

403(b) RETIREMENT PLAN

Pomfret School offers a 403(b) retirement plan under the Teachers Insurance and Annuity Association (TIAA).

All employees are eligible to participate in the plan.

Employees who work 1,000 hours or more per year are eligible for the matching below:

Your Contribution	School Match
1%	5%
2%	6%
3%	7%
4%	8%
5% or more	9%

Contributions can be made either pre or post (Roth) tax.

ADDITIONAL BENEFITS

Tuition Remission: Dependent children of full time employees with 2 full years of service at Pomfret School, who are accepted by Admissions, are eligible for day student tuition remission.

School Store: All employees receive a 15% discount on clothing and gifts.

Dining Hall: All employees have access to the schools dining hall during scheduled work time.

Fitness Center, Tennis & Squash Courts: All employees may utilize the center at no charge.

YMCA: 10% membership discount

Chapel & Lodge: All employees may rent these facilities at a reduced rate.

Computer Loan Program: All employees may take advantage of the School's loan program for technology with an interest free loan to be repaid through payroll deduction within 12 months.

Additional Discounts: Occasionally the School receives additional discounts from various vendors and service providers. Please refer to the benefits section of the school website.

Pomfret School ID provides you discounts at select retailers.

PAID TIME OFF

Staff

***Eligibility:** Active employees regularly working 30 hours or more per week.

Holidays

Independence Day	Winter Shut Down (12/24-1/1)
Labor Day	Spring Day (3rd Friday of March)
Thanksgiving	Memorial Day
Day after Thanksgiving	Juneteenth

Paid Time Off (PTO)/Vacation: Please refer to the Employee Handbook for details.

Faculty

Teaching Faculty follow the school schedule, but will have some obligations when school is not in session.

USEFUL CONTACTS

Human Resources / Payroll

Sandra Dean - (860) 963-6188

sdean@pomfret.org

Joanne Mann - (860) 963-6191

jmann@pomfret.org

Benefit Broker Help Line

Michael Conlan - (203) 687-8145

Michael.Conlan@nfp.com

Anthem BC BS

www.anthem.com

(800) 440-3619

Meritain

www.meritain.com

(800) 925-2272

Welldyne

www.welldyne.com

(888) 479-2000

Employee Assistance Program—New York Life

guidanceresources.com Web ID: NYLGBS

(800)-344-9752

New York Life

www.nylife.com

(800) 732-1603

EyeMed

www.eyemedvisioncare.com

(866) 804-0982

TIAA

www.tiaa.org

(800) 842-2776

First Stop Health

www.fshealth.com

(888) 691-7867

Northeast Federal Credit Union

www.nefamily.coop

(860) 423-1601

Renters Insurance / Fred C. Church

www.fredchurch.com/request-quote

(800) 225-1865 ext. 7365 or clientservices@fredchurch.com

Disclaimer:

Every effort has been made to ensure the accuracy of the information in the Benefit Overview. Plan provisions summarized in the overview contain only highlights. If there is a discrepancy between this overview and the plan documents, the plan documents will govern.

Although Pomfret School intends to continue all benefits in their present form, they reserve the right to amend, suspend or terminate, in whole or in part, any or all of the plans at any time. You will be notified promptly if any changes are made.



29 So. Main Street, West Hartford, CT 06107



POMFRET
S C H O O L

Employee Benefits Overview

2024-2025

Provided by:



MEDICAL INSURANCE



***Eligibility:** Active employees regularly working 30 hours or more per week.

High Deductible Health Plans with HSA (In-Network Benefits)

Plan 1: Deductible: \$2,000 Individual / \$4,000 Family
(Employee + 1 or more dependents equals the Family Deductible)

Out of Pocket Maximum: \$3,000 Individual / \$6,000 Family

Plan 2: Deductible: \$3,200 Individual / \$6,400 Family
(Employee + 1 or more dependents equals the Family Deductible)

Out of Pocket Maximum: \$4,000 Individual / \$8,000 Family

Both Plans:

Preventive Care: \$0 co-pay (one per year)

PCP / Specialist: Covered in full *after* deductible

ER / Urgent Care: Covered in full *after* deductible

Inpatient Hospital Care: Covered in full *after* deductible

Outpatient Surgery: Covered in full *after* deductible

Advanced Imaging: Covered in full *after* deductible

Prescriptions: (co-pays *after* deductible)

Retail \$5/\$25/\$40

Mail Order: \$10/\$50/\$80 (90 day supply)

	Employee	Two Person	Family	2 Employee Family
Plan 1:				
Bi-Monthly (24):	\$74.17	\$159.47	\$200.27	\$180.24
Monthly (12):	\$148.34	\$318.94	\$400.53	\$360.48

	Employee	Two Person	Family	2 Employee Family
Plan 2:				
Bi-Monthly (24):	\$49.52	\$106.48	\$133.72	\$120.35
Monthly (12):	\$99.05	\$212.95	\$267.44	\$240.70

Hospital Deductible Plan (In-Network Benefits)

Deductible: \$1,500 Individual / \$3,000 Family

Out of Pocket Maximum: \$6,350 Individual / \$12,700 Family

Preventive Care: \$0 co-pay (one per year)

PCP / Specialist: \$20 co-pay / \$30 co-pay

ER / Urgent Care: \$75 co-pay per visit / \$50 co-pay

Inpatient Hospital Care: Covered in full *after* deductible

Outpatient Surgery: Covered in full *after* deductible

Advanced Imaging: \$75 co-pay

Prescriptions :

Retail \$5/\$25/\$40

Mail Order \$10/\$50/\$80 (90 day supply)

	Employee	Two Person	Family	2 Employee Family
Bi-Monthly (24):	\$172.69	\$371.30	\$466.26	\$442.50
Monthly (12):	\$345.37	\$742.59	\$932.53	\$885.00

HEALTH SAVINGS ACCOUNT

A Health Savings Account (HSA) is a tax-advantaged spending and savings account that is used to pay qualified medical expenses. All employees who are enrolled in a High Deductible Health Plan with Pomfret School may make pre-tax contributions to a Health Savings Account through payroll deductions. In 2024, the maximum is \$4,150 for an individual and \$8,300 for family coverage. Individuals age 55 and up can make an additional “catch up” contribution of \$1,000. The school will be making a \$300 contribution. If two family members are employees, the contribution will be made to the primary insurance member.

DENTAL INSURANCE



***Eligibility:** Active employees regularly working 30 hours or more per week.

Anthem Dental Prime Network (In-Network Benefits)

Deductible: \$50 per person/\$150 per family, **per calendar year**

Calendar Year Maximum: Low Plan - \$1,000 per person

High Plan - \$1,500 per person

Type 1 Services (Not subject to deductible): **100%**

Exams & Cleanings, X-Rays, Fluoride

Type 2 Services (Subject to deductible): **100%**

Sealants, Fillings, Root Canals, Periodontics, Oral Surgery

Type 3 Services—High Plan Only—(Subject to deductible): **60%**

Crowns, Dentures, Bridges, Dental Implants, Prosthetic repairs/adjustments

<u>Low Plan:</u>	Employee	Employee & Spouse	Employee & Children	Family
Bi-Monthly (24):	\$17.33	\$34.06	\$53.04	\$69.77
Monthly (12):	\$34.66	\$68.12	\$106.08	\$139.53

<u>High Plan:</u>	Employee	Employee & Spouse	Employee & Children	Family
Bi-Monthly (24):	\$31.75	\$62.90	\$67.99	\$99.14
Monthly (12):	\$63.49	\$125.80	\$135.97	\$198.27

DEPENDENT CARE REIMBURSEMENT ACCOUNT

***Eligibility:** Active employees regularly working 30 hours or more per week. A dependent care reimbursement account is a tax-advantaged spending account that can be used to pay qualified dependent care expenses.
-The Dependent Care Reimbursement Account (DCRA) annual limit, set by the IRS, is **\$5,000** or **\$2,500** if married and filing separately.
-The annual election amounts for a DCRA are based on a fiscal year beginning every July 1st. This account is administered by Pomfret School.

VOLUNTARY VISION



***Eligibility:** Active employees regularly working 30 hours or more per week. The Vision Insurance is through EyeMed, which covers you for an annual routine vision eye exam and hardware coverage for frames, lenses and contacts. Please refer to the EyeMed Summary of Benefits for additional coverage details.

	Employee	EE & Sp	EE & Children	Family
Bi-Monthly (24):	\$3.11	\$5.91	\$6.22	\$9.15
Monthly (12):	\$6.22	\$11.82	\$12.44	\$18.29

EMPLOYEE ASSISTANCE PROGRAM

Life Assistance is a no-cost, company-sponsored Employee Assistance Program (EAP) available for employees and dependents that offers completely confidential support, resources and information to get through life's challenges. Toll free phone **1-800-344-9752** and 24/7 web access
Website: guidanceresources.com Web ID: NYLGBS
Three face to face visits with an in network provider at no cost.

Telemedicine - First Stop Health



First Stop Health provides 24/7/365 access to U.S. board-certified doctors by phone or video consults with \$0 copay. The service is intended to provide the most convenient solution for non-emergency medical issues at no cost and unlimited visits.

First Stop Mental Health provides confidential therapy on your terms with virtual access to licensed therapists at no cost and unlimited visits.

For those employees electing Pomfret School's medical insurance, the School will pay for this benefit fully for YOU and ALL of your dependent family members 18 years and over.

For those employees waiving medical insurance, you may also purchase First Stop Health for just \$12.00 per month.

LIFE / AD&D INSURANCE



***Eligibility:** Active employees regularly working 30 hours or more per week.

Group Term Life Benefit:

Pomfret School provides a life insurance benefit equal to 1 times annual salary to a maximum of \$200,000.

Group Term Life Benefit Reductions:

Life insurance coverage is reduced by 35% at age 70 and reduced by an additional 15% at age 75.

Accidental Death and Dismemberment (AD&D):

AD&D benefit is equal to 1 times annual salary to a maximum of \$200,000.

VOLUNTARY LIFE INSURANCE



***Eligibility:** Active employees regularly working 30 hours or more per week.

An employee may purchase additional life insurance in increments of \$10,000 to a maximum of 5x annual salary up to \$300,000; additional life insurance for a spouse in increments of \$5,000 to a maximum of \$150,000 (this benefit may not exceed the employee benefit amount); and additional life insurance for dependent children in increments of \$5,000 to a maximum of \$10,000.

LONG TERM DISABILITY



***Eligibility:** Active employees regularly working 30 hours or more per week.

Long Term Disability benefit pays 60% of pre-disability earnings to a maximum monthly benefit of \$7,500. Benefit payments begin after 90 days and continue until the latter of age 65 or Social Security Normal Retirement age.