health Advocates can answer questions about your health plan, explain insurance jargon, help you understand your coverage, find doctors and support all medical and insurance issues, no matter how complex.

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

Explain your share of the costs
This includes the deductibles you have to meet before the insurance pays, as well as the copays/coinsurance for doctor and medical visits.

Confirm your doctors’ network status
We can help locate in-network providers and explain your out-of-network benefits, if needed.

Clarify health conditions
We can answer questions about diagnoses and treatments and research the latest treatment options.

Coordinate care and services
Our clinical team will help coordinate services relating to all aspects of your care.

Arrange second opinions
We’ll connect you with the right specialists and coordinate the transfer of medical records.

Help to make informed decisions
We help you become informed about test results, treatment options and medications, and more.

Resolve claims and billing issues
We’ll work on your behalf to resolve complicated medical claims and billing issues.

Help on the go
Quickly reach us any time you like — by phone, email and secure messaging. Easy access to our website and mobile app for articles, tips, tools and more!

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- Legal resources available
- No cost to you
- Help is confidential

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- Education Planning
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Secure website access code: TTY4N
For immediate assistance, call 800.437.0911
or email Carebridge at: clientservice@carebridge.com

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The information in this guide is only a summary of plan benefits and Haverford College’s policies and is not intended to be a complete description. If there are differences between this guide and any plan documents or contracts, the plan documents or contracts will prevail. This summary is not a guarantee or a contract of continued employment.