



Elizabethtown College

# 2023 Open Enrollment Guide Active Employees

November 7<sup>th</sup> through November 18<sup>th</sup>, 2022



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*The information in this brochure is intended as an overview, only, of the employee benefit programs offered by Elizabethtown College. Every attempt has been made to ensure its accuracy. The provisions of each benefit program will govern if there is any inconsistency between the information in this brochure and Elizabethtown College’s formal plans, programs, policies or contracts or any subsequent change in such plans, programs, policies or contracts.*

# General Information

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Elizabethtown College is pleased to offer benefit-eligible employees a comprehensive and valuable benefits program. During Open Enrollment you have the opportunity to enroll in or change benefits. The changes you make during Open Enrollment will be effective January 1, 2023, and will remain in effect for the entire year, January 1, 2023, through December 31, 2023, unless you have a qualified life event. Qualified life events include:

- Marriage
- Legal Separation
- Birth or adoption of a child
- Death of a spouse, child or other qualifying dependent
- Divorce
- Employment Status Change
- Change in child's dependent status
- Change in spouse's benefits or employment status

Open Enrollment begins November 7 and ends November 18, 2022. During this time, you may do the following:

- Enroll in or change coverage
- Opt out of coverage\*
- Add and/or remove an eligible dependent from your coverage, including dependent children up to age 26
- Elect your annual contribution to the Health and/or Dependent Care Flexible Spending Account. **Your current annual FSA election DOES NOT roll over year to year.**

## **Spousal Medical Rule – Still in Effect for 2023**

Employees enrolling a spouse onto our medical plan, who has medical coverage available elsewhere (i.e., through an employer), will be assessed a \$1,200 annual surcharge.

Employees enrolling a spouse onto our medical plan, without other coverage available (i.e., through an employer), will not be subject to the \$1,200 surcharge.

Employees will be required to certify the status of their spouse at the time of open enrollment for benefits beginning January 1, 2023. Employees are also required to update the Human Resources office if the medical benefit eligibility for their spouse changes during the 2023 plan year.

\* You may opt out of health insurance offered by Elizabethtown College - this is called a Waiver of Coverage. If you waive coverage for yourself, you may not cover dependents under the Etown health plan. Note that if you decline coverage considered affordable and adequate under the Patient Protection and Affordable Care Act, you will not qualify for government subsidies to purchase individual health insurance. Electing to 'Opt Out' of coverage through open enrollment or allowing your 'opt out' status to continue constitutes a Waiver of Coverage. The decision to waive coverage has consequences. If you refuse employer coverage and don't obtain coverage on your own (through another plan such as a spouse's plan, Medicaid, or Medicare), you may be subject to a tax penalty.

# Open Enrollment Checklist

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## Evaluate

- Think about your health history and your health care needs.
- Review your current Flexible Spending Account and Health Savings Account contributions and expenses to determine if you'd like to make an election based on your anticipated expenses for 2023.
- Determine if your current, spouse's, and/or child(ren)'s life insurance coverage provides adequate protection if you or your family were to experience a loss.
- Gather your dependent and beneficiary information, including Social Security numbers, dates of birth, addresses and phone numbers.

## Engage

- Read through this Enrollment Guide to make sure you understand the full spectrum of benefits available to you.
- Attend the Benefits Fair on Thursday, November 3<sup>rd</sup>.
- Attend one of the open labs on campus for enrollment assistance:  
(THURS) November 10<sup>th</sup> from 11-12PM  
(MON) November 14<sup>th</sup> from 3-5PM  
Both labs will be held in Hoover 108. Be sure to have your Etown login credentials.
- Contact Jess in Human Resources with any questions that you have.  
Ph: 717.361.1425 | E: frontzj@etown.edu

## Enroll

- Login to Benelogic at [www.etown.benelogic.com](http://www.etown.benelogic.com) beginning November 7<sup>th</sup> through November 18<sup>th</sup> to complete and submit your 2023 benefit elections.

# New and Exciting Benefits for 2023!

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## Online Enrollment Vendor Change

Elizabethtown College has chosen Benelogic as its new online enrollment vendor.

## Medical Plan Options

The PPO \$0 and the PPO \$250 deductible plans will end December 31, 2022. If you are enrolled in one of these plans and want to continue enrollment in a medical plan, you will need to make a new medical plan election for January 1, 2023.

## Dental Benefit Carrier – Sun Life

Elizabethtown College has moved to Sun Life for dental insurance – offering a larger network of participating providers! In addition, you can elect from two coverage levels – basic and enhanced – to cover your dental needs.

## Virtual Dental Care

For dental emergencies, employees now have access to virtual dental care via TeleDentistry. Call the hotline at 866.410.9849 or visit the web at [teledentistry.com/sunlife](http://teledentistry.com/sunlife) to get started.

## Vision Benefit Carrier – VSP (Vision Service Providers) via Sun Life

Elizabethtown College has moved to Sun Life for vision insurance – offering the largest network of participating eye doctors! There are significant cost savings for frame and contact lens allowances for 2023.

## Basic Life and AD&D Insurance Carrier – Sun Life

Elizabethtown College has moved to Sun Life for Basic Life insurance at \$10K. You will be required to re-designate your beneficiary(ies). All active benefit-eligible employees also receive access to Sun Life's travel assistance program and ID-theft protection services provided by Assist America.

## Voluntary Life and Accidental Death & Dismemberment Insurance Carrier – Sun Life

Elizabethtown College has moved to Sun Life for Voluntary Life insurance. For this 2023 Open Enrollment period only, employees can elect up to \$200K of voluntary life insurance for themselves, up to \$50K of voluntary life insurance for their spouse, and up to \$20K of voluntary life insurance for their children with **no medical questions asked**. Higher amounts are available with proof of insurability (Evidence of Insurability required).

## A Second EAP (Employee Assistance Program) Option – Guidance Resources

Employees will have a new second option for securing EAP services through Guidance Resources. This EAP offers confidential counseling services, financial information with resources, legal support with resources, free online Will prep, work-life solutions along with a vast online library of resources. Call: 877.595.5281 or TDD 800.697.0353. Web: [guidanceresources.com](http://guidanceresources.com) with company ID: EAPBusiness.

\*Guidance Resources EAP does not remove or replace our premier EAP through WellSpan.

## Long Term Disability (LTD) Carrier – Sun Life

New with Sun Life, retro disability benefits are paid from day one in a lump sum if continuously hospitalized for 14 days or more at the onset of Total Disability.

# 2023 Employee Premiums

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## Medical and Prescription Drug Plans – Highmark

Employee Cost	PPO Sharing \$500		Choice Blue Sharing \$500		QHDHP Healthy Savings \$1500		Choice Blue QHDHP Healthy Savings \$1500	
	26-Pay	24-Pay	26-Pay	24-Pay	26-Pay	24-Pay	26-Pay	24-Pay
Employee Only	\$91.44	\$99.06	\$81.26	\$88.03	\$39.11	\$42.37	\$35.20	\$38.13
Employee/Spouse	\$192.62	\$208.67	\$166.57	\$180.45	\$160.85	\$174.25	\$142.49	\$154.37
Employee + Child	\$148.62	\$161.00	\$121.88	\$132.04	\$120.63	\$130.69	\$104.26	\$112.95
Employee + Children	\$178.62	\$193.51	\$154.39	\$167.25	\$152.80	\$165.54	\$132.07	\$143.07
Family	\$277.33	\$300.45	\$239.70	\$259.68	\$193.73	\$209.87	\$174.35	\$188.88

## Dental Plans – Sun Life

Employee Cost	Basic Plan		Enhanced Plan	
	26-Pay	24-Pay	26-Pay	24-Pay
Employee Only	\$7.19	\$7.79	\$8.70	\$9.43
Employee + One	\$14.28	\$15.47	\$22.00	\$23.83
Employee + Family	\$24.43	\$26.46	\$33.36	\$36.14

## Vision Plan – Vision Services Providers

Employee Cost	Vision Plan	
	26-Pay	24-Pay
Employee Only	\$3.18	\$3.44
Employee + One	\$6.69	\$7.25
Employee + Family	\$9.46	\$10.25

# PPO Core \$500

## Health Plan Provisions:

<b>Administrator</b>	Highmark Blue Shield <a href="http://www.highmarkblueshield.com">www.highmarkblueshield.com</a> <b>Phone:</b> 1-800-345-3806 <b>Group #:</b> 106282-48, 49, 50	
<b>Provisions</b>	<b>In-Network</b>	<b>Out-of-Network</b>
<b>Annual Deductible</b>		
Individual:	\$500	\$1,000
Family:	\$1,000	\$2,000
<b>Total Maximum Out-of-Pocket</b>		
Individual:	\$9,100	N/A
Family:	\$18,200	N/A
<b>Copays:</b>		
Primary Care Physician	\$20 per visit	80% after deductible
Telemedicine Services	\$20 per visit	Not covered
Urgent Care Center	\$50 per visit	80% after deductible
Specialist	\$30 per visit	80% after deductible
Emergency Room Visit	\$100 per visit (waived if admitted)	\$100 per visit (waived if admitted)
<b>Routine Preventive Care:</b>		
Physical Exams	100% (no deductible)	80% after deductible
Immunizations	100% (no deductible)	80% after deductible
Routine Gynecological Exam	100% (no deductible)	80% (no deductible)
Mammograms, Routine	100% (no deductible)	80% after deductible
<b>Hospital Inpatient</b>	100% after deductible	50% after deductible
<b>Hospital Outpatient</b>	100% after deductible	80% after deductible
<b>Diagnostic Services &amp; Advanced Imaging</b>	100% after deductible	80% after deductible

## Prescription Drug Plan Provisions:

	<b>Participating Retail Pharmacy (31-day supply)</b>	<b>Express Scripts Mail Order (90-day supply)</b>
<b>Individual Annual Deductible</b>	\$25	
<b>Generic Drugs</b>	You pay 25% of the drug cost	You pay a \$25 copay
<b>Formulary Brand Drugs</b>	You pay 25% of the drug cost	You pay a \$75 copay
<b>Non-Formulary Brand Drugs</b>	You pay 45% of the drug cost	You pay a \$125 copay
<b>Specialty Drugs</b>	You pay 25% of the drug cost \$150 maximum per prescription	

# PPO Choice Blue \$500

## Health Plan Provisions:

<b>Administrator</b>	Highmark Blue Shield <a href="http://www.highmarkblueshield.com">www.highmarkblueshield.com</a> Phone: 1-800-345-3806 Group #: 106282-51, 52, 53		
<b>Provisions</b>	<b>In-Network Enhanced Value</b>	<b>In-Network Standard Value</b>	<b>Out-of-Network</b>
<b>Annual Deductible</b>			
Individual:	\$500	\$1,000	\$2,000
Family:	\$1,000	\$2,000	\$4,000
<b>Total Maximum Out-of-Pocket</b>			
Individual:	\$9,100		N/A
Family:	\$18,200		N/A
<b>Copays:</b>			
Primary Care Physician	\$20 per visit	\$40 per visit	60% after deductible
Telemedicine Services	\$20 per visit	\$20 per visit	Not covered
Urgent Care Center	\$50 per visit	\$100 per visit	60% after deductible
Specialist	\$30 per visit	\$60 per visit	60% after deductible
Emergency Room Visit	\$100 per visit (waived if admitted)	\$100 per visit (waived if admitted)	\$100 per visit (waived if admitted)
<b>Routine Preventive Care:</b>			
Physical Exams	100% (no deductible)		80% after deductible
Immunizations	100% (no deductible)		80% after deductible
Routine Gynecological Exam	100% (no deductible)		80% (no deductible)
Mammograms, Routine	100% (no deductible)		80% after deductible
<b>Hospital Inpatient</b>	100% after deductible	80% after deductible	50% after deductible
<b>Hospital Outpatient</b>	100% after deductible	80% after deductible	60% after deductible
<b>Diagnostic Services &amp; Advanced Imaging</b>	100% after deductible	80% after deductible	60% after deductible

## Prescription Drug Plan Provisions:

	<b>Participating Retail Pharmacy (31-day supply)</b>	<b>Express Scripts Mail Order (90-day supply)</b>
<b>Individual Annual Deductible</b>	\$25	
<b>Generic Drugs</b>	You pay 25% of the drug cost	You pay a \$25 copay
<b>Formulary Brand Drugs</b>	You pay 25% of the drug cost	You pay a \$75 copay
<b>Non-Formulary Brand Drugs</b>	You pay 45% of the drug cost	You pay a \$125 copay
<b>Specialty Drugs</b>	You pay 25% of the drug cost \$150 maximum per prescription	



# PPO QHDHP \$1,500

## Health Plan Provisions:

<b>Administrator</b>	Highmark Blue Shield <a href="http://www.highmarkblueshield.com">www.highmarkblueshield.com</a> Phone: 1-800-345-3806 Group #: 106282-54, 55	
<b>Provisions</b>	<b>In-Network</b>	<b>Out-of-Network</b>
<b>Annual Deductible</b> Individual: Family:	\$1,500 \$3,000	
<b>Total Maximum Out-of-Pocket</b> Individual: Family:	\$7,500 \$15,000	N/A N/A
<b>Copays:</b> Primary Care Physician Telemedicine Services Urgent Care Center Specialist Emergency Room Visit	\$20 copay after deductible 100% after deductible \$50 copay after deductible \$30 copay after deductible \$100 copay after in-net deductible (waived if admitted)	80% after deductible Not covered 80% after deductible 80% after deductible \$100 copay after in-net deductible (waived if admitted)
<b>Routine Preventive Care:</b> Physical Exams Immunizations Routine Gynecological Exam Mammograms, Routine	100% (no deductible) 100% (no deductible) 100% (no deductible) 100% (no deductible)	80% after deductible 80% after deductible 80% no deductible 80% after deductible
<b>Hospital Inpatient</b>	100% after deductible	50% after deductible
<b>Hospital Outpatient</b>	100% after deductible	80% after deductible
<b>Diagnostic Services &amp; Advanced Imaging</b>	100% after deductible	80% after deductible

## Prescription Drug Plan Provisions:

	<b>Participating Retail Pharmacy (31-day supply)</b>	<b>Express Scripts Mail Order (90-day supply)</b>
<b>Individual &amp; Family Annual Deductible</b>	Integrated with medical deductible. Your cost share below begins after the integrated deductible has been met.	
<b>Generic Drugs</b>	You pay 25% of the drug cost	You pay a \$25 copay
<b>Formulary Brand Drugs</b>	You pay 25% of the drug cost	You pay a \$75 copay
<b>Non-Formulary Brand Drugs</b>	You pay 45% of the drug cost	You pay a \$125 copay
<b>Specialty Drugs</b>	You pay 25% of the drug cost \$150 Maximum per Prescription	

# PPO Choice Blue QHDHP \$1,500

## Health Plan Provisions:

<b>Administrator</b>	Highmark Blue Shield <a href="http://www.highmarkblueshield.com">www.highmarkblueshield.com</a> Phone: 1-800-345-3806 Group #: 106282-56, 57		
<b>Provisions</b>	<b>In-Network Enhanced Value</b>	<b>In-Network Standard Value</b>	<b>Out-of-Network</b>
<b>Annual Deductible (ded.)</b>			
Individual:	\$1,500	\$3,000	\$6,000
Family:	\$3,000	\$6,000	\$12,000
<b>Total Maximum Out-of-Pocket</b>			
Individual:	\$7,500		N/A
Family:	\$15,000		N/A
<b>Copays:</b>			
Primary Care Physician	\$10 copay after ded.	\$20 copay after ded.	60% after ded.
Telemedicine Services	100% after Enhanced ded.	100% after Enhanced ded.	Not covered
Urgent Care Center	\$50 copay after ded.	\$100 copay after ded.	60% after ded.
Specialist	\$30 copay after ded.	\$60 copay after ded.	60% after ded.
Emergency Room Visit	100% after Enhanced ded.	100% after Enhanced ded.	100% after Enhanced ded.
<b>Routine Preventive Care:</b>			
Physical Exams	100% (no deductible)		80% after ded.
Immunizations	100% (no deductible)		80% after ded.
Routine Gynecological Exam	100% (no deductible)		80% no ded.
Mammograms, Routine	100% (no deductible)		80% after ded.
<b>Hospital Inpatient</b>	100% after deductible	80% after deductible	50% after deductible
<b>Hospital Outpatient</b>	100% after deductible	80% after deductible	60% after deductible
<b>Diagnostic Services &amp; Advanced Imaging</b>	100% after deductible	80% after deductible	60% after deductible

## Prescription Drug Plan Provisions:

	<b>Participating Retail Pharmacy (31-day supply)</b>	<b>Express Scripts Mail Order (90-day supply)</b>
<b>Individual &amp; Family Annual Deductible</b>	Integrated with medical deductible. Your cost share below begins after the integrated deductible has been met.	
<b>Generic Drugs</b>	You pay 25% of the drug cost	You pay a \$25 copay
<b>Formulary Brand Drugs</b>	You pay 25% of the drug cost	You pay a \$75 copay
<b>Non-Formulary Brand Drugs</b>	You pay 45% of the drug cost	You pay a \$125 copay
<b>Specialty Drugs</b>	You pay 25% of the drug cost \$150 Maximum per Prescription	

# Dental – Basic Plan

**Plan Provisions:**

<b>Administrator</b>	Sun Life <a href="http://www.sunlife.com/us">www.sunlife.com/us</a> <b>Phone:</b> 1-800-733-7879 <b>Policy #:</b> 956144 <b>Find a dentist at</b> <a href="http://www.sunlife.com/findadentist">www.sunlife.com/findadentist</a> <b>Dental network:</b> Sun Life PPO dental network
<b>Deductible</b> (Only applies to Basic and Major Services)	\$50 per person; \$150 per family each calendar year
<b>Types II and III Annual Maximum</b>	\$1,000 per person each calendar year
This dental plan also includes a Preventative Max Waiver which allows covered dental expenses for preventative services to not apply to the annual maximum.	

	<b>In-Network</b>	<b>Out-of-Network</b>
<b>Type I Preventive Services</b> Exams Cleanings X-rays Sealants	100%	100%
<b>Type II Basic Services</b> Fillings/Restorations Endodontics (root canals) Periodontics (gum treatment) Oral Surgery – Simple Extractions	80%	80%
<b>Type III Major Services</b> Crowns Inlays & Onlays Bridges Dentures Oral Surgery – Surgical Extractions	25%	25%
<b>NO ORTHODONTIC BENEFIT</b>		

\*Participants who visit an out-of-network dentist will still receive coverage but will likely pay higher out-of-pocket costs since you will be responsible for the coinsurance listed above, plus all fees charged by your dentist in excess of Sun Life’s normal reimbursement rates to in-network dentists.

# Dental – Enhanced Plan

**Plan Provisions:**

<b>Administrator</b>	Sun Life <a href="http://www.sunlife.com/us">www.sunlife.com/us</a> <b>Phone:</b> 1-800-733-7879 <b>Policy #:</b> 956144 <b>Find a dentist at</b> <a href="http://www.sunlife.com/findadentist">www.sunlife.com/findadentist</a> <b>Dental network:</b> Sun Life PPO dental network
<b>In-network Deductible</b> (Only applies to Basic and Major Services)	\$50 per person; \$150 per family each calendar year
<b>Types II and III Annual Maximum</b>	\$1,500 per person each calendar year
This dental plan also includes a Preventative Max Waiver which allows covered dental expenses for preventative services to not apply to the annual maximum.	

	<b>In-Network</b>	<b>Out-of-Network</b>
<b>Type I Preventive Services</b> Exams Cleanings X-rays Sealants	100%	100%
<b>Type II Basic Services</b> Fillings/Restorations Endodontics (root canals) Periodontics (gum treatment) Oral Surgery – Simple Extractions	80%	80%
<b>Type III Major Services</b> Crowns Inlays & Onlays Bridges Dentures Oral Surgery – Surgical Extractions	50%	50%
<b>Type IV Orthodontic Services</b> Dependent children to age 26	50%	50%
<b>Orthodontic Maximum</b>	\$1,000 Lifetime	\$1,000 Lifetime

\*Participants who visit an out-of-network dentist will still receive coverage but will likely pay higher out-of-pocket costs since you will be responsible for the coinsurance listed above, plus all fees charged by your dentist in excess of Sun Life’s normal reimbursement rates to in-network dentists.

# Vision Plan – Vision Service Providers (VSP)

## Plan Provisions:

<b>Administrator</b>	VSP <a href="http://www.vsp.com">www.vsp.com</a> <b>Phone:</b> 1-800-877-7195 <b>Policy #:</b> 956144 <b>Find a vision provider at</b> <a href="http://www.vsp.com">www.vsp.com</a> <b>Vision network:</b> "Choice" Network
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Benefit Frequency	In-Network Member Cost	Out-of-Network Benefit
<b>WellVision Examination</b> 1 per 12 months	\$25	Up to \$60
<b>Laser Vision Correction Discount</b> 1 per eye per lifetime	Average of 15% off the regular price, or 5% off the promotional price. Discounts only available from contracted facilities.	N/A
<b>Lenses</b> 1 per 12 months Single Lined Bifocal Lined Trifocal Lenticular Necessary Contacts Standard Progressive Premium Progressive Custom Progressive	\$25 (lenses and frame)  No Cost \$95-\$105 copay \$150-\$175 copay	Up to \$30 Up to \$50 Up to \$65 Up to \$100 Up to \$210 N/A N/A N/A
<b>Frame</b> 1 per 12 months  Includes a wide selection of frames at Walmart.	<ul style="list-style-type: none"> <li>\$150 for frame of your choice and 20% off amount over allowance.</li> <li>\$80 allowance at Costco*</li> </ul>	Up to \$70
<b>Elective Contact Lenses</b> 1 per 12 months  Contact lenses are in place of lenses and frame.	<ul style="list-style-type: none"> <li>\$60 for your contact lens exam (fitting and evaluation)</li> <li>\$150 for contact lenses</li> </ul>	In lieu of lenses  Up to \$105
<b>Additional Glass and Sunglass Discount</b>	20% off complete pairs of prescription and nonprescription glasses, including sunglasses. Discounts are unlimited for 12 months following exam.	

# Basic Life and AD&D Insurance – Sun Life

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The College provides Basic Life and Accidental Death & Dismemberment (AD&D) insurance to all regular employees who are scheduled to work a minimum of 20 hours per week at no cost to you. The Basic Life insurance pays your beneficiaries a lump sum if you die. AD&D insurance pays a death benefit upon the accidental death of an insured person or upon the loss of a limb due to an accident.

<b>Administrator</b>	Sun Life <a href="http://www.sunlife.com/us">www.sunlife.com/us</a> <b>Phone:</b> 1-800-247-6875 <b>Policy #:</b> 956144
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## Plan Provisions

<b>Basic Life Insurance Benefit Amount</b>	\$10,000
<b>AD&amp;D Insurance Benefit Amount</b>	\$10,000
<b>Age Reduction Schedule</b>	65% at Age 65 40% at Age 70 25% at Age 75 15% at age 80

# Voluntary Life/AD&D Insurance – Sun Life

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Purchasing additional life insurance protects you, your spouse, and children from the potentially devastating financial losses that could result from loss of life. Take advantage of a low group rate from Elizabethtown College. The cost of coverage is based on your age and the amount of coverage you elect. Premiums are deducted from your pay on a post-tax basis. Sun Life automatically provides a matching amount of Accidental Death and Dismemberment (AD&D) insurance for you and your dependents.

<b>Administrator</b>	Sun Life <a href="http://www.sunlife.com/us">www.sunlife.com/us</a> <b>Phone:</b> 1-800-247-6875 <b>Policy #:</b> 956144
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## Employee Voluntary Life Coverage

<b>Benefit Amount</b>	\$10,000 increments
<b>Minimum Coverage</b>	\$20,000
<b>Maximum Coverage</b>	\$500,000, not to exceed 5x annual salary
<b>*Guaranteed Issue Amount</b>	\$200,000
<b>Age Reduction Schedule</b>	67% at Age 70, 50% at Age 75

*\*This is the amount you can elect up to without underwriting; no medical questions asked.*

## Spouse Voluntary Life Coverage

You must enroll in Employee Voluntary Life to elect Spouse Voluntary Life. Spouse coverage cannot exceed 100% of the employee's voluntary life coverage.

<b>Benefit Amount</b>	\$5,000 increments
<b>Minimum Coverage</b>	\$5,000
<b>Maximum Coverage</b>	\$250,000
<b>*Guaranteed Issue Amount</b>	\$50,000
<b>Age Reduction Schedule</b>	Coverage amount reduces at the same time and by the same percentage as the employee's coverage

*\*This is the amount you can elect for your spouse without underwriting; no medical questions asked.*

## Dependent Child(ren) Voluntary Life Coverage

You must enroll in Employee Voluntary Life Coverage to elect coverage for your dependent child(ren). Child(ren) Voluntary Life coverage cannot exceed 100% of the employee's Voluntary Life coverage.

<b>Child Eligibility</b>	Unmarried dependent children from 14 days to age 26 or to age 26 if a full-time student
<b>Child Benefit by Age</b>	Birth to 14 days: \$0 14 days to 6 months: \$500
<b>Benefit Amount</b>	\$1,000 increments

<b>Minimum Coverage</b>	\$1,000
<b>Maximum Coverage</b>	\$20,000
<b>Guaranteed Issue Amount</b>	Up to the maximum benefit

### \*Evidence of Insurability (EOI)

Amounts elected above the Guaranteed Issue amount require proof that you and/or your spouse are in good health, otherwise known as Evidence of Insurability (EOI).

You will need to complete and submit your EOI online. Initially, you will be enrolled up to the Guaranteed Issue amount. Once Sun Life reviews your EOI, they will notify you directly if you are approved. They will also let Human Resources know the approved coverage amount and we will adjust your payroll deduction amount(s) appropriately.

### Voluntary Life Insurance Premiums

Premiums for both Employee and Spouse Voluntary Life Coverage are based on the **employee's age** as of January 1, 2023.

<b>Employee's Age</b>	<b>Rate per \$1,000 of Coverage per Month</b>
Under age 20 to 29	\$0.069
30 – 34	\$0.089
35 – 39	\$0.119
40 – 44	\$0.169
45 – 49	\$0.269
50 – 54	\$0.439
55 – 59	\$0.689
60 – 64	\$1.019
65 – 69	\$1.449
70+	\$2.559

<b>Spouse's Age</b>	<b>Rate per \$1,000 of Coverage per Month</b>
Under age 20 to 34	\$0.153
35 – 39	\$0.184
40 – 44	\$0.248
45 – 49	\$0.384
50 – 54	\$0.547
55 – 59	\$0.850
60 – 64	\$1.289
65 – 69	\$1.901
70 – 74	\$3.823
75 – 79	\$8.239
80 – 84	\$16.353
85+	\$32.117

<b>Child</b>	<b>Rate per \$1,000 of Coverage per Month</b>
All Eligible	\$0.284



# Flexible Spending Accounts (FSA)

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Flexible Spending Accounts (FSA) provide a convenient way to contribute pre-tax dollars for qualified health care and dependent care expenses. You do not have to participate in the Health Plan at the College to participate in a Flexible Spending Account. Employees who enroll in one of our two High Deductible Health Plans (HDHPs) are **not** eligible to participate in the Health Care Flexible Spending Account but may choose to enroll in the Dependent Care Flexible Spending Account.

**IMPORTANT! You must re-enroll into a Flexible Spending Account each year. Your current annual election(s) will not automatically roll-over for 2023. Etown allows up to \$570 of unspent funds to rollover into 2023, but participants MUST re-enroll in the flex spending benefit for 2023 to receive these funds.**

## Health Care Flexible Spending Account

<b>Administrator</b>	Benecon <a href="mailto:www.CDHServices@benecon.com">www.CDHServices@benecon.com</a> <b>Phone:</b> 1-888-400-4647
<b>Annual Maximum</b>	\$3,050
<b>Health Care FSA Carryover Limit</b>	\$610
<b>Deadline</b>	Expenses incurred from January 1, 2023, to December 31, 2023, must be submitted within 90 days following December 31, 2023.
<b>Eligible Expenses</b>	Expenses such as copays, coinsurance and deductibles for medical, dental, prescription drug and vision plans not covered through the insurance plan. For a complete list of eligible expenses, visit <a href="http://irs.gov/publications/p502">http://irs.gov/publications/p502</a> .

## Dependent Care Flexible Spending Account

<b>Administrator</b>	Benecon <a href="mailto:www.CDHServices@benecon.com">www.CDHServices@benecon.com</a> <b>Phone:</b> 1-888-400-4647
<b>Annual Maximum</b>	\$5,000 (\$2,500 if married but filing separately)
<b>Deadline</b>	Expenses incurred from January 1, 2023, to December 31, 2023, must be submitted within 90 days following December 31, 2023.
<b>Eligible Expenses</b>	Expenses such as the cost of childcare services for children under age 13 for whom you are entitled to claim a dependency exemption on your federal income tax return.

# Health Savings Account (HSA)

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Employees enrolled in one of our two High Deductible Health Plans (HDHPs) are eligible for a Health Savings Account (HAS) with Highmark. This account allows employees to make annual contributions on a pre-tax basis to help cover out of pocket healthcare costs incurred throughout the year.

## Health Savings Account (HAS)

<b>Administrator</b>	Highmark <b>Register:</b> <a href="http://www.highmarkblueshield.com">www.highmarkblueshield.com</a> <b>Phone:</b> Call the number on the back of your HAS Mastercard.
<b>Annual Maximum</b>	Single: \$3,850 Family: \$7,750 Catch Up: \$1,000 (age 55+ only)
<b>Eligible Expenses</b>	Medical deductibles and/or coinsurance, prescriptions, dental expenses and orthodontic care, vision expenses, over the counter medication and products like contact solution and bandages. For a full comprehensive list, please visit <a href="http://thomsonreuters.com">Health Care Expenses Table (thomsonreuters.com)</a> .

## Advantages of a Health Savings Account (HAS)

Your HSA can do some cool things that other spending accounts cannot do.

- **It's Portable Income.**  
Unlike other spending accounts, you own your HSA. The money you put into an HSA is yours, even if you change jobs, health plans, or retire.
- **It GROWS.**  
Money in your HSA rolls over each year, earning interest. You can even choose to invest your HSA money into mutual funds (min. account balance of \$500 required).
- **Enjoy TRIPLE Tax Savings.**  
**Income Tax:** Money is taken out of your check before income taxes.  
**Interest:** You are not taxed on the interest or earnings on your account.  
**Qualified Expenses:** You do not pay tax when you use your money on qualified medical expenses.

# Long-Term Disability (LTD)

The College provides Long-term Disability (LTD) coverage through Sun Life to all employees scheduled to work a minimum of 20 hours per week at no cost to you. The benefit varies by salaried and hourly employees. LTD coverage insures a percentage of your income if you are unable to work due to a non-work related illness or injury that is expected to continue beyond 180 consecutive days from the date of onset. Benefits may be offset by income from other benefits you might receive while disabled, such as Social Security. Pre-existing exclusions do apply – inquire with Human Resources for more information.

## Plan Provisions

	Class 1: Salaried Employees	Class 2: Hourly Employees
<b>Maximum Benefit %</b>	60% of monthly earnings	50% of monthly earnings
<b>Maximum Monthly Benefit</b>	\$5,000	\$2,500
<b>Elimination Period</b>	180 days	180 days

## Special Feature:

**Retro Disability Benefit:** When a covered disability begins with immediate, acute, in-hospital care lasting 14 days or more, Sun Life pays Retro Disability benefits for the length of the Elimination Period.



Illustration reflects the first claims payment after Elimination Period only. Not available in all states and may vary depending on state laws and regulations. This is a standard LTD benefit with no additional cost or application.