VOLUNTARY LIFE NSURANCE

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.

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. The school has a graded 5 year vesting program.

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 **20%** 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.

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

Our insurance broker, NFP, is available for questions on the plan offerings:

Benefit Broker Help Line: NFP
Jackie Zielinski, Sr. Account Executive
Phone: (203) 623-0417
Email: jackie.zielinski@nfp.com

Nate Simmons, Sr. Account Manager
Phone: (860) 507-8888
Email: nate.simmons@nfp.com

Human Resources / Payroll
Joanne Mann - (860) 963-6191
jmann@pomfret.org

Medical/Pharmacy Benefit Manager: Meritain
www.meritain.com
(800) 925-2272

Telehealth: First Stop Health
www.fshealth.com
(888) 691-7867

Dental: Anthem BCBS
www.anthem.com
(800) 440-3619

Vision: EyeMed
www.eyemedvisioncare.com
(866) 804-0982

Retirement: TIAA
www.tiaa.org
(800) 842-2776

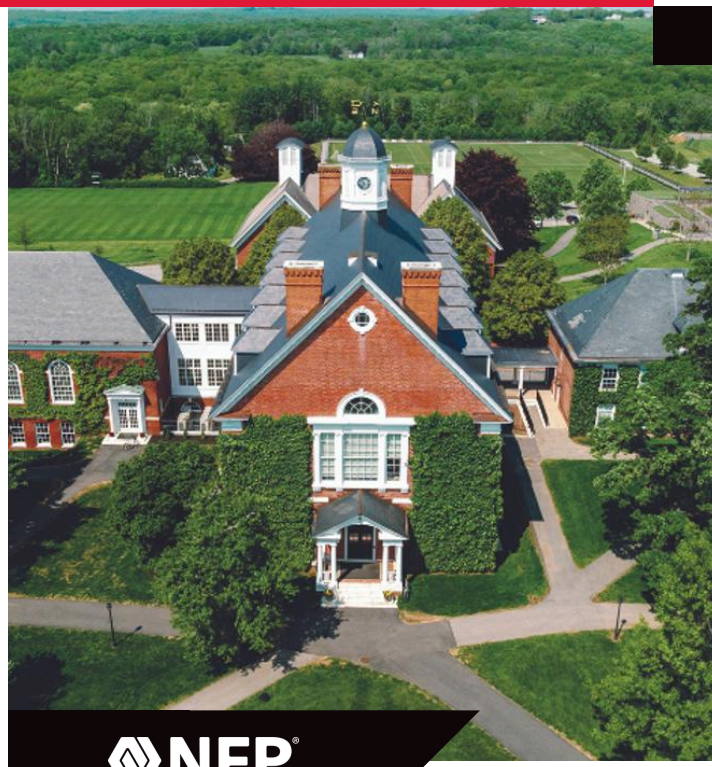
Life/LTD/AD&D Insurance: New York Life
www.nylife.com
(800) 732-1603

Employee Assistance Program: New York Life
guidanceresources.comWeb ID: NYLGBS
(800)-344-9752

Renters Insurance: Fred C. Church
www.fredchurch.com/request-quote
(800) 225-1865 ext. 7365 or clientservices@fredcchurch.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. IF ANY CHANGES ARE MADE YOU WILL BE NOTIFIED PROMPTLY.



EMPLOYEE BENEFITS OVERVIEW 2026-2027

POMFRET SCHOOL

MEDICAL INSURANCE - GROUP #: 16898

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

HDHP/HSA $2,000/$4,000 Plan

In Network Benefits:

- Plan Deductible: $2,000 Individual / $4,000 Family
- Max Out of Pocket: $3,000 Individual / $6,000 Family
- PCP/Specialist Office Visit: 0% after plan deductible
- Preventive Care: $0 - no cost
- Inpatient Hospital: 0% after plan deductible
- Outpatient Hospital: 0% after plan deductible
- Urgent Care: 0% after plan deductible
- Emergency Room: 0% after plan deductible

Out of Network Benefits:

- Plan Deductible: $4,000 Individual / $8,000 Family
- Coinsurance: 70%
- Max Out of Pocket: $6,500 Individual / $13,000 Family

Bi-Monthly (24):
EE: $81.65 EE + 1: $175.55 FAM: $220.45 2 EE FAM: $198.40

Monthly (12):
EE: 163.30 EE + 1: $351.09 FAM: $440.90 2 EE FAM: $396.80

HDHP/HSA $3,300/$6,600 Plan

In Network Benefits:

- Plan Deductible: $3,300 Individual / $6,600 Family
- Maximum Out of Pocket: $4,000 Individual / $8,000 Family
- PCP/Specialist Office Visit: 0% after plan deductible
- Preventive Care: $0 - no cost
- Inpatient Hospital: 0% after plan deductible
- Outpatient Hospital: 0% after plan deductible
- Urgent Care: 0% after plan deductible
- Emergency Room: 0% after plan deductible

Out of Network Benefits:

- Plan Deductible: $5,000 Individual / $10,000 Family
- Coinsurance: 70%
- Max Out of Pocket: $7,500 Individual / $14,000 Family

Bi-Monthly (24):
EE: $54.52 EE + 1: $117.21 FAM: $154.52 TWO EE FAM: $132.48

Monthly (12):
EE: 109.03 EE + 1: $234.41 FAM: $309.04 TWO EE FAM: $264.95

Hospital Deductible $1,500 Plan

In Network Benefits:

- Plan Deductible: $1,500 Individual / $3,000 Family
- Max Out of Pocket: $6,350 Individual / $12,700 Family
- PCP/Specialist Office Visit: $20 / $30 Copay
- Preventive Care: $0 - no cost
- Inpatient Hospital: 0% after plan deductible
- Outpatient Hospital: 0% after plan deductible
- Urgent Care: $50 copay
- Emergency Room: $75 copay

Out of Network Benefits:

- Plan Deductible: $15,000 Individual / $30,000 Family
- Coinsurance: 70%
- Max Out of Pocket: $20,000 Individual / $40,000 Family

Bi-Monthly (24):
EE: $190.09 EE + 1: $408.71 FAM: $513.25 TWO EE FAM: $487.09

Monthly (12):
EE: 380.18 EE + 1: $817.42 FAM: $1,026.50 TWO EE FAM: $974.18

DENTAL INSURANCE - GROUP #: DD3083

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

Low Plan

In Network & Out of Network Benefits:

- Annual Deductible: $50 Individual/$150 Family
- Preventive Care: 100%
- Basic Care: 100%
- Major Care: Not Covered
- Annual Maximum Benefit: $1,000 per covered individual per plan year
- Orthodontics: Not Covered

Bi-Monthly (24):
EE: $18.11 ES: $35.59 EC: $55.43 FAM: $72.91

Monthly (12):
EE: $36.22 ES: $71.18 EC: $110.85 FAM: $145.81

High Plan

In Network & Out of Network Benefits:

- Annual Deductible: $50 Individual/$150 Family
- Preventive Care: 100%
- Basic Care: 100%
- Major Care: 60%
- Annual Maximum Benefit: $2,000 per covered individual per plan year
- Orthodontics: 50% to Lifetime Maximum of $2,000 per child to age 19

Bi-Monthly (24):
EE: $36.33 ES: $71.99 EC: $77.81 FAM: $113.45

Monthly (12):
EE: $72.66 ES: $143.97 EC: $155.61 FAM: $226.90

VISION INSURANCE

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

In Network Benefits:

- Routine Eye Exam: $10 copay; once every 12 months
- Frames: $130 allowance and 20% off balance over $130 every 24 months
- Lenses -1 pair, once every 12 months
  - $25 copay for Single/Bifocal/Trifocal/Lenticular
- Contacts Lenses (in lieu of lenses): up to a $130 allowance; 15% off balance over $130; once every 12 months

Bi-Monthly (24):
EE: $3.11 ES: $5.91 EC: $6.22 FAM: $9.15

Monthly (12):
EE: $6.22 ES: $11.82 EC: $12.44 FAM: $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.comWeb ID: NYLGBS
Three face to face visits with an in network provider at no cost.

TELEHEALTH

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.

HEALTH SAVINGS ACCOUNT

Employees enrolled in a High Deductible Health Plan with Pomfret School may make pretax contributions through payroll deductions to use for qualified medical, dental & vision expenses.

Pomfret School will make a $500 contribution per family to employees who are enrolled in a High Deductible Health Plan through Pomfret School and have a Health Savings Account in their name.

IRS Max Contributions for 2026: $4,400 Single / $8,750 Family; Age 55+ is allowed a $1,000 Catch-up Contribution

DEPENDENT CARE SPENDING 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 **$7,500** or **$3,750** 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.

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.

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 $10,000. Benefit payments begin after 90 days and continue until the latter of age 65 or Social Security Normal Retirement age.

This benefit is paid for in full by Pomfret School.