2022 BENEFITS OPEN ENROLLMENT

Support for Your Total Well-Being

Learn about the benefits and plans available to you, then enroll October 25 – November 12, 2021.
Take Action:
OPEN ENROLLMENT IS OCTOBER 25 – NOVEMBER 12.

Benefits Open Enrollment is your once-a-year opportunity to make or change your benefit elections for the coming year. During Open Enrollment, you can:

» Change your medical, dental, or vision plan election, and add or remove dependents.

» Enroll in a Health Care and/or Dependent Care Flexible Spending Account (FSA) for 2022. (Current participants: You must reenroll for 2022.) Due to COVID-19, you can carry over your entire 2021 balance to your 2022 FSA.

» Enroll in the Health Savings Account (HSA) if you elect the PPO Plus HSA Plan, or change the amount you are currently contributing.

» Enroll in or make changes to your voluntary MetLaw Legal Plan election.

» Elect or change your optional life insurance or spousal life insurance.

» Update your life insurance beneficiary information.

» Start or change your voluntary pre-tax and/or Roth contribution to your 403(b) Retirement Plan.

How to Enroll or Make Changes
To enroll in benefits or make changes to your current coverage:

• Log in to Workday.
• Go to your Inbox (top right by your name).
• Click on Open Enrollment Change 01/01/2022.
• Review or make changes to your benefits, click the Review & Sign button, select the I Accept box, and click Submit.

Trouble Accessing or Using Workday?
Contact Human Resources:

• Leshana Sydney: ls103@wellesley.edu or at ext. 2212
• JoAnne O’Beirne: jobeirne@wellesley.edu or at ext. 2231

You may elect or change your Health Savings Account (HSA) contribution, update life or retirement beneficiaries, and/or make changes to your 403(b) Retirement Plan contributions at any time during the year. Interested in having a Limited Purpose FSA with your HSA? You must enroll in the FSA and elect your contributions during Open Enrollment.

If you have creditable coverage elsewhere and waive coverage through Wellesley College, you will receive an annual opt-out payment of $1,000. See page 6 for more information.
WHAT’S NEW AND CHANGING IN 2022?

Wellesley College provides you with a range of benefits and programs so you can take care of your total well-being, including your physical, mental, and financial health. In 2022, you will continue to have plans that offer you comprehensive coverage, with minimal changes to your benefits.

Beginning January 1, the following changes will take effect:

**Medical Plans**
- Medical rates are increasing by 4.8% in 2022. This increase is lower than the national average of 7%.
- Acupuncture and chiropractor visit limits are increasing from 20 to 30 visits.
- Annual fitness reimbursement increases from $150 to $300 for covered family members (max of $150 per person). Visit the benefits website for more information.
- Harvard Pilgrim HMO members will receive new ID cards to begin using January 1.
- Emergency room copays are increasing to $150 for the Harvard Pilgrim HMO.

**Vision Plans**
- Vision rates are decreasing by 10% next year. View 2022 rates on page 8.

**Dental Plans**
- Dental rates for the Delta Dental PPO Plus Premier plan are decreasing by 5.2% next year. View 2022 rates on page 8.

**New! Help With Your Student Loans**
Get assistance in understanding and enrolling in federal student loan forgiveness programs. TIAA has partnered with Savi, a social-impact tech company, to help you take advantage of these programs, lower your monthly payments, and build more financial security. Get started today: Visit the TIAA website.

Changes you make during Open Enrollment will take effect on January 1, 2022. If you currently receive the Medical Insurance Opt Out Incentive, you must log in to Workday and submit your elections for 2022.

What if I Do Nothing?
If you do not take action by November 12, you will have the same coverage in 2022 and cover the same dependents. The only exceptions are:
- **Flexible Spending Accounts**—Annual enrollment in Workday is required.
- **Opt Out for Medical Coverage**—Annual confirmation of this election in Workday is required.
YOUR 2022 MEDICAL BENEFITS

Harvard Pilgrim (HMO) Plan

With a health maintenance organization (HMO) plan, you select a primary care physician (PCP) for yourself, spouse, and each dependent. Your PCP is responsible for referring you to specialists within the network if needed. Most preventive care is covered at 100% (including well visits). You pay a copay for certain other services, up to an annual out-of-pocket maximum.

The HMO does not cover the cost of any out-of-network services or services received without authorization from your PCP (except in an emergency situation). View the Summary of Benefits and Coverage for more information.

New and current Harvard Pilgrim HMO members will receive new ID cards that they can use beginning January 1.

<table>
<thead>
<tr>
<th>HARVARD PILGRIM HMO</th>
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</thead>
<tbody>
<tr>
<td>Deductible</td>
</tr>
<tr>
<td>Annual out-of-pocket maximum</td>
</tr>
<tr>
<td>Routine physicals</td>
</tr>
<tr>
<td>Office visit</td>
</tr>
<tr>
<td>Emergency room</td>
</tr>
<tr>
<td>Inpatient hospital admission</td>
</tr>
<tr>
<td>Outpatient day surgery (surgery that doesn’t require an overnight stay)</td>
</tr>
</tbody>
</table>

Harvard Pilgrim PPO Plus HSA

The PPO Plus HSA plan works differently than the HMO. You must meet a deductible before the plan begins paying benefits, except for certain preventive care services. Once you meet the deductible, most services will be covered at 100%. However, you may pay a copay or coinsurance for certain services (such as for prescriptions) until you meet the out-of-pocket maximum. Wellesley offers a contribution to your Health Savings Account, which comes with this plan, and you can use it to offset part of your deductible.

With the PPO Plus HSA, you always have a choice of going to in-network or out-of-network doctors; however, you will pay more whenever you go out-of-network. View the Summary of Benefits and Coverage for more information.

<table>
<thead>
<tr>
<th>HARVARD PILGRIM PPO PLUS HSA</th>
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</thead>
<tbody>
<tr>
<td>In-network</td>
</tr>
<tr>
<td>Deductible</td>
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<tr>
<td></td>
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<tr>
<td>Coinsurance (the amount you pay after the deductible)</td>
</tr>
<tr>
<td></td>
</tr>
<tr>
<td>Annual out-of-pocket maximum</td>
</tr>
<tr>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Health care services</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Routine physicals</td>
<td>You pay $0</td>
</tr>
<tr>
<td>Office visits</td>
<td>You pay $0 after deductible is met</td>
</tr>
<tr>
<td>Emergency room</td>
<td>You pay $0 after deductible is met (in-network and out-of-network)</td>
</tr>
<tr>
<td>Inpatient hospital admission</td>
<td>You pay $0 after deductible is met</td>
</tr>
<tr>
<td></td>
<td>You pay 20% after deductible is met</td>
</tr>
</tbody>
</table>

Money for Your HSA
Wellesley College contributes to your HSA in January:
» $750 if you elect individual coverage
» $1,500 if you elect family coverage
HEALTH SAVINGS ACCOUNT

When you elect the PPO Plus HSA, you can enroll in a Health Savings Account (HSA), administered by HealthEquity. Wellesley College makes a lump-sum contribution to your HSA in January: $750 if you elect individual coverage and $1,500 if you elect family coverage.

With an HSA, you have the opportunity to contribute pre-tax dollars, which you can use to fund your annual deductible, or save the money and use it when you need to cover eligible health care expenses. This amount is prorated if you enroll during the year.

And you can contribute too:

» Up to $2,900 for a total of $3,650 per year for individual coverage (including Wellesley’s contribution)
» Up to $5,800 for a total of $7,300 if you have family coverage (including Wellesley’s contribution)

Your contributions go into your account each pay period.

If you’ll be age 55 or older by the end of 2022, you may contribute an additional $1,000 for the year.

2022 HSA Limits

» Up to $3,650 (individual coverage)
» Up to $7,300 (family coverage)
» Plus $1,000 if age 55 or older in 2022

Note: Wellesley’s contributions to your HSA count toward annual limits.

5 Reasons to Take a Closer Look at the HSA

1. **Tax-free savings:** Pay no tax on your contributions when you withdraw for eligible expenses and when you earn interest.

2. **Flexibility:** Enroll at any time throughout your plan year. Plus, start, stop, or increase your contributions along the way—you have the flexibility you need for your personal situation.

3. **Short- and long-term options:** Any money you save in an HSA is yours to keep, always. Even if you retire, leave the College, or switch medical plans. Need to cover an unexpected health care expense? No problem. You can use your HSA money now or in the future (even in retirement).

4. **Investment opportunity:** The HSA gives you another way to invest money. Once your account meets the minimum $1,000, you can invest any amount above that to potentially grow your savings even more.

5. **Retirement savings for eligible expenses:** With an HSA, there’s no rule that says you have to spend it all within the plan year or lose the money if you don’t. That means you can save it and let it accrue even more. Then tap into it in your golden years—instead of using your other retirement accounts—to cover medical expenses.

Review the Summary of Benefits for additional information.
PRESCRIPTION DRUG COVERAGE

OptumRx is the prescription drug administrator for both medical plans and offers both retail and home delivery options for your prescription needs. If you have an ongoing condition that requires you to take medication, save money with home delivery, which allows you to order up to a three-month supply that is shipped straight to your door.

To fill a prescription at a retail pharmacy:
1. Find a list of network pharmacies by downloading the OptumRx app or visiting optumrx.com.
2. Show your member ID card at any Optum® network retail pharmacy.
3. Call the number on the back of the card if you need assistance finding a network pharmacy.

To fill a prescription through home delivery:
1. Download the OptumRx app, or log in to optumrx.com to get started.
2. You can also call the number on the back of your member ID card. Have handy:
   - Your doctor’s contact information
   - Names and strengths of current medication
   - Payment information

2022 Copays
Our copays for 2022 will remain the same.

<table>
<thead>
<tr>
<th></th>
<th>Retail (up to a 30-day supply)</th>
<th>Mail Order (up to a 90-day supply)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Low-cost generic</td>
<td>$5</td>
<td>Low-cost generic: $10</td>
</tr>
<tr>
<td>High-cost generic</td>
<td>$20</td>
<td>High-cost generic: $40</td>
</tr>
<tr>
<td>Preferred brand</td>
<td>$30</td>
<td>Preferred brand: $60</td>
</tr>
<tr>
<td>Non-preferred brand</td>
<td>$50</td>
<td>Non-preferred brand: $150</td>
</tr>
</tbody>
</table>

OPTING OUT OF MEDICAL COVERAGE

If you have creditable coverage elsewhere (for example, through your spouse’s employer) and waive coverage through Wellesley College, you will receive an annual opt-out payment of $1,000. For 2022, this taxable opt-out payment will be divided across the year and added to your paychecks. You must be employed at Wellesley to receive these payments.

If you did not have medical coverage in 2021 and you do not wish to elect coverage for 2022, you must confirm your elections in Workday in order to receive the opt-out payment. Confirmation of this election is required every year.

If you have medical coverage through Wellesley College now and want to waive coverage for 2022, you must elect “Waive Coverage” through Workday Open Enrollment to receive the payment.

For more information, contact Human Resources:
- Leshana Sydney: ls103@wellesley.edu
- Kelly Robinson: krobins5@wellesley.edu
2022 Medical Rates

<table>
<thead>
<tr>
<th>MEDICAL PLAN</th>
<th>TOTAL MONTHLY PREMIUM</th>
<th>COLLEGE MONTHLY PREMIUM</th>
<th>YOUR PRE-TAX PAYROLL DEDUCTION</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td>Weekly</td>
</tr>
<tr>
<td>Harvard Pilgrim HMO</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Individual (salary above $45,000)</td>
<td>$850.63</td>
<td>$637.97</td>
<td>$49.08</td>
</tr>
<tr>
<td>Family (salary above $45,000)</td>
<td>$2,305.21</td>
<td>$1,728.91</td>
<td>$132.99</td>
</tr>
<tr>
<td>Individual (salary equal to or less than $45,000)</td>
<td>$850.63</td>
<td>$680.50</td>
<td>$39.26</td>
</tr>
<tr>
<td>Family (salary equal to or less than $45,000)</td>
<td>$2,305.21</td>
<td>$1,844.17</td>
<td>$106.39</td>
</tr>
<tr>
<td>Harvard Pilgrim PPO Plus HSA</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Individual (salary above $45,000)</td>
<td>$723.03</td>
<td>$560.35</td>
<td>$37.54</td>
</tr>
<tr>
<td>Family (salary above $45,000)</td>
<td>$1,958.73</td>
<td>$1,518.02</td>
<td>$101.70</td>
</tr>
<tr>
<td>Individual (salary equal to or less than $45,000)</td>
<td>$723.03</td>
<td>$578.42</td>
<td>$33.37</td>
</tr>
<tr>
<td>Family (salary equal to or less than $45,000)</td>
<td>$1,958.73</td>
<td>$1,566.98</td>
<td>$90.40</td>
</tr>
</tbody>
</table>

ELIGIBILITY

Eligibility for the College’s benefit programs is based on your regularly scheduled hours each week and your collective bargaining status. View the eligibility chart, Summary Plan Description, and Administrative Handbook.

Union employees are governed by their collective bargaining agreements. View more information about eligibility criteria in your union contract.
DENTAL AND VISION COVERAGE

Dental
Dental coverage is offered through Delta Dental, and there is a 5.2% decrease in rates for the Delta Dental PPO Plus Premier Plan for 2022. The rates for the Delta Care dental plan are staying the same. Choose between two Delta Dental plans for yourself and your dependents:

» Delta Dental PPO Plus Premier Plan: Provides comprehensive coverage and includes a Rollover Maximum feature that allows you to roll over up to $600 to the following year’s annual maximum if you receive at least one cleaning or oral exam during the year and your claims do not exceed $800 for the year. Note that the maximum amount you can accumulate is $1,500.

» Delta Care Plan: A narrow network of participating dentists from whom you and your family receive all care. The cost for comprehensive care may be provided at a lower cost than other dental plans. Works similarly to a dental HMO.

Questions? Need to Find a Provider?
Visit the College’s dental coverage section, or learn more at deltadentalma.com, including how to find a network provider. You can also call Delta Dental at 800-872-0500.

Vision
The College offers vision coverage through EyeMed. You may elect employee only, employee plus spouse, employee plus child(ren), or family coverage. You pay the full cost of this coverage on a pre-tax basis, and rates are decreasing by 10% in 2022. View the Summary Plan Description for additional coverage details.

Find a Provider
To locate an in-network vision provider, go to eyemed.com and select Find an Eye Doctor. You can also call 866-939-3633. Customer service representatives are available Monday through Saturday from 8 a.m. to 11 p.m. and Sunday from 11 a.m. to 8 p.m.

2022 Vision Rates

<table>
<thead>
<tr>
<th>VISION PLAN</th>
<th>YOUR PAYROLL DEDUCTION</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Weekly</td>
</tr>
<tr>
<td>Employee only</td>
<td>$1.43</td>
</tr>
<tr>
<td>Employee + spouse</td>
<td>$2.71</td>
</tr>
<tr>
<td>Employee + child(ren)</td>
<td>$2.85</td>
</tr>
<tr>
<td>Family</td>
<td>$4.20</td>
</tr>
</tbody>
</table>

2022 Dental Rates

<table>
<thead>
<tr>
<th>DENTAL PLAN</th>
<th>TOTAL MONTHLY PREMIUM</th>
<th>COLLEGE MONTHLY PREMIUM</th>
<th>YOUR PAYROLL DEDUCTION</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td>Weekly</td>
</tr>
<tr>
<td>Delta Dental PPO Plus Premier – Individual</td>
<td>$53.85</td>
<td>$43.08</td>
<td>$2.49</td>
</tr>
<tr>
<td>Delta Dental PPO Plus Premier – Family</td>
<td>$140.53</td>
<td>$70.26</td>
<td>$16.22</td>
</tr>
<tr>
<td>Delta Care – Individual</td>
<td>$37.65</td>
<td>$30.12</td>
<td>$1.74</td>
</tr>
<tr>
<td>Delta Care – Family</td>
<td>$93.06</td>
<td>$46.53</td>
<td>$10.74</td>
</tr>
</tbody>
</table>
FLEXIBLE SPENDING ACCOUNTS

Flexible Spending Accounts (FSAs) allow you to set aside money before federal and most state taxes are withheld. You can use this money to pay or be reimbursed for health care or dependent care expenses. **Reenrollment is required each year.**

**Health Care FSA**

The Health Care FSA can be used for health-related expenses such as deductibles and copays for your medical, prescription drug, dental, and vision expenses. It’s available to people who choose the Harvard Pilgrim HMO plan and people who waive coverage.

» The estimated annual contribution limit for 2022 is $2,750.

» You may start using your FSA for expenses you incur beginning January 1, 2022.

» If you have funds remaining in your account as of December 31, 2022, these funds (up to $500) will automatically be carried over to your 2023 account and can be used for 2023 expenses.

» Note: If you participate in the PPO Plus HSA medical plan and elect to participate in this Flexible Spending Account, you will be enrolled in the Limited Purpose FSA.

» If the annual contribution limit is changed by the IRS to a different amount, we will notify participants who elect $2,750.

**Limited Purpose FSA**

The Limited Purpose FSA is an option if you participate in the PPO Plus HSA. You may contribute to both the Health Savings Account and a Limited Purpose Flexible Spending Account (LPFSA). If you have significant dental and vision expenses or expect to meet your deductible early in the year, you may want to consider contributing to the LPFSA.

» You may only use the LPFSA for eligible dental and vision expenses until you have met the **statutory minimum annual HDHP deductible**. For 2022, the IRS minimum annual HDHP deductible is $1,400 for an individual or $2,800 for a family, which is lower than the PPO Plus HSA's annual deductible.

» Once you have met the IRS-mandated minimum annual HSA deductible, the balance remaining in your Limited Purpose FSA can be transferred to a full Health Care FSA. This means that you’ll be eligible to get reimbursed for qualified medical and prescription drug expenses as well as dental and vision expenses.

» With an LPFSA, your entire annual contribution goes into your account at the beginning of the year (just as with a regular Flexible Spending Account).

» The estimated annual contribution limit for 2022 is $2,750. If you have funds remaining in your account as of December 31, 2022, these funds (up to $500) will automatically be carried over to your 2023 account and can be used for 2023 expenses.

» If the annual contribution limit is changed by the IRS to a different amount, we will notify participants who elect $2,750.

**Plan Carefully**

It’s important to consider whether you want to have both a Health Savings Account and a Limited Purpose Flexible Spending Account. Think about how much to put in each account—and use both accounts appropriately during the year.

**Reminder!** Due to COVID-19, you can carry over your entire 2021 balance to your 2022 FSA.
Dependent Care FSA

The Dependent Care FSA can be used for dependent day care (or nursing care) expenses you incur so you can work.

» Eligible dependents include children under age 13 and adult dependents who are unable to care for themselves.

» You may contribute up to $5,000 for 2022 (or $2,500 if married or filing separately). Your contributions go into this account with each paycheck, so you may get reimbursed for the amount in your account at that time.

» There is no carryover for the Dependent Care Flexible Spending Account. You will lose any money remaining in your account as of December 31.

However, due to COVID-19, you can carry over your entire 2021 balance to your 2022 FSA.

DISABILITY AND LIFE INSURANCE PLANS

If you are a benefits-eligible employee, the College will provide you with term life insurance equal to 1 times your basic annual earnings, rounded to the next $1,000, and up to a maximum of $450,000.

You may also enroll in optional life insurance provided through Lincoln Financial. Life insurance is a tax-free benefit in amounts up to $50,000. Once your College-sponsored life insurance benefit exceeds $50,000, the College is required to report the cost for this coverage to the IRS as imputed income, which is subject to ordinary income tax. You will see the value reported to the IRS on your annual W-2 and on your pay stub.

Optional Life Insurance

You may elect to buy additional life insurance during Open Enrollment of:

» 1 times, 2 times, 3 times, or 4 times your basic annual earnings, rounded to the next higher $1,000 (cannot exceed maximum coverage level of $900,000)

Note: Any new election or increase in coverage will require evidence of insurability (EOI).

Spouse Life Insurance

If you elect optional life, you may elect coverage for your spouse:

» Equal to a flat $15,000; or

» 50% of your optional coverage, up to a maximum of $250,000.

EOI is also required.

Long-Term Disability

The College provides long-term disability insurance to full-time, eligible employees. This coverage helps protect a portion of your College salary if you suffer a disability that prevents you from working. No election is required.

Lincoln Financial provides you with additional benefits, such as estate planning guidance through EstateGuidance and support and assistance while traveling through TravelConnect. You do not need to be enrolled in optional life insurance to take advantage of these programs.
PLAN FOR A LIFE BEYOND WORK

The Wellesley College 403(b) Retirement Plan

Eligible participants may begin or change their voluntary contributions to the 403(b) Retirement Plan at any time through Workday. You may also be eligible to receive College contributions to your account. The 403(b) Plan IRS contribution limit is $19,500. Employees age 50 and older can contribute an additional $6,500. These limits may increase in 2022.
Visit TIAA.com to:
» Update beneficiaries.
» Review account balance and investment allocations.

Connect With a Certified Financial Planner

Let a certified financial planner help you plan for retirement. This benefit is paid for by the College. Request an individual appointment to talk through your options by emailing Kelly Robinson at krobins5@wellesley.edu.

Need Assistance With Your Retirement Plan?

Call TIAA weekdays 8 a.m. to 10 p.m. and Saturday 9 a.m. to 6 p.m. ET at 800-842-2252. Or schedule an appointment with TIAA by calling 800-732-8353 weekdays 8 a.m. to 8 p.m. ET or visiting TIAA.org/schedulenow.
For more information, contact Leshana Sydney at ls103@wellesley.edu.

Don’t Forget

The Prosperous You section of The Whole You program has information about upcoming TIAA retirement plan webinars. Check the website frequently for additional dates and times.

ADDITIONAL BENEFITS TO SUPPORT YOU

Care for Your Loved Ones

The Wellesley College Care.com benefits include access to day care and in-home backup childcare and adult care. This includes up to 10 days of child or adult backup care per faculty or staff member per academic year, either:
» In-home care: $8 per hour
» Select childcare centers: $25 per child
» Your own personal network: You can use a caregiver or center of your choice and be easily reimbursed for a portion of the costs that exceed your copay.

Care.com also offers all types of care to help you manage your life at home, including:
» Childcare: Find babysitters, nannies, and tutors.
» Senior care: Help your parents stay independent with in-home providers and transportation assistance.
» Pet care: Search for dog walkers, pet sitters, and groomers.
» Housekeeping needs: Hire housekeepers, house sitters, and errand runners.

Get started today: Visit wellesleycollege.care.com or call 855-781-1303.
**Personalized Medical Plan Assistance**

Health Advocate is a resource to help you find the right doctors, get cost estimates, resolve insurance claims, and assist your family members, including parents and parents-in-law. Get started by:

- Visiting healthadvocate.com
- Calling 866-695-8622
- Emailing answers@healthadvocate.com
- Downloading the Health Advocate Lifeline mobile app

**Affordable Legal Coverage**

MetLaw is a voluntary legal plan that provides convenient professional legal counsel—for as little as $21 a month—for a variety of services including:

- Estate planning
- Elder law matters
- Real estate transactions
- Immigration assistance
- Up to 20 hours of divorce coverage

**Pre-Tax Transportation Benefit**

With the Pre-Tax Transportation benefit, benefits-eligible employees use tax-free funds to pay for public transportation and parking expenses related to your work commute. You decide how much to contribute, and your deductions are automatically taken from your paycheck. You may start or stop participating or change your contribution amount at any time during the year. You do not need to make your election during Open Enrollment. Get started by registering for an account at healthequity.com.

**Support for Your Everyday Life**

The Employee Assistance Program (EAP) through AllOne Health offers you and your family low- or no-cost access to a number of different resources including:

- Confidential counseling services
- Legal and financial assistance
- Referral services (e.g., for day care, adult care, and general information on stress management tools and work-life balance issues)

Connect with AllOne Health:

- Online: mylifeexpert.com (Use code wcollege, and log in to access resources.)
- Call: 800-451-1834

**Save on Auto and Home Insurance**

Liberty Mutual offers exclusive savings on auto and home insurance. Visit wellesley.edu/hr/benefits/homeautoinsurance or call 781-861-8750, ext. 50311, for additional details.

**Metro Credit Union**

Open an account, obtain a loan, or take out a mortgage through the Metro Credit Union. To learn more, visit metrocu.org or call 877-696-3876.

**Experienced a Qualified Status Change?**

If you have a qualified status change during the year, such as getting married or having a baby, and want to change your benefit elections, you must notify Human Resources within 30 days of the qualifying life event by emailing:

- Leshana Sydney: ls103@wellesley.edu
- Kelly Robinson: krobins5@wellesley.edu
REQUIRED ANNUAL FEDERAL HEALTH INSURANCE NOTICES FOR BENEFITS-ELIGIBLE EMPLOYEES

General Notices
For the purposes of these notices, the Plan Administrator is Wellesley College. If you have any questions, contact Kelly Robinson, Human Resources at 781-283-3202.

SPECIAL ENROLLMENT RIGHTS
If you do not enroll yourself and your dependents in a group health plan after you become eligible or during annual enrollment, you may be able to enroll under the special enrollment rules under the Health Insurance Portability and Accountability Act of 1996 ("HIPAA") that apply when an individual declines coverage and later wishes to elect it. Generally, special enrollment is available if (i) you declined coverage because you had other health care coverage that you have now lost through no fault of your own (or employer contributions to your other health care coverage terminate); or (ii) you have acquired a new dependent (through marriage or the birth or adoption of a child) and wish to cover that person.

As long as you meet the necessary requirements, you can enroll both yourself and all eligible dependents in the group health plan if you provide notice to the Plan Administrator within 30 days after you lose your alternative coverage (or employer contributions to your alternative coverage cease) or the date of your marriage or the birth, adoption, or placement for adoption of your child. See the Plan Administrator for details about special enrollment, or view the full notice under the Compliance Materials section of the Wellesley College Benefits website.

CHIP
You may also enroll yourself and your dependents in a group health plan if you or one of your eligible dependent’s coverage under Medicaid or the state Children’s Health Insurance Program (CHIP) is terminated as a result of loss of eligibility, or if you or one of your eligible dependents becomes eligible for premium assistance under a Medicaid or CHIP plan. Under these two circumstances, the special enrollment period must be requested within 60 days of the loss of Medicaid or CHIP coverage or of the determination of eligibility for premium assistance under Medicaid or CHIP. See the Plan Administrator for details about special enrollment. For more information, view the full CHIP notice.

SPECIAL RULE FOR MATERNITY AND INFANT COVERAGE
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 attending provider or physician, after consulting with the mother, from discharging the mother or her newborn earlier than 48 hours (or 96 hours, as applicable). For more information, view the full notice under the Compliance Materials section of the Wellesley College Benefits website.

SPECIAL RULE FOR WOMEN’S HEALTH COVERAGE
The Women’s Health and Cancer Rights Act of 1998 ("WHCRA") requires group health plans, insurance issuers, and HMOs who already provide medical and surgical benefits for mastectomy procedures to provide insurance coverage for reconstructive surgery following mastectomies. This expanded coverage includes (i) reconstruction of the breast on which the mastectomy has been performed; (ii) surgery and reconstruction of the other breast to produce a symmetrical appearance; and (iii) prostheses and physical complications at all stages of mastectomy, including lymphedemas. For more information, view the full notice under the Compliance Materials section of the Wellesley College Benefits website.

NOTICE REGARDING LIFETIME AND ANNUAL DOLLAR LIMIT
In accordance with applicable law, none of the lifetime dollar limits and annual dollar limits under our medical plan(s) shall apply to “essential health benefits,” as this term is defined under Section 1302(b) of the Affordable Care Act. The law defines “essential health benefits” to include, at a minimum, items and services covered within certain categories including emergency services, hospitalization, prescription drugs, rehabilitative and habilitative services and devices, and laboratory services, but currently provides little further information. Accordingly, a determination as to whether a benefit constitutes an “essential health benefit” will be based on a good faith interpretation by the Plan Administrator of the guidance available as of the date on which the determination is made.
PATIENT PROTECTION DISCLOSURE

You have the right to designate any participating primary care provider who is available to accept you or your family members (for children, you may designate a pediatrician as the primary care provider). For information on how to select a primary care provider and for a list of participating primary care providers, contact the Plan Administrator. You do not need prior authorization from your medical plan or from any other person, including your primary care provider to obtain access to obstetrical or gynecological care from a health care professional; however, you may be required to comply with certain procedures, including obtaining prior authorization for certain services, following a pre-approved treatment plan, or procedures for making referrals. For a list of participating health care professionals who specialize in obstetrics or gynecology, contact the Plan Administrator.

MICHELLE’S LAW

Michelle’s Law provides for continued health and dental benefits for dependent children who are covered under our medical and/or dental plans as a student but who lose their student status in a post-secondary school or college because they take a medically necessary leave of absence from school. If your child is no longer a student because he or she is out of school because of a medically necessary leave of absence, your child may continue to be covered under our medical plan for up to one year from the beginning of the leave of absence.

THE GENETIC INFORMATION NONDISCRIMINATION ACT (GINA)

GINA prohibits the Plan from discriminating against individuals on the basis of genetic information in providing any benefits under the Plan. Genetic information includes the results of genetic tests to determine whether someone is at increased risk of acquiring a condition in the future, as well as an individual’s family medical history.

WELLNESS

Our medical plans include a Wellness Program that provides rewards when you complete certain activities. You have the right to request a reasonable alternative should it be determined that it is not medically advisable for you to complete these activities. For more information, view the full notice under the Compliance Materials section of the Wellesley College Benefits website.

NOTICE OF MARKETPLACE / EXCHANGE

If this health insurance is unaffordable (your cost of the premium exceeds 9.5% of your income) as defined under the Affordable Care Act, you may have the right to subsidized health insurance purchased through an exchange or marketplace created pursuant to the Affordable Care Act.
IMPORTANT NOTICE FROM WELLESLEY 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 Wellesley 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.

Please note the following about your current coverage and Medicare’s prescription drug coverage:

1. Medicare prescription drug coverage became available in 2006 to anyone with Medicare coverage. You can get this coverage if you join a Medicare Prescription Drug Plan or join a Medicare Advantage Plan (such as 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. Wellesley College has determined that the prescription drug coverage offered by the Wellesley College HMO and PPO Plans are, 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-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 and you drop your current Wellesley College coverage, be aware that you and your dependents will be able to get this coverage back only during Wellesley College’s open enrollment period or if you have a qualifying life event during the year.

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 Wellesley College and don’t join a Medicare drug plan within 63 continuous days after your current coverage ends, you may pay a higher premium (a penalty) to join a Medicare drug plan later.

If you go 63 continuous days or longer without creditable prescription drug coverage, your monthly premium may go up by at least 1% of the Medicare base premium per month for every month that you did not have that coverage. For example, if you go 19 months without creditable coverage, your premium may consistently be at least 19% higher than the Medicare base 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 a Medicare prescription drug plan.

FOR MORE INFORMATION ABOUT THIS NOTICE OR YOUR CURRENT PRESCRIPTION DRUG COVERAGE...

Contact information can be found on page 16.

NOTE: You will get this notice each year. You will also get it before the next period you can join a Medicare drug plan and if coverage through Wellesley College changes. You may request a copy of this notice at any time.
FOR MORE INFORMATION ABOUT YOUR OPTIONS UNDER MEDICARE PRESCRIPTION DRUG COVERAGE...

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

» Visit 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, or

» Call 800-MEDICARE (800-633-4227). TTY users should call 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 socialsecurity.gov, or call them at 800-772-1213 (TTY 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 20, 2021
Name of Entity/Sender: Wellesley College
Contact Person: Kelly Robinson, Human Resources
Phone Number: 781-283-3202