



2020 EMPLOYEE BENEFITS GUIDE



Wabash.

Table of Contents

| | |
|----------------------------------|---------|
| Benefits Overview | 3 |
| What's New for 2020..... | 4 |
| Resources: Who to Contact..... | 5 |
| Medical Benefits..... | 6 - 8 |
| Dental Benefits..... | 9 |
| Vision Benefits | 10 |
| Flexible Spending Accounts | 11 |
| Health Savings Account..... | 12 |
| Telemedicine..... | 13 |
| 100% Preventive Benefits..... | 14 |
| Life and AD&D Insurance | 15 - 16 |
| Disability Insurance..... | 17 |
| Employee Assistance Program..... | 18 |
| Glossary..... | 19 |
| Federal Notices..... | 20 - 21 |

The information in this Benefits Summary is presented for illustrative purposes and is based on information provided by the employer. The text contained in this summary was taken from various summary plan descriptions and benefit information. While every effort was taken to accurately report your benefits, discrepancies or errors are always possible. In case of discrepancy between the Benefits Summary and the actual plan documents, the actual plan documents will prevail. All information is confidential, pursuant to the Health Insurance Portability and Accountability Act of 1996. If you have any questions about this summary, contact Human Resources.

Benefits Overview

Wabash College offers you and your eligible family members a comprehensive and valuable benefits program. We encourage you to take the time to educate yourself about your options and choose the best coverage for you and your family.

Who is Eligible?

If you are a full-time employee (working over 1,000 hours annually), you are eligible to enroll in the benefits described in this guide. The following family members are eligible for medical coverage: legal spouse, subscriber's natural child, step-child, or child placed by adoption, as well as, subscriber's grandchild, blood relative or other child for whom legal guardianship has been awarded to the subscriber or the subscriber's spouse.

How to Enroll

Look for an email from Human Resources (HR) with instructions to enroll. This will be sent to your work email address. Follow the directions to enroll. Verify your personal information and make any necessary changes. You will be able to review your current elections. After you make your elections, you will not be able to change them until the next open enrollment period unless you have a qualified change in status.

When to Enroll

OPEN ENROLLMENT: The benefits you elect will be effective January 1st, 2020.

You must enroll during the Wabash College annual Open Enrollment period (11/4 to 11/15/2019). If you miss these enrollment opportunities, you must wait until next year's Open Enrollment period unless you have a qualifying life event.

NEW HIRES: Benefits are effective the date of hire.

How to Make Changes

A life event change (qualifying event) is a personal change in status which may allow you to change your benefit elections.

Examples of qualifying events include:

- Marital Status Change: Marriage, Divorce, Legal Separation
- Dependent Status Change: Birth, Death, Adoption
- Change in Employment: Full-time to Part-Time or vice versa
- Change or loss of benefits

If you experience a life event change, you will need to request to change your benefits within 30 calendar days of the event and provide documentation to HR.

What's New for 2020?

1. Carrier Change

- United Health Care (UHC) / United Medical Resources (UMR) will be our new carrier beginning 1/1/2020
- UMR is the self-insured division of United Health Care

2. Network Change

- UHC Choice Plus Network
- One of the largest networks in the industry!

3. Pharmacy

- TrueRx is our new Pharmacy Partner
- You will continue to have one ID Card
- The pharmacies you access today will continue to be available to you with TrueRx
- There are some changes to the tier a drug will be paid under.
- You can check with TrueRx or their website to confirm the tier your drug falls into.

4. Specialty Medications

- The process for certain Specialty Medications will include support to eliminate / reduce overall costs for these expensive prescriptions

5. Carrier Change for Life and Disability

- Life and Disability will now be handled by Lincoln Financial Group

6. Employee Assistance Program

- Employee Assistance will move to Lincoln
- You will get up to 5 face to face visits per person, per issue, per year

7. Plan Advisor Customer Service

- Plan Advisor is intended to become your first line of assistance with questions relative to your Medical and Pharmacy benefits.
- Plan Advisor + Care Connect – Bringing Clinical + Compassion + Advocacy together to create an exceptional service experience

We are here to help

Medical

UMR

(800) 207-3172 or www.umar.com

To find a provider participating in the **United Health Care Choice Plus** Network
www.umar.com

Pharmacy

TrueRx

(866) 921-4047 or www.truerx.com

Dental

Lincoln Financial Group

(800) 423-2765 or www.lfg.com

Vision

Vision Service Plan (VSP) (you can contact them any time)

(800) 877-7195 or www.vsp.com

Life Insurance / Long Term Disability

Lincoln Financial Group

(800) 423-2765 or www.lfg.com

Flexible Savings Accounts (FSA)

Employee Benefits Corporation

(800) 346-2126 or Participantservices@ebcflex.com

Health Savings Account (HSA)

Employee Benefits Corporation

(800) 346-2126 or Participantservices@ebcflex.com

Telemedicine

OC24www.

(855) 617-2116 or www.OC24health.com

Employee Assistance Program

Lincoln Financial

888-628-4824 or www.GuidanceResources.com

Wabash Human Resources (you can contact them at any time)

HR@wabash.edu or Cathy Metz 765-361-6418

Benefits brought to you in partnership with

APEXBENEFITS

Traditional Preferred Provider Organization (PPO) Plan

The Traditional PPO plan allows you the freedom to use providers in-network and out-of-network as designated in the following chart. This chart gives a side-by-side look at the amounts you pay when you use in-network versus out-of-network providers.

| TRADITIONAL PPO PLAN | | |
|--|---|--------------------------|
| Plan Feature | In-Network | Out-of-Network |
| Preventive Care Services (Both Diagnostic and Preventive Colonoscopies are covered in full) | Covered in Full | Not Covered |
| Office Visit (includes lab, x-ray and surgical services rendered during the office visit) | | |
| - Primary care | \$15/visit deductible does not apply | Deductible & Coinsurance |
| - Specialist (Including Infertility Specialist) | \$15/visit deductible does not apply | Deductible & Coinsurance |
| Annual Deductible: | | |
| - Individual | \$875 | \$1,750 |
| - Family | \$1,750 | \$3,500 |
| Coinsurance | 20% | 40% |
| Out-of-Pocket (Includes Deductible): | | |
| - Individual | \$2,000 | \$4,000 |
| - Family | \$4,000 | \$8,000 |
| Allergy Serum | Plan Pays 100% | Deductible & Coinsurance |
| Urgent Care | Deductible & Coinsurance | Covered as In-Network |
| Emergency Room | Deductible & Coinsurance | Covered as In-Network |
| Inpatient Services | Deductible & Coinsurance | Deductible & Coinsurance |
| Outpatient Services | Deductible & Coinsurance | Deductible & Coinsurance |
| Outpatient Professional Short-Term Rehab (Pulmonary Rehab, Cognitive, Physical, Speech and Occupational Therapy, Chiropractic Care and Cardiac Rehab) | \$15/visit deductible does not apply | Deductible & Coinsurance |
| Home Health Care | Deductible & Coinsurance | Deductible & Coinsurance |
| X-Ray and Laboratory Services | Place of Service – Plan pays based upon where services are rendered Office vs Outpatient | Deductible & Coinsurance |
| Mental Health & Substance Abuse Services | Deductible & Coinsurance | Deductible & Coinsurance |
| Infertility (includes artificial insemination, in-vitro fertilization, GIFT, ZIFT, etc.) | Place of Service – Plan pays based upon where services are rendered Office vs Outpatient/Inpatient | Deductible & Coinsurance |

| PPO PRESCRIPTION PLAN | |
|------------------------------|--|
| Plan Feature | In-Network |
| Tier 1 – Generic | 1-30 days: \$10 copay 90 days: \$20 copay |
| Tier 2 – Preferred Brand | 1-30 days: \$20 copay 90 days: \$40 copay |
| Tier 3 – Non-Preferred Brand | 1-30 days: \$35 copay 90 days: \$70 copay |

High Deductible Health Plan (HDHP)

The HDHP with H.S.A. allows you the freedom to use providers in-network and out-of-network as designated in the following chart. This chart gives a side-by-side look at the amounts you pay when you use in-network versus out-of-network providers.

| HDHP PLAN | | |
|---|---|--------------------------|
| Plan Feature | In-Network | Out-of-Network |
| Preventive Care Services | Covered in Full | Not Covered |
| Office Visit | | |
| - Primary care | Deductible & Coinsurance | Deductible & Coinsurance |
| - Specialist (Including Infertility Specialist) | Deductible & Coinsurance | Deductible & Coinsurance |
| Annual Deductible: | | |
| - Individual | \$3,000 | \$6,000 |
| - Family | \$6,000 | \$12,000 |
| Coinsurance | 20% | 40% |
| Out-of-Pocket (Includes Deductible): | | |
| - Individual | \$6,000 | \$12,000 |
| - Family | \$12,000 | \$24,000 |
| Allergy Serum | Deductible & Coinsurance | Deductible & Coinsurance |
| Urgent Care | Deductible & Coinsurance | Covered as In-Network |
| Emergency Room | Deductible & Coinsurance | Covered as In-Network |
| Inpatient Services | Deductible & Coinsurance | Deductible & Coinsurance |
| Outpatient Services | Deductible & Coinsurance | Deductible & Coinsurance |
| Home Health Care | Deductible & Coinsurance | Deductible & Coinsurance |
| Outpatient Professional Short-Term Rehab (Pulmonary Rehab, Cognitive, Physical, Speech and Occupational Therapy, Chiropractic Care and Cardiac Rehab) | Deductible & Coinsurance | Deductible & Coinsurance |
| X-Ray and Laboratory Services | Deductible & Coinsurance | Deductible & Coinsurance |
| Mental Health & Substance Abuse Services | Deductible & Coinsurance | Deductible & Coinsurance |
| Infertility (includes artificial insemination, in-vitro fertilization, GIFT, ZIFT, etc.) | Deductible & Coinsurance | Deductible & Coinsurance |
| HDHP | | |
| Plan Feature | In-Network | |
| Tier 1 - Generic | Deductible Applies 1-30 days: \$10 copay 90 days: \$20 copay | |
| Tier 2 - Preferred Brand | Deductible Applies 1-30 days: \$20 copay 90 days: \$40 copay | |
| Tier 3 – Non Preferred Brand | Deductible Applies 1-30 days: \$35 copay -90 days: \$70 copay | |

MEDICAL PLAN RATES

Traditional Preferred Provider Organization (PPO) Plan

| Coverage Category | Premium | | | |
|---------------------|---------|----------------|----------------|----------------|
| | Rate | Salary Maximum | Minimum Charge | Maximum Charge |
| Employee Only | 2.15% | \$95,000 | \$0 | \$2,045 |
| Employee Plus One | 8.30% | \$95,000 | \$2,780 | \$7,880 |
| Employee and Family | 10.50% | \$95,000 | \$4,620 | \$9,975 |

High Deductible Health Plan

| Coverage Category | Premium | | | | Wabash HSA Contribution |
|---------------------|---------|----------------|----------------|----------------|-------------------------|
| | Rate | Salary Maximum | Minimum Charge | Maximum Charge | |
| Employee Only | 0.00% | N/A | \$0 | \$0 | \$600 |
| Employee Plus One | 3.15% | \$95,000 | \$1,200 | \$2,993 | \$1,200 |
| Employee and Family | 6.30% | \$95,000 | \$2,780 | \$5,985 | \$1,200 |

Dental

Wabash College offers dental benefits through Lincoln Financial which allows you to seek treatment from the dentist of your choice. In order to reduce out of pocket costs, a discounted fee schedule is used when one selects a participating Dentist. Selecting a Lincoln Dental Connect dentist removes the risk of balance billing.

| Dental Benefits | In-Network | Out-of-Network |
|---|---|---|
| Annual Deductible: | | |
| - Individual | \$50 | \$50 |
| - Family | \$150 | \$150 |
| Annual Benefit Maximum (per insured person) | \$ 1,750 | \$1,750 |
| Preventive/Diagnostic Includes but is not limited to: Semi-annual cleanings, bitewing x-ray treatment and fluoride treatments and sealants. | Plan pays 100% Deductible does not apply | Plan pays 100% Deductible does not apply |
| Basic Restorative Includes but is not limited to: Full-mouth x-rays; fillings, injections crowns and periodontal maintenance procedures. | Plan pays 80% after deductible | Plan pays 80% after deductible |
| Major Restorative Includes but is not limited to: Crowns, inlays, onlays, bridges and dentures | Plan pays 50% after deductible | Plan pays 50% after deductible |
| Orthodontia Benefits | Plan pays 50% | Plan pays 50% |
| Lifetime Orthodontia Maximum (adult and child) | \$1,000 | \$1,000 |

- Annual Maximums are combined for preventive, basic and major services
- Annual Maximums are combined for in and out of network services

| Rates | Monthly |
|----------------------------|----------|
| Employee | \$ 40.94 |
| Employee / Spouse | \$ 80.46 |
| Employee / Children | \$ 96.00 |
| Family | \$138.35 |



Vision Network – VSP Signature

| Vision Benefits | In-Network |
|---|---|
| Routine Exam (one per 12 months) | \$10 co-pay |
| Lenses (1 pair every 12 months) Includes single vision, lined bifocal, lined trifocal or lenticular lenses. Polycarbonate lenses included for dependents up to age 26. Standard Progressive lenses are covered | \$25 co-pay (lenses and/or frames only) Up to \$60 copay for Contact Lens Exam |
| Frames (one every 24 months) | \$120 Allowance for a wide selection of frames \$140 allowance for featured frame brands 20% savings on the amount over your allowance |
| Contact Lenses <ul style="list-style-type: none"> • Elective (once every 12 months) • Necessary (once every 12 months) | Covered up to \$120 Covered in full after co-pay |
| Extra Savings | Extra \$20 to spend on featured frame brands. Go to VSP.com/special offers for details 30% savings on additional glasses and sunglasses, including lens enhancements from the same VSP provider on the same day as your Well Vision Exam. |
| Laser Vision Correction | Average 15% off the regular price or 5% off the promotional price. Discounts only available from contracted facilities |

| Rates | Monthly |
|---------------------|---------|
| Employee | \$10.24 |
| Employee / Spouse | \$17.24 |
| Employee / Children | \$17.60 |
| Family | \$28.38 |

Flexible Spending Accounts (FSA)

What is a Dependent Care FSA?

A Dependent Care FSA allows you to set aside funds tax-free to pay for day care expenses necessary while you (and your spouse) are working, looking for work or attending school on a full-time basis. Your dependent (child under age 13, disabled spouse, elderly parent or other dependent who is physically or mentally incapable of self-care) must live in your home at least 8 hours a day to qualify.

For calendar year 2020 the annual maximum amount a family may contribute to the Dependent Care FSA is \$5,000 (5,200 for a married person filing separately). Per IRS regulations, if you do not use all the pre-tax dollars in your Dependent Care FSA during the plan year, you forfeit the amount left over.

Eligible expenses include

- Costs of day care for children age 12 and younger (longer if the dependent is disabled)
- Day care costs for spouses, parents or grandparents who cannot care for themselves
- The cost for an individual to provide care either in or out of your house (a sitter's home or day care facility)
- Nursery schools and preschools (excluding kindergarten)

Expenses that are NOT eligible for payment with a Dependent Care FSA include

- Costs of day care for reasons other than to enable you to work or attend school full-time
- Child support payments or late payment fees
- Food, clothing, activity fees/entertainment, school supplies
- Overnight camps
- Housekeeping services not provided by caregiver

What is a Health Care FSA? (PPO Plan Participants Only)

For 2020, employees can contribute \$2,750 to your health FSA. The healthcare FSA is used for medical, prescription, dental, vision and other health care expenses you expect to incur during the plan year that are not covered by the plan. This is a great way to financially plan for medical expenses that would otherwise be classified as out-of-pocket costs. You may not use the FSA account to pay the cost of over-the-counter medications that are not prescribed by your doctor.

The amount of your contributions is deducted pre-tax every pay period, therefore you do not have to pay Federal or FICA taxes on the amount of your deposit. Employees electing the Health Care FSA will receive a stored value MasterCard, referred to as a Benefit Card. New cards are only issued to new participants of the Health Care FSA program. If you are re-electing this benefit you will not receive a new card until your current card expires.

Your annual contribution amount is assigned to your card to pay for eligible expenses. It works like a MasterCard, simply use your Benefit Card and any eligible expenses will be deducted from your account. Please save all receipts as EBC may need to request a copy of your itemized documentation to confirm eligible expenses

What is a Limited Purpose FSA? (H.S.A. Plan Participants Only)

The Limited Purpose FSA allows the H.S.A. participants to take part in a flexible spending account applicable to Dental and Vision expenses only. The account functions as stated above for the PPO Plan Participants but does not cover any of the medical expenses.

Health Savings Account (HSA)

If you participate in the High Deductible Health Plan (HDHP), you are qualified to set aside funds in a Health Savings Account (HSA) before taxes are deducted to pay for eligible medical, dental and vision expenses. A HSA is similar to a Flexible Spending Account in that you are eligible to pay for health care expenses with pre-tax dollars, but a HSA has some additional advantages:

- Unused money in a HSA is not forfeited at the end of the year; it is carried forward
- Funds roll over each year

Your HSA is yours to keep which means, you can take it with you if you change jobs or retire. If you have any money remaining in your HSA after your retirement, you may withdraw the money as cash. Wabash College will contribute to your HSA if you elect **the** High Deductible Health Plan Option. HSA highlights include:

Triple Tax Advantage

- Contributions are tax-free
- Investment earnings are tax-free
- Withdrawals for qualified health care expenses are tax-free

Employee Eligibility Rules

- You must be enrolled in the Wabash College Qualified High Deductible Health Plan to open a HSA account
- You cannot be covered by another health insurance, including a spouse's plan that is not a qualified HDHP/CDHP
- You cannot be enrolled in Medicare A or B or Medicaid or TriCare
- You cannot be claimed as a dependent on another person's tax return

2020 Annual Maximum HSA Contributions (including employee and employer)

- \$3,550 for single coverage
- \$7,100 for family coverage
- Additional \$1,000 catch-up contribution for individuals age 55 and older (If you are eligible for this contribution you will need to contact HR in order to set the deduction up)

Funds are only available after they've been deposited

Wabash College will contribute:

- Employee Only Coverage - \$600
- Employee with Dependents - \$1,200

You have the option to use the HSA:

- To pay for "qualified medical expenses":
 - Expenses covered under the medical plan (i.e. deductible, coinsurance)
 - Other IRS-approved expenses not covered under the medical plan such as dental or vision (IRS213d)
 - Note: Withdrawals for non-qualified expenses will be taxed and include a 20% penalty
- For tax dependents, even if they are not enrolled in your medical plan
- To save the money in the account
 - Funds roll over each year
 - Pay retiree medical expenses
 - Earn interest/investment earnings
 - You OWN the account and can take the funds with you even if you leave Wabash College

IMPORTANT NOTE: You must open a HSA account before services are rendered to be eligible.

To set up your HSA, please contact HR. Be on the look out for an email from Avita Bank which will provide the instructions for activating your account!

Telemedicine

You have access to OC24health as part of your health plan. OC24health provides access to U.S. board-certified doctors through the convenience of phone video or mobile app visits.

Covered employees and dependents can access acute primary care on-line or by phone for diagnoses such as:

- Allergies
- Arthritic Pain
- Colds
- Gastroenteritis
- Headaches/Migraines
- Insect Bites
- Sprains/Strains
- Respiratory Infection
- Stomach Ache/Diarrhea
- Sore Throat
- Urinary Tract Infections
- Minor Burns
- Influenza
- General Information

Getting started with OC24health

OC24health is excited to bring quality healthcare to you anytime, anywhere via mobile app or video—at work, in the comfort of your home and even while traveling.

Once you register for OC24health, you will have access to a network of local and national certified medical providers.

The OC24health medical providers can diagnose, treat and prescribe medication for your non-emergency conditions. This includes treatments for the flu, sore throat, eye infections, bronchitis, and much more.

Whenever you need care, the OC24health medical providers are available within minutes.

- 1 Get started** Download the app or visit OC24health.com
- 2 Set up** Create username and password.
- 3 Request avisit** A medical provider is now just a click away



OC24health.com



Download the app



855-617-2116

Preventive Benefits are paid at 100% for In Network care under both Plans

Preventive Healthcare

Do you have your own physician or family doctor? It is important to be involved in your own health care no matter the condition you have. Speak up for yourself and tell your health care provider about current symptoms, past illnesses and operations. Bring a list of all treatments and medicines you are using, including prescriptions, over-the-counter drugs and supplements. Make sure you find out the facts. Before you and your provider decide on a medication, learn as much as you can. Research the brand and generic names, uses, warnings, drug interactions, adverse effects and directions. Be sure to consider the benefits and risks, your health is worth the effort!

Routine preventive care services are paid at 100% in-network if you are enrolled in the medical plans. We encourage you to obtain preventive care services and health screenings, as appropriate for your age, to help maintain or improve your health and achieve your health and wellness goals. Regular preventive care visits and health screenings may help to identify potential health risks for early diagnosis and treatment. Please refer to our plan documents for your specific coverage.

Routine preventive care services are age-based and can include:

- Child wellness exams and immunizations
- Mammograms and pelvic exams
- Cervical cancer screening
- Blood pressure
- Cholesterol
- Obesity screening
- Colorectal cancer testing
- Counseling for cancer prevention strategies for women at high risk for breast cancer
- Influenza shots, HPV, MMR, chicken pox, and tetanus shots
- Diabetes and osteoporosis screening for certain populations
- Prostate cancer screening
- Human immunodeficiency virus (HIV) screening and counseling

Avoid complex medical issues in the future by establishing a relationship with a PCP and tending to your preventive care!

Basic Life / AD&D

Life insurance can help provide for your loved ones if something were to happen to you. Wabash College provides full-time employees with life and Accidental Death and Dismemberment (AD&D) insurance equal to 1.5 times your annual earnings (in no event less than \$10,000 or more than \$50,000)

Wabash College pays for the full cost of this benefit, meaning you are not responsible for paying any monthly premiums. Contact HR if you would like to update your beneficiary information.

Voluntary Life / AD&D

While Wabash College offers basic Life insurance, some employees may want to purchase additional coverage. Think about your personal circumstances. Are you the sole provider for your household? What other expenses do you expect in the future? Depending on your needs, you may want to consider buying supplemental coverage.

With voluntary life insurance, you are responsible for paying the full cost of coverage through biweekly payroll deductions. You can purchase coverage for yourself or for your spouse in \$10,000 increments. The minimum coverage level is \$10,000 and the maximum is \$750,000 or 5 times your annual earnings rounded to the next higher multiple of \$10,000. The chart below outlines the monthly costs of purchasing additional coverage.

| Who Can Enroll | Benefit Amounts | Maximum Amount | Guaranteed Issue (GI) Amount |
|----------------|-------------------------|---|---|
| Employee | \$10,000 minimum | The lessor of 5 times your annual earnings or \$750,000 | The lessor of 5 times your annual earnings or \$250,000 (amounts over GI subject to medical underwriting) |
| Spouse | \$5,000 minimum | 100% of Employee life insurance | The lessor of 100% of Employee life insurance or \$50,000 (amounts over GI subject to medical underwriting) |
| Children | Age 14 days to 26 years | \$2,500; \$5,000; \$7,500; \$10,000 | 100% of the Employee life insurance amount (if your dependent child(ren) were insured under a prior plan, the Guarantee Issue Amount is equal to the amount that was in-force previously) |

LIFE AND AD&D INSURANCE

| Rates | | | |
|---------------------|------------------|--|--|
| Employee/Spouse Age | Rate per \$1,000 | | |
| 15-29 | \$0.06 | | |
| 30-34 | \$0.08 | | |
| 35-39 | \$0.12 | | |
| 40-44 | \$0.18 | | |
| 45-49 | \$0.35 | | |
| 50-54 | \$0.59 | | |
| 55-59 | \$0.96 | | |
| 60-Over | \$1.43 | | |
| 65-Over | \$1.89 | | |
| Child(ren) | \$0.17 / \$1,000 | | |
| | | | |

| Voluntary Life Calculator | |
|--|----------|
| 1. Enter amount of Voluntary Life coverage desired..... | \$ _____ |
| 2. Divide Line 1 by 1,000..... | \$ _____ |
| 3. Select your rate from the rate table on the left..... | \$ _____ |
| 4. Multiply Line 2 by Line 3 for your estimated monthly premium..... | \$ _____ |

Disability Insurance (Income Protection)

Employer paid supplemental income protection (disability insurance) provides coverage to protect the life you've built.

Employer Paid Short Term Disability (STD) Insurance

A benefit of working for Wabash College is that you are provided with Short Term Disability insurance at no cost to you! In the event you become disabled from a non-work related injury or sickness, STD income benefits will be provided as a source of income. You are not eligible to receive STD benefits if you are receiving Workers' Compensation benefits. Please refer to the Plan Certificate for full details.

Employer Paid Long Term Disability (LTD) Insurance

Wabash College also provides Long Term Disability insurance at no cost to you. In the event that you become disabled for an extended period of time from a non-work related injury or sickness, disability income benefits are provided as a source of income. Just like Short Term Disability insurance, you are not eligible to receive LTD benefits if you are receiving Workers' Compensation benefits. Please refer to the Plan Certificate for full details.

| Long Term Disability Insurance | Active Employees Earning \$160,000 or More (Class 1) | Active Employees Earning Less than \$160,000 (Class 2) |
|------------------------------------|--|--|
| Benefits Begin (sickness/accident) | 181 st Day of Disability | 181 st Day of Disability |
| Benefits Payable | Social Security Normal Retirement Age | Social Security Normal Retirement Age |
| Percentage of Income Replaced | 60% | 60% |
| Maximum Benefit | \$15,000 per month | \$8,000 per month |

Employee Assistance Program (EAP) and Work-Life Services

100% of the costs are fully covered by Wabash College

The EAP provides professional services to help employees address a variety of personal, family, life and work-related issues. From everyday stress to relationship issues at work or home, the EAP provides **completely confidential** support for overall health, well-being and life management. EAP benefits are available to all covered employees and family members, regardless of location.

Who is Eligible?

For all employees and dependents

Program Access

- All covered employees and family members eligible
- Available 24/7
- Unlimited phone access to legal, financial and work-life services

Unlimited 24/7 assistance

- Information, resources, and referrals on family matters, such as child and elder care; kennels and pet care and more
- Legal information for referrals for situations requiring expertise in family law estate planning, landlord/tenant relations, consumer and civil law, and more
- Guidance with financial matters, including household budgeting, and short and long-term planning

In-person guidance

- In-person help for short-term issues (up to five sessions with a counselor per person, per issue, per year)
- In-person consultations with network lawyers, including one free 30-minute in-person consultation per legal issue, and subsequent meetings at a reduced fee.

Online resources

EmployeeConnect offers a wide range of information and resources that you can research and access on your own just by visiting [GuidanceResources.com](https://www.GuidanceResources.com). You'll find:

- Articles and tutorials
- Streaming videos
- Interactive tools — including financial calculators, budgeting spreadsheets, and more



Glossary of Terms

Open enrollment is the time of year reserved for you to make changes to your benefit elections, and unfamiliar terms can make this process confusing. Use these definitions of common enrollment terms to help you navigate your benefits options.

Coinsurance: The amount or percentage that you pay for certain covered health care services under your health plan. This is typically the amount paid after a deductible is met and can vary based on the plan design.

Copayment: A flat fee that you pay toward the cost of covered medical services.

Covered Expenses: Health care expenses that are covered under your health plan.

Deductible: A specific dollar amount you pay out of pocket before benefits are available through a health plan. Under some plans, the deductible is waived for certain services.

Dependent: Individuals who meet eligibility requirements under a health plan and are enrolled in the plan as a qualified dependent.

Employee Contribution: The amount you pay for a health plan in exchange for coverage.

Flexible Spending Account (FSA): An account that allows you to save tax-free dollars for qualified medical and/or dependent care expenses that are not reimbursed. You determine how much you want to contribute to the FSA at the beginning of the plan year. Most funds must be used by the end of the year, as there is only a limited carryover amount.

Health Savings Account (HSA): An employee-owned medical savings account used to pay for eligible medical expenses. Funds contributed to the account are pre-tax and do not have to be used within a specified time period. HSAs must be coupled with qualified high-deductible health plans (HDHP).

High Deductible Health Plan (HDHP): A qualified health plan that combines very low monthly premiums in exchange for higher deductibles and out-of-pocket limits. These plans are often coupled with an HSA.

In-network: Health care received from your primary care physician or from a specialist within an outlined list of health care practitioners.

Inpatient: A person who is treated as a registered patient in a hospital or other health care facility.

Medically Necessary (or medical necessity): Services or supplies provided by a hospital, health care facility or physician that meet the following criteria: (1) are appropriate for the symptoms and diagnosis and/or treatment of the condition, illness, disease or injury; (2) serve to provide diagnosis or direct care and/or treatment of the condition, illness, disease or injury; (3) are in accordance with standards of good medical practice; (4) are not primarily serving as convenience; and (5) are considered the most appropriate care available.

Medicare: An insurance program administered by the federal government to provide health coverage to individuals aged 65 and older, or who have certain disabilities or illnesses.

Member: You and those covered become members when you enroll in a health plan. This includes eligible employees, their dependents, COBRA beneficiaries and surviving spouses.

Out-of-network: Health care you receive without a physician referral, or services received by a non-network service provider. Out-of-network health care and plan payments are subject to deductibles and copayments.

Out-of-pocket Expense: Amount that you must pay toward the cost of health care services. This includes deductibles, copayments and coinsurance.

Out-of-pocket Maximum (OOPM): The highest out-of-pocket amount paid for covered services during a benefit period.

Preferred Provider Organization (PPO): A health plan that offers both in-network and out-of-network benefits. Members must choose one of the in-network providers or facilities to receive the highest level of benefits.

Primary Care Physician (PCP): A doctor that is selected to coordinate treatment under your health plan. This generally includes family practice physicians, general practitioners, internists, pediatricians, etc.

Newborns' & Mothers' Health Protection Act

Under the Newborns' Act, the plan may not restrict benefits for a hospital stay in connection with childbirth to less than 48 hours (96 hours in the case of a cesarean section), unless the attending provider (in consultation with the mother) decides to discharge earlier.

Plans may not require providers to obtain authorization from the plan for prescribing the stay. In addition, plans may not deny a stay within the 48-hour (or 96-hour) period because the plan's utilization reviewer does not think such a stay is medically necessary.

The plan must eliminate this pre-authorization requirement with respect to hospital stays in connection with childbirth for the first 48 hours (or 96 hours in the case of a cesarean section). The plan may impose such an authorization requirement for hospital stays beyond this period. In addition, the plan may impose a requirement on the mother to give notice of a pregnancy in order to obtain a certain level of cost-sharing or to use certain medical facilities. However, the type of pre-authorization required by this plan (within the 48/96-hour period and based on medical necessity) must be eliminated.

Special Enrollment Rights

If you are declining enrollment for yourself or your dependents (including your spouse) because of other health insurance or group health plan coverage, you may be able to enroll yourself and your dependents in this plan if you or your dependents lose eligibility for that other coverage (or if the employer stops contributing toward your or your dependents' other coverage). However, you must request enrollment within 30 after your or your dependents' other coverage ends (or after the employer stops contributing toward the other coverage).

In addition, if you have a new dependent as a result of marriage, birth, adoption, or placement for adoption, you may be able to enroll yourself and your dependents. However, you must request enrollment within 30 days after the marriage, birth, adoption, or placement for adoption.

Finally, you and/or your dependents may have special enrollment rights if coverage is lost under Medicaid or a State health insurance ("SCHIP") program, or when you and/or your dependents gain eligibility for state premium assistance. You have 60 days from the occurrence of one of these events to notify the company and enroll in the plan.

To request special enrollment or obtain more information, contact Human Resources at HR@wabash.edu.

Women's Health & Cancer Rights Act Of 1998

In accordance with the Women's Health and Cancer Rights Act of 1998, SIHO Insurance Services' covered members who undergo a mastectomy, and who elect breast reconstruction in connection with the mastectomy, are entitled to coverage for:

- Reconstruction of the breast on which the mastectomy was performed.
- Surgery and reconstruction of the other breast to produce a symmetric appearance.
- Prosthesis and treatment of physical complications at all stages of the mastectomy, including lymphedemas, in a manner determined in consultation with the attending physician and the patient.

The coverage may be subject to coinsurance and deductibles consistent with those established for other benefits.

USERRA

Your right to continued participation in the Plan during leaves of absence for active military duty is protected by the Uniformed Services Employment and Reemployment Rights Act (USERRA). Accordingly, if you are absent from work due to a period of active duty in the military for less than 31 days, your Plan participation will not be interrupted. If the absence is for more than 31 days and not more than 12 weeks, you may continue to maintain your coverage under the Plan by paying premiums.

If you do not elect to continue to participate in the Plan during an absence for military duty that is more than 31 days, or if you revoke a prior election to continue to participate for up to 12 weeks after your military leave began, you and your covered family members will have the opportunity to elect COBRA Continuation Coverage only under the medical insurance policy for the 24-month period that begins on the first day of your leave of absence. You must pay the premiums for Continuation Coverage with after-tax funds, subject to the rules that are set out in that plan.