



Colby·Sawyer College



Employee Benefit Summary 2026

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Colby·Sawyer
College

Your Individual Benefits Plan

Welcome to Colby-Sawyer College! As an employee of the college you are eligible to participate in a competitive benefits program based on your category of employment. This summary of benefits is provided to give you a general overview of the benefit choices you have as a Colby-Sawyer employee. Employee benefit plans may be changed at the sole discretion of the college. If there are any discrepancies between this summary and the plan documents, the plan documents will supersede this summary.

Please read all benefit information provided to you. Once you make benefit elections they will be effective for the plan year. The only time you can change your benefits during the plan year is in the event of a qualified life change. A qualified life change is defined as the birth or adoption of a dependent, death of a dependent, marriage, divorce, or loss of other coverage. In order to make a change to your benefits, you must notify the Human Resources Department within 30 days of the qualified life event. We will have an open enrollment period annually, which will allow you an opportunity to change your benefit election.

Eligibility

Coverage of the following benefits begins the first day of the month following the date of employment, unless otherwise noted.
Dependent children of employees are those up to age 26.

Full-time employees can elect single person, two-person or family medical and/or dental coverage and life, through Harvard Pilgrim and Delta Dental, respectively. Domestic partners of benefit-eligible employees are also eligible for medical and dental plan coverage, tuition remission benefits, use of our employee assistance program, and membership discount at the Hogan

Benefit eligibility is defined under the following two categories:

Category 1:

Regular Full-Time employees are scheduled to work at least 30 hours/week (or 3/4 time), at least 9 months/year.

Regular Part-Time employees are scheduled to work at least 20 hours/week (or 1/2 time), at least 9 months/year.

Non-Regular employees work in budgeted, part-time positions, fewer than 20 hours per week, or on a schedule that is less than an academic year in length.

Category 2:

Faculty- Primarily academic job duties.
Staff- Primarily administrative job duties.

Colby-Sawyer College offers medical insurance through HealthPlans Inc. (HPI) using the Harvard Pilgrim network. The plan options that are offered to eligible employees are a choice of an Elevate Health HMO, LP HMO or a PPO Plan. The Elevate Health network has two levels of benefits Tier 1 and Tier 2. Tier 1 benefits will be available by using providers within the Elevate Health Network. All other Harvard providers will be considered Tier 2. If you elect the PPO Plan, it means that when you choose to use participating providers, you receive the highest level of benefits (In-Network). You may also choose to utilize non-participating providers. These services would be subject to the Out-of-Network Benefits.

HPI - Elevate Health - Option #1

Plan Features	Tier 1 ElevateHealth Provider Member Cost Sharing	Tier 2 Other HPHC Provider Cost Sharing
General Deductible	\$3,000 per member per calendar year \$6,000 per family per calendar year	\$4,000 per member per calendar year \$8,000 per family per calendar year
Out-of-Pocket Maximum	\$6,500 per member \$13,000 per family	
Routine exams and prevention care, including immunizations	No charge	
Consultation, evaluations and sickness and injury care	Level 1: \$25 copayment per visit Level 2: \$50 copayment per visit	Tier 2 Deductible, then 20% coinsurance
Inpatient Care	Deductible	Tier 2 Deductible, then 20% coinsurance
Speech, occupational and physical therapy – limited to 60 visits combined per condition	Level 2: \$50 copayment per visit	Tier 2 Deductible, then 20% coinsurance
Surgical Outpatient	Tier 1 Deductible, then \$150 copay	Tier 2 Deductible, then 20% coinsurance
Scopic Procedures – Colonoscopy, endoscopy and sigmoidoscopy Outpatient hospital facility	Tier 1 Deductible, then \$150 copay	Tier 2 Deductible, then 20% coinsurance
CT Scan, PET Scan, MRI, MRA, nuclear medicine services	Deductible, then no charge	Tier 2 Deductible, then 20% coinsurance
Laboratory & X-rays	No charge	Tier 2 Deductible, then 20% coinsurance
Durable Medical Equipment	\$100 copay/once a year, then 20% coinsurance	
Mental Health and Substance Abuse	Inpatient: No charge Outpatient Group therapy: \$10 per visit; Individual therapy: \$25 per visit	
Emergency Admission Emergency Room Care	Tier 1 Deductible, then no charge \$250 copayment per visit, waived if admitted	
Convenience Care Clinic Urgent Care Clinic Hospital Urgent Care Clinic	Level 1: \$25 copay per visit Level 2: \$50 copay per visit Tier 1 Deductible, then \$150 copay per visit	Deductible, then 20% coinsurance Deductible, then 20% coinsurance Deductible, then 20% coinsurance
Prescriptions	<u>Retail Pharmacy - 30 Day Supply</u> Generic: \$10 copay Preferred Brand: \$30 copay Non-Preferred Brand: \$50 copay Specialty: 30% coinsurance \$300 max/script	<u>Mail Order - 90 Day Supply</u> Generic: \$20 copay Preferred Brand \$60 copay Non-Preferred Brand: \$150 copay Specialty: 30% coinsurance \$600 max/script

HPI Best Buy Tiered HMO LP – Option #2

Plan Feature	Harvard Pilgrim Best Buy Tiered HMO LP	
General Deductible	\$3,000 per member per calendar year \$6,000 per family per calendar year	
Out-of-Pocket Maximum includes all member cost sharing	\$6,500 per member \$13,000 per family	
Routine exams and preventive care including immunizations	No charge	
Consultations, evaluations and sickness and injury care	Copay Level 1: \$25 copay per visit Copay Level 2: \$50 copay per visit	
Inpatient care	Deductible, then no charge	
Speech, occupational and physical therapy limited to 60 visits combined per condition	\$50 copay per visit	
Surgical Outpatient	Select LP Providers: \$100 copay Other Plan Providers: Deductible, then no charge	
Scopic Procedures – Outpatient Diagnostic and Therapeutic Colonoscopy, endoscopy and sigmoidoscopy	Select LP Providers: \$100 copay Other Plan Providers: Deductible, then no charge	
CT Scan, PET Scan, MRI, MRA and Nuclear medicine services	Deductible, then no charge	
Laboratory	Select LP Providers: No charge Other Plan Providers: Deductible, then no charge	
X-rays	Deductible, then no charge	
Durable Medical Equipment	\$100 Copay 1x per year, then 20% coinsurance.	
Mental Health and Substance Abuse	Outpatient Group therapy \$10 Copay Individual \$25 Copay	Inpatient Covered 100%
Emergency Room Care	Deductible, then \$250 per visit (waived if admitted)	
Convenience Care Clinic Urgent Care Clinic Hospital Urgent Care Clinic	\$25 copay per visit \$50 copay per visit Deductible, then \$75 copay per visit	
Prescriptions	<u>Retail Pharmacy - 30 Day Supply</u> <u>Mail Order - 90 Day Supply</u>	
	Generic: \$10 copay Preferred Brand: \$30 copay Non-Preferred Brand: \$50 copay Specialty: 30% coins to \$300 max/script	Generic: \$20 copay Preferred Brand: \$60 copay Non-Preferred Brand: \$150 copay Specialty: 30% coins to \$600 max/script

HPI PPO LP – Option #3

Plan Features	Network Benefits	Out-of-Network Benefits
General Deductible	\$3,000 per Member \$6,000 per Family	\$6,000 per Member \$12,000 per Family
Coinsurance	None	20% Coinsurance
Out-of-Pocket Maximum	\$6,500 per member/ \$13,000 per family per Calendar year	
Routine exams and preventive care	Covered in full	All services are subject to deductible & coinsurance
Consultations, evaluations and sickness care	\$25 PCP / \$50 Specialist or Network	
Inpatient Care	Subject to deductible	
Laboratory	Select LP Provider: no charge Other Plan Providers: Deductible, then no charge	
Physical, occupational, & speech therapy- up to 60 combined per condition	\$50 per visit	
Outpatient Surgery	Select LP Provider: \$100 copay per visit Other Plan Providers: Deductible, then no charge	
X-rays	Subject to deductible	Same as Network Benefits
Mental Health & Substance Abuse	Outpatient \$25 per visit Inpatient covered in full	
Emergency Room Care	Deductible then \$250 copayment	
Prescriptions	<u>Retail Pharmacy - 30 Day Supply</u> Generic: \$10 copay Preferred Brand: \$30 copay Non-Preferred Brand: \$50 copay Specialty: 30% coins to \$300 max/script <u>Mail Order - 90 Day Supply</u> Generic: \$20 copay Preferred Brand: \$60 copay Non-Preferred Brand: \$150 copay Specialty: 30% coins to \$600 max/script	

The benefit overviews are only a summary of benefits, please consult corresponding outline of benefits. Exceptions & exclusions apply.

Your medical plan is self-insured and administered by: Health Plans, Inc. (HPI). Note: For more detailed information on benefits, limitations and exclusions refer to the Summary of Benefits and Summary Plan Description. Please contact HPI at 800-532-7575 with questions regarding coverage or claims

Save Money with Low-Cost Providers

Why pay more when you don't have to?

Saving money doesn't mean sacrificing quality. When your plan has LP (low-cost provider) benefits, you can pay lower out-of-pocket costs for lab and outpatient surgery services when you receive them at select LP facilities.

When you use LP facilities:*

- The deductible will not apply.
- Lab tests are covered at no charge to you (excluding genetic testing).
- You'll pay a copayment for outpatient surgery.

**If you are enrolled in a Qualified High Deductible Health Plan, benefits are subject to the deductible. Specific coverage may vary by plan. Please refer to your Summary Plan Description for details.*

For the most up-to-date information on LP facilities, visit harvardpilgrim.org.

- Click Find a Provider and choose SELECT A PLAN.
- Under Filter Your Results, select HMO for Plan Type and LP for Plan Category. Then, click the HMO-LP link that appears under LP (Low-Cost Provider) Plans.
- Enter your zip code. You can opt to search by name/facility or specialty.
- On the next screen, click Low Cost Provider on the left in the Filter Your Results column, then select Show only Low-Cost Providers.
- LP facilities will be shown with an LP (Low-Cost Provider) label.

This list may change at any time without prior notice. Refer to the online provider directory at harvardpilgrim.org for the latest information.



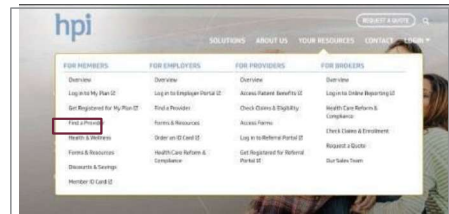
Have other questions? Contact HPI Customer Service at the phone number or website listed on the back of your member ID card.



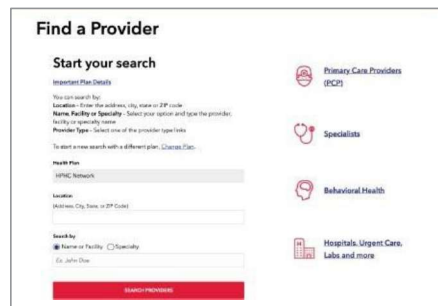
LP & PPO Plans: Find a Harvard Pilgrim Provider Online

Already an HPI member? For quick access to your provider network search tool, use your member ID number to register for *My Plan*.

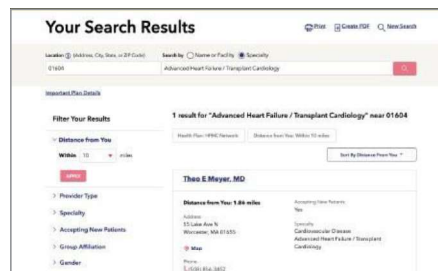
1. Go to hpiTPA.com and visit the Members Section.
2. Click **Find a Provider**, and then choose **HPHC Network only** from the Harvard Pilgrim and UnitedHealthcare network list.



3. To find a provider, you can search by:
Location: Enter an address, city, state or ZIP Code.
Name, Facility or Specialty: Select your option and type in the provider, facility or specialty name.
Provider Type: Select one of the provider type links.



4. View your results. You can refine your results by choosing from the Filter Your Results list.



Have questions? Contact HPI Customer Service at 800-532-7575 or visit us online at hpiTPA.com



Elevate Options Plan: Find an ElevateHealth Provider Online

Already an HPI member? For quick access to your provider network search tool, use your member ID number to register for **My Plan**.

1. Go to **hpiTPA.com** and visit the Members Section.



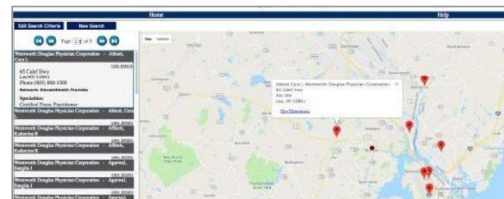
2. Click **Find a Provider**, and then choose **ElevateHealth** from the network list.



3. To find a provider near you, enter a city and state or ZIP Code. Narrow your results by specialties, sub-specialties, hospital and doctor last name.



4. Sort your results by provider name or distance and choose how you would like to view your results.



Have questions? Contact HPI Customer Service at 800-532-7575 or visit us online at hpiTPA.com

See a doctor now, wherever you are.

Access to a licensed professional at your fingertips

dr+ on demand

It's fast and easy

- Connect virtually with a physician in minutes¹
- Video visits held online or through the mobile app
- Pay only your office visit/PCP-level cost share
- Referrals are not required
- Paperless prescriptions are sent directly to your pharmacy²

Medical Urgent Care Visits

Doctors can diagnose, treat and write prescriptions for many conditions, including:

- Coughs/colds/flu
- Sore/strep throat
- Pediatric issues
- Sinus and allergies
- Nausea/diarrhea
- Rashes and skin issues
- Women's health
- Sports injuries

Behavioral Health Visits³

Psychologists support you using talk therapy, while psychiatrists will also look for biological imbalances and can prescribe medicine as part of a treatment plan.⁴

¹ Availability more limited during overnight hours.

² Doctor On Demand physicians do not prescribe Schedule I-IV DEA controlled substances, and may elect not to treat or prescribe other medications based on what is clinically appropriate.

³ Doctor On Demand is not meant for crisis or emergency mental health situations. If you are experiencing a crisis or emergency, call 911 or go to your nearest emergency room. Psychology visits are typically available within 48 hours to one week and psychiatry visits are typically available within 2-3 weeks.

⁴ Doctor on Demand psychiatrists can prescribe medications when necessary for treatment; however, Doctor On Demand does not prescribe any controlled substances. In these cases, alternatives with less potential for abuse and dependence may be offered.



How it works

1. Download the app on your mobile device or access doctorondemand.com/health-plans-inc
2. Create your account and enter insurance (choose Health Plans, Inc.) and pre-consult information.
3. Complete a questionnaire of current symptoms and medical history.
4. Pay cost-share via app or website.
5. Consult with a Doctor On Demand board certified provider.
6. Receive email follow up after the visit to share with your PCP, or request that it be sent directly to your PCP.

The details of your consultation will not be forwarded to your PCP without your consent.



or web video visits at
doctorondemand.com/health-plans-inc



Have questions about Doctor On Demand? Contact Member Support at 800-997-6196 or support@doctorondemand.com.

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Discounts & Savings

Present your HPI member ID card and save!

Receive exclusive discounts on health-related products and services through HPI's affiliation with Harvard Pilgrim Health Care.

Fitness

Fitness Programs & Equipment

- Marathon® Sports (MA)
- ProSourceFit
- Runner's Alley (NH)
- SplitFit (MA)
- Workout Fitness Store (ME)

Holistic Wellness

- Center for Mindfulness and Compassion at the Cambridge Health Alliance (MA)
- Complementary & Alternative Medicine (CAM) †
- DharmaCrafts
- Ivy Child
- Magic Weighted Blanket
- Mighty Well®
- Mindful Magazine
- Ompractice
- Sana Health
- Ten Percent Happier
- Unwinding Anxiety®

Vision

Eyewear Program

- Free eyewear with exam at Visionworks® in MA, NH, RI & NY *
- Discounts on prescription sunglasses and frames at Harvard Vanguard Medical Associates (MA)
- Discounts on frames, contacts and accessories through EyeMed-affiliated providers, including:**
 - IN Style OPTICALSM (MA)
 - LensCrafters®
 - Pearle Vision®
 - Target Optical®

Laser Vision Correction

- Davis Vision™
- QualSight® LASIK
- U.S. Laser Vision Network

Hearing Aids

- Amplifon Hearing Health Care
- Flynn Associates (MA)
- Speech-Language & Hearing Assoc. of Greater Boston, PC (MA)
- TruHearing™

Healthy Eating

- Eat Right Now®
- InsideTracker
- Jenny Craig®
- Savor Health™
- Savory Living®
- The Dinner Daily
- Weight Watchers of Maine

Quit Smoking

- Craving to Quit®
- QuitSmart®

Family & Senior Care

- CareScout® Elder Advocacy Program
- Lively™ (formerly GreatCall®)
- Home Instead Senior Care®
- SeniorAssist, from the Senior Resource Center, Inc. (MA)
- Vigorous Mind™

Important Notes

* You must have an eye exam and choose eyeglasses during the same visit. Additional restrictions apply.

** Valid at participating locations only. Restrictions apply.

† The CAM program is administered through Healthways WholeHealth Living Choices, and is not related to your medical benefits. Some benefit plans include coverage for services included in the CAM program, in which case the provider networks and office visits costs may differ. Please refer to your Summary of Benefits and Coverages for more information.

Vendor participation in the Discounts & Savings program is subject to change. For the most current information, visit us online at the website listed on the back of your member ID card. Please note that some discounts are available only at the vendor's retail location(s).



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SmithRx Connect 360

SmithRx can help lower your drug costs.

SmithRx's Connect 360 programs help you access cost-saving options, often reducing medication costs to little or nothing. Continuously evolving, Connect 360 ensures members get the best prices on their medications.

Here is the growing list of Connect 360 Programs:

Connect Access (CA-T & CA-S)	Capture manufacturer coupon savings on traditional and specialty medications. Members have a low or \$0 copay on prescriptions while also helping employers save on pharmacy benefit costs.
Access Plus	Leverages advocacy foundations and grant programs to reduce cost when a high-cost specialty medication is not covered under the pharmacy benefit. We assist members in navigating and applying to these different programs.
Cost Plus Drugs	Cost Plus Drugs is building an innovative pharmacy model that delivers medications at cost, plus a straightforward 15% markup, along with a \$5 dispensing fee and shipping. Cost Plus Drugs carries over 1,000 medications and is continuing to expand their drug list weekly.
Autoimmune	Through this program, SmithRx members can now access low cost, FDA-approved biosimilars such as Yusimry, a biosimilar for Humira, and Otulfi, a biosimilar for Stelara, through Cost Plus Drugs and Costco Specialty Pharmacy. FDA-approved biosimilars have no clinically meaningful differences in terms of safety and effectiveness from their brand-name counterparts, while offering a more affordable option for members with autoimmune conditions.
Multiple Sclerosis (MS)	Through the MS Program, members will transition to the lowest- cost Multiple Sclerosis treatment options on the market through Cost Plus Drugs.
Low-Cost Insulin (LCI)	This program helps reduce insulin costs at the pharmacy by transitioning to generic and biosimilar insulin products.
Diabetes Non-Insulin (DNI)	Through our partnership with Cost Plus Drugs, we are offering Brenzavvy, an SGLT2 inhibitor, as the lowest cost option for members with type 2 diabetes.
Referral Partner Program (340 B)	Provides members with lower net costs for eligible program medications. By providing access to discounted medications, the 340B program helps eligible healthcare organizations stretch their resources further, enhance patient care, and improve health outcomes.



Who is eligible for Connect 360 Programs?

Anyone on your prescription benefit plan is eligible for SmithRx Connect 360. There are no costs to participate, as long as you are enrolled with SmithRx's pharmacy benefits plan. A dedicated team of Connect 360 specialists proactively identifies medications that qualify for the program and reaches out to you to offer enrollment support in the option that provides the **lowest net cost** for your medication.

Maximize your Savings

The SmithRx Connect 360 Team works behind the scenes to find any medications you take that qualify for a Connect 360 program. They identify the program that results in the lowest net cost and contact you to help with enrollment. To ensure you don't miss out on savings, make sure your contact information is up to date.

Enrollment Process

If eligible for a Connect 360 program, you will be assigned a dedicated agent to assist you throughout the entire enrollment process.

1. The Connect 360 team will reach out via phone call, SMS text and/or a notification in the SmithRx Member portal to notify you if any of your medications are eligible cost savings.
2. The Connect 360 Team will help you complete enrollment over the phone or online.
3. The Connect 360 Team will inform you once the program enrollment was successful.

We're here to help!

If you have any questions or need assistance, the Connect 360 Team is here to help! You can reach out to us at **(844) 385-7612** or **connect@smithrx.com**.

Dental



Colby-Sawyer College currently offers dental benefits through Northeast Delta Dental. Enrolled Full time employees and their family members may use a participating dentist or a dentist of their choice.

Diagnostic/Preventative Coverage A	Basic Restorative Coverage B	Major Restorative Coverage C	Orthodontics Coverage D
No Deductible	Calendar Year Deductible per Person/Family: \$25/\$75		No Deductible
Evaluations- 2x in 12 months X-rays (complete series or panoramic film): 1x in 5 years Bitewings x-rays: 1x in 12 months Brush Biopsy: 1x in 12 months 2 Cleanings in 12 months Fluoride 1x in 12 months up to age 19 Space Maintainers to age 16 Sealant to permanent molars, 1x every 3yrs per tooth, up to age 19	Amalgam (silver) fillings Oral Surgery -Routine extractions Endodontics -Root canal Periodontic Maintenance (cleaning) <i>Note: Cleanings are limited to 2 in 12-month period, these may be routine (Coverage A) or periodontal (coverage B) or any combination of the two</i> Treatment of gum disease Denture Repair Emergency Palliative Repair	Removable & fixed partial dentures, complete dentures Rebases a& reline (dentures) Crowns Implants	Braces for dependent children up to age 19
Delta Dental Pays: 100%	Delta Dental Pays: 60%	Delta Dental Pays: 50%	Delta Dental Pays: 50%
Calendar Year Maximum: \$2,000 per person			Lifetime Maximum: \$1,500 per person

Flexible Spending Plan

Coverage: Flexible Spending Plans enable eligible employees to use pre-tax dollars to pay for certain expenses not covered or paid for by other college benefit accounts. In addition, they also allow employees to pay group health care insurance premiums with pre-tax dollars. Eligibility includes: Regular Full-time, Part-time, Faculty and Staff. Eligible employees may elect to set aside pre-tax earnings into the following accounts:

Medical expenses: up to \$3,400 per plan year.
Dependent Care expenses: up to \$7,500 per year.

FSAs will continue to be administered through CGI Business Solutions. Employees may access their funds through the WealthCare Portal 24/7. Create your account on the CGI WealthCare portal go to: cgi.wealthcareportal.com and select

"Register" OR download the app.

- Choose a unique username (not an email)
- Create a password
- Enter your first and last name
- Enter your email address
- Employee ID is your social security number without dashes
- Employer ID: **CGICOLBYSC**

Setup Secure Authentication

- Accept the terms of service and select
- Next Select security questions, answers then click Next
- Confirm email and click Next
- Confirm security questions and click
- submit Click Done and you have setup your account

Please direct inquires to CGI Business Solutions at 888-383-0088.

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Colby-Sawyer College FSA Plan
January 1, 2026 – December 31, 2026

The Health Flexible Spending Account, also called Health FSA, lets you pay for certain IRS-approved medical care expenses not covered by your insurance plan with pre-tax dollars. For example, monies you now spend on deductibles, copayments, or other out-of-pocket medical expenses can instead be placed in the Health FSA pre-tax, to pay for these expenses. The annual maximum amount you may contribute is \$3,400 and includes the rollover provision.

You are given **90 days** after the last day of your plan year to submit claims for prior year expenses. Remember, the date of service must occur during your active participation within the company's plan year.

CGI Contact Information: E-Mail: claims@cgibusinesssolutions.com Fax: (603) 232-9363 Toll Free Number: (888) 383-0088	Send Forms To: CGI Business Solutions 5 Dartmouth Drive Auburn, NH 03032
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Frequently Asked Questions:

What is a Health Flexible Spending Account (Health FSA)?

The **Health FSA** pays for qualified medical expenses **not** covered or reimbursed by your medical plan or any other type of insurance. FSA funds can also be used to pay for dental and vision care services and many other services and products. You will find a more comprehensive list of eligible expenses within the FSA Brochure provided by CGI Business Solution.

How does the Coronavirus Aid, Relief and Economic Security Act (CARES Act) impact Health FSAs?

On March 27, 2020, President Trump signed the Coronavirus Aid, Relief and Economic Security Act (CARES Act) into law to address the COVID-19 crisis. Effective Jan. 1, 2020, the CARES Act allows OTC drugs, to be treated as qualified medical expenses that may be paid for using these tax-advantaged arrangements. This change eliminates the ACA provision requiring individuals to have a prescription for OTC drugs (except insulin) when submitting for reimbursement under the Health FSA.

In addition, effective Jan. 1, 2020, menstrual care products are qualifying medical expenses that can be paid for (or reimbursed) on a tax-free basis by a Health FSA. Menstrual care products include tampons, pads, liners, cups, sponges, or similar products used by individuals with respect to menstruation.

How does the Health Care Reform law impact Health FSAs for dependent adult children?

Effective January 1, 2011, eligibility for dependent adult children who have not yet attained age 27 under the Health Care Reform law and subsequent revised Internal Revenue Code, is effective for the Health FSA. If you have a dependent adult child who meets this definition, eligible FSA expenses can be reimbursed on their behalf through the end of the taxable year in which the dependent is still age 26. Expenses are not eligible through the FSA for the entire taxable year in which the dependent turns 27 (Example: dependent turns 27 in March 2026, expenses are not eligible for entire 2026 taxable year).

How does the rollover option work?

The rollover provision option allows for **"up to" \$680** of unused funds in the Health FSA to be utilized for the entire next plan year. If you do not elect for the new plan year, the rollover funds will be moved automatically to the new account. The rollover funds can be used anytime during the plan year and you can still elect the FSA annual maximum.

Business Simplified

5 Dartmouth Drive, Auburn, NH 03032

www.cgibusinesssolutions.com

Ineligible FSA/HSA Expenses and Over-the-Counter Products

Ineligible FSA/HSA Healthcare Expenses

- Advance payment for services to be rendered
- Automobile insurance premium allocable to medical coverage
- Boarding school fees
- Body piercing
- Bottled water
- Chauffeur services
- Controlled substances
- Cosmetic surgery and procedures
- Cosmetic dental procedures
- Dancing lessons
- Diapers for Infants
- Diaper service
- Ear piercing
- Electrolysis
- Fees written off by provider
- Food supplements
- Funeral, cremation, or burial expenses
- Hair transplant
- Herbs & herbal supplements
- Household & domestic help
- Health programs, health clubs, and gyms
- Illegal operations and treatments
- Illegally procured drugs
- Insurance premiums
- Long-term care services
- Maternity clothes
- Medical savings accounts
- Premiums for life insurance, income protection, disability, loss of limbs, sight, or similar benefits
- Personal items
- Preferred provider discounts
- Social activities
- Special foods and beverages
- Swimming lessons
- Tattoos/tattoo removal
- Teeth whitening
- Transportation expenses to & from work
- Travel for general health improvement
- Uniforms
- Vitamins & supplements without prescription

Ineligible FSA/HSA Over-the-Counter Products

The following are examples of OTC medications & products which are NOT eligible for FSA/HSA reimbursement.

- Aromatherapy
- Baby bottles & cups
- Baby Oil
- Baby wipes
- Breast enhancement system
- Cosmetics (including face creams & Moisturizers)
- Cotton swabs
- Dental floss
- Deodorants & anti-perspirants
- Dietary supplements
- Fiber supplements
- Food
- Fragrances
- Hair regrowth preparations
- Herbs & herbal supplements
- Hygiene products & similar items
- Lip Balm
- Low carb & low-fat foods
- Low calorie foods
- Medicated shampoos & soaps
- Petroleum jelly
- Shampoo & conditioner
- Spa salts
- Suntan lotion
- Toiletries (including toothbrushes & toothpaste)
- Vitamins & supplements without a prescription
- Weight loss drugs for general well-being



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- Household & domestic help
- Health programs, health clubs, and gyms
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Disability Insurance

Colby-Sawyer College provides full-time employees with short-term disability and long-term disability benefits. Eligibility is effective for short-term disability after one year of full-time employment. Eligibility is effective for Long-Term disability on the first of the month following date of hire. In the event you become disabled from a qualified injury or sickness, you may apply for disability benefits. The short-term disability is self-insured. The long-term disability coverage is provided through Reliance Standard. Both plans are to help employees replace lost income due to a non-work-related accident or illness.

	Short-term Disability	Long-term Disability
Benefits Begin	After 10th calendar day of absence	After 6 months of absence
Benefit Duration	Up to 6 months	To normal retirement age
Percentage of income paid	60% of base compensation	60% of monthly earnings
Maximum Benefit	60% of base compensation	\$8,500 per month

Life & AD&D Insurance

Basic Life & AD&D Insurance

Colby-Sawyer College provides eligible employees with 1.5 times their annual salary in group life and accidental death and dismemberment (AD&D) insurance, and pays the full cost of this benefit.

Optional Life Insurance

Colby-Sawyer College provides eligible employees with the option of purchasing additional life insurance at their expense. Employees may purchase a maximum of the lesser of \$500,000.00 or three (3) times their earnings in \$25,000.00 increments. The guaranteed issue amount is \$50,000 when originally eligible for benefits. Late entrants or amounts over \$50,000 will require medical underwriting.

Dependent Life Insurance

Colby-Sawyer College provides eligible employees with the option of purchasing dependent life insurance for their spouse, partner and/or child(ren). Benefit amounts elected for your spouse, \$25,000 will require Evidence of Insurability to be submitted. Eligible employees may purchase dependent coverage in the amount of \$250,000.00 in increments of \$10,000.00 with \$25,000.00 guarantee issue for their spouse/partner. For children, employees may purchase dependent coverage in the amount of \$10,000.00.

Retirement

Colby-Sawyer College currently provides a retirement plan through TIAA. The employee chooses investment options within TIAA funds. Employees may participate in the following ways:

Eligibility for Employee Contribution: All regular employees, regardless of age, length of service, or work schedule, are eligible to participate in the College's Tax-Deferred Annuity Plan. Employees may contribute up to IRS maximums.

Eligibility for College Contribution: The College may also contribute a percentage of the employee's earnings to the retirement plan. All funds are vested immediately. College contributions begin after one year of service for employees who work a minimum of 1,000 hours within that calendar year.

Leave Plans

Sick Time

Full time and part time employees who work more than 20 hours a week are eligible. These employees shall earn no more than ten days of sick time each fiscal year (July 1 - June 30).

Vacations

Colby-Sawyer offers vacation to certain staff employees. See Human Resources for details.

Holidays

Colby-Sawyer recognizes and schedules paid holidays in coordination with the academic calendar. Please consult the current year's holiday schedule for specifics.

Tuition Programs

Full-time employees may take up to two undergraduate courses per semester, tuition free, at Colby-Sawyer College. Part-time employees may take one undergraduate course per semester, tuition free, at Colby-Sawyer College. After one year of full-time employment, spouses/partners, qualified domestic partners and dependent children may attend Colby-Sawyer College tuition free for up to 18 credits per semester.

After one year of full-time employment, regular full-time employees may enroll into a graduate program relevant to the employee's current position, tuition free at Colby-Sawyer. Dependents are not eligible for graduate program tuition remission. Employees are required to remain employed at Colby-Sawyer College for at least one year after the completion of the tuition remission benefit or are subject to repay the tuition cost.

Windy Hill School

An on-campus educational program for children from toddlers through kindergarten is operated in and conjunction with the Colby-Sawyer Child Development Program. Contact Windy Hill at 526-3695 to learn about tuition & fees. Tuition assistance may be available to qualified employees after one year of service.

Hogan Sports Center

The Center contains a running/walking track, a six-lane swimming pool, aerobics studio and fitness center. Free membership provided for all employees with membership discounts for dependents. Eligibility: All employees. Effective Date: Date of hire.

Discounts, Memberships, Services & More

- **Colby-Sawyer Dining Hall:** Employee meal discounts
- **Hogan Sports Center:** Free membership with family discounts
- **On Site Events:** One free admission ticket to a college-sponsored event
- **College Library:** Free membership
- **Morgan Hill Bookstore:** 10% discount with CSC ID, employees & students
- **Peter Christians Tavern:** 10% discount with CSC ID, employees & students
- **Kearsarge Food Co-op, New London:** 10% discount on Saturdays with CSC ID, employees & students
- **New England Beauty & Wellness:** 20% off all services and 10% off all retail with CSC ID, employees & students.

Appointments can be made on the website.

- **Walker Automotive:** 10% off up to \$50
- **Marshall's Garage:** 10% off labor /or/ parts (lesser of the two) with CSC ID, employees & students. Employees can also have free car pick up and return in New London and Wilmot!
- **Tracy Library:** free membership to employees only, updated lists sent by HR each semester.
- **Irving Oil or Propane:** employees get \$.15 off propane and \$.15 cents off oil.



Customer Service Numbers

Refer to this list when you need to contact one of your benefit vendors. For general information contact Human Resources.

MEDICAL

Health Plans Inc.

800-532-7575 www.hpitpa.com

PRESCRIPTION

SmithRx

Online Drug Formulary

844-454-5201 www.smithrx.com

<http://formulary.mysmithrx.com> /pareto-low

DENTAL

Northeast Delta Dental

800-832-5700

www.nedelta.com

SHORT-TERM DISABILITY

Heather Zahn

603-526-3584

LONG-TERM DISABILITY

Reliance Standard

800-351-7500

www.rsli.com

Life and AD&D

Reliance Standard

800-351-7500\

www.rsli.com

TIAA

800-842-2733

www.tiaa.org

FLEXIBLE SPENDING ACCOUNT

CGI Business Solutions

1-866-841-4600

www.cgibusinesssolutions.com

Additional Information for All Eligible Employees

COBRA Information:

COBRA continuation coverage is a temporary extension of coverage under the group health plan. The right to COBRA continuation coverage was created by a federal law, the Consolidated Omnibus Budget Reconciliation Act

of 1985 (COBRA). COBRA continuation coverage can become available to you when you would otherwise lose your group health coverage. It can also become available to other members of your family who are covered under the Plan when they would otherwise lose their group health coverage. For additional information about your

rights and obligations under the Plan and under federal law, you should review the Plan's Summary Plan Description or contact the Benefits Coordinator in Human Resources.

Health Insurance Marketplace:

You may have other options available to you when you lose group health coverage. You may be eligible to buy an individual plan through the Health Insurance Marketplace (www.healthcare.gov). By enrolling in coverage through the Marketplace, you may qualify for lower costs on your monthly premiums and lower out-of-pocket costs. Additionally, you may qualify for a 30-day special enrollment period for another group health plan for which you are eligible (such as a spouse's plan), even if that plan generally doesn't accept late enrollees.

HIPAA Information:

Special Enrollment Right Mandated by the Health Insurance Portability and Accountability Act of 1996

Group health plans and health insurance insurers are required to provide special enrollment periods during which individuals who previously declined coverage for themselves and their dependents may be allowed to enroll without having to wait for the plan's next open enrollment period. A special enrollment period can occur if a person with other health coverage loses that coverage or if a person becomes a new dependent through marriage, birth, adoption or placement for adoption. If you refuse enrollment for yourself or your dependents for medical coverage, you may later enroll within 30 days of a change in family status or loss of health coverage.

Individuals may not be denied eligibility or continued eligibility to enroll for benefits under the terms of the plan based on specified health factors. In addition, an individual may not be charged more for coverage than similarly situated individuals based on these specific health factors.

Effective April 1, 2009, the Children's Health Insurance Reauthorization Act of 2009 (CHIPRA) created a new 60-day special enrollment period for eligible employees and dependents to immediately enroll in the plan if they become ineligible for Medicaid or any state's Children's Health Insurance Program (CHIP) and lose coverage or become eligible for that state's premium assistance program. The employee must request coverage within 60 days after the termination of coverage or the determination of subsidy eligibility.

Women's Health and Cancer Rights Act of 1998 (WHCRA):

WHCRA requires a group health plan to notify you, as a participant or a beneficiary, of your potential rights related to coverage in connection with a mastectomy. Your plan may provide medical and surgical benefits in connection with a mastectomy and reconstructive surgery. If it does, coverage will be provided in a manner determined in consultation with your attending physician and the patient for a) all stages of reconstruction on the breast on which the mastectomy was performed; b) surgery and reconstruction of the other breast to produce a symmetrical appearance; c) prostheses; and d) treatment of physical complications of the mastectomy, including lymphedema. The coverage, if available under your group health plan, is subject to the same deductible and coinsurance applicable to other medical and surgical benefits provided under the plan. For specific information, please refer to your summary plan description or benefits booklet, or contact Human Resources.

Newborns Act Disclosure: Group health plans and health insurance issuers generally may not, under Federal law, restrict benefits for any hospital length of stay in connection with childbirth for the mother or newborn child to less than 48 hours following a vaginal delivery, or less than 96 hours following a cesarean section. However, Federal law generally does not prohibit the mother's or newborn's attending provider, after consulting with the mother, from discharging the mother or her newborn earlier than 48 hours (or 96 hours as applicable). In any case, plans and issuers may not, under Federal law, require that a provider obtain authorization from the plan or the insurance issuer for prescribing a length of stay not in excess of 48 hours (or 96 hours)."

THIS IS ONLY A SUMMARY, NOT A CERTIFICATE OF INSURANCE

The information contained in this Employee 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 certificates of

insurance and benefit information supplied by the insurance carriers. This Summary has been produced by CGI Business Solutions. 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. ©CGI Business Solutions 2019. All rights reserved.

