OFFICE OF HUMAN RESOURCES

OPEN ENROLLMENT 2025

HAVERFORD
COLLEGE

WELCOME TO OPEN ENROLLMENT 2025

This year's Open Enrollment begins on November 11, 2024, and continues through November 26, 2024. All the plans offered during the Open Enrollment period are based on the 2025 calendar year (January 1 – December 31, 2025). 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/human-resources/benefits/open-enrollment**.

During Open Enrollment, you may make changes to your Medical, Dental, Flexible Spending Account (including Health Care, Dependent Care, and Limited Purpose), Health Savings Account (used with the HDHP), Vision, and Voluntary/Dependent Life Insurance coverage. **All employees must make their benefits elections online via Workday.** (This includes those who are not making changes this year to either covered dependents or plan election, and those waiving coverage.) If, after reviewing this Guide, you have any questions regarding your benefits or the Open Enrollment process, please email **hc-hr@haverford.edu** or call **(610) 795-6124**.

YOUR ANNUAL BENEFITS ELECTION

Haverford College provides a comprehensive benefits package. The plan year is based on a calendar year and runs from January 1 through December 31. The benefit elections you make now will remain in effect for the rest of the calendar year, except in the case of a mid-year qualifying life event that may allow you to change certain benefit elections. *(See Coverage Changes and Key Terms, below.)*

This Guide provides information about the following benefits:

- Medical Insurance
- Medical Insurance Opt-Out
- Vision Insurance
- Clinical Dental Panel
- Flexible Spending Accounts (Health Care, Dependent Care, Limited Purpose)
- Life Insurance
- Carebridge Employee Assistance Program
- Health Advocate

What to expect in 2025:

- One plan-design change: The High Deductible Plan (HDHP) will increase the annual "In-network" deductible as follows *(required by the IRS)*:
  - Individual (Employee Only): an increase of $50 to $1,650
  - Family (Employee + 1 or more): an increase of $100 to $3,300
- The College is increasing its annual contribution to the Health Savings Accounts to mirror the increased annual deductibles in the HDHP. *(See page 4.)*
- **There will be a new Dental Plan for 2025 through Sun Life Dental. The new plan will dramatically expand the network of available dental practices and will expand the types of covered services. As a result, there will be a small increase to the dental plan premiums.** *(See chart on page 9.)*
- Virtual provider visits via Teladoc. *(See page 11.)*

***Important: Because of the addition of a new Dental Plan for 2025 — it will be required that all employees complete Open Enrollment in Workday.**

KEY TERMS

QUALIFYING LIFE EVENT

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

ELIGIBILITY

A benefit-eligible employee is a full-time employee who works at least 35 or more hours per week in a position lasting at least 9 months; or a part-time employee who works at least 20 or more hours per week in a position lasting 12 months (at least 1,000 hours per year). Additional eligibility rules are found under each benefit section.

DEPENDENTS

Generally, "dependents" are (1) the legal spouse of an employee; (2) a domestic partner in a long-term, committed, and financially interdependent relationship with the employee, as certified by the employee on the College's Domestic Partnership Affidavit; (3) a child of an employee who on January 1 of any year is under 26 years of age; and (4) a child of an employee, of any age, who is physically or mentally incapable of earning a living. The term "child" will include (a) a child born of the employee, (b) a child legally adopted by the employee, and (c) a step-child of the employee living in a normal parent-child relationship with, and dependent on, the employee. See the Office of Human Resources for further details.

DEPENDENT STATUS

When a covered dependent gains / loses dependent status, you must add / remove that dependent from coverage through Workday—Life Event Change. If a covered dependent is removed from medical, dental, or vision coverage, that person may be eligible for coverage continuation under COBRA.

DOMESTIC PARTNERSHIP

Haverford College provides certain benefits to your domestic partner and their eligible children under the Haverford College Health & Welfare Benefits Plan, provided you and your domestic partner complete and sign the "Affidavit of Domestic Partnership." You must sign this Affidavit in the presence of a Notary Public, and return it along with supporting documentation to the Office of Human Resources. Once your Affidavit and documentation have been reviewed, you and your domestic partner will be informed as to whether any further information or action is required. *(Note: If a domestic partner is covered by a medical plan, the amount of the "College contribution" attributable to their portion of the overall cost of the coverage, is taxable to the employee as regular income.)*

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COVERAGE CHANGES

For all Haverford employees, the annual Open Enrollment period takes place every fall and has a January 1 effective date.

Important: *The annual Open Enrollment period is the only time you can make changes to your plans, including adding or removing coverage for dependents, without having to demonstrate a qualifying life event as defined on page 1. Coverage changes based on qualifying life events must be entered in Workday within 31 days of the event, along with supporting documents.*

MEDICAL PLAN CHOICES FOR 2025

The College offers three medical plan options through Independence Blue Cross (IBC) for 2025, consisting of:

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

MEDICAL INSURANCE ELIGIBILITY AND PLAN TYPES

Eligibility: The College offers medical insurance coverage to full-time and part-time benefit-eligible employees in accordance with the federal Affordable Care Act. Employees working 30 hours per week over 39 weeks, are eligible for medical coverage at the "full-time premium rate." Part-time employees working at least 1,000 hours per year, are eligible for medical coverage at the "part-time premium rate." *(Please refer to the respective premium rate tables on page 9.)*

It's good to have choices. When it comes to health insurance, you have your choice of several plan types. **Two plan types offered by Haverford College are HMO and PPO plans.** Differences between HMO (Health Maintenance Organization) and PPO (Preferred Provider Organization) plans include network size, referrals to see specialists, costs, and out-of-network coverage. Compared to PPOs, HMOs cost less in premiums. However, PPOs generally offer greater flexibility in seeing specialists without a referral, have larger networks than HMOs, and offer some out-of-network coverage.

An HMO gives you access to certain doctors and hospitals within its network. A network is made up of providers that have agreed to negotiated rates for plan members and also meet quality standards. But unlike PPO plans, care under an HMO plan is covered only if you see a provider within that HMO's network. In addition, referrals are needed from a primary care physician in order to see specialists.

PPO plans provide more flexibility when selecting a doctor or hospital. In most cases referrals from a primary care physician are not required in order to see specialists. They also feature a network of providers, but there are fewer restrictions on seeing non-network providers. In addition, your PPO insurance plan will cover some of your cost if you see a non-network provider, although it may be at a lower reimbursement rate and with greater out-of-pocket costs.

A third type of plan offered by the College is a high deductible health plan (HDHP). An HDHP is PPO-based and requires greater member out-of-pocket expense in exchange for lower monthly premiums. This plan also combines with a Health Savings Account (HSA).

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

KEYSTONE HMO PLAN

With the Keystone HMO (Health Maintenance Organization):

- **A Primary Care Physician (PCP) is required.** You must select a PCP when enrolling, and treat with that physician before treating with a participating specialist.
- **Referrals are required.** Specific documentation is required from your PCP, authorizing care at a participating specialist for covered services.
- **Preapproval/Precertification is required.** Approval from Independence Blue Cross (IBC) is required for non-emergency or elective hospital admissions and procedures prior to the admission or procedure. Your participating provider will contact Independence Blue Cross for authorization.

For more details regarding the HMO plan, please refer to the HMO Plan Summary and the HMO Rx Benefits Summary, available at ***haverford.edu/human-resources/benefits/open-enrollment****, or call (800) ASK-BLUE/(800) 275-2583.*

PERSONAL CHOICE PPO PLAN

With the Personal Choice PPO (Preferred Provider Organization):

- You do not need to specify a Primary Care Physician (PCP).
- Typically you do not need a referral to see a specialist; you can go directly for care.

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

For more details regarding the PPO plan, please refer to the PPO Plan Summary and the PPO Rx Benefits Summary, available at ***haverford.edu/human-resources/benefits/open-enrollment****, or call (800) ASK-BLUE/(800) 275-2583.*

HIGH DEDUCTIBLE HEALTH PLAN (HDHP) WITH HSA

With the PPO-based High Deductible Health Plan (HDHP):

- You are responsible for higher initial out-of-pocket expenses, because of the higher deductible.
- You do not need to specify a Primary Care Physician (PCP).
- Typically you do not need a referral to see a specialist; you can go directly for care.
- You will have access to a Health Savings Account (HSA). *(See page 4.)*

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

For more details regarding the HDHP plan, please refer to the HDHP Plan Summary and the HDHP Rx Benefits Summary, available at ***haverford.edu/human-resources/benefits/open-enrollment****, or call (800) ASK-BLUE/(800) 275-2583.*

HEALTH SAVINGS ACCOUNT (HSA)

Employees participating in the HDHP will have access to a Health Savings Account (HSA). This is an interest bearing "pretax" savings vehicle, which can be funded with either College or employee pre-tax contributions. It can be used to pay for qualified health care expenses on a tax-free basis. If elected, the employee's contribution is deposited into this account during the year. (Changes to the contribution amount can be made during the year, subject to maximum IRS contribution limits.)

An HSA works very much like a flexible spending account (FSA) with some advantages. In addition to higher annual contribution limits versus an FSA, the money in the HSA account is fully owned by the employee, and the balance can be carried forward into future years without fear of forfeiture. *Note: IRS guidelines prohibit an employee from participating in a Health Care FSA account if they are enrolled in the HDHP/HSA account option.*

Bank of America continues as the HSA plan administrator for 2025. Employees initially enrolling in the HSA account for 2025 will receive an HSA debit card from Bank of America.

HSA contribution limits for 2025 are as follows:

- Individual: $4,300
- Family: $8,550
- Age 55 catch-up: $1,000 (additional)

The College will continue to make an annual contribution (seed) to the HSA Accounts:

- Full-time Employees: $700 - Employee Only / $1,400 - Employee + 1 (Family)
- Part-time Employees: $350 - Employee Only / $700 - Employee + 1 (Family)

MEDICAL INSURANCE OPT-OUT

Benefit-eligible employees who have adequate coverage through an external qualifying health plan and provide proof of this insurance to the Office of Human Resources (via Workday), will receive a monetary taxable addition with their regular pay. *(See page 9.)*

IMPORTANT: HSA ACCOUNTS AND MEDICARE

If you are enrolled in a Medicare Plan for 2025, or plan to enroll in 2025, you may not be permitted to make contributions (including both College and Employee contributions) to an HSA account for all, or part, of the 2025 calendar year. Please consult with your tax advisor for further guidance.

VISION INSURANCE

Eligibility: Full-time and part-time benefit-eligible employees are eligible to participate in voluntary vision insurance coverage.

The College offers IBC Vision for vision care insurance for 2025. This coverage uses the Davis Vision network and offers members comprehensive routine eye care coverage, including discounted exams and corrective eyewear (frames/lenses and contact lenses). Benefits are maximized when using a participating Davis Vision Provider.

For details regarding the Davis Vision plan, please refer to the Vision Plan Summary and Highlights available at ***haverford.edu/human-resources/benefits/open-enrollment****, or call (800) ASK-BLUE/ (800) 275-2583.*

DENTAL INSURANCE—NEW FOR 2025

Eligibility: Full-time and part-time benefit-eligible employees are eligible to elect participation in the Sun Life Dental Insurance Plan.

Introducing Sun Life Dental. Sun Life is the second largest provider of dental benefits in the U.S., serving over 30 million members. Sun Life offers you a PPO dental network that is one of the largest in the nation with 140,000+ unique providers. This means members have more options to access in-network care at home or on the road.

The Sun Life Dental Plan also has the Preventive Rewards benefit, which provides an incentive to get annual preventive care by adding money to your plan's annual maximum amount when you get preventive care services. Then, you will have additional maximum dollars to use in future years when you might need additional services. You can get up to $1,500 added to your annual maximum for the next year. The amount added is based on

your paid claims for Preventive Services during the prior year. The additional maximum dollars can be spent on any covered services except orthodontia services, not just preventive services.

For more details regarding the Sun Life Dental Plan, please refer to the summary of covered services, available at ***haverford.edu/human-resources/benefits/open-enrollment****.*

FLEXIBLE SPENDING ACCOUNTS (FSA)

Eligibility: Full-time and part-time benefit-eligible employees are eligible to elect participation in Flexible Spending Accounts.

Inspira (name changed from PayFlex) is the administrator for the Flexible Spending Accounts program. This program allows employees to save money on a pre-tax basis to pay for unreimbursed (out-of-pocket) qualified health/medical care expenses, and certain dependent care expenses. In these accounts, you save a portion of your pay with pre-tax dollars (though payroll deduction), thereby reducing your federal income tax burden. Specifically, the plan allows you to contribute your own money, before federal income tax, Social Security tax, and state tax (exceptions apply) to accounts, which will then be used to reimburse you for qualified out-of-pocket health care or dependent care costs. Reimbursements are, in essence, the employee's own money paid back tax-free. Visit ***inspirafinancial.com****.*

Note: IRS guidelines prohibit an employee from participating in a Health Care FSA account if they are enrolling in the HDHP/HSA option.

HEALTH CARE FSA

You may have money deducted from your pay on a pre-tax basis to cover qualified medical expenses that are not covered by your medical, prescription drug, dental, or vision insurance. The annual Health Care FSA contribution maximum for 2025 is $3,300.
(A Grace Period allows participants to incur claims through March 15, 2026, and submit them by March 31, 2026, against the 2025 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 2025, 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 2025.

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 2025.*

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 2025 plan year is $5,000 per family. You save money by paying for these expenses with pre-tax dollars.

LIMITED PURPOSE FSA

You may have money deducted from your pay on a pre-tax basis to cover qualified dental or vision care expenses. You must be enrolled in an HDHP and enrolled in an HSA in order to elect this type of FSA arrangement. The maximum annual contribution amount for a Limited Purpose FSA for 2025 is $3,300.

For details regarding the Inspira FSA plans, please refer to the Flexible Spending Account information at ***haverford.edu/human-resources/benefits/open-enrollment****, or visit Inspira at* ***Inspirafinancial.com****.*

LIFE INSURANCE

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

BASIC LIFE INSURANCE

Eligible employees are provided Basic Group Term Life Insurance coverage, through Unum Insurance, in the amount of $50,000 at no cost. Coverage is effective on the first of the month following, or concurrent with, the first day of employment. (Age-based reductions in coverage begin at age 65.)

EMPLOYEE VOLUNTARY LIFE INSURANCE/ACCIDENTAL DEATH (AD&D)

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

During the Open Enrollment period, employees may purchase Voluntary Life and Accidental Death Insurance in increments of $10,000, up to a maximum amount of $500,000 (but not to exceed five times annual salary). Evidence of insurability (i.e., a health questionnaire) may be required. If an employee previously elected Voluntary Life insurance up to $140,000, they may elect $10,000 of additional coverage without providing evidence of insurability. **Amounts requested above $10,000, or total coverage amounts greater than $150,000, are subject to review and require the completion and submission of the Evidence of Insurability form.** Premiums are determined by the amount of the insurance taken and the age of the employee (based on age-banded rates), and are fully paid by the employee through payroll deduction. If you wish to make any changes to your current level of Voluntary Life coverage, please complete the appropriate section through Workday. *(See sidebar, Providing Evidence of Insurability.)*

DEPENDENT LIFE INSURANCE/ACCIDENTAL DEATH (AD&D)

Qualified, benefit-eligible employees may purchase Dependent Life Insurance for their spouse/partner and/or dependent children (to age 26), and Accidental Death Insurance (AD&D) for themselves and for their spouse/partner and/or dependent children (to age 26). Please note these important conditions for enrollment:

- Employees must have Voluntary Life and AD&D coverage for themselves before electing Dependent Life and AD&D for dependents.
- Dependent Life must be elected for all covered persons before electing AD&D coverage.
- Employees cannot elect more Dependent Life or AD&D coverage for their spouse/partner or dependents than they hold for themselves.

Dependent Life coverage amounts:

Spouse/Partner: Up to 100% of employee's Voluntary Life coverage amount, in increments of $5,000, not to exceed $500,000. (Note: Any request for new coverage, an increase to existing coverage greater than $5,000, or coverage greater than $25,000, requires Evidence of Insurability. *(See sidebar, Providing Evidence of Insurability.)*

Each Child: Up to 100% of employee's Voluntary Life coverage, in increments of $2,000, not to exceed $10,000. *(Evidence of Insurability is not required.)*

AD&D coverage amounts:

Employee: Up to 100% of Voluntary Life coverage amount, in increments of $10,000, not to exceed $500,000.

Spouse/Partner: Up to 100% of employee's Voluntary Life coverage amount, in increments of $5,000, not to exceed $500,000. *(Must elect Dependent Life first.)*

Each Child: Up to 100% of employee's Voluntary Life coverage amount, in increments of $2,000, not to exceed $10,000. *(Must elect Dependent Life first.)*

PROVIDING EVIDENCE OF INSURABILITY

When evidence of insurability is required, the employee MUST complete and submit the Evidence of Insurability form, a health questionnaire provided by Unum and available via Workday. Unum will review the form and make a determination. Elected coverage amounts will not take effect until approved by Unum.

Please note: For coverage elected during Open Enrollment, the Evidence of Insurability form MUST be completed by the employee and submitted to Unum within 31 days of the effective date of coverage.

If the form is not received by Unum by the deadline, the requested additional coverage will not be in place.

ADDITIONAL RESOURCES

CAREBRIDGE EMPLOYEE ASSISTANCE PROGRAM

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

Carebridge is a free confidential resource, that provides counseling, information, and referral services to help address personal, family, and work-related issues, and provides support for you in completing daily life responsibilities. Counselors have advanced degrees and are credentialed and experienced in helping you or your eligible dependents. You can contact Carebridge at (800) 437-0911 or log on to **myliferesource.com** (Haverford's code is TTY4N). *(See page 23.)*

HEALTH ADVOCATE

Eligibility: Full-time and part-time benefit-eligible employees are eligible for Health Advocate services.

Health Advocate, Inc. is a U.S. national health advocacy, patient advocacy, and assistance company, offering a spectrum of services to help employees navigate the healthcare system and to facilitate interactions with insurers and providers. Health Advocate uses registered nurses, medical directors, and benefits specialists to assist employees in addressing a range of health care and health insurance issues. Personal Health Advocates can help members locate providers, address errors on medical bills, answer questions about coverage denials, and assist with insurance appeals. There is no cost to the employee for this program. Visit online at **healthadvocate.com/members** or call (866) 695-8622. *(See pages 14–15.)*

OFFICE OF HUMAN RESOURCES

If you have any questions or concerns about Open Enrollment or your benefits, please contact our office at **(610) 795-6124** or email **hc-hr@haverford.edu**; or reach out directly to individual staff.

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BRIEF COMPARISON OF MEDICAL PLANS & COVERAGE For January 1, 2025, through December 31, 2025

BENEFITS	KHMO	PC PPO		HDHP/HSA	
	Referred Care	In Network	Out of Network	In Network	Out of Network
DEDUCTIBLE					
Individual	$0	$300	$1,500	$1,650	$5,000
Family	$0	$900	$4,500	$3,300	$10,000
OUT OF POCKET MAXIMUM (INCLUDES DEDUCTIBLE, COPAYMENTS AND COINSURANCE)					
Individual	$6,350	$3,000	$6,000	$6,350	$10,000
Family	$12,700	$9,000	$18,000	$12,700	$20,000
PHYSICIAN SERVICES					
Primary Care	$15 Copay	$20 Copay, No Deductible	70% After Deductible	100% After Deductible	50% After Deductible
Specialists	$25 Copay	$40 Copay, No Deductible	70% After Deductible	100% After Deductible	50% After Deductible
Retail Health Clinic	$15 Copay	$20 Copay, No Deductible	70% After Deductible	100% After Deductible	50% After Deductible
Telemedicine (Teladoc)	$15 Copay	$20 Copay, No Deductible	Not Covered	100% After Deductible	Not Covered
Urgent Care	$105 Copay	$105 Copay, No Deductible	70% After Deductible	100% After Deductible	50% After Deductible
RADIOLOGY AND LAB WORK					
Xrays/ Radiology	100%	$40 Copay, No Deductible	70% After Deductible	100% After Deductible	50% After Deductible
Lab Work/ Pathology	100%	100% After Deductible	70% After Deductible	100% After Deductible	50% After Deductible
WELL CHILD CARE					
Office Visits	100%	100%, No Deductible	70%, No Deductible	100%, No Deductible	50% No Deductible
Immunizations	100%	100%, No Deductible	70%, No Deductible	100%, No Deductible	50% No Deductible
ADULT PREVENTATIVE CARE					
Routine Physicals	100%	100%, No Deductible	70%, No Deductible	100%, No Deductible	50% No Deductible
Gyn Exam	100%	100%, No Deductible	70%, No Deductible	100%, No Deductible	50% No Deductible
Prostate Exams	100%	100%, No Deductible	70%, No Deductible	100%, No Deductible	50% No Deductible
Mammograms	100%	100%, No Deductible	70%, No Deductible	100%, No Deductible	50% No Deductible
HOSPITAL CARE					
Inpatient Treatment	$500 Copay Per Admission	$150/day Copay; Max 5 Days; No Deductible (After 5 Days Full Coverage, No Copay	70% After Deductible	100% After Deductible	50% After Deductible
OUTPATIENT FACILITY AND PHYSICIAN SERVICES					
Facility	$250 Copay	$150 Copay, No Deductible	70% After Deductible	100% After Deductible	50% After Deductible
Physician	100%	100% After Deductible	70% After Deductible	100% After Deductible	50% After Deductible
BEHAVIORAL HEALTH					
Inpatient	$500 Copay Per Admission	$150/day Copay, Max 5 Days; No Deductible, Same As Above	70% After Deductible	100% After Deductible	50% After Deductible
Outpatient	$25 Copay	$40 Copay, No Deductible	70% After Deductible	100% After Deductible	50% After Deductible
PHYSICAL, SPEECH, AND OCCUPATIONAL THERAPIES					
Office Visits	100%	$40 Copay, No Deductible	70% After Deductible	100% After Deductible	50% After Deductible
RETAIL DRUGS (30 DAY SUPPLY)					
Generic	$20 Copay	$20 Copay	30% Reimbursement	$5 Copay, After Deductible	50% After Deductible
Preferred Brand	$40 Copay	$40 Copay	30% Reimbursement	$20 Copay, After Deductible	50% After Deductible
Non-Preferred Brand	$80 Copay	$80 Copay	30% Reimbursement	$45 Copay, After Deductible	50% After Deductible
MAIL ORDER DRUGS					
Generic	$40 Copay	$40 Copay	Not Covered	$10 Copay, After Deductible	Not Covered
Preferred Brand	$80 Copay	$80 Copay	Not Covered	$40 Copay, After Deductible	Not Covered
Non-Preferred Brand	$160 Copay	$160 Copay	Not Covered	$90 Copay, After Deductible	Not Covered

MONTHLY PREMIUM RATES For January 1, 2025, through December 31, 2025

TIER 1 | SALARY UP TO $50,999

TIER 1	KHMO		PC PPO		HDHP/HSA	
	YOU PAY	HC PAYS	YOU PAY	HC PAYS	YOU PAY	HC PAYS
■ INDIVIDUAL	$29	$865	$74	$825	$15	$793
■ EMPLOYEE & CHILDREN	$127	$1,662	$236	$1,561	$20	$1,596
■ COUPLE	$153	$1,859	$276	$1,746	$33	$1,785
■ FAMILY	$215	$2,692	$393	$2,528	$39	$2,588

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

TIER 2 | SALARY $51,000 TO $102,000

TIER 2	KHMO		PC PPO		HDHP/HSA	
	YOU PAY	HC PAYS	YOU PAY	HC PAYS	YOU PAY	HC PAYS
■ INDIVIDUAL	$65	$829	$127	$772	$26	$782
■ EMPLOYEE & CHILDREN	$215	$1,574	$325	$1,472	$83	$1,533
■ COUPLE	$254	$1,758	$380	$1,642	$107	$1,711
■ FAMILY	$362	$2,545	$540	$2,381	$148	$2,479

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

TIER 3 | SALARY ABOVE $102,000

TIER 3	KHMO		PC PPO		HDHP/HSA	
	YOU PAY	HC PAYS	YOU PAY	HC PAYS	YOU PAY	HC PAYS
■ INDIVIDUAL	$127	$767	$200	$699	$41	$767
■ EMPLOYEE & CHILDREN	$377	$1,412	$540	$1,257	$231	$1,385
■ COUPLE	$437	$1,575	$622	$1,400	$272	$1,546
■ FAMILY	$624	$2,283	$892	$2,029	$387	$2,240

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

PART-TIME EMPLOYEES

Opt-out waiver amount is $79.60 per month (paid to you as taxable income).

	KHMO		PC PPO		HDHP/HSA	
	YOU PAY	HC PAYS	YOU PAY	HC PAYS	YOU PAY	HC PAYS
■ INDIVIDUAL	$420	$474	$422	$477	$380	$428
■ EMPLOYEE & CHILDREN	$841	$948	$845	$952	$760	$856
■ COUPLE	$946	$1,066	$950	$1,072	$855	$963
■ FAMILY	$1,366	$1,541	$1,373	$1,548	$919	$1,708

DENTAL COVERAGE RATES

SALARY	< $51K	$51,001-$102,000	> $102K
■ INDIVIDUAL	$4.37	$10.11	$18.03
■ EMPLOYEE & CHILDREN	$7.92	$14.76	$22.67
■ COUPLE	$8.22	$15.31	$23.53
■ FAMILY	$9.86	$17.11	$25.52

VISION COVERAGE RATES

■ INDIVIDUAL	$7.53
■ EMPLOYEE & CHILDREN	$15.06
■ COUPLE	$15.06
■ FAMILY	$15.06

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

Save money and time with virtual care benefits

Members have several options to receive care quickly and conveniently from a doctor, specialist, or behavioral health professional.

When it's not an emergency, virtual care is a fast, convenient, and affordable option. Whether you're connecting with your own doctor or need to talk with someone after hours or when you're away from home, Independence Blue Cross provides you with options in every situation.

Visit **teladochealth.com** or **ibx.com** to get started using your virtual care benefits.

		Teladoc Health (Teladoc)	Primary care provider (PCP) or specialist
	Treatment for	**Access**[1]	**Access**[1]
Telemedicine	Non-emergency conditions, such as: • Sinus pain • Pink eye • Sore throat • Flu • E-prescribing (when appropriate)	**Teladoc General Medical** gives you 24/7 access to board-certified doctors who can provide a diagnosis, initiate treatment, and write prescriptions, as appropriate, via phone or video.	Available if your PCP or a specialist offers virtual care.
Telebehavioral health	Support for conditions such as: • Anxiety • Depression • Bipolar disorders • Adjustment disorders • E-prescribing (when appropriate)	**Teladoc Mental Health Care** provides access to board-certified psychiatrists and licensed psychologists or therapists by phone or video.	Available if your licensed behavioral health provider (including psychiatrists, psychologists, and counselors) offer virtual care.[2] Our network has expanded to include providers with specialties in anxiety, depression, eating, obsessive-compulsive disorder, and substance abuse disorders for all ages.
Teledermatology	Diagnosis and treatment for a variety of skin, hair, and nail conditions, and e-prescribing (when appropriate)	**Teladoc Health Dermatology** gives you access to convenient and reliable skin care from a licensed dermatologist for a wide range of conditions without the wait.	Available if your specialist offers virtual care.

Independence

IBX

How to access virtual care

Teladoc Health

Activate your Teladoc account and schedule an appointment in one of the following ways:

- Call 1-800-835-2362
- Visit teladochealth.com
- Download the Teladoc mobile app

PCP and specialists

Contact your in-network provider directly to set up a virtual care appointment. If the provider offers virtual care, the provider will give you instructions for setting up your appointment. Our Find a Doctor tool at **ibx.com** identifies if a provider offers virtual care services.

Behavioral health care providers

To find a behavioral health provider, call the Mental Health/ Substance Abuse number on the back of your member ID card or use the Find a Doctor tool at **ibx.com**.

You may also use the following resources:

Shatterproof Atlas

You also have access to Atlas (Addiction Treatment Locator, Assessment, and Standards), a free online tool by Shatterproof that connects you and your loved ones with trustworthy, in-network addiction treatment. For more information about the Atlas tool, visit **treatmentatlas.org**.

1 Refer to your health plan benefits for how virtual care visits are covered.

2 You must have mental health benefits through Independence Blue Cross and should refer to your health plan for information about how mental health and telebehavioral health are covered.

Teladoc Health and the practitioners accessible through Teladoc Health are independent companies and contractors not affiliated with Independence Blue Cross. Please consult a physician for personalized medical advice. Always seek the advice of a physician or other qualified health care provider with any questions regarding a medical condition.

Shatterproof/Atlas: Shatterproof, a national non-profit dedicated to reversing the addiction crisis in the U.S., is leading the implementation of Shatterproof's Treatment Atlas tool, a quality measurement system for addiction treatment facilities. Shatterproof is an independent company that provides behavioral health services for Independence Blue Cross.

Independence

IBX

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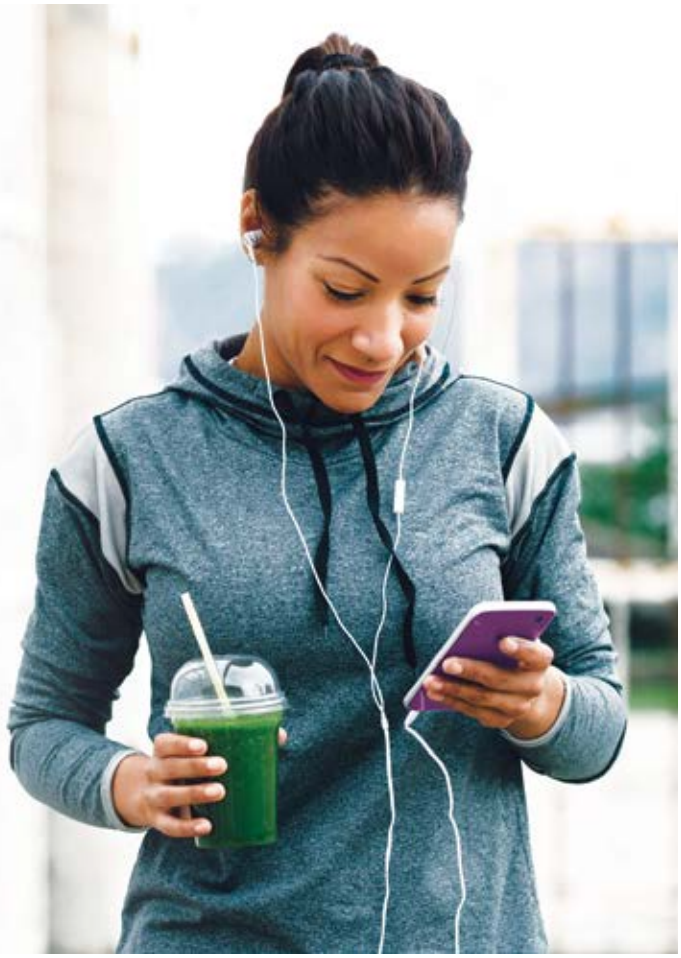
Save time and money

Connect with Independence!



Looking for a simple way to get the most from your Independence Blue Cross health plan? Connect with us by signing up for email or text alerts to get:

Personalized reminders about your health
when it's time for an annual visit or screening.

Notifications to help you access important plan information
like changes to the prescription drug formulary drug formulary and where to go for care based on your health plan.

Alerts on how to get the most out of your health plan
with information about available benefits you may not be using or how you can save money when you need health care.

Stay up to date. Save money. Maximize your benefits. Visit **ibx.com/getconnected**

Be sure to have your Independence member ID card handy — you'll need your ID number from the front of the card.

Standard message and data rates may apply. Text STOP to stop and HELP for help. Terms and conditions available at myhelpsite.net/ibx. Notification messages within IBX Wire are sent via automated SMS. Enrollment in IBX Wire is not a requirement to purchase goods and services from Independence Blue Cross. Wire is a trademark of Relay Network, LLC.

This plan complies with applicable Federal civil rights laws and does not discriminate on the basis of race, color, national origin, age, disability, or sex.

Spanish: ATENCIÓN: Si habla español, cuenta con servicios de asistencia en idiomas disponibles de forma gratuita para usted. Llame al 1-800-275-2583 (TTY: 711).

Chinese: 注意：如果您讲中文，您可以得到免费的语言协助服务。请致电1-800-275-2583。

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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

Independence

Resources and support for behavioral health

Your overall health includes both your physical and mental well-being. That's why your health plan offers resources and tools to support both.

We want to make it easier to take care of your mental health. Your benefits offer a variety of options so you can choose the ones that fit your needs and preferences, including in-person or virtual appointments with a provider and even self-guided tools you can use on your own.

Find in-network care

We offer a robust, high-quality network of mental health professionals (including psychiatrists, psychologists, and counselors). Here are ways to find an in-network mental health professional:

- **Use the Find a Doctor tool online.** Log in at **ibx.com** anytime or use the free IBX app to search for an in-network provider. Each provider's profile includes information about their areas of focus, as well as whether they offer in-person and/or virtual appointments.
- **Call a Customer Care Advocate.** Call the Mental Health/Substance Abuse number on the back of your member ID card to talk to a Customer Care Advocate. They can send you a list of in-network providers who meet your needs or even schedule an appointment for you.

One-on-one support

Call the Mental Health/Substance Abuse number on the back of your member ID card to be connected to Customer Care Advocates who can:

- Help you find in-network care
- Answer specific questions about your benefits and claims
- Connect you to a licensed clinician for in-the-moment support

Navigate complex care with case management

Depending on your needs, you may be contacted by a case manager to offer support at critical points before, during, or after treatment. Case managers provide personal support and can help you coordinate and manage your individual care.

Virtual care and online resources

Virtual care and online resources are convenient, flexible, and confidential — and you can access it all from the comfort of your home.

Telebehavioral health

- **In-network behavioral health provider.** You have the option to schedule virtual visits with an in-network behavioral health provider who offers virtual appointments. Your cost-sharing will be the same as it would be for an in-office behavioral health visit. To see if a provider offers virtual appointments, log in at **ibx.com** and use our Find a Doctor tool to view their provider profile.
- **Teladoc Mental Health Care (Teladoc).** Get convenient, confidential access to trusted professionals who can help you manage stress, anxiety, grief, depression, and more. Teladoc offers virtual visits by phone or video with board-certified psychiatrists, psychologists, and therapists. You can access Teladoc by calling **1-800-835-2362**, visiting **teladochealth.com**, or downloading the Teladoc app.

Mental Health Coaching by Teladoc Health online resources

You have access to Mental Health Coaching by Teladoc Health, a digital resource with proven tools and dedicated support for stress, depression, chronic pain, substance use, and more. Mental Health Coaching offers self-guided digital content to strengthen your emotional well-being and support you, wherever you are in your mental health journey. You can also access Mental Health Coaching through the Teladoc Health app, available from the Apple Store or Google Play. Log in at **ibx.com** and click on the *Benefits* tab to start using Mental Health Coaching.

More online resources

When you log in at **ibx.com**, select *Mental Health & Substance Use Disorder* from the Benefits menu at the top. You'll find more information about your benefits and links to additional programs and support that you can access anytime, 24/7.

Independence

IBX

Health Advocate Frequently Asked Questions

Who is Health Advocate?

Health Advocate is the nation's leading healthcare advocacy and assistance company. We know all too well that the healthcare system is challenging to navigate. It makes people feel stressed, frustrated, and worried about costs—which often leads to them forgoing the care they need. That's why we're here: **We provide people with the personalized, expert care and support they need to take control of their health and well-being.**

Is Health Advocate the same as insurance?

No. Health Advocate is not an insurance company, and does not replace healthcare coverage, provide medical care or recommend treatment.

How does the Health Advocacy service work?

- Whenever you or an eligible family member has a healthcare-related issue or concern, you **simply call our toll-free number to connect with an experienced Health Advocate.**
- The Health Advocate will gather information about the issue and work to resolve it as quickly as possible.
- Before we can get to work, you may be asked to sign the Health Advocate Authorization Form. This form gives Health Advocate permission to gain access to medical information and interact with providers and insurance companies on your behalf.
- You will work with the same Health Advocate until all issues are completely resolved.

Who is eligible to use the service?

You, your spouse/partner, dependents, parents and parents-in-law can all access Health Advocate's services as often as you/they like.

Does it cost anything to use Health Advocate?

No. Health Advocate's services are provided to employees and their eligible family members at no cost.

HealthAdvocate℠

What kind of issues can Health Advocate help with?

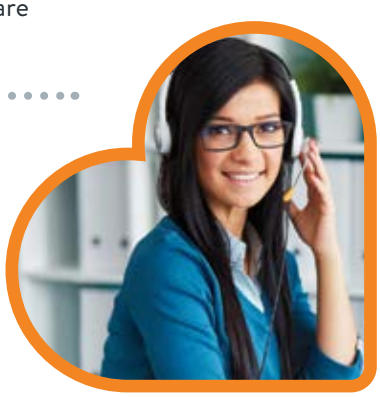
Our Health Advocates can help with a wide range of clinical and administrative issues.

Examples of clinical support

- Answer questions about medical diagnoses and review treatment options
- Research and identify the latest, most advanced approaches to care
- Coordinate clinical services related to all aspects of your care
- Locate "best-in-class" physicians and medical centers for second opinions
- Help prepare you for doctor visits

Examples of administrative support

- Answer benefit questions, including explaining employees' share of the costs
- Research and resolve insurance claims and medical billing issues
- Find the right in-network providers and make appointments
- Facilitate the transfer medical records
- Locate eldercare and other community services that may fall outside of traditional coverage
- Answer questions about Medicare



What are the qualifications of the Health Advocates?

Our Health Advocates are healthcare experts who know the ins and outs of the healthcare system. They are typically **registered nurses** supported by **medical directors** and **benefits and claims specialists**, and have extensive experience working in medical, healthcare and/or insurance settings.

Are all employee interactions kept confidential?

Yes. The privacy of our members is of utmost importance. Our entire staff complies with all government privacy standards, and all medical and personal information is kept strictly confidential.

Can you give some examples of how Health Advocate helps save money?

Interacting with the healthcare and insurance systems can be frustrating and take a lot of time. From **locating doctors** to **reviewing medical bills** to **negotiating provider discounts**, we take on those time-consuming issues so you can get the answers you need and stay productive. Our research often uncovers billing and other errors which can lead to significant savings.

What are the hours of operation?

Health Advocate can be accessed 24/7. Normal business hours are Monday - Friday, from 8 am to 10 pm, Eastern Time. Staff is available for assistance after hours and on weekends.

Do you have more questions? Contact us:

866-695-8622

answers@HealthAdvocate.com
HealthAdvocate.com/members

Call • Email • Message • Live Chat

HealthAdvocate℠

Group Name: Haverford College

Policy Number: 972415

Effective Date: 1/1/2025

DENTAL

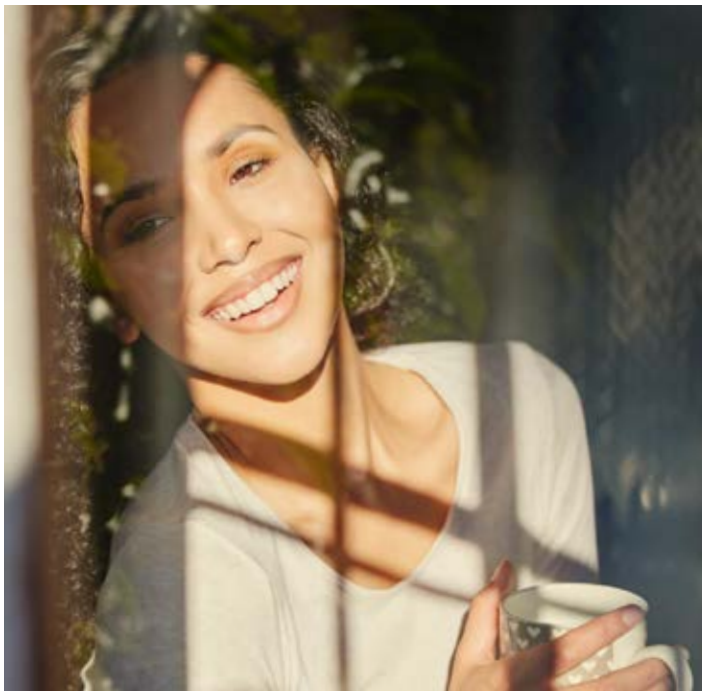
Easy Start

Sun Life has a team of dedicated employees in place to help make your transition to Sun Life simple, seamless and most of all EASY!

If for any reason, within the first 90 days of your policy's start date, you have questions regarding plan benefits, or you or your dental office needs to verify coverage, you can contact an Easy Start Specialist.

Phone Number: 800-442-7742
The menu will have an option to direct you to the Easy Start team.

To find an in-network provider visit:
www.sunlife.com/findadentist



The following is important information regarding claims processing and submission:

Mail paper claims to:
Sun Life
PO BOX 311
Milwaukee, WI 53201-0311

Fax claims to:
ATTN: Claims - 623-760-1876

Electronically submit claims to:
E-Payor ID: 70408

Dental Insurance

Sun Life

COMMONLY COVERED

- Exams and cleanings
- X-rays
- Fillings
- Tooth extractions
- Adult and child braces

PROTECTS YOUR SMILE.
You can feel more confident with dental insurance that encourages routine cleanings and checkups. Dental insurance helps protect your teeth for a lifetime.

PREVENTS OTHER HEALTH ISSUES.
Just annual preventive care alone can help prevent other health issues such as heart disease and diabetes. Many plans cover preventive services at or near 100% to make it easy for you to use your dental benefits.

LOWERS OUT-OF-POCKET EXPENSES.
Seeing an in-network dentist can reduce your fees approximately 30% from their standard fees. Add the benefits of your coinsurance to that and things are looking good for your wallet.

DENTAL FAST FACTS

Treating the inflammation from periodontal disease can help manage other health problems such as heart disease and diabetes.[1]

50% of adults over the age of 30 are suffering from periodontal disease.[2]

HAVERFORD COLLEGE

All Eligible Employees

POLICY # 972415

Sun Life Assurance Company of Canada

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800-247-6875 • sunlife.com/us

Dental Insurance

What's covered

Good news! *Your plan covers routine services like cleanings and exams at* ***100%.***

CALENDAR YEAR MAXIMUM	IN-NETWORK	OUT-OF-NETWORK
Type I, II, III (Preventive, Basic and Major Services)	$2,500 per person (includes Preventive Rewards)	$2,500 per person (includes Preventive Rewards)
Type IV Ortho Service	$2,500 lifetime child and adult	$2,500 lifetime child and adult

CALENDAR YEAR DEDUCTIBLE

PROCEDURE	IN-NETWORK	OUT-OF-NETWORK
Type I Preventive Services	N/A	$50 individual/$150 family
Type II, III (Basic and Major Services)	$50 individual/$150 family	$50 individual/$150 family
Type IV Ortho Services	N/A	N/A

THE PLAN PAYS THE FOLLOWING PERCENTAGE FOR PROCEDURES

PROCEDURE	IN-NETWORK	OUT-OF-NETWORK
Type I Preventive Services	100%	100%
Type II Basic Services	100%	80%
Type III Major Services	50%	50%
Type IV Ortho Services	50%	50%

SERVICES

Type I Preventive Dental Services, including:

- Oral evaluations – 1 in any 6 month period
- Routine dental cleanings – 1 in any 6 month period
- Fluoride treatment – 1 in any 6 month period. *Only for children under age 14*
- Sealants – no more than 1 per tooth in any 36 month period, only for permanent molar teeth. *Only for children under age 14*
- Bitewing x-rays – 1 in any 12 month period
- Intraoral complete series x-rays – 1 in any 60 month period
- Genetic test for susceptibility to oral diseases

Type II Basic Dental Services, including:

- New fillings, including posterior composites
- Space maintainers – *only for children under age 19*
- Simple extractions, incision and drainage
- Surgical extractions of erupted teeth, impacted teeth, or exposed root
- Biopsy (including brush biopsy)
- Endodontics (includes root canal therapy) – 1 per tooth in any 24 month period
- General anesthesia/IV sedation – medically required
- Minor gum disease (non-surgical periodontics)
- Scaling and root planing – 1 in any 24 month period per area
- Periodontal maintenance – 1 in any 6 consecutive months
- Localized delivery of antimicrobial agents
- Major gum disease (surgical periodontics)

Type III Major Dental Services, including:

- Dentures and bridges – subject to 10 year replacement limit
- Stainless steel crowns– *only for children under age 19*
- Inlay, onlay, and crown restorations – 1 per tooth in any 10 year period
- Dental implants – subject to 10 year replacement limit

Type IV Ortho Services, including:

- No orthodontic treatment age limitation

Waiting Periods

For a complete description of services and waiting periods, please review your certificate of insurance. If you were covered under your employer's prior plan the wait will be waived for any type of service covered under the prior plan and this plan.

- No waiting period for preventive, basic, or major services
- No waiting period for orthodontic services

Frequently asked questions

How does a PPO work?
PPO stands for Participating Provider Organization. With a dental PPO plan, dental providers agree to participate in a dental network by offering discounted fees on most dental procedures. When you visit a provider in the network, you could see lower out-of-pocket costs because providers in the network agree to these pre-negotiated discounted fees on eligible claims.

How do I find a dentist?
Simply visit www.sunlife.com/findadentist. Follow the prompts to find a dentist in your area who participates in the PPO network. You do not need to select a dentist in advance. The PPO network for your plan is the Sun Life Dental Network® with 130,000+ unique dentists[3].

Do I have to choose a dentist in the PPO network?
No. You can visit any licensed dentist for services. However, you could see lower out-of-pockets costs when you visit a dentist in the network.

Are my dependents eligible for coverage?
Yes. Your plan offers coverage for your spouse[4] and dependent children. An eligible child is defined as a child to age 26.[5]

What if I have already started dental work, like a root canal or braces, that requires several visits?
Your coverage with us may handle these procedures differently than your prior plan. To ensure a smooth transition for work in progress, call our dental claims experts before your next visit at 800-442-7742.

Do I have to file the claim?
Many dentists will file claims for you. If a dentist will not file your claim, simply ask your dentist to complete a standard American Dental Association (ADA) claim form and mail it to:

Sun Life
PO Box 311
Milwaukee, WI 53201-0311

How can I get more information about my coverage or find my dental ID card?
After the effective date of your coverage, you can view benefit information online at your convenience through your Sun Life account. To create an account go to www.sunlife.com/account and register. You can also access this information from our mobile app, which is available for Apple and Android devices. Or you can call Sun Life's Dental Customer Service at 800-442-7742. You can also call any time, day or night, to access our automated system and get answers to common questions when it's convenient for you.

What value added benefits does my plan include?
Your plan includes our Lifetime of Smiles® program, with benefits many people prefer, such as tooth-colored fillings for back teeth and brush biopsies for the early detection of oral cancer.

Your plan also includes Preventive Rewards so you can get up to $1500 added to your annual maximum for the next year. The amount added is based on your paid claims for preventive services during the prior year.

CONSIDER A PRE-DETERMINATION OF BENEFITS

They allow us to review your provider's treatment plan to let you know before treatment is started how much of the work should be covered by the plan, and how much you may need to cover. We recommend them for any dental treatment expected to exceed $500.

1. American Academy of Periodontology https://www.perio.org/consumer/gum-disease-and-other-diseases (accessed 07/21).
2. American Academy of Periodontology https://www.perio.org/newsroom/periodontal-disease-fact-sheet (accessed 07/21).
3. Zelis Network Analytics data as of January 2022 and based on unique dentist count. Sun Life's dental networks include its affiliate, Dental Health Alliance, L.L.C.® (DHA), and dentists under access arrangements with other dental networks. Nationwide counts are state level totals.
4. If permitted by the Employer's employee benefit plan and not prohibited by state law, the term "spouse" in this benefit includes any individual who is either recognized as a spouse, a registered domestic partner, or a partner in a civil union, or otherwise accorded the same rights as a spouse.
5. Please see your employer for more specific information.

Read the *Important information* section for more details including limitations and exclusions

Important information

Benefit adjustments

Benefits will be coordinated with any other dental coverage. Under the Alternative Treatment provision, benefits will be payable for the most economical services or supplies meeting broadly accepted standards of dental care.

Late entrant

If you or a dependent apply for dental insurance more than 31 days after you become eligible, you or your dependent are a late entrant. The benefits for the first 12 months for late entrants will be limited as follows:

TIME INSURED CONTINUOUSLY UNDER THE POLICY	BENEFITS PROVIDED FOR ONLY THESE SERVICES
Less than 12 months	Preventive and Basic Services
At least 12 months	Preventive, Basic, Major and Ortho Services

We will not pay for treatments subject to the late entrant limitation, and started or completed during the late entrant limitation period.

To become insured, you must meet the eligibility requirements set forth by your employer. Your coverage effective date will be determined by the Policy and may be delayed if you are not actively at work on the date your coverage would otherwise go into effect. Similarly, dependent coverage, if offered, may be delayed if your dependents are in the hospital (except for newborns) on the date coverage would otherwise become effective. Refer to your Certificate for details.

Limitations and exclusions

The below exclusions and limitations may vary by state law and regulations. This list may not be comprehensive. Please see your Certificate or ask your benefits administrator for details.

Dental

We will not pay a benefit for any Dental procedure, which is not listed as a covered dental expense. Any dental service incurred prior to the Effective date or after the termination date is not covered, unless specifically listed in the certificate. A member must be a covered dental member under the Plan to receive dental benefits. The Plan has frequency limitations on certain preventive and diagnostic services, restorations (fillings), periodontal services, endodontic services, and replacement of dentures, bridges and crowns. All services must be necessary and provided according to acceptable dental treatment standards. Treatment performed outside the United States is not covered, except for emergency dental treatment, subject to a maximum benefit. Dental procedures for Orthodontics; TMJ; replacing a tooth missing prior the effective date; implants and implant related services; or occlusal guards for bruxism are not covered unless coverage is elected or mandated by the state.

This Overview is preliminary to the issuance of the Policy. Refer to your Certificate for details. Receipt of this Overview does not constitute approval of coverage under the Policy. In the event of a discrepancy between this Overview, the Certificate and the Policy, the terms of the Policy will govern. Product offerings may not be available in all states and may vary depending on state laws and regulations.

This plan does not provide coverage for pediatric oral health services that satisfies the requirements for "minimum essential coverage" as defined by The Patient Protection and Affordable Care Act (PPACA).

Sun Life companies include Sun Life and Health Insurance Company (U.S.) and Sun Life Assurance Company of Canada (collectively, "Sun Life").

Group insurance policies are underwritten by Sun Life Assurance Company of Canada (Wellesley Hills, MA) in all states, except New York, under Policy Form Series 15-GP-01 and 16-DEN-C-01.

GVBH-EE-8384 SLPC 29579

A Sun Life account provides information about your coverage and makes submitting claims easy.

It's the simplest way to stay up-to-date on your plan and claims. Just head to www.sunlife.com/createaccount and register. You can also snap the QR code to be taken to the registration page. Our site is available via mobile or desktop.

Your Sun Life account allows you to:

- Upload claims
- View claim status and payment information
- Report your return-to-work date
- Submit requests for leave of absence
- Submit medical forms (Evidence of Insurability) where required
- Access your Employee Assistance Program (EAP), benefits information and more

Dental Members

Your Sun Life account provides access to:

- Your recent dental visit history
- A printable Dental ID card
- Resources to search for an in-network provider

After registering, you'll receive an email confirmation.

Tips

- Your Username must have 8 to 30 characters with no spaces or special characters.
- Your password must have 8 to 32 characters, including at least one number, one lowercase letter, and one uppercase letter. Password can only contain letters and numbers and cannot have any spaces, special characters or punctuation.

Forgot your Username? Head to sunlife.com/account and fill in the information to retrieve it.

For more information, to register by phone, or if you need help, just call 800-247-6875, Monday through Friday from 8 a.m. to 8 p.m. ET. We're here to answer all your questions.

Tips for using your dental plan

Your dentist office will want to know that you are a Sun Life plan member at your next visit. Simply share a copy of your new dental ID card with them. You can access a copy of your dental ID card through your Sun Life account. Quick references to register and access your account are included on this page. Please note that printed dental ID cards are not provided and/or mailed to your home.

Check out our short video for step-by-step instructions on downloading your dental ID card at sunlife.com/dentalIDCard.

Online services

Your mobile-responsive Sun Life account gives you access to everything you need to know about your dental plan, including your dental ID card, benefit schedule and more. To complete your registration, you will need your Social Security number or member ID, and date of birth. Register today at sunlife.com/account.

24/7 virtual dental visits

Sun Life PPO dental members[1] have access to dental visits through teledentistry.com/sunlife.[2]

Find a dentist

If your plan leverages one of our networks, you can easily search for a dentist online. Your network is listed on the back of your dental ID card. To find a participating dentist, visit sunlife.com/findadentist.

Is your dentist not in our network? Nominate your dentist at sunlife.com/findadentist!

Dental Health Center

Get the most from your dental plan by visiting our Dental Health Center. Learn more about dental treatments, average costs, and you can even pose questions through ask-a-dentist. Take control of your dental health at sunlife.com/dentalhealthcenter.

We look forward to providing you and your family with dental benefits and great service!

carebridge
EMPLOYEE ASSISTANCE PROGRAM

From Prevention to Intervention, **Carebridge Can Help.**

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

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

Mental Health Support

Build resilience and overcome life's tough moments.

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

Work-Life Services

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

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

Emotional Wellbeing & Behavioral Change

Reach your highest potential every day.

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

Use your Carebridge EAP to your advantage today!

800.437.0911

clientservice@carebridge.com
myliferesource.com

Access Code: TTY4N

Download the Carebridge EAP App

Download on the App Store

GET IT ON Google Play

FLEXIBLE SPENDING ACCOUNT (FSA)

Save smarter with an FSA

Use your pretax dollars to pay for eligible out-of-pocket health and dependent care expenses

The savings are real. With an FSA, you set aside pretax earnings to pay for eligible health and dependent care expenses. That adds purchasing power, because the money you would have paid in taxes is available for you to spend.

→ Health care FSA

Eligible health care expenses include copays, coinsurance, and deductibles; dental and vision expenses; prescriptions and over-the-counter health care supplies from select retailers.

Plus, you may enjoy extra savings on eligible over-the-counter health care items for online and in-store purchases.

→ Dependent care FSA

Pay for eligible child and adult care expenses, such as day care, preschool, and nursery school, in-home aid, and more. Funds are for your dependent(s) age 12 or younger or a spouse or dependent incapable of self-care.

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You can contribute up to the IRS limit in pretax dollars and, for health care FSAs, the full amount is available to use from the start of the plan year.*

Helpful FSA tips

1. Save your receipts, in case you need to submit documentation for a purchase.
2. Check IRS contribution limits and the list of common eligible expense items on your employer's plan document or at **inspirafinancial.com**.
3. Change your contribution if you have a change in status**, such as marital, employment, or number of tax dependents.
4. There is a use-it-or-lose-it rule — you should carefully estimate your expenses so you don't lose funds at the end of the year. There's a run-out period that gives you extra time to submit claims for reimbursement and some plans offer a grace period that gives you additional days to use your funds.* See your plan details to know how long you have to submit your claims after your plan year ends.
5. You must be working or looking for work to use your dependent care funds. If you're married, your spouse must either be working, looking for work, or a full-time student.

Choose your way to pay

→ Pay yourself back

with funds from your FSA when you use cash, a check, or your personal credit card.

→ Pay your provider

directly from your account.

→ Use your Inspira Card™

for a health care expense and it will be paid automatically from your account. Save receipts and explanation of benefits in case you need to substantiate a purchase.

Get the Inspira Mobile™ app

It's the easiest way to manage your account and view alerts, submit claims, and use the barcode scanner to verify eligible items in-store.

→ Add an FSA to your benefits plan today

For more information visit **inspirafinancial.com** or scan the QR code.

*Employer plans may differ. See your employer's Summary Plan Description for specific details about your plan.
**You must apply for a change in your election through your employer. See your employer's Summary Plan Description for specific details about your plan.

Note: Standard text messaging rates and other rates from your wireless carrier may apply when using the Inspira App.

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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.

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