



2025 EMPLOYEE BENEFITS GUIDE



Wabash.

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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, 2025.

You must enroll during Wabash College's annual Open enrollment period, November 19th – December 18th, 2024. 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.

Helpful Contacts

Medical	UMR	800-207-3172	www.umar.com
RX	TrueRX	866-921-4047	www.truerx.com
Franciscan HEALTHeACCESS	Franciscan HEALTHeACCESS	765-482-3624	HEALTHeACCESS Coordinator
Crawfordsville Clinic	Franciscan HEALTHeACCESS	765-362-6374	
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
Employee Assistance Program (EAP)	Lincoln Financial Group	800-423-2765	www.lincolnfinancial.com/public/individuals
Human Resources	Cathy Metz	765-361-6418	hr@wabash.edu
Federal Notices	Click here to access your 2025 Federal Notices		

HIGHLIGHTS FOR 2025

NEW!

HEALTHeACCESS

- Clinic now available at no cost to enrolled medical plan members
- All locations are open to you (including Crawfordsville)

Wabash Contribution to EE Only H.S.A. is Increasing

- EE Only from \$700 to \$820

Contribution Changes

- There will now be a minimum contribution for the HDHP EE Only Tier of \$10 Per month (\$120 per year)
- Required to maintain Qualified Status for the HDHP with \$0 co-pay clinic benefit
- See contribution grid in OE Guide for additional changes

Maximum HSA Contribution Levels have increased

- Individual coverage maximum contribution is \$4,300 (this includes the Wabash College contribution of \$820). The most you can contribute is \$3,480 (\$4,480 if 55 or older).
- Family coverage maximum contribution is \$8,550 (this includes the Wabash College contribution of \$1,400). The most you can contribute is \$7,150 (\$8,150 if 55 or older).

FSA Contribution Levels have increased

- Contributions increasing to \$3,300 for both limited purpose and medical FSA
- Rollover is \$640 for 2024 to 2025
- Rollover from 2025 to 2026 is \$660

HIGHLIGHTS FOR 2025 (cont)

Traditional PPO Plan Changes

- Individual / Family Deductible changing from \$1,000 / \$2,000 to \$1,250 / \$2,500
- Individual / Family Out of Pocket changing from \$2,500 / \$5,000 to \$2,750 / \$5,500

High Deductible Health Plan

- The structure is changing slightly due to IRS mandates for Qualified High Deductible Health Plans
- The individual Deductible for EE+ Dependents is increasing from \$3,200 to \$3,300

Dental

- The rates for dental have increased for the first time in 5 years
- Remember Preventive exams are covered in full

Vision

- The rates for vision are unchanged

Pharmacy Changes

- Formulary Changes occur in January and July
- See your Benefit Guide for additional information

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	\$1,250/ \$2,500	\$2,500/ \$5,000
Employee Coinsurance	20%	40%
Out-of-Pocket (Includes Deductible) - Individual / Family	\$2,750/ \$5,500	\$5,500/ \$11,000
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/ \$3,300/ \$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%	\$103,500	\$0	\$2,225
Employee Plus One	8.30%	\$103,500	\$3,104	\$8,591
Employee and Family	10.50%	\$103,500	\$3,927	\$10,868

*Please note: Employees making less than \$37,400 pay \$0

High Deductible Health Plan (HDHP)

Coverage Category	Premium			
	Rate	Salary Maximum	Minimum Charge	Maximum Charge
Employee Only	0.0%	N/A	\$120	\$120
Employee Plus One	1.5%	\$103,500	\$561	\$1,553
Employee and Family	3.0%	\$103,500	\$1,122	\$3,105

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

Coverage Category	Wabash HSA Contribution
Employee Only	\$820
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.

What is HEALTHeACCESS and Advanced Primary Care?

You deserve access to comprehensive, cost-effective, personalized health care. This member only advanced primary care program offers all of this and more including preventative care, disease management, cost savings, improved outcomes, provider relationships, convenience and so much more!

We have 14 convenient clinic locations available for care.

What are the benefits of HEALTHeACCESS?

- Patient-centered, continuous, comprehensive care
- Reduction in overall healthcare expenditures
- Lower wait times and longer visits
- Improved quality and experiences of healthcare visits
- Reduced barriers to seeking healthcare with no copays or out-of-pocket expenses
- Multiple access options – virtual, scheduled, and same day walk-in availability
- 14 locations across Indiana with convenient hours

What does HEALTHeACCESS include?

- Primary care services and treatment – well and sick visits
- Treatment for common ailments
- Annual preventative exams, x-rays, labs, vaccines, screenings, behavioral health, & nutritional therapy
- Chronic condition management
- 65+ included prescription medications – many dispensed at the time of service
- Wellness and biometric screenings
- Wellness portal – customized programming, announcements, newsletters, health incentives
- Healthcare Coordinator for appointment scheduling, referrals and patient support
- MyChart accessibility
- Urgent care availability with included after hours



Important information about
LAB SERVICES

We want to ensure you have the most up-to-date information about lab services available through Franciscan HEALTHeACCESS. Please review the following key points:

 **COVERED LAB SERVICES**

- Most common tests are covered when medically appropriate and performed at HEA locations. Please see covered “Covered Laboratory Tests” for full listing.
- Lab tests ordered by outside providers *cannot* be processed at our facilities.

We appreciate your understanding and cooperation as we work to provide you with the best possible care. If you have any questions or concerns, please don't hesitate to contact your HEALTHeACCESS clinic.



SCAN ME!

Covered LABORATORY TESTS

The following labs are fully covered under your HEALTHeACCESS benefits.

- Amylase
- Anti-Nuclear AB Quant (ANA)
- Basic Metabolic Panel (BMP)
- Blood Type ABORH
- C-reactive Protein
- Celiac Disease Panel (Greater than 2 years)
- Celiac Disease Panel, Infant
- Complete Blood Count (CBC w/Differential)
- Comprehensive Metabolic Panel (CMP)
- Culture Urine
- Cyclic Citrulline Peptide (CCP)
- D-dimer
- Estradiol
- Ferritin
- Folic Acid
- Follicle Stimulating Hormone
- Human Chorionic Gonadotropin (hCG), qualitative w/reflex to quantitative
- Hemoglobin A1C
- Hepatic Panel
- Hepatitis B Surface Antibody Total
- Hepatitis Panel Acute
- HIV-1/HIV-2 AG/AB 5th Generation
- Iron
- Iron and Iron Binding Capacity
- Lipase
- Lipid Profile with Reflex to Low Density Lipoprotein (LDL)
- Luteinizing Hormone
- Lyme AB IGG-IGM
- Magnesium
- Mumps AB IGG
- PAP w/Reflex HPV
- Phosphorus
- Prostate Specific Antigen (PSA) Screening
- Reticulocyte Count
- Rheumatoid Factor
- Rubella IGG
- Rubeola IGG
- Sedimentation Rate (ESR)
- Syphilis Panel
- Testosterone
- Thyroid Stimulating Hormone (TSH)
- Thyroperoxidase Antibody
- T-spot, Tuberculosis Test
- Uric Acid
- Varicella IgG
- Vitamin B12
- Vitamin D

RAPID TESTING

- AMB Rapid Covid-19 IDNOW
- Glucose
- Influenza A & B Antigens
- Mononucleosis Screen
- Rapid Molecular Strep A IDNOW
- Respiratory Syncytial Virus (RSV)
- Urinalysis Auto Dip
- Urine Pregnancy



SCAN ME!

Prescription Formulary: prescription drugs covered at no additional cost for HEALTHeACCESS members

BRAND	GENERIC	STRENGTH	QTY	FORM
	macrobid	100MG	10	TABS
Antivert	meclizine	25MG	20	TABS
Mobic	meloxicam	15MG	30	TABS
	meloxicam	7.5MG	90	TABS
Glucophage XR	metformin ER	500MG E	90	TB24
Glucophage	metformin HCl	1000MG	90	TABS
Glucophage	metformin HCl	500MG	90	TABS
Medrol Dosepak	methylprednisolone	4MG	21	TBPK
Lopressor	metoprolol tartrate	100MG	90	TABS
Lopressor	metoprolol tartrate	25MG	90	TABS
Lopressor	metoprolol tartrate	50MG	90	TABS
	metronidazole	500mg	14	TABS
	miconazole nitrate	0.02	30	CREA
Singulair	montelukast sodium	10MG	90	TABS
Naprosyn	naproxen	500MG	30	TABS
	nitroglycerin	0.4MG	25	SUBL
Prilosec	omeprazole	20MG	90	CPDR
	omeprazole	40MG	60	CPDR
Zofran	ondansetron	4MG	10	TABS
	ondansetron ODT	4MG	10	TABS
Paxil	paroxetine HCl	20MG	90	TABS
	paroxetine HCl	40MG	90	TABS
Penb-VK	penicillin potassium	500MG	30	TABS
Klor-Con M20	potassium chloride	20MEQ E	90	TBCR
K-tab	potassium chloride/(750mg)	10MEQ E	90	TBCR
Pravachol	pravastatin sodium	20MG	90	TABS
Pravachol	pravastatin sodium	40MG	90	TABS
Prednisone	prednisone	20MG	30	TABS
Prednisone	prednisone	5MG	21	TABS
Phenergan	promethazine	25MG	10	TABS
Inderal	propranolol	10MG	100	TABS
Inderal	propranolol	40MG	90	TABS
Accupril	quinapril	20MG	30	TABS
Accupril	quinapril	40MG	30	TABS
Zoloft	sertraline HCl	100MG	90	TABS
Zoloft	sertraline HCl	50MG	90	TABS
Zocor	simvastatin	20MG	90	TABS
Zocor	simvastatin	40MG	90	TABS
Bactrim DS	sulfamethoxazole/trimethoprim	800-160	20	TABS
Flomax	tamsulosin HCl	0.4MG	30	CAPS
Tobrex	tobramycin	0.3% OP	5	SOLN
Desyrel	trazodone	50MG	90	TABS
Neosporin	triple antibiotic ointment	0	30	OINT
	valacyclovir	500MG	30	TABS
Effexor XR	venlafaxine HCl	75MG ER	90	CP24



BRAND	GENERIC	STRENGTH	QTY	FORM
Zovirax	acyclovir	200MG	30	CAPS
VentolinHFA	albuterol sulfate	0	18GM	AERS
Ventolin HFA	albuterol sulfate	0	8GM	AERS
Proventil	albuterol sulfate	0.08%	5 25x3mL	UD
Zyloprim	allopurinol	300MG	90	TABS
Norvasc	amlodipine besylate	10MG	90	TABS
Norvasc	amlodipine besylate	5MG	90	TABS
Amoxil	amoxicillin	250/5ML	150	SUSR
Amoxil	amoxicillin	250MG	30	CAPS
Amoxil	amoxicillin	400/5ML	100	SUSR
Amoxil	amoxicillin	500MG	40	CAPS
Augmentin	amoxicillin/clavulanate potassium	200/5ML	100	SUSR
Augmentin	amoxicillin/clavulanate potassium	875MG	20	TABS
ecotrin	aspirin	81MG EC	120	TBEC
Ecotrin	aspirin/enteric coated	325MG E	90	TBEC
Tenormin	atenolol	100MG	90	TABS
Tenormin	atenolol	25MG	90	TABS
Tenormin	atenolol	50MG	90	TABS
Lipitor	atorvastatin calcium	20MG	90	TABS
Lipitor	atorvastatin calcium	40MG	90	TABS
Lipitor	atorvastatin calcium	80MG	90	TABS
Zithromax	azithromycin	200/5ML	30	SUSR
Zithromax	azithromycin	250MG	6	TABS
Bacitracin	bacitracin zinc	500/GM	14.17	OINT
Polysporin	bacitracin zinc/polymyxin B sulfate	OP	3.5	OINT
Lioresal	baclofen	10MG	90	TABS
	benazepril HCl	20MG	90	TABS
Tessalon Pearls	benzonatate	100MG 3	0	CAPS
Valisone	betamethasone valerate	0.001	15	CREA
Wellbutrin SR	bupropion hcl SR	150MG S	30	TB12
Wellbutrin XL	bupropion hcl XL	300MG	30	TABS
Buspar	bupirone HCl	10MG	90	TABS
Debrox	carbamide peroxide/(ear drops)	6.5% OT	15	SOLN
Keflex	cephalexin	500MG	30	CAPS
Zyrtec	cetirizine/hydrochloride	10MG	90	TABS
Cipro	Ciprofloxacin	500MG	30	TABS
Celexa	citalopram HBr	20MG	90	TABS
Celexa	citalopram HBr	40MG	90	TABS
	clindamycin	300MG	30	TABS
Catapres	clonidine HCl	0.2MG	90	TABS
Plavix	clopidogrel bisulfate	75MG	90	TABS
Flexeril	cyclobenzaprine HCL	10MG	60	TABS
Cardizem	diltiazem HCl	60MG	30	TABS
Cardizem CD	diltiazem HCl/(once-a-day dosage)	180MG E	30	CP24
Benadryl	diphenhydramine HCl	25MG	20	CAPS
	doxycycline	100MG	20	TABS



BRAND	GENERIC	STRENGTH	QTY	FORM
Vasotec	enalapril maleate	10MG	90	TABS
Lexapro	escitalopram oxalate	10MG	90	TABS
	fexofenadine HCl	180MG	90	TABS
	fish oil	1000MG	100	CAPS
Diflucan	fluconazole	150MG	1	TABS
Prozac	fluoxetine	10MG	90	CAPS
Prozac	fluoxetine	20MG	90	CAPS
Prozac	fluoxetine	40MG	90	CAPS
Flonase	fluticasone propionate	50MCG	16	SUSP
Lasix	furosemide	20MG	90	TABS
Lasix	furosemide	40MG	90	TABS
Neurontin	gabapentin	300MG	90	CAPS
Lopid	gemfibrozil	600MG	90	TABS
Amaryl	glimepiride	2MG	90	TABS
	glimepiride	4MG	90	TABS
Glucotrol	glipizide	10MG	30	TABS
Glucotrol	glipizide	5MG	30	TABS
Diabeta	glyburide	2.5MG	30	TABS
Diabeta	glyburide	5MG	90	TABS
Microzide	hydrochlorothiazide	12.5MG	90	CAPS
HydroDiuril	hydrochlorothiazide/(HCTZ)	25MG	90	TABS
	hydrocortisone	0.01	28.4	CREA
Hytone	hydrocortisone	0.025	30	CREA
Advil	ibuprofen	200MG	30	TABS
Motrin	ibuprofen	800MG	90	TABS
Indocin	indomethacin	50MG	90	CAPS
Prevacid	lansoprazole	30MG DR	30	CPDR
Synthroid	levothyroxine sodium	100MCG	90	TABS
Synthroid	levothyroxine sodium	112MCG	90	TABS
Synthroid	levothyroxine sodium	125MCG	90	TABS
Synthroid	levothyroxine sodium	150MCG	90	TABS
Synthroid	levothyroxine sodium	50MCG	90	TABS
Synthroid	levothyroxine sodium	75MCG	90	TABS
Synthroid	levothyroxine sodium	88MCG	90	TABS
Zestril or Prinivil	lisinopril	10MG	90	TABS
Zestril or Prinivil	lisinopril	20MG	90	TABS
Zestril	lisinopril	40MG	90	TABS
	lisinopril-hydrochlorothiazide	10-12.5	90	TABS
Claritin	loratadine	10MG	90	TABS
Cozaar	losartan potassium	100MG	90	TABS
Cozaar	losartan potassium	25MG	90	TABS
Cozaar	losartan potassium	50MG	90	TABS
Hyzaar	losartan potassium/hydrochlorothiazide	50-12.5	90	TABS
Mevacor	lovastatin	20MG	90	TABS
Mevacor	lovastatin	40MG	90	TABS





Need to schedule an appointment or better understand your healthcare situation?
 Call your HEALTHeACCESS Coordinator.
 Central/Western (765) 428-3624
 9:00am-5:00pm EST



HEALTHeACCESS LOCATIONS & HOURS - Central/Western

CARMEL

10767 Illinois Street
 Suite 1300
 Carmel, IN 46032
 P: (317) 528-2777
 HOURS:
 MON-FRI 8AM-5PM

CRAWFORDSVILLE

308 W Market Street
 Crawfordsville, IN 47933
 P: (765) 362-6374
 HOURS:
 MON-FRI 8AM-5PM

GREENWOOD

747 E. County Line Road
 Suite H
 Greenwood, IN 46143
 P: (317) 528-8009
 HOURS:
 MON-FRI 8AM-6PM

GREENWOOD

1001 N. Madison Avenue
 Greenwood, IN 46143
 P: (317) 528-7500
 HOURS:
 MON-FRI 8AM-8PM
 *HEALTHeACCESS medications
 not available at this location

GREENWOOD/ BARGERSVILLE

1703 W. Stones Crossing Road
 Suite 100
 Greenwood, IN 46143
 P: (317) 528-2141
 HOURS:
 MON-FRI 8AM-6PM
 SAT 8AM-4PM

INDIANAPOLIS

5210 E. Thompson Road
 Indianapolis, IN 46237
 P: (317) 782-7500
 HOURS:
 MON-FRI 8AM-8PM
 *HEALTHeACCESS medications
 not available at this location

LAFAYETTE

3218 Daugherty Drive
 Suite 140
 Lafayette, IN 47909
 P: (765) 502-4190
 HOURS:
 MON-FRI 7AM-7PM

MOORESVILLE

1215 Hadley Road
 Building 1215, Suite 205
 Mooresville, IN 46158
 P: (317) 834-5220
 HOURS:
 MON-FRI 8AM-5PM



Scan me
franciscanretailservices.org



Your HEALTHeACCESS (HEA) membership provides coverage for urgent care services at FRANCISCAN EXPRESS CARE after your HEALTHeACCESS clinic has closed for the day. If your HEA clinic is open, please seek care there first. If it is closed, the clinics listed below are available to assist you during the specified hours **for urgent care needs**. Prescription medications are NOT available on-site at these locations (patient will be directed to pharmacy for medication needs and will be responsible for cost).

INDIANAPOLIS

5210 E. Thompson Road
 Indianapolis, IN 46237
 (317) 782-7500
 Daily 8AM-8PM

GREENWOOD

1001 N. Madison Avenue
 Greenwood, IN 46142
 (317) 528-7500
 Daily 8AM-8PM

STONES CROSSING

1703 W. Stones Crossing Road
 Suite 100
 Greenwood, IN 46143
 (317) 528-2141
 Monday-Friday 8AM-8PM
 Saturday-Sunday 10AM-6PM

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	\$45.99
Employee + Spouse	\$90.37
Employee + Child(ren)	\$107.83
Employee + Family	\$155.39

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	\$8.66
Employee + Spouse	\$14.58
Employee + Child(ren)	\$14.88
Employee + Family	\$24.00

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 2025, the annual maximum amount a family may contribute to the Dependent Care 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 2025, employees can contribute \$3,300 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

2025 Annual Maximum HSA Contributions (including employee and employer)

- \$4,300 for single coverage (\$3,480 after Wabash contribution)
- \$8,550 for family coverage (\$7,150 after Wabash contribution)
- 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- \$820
- 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.



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General Medical

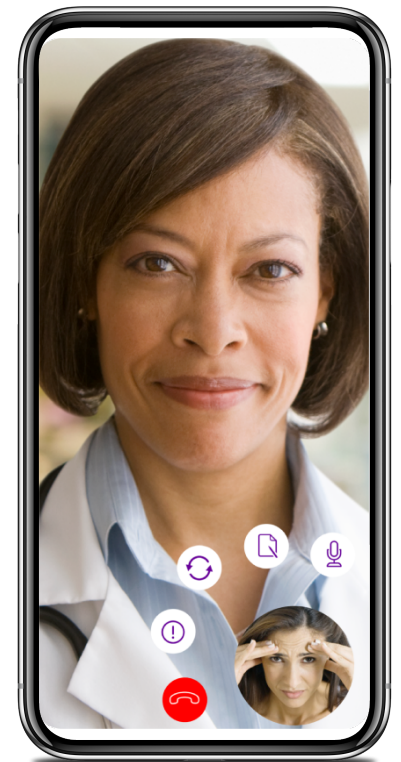
Talk to a board-certified doctor or pediatrician 24/7 for non-emergency conditions.

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

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

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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



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

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password = LFGsupport1).

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

Insurance products issued by:
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Lincoln Life & Annuity Company of New York
Lincoln Life Assurance Company of Boston

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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2025 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 8:00 pm ET Monday through Friday.

ASTHMA

Airduo Respiclick
Budesonide Suspension
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.

[Click here to access your 2025 Federal Notices](#)