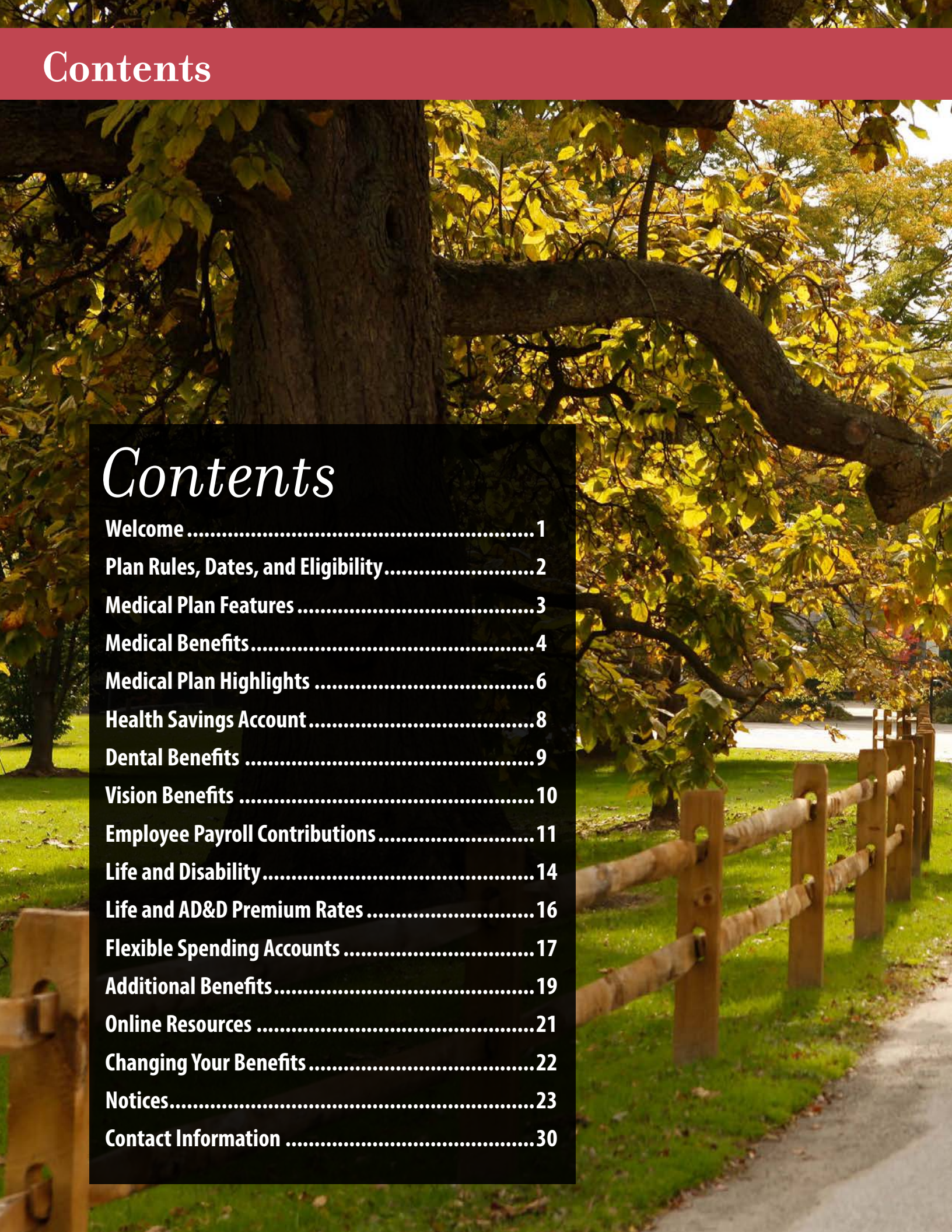
Swarthmore College

BENEFITS GUIDEBOOK

2022

Contents



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Welcome

Photo courtesy of Swarthmore College/Laurence Kesterson

Swarthmore College is committed to the common good, and to supporting the health and well-being of our community members and their families. We are proud to offer a comprehensive, high-quality suite of benefits designed to meet the diverse needs of our exceptional faculty and staff by offering a variety of meaningful and flexible choices at a fair and equitable cost.

The College benefits package includes coverage options for medical, dental, vision, disability, and life insurance, as well as tools like Health Savings Accounts and Flexible Spending Accounts to help you better manage your care. Alongside the benefits program, we offer community members a variety of health and wellness programming and resources throughout the year, emphasizing the importance of preventative care and planning ahead.

This guidebook presents Swarthmore College's health care benefits offerings for the upcoming year. It provides an overview of all of our plans and highlights key details. You are encouraged to review the guidebook carefully as you consider what coverage options are right for you and your family and make your benefits elections for the coming year.

Please be aware that your participation in the annual open enrollment process is required to ensure your coverage continues in 2022. This year's open enrollment season runs from Monday, October 18, 2021, through Friday, November 5, 2021, and our Human Resources team is available to assist you and answer any questions you may have. You may contact them via email at benefits@swarthmore.edu or by calling 610-328-8397.

About this Benefits Guidebook

This Benefits Guidebook describes the highlights of Swarthmore College's benefits program in non-technical language. Your specific rights to benefits under the plan are governed solely, and in every respect, by the official plan documents, and not the information in this guidebook. If there is any discrepancy between the descriptions of the program elements as contained in this benefits guidebook and the official plan documents, the language in the official plan documents shall prevail as accurate. Please refer to the plan-specific documents published by each of the respective carriers for detailed plan information. You should be aware that any and all elements of Swarthmore College's benefits program may be modified in the future, at any time, to meet Internal Revenue Service rules, or otherwise as decided by Swarthmore College.

If you and/or your dependent(s) have Medicare or will become eligible for Medicare in 2022, a federal law gives you more choices about your prescription drug coverage. Please see page 22 for more details and share this information with your dependent(s).

Plan Rules, Dates, and Eligibility

PLAN YEAR

The Plan Year for Swarthmore College's benefit programs begins on January 1, 2022 and ends on December 31, 2022.

ELIGIBILITY

You are considered benefit eligible if you have a regular position of 0.5 full-time equivalent ("FTE") position or greater.

DEPENDENT COVERAGE

Employees who are eligible to participate in Swarthmore College's benefit programs may also enroll their dependents. For the purposes of our benefit plans, your dependents are defined as follows:

- **Your spouse:** legal wife/husband or domestic partner
- For your domestic partner to be eligible for coverage, you and your partner must meet specific criteria to qualify and must complete an Affidavit of Domestic Partnership before the benefits effective date. *Please note that employee premium contributions for domestic partners must be deducted from your pay on a post-tax basis.*
- **For medical:** your dependent children to age 26 (your dependent children are eligible for medical coverage until the end of the plan year in which they turn 26, regardless of student status, marital status, residency, or financial dependency)
- **For dental and vision:** your unmarried dependent children to age 26 (until the end of the plan year following their 26th birthday)
- **For voluntary life insurance:** your unmarried children age 14 days to 19 years (or to age 26 years if a full-time student)
- Your children age 26 and over who are mentally or physically disabled and dependent upon you for support and maintenance (proof of condition and dependence must be submitted).

BENEFITFOCUS

Benefitfocus serves as the enrollment site for Swarthmore College employees' health and welfare benefits. The system simplifies the process for enrolling in and managing benefits during Open Enrollment and throughout the year. Benefitfocus is your resource to make qualified mid-year changes, as allowed by plan rules, and it acts as the document repository for such changes.

Through Benefitfocus, you can learn about your benefit options and easily enroll in medical, dental, vision and life insurance plans. You can also manage your Health Savings Account (HSA), Flexible Spending Accounts (FSA), commuter benefits and more all through a single tool. When considering your medical plan choices, Benefitfocus will use your claim history to compare your out-of-pocket costs and payroll contributions under various plan options, to help you select the plan that is right for you.

Log into your mySwarthmore account to access the Benefitfocus system. You can also access the portal from a mobile device by downloading the Benefitfocus mobile app from the Google Play or the Apple App Store; use the company code **Swarthmore**.

Medical Plan Features

TELEHEALTH

Announcement for 2022 – Telehealth services will continue to be offered in 2022. As of January 1, 2022, copays will apply; for those in the High Deductible Health Plan or the Basic High Deductible Health Plan, the plan deductible/coinsurance will apply

- All medical plan options include coverage for Telehealth. Telehealth services are virtual visits conducted via secure video or mobile app with a board-certified physician from Independence Blue Cross' MDLIVE network. Telehealth allows you and your eligible family members to address your medical concerns from the convenience of your home or office. MDLIVE's Telehealth providers are available 24/7 to address simple medical issues (skin rash, cold/flu, pink eye, nausea, etc.); prescriptions can be written as needed.

MDLive includes access to Dermatology and Behavioral Health services from MDLive. See the Medical Plan Highlights in the following pages for details on your cost for these services.

- Activate your account now with MDLIVE (visit MDLIVE.com/ibx, or call 877-764-6605), so you are ready to go when the need arises for your first Telehealth visit.
- For employees in the HDHP or Basic HDHP, the 2022 cost of MDLive Telehealth services is as follows:
- General Medicine: $56
- Dermatology: $83
- Behavioral Health: Up to $250
- HDHP and Basic HDHP participants will pay the full cost of service until their deductible has been satisfied for the year.

PREVENTIVE CARE

No matter which Swarthmore College medical plan you choose, one thing is consistent with each plan option: preventive care is covered at 100%. What services are considered preventive care?

- Annual physical exam – keeping up with your annual preventive exams is an important way to stay healthy
- Flu shot – Swarthmore's medical plans cover annual seasonal flu shots at 100% if you visit an in-network provider
- Colorectal cancer screening for members age 50 and older:
  - Fecal occult blood testing – annually
  - Colonoscopy – every 10 years
- Well woman services
  - Pelvic and breast examination - annually
  - Mammogram – annually starting at age 40
  - PAP test – annually starting at age 21

This list is not all-inclusive; well child exams, routine immunizations, etc. also fall under the Preventive Care benefit.

WELLNESS

Swarthmore College cares about you and your health. The College provides various opportunities to participate in wellbeing programs throughout the year; keep a lookout for your chance to engage in wellness activities!
Services and programs available to you include:

- Nutrition counseling for Weight Management - each of Swarthmore's medical plan options covers 6 visits per year, payable at 100% if services are provided by an Independence Blue Cross participating provider
- Independence Healthy Lifestyles Reimbursements – earn up to $150 back on fitness center fees, an approved weight management program, and/or for tobacco cessation assistance
- Virtual Benefits Fair – see all the latest information from our benefits partners at our Virtual Benefits Fair.

Medical Benefits

MEDICAL PLAN OPTIONS

Swarthmore College will continue to offer employees a choice of medical plans, with no changes to the plans for 2022 (except for MDLive Telemedicine updates). While the POS plan was scheduled to end as of December 31, 2021, due to the circumstances surrounding the pandemic the POS will continue to be available to those current enrolled through the 2022 plan year.

The College's medical plans will continue to be administered by Independence Blue Cross (Independence) in 2022.

The High Deductible Health Plans (HDHP): both the Basic HDHP and the HDHP feature a higher annual deductible that applies to all services (except preventive care) which must be met before the plan will pay benefits. These HDHPs may be paired with a Health Savings Account (HSA), which allows you to set aside funds on a pre-tax basis to pay for qualified medical care (including deductibles and copays). See page 8 of this guidebook for information on Health Savings Accounts.

The **Basic HDHP** is available to employees with no payroll cost for 2022. This plan features:

- an "embedded" deductible, meaning if one family member meets the individual deductible, their deductible is satisfied for the year even if the family doesn't collectively satisfy the family deductible
- coinsurance which applies once the deductible is met; the plan will pay 90% and you will pay 10% of the plan's allowed amount.

The **HDHP** deductible works differently. Consistent with past years, this plan includes an aggregate deductible. For employees who have dependent(s) enrolled, the full family deductible must be satisfied before the plan pays benefits for non-preventive services. The individual deductible applies only to employees who do not have any dependents enrolled.

HDHP Preventive Prescription Drugs

Both HDHPs include an enhancement to waive the deductible for a specific list of prescription drugs used for treatment of these chronic conditions: asthma, COPD, diabetes, high blood pressure, high cholesterol, mental/emotional disorders, osteoporosis, and pre-natal vitamins. If you are enrolled in the HDHP, login to ibxpress.com to access the drug formulary navigator tool to see if the deductible applies to your medications, or refer to this Preventive Medications List from Independence.

The Keystone HMO Plan: this Health Maintenance Organization plan requires you to select a Primary Care Physician (PCP) who coordinates your care and authorizes visits to specialists or other providers for in-network services. Generally, you will pay a copay when you visit your PCP or a specialist or receive a service from an in-network provider. For certain services (x-ray, lab, podiatry, and physical/occupational therapy) your PCP is contractually required to refer you to a designated network location. Please Note: referrals can be issued electronically and can be written for up to 90 days. You may change your PCP at any time.

The PPO Plan: allows you and your dependents to visit the physician, specialist or hospital of your choosing without designating a PCP or obtaining referrals. Copays apply for in-network services. This plan option has a deductible and coinsurance for out-of-network services and has a higher employee payroll contribution than the other plan options.

Balance billing will apply when you see non-participating providers. Out-of-network expenses are paid at the stated percentage (after the deductible) of the lesser of the provider's charge or Medicare's allowable amount.

Medical Benefits

The Keystone POS Plan: **This plan will be discontinued after December 31, 2022.** Those who are currently in the POS plan may remain enrolled for one more year; however, enrollment into the POS is closed to all other employees. Current POS enrollees may:

- Change plans now by enrolling in a new plan during the 2021 open enrollment period for coverage beginning January 1, 2022, or
- Remain in the POS plan for 2022; next year you will be required to select a new plan for the 2023 plan year.

Please access Benefitfocus or refer to the Online Resources section of this guidebook to review plan details and see how the POS plan benefits compare to your other medical plan options.

Prescription Drug: Coverage for prescription drugs is included with each medical plan; benefits for in-network and out-of-network services are outlined on the following pages. Search for participating pharmacies in your area from your ibxpress.com account. The FutureScripts® network includes more than 68,000 retail pharmacies nationwide, including CVS, Walmart and Target.

Mail Order Pharmacy

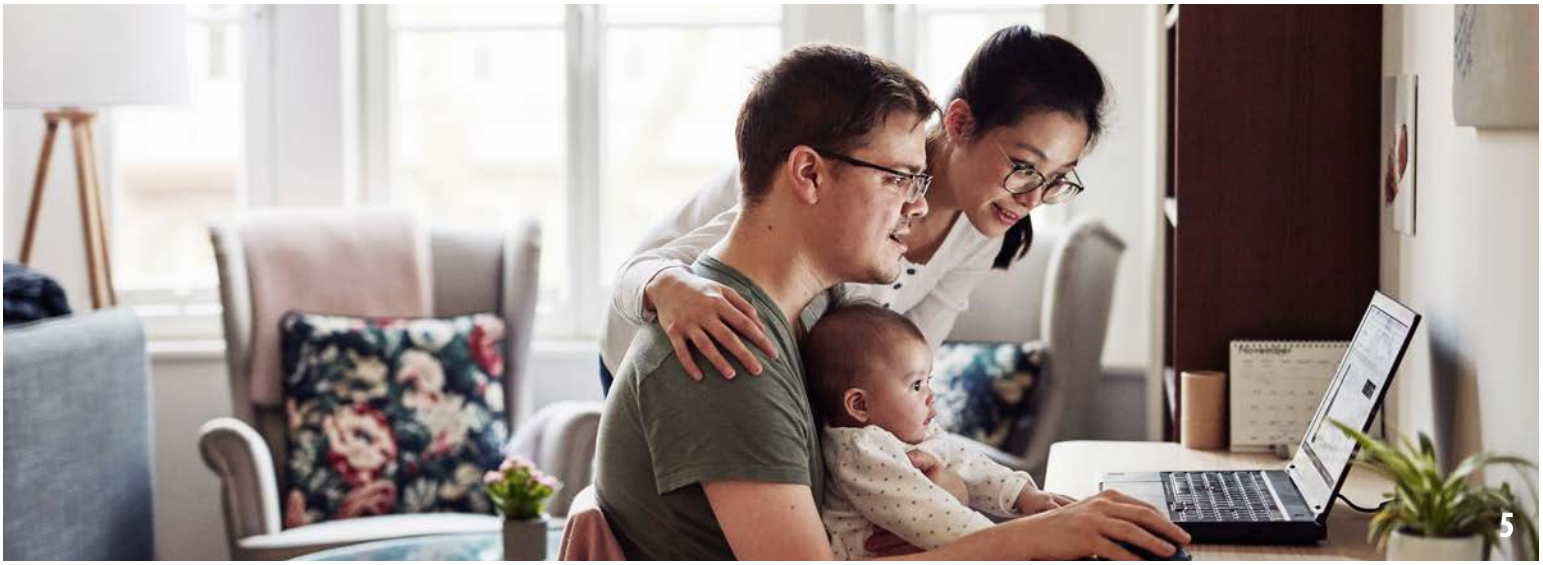
If you take a maintenance medication for a chronic condition, you may be eligible to use the mail order pharmacy to purchase a fill of up to 90 days for your prescription drug. Home delivery of medications provides the convenience of fewer trips to the pharmacy, and also saves money – you'll pay the equivalent of 2 monthly retail copays for a 3-month supply of your medication (HDHP and Basic HDHP members must satisfy their deductible before copays apply, except for those medications on the preventive prescription drug list). FutureScripts is the only mail order pharmacy that is in-network for Swarthmore's plans.

To utilize the FutureScripts Mail Order Pharmacy for the first time:

- Download, complete and mail the FutureScripts Health, Allergy & Medication Questionnaire
- Contact your physician to request a prescription for a 90-day supply of your maintenance medication
- Complete the FutureScripts New Prescription Mail-In Order Form, and mail it to FutureScripts with your physician's prescription

There's no cost for shipping unless overnight delivery is requested. To track delivery and request refills, login to ibxpress.com.

In-Network Providers for all plans can be found on the Independence website. Login to ibxpress.com to search for participating doctors, hospitals pharmacies, therapists, etc.



Medical Plan Highlights

BENEFIT	PERSONAL CHOICE HDHP PLAN		PERSONAL CHOICE BASIC HDHP PLAN	
	IN-NETWORK	OUT-OF-NETWORK*	IN-NETWORK	OUT-OF-NETWORK*
Deductible Individual / Family	$2,000 / $4,000[1]		$3,000 / $6,000[1]	
Out-Of-Pocket Maximum Individual / Family	$5,600 / $11,200		$5,600 / $11,200	
Lifetime Maximum Benefit	Unlimited	Unlimited	Unlimited	Unlimited
Office Visit Primary Care / Specialist	100% after deductible	80% after deductible	90% after deductible	80% after deductible
MDLIVE Telehealth	100% after deductible	Not Covered	90% after deductible	Not Covered
MDLIVE Telehealth Dermatology & Behavioral Health	100% after deductible	Not Covered	90% after deductible	Not Covered
Preventive Care	100% no deductible	80% no deductible	100% no deductible	80% no deductible
Emergency Room	100% after deductible	100% after deductible	90% after deductible	90% after deductible
Urgent Care	100% after deductible	80% after deductible	90% after deductible	80% after deductible
Diagnostic X-Ray	100% after deductible	80% after deductible	90% after deductible	80% after deductible
Laboratory	100% after deductible	80% after deductible	90% after deductible	80% after deductible
Inpatient Hospitalization	100% after deductible	80% after deductible 70 inpatient days maximum	90% after deductible	80% after deductible 70 inpatient days maximum
Outpatient Surgical Facility Charges	100% after deductible	80% after deductible	90% after deductible	80% after deductible
Inpatient Mental Health Care or Substance Abuse Treatment	100% after deductible	80% after deductible 70 inpatient days maximum	90% after deductible	80% after deductible 70 inpatient days maximum
Outpatient Mental Health Care or Substance Abuse Treatment *(Facility and Clinic)*	100% after deductible	80% after deductible	90% after deductible	80% after deductible
Prescription Retail *(30 Day)* Generic Brand Non-Formulary	(after deductible) $10 copay $25 copay $45 copay	50% after deductible	(after deductible) $10 copay $25 copay $45 copay	50% after deductible
Prescription Mail Order *(90 Day)* Generic Brand Non-Formulary	(after deductible) $20 copay $50 copay $90 copay	Not Covered	(after deductible) $20 copay $50 copay $90 copay	Not Covered

**If you use out-of-network providers, Independence will pay the lesser of the Medicare Allowable Payment or the provider's charge for services rendered. The provider has the right to balance bill you the difference.*

[1] Refer to page 4 for a description of how the HDHP and Basic HDHP plans deductibles apply differently for those with family coverage.

Note: This chart is a summary of options offered under the plan. For more information, please refer to the plan documents. In the event of a discrepancy between this summary and the plan documents, the plan documents will govern. Please refer to Benefitfocus for details regarding the Keystone POS plan.

Medical Plan Highlights

KEYSTONE HMO	PERSONAL CHOICE PPO PLAN	
IN-NETWORK ONLY	IN-NETWORK	OUT-OF-NETWORK*
None	$0 / $0	$500 / $1,000
$1,000 / $2,000	$1,500 / $3,000	$3,000 / $6,000
Unlimited	Unlimited	Unlimited
$15 copay / $25 copay	$25 copay / $40 copay	70% after deductible
$5 copay	$5 copay	Not Covered
$15 copay	$15 copay	Not Covered
100% covered	100% covered	70% no deductible
$150 copay *(waived if admitted)*	$150 copay *(waived if admitted)*	$150 copay *(waived if admitted)*
$105 copay	$105 copay	70% after deductible
100% covered	$40 copay	70% after deductible
100% covered	100% covered	70% after deductible
$100 copay/day $500 maximum/admission	$150 copay/day $750 maximum/admission	70% after deductible 70 inpatient days maximum
$50 copay	$150 copay	70% after deductible
$100 copay/day $500 maximum/admission	$150 copay/day $750 maximum/admission	70% after deductible 70 inpatient days maximum
$25 copay	$40 copay	70% after deductible
$15 copay $35 copay $50 copay	$15 copay $35 copay $50 copay	Covered 30% at a non-participating pharmacy
$30 copay $70 copay $100 copay	$30 copay $70 copay $100 copay	Not Covered

**If you use out-of-network providers, Independence will pay the lesser of the Medicare Allowable Payment or the provider's charge for services rendered. The provider has the right to balance bill you the difference.*

[1] Refer to page 4 for a description of how the HDHP and Basic HDHP plans deductibles apply differently for those with family coverage.

Note: This chart is a summary of options offered under the plan. For more information, please refer to the plan documents. In the event of a discrepancy between this summary and the plan documents, the plan documents will govern. Please refer to Benefitfocus for details regarding the Keystone POS plan.

Health Savings Account

If you enroll in the High Deductible Health Plan or Basic High Deductible Health Plan (HDHP), you may be eligible to open an HSA. An HSA allows you to save pre-tax money through payroll deductions and to use those funds to pay for qualified medical expenses for you and your family (tax dependents). Qualified medical expenses include deductibles, copays, and coinsurance, as well as out-of-pocket expenses for dental and vision care. HSA funds can also be used to pay for retiree health care expenses, and COBRA premium if you are no longer employed.

To be eligible for an HSA, you must be enrolled in an IRS-qualified HDHP, and you cannot have any other non-HDHP health coverage. This includes Medicare, Medicaid, coverage through your spouse's or domestic partner's employer, or a Health Care Flexible Spending Account. If your eligibility status changes and you don't meet these criteria, you can still use the funds you've accumulated in your HSA, but you cannot contribute to your HSA.

Important Details Regarding HSAs

- An HSA is a bank account that is owned and controlled by you.
- When you enroll in an HDHP with Independence, an HSA account will automatically be set-up for you with WealthCare Saver.
- HSA contributions are made through pre-tax payroll deductions; you may also deposit directly (outside of payroll deductions).
- You will never forfeit money you have deposited. Unused funds remain in your account and roll over year after year.
- If you ever leave Swarthmore College, or disenroll from a Swarthmore HDHP, you may keep your account.
- Your HSA can be accessed online at ibxpress.com; where you can view your account balance, transaction history and access online bill pay services to pay providers directly from your Health Savings Account.
- HSA Account Holders will receive an HSA debit card which can be used to pay for eligible expenses, including:
  - Eligible health care expenses not otherwise paid for by insurance
  - Expenses applied to your plan deductible, copays, and coinsurance
  - Over the counter medications
  - Dental and vision expenses not reimbursed by insurance.
- When you reach age 65 and enroll in Medicare, your HSA funds can also be used to pay for retiree health coverage including Medicare (but not Medigap) premium, as well as your retiree health care expenses not paid by insurance.
- Important: WealthCare Saver will not request receipts to substantiate your HSA purchases. It is the HSA account holder's responsibility to use HSA funds for eligible expenses, and to retain receipts for all HSA expenditures with your tax records.

2022 HSA Contribution Limits

The maximum amount that can be contributed to your HSA in 2022 is:

- $3,650 for employee only HDHP coverage
- $7,300 for all other HDHP coverage tiers (special rules apply if you cover a non-tax dependent)
- For HSA account holders age 55 or older, you may also make an annual catch-up contribution of up to $1,000.

These maximum amounts include any HSA contribution the College makes on your behalf.

Both the **HDHP** and **Basic HDHP** provide eligible participants with the same **HSA** contribution from the College:

- $1,000 for Employee Only coverage
- $2,000 if you enroll one or more dependents

Half of this contribution is made in January, and the balance is deposited in July.

Dental Benefits

DENTAL PLAN OPTIONS

Swarthmore College offers employees two Dental Plans through Delta Dental: The Basic plan and the Buy-Up plan. The Basic Plan provides coverage for preventive care, as well as basic services and endodontics, but does not provide any coverage for major services or orthodontia expenses. The Buy-Up plan provides coverage for preventive care, basic care, major restorative care, as well as orthodontia.

Both PPO plans grant you the freedom to obtain services from an in-network, participating Delta Dental provider, or an out-of-network provider. The level of benefits is the same for in- and out-of-network services; however, utilizing a participating (in-network) dentist may result in savings for you because participating dentists have agreed to accept the insurance carrier's fees as full payment for covered services. There is no balance billing for covered services provided by a participating dentist, so you will usually pay the least when you visit an in-network PPO dentist.

The **Diagnostic & Preventive (D&P) Maximum Waiver** benefit applies to both plans, meaning most diagnostic and preventive services will not affect your annual plan maximum. Claims paid for services such as routine exams, cleanings and x-rays will not accumulate towards your yearly benefit limit, allowing you to get the most from your dental plan.

Looking for a Dentist?

Visit: www.deltadentalins.com. On the homepage, complete the information under "**Find a Dentist**." Select either the Delta Dental PPO or Delta Dental Premier Network. Delta Dental PPO dentists provide you with the greatest discounts.

BENEFIT	BASIC DENTAL		BUY-UP DENTAL	
	IN-NETWORK*	OUT-OF-NETWORK*	IN-NETWORK*	OUT-OF-NETWORK*
Calendar Year Maximum	$1,000 per person per year		$1,500 per person per year	
Diagnostic & Preventive: Exams, cleaning, x-rays, sealants	100% Most Diagnostic & Preventive services do not count towards the Calendar Year Maximum		100% Most Diagnostic & Preventive services do not count towards the Calendar Year Maximum	
Basic Services: Fillings, denture repair, stainless steel crowns, posterior composites	100%		100%	
Endodontics: Root canals	100%	100%	100%	100%
Periodontics: Gum treatments	Not covered	Not covered	50%	50%
Oral Surgery	Not covered	Not covered	100%	100%
Major Services: Crowns, inlays, onlays, cast restoration	Not covered	Not covered	50%	50%
Prosthodontics: Bridges and dentures, implants	Not covered	Not covered	50%	50%
Orthodontics Benefits: Adults and dependent children	Not covered	Not covered	50%	50%
Orthodontia Maximum	Not covered	Not covered	$1,500 Lifetime	

**Reimbursement is based upon PPO contracted fees for PPO dentists; Premier contracted fees for Premier dentists; and Premier contracted fees for non-Delta Dental dentists.*

Note: This chart is a summary of benefit options offered under the plan. For more information, please refer to the plan documents. In the event of a discrepancy between this summary and the plan documents, the plan documents will govern.

Vision Benefits

Photo courtesy of Swarthmore College/Laurence Kesterson

VISION PLAN OPTIONS

Swarthmore College offers employees a choice of two vision plans through Davis Vision. Each plan allows you to receive a routine eye exam once every 2 calendar years, and each provides substantial savings on your eye-care purchases. Services are available through thousands of provider locations participating in the Davis Vision network. Go to www.davisvision.com or call **1-800-999-5431** to find a nearby provider.

BENEFIT	BASIC		BUY-UP	
	IN-NETWORK	OUT-OF-NETWORK	IN-NETWORK	OUT-OF-NETWORK
Examination	100% covered	$35 allowance	100% covered	$35 allowance
Frames	Davis Tower of frames; 100% for Fashion & Designer, $20 for Premier Selection, $60 credit for other frames	$75 allowance for frames and lenses	100% covered on Davis Tower of frames or $100 credit for other frames	$125 allowance for frames and lenses
Eyeglass Lenses: Standard Lenses, single vision, bifocal, trifocal, lenticular	100% covered	$75 allowance for frames and lenses	100% covered	$125 allowance for frames and lenses
Eyeglass Lenses: Glass grey #3 prescription, tinting	100% covered	$75 allowance for frames and lenses	100% covered	$125 allowance for frames and lenses
Contacts	$75 allowance	$75 allowance	$125 allowance	$125 allowance
Contact Lens Evaluation and Fitting	Included in $75 allowance	Included in $75 allowance	Included in $125 allowance	Included in $125 allowance
Exam Frequency	Once every two calendar years		Once every two calendar years	
Hardware Frequency	Once every two calendar years		Once every two calendar years	

Note: This chart is a summary of benefit options offered under the plan. For more information, please refer to the plan documents. In the event of a discrepancy between this summary and the plan documents, the plan documents will govern.

Employee Payroll Contributions (Full-Time)

Medical Plans (*Full-Time Employees*)

For the 2022 plan year, for eligible full-time employees enrolled in the Basic HDHP or the HDHP, the College will contribute to your HSA: $1,000 if you enroll with Employee Only coverage or $2,000 if you cover one or more dependents, paid in 2 equal semi-annual deposits. This is in addition to the College's costs shown below.

COVERAGE TIER	BASIC HIGH DEDUCTIBLE HEALTH PLAN			HIGH DEDUCTIBLE HEALTH PLAN		
	MONTHLY COLLEGE COST	EMPLOYEE PAYROLL COST		MONTHLY COLLEGE COST	EMPLOYEE PAYROLL COST	
		MONTHLY	BI-WEEKLY		MONTHLY	BI-WEEKLY
Employee Only	$654.79	$0.00	$0.00	$700.60	$11.29	$5.64
Employee & Child	$987.55	$0.00	$0.00	$1,050.63	$22.57	$11.29
Employee & Children	$1,438.38	$0.00	$0.00	$1,507.60	$56.44	$28.22
Employee & Spouse/ Partner	$1,502.79	$0.00	$0.00	$1,549.48	$84.66	$42.33
Family	$1,947.20	$0.00	$0.00	$2,005.08	$112.87	$56.44

COVERAGE TIER	KEYSTONE HMO PLAN			PERSONAL CHOICE PPO PLAN		
	MONTHLY COLLEGE COST	EMPLOYEE PAYROLL COST		MONTHLY COLLEGE COST	EMPLOYEE PAYROLL COST	
		MONTHLY	BI-WEEKLY		MONTHLY	BI-WEEKLY
Employee Only	$682.12	$33.86	$16.93	$549.62	$212.99	$106.50
Employee & Child	$1,019.80	$54.18	$27.09	$487.66	$656.25	$328.13
Employee & Children	$1,413.99	$161.18	$80.59	$923.63	$754.11	$377.06
Employee & Spouse/ Partner	$1,370.45	$276.32	$138.16	$930.81	$823.19	$411.60
Family	$1,604.19	$536.60	$268.30	$1,416.71	$863.49	$431.74

The POS plan is closed to new enrollment; see page 5 of this Guidebook for more information.

COVERAGE TIER	KEYSTONE POS PLAN		
	MONTHLY COLLEGE COST	EMPLOYEE PAYROLL COST	
		MONTHLY	BI-WEEKLY
Employee Only	$635.23	$74.84	$37.42
Employee & Child	$938.47	$126.65	$63.32
Employee & Children	$1,320.39	$241.78	$120.89
Employee & Spouse/ Partner	$1,270.50	$362.67	$181.33
Family	$1,449.60	$673.52	$336.76

Employee Payroll Contributions (Part-Time)

Medical Plans (*Part-Time Employees*)

COVERAGE TIER	BASIC HIGH DEDUCTIBLE HEALTH PLAN			HIGH DEDUCTIBLE HEALTH PLAN		
	MONTHLY COLLEGE COST	EMPLOYEE PAYROLL COST		MONTHLY COLLEGE COST	EMPLOYEE PAYROLL COST	
		MONTHLY	BI-WEEKLY		MONTHLY	BI-WEEKLY
Employee Only	$608.50	$46.29	$23.15	$647.47	$64.42	$32.21
Employee & Child	$849.74	$137.81	$68.90	$902.15	$171.06	$85.53
Employee & Children	$1,290.76	$147.62	$73.81	$1,372.47	$191.56	$95.78
Employee & Spouse/ Partner	$1,314.64	$188.15	$94.07	$1,397.05	$237.09	$118.54
Family	$1,746.84	$200.35	$100.18	$1,857.90	$260.05	$130.02

COVERAGE TIER	KEYSTONE HMO PLAN			PERSONAL CHOICE PPO PLAN		
	MONTHLY COLLEGE COST	EMPLOYEE PAYROLL COST		MONTHLY COLLEGE COST	EMPLOYEE PAYROLL COST	
		MONTHLY	BI-WEEKLY		MONTHLY	BI-WEEKLY
Employee Only	$682.12	$33.86	$16.93	$359.4	$403.21	$201.61
Employee & Child	$741.44	$332.54	$166.27	$166.21	$977.70	$488.85
Employee & Children	$1,103.90	$471.27	$235.63	$562.23	$1,115.51	$557.76
Employee & Spouse/ Partner	$1,084.95	$561.82	$280.91	$527.37	$1,226.63	$613.32
Family	$1,236.02	$904.78	$452.39	$1,014.09	$1,266.11	$633.05

The POS plan is closed to new enrollment; see page 5 of this Guidebook for more information.

COVERAGE TIER	KEYSTONE POS PLAN		
	MONTHLY COLLEGE COST	EMPLOYEE PAYROLL COST	
		MONTHLY	BI-WEEKLY
Employee Only	$490.41	$219.66	$109.83
Employee & Child	$673.70	$391.41	$195.71
Employee & Children	$1,032.22	$529.95	$264.98
Employee & Spouse/ Partner	$994.99	$638.18	$319.09
Family	$1,122.58	$1,000.54	$500.27

Employee Payroll Contributions (Dental & Vision)

Dental Plan (*Full-Time and Part-Time Employees*)

The College provides Basic Dental at no cost to you.

COVERAGE TIER	BUY-UP DENTAL PLAN		
	MONTHLY COLLEGE COST	EMPLOYEE PAYROLL COST	
		MONTHLY	BI-WEEKLY
Employee Only	$20.89	$15.71	$7.86
Employee & Child	$55.32	$41.53	$20.77
Employee & Children	$55.32	$41.53	$20.77
Employee & Spouse/Partner	$55.32	$41.53	$20.77
Family	$55.32	$41.53	$20.77

Vision Plans (*Full-Time and Part-Time Employees*)

The College provides Basic Vision at no cost to you.

COVERAGE TIER	BUY-UP VISION PLAN		
	MONTHLY COLLEGE COST	EMPLOYEE PAYROLL COST	
		MONTHLY	BI-WEEKLY
Employee Only	$2.93	$1.79	$0.90
Employee & Child	$7.63	$4.58	$2.29
Employee & Children	$7.63	$4.58	$2.29
Employee & Spouse/Partner	$7.63	$4.58	$2.29
Family	$7.63	$4.58	$2.29

Life and Disability

BASIC LIFE AND AD&D INSURANCE

Swarthmore College provides benefit eligible employees who are 0.5 FTE or greater with Basic Life Insurance of 1.5 times their annual earnings to a maximum of $200,000; The Hartford insures this coverage for the College. All full-time employees also receive Accidental Death and Dismemberment (AD&D) Insurance in the same amount as Basic Life. Both coverages are 100% paid for by the College.

VOLUNTARY LIFE & AD&D INSURANCE

Employees may elect to purchase supplemental life insurance. Coverage is available up to the lesser of 5 times your annual earnings or $750,000 ($10,000 minimum). You must complete and submit The Hartford's Evidence of Insurability (EOI) Questionnaire when:

- Employees elect supplemental life insurance in excess of the lesser of 3 times Annual Earnings or $200,000;
- Employees request an increase of coverage by more than one multiple of Annual Earnings; or
- Employees elect coverage for the first time more than 31 days after they are first eligible.

Supplemental life coverage subject to EOI will be effective when approved by The Hartford. The maximum combined basic and supplemental life benefit for employees is $950,000.

Spouse Life Insurance Coverage

Employees may also purchase life insurance for their spouse or domestic partner in $5,000 increments up to the lesser of $100,000 or the amount the employee's supplemental life insurance. The Hartford's EOI Questionnaire must be completed when spouse or domestic partner life insurance coverage is elected:

- In excess of $25,000; or
- For the first time more than 31 days after initially becoming eligible.
- Employees must purchase voluntary life insurance for themselves in order to purchase coverage for their spouse or domestic partner.

Dependent Child(ren) Life Insurance Coverage

You may purchase insurance for dependent children in increments of $5,000 to a maximum of $10,000, but not more than the amount of the employee's life insurance. To be eligible for this coverage, children must be age 14 days to 19 years of age (or to age 26 if full-time student) and unmarried. Employees must purchase voluntary life insurance for themselves to purchase coverage for their child(ren).

SALARY CONTINUATION PLAN

After one year of service, benefit eligible employees are provided with a salary continuation plan that replaces a percentage of your salary if you become disabled and cannot work. Salary Continuation benefits begin on the 15th day of disability due to a non-work-related illness or injury and are payable for up to 26 weeks (including the initial 14 days of disability). For staff, the first 2 weeks are charged to your accrued sick days or are unpaid if no sick days are available.

Life and Disability

LONG TERM DISABILITY

Long Term Disability Insurance (LTD) is purchased by the College for all benefit eligible employees of 0.75 FTE or greater. LTD insurance provides a continuation of income if you are disabled and unable to return to work after six months. The LTD benefit is 60% of your pre-disability earnings, payable up to your maximum monthly benefit; the duration of these benefits is based upon your ongoing disability status and your age at the time your disability began.

LTD premiums are based upon your salary and your maximum available LTD benefit. If an election is made to pay LTD premiums on an after-tax basis, the College will add the value of the premium to your paycheck (subject to taxes), then deduct the cost of coverage, thus, allowing you to pay the tax on the value of the premium and receive a tax-free LTD benefit. Absent this election, any LTD benefits paid to you will be subject to applicable income taxes.

For more details, refer to the Taxation Explanation Document found on the Human Resources homepage.

» Pre-tax Option:

This option is only available to grandfathered employees who were enrolled prior to November 2014. In the event that LTD benefits are payable, the payments you receive will be subject to applicable income taxes.

» Post-tax Option:

You pay taxes on the premiums the College pays on your behalf. As a result, if you receive LTD benefits the income you receive will not be federally taxable. The post-tax option is a permanent election.

DISABILITY CLAIM PROCESS

When you will be out of work due to illness or injury, you must file a claim with The Hartford (the College's Advice to Pay provider) to receive Salary Continuation benefits. The Hartford will review your claim for medical necessity and advise you and Human Resources of their determination. Salary Continuation benefits are payable for up to 24 weeks following the initial two weeks of disability. To initiate the claim process, please contact Human Resources and/or the Provost office. You will be asked to contact The Hartford at 1-888-301-5615, where representatives are available from 8:00 am to 8:00 pm ET, Monday through Friday (reference policy # 805739). It is also required that you notify your supervisor of your absence.

Should your period of disability approach the 26-week maximum, The Hartford will begin to review your claim to determine eligibility for Long Term Disability benefits. If applicable, The Hartford or Human Resources will advise if additional information is needed as you transition to Long Term Disability.

Photo courtesy of Swarthmore College/Laurence Kesterson

Life and AD&D Premium Rates

Voluntary Life Coverage for You

	MONTHLY RATES PER $1,000 OF COVERAGE
Under Age 30	$0.060
Age 30 to 34	$0.080
Age 35 to 39	$0.092
Age 40 to 44	$0.110
Age 45 to 49	$0.173
Age 50 to 54	$0.265
Age 55 to 59	$0.495
Age 60 to 64	$0.702
Age 65 to 69	$1.334
Age 70 and over	$2.070

Voluntary Life Coverage for your Spouse or Domestic Partner

	MONTHLY RATES PER $1,000 OF COVERAGE
Under Age 30	$0.060
Age 30 to 34	$0.081
Age 35 to 39	$0.092
Age 40 to 44	$0.110
Age 45 to 49	$0.161
Age 50 to 54	$0.299
Age 55 to 59	$0.483
Age 60 to 64	$0.840
Age 65 to 69	$1.461
Age 70 and over	$2.300

Voluntary Life Coverage for your Dependent Children

	MONTHLY RATE PER $1,000 OF COVERAGE
14 days to 19 years old; up to age 26 if full-time student	$0.10

Voluntary AD&D Coverage for You and Your Family

	MONTHLY RATES PER $1,000 OF COVERAGE
Employee Only	$0.013
Employee and Family	$0.022

Flexible Spending Accounts

HEALTH CARE FSA

A Health Care Flexible Spending Account (FSA), administered by PayFlex, provides you with the ability to save money on a pre-tax basis to pay for any IRS-allowed medical, prescription drug, dental or vision expenses that are not otherwise covered by insurance. Examples of these types of expenses include:

- Deductibles and copayments,
- Expenses for medical services or supplies not covered by your plan,
- Dental, vision and hearing care expenses not covered by or otherwise paid by insurance,
- Over the counter medications (no prescription required).

Your annual contribution of up to $2,850 for 2022 is divided by your number of pay periods and that amount will be deducted each pay period on a pre-tax basis, reducing your taxable income. The amount you elect may not be changed or revoked during the plan year unless you experience a qualifying life event. You may not transfer funds between a Health Care FSA and a Dependent Care FSA.

Carryovers: Unused balances of up to $570 will carry over to the next plan year. Unused balances over the $570 carryover limit will be forfeited.

Regulatory changes made in 2020 resulted in two important enhancements to your Health Care FSA:

- Over the counter medications, such as cold medicine, pain reliever, allergy relief, heartburn medications, etc. can now be purchased with your Health Care FSA funds – no doctor's prescription is required. This includes feminine menstrual care products.
- The amount you can carry over is equal to 20% of the annual election maximum. You will be able to carry over up to $570 of unused FSA funds (Health Care or Limited Purpose) from 2022 to 2023.

LIMITED PURPOSE FSA

If you enroll in the HDHP or Basic HDHP medical plan and have a Health Savings Account (HSA), IRS eligibility rules do not allow you to have a Health Care FSA.

If you enroll in either HDHP and would like an FSA, a Limited Purpose FSA is the solution. This type of FSA is available for reimbursement of dental and vision expenses only. In every other way this works just like the Health Care FSA, but eligible expenses are limited to dental and vision expenses that are not paid or covered by insurance.

If you want to want to maximize your HSA savings and watch your HSA balance grow, a Limited Purpose FSA may be a valuable benefit to you. You may contribute up to $2,850 into a Limited Purpose FSA for 2022.

Carryovers: Unused balances of up to $570 will carry over to the next plan year. Unused balances over the $570 carryover limit will be forfeited.

Flexible Spending Accounts

DEPENDENT CARE FSA

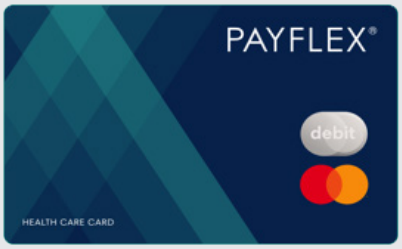
A Dependent Care Flexible Spending Account (FSA), administered by PayFlex, provides you with the ability to set aside money on a pre-tax basis for day care expenses for your child, disabled parent or spouse. Generally, expenses will qualify for reimbursement if they are the result of care for:

- Your children under the age of 13, for whom you are entitled to a personal exemption on your federal income tax return.
- Your spouse or other dependent, including parents, who are physically or mentally incapable of self-care.

For the 2022 Plan Year, the maximum amount that you may contribute to a Dependent Care FSA is $5,000. The IRS has set the maximum allowable contribution per calendar year for a Dependent Care Flexible Spending Account as follows:

- $5,000 for a married couple filing jointly
- $5,000 for a single parent
- $2,500 for a married person filing separately

FSA *Debit Card*



FSA participants will receive an FSA debit card which can be used for:

- Qualified Health Care expenses
- Over the Counter medications
- Eligible Transit and Parking expenses
- Dependent Care expenses
- Limited Purpose FSA Dental and Vision expenses

FSA *Re-Enrollment*

If you participated in an FSA account last year and want to participate again for the upcoming plan year, you must re-enroll and specify your annual election in Benefitfocus. Your election from the last plan year WILL NOT carry over to the new plan year.

For the 2022 plan year, the maximum amount that you may contribute to a Health Care FSA or a Limited Purpose FSA is $2,750.

CLAIMS *Submission*

You have until March 31, 2023 to submit claims for reimbursement for expenses incurred between January 1, 2022 and December 31, 2022.

Additional Benefits

24/7 ASSISTANCE

You can take advantage of Carebridge's Employee Assistance Program by calling toll-free any time, any day.

For Personal Assistance:
Call Carebridge
at **1.800.437.0911**

Visit the Carebridge website at www.myliferesource.com for helpful information. When registering, enter Swarthmore College's access code: **YXDEY**

EMPLOYEE ASSISTANCE PLAN (EAP)

Just when you think you have life figured out, along comes a challenge. Whether those challenges are big or small, Carebridge's Employee Assistance Program is available to help you and your family find a solution and restore your peace of mind. Take advantage of the following services that are available to you and your family:

- Basic clinical and work/life support by phone or web
- Up to seven free face-to-face sessions with licensed behavioral clinicians
- 24/7 phone consultation with a Carebridge licensed clinician
- Monthly phone seminars on relevant topics
- Unlimited access to online research and other key resources related to emotional well-being, health, relationships, legal, financial and personal/professional growth
- Life events research and qualified referrals (i.e., childcare and eldercare providers)

VOLUNTARY LONG-TERM CARE INSURANCE

Long-Term Care Insurance covers expenses for long-term care services whether received at home, in the community, or at a nursing facility.

This voluntary program gives Swarthmore College employees access to Long-Term Care insurance at competitive group rates and is available to full-time benefits eligible employees and their families! The coverage is portable, so it can move with you if you retire or leave the College.

Enrollment in this program is not subject to the annual Open Enrollment period; you are able to enroll at any time. To learn more about the plan coverage, eligibility requirements, and to gain access to enrollment materials and other helpful information, call **1-800-416-3624**, or visit:
www.genworth.com/swmore

Enter the Group Name: **swmore** & Access Code: **groupltc**

Photo courtesy of Swarthmore College/Laurence Kesterson

Additional Benefits

HEALTH ADVOCATE

Health Advocate understands the intricacies of the health care and insurance worlds. They also know how to make health care work for you and your family. It is easy to get help. All you need to do is make one phone call and Health Advocate will take care of the rest. Your Health Advocate benefit can be accessed 24/7. Normal business hours are Monday - Friday, between 8 am and 9 pm Eastern Time. Staff is available for assistance after hours and during weekends; however, you may need to leave a message to reach a representative outside of normal business hours. Swarthmore provides this benefit at no cost to you, and there is no cost to you to use Health Advocate's services. **Health Advocate's services are free and completely confidential.**

Here's How It Works

As soon as you contact Health Advocate, you will be assigned a Personal Advocate who will work with you to resolve a health care problem. Each Personal Advocate is a trained professional who can assist with coordination of care, claim and related paperwork problems, fee negotiations, prescription drug issues and much more. In some circumstance, your Personal Advocate will be a Registered Nurse (as needed for health care situations).

How Health Advocate Can Help

Health Advocate complements basic health care coverage and can assist you in maximizing the benefits available through the Swarthmore College health plans. Many of the services available through Health Advocate are summarized below. In addition, **Health Advocate can help you better understand and compare your benefit plan options – they are available as a resource to assist with your annual enrollment decisions!**

ADMINISTRATIVE SERVICES	SERVICE SUPPORT
» Untangle and resolve insurance claims » Save money on health care bills » Navigate within an insurance company » Identify and correct billing errors » Assist with heath care issues » Explore and arrange elder care	» Obtain information to allow for informed health care decisions » Help members complete necessary paperwork » Identify and coordinate/arrange wellness services » Coordinate a member's special service and/or transportation needs
CLINICAL SERVICES	**HEALTH COACHING**
» Find the right doctors and hospitals » Assist with complex medical conditions » Research treatment options » Secure second opinions » Schedule appointments with hard-to-reach specialists » Identify renowned "best-in-class" medical facilities	» Help prepare patients for health care appointments » Answer general or specific benefit questions » Assist members in better understanding their conditions » Educate members on how to become active participants in their health care » Explain the advantages of in-network care

Who is Covered?

Health Advocate is available to eligible employees, their spouse or domestic partner, dependent children, parents and parents-in-law.

Your Personal Health Advocate Will:

- Take the time to listen to your concerns and carefully assess your issue or problem
- Find the right answers for your situation and make the necessary follow-up arrangements
- Protect your privacy and keep your information strictly confidential
- Act quickly and efficiently
- Always be on your side

METLIFE PRE-PAID LEGAL SERVICE

If you opt to enroll in the legal services program, you will have access to an extensive network of attorneys through MetLife Legal Plans (formerly Hyatt Legal Plans) for various types of legal matters. Services include, but are not limited to, estate planning, financial and real estate matters, defense of civil litigation, family law, and traffic offenses. MetLife provides you with telephone and office consultations for an unlimited number of matters with the attorney of your choice. This plan will also cover matters for you and your dependents at no additional cost. The cost is $19.50 per month.

Contact MetLife by going to www.legalplans.com or call **1-800-821-6400** for more information. *To access plan details online, enter access code **6090009**.*

Online Resources

Photo courtesy of Swarthmore College/Laurence Kesterson

Learn about all of the benefits available to you and your family. All of your benefits information is stored in one easy to access location. Find links to carrier documents, forms, etc., including detailed benefits information for all of your company provided benefits.

View your online resources by scanning the QR code to the right, or by visiting:

https://mybenefits.nfp.com/Swarthmore/2022/Resources/

Changing Your Benefits

The Internal Revenue Service (IRS) rules state that employees enrolled in pre-tax benefit plans may only make elections or changes to their plans once per year. Because of these rules, your benefit elections (with the exception of voluntary life insurance and Health Savings Account contributions) will be binding through December 31, 2022; however, you may make changes to your election if you experience one or more of the following special circumstances, which are known as Qualifying Life Events:

- Marriage, divorce, legal separation or death of your spouse
- Confirmation or dissolution of domestic partnership, same-sex marriage or civil union
- Birth, adoption, placement for adoption of an eligible child or death of a dependent
- Loss of your or your spouse's job or change in work status (e.g., full-time to part-time)
- A significant increase or decrease in the cost of a coverage option
- A significant curtailment of a coverage option, or addition or improvement of a coverage option
- Loss of dependent eligibility status (e.g., dependent child reaches age 26)
- Enrolling in Medicare or Medicaid; or loss of Medicaid coverage (may impact a dependent)
- As required by a Qualified Medical Child Support Order (QMCSO)
- Open enrollment occurs for your spouse
- Loss of coverage under a state Children's Health Insurance Program (CHIP) (only impacts the child who loses coverage)

30-DAY *Window*

Qualifying Life Events allow you to make plan changes outside of the College's Annual Enrollment Period. For most allowable changes, you must inform Human Resources within 30 calendar days of the event. For changes requested due to entitlement to premium assistance under Medicare or loss of coverage eligibility for Medicaid or CHIP, the request must be submitted to Human Resources within 60 days of the event. The 30-day window applies to all other changes.

Benefit changes requested due to a "change of mind" or requested more than 30 days after the event cannot be allowed until the next Annual Enrollment Period.

Notices

MEDICARE PART D – CREDITABLE COVERAGE

Important Notice from Swarthmore College About Your Prescription Drug Coverage and Medicare

Please read this notice carefully and keep it where you can find it. This notice has information about your current prescription drug coverage with Swarthmore 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. Swarthmore has determined that the prescription drug coverage offered by the College's Independence Blue Cross plans 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 15 through December 7; 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 Swarthmore coverage will not be affected. If you elect Medicare Part D, the Swarthmore College plan will coordinate with Part D coverage; provided you remain actively employed.

If you do decide to join a Medicare drug plan and drop your current Swarthmore College coverage, be aware that you and your dependents will not be able to get this coverage back until the next Swarthmore College Annual Enrollment Period.

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 Swarthmore 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 Human Resources Office (whose information is provided below) for further information. NOTE: You'll receive 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 Swarthmore 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.

Notices

MEDICARE PART D – CREDITABLE COVERAGE (cont'd)

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: October 2021

Name of Entity/Sender: Swarthmore College

Contact - Position/Office: Human Resources

Address: 500 College Ave, Swarthmore PA 19081

Phone Number: 610-328-8397

MICHELLE'S LAW

Michelle's Law permits seriously ill or injured college students to continue coverage under a group health plan when they must leave school on a full-time basis due to their injury or illness and would otherwise lose coverage. The continuation of coverage applies to a dependent child's leave of absence from (or other change in enrollment) a postsecondary educational institution (college or university) because of a serious illness or injury, while covered under a health plan. This would otherwise cause the child to lose dependent status under the terms of the plan. Coverage will be continued until:

- One year from the start of the medically necessary leave of absence, or
- The date on which the coverage would otherwise terminate under the terms of the health plan; whichever is earlier.

WOMEN'S HEALTH AND CANCER RIGHTS ACT

The Women's Health and Cancer Rights Act requires that all medical plans cover breast reconstruction following a mastectomy. Under this law, if an individual who has had a mastectomy elects to have breast reconstruction, the medical plan must provide the following coverage as determined in consultation with the attending physician and the patient:

- Reconstruction of the breast on which the mastectomy has been performed;
- Surgery and reconstruction of the other breast to produce a symmetrical appearance; and
- Prostheses and physical complications at all stages of the mastectomy, including lymphedemas

Benefits received for the above coverage will be subject to any deductibles and coinsurance amounts required under the medical plan for similar services. The Act prohibits any group health plan from:

- Denying a participant or a eligible beneficiary to enroll or renew coverage under the plan in order to avoid the requirements of the Act;
- Penalizing, reducing, or limiting reimbursement to the attending provider (e.g. physician, clinic or hospital) to induce the provider to provide care inconsistent with the Act; and providing monetary or other incentives to an attending provider to induce the provider to provide care inconsistent with the Act.

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, using funds from their Medicaid or CHIP programs. If you or your children aren't eligible for Medicaid or CHIP, 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. For more information, visit www.healthcare.gov.

If you or your dependents are already enrolled in Medicaid or CHIP and you live in a State listed below, contact your State Medicaid or CHIP office to find out if premium assistance is available.

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 for either of these programs, contact your State Medicaid or CHIP office or dial **1-877-KIDS NOW** or www.insurekidsnow.gov to find out how to apply. If you qualify, ask your state if it has a program that might help you pay the premiums for an employer-sponsored plan.

If you or your dependents are eligible for premium assistance under Medicaid or CHIP, as well as eligible under your employer plan, your employer must allow you to enroll in your employer plan if you aren't already enrolled. This is called a "special enrollment" opportunity, and **you must request coverage within 60 days of being determined eligible for premium assistance**. If you have questions about enrolling in your employer plan, contact the Department of Labor at www.askebsa.dol.gov or call **1-866-444-EBSA (3272)**.

If you live in one of the following states, you may be eligible for assistance paying your employer health plan premiums. The following list of states is current as of October 15, 2021. Contact your State for more information on eligibility –

ALABAMA – Medicaid

Website: http://myalhipp.com
Phone: 1-855-692-5447

ALASKA – Medicaid

The AK Health Insurance Premium Payment Program Website: http://myakhipp.com
Phone: 1-866-251-4861
Email: CustomerService@MyAKHIPP.com
Medicaid Eligibility: http://dhss.alaska.gov/dpa/Pages/medicaid/default.aspx

ARKANSAS – Medicaid

Website: http://myarhipp.com
Phone: 1-855-MyARHIPP (855-692-7447)

CALIFORNIA – Medicaid

Website: Health Insurance Premium Payment (HIPP) Program: http://dhcs.ca.gov/hipp
Phone: 916-445-8322
Email: hipp@dhcs.ca.gov

COLORADO – Health First Colorado (Colorado's Medicaid Program) & Child Health Plan Plus (CHP+)

Health First Colorado Website: https://www.healthfirstcolorado.com
Health First Colorado Member Contact Center: 1-800-221-3943/ State Relay 711
CHP+: https://www.colorado.gov/pacific/hcpf/child-health-plan-plus
CHP+ Customer Service: 1-800-359-1991/ State Relay 711
Health Insurance Buy-In Program (HIBI): https://www.colorado.gov/pacific/hcpf/health-insurance-buy-program
HIBI Customer Service: 1-855-692-6442

FLORIDA – Medicaid

Website: https://www.flmedicaidtplrecovery.com/flmedicaidtplrecovery.com/hipp/index.html
Phone: 1-877-357-3268

GEORGIA – Medicaid

Website: https://medicaid.georgia.gov/health-insurance-premium-payment-program-hipp
Phone: 678-564-1162 ext 2131

INDIANA – Medicaid

Healthy Indiana Plan for low-income adults 19-64 Website: http://www.in.gov/fssa/hip
Healthy Indiana Plan for low-income adults 19-64 Phone: 1-877-438-4479
All other Medicaid Website: https://www.in.gov/medicaid
All other Medicaid Phone 1-800-457-4584

IOWA – Medicaid and CHIP (Hawki)

Medicaid Website: https://dhs.iowa.gov/ime/members
Medicaid Phone: 1-800-338-8366
Hawki Website: http://dhs.iowa.gov/Hawki
Hawki Phone: 1-800-257-8563
HIPP Website: https://dhs.iowa.gov/ime/members/medicaid-a-to-z/hipp
HIPP Phone: 1-888-346-9562

KANSAS – Medicaid

Website: https://www.kancare.ks.gov
Phone: 1-800-792-4884

KENTUCKY – Medicaid

Kentucky Integrated Health Insurance Premium Payment Program (KI-HIPP) Website: https://chfs.ky.gov/agencies/dms/member/Pages/kihipp.aspx
KI-HIPP Phone: 1-855-459-6328
KI-HIPP Email: KIHIPP.PROGRAM@ky.gov
KCHIP Website: https://kidshealth.ky.gov/Pages/index.aspx
KCHIP Phone: 1-877-524-4718
Kentucky Medicaid Website: https://chfs.ky.gov

LOUISIANA – Medicaid

Website: www.medicaid.la.gov or www.ldh.la.gov/lahipp
Phone: 1-888-342-6207 (Medicaid hotline) or 1-855-618-5488 (LaHIPP)

MAINE – Medicaid

Enrollment Website: https://www.maine.gov/dhhs/ofi/applications-forms
Phone: 1-800-442-6003; TTY: Maine relay 711
Private Health Insurance Premium Webpage: https://www.maine.gov/dhhs/ofi/applications-forms
Phone: 1-800-977-6740; TTY: Maine relay 711

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MASSACHUSETTS – Medicaid and CHIP

Website: https://www.mass.gov/info-details/masshealth-premium-assistance-pa
Phone: 1-800-862-4840

MINNESOTA – Medicaid

Website: https://mn.gov/dhs/people-we-serve/children-and-families/health-care/health-care-programs/programs-and-services/other-insurance.jsp
Phone: 1-800-657-3739

MISSOURI – Medicaid

Website: http://www.dss.mo.gov/mhd/participants/pages/hipp.htm
Phone: 573-751-2005

MONTANA – Medicaid

Website: http://dphhs.mt.gov/MontanaHealthcarePrograms/HIPP
Phone: 1-800-694-3084

NEBRASKA – Medicaid

Website: http://www.ACCESSNebraska.ne.gov
Phone: 1-855-632-7633
Lincoln: 402-473-7000
Omaha: 402-595-1178

NEVADA – Medicaid

Medicaid Website: http://dhcfp.nv.gov
Medicaid Phone: 1-800-992-0900

NEW HAMPSHIRE – Medicaid

Website: https://www.dhhs.nh.gov/oii/hipp.htm
Phone: 603-271-5218
Toll free number for the HIPP program: 1-800-852-3345, ext 5218

NEW JERSEY – Medicaid and CHIP

Medicaid Website: http://www.state.nj.us/humanservices/dmahs/clients/medicaid
Medicaid Phone: 609-631-2392
CHIP Website: http://www.njfamilycare.org/index.html
CHIP Phone: 1-800-701-0710

NEW YORK – Medicaid

Website: https://www.health.ny.gov/health_care/medicaid
Phone: 1-800-541-2831

NORTH CAROLINA – Medicaid

Website: https://medicaid.ncdhhs.gov
Phone: 919-855-4100

NORTH DAKOTA – Medicaid

Website: http://www.nd.gov/dhs/services/medicalserv/medicaid
Phone: 1-844-854-4825

OKLAHOMA – Medicaid and CHIP

Website: http://www.insureoklahoma.org
Phone: 1-888-365-3742

OREGON – Medicaid and CHIP

Website: http://healthcare.oregon.gov/Pages/index.aspx
http://www.oregonhealthcare.gov/index-es.html
Phone: 1-800-699-9075

PENNSYLVANIA – Medicaid

Website: https://www.dhs.pa.gov/Services/Assistance/Pages/HIPP-Program.aspx
Phone: 1-800-692-7462

RHODE ISLAND – Medicaid and CHIP

Website: http://www.eohhs.ri.gov
Phone: 1-855-697-4347, or 401-462-0311 (Direct RIte Share Line)

SOUTH CAROLINA – Medicaid

Website: https://www.scdhhs.gov
Phone: 1-888-549-0820

SOUTH DAKOTA - Medicaid

Website: http://dss.sd.gov
Phone: 1-888-828-0059

TEXAS – Medicaid

Website: http://gethipptexas.com
Phone: 1-800-440-0493

UTAH – Medicaid and CHIP

Medicaid Website: https://medicaid.utah.gov
CHIP Website: http://health.utah.gov/chip
Phone: 1-877-543-7669

VERMONT– Medicaid

Website: http://www.greenmountaincare.org
Phone: 1-800-250-8427

VIRGINIA – Medicaid and CHIP

Website: https://www.coverva.org/en/famis-select
https://www.coverva.org/en/hipp
Medicaid Phone: 1-800-432-5924
CHIP Phone: 1-800-432-5924

WASHINGTON – Medicaid

Website: https://www.hca.wa.gov
Phone: 1-800-562-3022

WEST VIRGINIA – Medicaid

Website: http://mywvhipp.com/
Toll-free phone: 1-855-MyWVHIPP (1-855-699-8447)

WISCONSIN – Medicaid and CHIP

Website: https://www.dhs.wisconsin.gov/badgercareplus/p-10095.htm
Phone: 1-800-362-3002

WYOMING – Medicaid

Website: https://health.wyo.gov/healthcarefin/medicaid/programs-and-eligibility
Phone: 1-800-251-1269

To see if any other states have added a premium assistance program since October 15, 2021, or for more information on special enrollment rights, contact either:

U.S. Department of Labor
Employee Benefits Security Administration
www.dol.gov/agencies/ebsa
1-866-444-EBSA (3272)

U.S. Department of Health and Human Services
Centers for Medicare & Medicaid Services
www.cms.hhs.gov
1-877-267-2323, Menu Option 4, Ext. 61565

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HEALTH INSURANCE MARKETPLACE COVERAGE OPTIONS AND YOUR HEALTH COVERAGE FOR EMPLOYEES WHO ARE ELIGIBLE FOR MEDICAL COVERAGE

Part A: General Information

When key parts of the health care law took effect in 2014, there became a new way to buy health insurance: the Health Insurance Marketplace. 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.

What is the Health Insurance Marketplace?

The Marketplace is designed to help you find health insurance that meets your needs and fits your budget. The Marketplace offers "one-stop shopping" to find and compare private health insurance options. You may also be eligible for a new kind of tax credit that lowers your monthly premium right away. Open enrollment for health insurance coverage through the Marketplace begins on November 1, 2021 for coverage starting January 1, 2022.

Can I Save Money on My Health Insurance Premiums in the Marketplace?

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.

Does Employer Health Coverage Affect Eligibility for Premium Savings through the Marketplace?

Yes. If you have an offer of health coverage from your employer that meets certain standards, you will not be eligible for a tax credit through the Marketplace and may wish to enroll in your employer's health plan. However, you may be eligible for a tax credit that lowers your monthly premium, or a reduction in certain cost-sharing if your employer does not offer coverage to you at all or does not offer coverage that meets certain standards. If the cost of a plan from your employer that would cover you (and not any other members of your family) is more than 9.61% (2022 threshold) of your household income for the year, or if the coverage your employer provides does not meet the "minimum value" standard set by the Affordable Care Act, you may be eligible for a tax credit.*

Note: If you purchase a health plan through the Marketplace instead of accepting health coverage offered by your employer, then you may lose the employer contribution (if any) to the employer-offered coverage. Also, this employer contribution -as well as your employee contribution to employer-offered coverage- is often excluded from income for Federal and State income tax purposes. Your payments for coverage through the Marketplace are made on an after-tax basis.

How Can I Get More Information?

For more information about your coverage offered by your employer, please check your summary plan description or contact Human Resources.

The Marketplace can help you evaluate your coverage options, including your eligibility for coverage through the Marketplace and its cost. Please visit www.HealthCare.gov for more information, including an online application for health insurance coverage and contact information for a Health Insurance Marketplace in your area.

**An employer-sponsored health plan meets the "minimum value standard" if the plan's share of the total allowed benefit costs covered by the plan is no less than 60 percent of such costs.*

Part B: Information About Health Coverage Offered by Your Employer

Information About Health Coverage Offered by Swarthmore College

If you decide to complete an application for coverage in the Marketplace, you will be asked to provide the following information. This information is numbered to correspond with the Marketplace application.

3. EMPLOYER NAME:	SWARTHMORE COLLEGE
4. EMPLOYER IDENTIFICATION NUMBER (EIN):	23-1352683
5. EMPLOYER ADDRESS:	500 COLLEGE AVENUE
6. PHONE NUMBER:	610-328-8397
7. CITY:	SWARTHMORE
8. STATE:	PA
9. ZIP CODE:	19081
10. WHO CAN WE CONTACT ABOUT EMPLOYEE HEALTH COVERAGE AT THIS JOB?	HUMAN RESOURCE DEPARTMENT
12. E-MAIL ADDRESS:	HUMANRESOURCES@SWARTHMORE.EDU

Here is some basic information about health coverage offered by this employer:

You are considered benefit eligible if you have a regular position of 0.5 full-time equivalent ("FTE") position or greater.

With respect to dependents:

We do offer coverage. Eligible dependents are: 1. Spouse who is legally married to you and is treated as a spouse under the Internal Revenue Code of 1986 or domestic partner; 2. Your son, daughter, stepchild, legally adopted child or eligible foster child who has not attained age 26.

This coverage meets the minimum value standard, and the cost of this coverage is intended to be affordable** to most of our employees based on employee wages.

***Even if your employer intends your coverage to be affordable, you may still be eligible for a premium discount through the Marketplace. The Marketplace will use your household income, along with other factors, to determine whether you may be eligible for a premium discount. If, for example, your wages vary from week to week (perhaps you are an hourly employee or you work on a commission basis), if you are newly employed mid-year, or if you have other income losses, you may still qualify for a premium discount.*

Please note that if you decide to shop for coverage in the Marketplace, www.healthcare.gov will guide you through the process.

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HIPAA INFORMATION NOTICE OF PRIVACY PRACTICES

In compliance with the Health Insurance Portability and Accountability Act of 1996 (HIPAA), your employer recognizes your right to privacy in matters related to the disclosure of health-related information. The Notice of Privacy Practices (provided to you upon your enrollment in the health plan) details the steps your employer has taken to assure your privacy is protected. The Notice also explains your rights under HIPAA. A copy of this Notice is available to you at any time, free of charge, by request through your Human Resources Department.

SPECIAL ENROLLMENT RIGHTS

If you have previously declined enrollment for yourself or your dependents (including your spouse) because of other health insurance coverage, you may in the future be able to enroll yourself or your dependents in this plan, provided that you request enrollment **within 30 days** after your other coverage ends. In addition, if you have a new dependent as a result of marriage, birth, adoption, or placement of adoption, you may be able to enroll yourself and your dependents, provided that you request enrollment within 30 days after the marriage, birth, adoption, or placement for adoption.

GENETIC INFORMATION NON-DISCRIMINATION ACT (GINA)

GINA broadly prohibits covered employers from discriminating against an employee, individual, or member because of the employee's "genetic information," which is broadly defined in GINA to mean (1) genetic tests of the individual, (2) genetic tests of family members of the individual, and (3) the manifestation of a disease or disorder in family members of such individual.

GINA also prohibits employers from requesting, requiring, or purchasing an employee's genetic information. This prohibition does not extend to information that is requested or required to comply with the certification requirements of family and medical leave laws, or to information inadvertently obtained through lawful inquiries under, for example, the Americans with Disabilities Act, provided the employer does not use the information in any discriminatory manner. In the event a covered employer lawfully (or inadvertently) acquires genetic information, the information must be kept in a separate file and treated as a confidential medical record, and may be disclosed to third parties only in very limited circumstances.

THE NEWBORNS' AND MOTHERS' HEALTH PROTECTION ACT

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

Contact Information

MEDICAL BENEFITS
Independence Blue Cross Personal Choice and Keystone Health Plan East
www.ibx.com
1.800.275.2583

DENTAL BENEFITS | *Delta Dental*
www.deltadentalins.com
1.800.932.0783

VISION BENEFITS | *Davis Vision*
www.davisvision.com
1.800.999.5431

LIFE AND AD&D BENEFITS | *The Hartford*
www.thehartford.com
1.888.563.1124

LONG TERM DISABILITY BENEFITS | *The Hartford*
www.thehartford.com
1.888.301.5615

FLEXIBLE SPENDING ACCOUNTS | *PayFlex*
www.payflex.com
1.800.284.4885

EMPLOYEE ASSISTANCE PROGRAM | *Carebridge*
www.myliferesource.com
1.800.437.0911

VOLUNTARY LEGAL BENEFITS | *MetLife*
www.legalplans.com
1.800.821.6400

HEALTH ADVOCATE
www.healthadvocate.com/swarthmore
Email: answers@HealthAdvocate.com
1.866.695.8622

VOLUNTARY LONG-TERM CARE BENEFITS | *Genworth*
www.genworth.com/swmore
1.800.416.3624

RETIREMENT | *Vanguard*
https://retirementplans.vanguard.com
1.800.523.1188

RETIREMENT | *TIAA*
www.tiaa.org
1.800.842.2252

HUMAN RESOURCES
Benefits@Swarthmore.edu
610.328.8397

SWARTHMORE

Photo courtesy of Swarthmore College/Laurence Kesterson