2022 EMPLOYEE BENEFITS GUIDE



Wabash.

Table of Contents

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, 2022.
You must enroll during the Wabash College annual Open Enrollment period (11/15/2021 to 12/14/2021). 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 2022?

HSA Contribution Levels have increased

- Individual coverage maximum contribution is $3,650 (this includes the Wabash College contribution of $600). The most you can contribute is $3,050.
- Family coverage maximum contribution is $7,300 (this includes the Wabash College contribution of $1,200). The most you can contribute is $6,100.

FSA Contribution Levels have increased

- Contributions increasing to $2,850
- Rollover increasing to $570

Traditional PPO Plan

- Deductible will be $1,000 Single/$2,000 Family
- Out-of-Pocket Maximum will be $2,500 Single/$5,000 Family
- Office Visit Co-Payment will be $25 Primary Care Provider (PCP)/$50 Special Provider Care (SPC)
- Prescription Drug Co-Payment will be $10/$30/$60/$60

Includes Telehealth at www.OC24Health.com for both medical and mental health

High Deductible Health Plan

- The structure remains the same for 2022 as for 2021
- Remember Preventive medications are covered at 100% - no deductible
- The list of medications covered at 100% is increasing for 2022 – see page 20-22 for details

Includes Telehealth at www.OC24Health.com for both medical and mental health

We are here to help

Medical
UMR
(800) 207-3172 or www.umr.com
To find a provider participating in the **United Health Care Choice Plus** Network
www.umr.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

Apex Benefits

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	$25/visit deductible does not apply	Deductible & Coinsurance
- Specialist (Including Infertility Specialist)	$50/visit deductible does not apply	Deductible & Coinsurance
Annual Deductible:		
- Individual	$1,000	$2,000
- Family	$2,000	$4,000
Coinsurance	20%	40%
Out-of-Pocket (Includes Deductible):		
- Individual	$2,500	$5,000
- Family	$5,000	$10,000
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	$50/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: $30 copay 90 days: $60 copay
Tier 3 – Non-Preferred Brand	1-30 days: $60 copay 90 days: $120 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

Take steps to help lose weight and keep it off,at no additional cost.

Real Appeal® is an on line weight loss program that provides personal coaching to help you and eligible family members lose weight and keep it off. On average, participants lose 10 pounds after attending just 4 on line sessions.*

Get support to help reach your goals.

1-on-1 coaching.

Get help to stay on track or reach your goals with online, coach-led group sessions.

$0 out-of-pocket.

Real Appeal is offered at no additional cost, as part of your health plan benefits.

Success kit.

Get scales, recipes, fitness equipment and more delivered to your door.

Sandy

60 lbs. lost

"It has given me the tools to eat healthfully and taught me the right amount of exercise that will make a difference. With personal coaching and weekly education on living a healthy lifestyle, I lost 60 pounds, and I feel great."

Learn more and start today at success.realappeal.com

Traditional Preferred Provider Organization (PPO) Plan

Coverage Category	Premium			
	Rate	Salary Maximum	Minimum Charge	Maximum Charge
Employee Only	2.15%	$95,000	*$0	$2,043
Employee Plus One	8.30%	$95,000	$2,780	$7,884
Employee and Family	10.50%	$95,000	$4,620	$9,975

*The premium rate for Employee only making $31,000 or less is $0

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 • 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 2022 the annual maximum amount a family may contribute to the Dependent Care FSA is $5,000 ($2,500 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 2022, employees can contribute $2,850 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

2022 Annual Maximum HSA Contributions (including employee and employer)

- $3,650 for single coverage
- $7,300 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 and behavioral health services on-line or by phone for diagnoses such as:

- Allergies
- Anxiety
- Arthritic Pain
- Colds
- Depression
- 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

OC**24**health 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 OC**24**health, 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, anxiety, depression and much more.

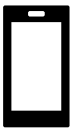
Whenever you need care, the OC24health medical providers are available within minutes.

1 **Get started** Download the app or visit OC24health.com

2 **Set up** Create username and password.

3 **Request a visit** 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 certainpopulations
- 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	$1.43
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)	181st Day of Disability	181st 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. You'll find:

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

866• 921• 4047
hello@truerx.com
truerx.com

Medication list as of 10/1/2021

HDHP 2022 PREVENTIVE MEDICATIONS LIST - GENERIC

Your employer has elected to provide several common preventive care medications at no cost to you.

Depending on your plan, some of the preventive care medications on this list may require prior authorization in order to be covered at no cost. If you are asked for a prior authorization, please notify your doctor. Please note if you are prescribed a brand medication that has a generic, only the generic is covered at no cost to you.

If you have questions about a specific drug, you have resources at your fingertips.

- Download the True Rx Health Strategists mobile app and use the search box for the medication.
- Our customer service representatives are experts in your pharmacy benefits plan. Call customer service at 866-921-4047 between 8:00am and 6:00pm EDT Monday through Friday.

ASTHMA

Budesonide 0.25 mg/2 mL
Budesonide 0.5 mg/2 mL
Budesonide 1 mg/2 mL
Fluticasone-salmeterol 55-14 mcg
Fluticasone-salmeterol 100-50 mcg
Fluticasone-salmeterol 113-14 mcg
Fluticasone-salmeterol 250-50 mcg
Fluticasone-salmeterol 500-50 mcg
Wixela 100-50 mcg
Wixela 250-50 mcg
Wixela 500-50 mcg

BONE HEALTH

Alendronate Sodium 5 mg
Alendronate Sodium 10 mg
Alendronate Sodium 35 mg
Alendronate Sodium 40 mg
Alendronate Sodium 70 mg
Ibandronate Sodium 150 mg
Raloxifene HCl 60 mg
Risedronate Sodium 5 mg
Risedronate Sodium 30 mg
Risedronate Sodium 35 mg
Risedronate Sodium 150 mg

MENTAL HEALTH

Citalopram HBr 10 mg
Citalopram HBr 20 mg
Citalopram HBr 40 mg
Escitalopram 5 mg
Escitalopram 5 mg
Escitalopram 20 mg
Fluoxetine HCl 10 mg cap
Fluoxetine HCl 20 mg cap
Fluoxetine HCl 40 mg cap
Paroxetine HCl 10 mg
Paroxetine HCl 20 mg
Paroxetine HCl 30 mg
Sertraline HCl 25 mg
Sertraline HCl 50 mg
Sertraline HCl 100 mg

866• 921• 4047
hello@truerx.com
truerx.com

DIABETES

Acarbose 25 mg
Acarbose 50 mg
Acarbose 100 mg
Alogliptin 6.25 mg
Alogliptin 12.5 mg
Alogliptin 25 mg
Alogliptin-metformin 12.5-500
Alogliptin-metformin 12.5-1,000
Alogliptin-pioglitazone 12.5-15 mg
Alogliptin-pioglitazone 12.5-30 mg
Alogliptin-pioglitazone 12.5-45 mg
Alogliptin-pioglitazone 25-15 mg Tb
Alogliptin-pioglitazone 25-30 mg Tb
Alogliptin-pioglitazone 25-45 mg Tb
Glimepiride 1 mg
Glimepiride 2 mg
Glimepiride 4 mg
Glipizide 5 mg
Glipizide 10 mg
Glipizide ER 2.5 mg
Glipizide ER 5 mg
Glipizide ER 10 mg
Glipizide-metformin 2.5-250 mg
Glipizide-metformin 2.5-500 mg
Glipizide-metformin 5-500 mg
Glyburide 1.25 mg
Glyburide 2.5 mg
Glyburide 5 mg
Glyburide Micro 1.5 mg
Glyburide 2.5 mg
Glyburide 5 mg
Glyburide Micro 1.5 mg
Glyburide Micro 3 mg
Glyburide Micro 6 mg
Glyburide-metformin 1.25-250 mg
Glyburide-metformin 2.5-500 mg
Glyburide-metformin 5-500 mg
Metformin HCl 500 mg
Metformin HCl 850 mg
Metformin HCl 1,000 mg
Metformin HCl ER 500 mg
Metformin HCl ER 750 mg
Miglitol 25 mg
Miglitol 50 mg
Miglitol 100 mg
Nateglinide 60 mg
Nateglinide 120 mg
Pioglitazone HCl 15 mg
Pioglitazone HCl 30 mg
Pioglitazone HCl 45 mg
Pioglitazone-glimepiride 30-2
Pioglitazone-glimepiride 30-4
Pioglitazone-metformin 15-500
Pioglitazone-metformin 15-850
Repaglinide 0.5 mg
Repaglinide 1 mg
Repaglinide 2 mg
Repaglinide-metformin 1-500 mg
Repaglinide-metformin 2-500 mg

866• 921• 4047
hello@truerx.com
truerx.com

HEART HEALTH

Atenolol 25 mg
Atenolol 50 mg
Atenolol 100 mg
Atorvastatin 10 mg
Atorvastatin 20 mg
Atorvastatin 40 mg
Atorvastatin 80 mg
Benazepril HCl 5 mg
Benazepril HCl 10 mg
Benazepril HCl 20 mg
Benazepril HCl 40 mg
Bisoprolol Fumarate 5 mg
Bisoprolol Fumarate 10 mg
Captopril 12.5 mg
Captopril 25 mg
Captopril 50 mg
Captopril 100 mg
Carvedilol 3.125 mg
Carvedilol 6.25 mg
Carvedilol 12.5 mg
Carvedilol 25 mg
Enalapril Maleate 2.5 mg
Enalapril Maleate 5 mg
Enalapril Maleate 10 mg
Enalapril Maleate 20 mg
Fluvastatin Sodium 20 mg
Fluvastatin Sodium 40 mg
Fosinopril Sodium 10 mg
Fosinopril Sodium 20 mg
Fosinopril Sodium 40 mg
Lisinopril 2.5 mg
Lisinopril 5 mg
Lisinopril 10 mg
Lisinopril 20 mg
Lisinopril 30 mg
Lisinopril 40 mg
Lovastatin 10 mg
Lovastatin 20 mg
Lovastatin 40 mg
Metoprolol Succ ER 25 mg
Metoprolol Succ ER 50 mg
Metoprolol Succ ER 100 mg
Metoprolol Succ ER 200 mg
Metoprolol Tartrate 25 mg
Metoprolol Tartrate 50 mg
Metoprolol Tartrate 100 mg
Nadolol 20 mg
Nadolol 40 mg
Nadolol 80 mg
Nebivolol 2.5mg
Nebivolol 5mg
Nebivolol 10mg
Nebivolol 20mg
Perindopril Erbumine 2 mg
Perindopril Erbumine 4 mg
Perindopril Erbumine 8 mg
Pravastatin Sodium 10 mg
Pravastatin Sodium 20 mg
Pravastatin Sodium 40 mg
Pravastatin Sodium 80 mg
Propranolol 10 mg
Propranolol 20 mg
Propranolol 40 mg
Propranolol 60 mg
Propranolol 80 mg
Propranolol ER 60 mg
Propranolol ER 80 mg
Propranolol ER 120 mg
Propranolol ER 160 mg
Quinapril 5 mg
Quinapril 10 mg
Quinapril 20 mg
Quinapril 40 mg
Ramipril 1.25 mg
Ramipril 2.5 mg
Ramipril 5 mg
Ramipril 10 mg
Rosuvastatin Calcium 5 mg
Rosuvastatin Calcium 10 mg
Rosuvastatin Calcium 20 mg
Rosuvastatin Calcium 40 mg
Simvastatin 5 mg
Simvastatin 10 mg
Simvastatin 20 mg
Simvastatin 40 mg
Simvastatin 80 mg
Trandolapril 1 mg
Trandolapril 2 mg
Trandolapril 4 mg

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 days 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.

New Health Insurance Marketplace Coverage Options and Your Health Coverage

Form Approved
OMB No. 1210-0149
(expires 6-30-2023)

PART A: General Information

When key parts of the health care law take effect in 2014, there will be a new way to buy health insurance: the Health Insurance Marketplace. To assist you as you evaluate options for you and your family, this notice provides some basic information about the new Marketplace and employment-based health coverage offered by your employer.

What is the Health Insurance Marketplace?

The Marketplace is designed to help you find health insurance that meets your needs and fits your budget. The Marketplace offers "one-stop shopping" to find and compare private health insurance options. You may also be eligible for a new kind of tax credit that lowers your monthly premium right away. Open enrollment for health insurance coverage through the Marketplace begins in October 2013 for coverage starting as early as January 1, 2014.

Can I Save Money on my Health Insurance Premiums in the Marketplace?

You may qualify to save money and lower your monthly premium, but only if your employer does not offer coverage, or offers coverage that doesn't meet certain standards. The savings on your premium that you're eligible for depends on your household income.

Does Employer Health Coverage Affect Eligibility for Premium Savings through the Marketplace?

Yes. If you have an offer of health coverage from your employer that meets certain standards, you will not be eligible for a tax credit through the Marketplace and may wish to enroll in your employer's health plan. However, you may be eligible for a tax credit that lowers your monthly premium, or a reduction in certain cost-sharing if your employer does not offer coverage to you at all or does not offer coverage that meets certain standards. If the cost of a plan from your employer that would cover you (and not any other members of your family) is more than 9.5% of your household income for the year, or if the coverage your employer provides does not meet the "minimum value" standard set by the Affordable Care Act, you may be eligible for a tax credit.[1]

Note: If you purchase a health plan through the Marketplace instead of accepting health coverage offered by your employer, then you may lose the employer contribution (if any) to the employer-offered coverage. Also, this employer contribution -as well as your employee contribution to employer-offered coverage- is often excluded from income for Federal and State income tax purposes. Your payments for coverage through the Marketplace are made on an after-tax basis.

How Can I Get More Information?

For more information about your coverage offered by your employer, please check your summary plan description or contact Human Resources at HR@wabash.edu

.

The Marketplace can help you evaluate your coverage options, including your eligibility for coverage through the Marketplace and its cost. Please visit **HealthCare.gov** for more information, including an online application for health insurance coverage and contact information for a Health Insurance Marketplace in your area.

[1] An employer-sponsored health plan meets the "minimum value standard" if the plan's share of the total allowed benefit costs covered by the plan is no less than 60 percent of such costs.

PART B: Information About Health Coverage Offered by Your Employer

This section contains information about any health coverage offered by your employer. If you decide to complete an application for coverage in the Marketplace, you will be asked to provide this information. This information is numbered to correspond to the Marketplace application.

3. Employer name Wabash College		4. Employer Identification Number (EIN) 35-0868202
5. Employer address 301 W Wabash Ave		6. Employer phone number
7. City Crawfordsville	8. State IN	9. ZIP code 47933
10. Who can we contact about employee health coverage at this job? Director of Human Resources		
11. Phone number (if different from above) 765-361-6418	12. Email address HR@wabash.edu	

Here is some basic information about health coverage offered by this employer:

- As your employer, we offer a health plan to:

☐ All employees. Eligible employees are:

☒ Some employees. Eligible employees are:

An eligible employee is a person w ho is classified by the employer on both payroll and personnel records as an employee who regularly works full-time 1,000 hour annually,.

- With respect to dependents:

☒ We do offer coverage. Eligible dependents are:

Your legal spouse, provided he or she is not covered as an employee under this plan.
Your domestic partner
Your dependent children
See SPD for detailed description and qualifications

☐ We do not offer coverage.

☒ If checked, this coverage meets the minimum value standard, and the cost of this coverage to you is intended to be affordable, based on employee wages.

** Even if your employer intends your coverage to be affordable, you may still be eligible for a premium discount through the Marketplace. The Marketplace will use your household income, along with other factors, to determine whether you may be eligible for a premium discount. If, for example, your wages vary from week to week (perhaps you are an hourly employee or you work on a commission basis), if you are newly employed mid-year, or if you have other income losses, you may still qualify for a premium discount.

If you decide to shop for coverage in the Marketplace, **HealthCare.gov** will guide you through the process. Here's the employer information you'll enter when you visit **HealthCare.gov** to find out if you can get a tax credit to lower your monthly premiums.

The information below corresponds to the Marketplace Employer Coverage Tool. Completing this section is optional for employers, but will help ensure employees understand their coverage choices.

13. **Is the employee currently eligible for coverage offered by this employer, or will the employee be eligible in the next 3 months?**

☐ **Yes** (Continue)
13a. If the employee is not eligible today, including as a result of a waiting or probationary period, when is the employee eligible for coverage?_____(mm/dd/yyyy) (Continue)
☐ **No** (STOP and return this form to employee)

14. Does the employer offer a health plan that meets the minimum value standard*?
☐ Yes (Go to question 15) ☐ No (STOP and return form to employee)

15. For the lowest-cost plan that meets the minimum value standard* **offered only to the employee** (don't include family plans): If the employer has wellness programs, provide the premium that the employee would pay if he/ she received the maximum discount for any tobacco cessation programs, and didn't receive any other discounts based on wellness programs.
a. How much would the employee have to pay in premiums for this plan? $_____
b. How often? ☐ Weekly ☐ Every 2 weeks ☐ Twice a month ☐ Monthly ☐ Quarterly ☐ Yearly

If the plan year will end soon and you know that the health plans offered will change, go to question 16. If you don't know, STOP and return form to employee.

16. What change will the employer make for the new plan year?_____
☐ Employer won't offer health coverage
☐ Employer will start offering health coverage to employees or change the premium for the lowest-cost plan available only to the employee that meets the minimum value standard.* (Premium should reflect the discount for wellness programs. See question 15.)
a. How much would the employee have to pay in premiums for this plan? $_____
b. How often? ☐ Weekly ☐ Every 2 weeks ☐ Twice a month ☐ Monthly ☐ Quarterly ☐ Yearly

• An employer-sponsored health plan meets the "minimum value standard" if the plan's share of the total allowed benefit costs covered by the plan is no less than 60 percent of such costs (Section 36B(c)(2)(C)(ii) of the Internal Revenue Code of 1986)