



OFFICE OF HUMAN RESOURCES

# OPEN ENROLLMENT 2021

HAVERFORD  
COLLEGE

# WELCOME TO OPEN ENROLLMENT 2021

This year's Open Enrollment will begin on Thursday, October 29, 2020, and continue through November 18, 2020. All the plans offered during the Open Enrollment period are based on the 2021 calendar year (January 1–December 31, 2021). 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](https://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](mailto: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

**New for 2021:** The annual amount that the College contributes to HSA accounts will be \$650 for individual coverage and \$1,300 for family coverage (employee + 1 or more).

## COVERAGE CHANGES

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

### 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.)



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## MEDICAL PLAN CHOICES FOR 2021

The College offers three medical plan options through Independence Blue Cross (IBC) for 2021, 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 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 9.)*

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

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

## KEYSTONE HMO PLAN

Health Maintenance Organization—*Important 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](http://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](http://haverford.edu/human-resources/benefits).*

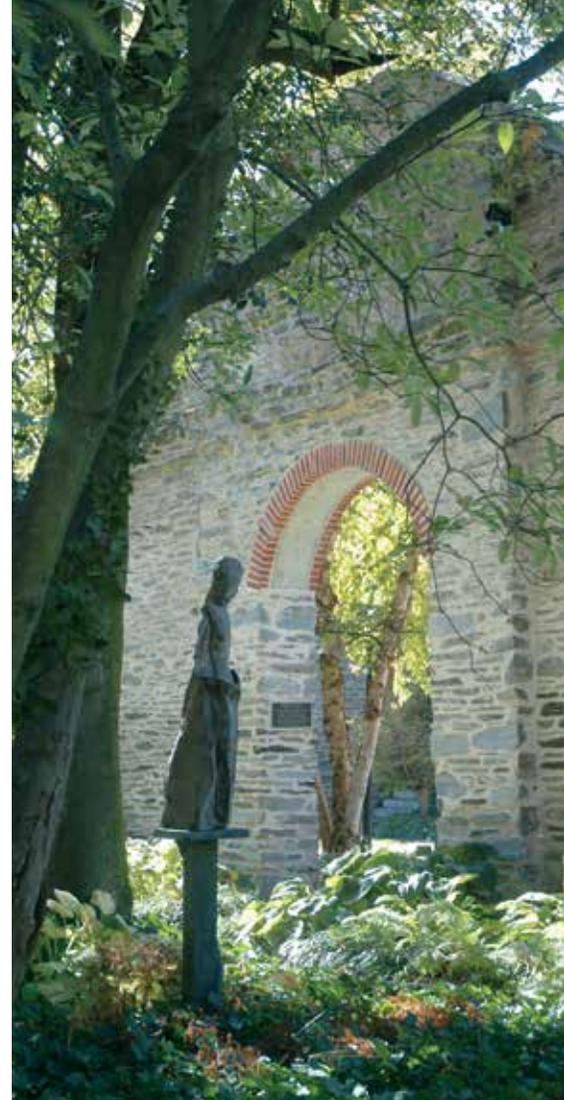
## HIGH DEDUCTIBLE HEALTH PLAN (HDHP)

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

With the HDHP:

- You are responsible for higher initial out-of-pocket expenses, because of the higher deductible.
- 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 HDHP plan, please refer to the HDHP Plan Summary and the HDHP Rx Benefits Summary, available at [haverford.edu/human-resources/benefits](http://haverford.edu/human-resources/benefits).*





## 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 2021. Employees enrolling in the HSA account for 2021 will receive an HSA debit card from Bank of America.

HSA contribution limits for 2021 are as follows:

- Individual: \$3,600
- Family: \$7,200
- 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. (*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 2021. 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](http://davisvision.com).

## CLINICAL DENTAL PANEL

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

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

*Please refer to the Dental Panel summary of covered services, available at [haverford.edu/human-resources/benefits](http://haverford.edu/human-resources/benefits).*

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

## 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](http://payflex.com).

*Note: IRS guidelines prohibit an employee from participating in a medical 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 2021 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 2021 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 2021, 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 2021.

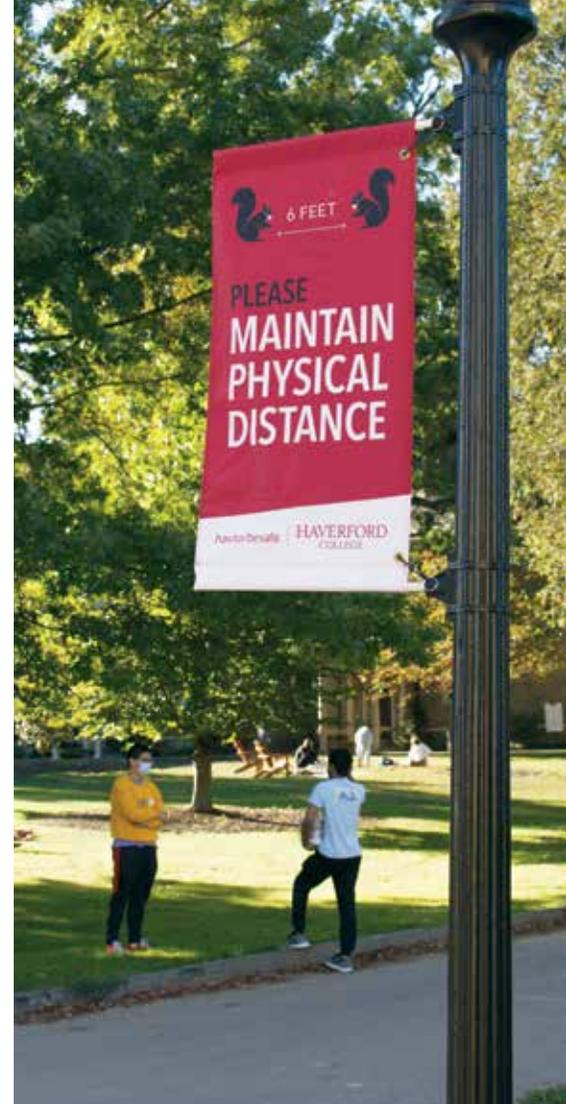
**Important:** The IRS applies a "forfeiture rule" to FSA accounts: If the amount in the FSA account is not used by the end of the calendar year (Dependent Care account), or by the end of the Grace Period (Health Care account)—that remaining balance is forfeited and returned to the College. Remember that you should only fund the flex accounts for eligible expenses that you can reasonably expect to incur in 2021.

### 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 2021 plan year is \$5,000 per family. You save money by paying for these expenses with pre-tax dollars.

### LIMITED PURPOSE FSA

You may have money deducted from your pay on a pre-tax basis to cover qualified dental or vision care expenses. You must be enrolled in a HDHP and enrolled in an HSA in order to elect this type of FSA arrangement. The maximum annual contribution amount for a Limited Purpose FSA for 2021 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.

**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 reductions begin at age 65.)

### VOLUNTARY LIFE INSURANCE

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

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

### ACCIDENTAL DEATH (AD&D)/DEPENDENT LIFE INSURANCE

Employees must be first enrolled in Voluntary Life and AD&D before electing this coverage for their dependents.

**AD&D:**

**Employee:** Up to 100% of Voluntary coverage, in increments of \$10,000, not to exceed \$500,000. Voluntary/Dependent Life must be elected for all covered persons before electing AD&D coverage.

**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.)

**Child:** Up to 100% of employee Voluntary coverage, in increments of \$2,000, not to exceed \$10,000. (Benefit is payable to the 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.) Coverage of more than \$25,000 elected for a spouse/partner will require evidence of insurability.

**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.)

## 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](http://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](http://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](mailto:hc-hr@haverford.edu), or reach out directly to individual staff.

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# BRIEF COMPARISON OF MEDICAL PLANS & COVERAGE

For January 1, 2021, through December 31, 2021

BENEFITS	KHMO	PC PPO		HDHP/HSA	
	Referred Care	In Network	Out of Network	In Network	Out of Network
<b>DEDUCTIBLE</b>					
Individual	\$0	\$300	\$1,500	\$1,500	\$5,000
Family	\$0	\$900	\$4,500	\$3,000	\$10,000
<b>OUT OF POCKET MAXIMUM (INCLUDES DEDUCTIBLE, COPAYMENTS AND COINSURANCE)</b>					
Individual	\$6,350	\$3,000	\$6,000	\$6,350	\$10,000
Family	\$12,700	\$9,000	\$18,000	\$12,700	\$20,000
<b>PHYSICIAN SERVICES</b>					
Primary Care	\$15 Copay	\$20 Copay, No Deductible	70% After Deductible	100% After Deductible	50% After Deductible
Specialists	\$25 Copay	\$40 Copay, No Deductible	70% After Deductible	100% After Deductible	50% After Deductible
Retail Health Clinic	\$15 Copay	\$20 Copay, No Deductible	70% After Deductible	100% After Deductible	50% After Deductible
Telemedicine	\$40 Copay	\$40 Copay, No Deductible	Not Covered	100% After Deductible	Not Covered
Urgent Care	\$105 Copay	\$105 Copay, No Deductible	70% After Deductible	100% After Deductible	50% After Deductible
<b>RADIOLOGY AND LAB WORK</b>					
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
<b>WELL CHILD CARE</b>					
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
<b>ADULT PREVENTATIVE CARE</b>					
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
<b>HOSPITAL CARE</b>					
Inpatient Treatment	\$500 Copay	\$150/day Copay, No Deductible	70% After Deductible	100% After Deductible	50% After Deductible
<b>OUTPATIENT FACILITY AND PHYSICIAN SERVICES</b>					
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
<b>BEHAVIORAL HEALTH</b>					
Inpatient	\$500/day Copay	\$150/day Copay, No Deductible	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
<b>PHYSICAL, SPEECH, AND OCCUPATIONAL THERAPIES</b>					
Office Visits	100%	\$40 Copay, No Deductible	70% After Deductible	100% After Deductible	50% After Deductible
<b>RETAIL DRUGS (30 DAY SUPPLY)</b>					
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
<b>MAIL ORDER DRUGS</b>					
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

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

# MEDICAL COVERAGE MONTHLY PREMIUM RATES For January 1, 2021, through December 31, 2021

TIER 1   SALARY \$47,200 AND UNDER						
TIER 1	KHMO		PC PPO		HDHP/HSA	
	YOU PAY	HC PAYS	YOU PAY	HC PAYS	YOU PAY	HC PAYS
■ INDIVIDUAL	\$23	\$707	\$60	\$674	\$9	\$651
■ EMPLOYEE & CHILDREN	\$104	\$1,356	\$192	\$1,275	\$15	\$1,305
■ COUPLE	\$124	\$1,519	\$224	\$1,427	\$25	\$1,459
■ FAMILY	\$175	\$2,198	\$319	\$2,065	\$31	\$2,113

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

TIER 2   SALARY \$47,201 TO \$94,400						
TIER 2	KHMO		PC PPO		HDHP/HSA	
	YOU PAY	HC PAYS	YOU PAY	HC PAYS	YOU PAY	HC PAYS
■ INDIVIDUAL	\$53	\$677	\$104	\$630	\$20	\$640
■ EMPLOYEE & CHILDREN	\$176	\$1,284	\$265	\$1,202	\$68	\$1,252
■ COUPLE	\$206	\$1,437	\$307	\$1,344	\$85	\$1,399
■ FAMILY	\$293	\$2,080	\$438	\$1,946	\$118	\$2,026

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

TIER 3   SALARY \$94,401 AND OVER						
TIER 3	KHMO		PC PPO		HDHP/HSA	
	YOU PAY	HC PAYS	YOU PAY	HC PAYS	YOU PAY	HC PAYS
■ INDIVIDUAL	\$104	\$626	\$163	\$571	\$33	\$627
■ EMPLOYEE & CHILDREN	\$307	\$1,153	\$440	\$1,027	\$188	\$1,132
■ COUPLE	\$353	\$1,290	\$503	\$1,148	\$218	\$1,266
■ FAMILY	\$505	\$1,868	\$724	\$1,660	\$312	\$1,832

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

PART-TIME EMPLOYEES <i>Opt-out waiver amount is \$79.60 per month (paid to you as taxable income).</i>						
	KHMO		PC PPO		HDHP/HSA	
	YOU PAY	HC PAYS	YOU PAY	HC PAYS	YOU PAY	HC PAYS
■ INDIVIDUAL	\$318	\$412	\$404	\$330	\$273	\$387
■ EMPLOYEE & CHILDREN	\$592	\$868	\$742	\$725	\$623	\$697
■ COUPLE	\$786	\$857	\$982	\$669	\$712	\$772
■ FAMILY	\$1,020	\$1,353	\$1,272	\$1,112	\$735	\$1,409

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

VISION COVERAGE PREMIUM RATES	
■ INDIVIDUAL	\$7.24
■ EMPLOYEE & CHILDREN	\$14.48
■ COUPLE	\$14.48
■ FAMILY	\$14.48

# Save time and money

with virtual care from MDLIVE®



**With your virtual care benefits, you can talk to a primary care doctor, behavioral health care professional, or dermatologist anytime, from anywhere in the U.S.**

Skip the waiting room and use virtual care services from MDLIVE instead. When it's not an emergency, virtual care is fast, convenient, and affordable. MDLIVE has one of the largest virtual care networks in the U.S., with more than 1,800 licensed providers who are specially trained to treat you by phone, email, or video chat.

## Virtual care services from MDLIVE

### Telemedicine

Day or night, you can talk to a board-certified primary care doctor who can treat non-emergency conditions, such as sinus pain, pink eye, earaches, sore throat, and flu. MDLIVE also provides pediatric telemedicine services for non-emergency conditions.

### Telebehavioral health

You have 24/7 access to therapists, psychologists, and psychiatrists who can help when you need it. From the comfort of home, or wherever you may be, you can have a confidential virtual care visit for conditions such as anxiety, depression, and panic disorders.

### Teledermatology

You might wait days, weeks, or even months for an appointment with a dermatologist. With MDLIVE teledermatology services, you'll get a diagnosis, treatment, and prescription (as needed) from a board-certified dermatologist for more than 3,000 skin, hair, and nail conditions in an average turnaround time of 18 hours.

## Don't wait until you need an appointment!

Activate your MDLIVE account now using your member ID number. There are several ways to do it:



Text **IBX** to **635-483**



Download the MDLIVE app on your smart device



Visit **mdlive.com/ibx**



Call **1-877-764-6605**

# Let Sophie help you activate your MDLIVE account

You're just a few steps away from anytime, anywhere access to local board-certified doctors. Here's how to activate your account with Sophie, your virtual Personal Health Assistant.

## Step 1: Get started

Using your smartphone, text **IBX** to **635-483**. Be sure to have your Independence Blue Cross member ID card on hand when you're activating your account.

## Step 2: Connect with Sophie

You will receive a welcome text message, where you can tap to launch a web browser page, which will simulate a text conversation.

## Step 3: Access your account

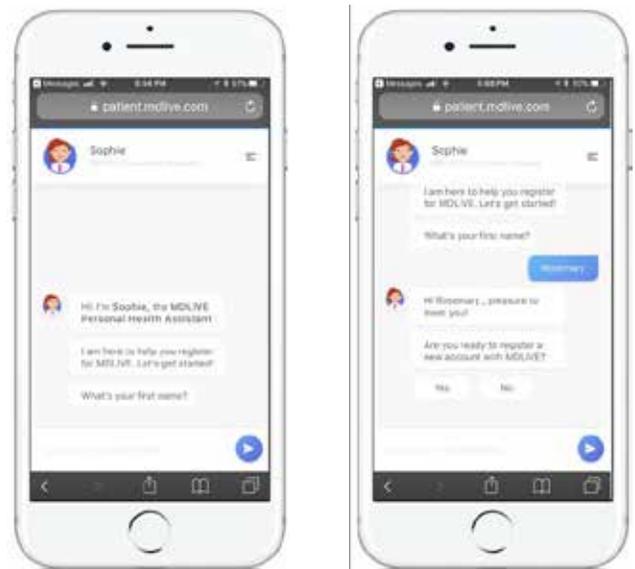
Answer a series of questions from Sophie to complete your registration. Once your account has been activated, you'll be ready to begin using your virtual care benefits.

Meet Sophie, your virtual Personal Health Assistant!



Sophie makes creating your MDLIVE account quick and easy using your smartphone.

Text **IBX** to **635-483**, and Sophie will walk you through the process.



MDLIVE is an independent company providing telemedicine, teledermatology, and telebehavioral health services for Independence Blue Cross members.

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

[ibx.com](http://ibx.com)



# We make healthcare easier



## Navigating the healthcare system can be a challenge.

Health Advocate offers a unique level of personalized support you won't find anywhere else. Our experts will do the work to ensure that you and your family get the right care and support – at the right time.

**All at no cost to you.**

Turn to us—we can help.



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Email: [answers@HealthAdvocate.com](mailto:answers@HealthAdvocate.com)  
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Available at no cost to employees, spouses, dependents, parents and parents-in-law. Completely confidential.

**We're not an insurance company.** Health Advocate is not a direct medical care provider, and is not affiliated with any insurance company or third party provider.

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## 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 additional 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 and tests

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

## 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

**HealthAdvocate<sup>SM</sup>**

# Employee Assistance Program (EAP)

## MAKE EMOTIONAL WELL-BEING A PRIORITY



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



### Confidential Mental Health Assistance

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



### Life Management Solutions

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



### Personal Money Management

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



### Virtual Resources and Support

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



### Education Planning

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

## Carebridge Can Help

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



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CORPORATION

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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.*



# HVERFORD COLLEGE

## HUMAN RESOURCES

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370 Lancaster Avenue  
Haverford, PA 19041

[haverford.edu/hr](http://haverford.edu/hr)

*Updated October 2020*