



2024 EMPLOYEE BENEFITS GUIDE



Wabash.

Table of Contents

Click title to navigate to the page

Benefits Overview	3
What's New 2024?	4
Helpful Contacts	6
Medical Benefits	7
Dental Benefits	10
Vision Benefits	11
Flexible Spending Accounts	12
Health Savings Account	13
Telemedicine	14
Life and AD&D Insurance	16
Disability Insurance	17
Accident Insurance	18
Critical Illness	19
Employee Assistance Program	20
Preventative Drug List 2024	21
Glossary	22
Federal Notices	23

Health Insurance Portability and Accountability Act of 1996. If you have any questions about this summary, contact Human Resources. The information in this 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 summary plan descriptions and benefit information. 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. All information is confidential, pursuant to the Health Insurance Portability and Accountability Act of 1996. If you have any questions about this summary, contact HR.

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Benefits Overview

Wabash College offers you and your eligible family members a comprehensive and valuable benefits program. We encourage you to take the time to educate yourself about your options and choose the best coverage for you and your family.

Who is Eligible?

If you are a full-time employee (working over 1,000 hours annually), you are eligible to enroll in the benefits described in this guide. The following family members are eligible for medical coverage: legal spouse, subscriber's natural child, stepchild, or child placed by adoption, as well as, subscriber's grandchild, blood relative or other child for whom legal guardianship has been awarded to the subscriber or the subscriber's spouse.

NEW HIRES: Newly Eligible employees will become eligible for benefits effective on the first day of employment, provided you have completed the enrollment process and all required information and documents.

OPEN ENROLLMENT: The benefits you elect will be effective January 1, 2024.

You must enroll during Wabash College's annual Open enrollment period, November 11th – December 20th, 2023. If you miss these enrollment opportunities, you must wait until next year's Open Enrollment period unless you have a qualifying life event.

How to Enroll

Look for an email from Human Resources (HR) with instructions on how to enroll. This will be sent to your work email address. Follow the directions to enroll. Verify your personal information and make any necessary changes. You will be able review your current elections. After you make your elections, you will not be able to change them until the next open enrollment period unless you have a qualified change in status.

How to Make Changes

A life event change (qualifying event) is a personal change in status which may allow you to change your benefit elections.

Examples of qualifying events include:

- Marital Status Change: Marriage, Divorce, Legal Separation
- Dependent Status Change: Birth, Death, Adoption
- Change in Employment: Full-time to Part-Time or vice versa

If you experience a life event change, you will need to request to change your benefits within 30 calendar days of the event and provide documentation to Human Resources.

What's New for 2024?

NEW! Voluntary Critical Illness Insurance

- Provides cash if you are diagnosed with a critical illness
- Includes a \$50 wellness benefit

NEW! Voluntary Accident Insurance

- Provides cash if you are accidentally injured
- Includes Accidental Death and Dismemberment benefit

Wabash HSA Contributions are increasing

- From \$600 to \$700 for Employee Only Coverage
- From \$1,200 to \$1,400 for Employee + Dependents

Maximum HSA Contribution Levels have increased

- Individual coverage maximum contribution is \$4,150 (this includes the Wabash College contribution of \$700). The most you can contribute is \$3,450.
- Family coverage maximum contribution is \$8,300 (this includes the Wabash College contribution of \$1,400). The most you can contribute is \$6,900.

FSA Contribution Levels have increased

- Contributions increased to \$3,200 for both limited purpose and medical FSA
- Rollover increased to \$640 for 2024 to 2025 (up to \$610 will roll over from 2023 to 2024)

Virtual Care Provider

- OC24 is discontinuing Virtual Care
- Teladoc is the new provider offering access to a larger network of Virtual Care Providers

Traditional PPO Plan Structure remains the same

High Deductible Health Plan

- The structure is changing slightly due to IRS mandates for Qualified High Deductible Health Plans
- The individual Deductible for Employee + Dependents is increasing from \$3,000 to 3,200

Dental

- The rates for dental are unchanged
- Remember Preventative exams are covered in full

What's New for 2024?

Vision

- The rates for vision are decreasing slightly
- Increased allowance for Frames and Contacts

Pharmacy Changes

- Formulary Changes occur in January and February
- See your Benefit Guides for additional information

Helpful Contacts

Medical	UMR	800-207-3172	www.umar.com
RX	TrueRX	866-921-4047	www.truerx.com
Dental	Lincoln Financial Group	800-423-2765	www.lincolnfinancial.com/public/individuals/FileClaims@LFG.com
Vision	Vision Service Provider (VSP)	800-877-7195	www.vsp.com
Health Savings Account (HSA)	Employee Benefits Corporation	800-346-2126	participantservice@ebcflex.com
Telemedicine	Teladoc	800-835-2362	www.teladoc.com
Basic Life and Voluntary Life Insurance	Lincoln Financial Group	800-423-2765	www.lincolnfinancial.com/public/individuals/FileClaims@LFG.com
Short-Term Disability	Lincoln Financial Group	800-423-2765	www.lincolnfinancial.com/public/individuals/FileClaims@LFG.com
Long-Term Disability	Lincoln Financial Group	800-423-2765	www.lincolnfinancial.com/public/individuals/FileClaims@LFG.com
Accident Insurance	Lincoln Financial Group	800-423-2765	www.lincolnfinancial.com/public/individuals/FileClaims@LFG.com
Critical Illness Insurance	Lincoln Financial Group	800-423-2765	www.lincolnfinancial.com/public/individuals/FileClaims@LFG.com
Employee Assistance Program (EAP)	Lincoln Financial Group	888-628-4824	www.GuidanceResources.com
Human Resources	Cathy Metz	765-361-6418	hr@wabash.edu
Federal Notices	Click here to access your 2024 Federal Notices		

Traditional Preferred Provider Organization (PPO) Plan

Wabash College offers a PPO plan that allows you the freedom to use providers in-network and out-of-network as designated in the following chart. This chart gives a side-by-side look at the amounts you pay when you use in-network versus out-of-network providers.

Plan Feature	In-Network	Out-of-Network
Preventive Care Services	Covered in Full	Not covered
Office Visit		
- Primary care	\$25/visit deductible does not apply	Deductible & Coinsurance
- Specialist	\$50/visit deductible does not apply	Deductible & Coinsurance
Annual Deductible - Individual / Family	\$1,000/ \$2,000	\$2,000/ \$4,000
Employee Coinsurance	20%	40%
Out-of-Pocket (Includes Deductible) - Individual / Family	\$2,500/ \$5,000	\$5,000/ \$10,000
Urgent Care	Deductible & Coinsurance	Covered as In-Network
Emergency Room	Deductible & Coinsurance	Covered as In-Network
Inpatient Services	Deductible & Coinsurance	Deductible & Coinsurance
Outpatient Services	Deductible & Coinsurance	Deductible & Coinsurance
Home Health Care	Deductible & Coinsurance	Deductible & Coinsurance
Outpatient Professional Short-Term Rehab (Pulmonary Rehab, Cognitive, Physical, Speech and Occupational Therapy, Chiropractic Care and Cardiac Rehab)	\$50/visit deductible does not apply	Deductible & Coinsurance
X-Ray and Laboratory Services	Place of Service- Plan pays based upon where services are rendered. Office vs Outpatient	Deductible & Coinsurance
Mental Health & Substance Abuse Services	Deductible & Coinsurance	Deductible & Coinsurance
Allergy Serum	Plan Pays 100%	Deductible and Coinsurance
Infertility (Includes artificial insemination, in-vitro fertilization, GIFT, ZIFT, etc.)	Place of Service- Plan pays based upon where services are rendered. Office vs Outpatient	Deductible & Coinsurance

Rx Plan Feature	In-Network
Tier 1 – Generic	1-30 days: \$10 copay / 31-90 days: \$20 copay
Tier 2 – Preferred Brand	1-30 days: \$30 copay / 31-90 days: \$60 copay
Tier 3 – Non-Preferred Brand	1-30 days: \$60 copay / 31-90 days: \$120 copay

High Deductible Health Plan

Wabash College offers a High Deductible Health Plan (HDHP) with the option for an HSA. The HDHP allows you the freedom to use providers in-network and out-of-network as designated in the following chart. This chart gives a side-by-side look at the amounts you pay when you use in-network versus out-of-network providers.

Plan Feature	In-Network	Out-of-Network
Preventive Care Services	Covered in Full	Not covered
Office Visit		
- Primary care	Deductible & Coinsurance	Deductible & Coinsurance
- Specialist	Deductible & Coinsurance	Deductible & Coinsurance
Annual Deductible - EE Only/ EE + Dependents/ Family	\$3,000/ \$3,200/ \$6,000	\$6,000/ \$6,000/ \$12,000
Employee Coinsurance	20%	40%
Out-of-Pocket (Includes Deductible) - Individual / Family	\$6,000/ \$12,000	\$12,000/ \$24,000
Urgent Care	Deductible & Coinsurance	Covered as In-Network
Emergency Room	Deductible & Coinsurance	Covered as In-Network
Inpatient Services	Deductible & Coinsurance	Deductible & Coinsurance
Outpatient Services	Deductible & Coinsurance	Deductible & Coinsurance
Home Health Care	Deductible & Coinsurance	Deductible & Coinsurance
Outpatient Professional Short-Term Rehab (Pulmonary Rehab, Cognitive, Physical, Speech and Occupational Therapy, Chiropractic Care and Cardiac Rehab)	Deductible & Coinsurance	Deductible & Coinsurance
X-Ray and Laboratory Services	Deductible & Coinsurance	Deductible & Coinsurance
Mental Health & Substance Abuse Services	Deductible & Coinsurance	Deductible & Coinsurance
Allergy Serum	Deductible & Coinsurance	Deductible and Coinsurance
Infertility (Includes artificial insemination, in-vitro fertilization, GIFT, ZIFT, etc.)	Deductible & Coinsurance	Deductible & Coinsurance

Rx Plan Feature	In-Network
Tier 1 – Generic	Deductible Applies: 1-30 days: \$10 copay / 31-90 days: \$20 copay
Tier 2 – Preferred Brand	Deductible Applies: 1-30 days: \$20 copay / 31-90 days: \$40 copay
Tier 3 – Non Preferred Brand	Deductible Applies: 1-30 days: \$35 copay / 31-90 days: \$70 copay

Traditional Preferred Provider Organization (PPO) Plan

Coverage Category	Premium			
	Rate	Salary Maximum	Minimum Charge	Maximum Charge
Employee Only*	2.15%	\$100,000	\$0	\$2,150
Employee Plus One	8.30%	\$100,000	\$3,000	\$8,300
Employee and Family	10.50%	\$100,000	\$3,790	\$10,500

*Please note: Employees making less than \$36,100 pay \$0

High Deductible Health Plan (HDHP)

Coverage Category	Premium			
	Rate	Salary Maximum	Minimum Charge	Maximum Charge
Employee Only	0.0%	N/A	\$0	\$0
Employee Plus One	1.50%	\$100,000	\$540	\$1,500
Employee and Family	3.00%	\$100,000	\$1,080	\$3,000

High Deductible Health Plan (HDHP) Health Savings Account (HSA) Wabash Contribution

Coverage Category	Wabash HSA Contribution
Employee Only	\$700
Employee Plus One	\$1,400
Employee and Family	\$1,400

*Please note: You need to be on the High Deductible Health Plan in order to get access to a Health Savings Account and therefore receive Wabash's contributions.

Dental

Wabash College offers dental benefits through Lincoln Financial, which allows you to seek treatment from the dentist of your choice. In order to reduce out-of-pocket costs, use an in-network provider. Selecting a Lincoln Dental Connect dentist removes the risk of balance billing.

Dental Benefits	In-Network	Out-of-Network
Annual Deductible		
- Individual	\$50	\$50
- Family	\$150	\$150
Annual Benefit Maximum (per insured person)	\$1,750	\$1,750
Preventive/Diagnostic Includes but is not limited to: Semi-annual cleanings, bitewing x-ray treatment and fluoride treatments and sealants.	Plan pays 100% Deductible does not apply	Plan pays 100% Deductible does not apply
Basic Restorative Includes but is not limited to: Full-mouth x-rays; fillings, injections crowns and periodontal maintenance procedures.	Plan pays 80% after deductible	Plan pays 80% after deductible
Major Restorative Includes but is not limited to: Crowns, inlays, onlays, bridges and dentures.	Plan pays 50% after deductible	Plan pays 50% after deductible
Orthodontia Benefits	Plan pays 50%	Plan pays 50%
Lifetime Orthodontia Maximum	\$1,000	\$1,000

- Annual Maximums are combined for preventative, basic and major services.
- Annual Maximums are combined for in and out-of-network services.

Rates	Monthly Employee Contribution
Employee Only	\$42.58
Employee + Spouse	\$83.68
Employee + Child(ren)	\$99.84
Employee + Family	\$143.88

Vision

Wabash College's Vision benefits are provided by VSP utilizing the VSP Signature network. VSP's Vision offers you one of the largest vision care networks in the industry with a wide selection of experienced ophthalmologists, optometrists, and opticians. Go to an in-network provider to maximize your benefits!

Vision Benefits	In-Network
Routine Exam (one per 12 months)	\$10 Copay
Lenses (1 pair every 12 months) Includes single vision, lined bifocal and lined trifocal lenses. Polycarbonate lenses are included for dependents up to age 26. Standard Progressive lenses are covered.	\$25 Copay (lenses and/or frames only) Up to \$60 Copay for Contact Lens Exam
Frames (one every 24 months)	\$140 Allowance for a wide selection of frames \$190 Allowance for featured frame brands 20% savings on the amount over your allowance
Contact Lenses (once every 12 months)	Elective: Covered up to \$140 Necessary: Covered in full after copay
Extra Savings	20%-30% discount on additional glasses and sunglasses as well as lens enhancements
Laser Vision correction	Average 15% off the regular price. Discounts only available from contracted facilities.

Rates	Monthly Employee Contribution
Employee Only	\$10.02
Employee + Spouse	\$16.88
Employee + Child(ren)	\$17.23
Employee + Family	\$27.78

Flexible Spending Accounts (FSA)

What is a Dependent Care FSA?

A Dependent Care FSA allows you to set aside funds tax-free to pay for day care expenses necessary while you (and your spouse) are working, looking for work or attending school on a full-time basis. Your dependent (child under age 13, disabled spouse, elderly parent or other dependent who is physically or mentally incapable of self-care) must live in your home at least 8 hours a day to qualify.

For calendar year 2024, the annual maximum amount a family may contribute to the Dependent Care FSA is \$5,000 (\$2,500 for a married person filing separately). Per IRS regulations, if you do not use all the pre-tax dollars in your Dependent Care FSA during the plan year, you forfeit the amount left over.

Eligible expenses include

- Costs of day care for children aged 12 and younger (longer if the dependent is disabled)
- Day care costs for spouses, parents or grandparents who cannot care for themselves
- The cost for an individual to provide care either in or out of your house (a sitter's home or day care facility)
- Nursery schools and preschools (excluding kindergarten)

Expenses that are NOT eligible for payment with a Dependent Care FSA include

- Costs of day care for reasons other than to enable you to work or attend school full-time
- Child support payments or late payment fees
- Food, clothing, activity fees/entertainment, school supplies
- Overnight camps
- Housekeeping services not provided by caregiver

What is a Health Care FSA? (PPO Plan Participants Only)

For 2024, employees can contribute \$3,200 to your health FSA. The healthcare FSA is used for medical, prescription, dental, vision and other health care expenses you expect to incur during the plan year that are not covered by the plan. This is a great way to financially plan for medical expenses that would otherwise be classified as out-of-pocket costs. You may not use the FSA account to pay the cost of over-the-counter medications that are not prescribed by your doctor.

The amount of your contributions is deducted pre-tax every pay period, therefore you do not have to pay Federal or FICA taxes on the amount of your deposit. Employees electing the Health Care FSA will receive a stored value MasterCard, referred to as a Benefit Card. New cards are only issued to new participants of the Health Care FSA program. If you are re-electing this benefit, you will not receive a new card until your current card expires.

Your annual contribution amount is assigned to your card to pay for eligible expenses. It works like a MasterCard, simply use your Benefit Card and any eligible expenses will be deducted from your account. Please save all receipts as EBC may need to request a copy of your itemized documentation to confirm eligible expenses.

What is a Limited Purpose FSA? (H.S.A Plan Participants Only)

The Limited Purpose FSA allows the HSA participants to take part in a flexible spending account applicable to Dental and Vision expenses only. The account functions as stated above for the PPO Plan Participants but does not cover any of the medical expenses.

Health Savings Account (HSA)

If you participate in the High Deductible Health Plan (HDHP), you are qualified to set aside funds in a Health Savings Account (HSA) before taxes are deducted to pay for eligible medical, dental and vision expenses. An HSA is similar to a Flexible Spending Account in that you are eligible to pay for health care expenses with pre-tax dollars, but an HSA has some additional advantages:

- Unused money in an HSA is not forfeited at the end of the year; it is carried forward
- Funds roll over each year

Your HSA is yours to keep which means, you can take it with you if you change jobs or retire. If you have any money remaining in your HSA after your retirement, you may withdraw the money as cash. Wabash College will contribute to your HSA if you elect the High Deductible Health Plan Option. HSA highlights include:

Triple Tax Advantage

- Contributions are tax-free
- Investment earnings are tax-free
- Withdrawals for qualified health care expenses are tax-free

Employee Eligibility Rules

- You must be enrolled in the Wabash College Qualified High Deductible Health Plan to open an HSA account
- You cannot be covered by another health insurance, including a spouse's plan that is not a qualified HDHP/CDHP
- You cannot be enrolled in Medicare A or B or Medicaid or TriCare
- You cannot be claimed as a dependent on another person's tax return

2024 Annual Maximum HSA Contributions (including employee and employer)

- \$4,150 for single coverage
- \$8,300 for family coverage
- Additional \$1,000 catch-up contribution for individuals aged 55 and older

Funds are only available after they've been deposited

Wabash College will contribute:

- Employee Only Coverage- \$700
- Employee with Dependents- \$1,400

You have the option to use the HSA:

- To pay for "qualified medical expenses":
- Expenses covered under the medical plan (i.e., deductible, coinsurance)
- Other IRS-approved expenses not covered under the medical plan such as dental or vision (IRS213d)
- Note: Withdrawals for non-qualified expenses will be taxed and include a 20% penalty
- For tax dependents, even if they are not enrolled in your medical plan
- To save the money in the account
- Funds roll over each year
- Pay retiree medical expenses
- Earn interest/investment earnings
- You OWN the account and can take the funds with you even if you leave Wabash College

IMPORTANT NOTE: You must open an HSA account before services are rendered to be eligible.

To set up your HSA, please contact HR or your Office Administrator.



Your care. Your way.
Access your Teladoc Health benefits anytime on or after 1/1/24.

General Medical

Talk to a board-certified doctor or pediatrician 24/7 for non-emergency conditions.

Prescription refills • sinus infections • allergies • stomach bug • COVID-19 advice • and more

Mental Health

Talk to a therapist or psychiatrist of your choice 7 days a week from anywhere.

Stress and anxiety • depression • trauma • grief • burnout • medication management



Benefit will become available to access on 1/1/2024

Visit [Teladoc.com](https://www.teladoc.com)

Call 1-800-TELADOC (800-835-2362) | Download the app |

Refer to your employee booklet at [umar.com](https://www.umar.com) for Teladoc benefits

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Preventative Benefits are paid at 100% for In-Network Care under Both Plan

Here at Wabash College, we value our employees and take your health and wellness seriously. A strong company cannot exist without healthy employees. The everyday choices we make can help us live healthier, happier, and more fulfilling lives, both at home and at work.

Preventive Healthcare

Do you have your own physician or family doctor? It is important to be involved in your own health care no matter the condition you have. Speak up for yourself and tell your health care provider about current symptoms, past illnesses, and operations. Bring a list of all treatments and medicines you are using, including prescriptions, over-the-counter drugs, and supplements. Make sure you find out the facts. Before you and your provider decide on a medication, learn as much as you can. Research the brand and generic names, uses, warnings, drug interactions, adverse effects, and directions. Be sure to consider the benefits and risks, your health is worth the effort!

Routine preventive care services are paid at 100% in-network if you are enrolled in the medical plans. We encourage you to obtain preventive care services and health screenings, as appropriate for your age, to help maintain or improve your health and achieve your health and wellness goals. Regular preventive care visits and health screenings may help to identify potential health risks for early diagnosis and treatment. Please refer to our plan documents for your specific coverage.

Routine preventive care services are age-based and can include:

- Child wellness exams and immunizations
- Mammograms and pelvic exams
- Cervical cancer screening
- Blood pressure
- Cholesterol
- Obesity screening
- Colorectal cancer testing
- Counseling for cancer prevention strategies for women at high risk for breast cancer
- Influenza shots, HPV, MMR, chicken pox, and tetanus shots
- Diabetes and osteoporosis screening for certain populations
- Prostate cancer screening
- Human immunodeficiency virus (HIV) screening and counseling

Avoid complex medical issues in the future by establishing a relationship with a PCP and tending to your preventative care!

Basic Life / AD&D

Life insurance can help provide for your loved ones if something were to happen to you. Wabash College provides full-time employees with 1.5 times your annual earnings (in no event less than \$10,000 or more than \$50,000) in Group Basic Life and Accidental Death and Dismemberment (AD&D) insurance.

Wabash College pays for the full cost of this benefit, meaning you are not responsible for paying any monthly premiums. Contact HR if you would like to update your beneficiary information.

Voluntary Life / AD&D

While Wabash College offers Group Basic Life insurance, some employees may want to purchase additional coverage. Think about your personal circumstances.

With Voluntary Life insurance, you are responsible for paying the full cost of coverage through payroll deductions.

Who Can Enroll	Benefit Amounts	Maximum Amount	Guaranteed Issue (GI) Amount
Employee	\$10,000 minimum	The lessor of 5 times your annual earnings or \$750,000	The lessor of 5 times your annual earnings or \$250,000 (amounts over GI subject to medical underwriting) *
Spouse	\$5,000 minimum	50% of Employee Life Insurance	The lessor of 50% of Employee Life Insurance or \$50,000 (amounts over GI subject to medical underwriting) *
Children	Age 14 days to 26 Years	\$2,500; \$5,000; \$7,500; \$10,000	100% of the Employee Life Insurance amount (if your dependent child(ren) were insured under a prior plan, the Guarantee Issue Amount is equal to the amount that was in-force previously)

Rates	
Employee/ Spouse Age	Rater Per \$1,000
15-29	\$0.06
30-34	\$0.08
35-39	\$0.12
40-44	\$0.18
45-49	\$0.35
50-54	\$0.59
55-59	\$0.96
60-64	\$1.43
65 and Older	\$1.43
Child(ren)	\$0.17/ \$1,000

Voluntary Life Calculator	
1. Enter amount of voluntary Life coverage desired.....	\$ _____
2. Divide Line 1 by 1,000.....	\$ _____
3. Select your rate from the rate table on the left.....	\$ _____
4. Multiply Line 2 by Line 3 for your estimated monthly premium	\$ _____

Disability Insurance (Income Protection)

Employer paid supplemental income protection (disability insurance) can be a great way to enhance and tailor your coverage to protect the life you've built.

Employer Paid Short Term Disability (STD) Insurance

A benefit of working for Wabash College is that you are provided with Short Term Disability insurance at no cost to you! In the event you become disabled from a non-work-related injury or sickness, STD income benefits will be provided as a source of income. You are not eligible to receive STD benefits if you are receiving Workers' Compensation benefits. Please refer to the Plan Certificate for full details.

Employer Paid Long Term Disability (LTD) Insurance

Wabash College also provides Long Term Disability insurance at no cost to you. In the event that you become disabled for an extended period of time from a non-work-related injury or sickness, disability income benefits are provided as a source of income. Just like Short Term Disability insurance, you are not eligible to receive LTD benefits if you are receiving Workers' Compensation benefits. Please refer to the Plan Certificate for full details.

Disability Insurance	STD	LTD
Benefits Begin (accident/ sickness)	1 st day/8 th day	181 st day
Benefits Payable	26 weeks	Longest of age 65, Social Security Normal Retirement Age, or 3 years, 6 months.
Percentage of Income Replaced	60% of your weekly income	60% of your monthly income
Maximum Benefit	\$500 per week	\$15,000 per month- Active Employee Earning \$160,000 or more \$8,000 per month- Active Employee Earning less than \$160,000

Voluntary Accident Insurance

Accident insurance includes coverage for off-the-job accidents. Having an unexpected accident can cause more than just physical injury – it can hurt your bank account too. Since accidents can happen at any time, it’s important to prepare for the unexpected.

This policy can help you pay for out-of-pocket expenses associated with an accident by paying you a benefit depending on the injuries you receive. You can use the money as you wish – pay for health care related expenses, childcare while you go to the doctor or save it for another unfortunate accident.

Plan Highlights

- Coverage available to you, your spouse and your children
- Benefits paid to you in the event of an accident
- Benefits do not coordinate with any other coverage

Accident Coverage Type	Coverage Amount
Portability – Allows you to take your accident coverage with you if you terminate employment	Included
Ambulance Transportation (Ground/Air)	\$425/ \$1,750
Emergency Room	\$250
Diagnostic Exam (Major)	\$275
Initial Physician Office/ Urgent care Facility	\$125/ \$125
Hospital/ ICU Admission	\$1,000/ \$2,000
Hospital Confinement	\$200 per day, up to 1 year
ICU Confinement	\$400 per day, up to 15 days
Physician Follow-Up Visit	\$140, up to 2 visits
Rehabilitation Unit	\$200 per day, up to 180 days
Physical Therapy	\$65 per visit, up to 6 visits
Transportation	\$400 per trip, up to 3 trips
Lodging	\$200 per day, up to 30 days

*Please refer to your plan certificate for additional benefits information.

Voluntary Critical Illness Insurance

Critical illness insurance protects your family and your assets. Many people don't save money for health care expenses, which is why being diagnosed with a health condition can be draining, both emotionally and financially.

Critical illness insurance from Wabash College helps supplement your major medical coverage by providing a lump-sum benefit you can use to pay the direct and indirect costs related to a covered critical illness.

Plan Highlights

- Coverage available to you, your spouse, and your children
- Lump sum cash benefit paid to you if you are diagnosed with a covered condition
- Pre-existing limitation apply for new enrollees

Conditions	Coverage Percentages
Heart attack	100%
Stroke	100%
Major Organ Failure	100%
End Stage Renal (Kidney Failure)	100%
Invasive Cancer	100%
AIDS	100%
Advanced Alzheimer's Disease, Advanced Parkinson's Disease, Advanced ALS	100%
Severe Traumatic Brain Injury	100%
Loss of Speech, Sight or Hearing	100%
Advanced Multiple Sclerosis (MS)	30%
Arterial/ Vascular Disease, Non-Invasive Cancer	25%
Carcinoma in Situ, Non-invasive Cancer	25%



EmployeeConnectSM services

- Company sponsored
- Strictly confidential
- Provided at no charge to you
- Available to you and your dependents 24/7

You get:

- Unlimited phone access to legal, financial, and work-life services
- In-person help with short-term issues
- Up to five* sessions per person, per issue, per year

Detach and keep this card with you at all times.

The resources you need to meet life's challenges.

Life has its share of ups and downs — and sometimes you may need a little guidance through the “downs.” *EmployeeConnectSM* services offer an array of confidential services to help you and your loved ones meet the challenges that life, work, and relationships can bring.

Unlimited 24/7 assistance

You can access the following services anytime, online or with a toll-free call:

- Information, resources, and referrals on family matters, such as child and elder care; kennels and pet care; event and vacation planning; moving and relocation; car buying; college planning; and more
- Legal information and referrals for situations requiring expertise in family law, estate planning, landlord/tenant relations, consumer and civil law, and more
- Guidance with financial matters, including household budgeting, and short- and long-term planning

In-person guidance

Some matters are best resolved by meeting with a professional in person. With *EmployeeConnect*, you get:

- In-person help for short-term issues (up to five* sessions with a counselor per person, per issue, per year)
- In-person consultations with network lawyers, including one free 30-minute in-person consultation per legal issue, and subsequent meetings at a reduced fee

*In California, up to three sessions in six months, starting with initial contact by employee.

EmployeeConnectSM

Employee Assistance Program Services

Confidential help 24 hours a day, 7 days a week for employees and family members

COMPSYCH[®]
GuidanceResources Worldwide

Visit www.GuidanceResources.com

(user name = LFGsupport;
password = LFGsupport1).

Or talk with a specialist at 888-628-4824.

- ▶ Family
- ▶ Parenting
- ▶ Addictions
- ▶ Emotional
- ▶ Legal
- ▶ Financial
- ▶ Relationships
- ▶ Stress

Insurance products issued by:
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LTD-EMCO-FLI001_Z05

Online resources

EmployeeConnect offers a wide range of information and resources that you can research and access on your own just by visiting GuidanceResources.com. You'll find:

- Articles and tutorials
- Streaming videos
- Interactive tools — including financial calculators, budgeting spreadsheets, and a language translator

*EmployeeConnect*SM counselors are experienced and credentialed

When you call our toll-free line, you'll talk to an experienced professional who will provide counseling, work-life advice, and referrals. All counselors hold master's degrees, with broad-based clinical skills and at least three years of experience in counseling on a variety of issues. For face-to-face meetings, you will be referred to a fully credentialed, state-licensed clinician.

You'll receive a customized information packet for each of the work-life services you use.



To take advantage of the *EmployeeConnect*SM program, or for more information:

Visit www.GuidanceResources.com or call 888-628-4824.

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LCN-1858371-072817

ECG 3/19 Z05

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Page 2 of 2



You're In Charge[®]

2024 PREVENTIVE MEDICATIONS LIST GENERIC UNIVERSAL FORMULARY

Your employer has elected to provide several common preventive care medications at little or no cost to you.

Please note that your specific pharmacy benefit may not include all medications on this list or may require a prior authorization for some medications. If you are asked for prior authorization, please notify your doctor. Medications on this list are subject to change.

If you have questions about a specific drug, you have resources at your fingertips:

- Download the “MyRxPlan” mobile app and use the search box for medication.
- Our Patient Care Team representatives are experts in your pharmacy benefits plan. Call the Patient Care Team at 866-921-4047 between 8:00 am and 9:00 pm ET Monday through Friday.

ASTHMA

Advair Diskus
Advair HFA
Airduo Respiclick 113/14
Airduo Respiclick 232/14
Airduo Respiclick 55/14
Budesonide
Fluticasone Propionate/Salmeterol Diskus
Fluticasone Propionate/Salmeterol Inh 113/14
Fluticasone Propionate/Salmeterol Inh 232/14
Fluticasone Propionate/Salmeterol Inh 55/14
Wixela Inhub

BONE HEALTH

Alendronate Sodium
Ibandronate Sodium
Raloxifene Hydrochloride
Risedronate Sodium

DIABETES

Acarbose
Alogliptin
Alogliptin/Metformin HCL
Alogliptin/Pioglitazone
Glimepiride
Glipizide

Glipizide ER
Glipizide XL
Glipizide/Metformin Hydrochloride
Glyburide
Glyburide Micronized
Glyburide/Metformin Hydrochloride
Metformin Hydrochloride
Metformin Hydrochloride ER
Miglitol
Nateglinide
Pioglitazone HCL
Pioglitazone HCL/Glimepiride
Pioglitazone HCL/Metformin HCL
Repaglinide

HEART HEALTH

Atenolol
Atorvastatin Calcium
Benazepril HCL
Bisoprolol Fumarate
Captopril
Carvedilol
Enalapril Maleate
Fluvastatin
Fosinopril Sodium
Lisinopril
Lovastatin
Metoprolol Succinate
Metoprolol Tartrate

Nadolol
Nebivolol
Perindopril Erbumine
Pravastatin Sodium
Propranolol HCL
Propranolol HCL ER
Quinapril HCL
Ramipril
Rosuvastatin Calcium
Simvastatin
Trandolapril

MENTAL HEALTH

Citalopram
Escitalopram Oxalate
Fluoxetine HCL
Paroxetine HCL
Sertraline HCL

Glossary of Terms

Open enrollment is the time of year reserved for you to make changes to your benefit elections, and unfamiliar terms can make this process confusing. Use these definitions of common enrollment terms to help you navigate your benefits options.

Coinsurance: The amount or percentage that you pay for certain covered health care services under your health plan. This is typically the amount paid after a deductible is met and can vary based on the plan design.

Consumer Driven Health Care (CDHC): Health insurance programs and plans that are intended to give you more control over your health care expenses. Under CDHC plans, you can use health care services more effectively and have more control over your health care dollars. CDHC plans are designed to be more affordable because they offer reduced premium costs in exchange for higher deductibles. Health Reimbursement Arrangements (HRAs) and Health Savings Accounts (HSAs) are common examples of CDHC plans.

Copayment: A flat fee that you pay toward the cost of covered medical services.

Covered Expenses: Health care expenses that are covered under your health plan.

Deductible: A specific dollar amount you pay out of pocket before benefits are available through a health plan. Under some plans, the deductible is waived for certain services.

Dependent: Individuals who meet eligibility requirements under a health plan and are enrolled in the plan as a qualified dependent.

Employee Contribution: The amount you pay for a health plan in exchange for coverage.

Flexible Spending Account (FSA): An account that allows you to save tax-free dollars for qualified medical and/or dependent care expenses that are not reimbursed. You determine how much you want to contribute to the FSA at the beginning of the plan year. Most funds must be used by the end of the year, as there is only a limited carryover amount.

Health Management Organization (HMO): A type of health insurance plan that usually limits coverage to care from doctors who work for or contract within a specified network. Premiums are paid monthly, and a small copay is due for each office visit and hospital stay. HMOs require that you select a primary care physician who is responsible for managing and coordinating all of your health care.

Health Reimbursement Arrangement (HRA): An employer-owned medical savings account in which the company deposits pre-tax dollars for each of its covered employees. Employees can then use this account as reimbursement for qualified health care expenses.

Health Savings Account (HSA): An employee-owned medical savings account used to pay for eligible medical expenses. Funds contributed to the account are pre-tax and do not have to be used within a specified time period. HSAs must be coupled with qualified high-deductible health plans (HDHP).

High Deductible Health Plan (HDHP): A qualified health plan that combines very low monthly premiums in exchange for higher deductibles and out-of-pocket limits. These plans are often coupled with an HSA.

In-network: Health care received from your primary care physician or from a specialist within an outlined list of health care practitioners.

Inpatient: A person who is treated as a registered patient in a hospital or other health care facility.

Medically Necessary (or medical necessity): Services or supplies provided by a hospital, health care facility or physician that meet the following criteria: (1) are appropriate for the symptoms and diagnosis and/or treatment of the condition, illness, disease or injury; (2) serve to provide diagnosis or direct care and/or treatment of the condition, illness, disease or injury; (3) are in accordance with standards of good medical practice; (4) are not primarily serving as convenience; and (5) are considered the most appropriate care available.

Medicare: An insurance program administered by the federal government to provide health coverage to individuals aged 65 and older, or who have certain disabilities or illnesses.

Member: You and those covered become members when you enroll in a health plan. This includes eligible employees, their dependents, COBRA beneficiaries and surviving spouses.

Out-of-network: Health care you receive without a physician referral, or services received by a non-network service provider. Out-of-network health care and plan payments are subject to deductibles and copayments.

Out-of-pocket Expense: Amount that you must pay toward the cost of health care services. This includes deductibles, copayments, and coinsurance.

Out-of-pocket Maximum (OOPM): The highest out-of-pocket amount paid for covered services during a benefit period.

Preferred Provider Organization (PPO): A health plan that offers both in-network and out-of-network benefits. Members must choose one of the in-network providers or facilities to receive the highest level of benefits.

Primary Care Physician (PCP): A doctor that is selected to coordinate treatment under your health plan. This generally includes family practice physicians, general practitioners, internists, pediatricians, etc.

Federal Notices

The following notices are provided to inform you of your rights as an employee. Click the read more links for more information.

Newborns' & Mothers' Health Protection Act

The Newborns' and Mothers' Health Protection Act (the Newborns' Act) provides protections for mothers and their newborn children relating to the length of their hospital stays following childbirth. Under the Newborns' Act, the plan may not restrict benefits for a hospital stay in connection with childbirth to less than 48 hours (96 hours in the case of a cesarean section), unless the attending provider (in consultation with the mother) decides to discharge earlier.

Read more: <https://www.dol.gov/general/topic/health-plans/newborns>

Women's Health & Cancer Rights Act Of 1998

In accordance with the Women's Health and Cancer Rights Act of 1998, covered members who undergo a mastectomy, and who elect breast reconstruction in connection with the mastectomy, are entitled to coverage for: Reconstruction of the breast on which the mastectomy was performed; Surgery and reconstruction of the other breast to produce a symmetric appearance; Prosthesis and treatment of physical complications at all stages of the mastectomy, including lymphedemas, in a manner determined in consultation with the attending physician and the patient. The coverage may be subject to coinsurance and deductibles consistent with those established for other benefits.

USERRA

The Uniformed Services Employment and Reemployment Rights Act (USERRA) Advisor assists veterans in understanding employee eligibility and job entitlements, employer obligations, benefits and remedies under USERRA. Your right to continued participation in the Plan during leaves of absence for active military duty is protected by USERRA. Accordingly, if you are absent from work due to a period of active duty in the military for less than 31 days, your Plan participation will not be interrupted. If the absence is for more than 31 days and not more than 12 weeks, you may continue to maintain your coverage under the Plan by paying premiums.

Read more: <https://www.dol.gov/agencies/vets/programs/userra>

Premium Assistance Under Medicaid and the Children's Health Insurance Program (CHIP)

If you or your children are eligible for Medicaid or CHIP and you're eligible for health coverage from your employer, your state may have a premium assistance program that can help pay for coverage. If you or your children aren't eligible, you won't be eligible for these premium assistance programs, but you may be able to buy individual insurance coverage through the Health Insurance Marketplace. If you or your dependents are NOT currently enrolled in Medicaid or CHIP, and you think you or any of your dependents might be eligible, contact your State Medicaid or CHIP office or dial **1-877-KIDS NOW** or www.insurekidsnow.gov.

Read more: www.healthcare.gov

Paperwork Reduction Act Statement

The Paperwork Reduction Act (PRA) of 1995 requires that federal agencies obtain approval from the Office of Management and Budget (OMB) before requesting most types of information from the public. This includes forms, interviews, record keeping, written reports and surveys. According to the Paperwork Reduction Act of 1995 (Pub. L. 104-13) (PRA), no persons are required to respond to a collection of information unless such collection displays a valid Office of Management and Budget (OMB) control number. The Department notes that a Federal agency cannot conduct or sponsor a collection of information unless it is approved by OMB under the PRA, and displays a currently valid OMB control number, and the public is not required to respond to a collection of information unless it displays a currently valid OMB control number. See 44 U.S.C. 3507. Also, notwithstanding any other provisions of law, no person shall be subject to penalty for failing to comply with a collection of information if the collection of information does not display a currently valid OMB control number. See 44 U.S.C. 3512.

The public reporting burden for this collection of information is estimated to average approximately seven minutes per respondent. Interested parties are encouraged to send comments regarding the burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden, to the U.S. Department of Labor, Employee Benefits Security Administration, Office of Policy and Research, Attention: PRA Clearance Officer, 200 Constitution Avenue, N.W., Room N-5718, Washington, DC 20210 or email ebssa.opr@dol.gov and reference the OMB Control Number 1210-0137.

Health Insurance Marketplace Coverage Options and Your Health Coverage

Under the Affordable Care Act (ACA), employers covered by the Fair Labor Standards Act (FLSA) are required to provide a notice to employees about the health insurance marketplace/exchanges of the state(s) in which they operate. To assist you as you evaluate options for you and your family, this notice provides some basic information about the new Marketplace and employment-based health coverage offered by your employer. You may qualify to save money and lower your monthly premium, but only if your employer does not offer coverage, or offers coverage that doesn't meet certain standards. The savings on your premium that you're eligible for depends on your household income. The Marketplace can help you evaluate your coverage options, including your eligibility for coverage through the Marketplace and its cost. Please visit HealthCare.gov for more information, including an online application for health insurance coverage and contact information for a Health Insurance Marketplace in your area.

Access this statement and forms can be found at: <https://www.dol.gov/sites/dolgov/files/EBSA/laws-and-regulations/laws/affordable-care-act/for-employers-and-advisers/model-notice-for-employers-who-offer-a-health-plan-to-some-or-all-employees.pdf>

Employer Notice

Terms of Use: Your Medical Information & Your Rights

This notice from your employer describes how medical information about you may be used and disclosed and how you can get access to this information. Please review it carefully. If you have questions, please contact your benefits administrator.

Read more: <https://apexbg.com/terms-of-use-your-medical-information-your-rights/>

Important Notice from Wabash College About Your Prescription Drug Coverage and Medicare for 2024

Please read this notice carefully and keep it where you can find it. This notice has information about your current prescription drug coverage with **Wabash College** and about your options under Medicare's prescription drug coverage. This information can help you decide whether or not you want to join a Medicare drug plan. If you are considering joining, you should compare your current coverage, including which drugs are covered at what cost, with the coverage and costs of the plans offering Medicare prescription drug coverage in your area. Information about where you can get help to make decisions about your prescription drug coverage is at the end of this notice.

There are two important things you need to know about your current coverage and Medicare's prescription drug coverage:

1. Medicare prescription drug coverage became available in 2006 to everyone with Medicare. You can get this coverage if you join a Medicare Prescription Drug Plan or join a Medicare Advantage Plan (like an HMO or PPO) that offers prescription drug coverage. All Medicare drug plans provide at least a standard level of coverage set by Medicare. Some plans may also offer more coverage for a higher monthly premium.

2 **Wabash College** and their consultants have determined that the prescription drug coverage offered by the plan by is, on average for all plan participants, expected to pay out as much as standard Medicare prescription drug coverage pays and is therefore considered Creditable Coverage. Because your existing coverage is **Creditable Coverage**, you can keep this coverage and not pay a higher premium (a penalty) if you later decide to join a Medicare drug plan.

When Can You Join A Medicare Drug Plan?

You can join a Medicare drug plan when you first become eligible for Medicare and each year from October 15th to December 7th.

However, if you lose your current creditable prescription drug coverage, through no fault of your own, you will also be eligible for a two (2) month Special Enrollment Period (SEP) to join a Medicare drug plan.

What Happens To Your Current Coverage If You Decide to Join A Medicare Drug Plan?

If you decide to join a Medicare drug plan, your current **Wabash College** coverage may be affected.

If you do decide to join a Medicare drug plan and drop your current coverage with **Wabash College** be aware that you and your dependents may not be able to get this coverage back depending on your circumstances.

If you are an active employee and eligible for Medicare and decide to join a Medicare drug plan, your current coverage will not be affected if you do not drop the **Wabash College** coverage; your coverage will coordinate with Medicare D.

When Will You Pay A Higher Premium (Penalty) To Join A Medicare Drug Plan?

You should also know that if you drop or lose your current coverage with **Wabash College** and don't join a Medicare drug plan within 63 continuous days after your current coverage ends, you may pay a higher premium (a penalty) to join a Medicare drug plan later.

If you go 63 continuous days or longer without creditable prescription drug coverage, your monthly premium may go up by at least 1% of the Medicare base beneficiary premium per month for every month that you did not have that coverage. For example, if you go nineteen months without creditable coverage, your premium may consistently be at least 19% higher than the Medicare base beneficiary premium. You may have to pay this higher premium (a penalty) as long as you have Medicare prescription drug coverage. In addition, you may have to wait until the following October to join.

For More Information About This Notice Or Your Current Prescription Drug Coverage...

Contact the person listed below for further information. NOTE: You'll get this notice each year. You will also get it before the next period you can join a Medicare drug plan, and if this coverage through **Wabash College** changes. You also may request a copy of this notice at any time.

For More Information About Your Options Under Medicare Prescription Drug Coverage...

More detailed information about Medicare plans that offer prescription drug coverage is in the "Medicare & You" handbook. You'll get a copy of the handbook in the mail every year from Medicare. You may also be contacted directly by Medicare drug plans.

For more information about Medicare prescription drug coverage:

- Visit www.medicare.gov
- Call your State Health Insurance Assistance Program (see the inside back cover of your copy of the "Medicare & You" handbook for their telephone number) for personalized help
- Call 1-800-MEDICARE (1-800-633-4227). TTY users should call 1-877-486-2048.

If you have limited income and resources, extra help paying for Medicare prescription drug coverage is available. For information about this extra help, visit Social Security on the web at www.socialsecurity.gov, or call them at 1-800-772-1213 (TTY 1-800-325-0778).

Remember: Keep this Creditable Coverage notice. If you decide to join one of the Medicare drug plans, you may be required to provide a copy of this notice when you join to show whether or not you have maintained creditable coverage and, therefore, whether or not you are required to pay a higher premium (a penalty).

Date: 11-17-2023

Name of Entity/Sender: Wabash College

Contact--Position/Office: Kendra Cooks

Address: 301 W. Wabash Avenue, Crawfordsville, In. 47933

Phone Number: (765) 361-6100

The employee benefit programs described in this guide are effective in 2024. The information in this guide is a summary of your employers' benefits, and every attempt has been made to ensure its accuracy. The actual provisions of each benefit program will govern if there is any inconsistency between the information in this guide and your employer's formal Plan Documents, Plans, Summary Plan Descriptions, programs, policies, or contracts or any subsequent change in such plans, programs, policies, or contracts.