Wesleyan University

2019 BENEFITS GUIDE



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Wesleyan University is committed to providing a valuable, comprehensive benefits program – including health care, life insurance, disability coverage and more. The information in this packet will provide you with an overview of the benefit options that may be available to you as well as highlight any changes for the 2019 plan year.

Please read this guide carefully. A complete overview of the Wesleyan University benefits, including detailed plan documents, is also available online. If you have questions along the way, please email benefits@wesleyan.edu.

A member of the Human Resources Benefits team will be happy to help you.



ELIGIBILITY

Eligibilty for medical, dental, vision, life insurance, disability, health care savings accounts & flexible spending accounts.

- Faculty members who work at least half-time (0.5 FTE or more)
- Administrative staff members and librarians who work at least three-quarter time (0.75 FTE or more)
- Secretarial and Clerical employees who work at least three-quarter time (0.75 FTE or more)
- All Physical Plant employees who work at least three-quarter time (0.75 FTE or more)
- All Public Safety employees who work at least three-quarter time (0.75 FTE or more)





CHANGES TO ENROLLMENT

Changes to Enrollment

- You may become eligible to change your benefits at any time during the year if you experience a qualifying life event. Examples of changes in family status are marriage, death of a covered dependent, birth or adoption of a child, divorce or legal separation, loss or gain of coverage through a Spouse's or Domestic Partner's employment and a dependent's move into the state. You have 31 days from the date of the event to make changes to your benefit plan(s). You must also provide documentation within that time frame.
- If you have any questions regarding your eligibility, please contact Benefits at <u>benefits@wesleyan.edu</u> or (860) 685-2100.



MEDICAL BENEFITS

Wesleyan University is committed to providing access to the highest levels of care to help you and your dependents maintain good health and wellness.

- Cigna Open Access Plus High Deductible Health Plan (HDHP w/HSA)
- Cigna Open Access Plus —In Network Only (OAPIN)
- Cigna Open Access Plus (OAP)

If you choose, you can open a health savings account (HSA) when enrolling in the HDHP plan. To learn more about HSAs, please see page 9.

For more information on the medical plans offered by Wesleyan University, please visit www.wesleyan.edu/hr

Here are some terms you'll see in this guide:

Coinsurance: Your share of the costs of a healthcare service, usually figured as a percentage of the amount charged for services. You start paying coinsurance after you've paid your plan's deductible. Your plan pays a certain percentage of the total bill, and you pay the remaining percentage.

Copay: A fixed amount you pay for a specific medical service (typically an office visit) at the time you receive the service. The copay can vary depending on the type of service. Copays cannot be included as part of your annual deductible, but they do count toward your out-of-pocket maximum.

Deductible: The amount you pay for healthcare services before your health insurance begins to pay. For example, if your plan's deductible is \$1,000, you'll pay 100 percent of eligible healthcare expenses until the bills total \$1,000 for the year. After that, you share the cost with your plan by paying coinsurance.

In-network: A group of doctors, clinics, hospitals and other healthcare providers that have an agreement with your medical plan provider. You'll pay less when you use in-network providers.

Out-of-network: Care received from a doctor, hospital or other provider that is not part of the medical plan agreement. You'll pay more when you use out-of-network providers.

Out-of-pocket maximum: This is the most you must pay for covered services in a plan year. After you spend this amount on deductibles, copayments and coinsurance, your health plan pays 100 percent of the costs of covered benefits. However, you must pay for certain out-of-network charges above reasonable and customary amounts.

Reasonable and customary: The amount of money a health plan determines is the normal or acceptable range of charges for a specific health-related service or medical procedure. If your healthcare provider submits higher charges than what the health plan considers normal or acceptable, you may have to pay the difference.

MEDICAL PLAN SUMMARY

Side-by-side

Medical	OAPIN		OAP		HDHP	
	In-network	Out-of-network	In-network	Out-of-network	In-network	Out-of-network
Deductible*						
Employee only Family coverage	\$500 \$1,000	Not covered	\$500 \$1,000	\$750 \$1,500	\$1,500 \$3,000	\$1,500 \$3,000
Coinsurance**	0%	Not covered	0%	30%	0%	20%
Out-of-pocket maximum (includes deductible) Employee only Family coverage	\$1,500 \$3,000	Not covered	\$1,500 \$3,000	30% after deductible	\$3,000 \$6,000	\$3,000 \$6,000
Preventive care	No charge	Not covered	No charge	30% after deductible	No charge	20% after deductible
Office visit (PCP and specialist)	\$25/\$35	Not covered	\$25/\$35	30% after deductible	0% after deductible	20% after deductible
Emergency room	\$200	Not covered	\$200	30% after deductible	0% after	deductible
Urgent care	\$40	Not covered	\$40	30% after deductible	0% after	deductible
Inpatient care	Deductible	Not covered	Deductible	30% after deductible	0% after deductible	20% after deductible
Outpatient care	Deductible	Not covered	Deductible	30% after deductible	0% after deductible	20% after deductible
Telehealth	\$25	Not covered	\$25	30% after deductible	\$40-\$45	20% after deductible
Eye Exam	\$0	Not covered	\$0	\$75 reimbursement	\$0	\$75 reimbursement

*For OAP and OAPIN plans, deductible only applies to the following:

- Inpatient & outpatient services and procedures
- Advanced Imaging (MRI, CT, etc)

Laboratory
Radiology

- Home HealthcareDurable Medical Equipment
- Durable Medical Equipmer
- g (MRI, CT, etc)

 Prosthetic Devices
 Hearing Aids
- *Coinsurance percentage represents amount of employee's responsibility.



PHARMACY BENEFITS

New Program: Cigna 90 Now

Wesleyan University medical plans include a new maintenance medication program called Cigna 90 Now.

- If you choose to fill your prescription in a 90-day supply, you must now use a 90-day retail pharmacy in your plan's new network. You can also use the Cigna Home Delivery Pharmacy.
 Important Note: Please confirm the new pharmacy network for your 90-day fills. You can go to Cigna.com/RX90network
- If you choose to fill your prescription in a 30-day supply, you can use any retail pharmacy in your plan's broader network

Where you can fill a 90-day prescription

With Cigna 90 Now, your plan offers a new retail pharmacy network that limits where you can fill your 90-day prescriptions. You will still have access to a robust network of providers. They include local pharmacies, grocery stores, retail chains and wholesale warehouse stores – all places where you may already shop! If you prefer the convenience of having your medications delivered to your home, you can also use Cigna Home Delivery Pharmacy to fill your prescriptions. For more information about your new pharmacy network, you can go to Cigna.com/Rx90network

Value Drug List

New Formulary Drug List: Value

As of January 1, 2019, Wesleyan University medical plans will be moving to a new drug list called "Value." To see a current list:

- 1. Visit: The myCigna® website
- 2. Once you're registered, log in and select Estimate Health Care Costs
- 3. Select Get drug costs.

You can also view your drug list at <u>Cigna.com/druglist</u> and select your drug list name "Value 3 Tier" from the drop down menu.

Some changes you will see with the new Value Drug List are:

- Certain brand name drugs that are also available over the counter will be dispensed as a generic drug only. (For example, drugs to treat acid reflux)
- Pre-authorizations will be needed for specialty drugs. Your provider's office will coordinate this with Cigna at the time you are given a prescription.

Questions?

Call the toll-free number on the back of your Cigna ID card. If it's easier, you can also chat with Cigna online on the myCigna website, Monday-Friday, 9:00 am-8:00 pm EST.

Common Pharmacy Terms

(PA) Prior Authorization - Cigna will review information your doctor provides to make sure you meet coverage guidelines for the medication. If approved, your plan will cover the medication.

(ST) Step Therapy – Certain high-cost medications are part of the Step Therapy program. Step Therapy encourages the use of lower-cost medications (typically generics and preferred brands) that can be used to treat the same condition as the higher-cost medication. These conditions include, but are not limited to, depression, high blood pressure, high cholesterol, skin conditions and sleep disorders. Your plan doesn't cover the higher-cost Step Therapy medication until you try one or more alternatives first (unless you receive approval from Cigna).

(QL) Quantity Limits – For some medications, your plan will only cover up to a certain amount over a certain length of time. For example, 30mg per day for 30 days. Your plan will only cover a larger amount if your doctor requests and receives approval from Cigna.

PRESCRIPTION PLAN SUMMARY

Prescription drugs	OAF	PIN	(DAP	HD	HP
Retail (30-day supply)						
Tier 1 — generics	20% with \$5 min/\$50 max	Not covered	20% with \$5 min/\$50 max	Not covered	20% with \$5 min/\$50 max	Not covered
Tier 2 — preferred	25% with \$15 min/\$50 max	Not covered	25% with \$15 min/\$50 max	Not covered	25% with \$15 min/\$50 max	Not covered
Tier 3 — non-preferred	25% with \$20 min/\$50 max	Not covered	25% with \$20 min/\$50 max	Not covered	25% with \$20 min/\$50 max	Not covered
Mail order (90-day supply)						
Tier 1 — generics	20% with \$10 min/\$100 max	Not covered	20% with \$10 min/\$100 max	Not covered	20% with \$10 min/\$100 max	Not covered
Tier 2 — preferred	25% with \$30 min/\$100 max	Not covered	25% with \$30 min/\$100 max	Not covered	25% with \$30 min/\$100 max	Not covered
Tier 3 — non-preferred	25% with \$40 min/\$100 max	Not covered	25% with \$40 min/\$100 max	Not covered	25% with \$40 min/\$100 max	Not covered



Telehealth

With Cigna Telehealth Connection, employees can get the care they need – including most prescriptions – for a wide range of minor conditions. They can connect with a board-certified doctor when, where and how it works best for them – via video or phone – without having to leave home or work.

- Choose When Day or night, weekdays, weekends and holidays.
- Choose Where At home, work or on the go.
- Choose How Phone or video chat.

Speak with a doctor who can help with:

Sore throat

Cold and flu

Headache

Rash

Fever

Allergies

Amwell and MDLIVE televisits can be a cost-effective alternative to a convenience care clinic or urgent care center, and cost less than going to the emergency room. Costs are the same or less than a visit with a primary care provider. Giving employees an easy-to-use and cost effective alternative to care can help reduce costs and non-urgent ER visits.

Amwell

- AmwellForCigna.com
- **888-667-9722**

MDLIVE

- mdliveforcigna.com
- **888-726-3171**

Choose Who

- Amwell or

MDLIVE doctors.

Amwell and MDLIVE are only available for medical visits. For covered services related to mental health and substance abuse, employees have access to the **Cigna Behavioral Health** network of providers.

- Go to <u>Cignabehavioral</u>.
 <u>com</u> to search for a video telehealth specialist
- Call to make an appointment with your selected provider

Telehealth visits with Cigna Behavioral Health network providers cost the same as an in-office visit. See your plan materials for costs and coverage details.

What MyCigna Can Do For You

Life can be busy and complicated. Cigna created a simple to use tool that can help make your life easier (and healthier). Using mycigna.com or the mycigna app you can personalize, organize and access your important plan information on your computer, phone or tablet.

- Manage and track claims
- View ID card information
- Find in-network doctors and compare cost and quality ratings
- Review your coverage
- Track your account balances and deductibles
- Refill your prescription drugs online and check order status with Cigna Home Delivery Pharmacy
- Compare prescription drug prices at thousands of pharmacies in our network
- Visit myCigna.com or download the myCigna Mobile App





A health savings account (HSA) is a personal healthcare bank account you can use to pay out-of-pocket medical expenses with pretax dollars. If you enroll in a high-deductible health plan, you can open an HSA.

You own and administer your HSA. You determine how much you contribute to your account, when to use your money to pay for qualified medical expenses, and when to reimburse yourself. Remember, this is a bank account; you must have money in the account before you can spend it.

HSAs offer you the following advantages:

TAX SAVINGS: You contribute pretax dollars to the HSA. Wesleyan University will also contribute to \$500 for the 2019 plan year. Interest accumulates tax-free, and funds are withdrawn tax-free to pay for medical expenses.

REDUCED OUT-OF-POCKET COSTS: You can use the money in your HSA to pay for eligible medical expenses and prescriptions. The HSA funds you use can help you meet your plan's annual deductible.

A LONG-TERM INVESTMENT THAT STAYS WITH

YOU: Unused account dollars are yours to keep even if you retire or leave the university. Also, you can invest your HSA funds, so your available healthcare dollars can grow over time.

THE OPPORTUNITY FOR LONG-TERM SAVINGS:

Save unused HSA funds from year to year –you can use this money to reduce future out-of-pocket health expenses. You can even save HSA dollars to use after you retire.

You are eligible to open and fund an HSA if:

- You are enrolled in an HSA-eligible high-deductible health plan, such as Wesleyan University's HDHP plan.
- You are not covered by your spouse's health plan (unless it is a qualified HDHP), flexible spending account (FSA) or health reimbursement account (HRA).
- You are not eligible to be claimed as a dependent on someone else's tax return.
- You are not enrolled in Medicare, TRICARE or TRICARE for Life.
- You have not received Veterans Administration benefits in the past three months.

How to access/make contributions to your HSA

Once your account is open, you can access it via your mycigna.com by clicking on "Visit your HSA bank to manage your account." You'll set up your payroll contributions during open enrollment. You can make contribution changes at any time during the year. Note that it may take between one and two payroll periods for an HSA change to be processed.

More details about health savings accounts

The HSA is administered by HSA bank. Wesleyan University pays the monthly administrative fee for your HSA. If your coverage status or employment status changes, you will be responsible for all HSA account holder fees.

You'll notice two separate line items on your paycheck when you participate in the HDHP with HSA option – one for your employee premium for the HDHP and one for your pretax contributions to the HSA.

IMPORTANT! How much you can deposit into an HSA in 2019

Under age 55 (and not enrolled in Medicare):

- Up to \$3,500 for individual coverage.
- Up to \$7,000 for family coverage.

Age 55 or older (and not enrolled in Medicare):

- The maximum contribution increases by \$1,000 (considered a "catch-up" contribution).
- Up to \$4,500 for individual coverage.
- Up to \$8,000 for family coverage.

Important Note: Wesleyan University employer contributions count toward the annual HSA contribution limits, so you need to carefully plan how much you'll contribute annually to avoid excess contributions.

2019 Wesleyan University employer contributions

Once your HSA account with HSA Bank is open, your contributions will be deposited each pay cycle. Wesleyan University will provide a dollar for dollar match up to \$500 each plan year.





Medical Expense Reimbursement Account (MERA)

This plan allows you to pay for eligible out-of-pocket expenses with pre-tax dollars. Eligible expenses include plan deductibles, copays, coinsurance, and other non-covered medical, dental and vision healthcare expenses for you and your dependents.

Dependent Care FSA

This plan allows you to pay for eligible out-of-pocket dependent care expenses with pre-tax dollars. Eligible expenses may include daycare centers, in-home child care, and before- or after-school care for your dependent children under age 13 (other individuals may qualify if they are incapable of self-care and are considered your taxable dependents).

Please note: All caregivers must have a tax ID or Social Security number, which must be included on your federal tax return. If you use the Dependent Care FSA, the IRS will not allow you to claim a dependent care credit for reimbursed expenses. Consult your professional tax advisor to determine whether you should enroll in this plan.

Frequently Asked Questions

When can I enroll in MERA or Dependent Care?

You must enroll each year during Open Enrollment in order to participate in the MERA or Dependent Care FSAs for the following year. The amount you designate will be deducted from your paycheck in equal amounts throughout the plan year.

How do I submit claims for reimbursement?

The Wesleyan University MERA (Medical Reimbursement Account) and Dependent Care Flexible Spending Accounts are administered by Benefit Strategies, LLC. When you enroll, a Welcome Packet will be mailed to your home. You will be issued a debit card to charge your expenses on debit cards in addition to submitting claims for reimbursement. Your debit card will be re-loaded each year you participate in the plan.

Enrollment occurs before the beginning of each plan year or for new employees, during your initial enrollment period. You must enroll each year in order to participate in the Healthcare and Dependent Care FSAs. The amount you designate will be deducted from your paycheck in equal amounts throughout the plan year. Once you incur expenses, you can request reimbursement from your account. Keep your receipts and explanations of benefits (EOBs) in the event the vendor or the IRS requests additional information on your transactions.

	MERA/Dependent FSAs
MERA - Plan Year Maximum	\$2,700
Dependent Care FSA - Plan Year Maximum	\$5,000
Run-out Period	Claims submission deadline: 4/15/2020 (includes claims incurred through 3/15/2020)

HSA VS FSA

	Health Savings Account (HSA)	Flexible Spending Account (FSA)
Medical Plan Design	Must meet federal design mandates	No plan design requirements
2019 Contribution Limits	Employee + employer contribution limits of \$3,500 single and \$7,000 family, plus \$1,000 employee catch-up contribution if age 55+	Set by employer, but no more than \$2,700
Source of Contributions	Employee and/or Employer	Employee
Employer Contribution	Up to \$500 of employee contribution for employee and family tier levels	None
Ability to Change Payroll Deductions	Unrestricted; limit to monthly changes	Annual election; change allowed with Qualified Life Event only
Year End Account Balance	Contributions & earnings carryover	Use or Lose
Portability of Account	Yes	None
Investment of Contributions	Available after HSA balance reaches \$2,000	NA
Tax-Free Reimbursement or	Qualified health expenses. Also allows payment	Qualified health expenses. Payment of
Distributions	of premiums for COBRA and Medicare	premiums not allowed
Taxable Distributions	If reimbursed for other than qualified healthcare expense prior to age 65	NA





DENTAL BENEFITS

Dental carrier

View covered services, claim status or your account balance, find a dentist, update your information, and much more at

www.deltadentalnj.com.

Wesleyan University offers dental coverage through Delta Dental of New Jersey. Although you can choose any dental provider, when you use an in-network dentist, you will generally pay less for treatments because your share of the cost will be based on negotiated discount fees. With out-of-network dentists, the plan will pay the same percentage, but the reimbursement will be based on out-of-network rates. You may be billed for the difference.

To see a current provider directory, please visit <u>www.deltadentalnj.com</u> and chose the Delta Dental PPO Plus Premier plan.

	In-network	Out-of-network
Deductible		
Employee only	\$50	\$50
Family coverage	\$150	\$150
Is the deductible waived for preventive services?	Yes	Yes
Annual plan maximum (per individual)	\$1,200	\$1,200
Diagnostic and preventive		
Oral exams, x-rays, cleanings, fluoride, space maintainers	100%	100%
Basic		
Oral surgery, fillings, endodontic treatment, periodontic	80%	80%
treatment and sealants		
Major		
Crowns, jackets, implants, dentures, bridge implants,	50%	50%
repairs of dentures and crowns		
Orthodontia		
Adults and dependent children	50%	50%
Lifetime orthodontia plan maximum (per individual)	\$1,500	\$1,500

For more information on your dental benefits please visit www.wesleyan.edu/hr





Eye Exams Through Cigna

Annual Eye Exams are covered under the Wesleyan University medical plans as a wellness benefit.

- Eye exams are covered at no cost for in-network eye doctors (Use Cigna Vision Directory to verify providers)
 - Cigna Vision Directory http://cigna.vsp.com/find-eye-doctors.html?id=guest
- Out-of-Network eye exams will be reimbursed up to \$75.
- There is no CIGNA reimbursement for glasses or contacts; however the voluntary EyeMed Vision plan is available (see below).
- Premiums for this benefit are covered under your medical plan.

EyeMed Vision Coverage

EyeMed's vision care benefits include coverage for standard lenses and frames, contact lenses, and discounts for laser surgery. The vision plan is built around a network of eye care providers, with better benefits at a lower cost to you when you use providers who belong to the EyeMed network. When you use an out-of-network provider, you will have to pay more for vision services.

Locating a EyeMed provider

In-network providers include private practitioners as well as selected chains, including Lenscrafters, Target, Sears and Pearle Vision. To locate a provider, visit www.EyeMedvisioncare.com.

	In-network	Out-of-network Reimbursement
Frames	\$150 allowance, 20% off balance over \$150	\$75
Standard lenses (once per frequen	cy period)	
Single vision	\$20	\$11
Bifocal	\$20	\$25
Trifocal	\$20	\$49
Premium lenses		
Standard Progressive	\$85	\$25
Premium Progressive	80% of charge less \$35 allowance	\$25
Contact lenses (\$20 copay waived)		
Elective	\$150 allowance, 20% off balance over \$150	\$120

Frequency:

- Frames —Once every 24 months
- Standard Plastic Lenses or Contact Lenses Once every 12 months

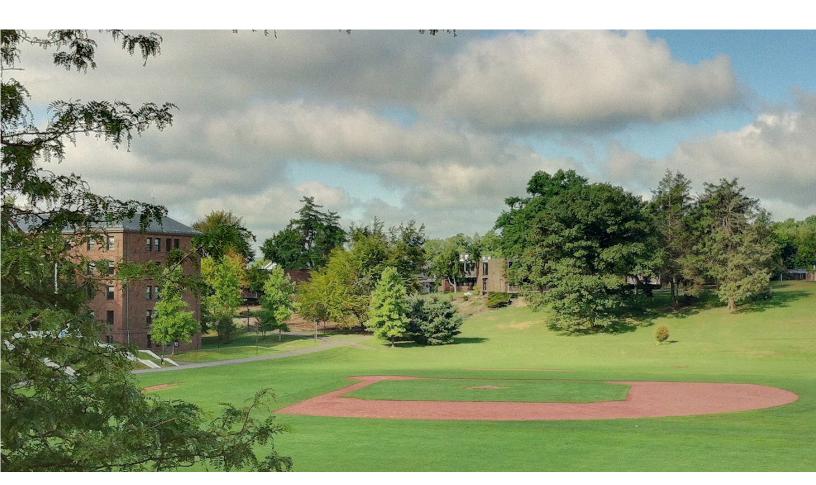


Start earning today!

Wesleyan's Wellness Incentive Points Program rewards individuals dedicated to improving their health and well-being. You and your spouse/partner can earn points by actively participating in health improvement programs and activities that can then be redeemed for cash payments. Benefit eligible faculty, staff, spouses and partners are eligible to participate and earn points (up to \$150 each on a semi-annual basis).

Wellness points are entered through the new Wellness Points Tool which is available under "My Information" in your WesPortal account.

Note: To add or change a spouse or partner, please click the Spouse/Partner link at the top of the screen.





LIFE INSURANCE

Everyone has different needs and different levels of risk in life. In light of this, it is important to give

serious thought to the expenses and income needs your dependents would have if something happened to you. The following options are available to eligible employees. Please keep in mind these benefits are reduced starting at age 65.

Basic Life Insurance (University provided)

Wesleyan University provides Basic Life insurance at no cost to you. The plan covers you at one times (1x) your salary (capped at \$50,000). This coverage is guaranteed issue and provided for all benefit eligible employees.

Group Term Life and AD&D	100% Paid by the Employer
Employee	1x annual salary up to \$50,000

Age reduction schedule: Age 65 to 69: Benefit decrease to 65% of original benefit Age 70+: Benefit decrease to 50%

Supplemental Life

Employees also have the flexibility to increase their coverage by purchasing supplemental life insurance coverage for themselves and their dependents.

Eligible employees are allowed to elect up to 5x their pay (Amounts over \$200,000 require Evidence of Insurability). Spouses/Domestic Partners can elect coverage in \$10K increments up to \$100,000 (Amounts over \$30,000 require Evidence of Good Health). Spouse/Domestic Partner elections cannot be more than 50% of employee's supplemental life election. Employees can also elect a \$5,000 policy for a dependent child.

Rates for optional life insurance are based on age. Certain reductions in coverage do apply for applicable employees and their dependents. For each \$1,000 of optional life insurance coverage, the monthly rates are:

Age	Non-Smoker Monthly Rates (per \$1,000)	Smoker Monthly Rates (per \$1,000)
0-24	\$0.04	\$0.05
25-29	\$0.04	\$0.05
30-34	\$0.06	\$0.06
35-39	\$0.06	\$0.07
40-44	\$0.07	\$0.09
45-49	\$0.10	\$0.15
50-54	\$0.16	\$0.23
55-59	\$0.26	\$0.38
60-64	\$0.45	\$0.65
65-69	\$0.63	\$0.92
> 69	\$0.90	\$1.30

(Rates will increase on the July 1 after age increases to the next bracket.)

Supplemental Life	100% Paid by the Employee
Employee	1-5x basic annual earnings up to \$750,000*
Spouse	\$10,000 increments up to \$100,000 (cannot exceed 50% of employee amount)
Child	\$5,000

Age reduction schedule:
Age 65 to 69: Benefit decrease to 65% of original benefit
Age 70+: Benefit decrease to 50%

Guaranteed Issue

Guaranteed Issue is the highest amount of coverage that can be issued to you without Evidence of Insurability (EOI.) If you do not enroll when you are a new employee, you will need to complete an EOI for any amount of coverage for which you apply.

Newly hired employees are offered coverage with a guaranteed issue amount (no evidence of insurability) as follows:

- Employee Guaranteed issue up to \$200,000
- Spouse/Partner Guaranteed issue up to \$30,000
- Enrollment must be within the first 31 days after hire.

EVIDENCE OF INSURABILITY: Insurance companies are able to request that employees and dependents provide medical information (Evidence of Insurability) when application for Supplemental Life occurs after 31 days of your initial benefit eligibility as a new hire and/or when the amount applied for exceeds specific maximums. When Evidence of Insurability applies, you and/or your dependents will need to complete a "Statement of Health" and submit it for review and approval.

IMPUTED INCOME: AGE REDUCTION: The group term basic life and supplemental insurance coverage are subject to a reduction in benefit amount as you age.

PORTABILITY AND CONVERSION: Portability and conversion are available if your employment with Wesleyan University ends. Portability allows you to continue your term life coverage while the conversion option allows you to convert your term life policy into an individual whole life policy.



Wesleyan University offers two types of retirement plans: Retirement Annuity and Supplemental Retirement Plan.

The Retirement Annuity plan (RA)**

Allows eligible* employees to receive contributions made by Wesleyan University. The University will contribute 7% of your annual salary up to \$80,500, and 10% for earnings over \$80,500.

The Supplemental Retirement Annuity plan (SRA)**

Allows eligible* employees to set aside 1% to 99.9% of their annual earnings to the maximum IRS plan limits towards your retirement. You have the option to set aside money on a pre-tax or after tax (Roth) contribution. There is also an employer match for the Supplemental Retirement Annuity plan, please see the plan document to verify match schedule per employee group.

When Can I Change My Contribution Percentage?

You can change your SRA or Roth contribution percentage at any time during the year. SRA and Roth deductions will automatically stop once you have reached your limit allowed by the IRS.

2019 SRA Limits*

The maximum annual contribution to an SRA or Roth for 2019 is \$19,000. If you are age 50 and above, the annual catch up contribution is \$6,000. Employees with over 15 years of service may be eligible for an additional amount of contribution.

457(b) Plan

For those eligible, contributions to the 457(b) plan are based on a dollar amount per calendar year, percentages aren't allowed. The maximum contribution to a 457(b) plan in 2019 is \$19,000. Voluntary contribution must be elected each plan year, please contact benefits@wesleyan.edu for an election form.

^{*}Please email benefits@wesleyan.edu for confirmation of eligibility.

^{**}Employees covered under collective bargaining agreements should email benefits@wesleyan.edu to confirm eligibility and plan rules

CONTRIBUTIONS

Medical and prescription monthly employee payroll contributions (effective Jan. 1, 2019)

	OAPIN	OAP	HDHP
Employee	\$260.95	\$309.66	\$191.50
Employee + One	\$569.61	\$675.18	\$418.01
Family	\$705.53	\$836.23	\$517.76

Employees can elect the medical and prescription drug plan without enrolling in the dental or vision plans.

2019 Premium Subsidy

Eligibility: Employees whose annualized full time base salary is less than or equal to \$59,847.

	Monthly Premium Subsidy	
Employee	\$65.58	
Employee + One	\$141.17	
Family	\$174.00	

Subsidy credits are applied to the employee paycheck based on pay frequency.

Employee monthly dental payroll contributions

	Monthly contribution	
Employee	\$20.79	
Employee + One	\$39.19	
Family	\$74.34	

■ You can elect the Delta Dental dental plan regardless of whether you are enrolled in the medical or vision plan.

Employee monthly vision payroll contributions

	Monthly contribution	
Employee	\$4.71	
Employee + One	\$8.94	
Family	\$13.13	

You can elect the EyeMed vision plan regardless of whether you are enrolled in the medical or dental plan.

Voluntary Life insurance monthly payroll contributions

Age	Employee Non-Smoker Monthly Rates (per \$1,000)	Employee Smoker Monthly Rates (per \$1,000)
0-24	\$0.04	\$0.05
25-29	\$0.04	\$0.05
30-34	\$0.06	\$0.06
35-39	\$0.06	\$0.07
40-44	\$0.07	\$0.09
45-49	\$0.10	\$0.15
50-54	\$0.16	\$0.23
55-59	\$0.26	\$0.38
60-64	\$0.45	\$0.65
65-69	\$0.63	\$0.92
> 69	\$0.90	\$1.30

You can apply to enroll in the Supplemental Life Insurance benefit at any time during the plan year. Please see page 16 for more details on this benefit.



Help When You Need It Most

With your Employee Assistance Program and Work/Life Balance services, confidential assistance is as close as your phone or computer.

Your EAP is designed to help you lead a happier and more productive life at home and at work. Call for confidential access to a Licensed Professional Counselor who can help you.

- Expert support 24/7
- Convenient website
- Monthly webinars
- All employees, spouses, domestic partners, children, parents and parents-in-law are eligible

A Licensed Professional Counselor can help you with:

- Stress, depression, anxiety
- Relationship issues, divorce
- Job stress, work conflicts
- Family and parenting problems
- Anger, grief and loss
- And more!

Employee Assistance Program — Work/Life Balance

Toll-free 24/7 access:

1.800.854.1446 (Multi-lingual) www.unum.com/lifebalance

Key Features

- Medical Bill Saver- service that can help negotiate out-of-pocket medical and dental expenses over \$400.
- A host of additional services 24/7 access to master's level staff clinicians for information, assessment, short-term problem resolution and referrals.
- Up to 3 face-to-face counseling sessions. Sessions are conducted by a network of qualified EAP consultants.
- In lieu of face to face sessions, Health Advocate offers HIPAA compliant video counseling sessions for those in rural communities, those with transportation concerns, or those that may prefer the use of technology to receive the service.
- Health Advocate provides access to a national network of over 60,000 licensed EAP affiliates. All EAP providers have a master's degree or higher with state licensure.

Work/Life Balance

You can also reach out to a specialist for help with balancing work and life issues. Just call and a Work/ Life Specialists can answer your questions and help you find resources in your community.

- Child care
- Elder care
- Legal questions
- Identity theft
- Financial services, debt management, credit report issues
- Even reducing your medical/dental bills!
- And more

FREQUENTLY ASKED QUESTIONS

- Where do I find details about each plan?
 - Benefit plan details can be found by visiting <u>www.wesleyan.edu/hr.</u> Click on your employee group (red banner on the left) and then click on Benefits.
- How do I view and change dependent & beneficiary information?
 - If you wish to update or add a dependent or beneficiary, please email <u>benefits@wesleyan</u>.
 <u>edu</u>. You will be required to fill out a Dependent/ Beneficiary Enrollment Form and upload it to a secure drop box. The HR Benefits Team will walk you through this process.
- How do I enroll in benefits?
 - Fill out the Benefits Enrollment form. Visit www. wesleyan.edu/hr and click on the Forms link (right side of page).
 - When you have made your benefit decisions, please reference the following instructions to upload your benefit form securely. Due to the confidential information required when completing the forms, please do not email to the benefits team.
- How do I securely upload my benefit forms?
 - Please access the following link to access a secure drop box where you can upload your benefit forms: <u>webapps.wesleyan.edu/dropbox/benefits_newhire</u>
 - Be sure to include your Last Name, First Name, email address and brief file description.
- How do I know if I am eligible to participate in a retirement savings plan?
 - Please email <u>benefits@wesleyan.edu</u>

- How do I enroll in the retirement savings plans?
 - A member of the Human Resources Benefits
 Team will forward the applicable paperwork to you to fill out and upload to the secure drop box.
- I have a qualifying life event, how do I make changes to my benefits?
 - By completing the Benefits Enrollment form and uploading the form, along with the documents supporting your qualifying life event to the secure drop box. (Reference the instructions above.)
 - Remember: You have 31 days from the date of the event to make changes to your benefit plan(s).
- What documentation is required to support my qualifying event?

Qualifying Event	Documentation Accepted
Loss of coverage for your spouse/domestic partner	Letter from employer stating loss of coverage and reason(s) why. Termination letter from employer or Termination letter from previous health plan
New coverage through your spouse/domestic partner	 Letter from spouse/domestic partner employer or Letter from spouse/domestic partner health plan
Marriage	 Marriage certificate
Birth of child	Birth certificate orLetter from a medical center showing proof of birth
Adoption	 Adoption papers
Divorce or legal separation	■ Filed court papers

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Benefit summaries are provided for the convenience of Wesleyan University employees. Employees are directed to read the relevant benefit plan documents. In the event of a conflict between the terms of a summary and the terms of the actual plan document, the terms of the plan document will control. Except where prohibited by collective bargaining or other agreement, Wesleyan University reserves the right to alter, modify or suspend any benefit at any time. While Wesleyan University selects its benefit providers after thoughtful review, it disclaims responsibility for the ultimate performance of such providers.