

Human Resources

Benefits Open Enrollment

October 19 through November 6

What's New for 2021?

- Virtual Open Enrollment Benefits Fair- Raffles, Webinars, Virtual Meetings and more! Visit: <https://www.wellesley.edu/hr/benefits/2020-benefits>
- 4.6% increase in Medical Insurance Rates
- No increase in Delta Dental , EyeMed or MetLife Legal Plan rates
- New carrier for Life & Disability coverage - Lincoln Financial Group
- Mass Paid Family and Medical Leave Law effective January 1, 2021 - Stay Tuned for Details
- Savory Living - Online Healthy Eating Lifestyle Program

Make Your Benefit Elections for 2021 in Workday by November 6

Open Enrollment is your once-a-year opportunity to make or change your benefit elections for the coming year. Please follow the steps below:

1. Log into Workday
2. Go to your Inbox (top right by your name)
3. Click on Open Enrollment Change 01/01/2021
4. Review/make changes to your benefits, click the Review & Sign button, select the "I Accept" box and click "Submit"
5. Print a copy for your records.

What Changes Can I Make During Open Enrollment?

- » Change your medical, dental or vision plan election and add/remove dependents
- » Enroll in a Health Care and/or Dependent Care Flexible Spending Account (FSA) for 2021
(Current participants: You must re-enroll for 2021.)
- » Enroll in the Health Savings Account (HSA) if you elect the PPO Plus HSA Plan—or change the amount you are currently contributing
- » Enroll or make changes to your Voluntary MetLaw Legal Plan election
- » Elect or change your Contributory Life 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

If you have any trouble accessing or using Workday, please contact Human Resources:
Leshana Sydney, ls103@wellesley.edu or Kelly Robinson, krobins5@wellesley.edu.

Open Enrollment *(cont. from p. 1)*

You may only make benefit election changes outside of Open Enrollment if you have a qualified change in family status (as defined by the Internal Revenue Service). These changes include: marriage, divorce, birth or adoption, termination or commencement of your spouse's employment or a change in employment for you or your spouse (e.g., changing from non-benefits eligible to benefits eligible), or taking a leave of absence. If you have a qualified change during the year and want to change your benefit elections, you must notify Human Resources within 30 days of the qualifying event at ls103@wellesley.edu or krobins5@wellesley.edu.

Note that changes to your medical, dental, vision, life, and legal coverages and/or participation in a Flexible Spending Account must be made during the Open Enrollment period. You may elect or change your Health Savings Account contribution, update life or retirement beneficiaries and/or make changes to your 403(b) Retirement Plan contributions at any time during the year.

Your Medical Benefits

The Wellesley College medical plan offerings will remain the same for 2021. The rates will increase by 4.6%

2021 Medical Rates

HPHC Medical Plan	Total Monthly Premium	College Monthly Premium	Your Pre-tax Payroll Deduction	
			Weekly	Monthly
HMO – Individual	\$812.02	\$609.02	\$46.85	\$203.01
HMO – Family	\$2,200.58	\$1,650.44	\$126.96	\$550.15
HMO - Individual \$45,000 ≤	\$812.02	\$649.62	\$37.48	\$162.40
HMO –Family \$45,000 ≤	\$2,200.58	\$1,760.46	\$101.57	\$440.12
PPO Plus HSA – Individual	\$690.21	\$534.91	\$35.84	\$155.30
PPO Plus HSA – Family	\$1,869.82	\$1,449.11	\$97.09	\$420.71
PPO Plus HSA - Individual \$45,000 ≤	\$690.21	\$552.17	\$31.86	\$138.04
PPO Plus HSA - Family \$45,000 ≤	\$1,869.82	\$1,495.86	\$86.30	\$373.96

There is also a HPHC PPO plan which is closed to new entrants. Please refer to the Medical Plan section of the Human Resources Website for the 2021 rates.

Opting Out of Medical Coverage

If you have coverage elsewhere (for example, through your spouse's employer) and waive coverage through the College, you will receive an annual opt-out payment of \$1,000. For 2021, 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 2020 and you do not elect coverage for 2021, you will automatically receive the opt-out payment. If you have medical coverage through Wellesley College now and want to waive coverage for 2021, you must elect "Waive Coverage" through Workday Open Enrollment to receive the payment.

For More Information. Contact Human Resources at ls103@wellesley.edu or krobins5@wellesley.edu

The HPHC HMO

With a Health Maintenance Organization (HMO), 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. 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. A few examples are in the chart to the right.

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).

Under the HMO, you pay:
A \$25 copay for an office visit
A \$500 copay for an inpatient admission
A \$250 copay for outpatient day surgery
Annual out-of-pocket maximum:
\$2,500/individual or \$5,000/family

The HPHC PPO Plus Health Savings Account (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). After meeting the deductible, most services will be covered at 100%, however you may pay a co-pay or coinsurance for certain services (such as for prescriptions) until you meet the out-of-pocket maximum. Under 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. See the chart below for several examples of in-network and out-of-network benefits under the PPO Plus HSA.

Under the PPO Plus HSA, you pay:	In-network	Out-of-network
Deductible	\$1,500/individual and \$3,000/family	
Coinsurance (the amount you pay after the deductible)	0% (although you will pay 20% for certain services, such as durable medical equipment, ostomy supplies, prosthetic devices and wig and scalp hair)	20%
Annual out-of-pocket maximum	*\$5,000/individual and \$10,000/family	
Other services (examples)		
Routine physicals	Covered in full	You pay 20%, no deductible applies
Sick visits	Covered in full after deductible	You pay 20% after deductible
Inpatient hospital	Covered in full after deductible	You pay 20% after deductible

*\$5,000 embedded individual Out-of-Pocket Maximum per Calendar Year.

The Health Savings Account (HSA). When you elect the PPO Plus HSA, you have the opportunity to enroll in a Health Savings Account. The HSA allows you to contribute pre-tax dollars to help you fund your deductible and other eligible health care expenses, including dental and vision care. **For 2021, the College will make a contribution to your HSA in January: \$750 if you elect individual coverage and \$1,500 if you elect family coverage.** This amount is pro-rated if you enroll during the year.

In addition, you may also contribute to the HSA up to a combined maximum of \$3,600 per year if you have individual coverage and up to \$7,200 if you have family coverage. If you will be age 55 or older by the end of 2021, you may contribute an additional \$1,000 for the year. Your contributions go into your account each pay period.

To help you determine whether the PPO Plus HSA plan is right for you, please visit wellesley.edu/hr/benefits/medicalplans.

The Health Savings Account (HSA) (cont.)

Advantages to an HSA include:

- » Tax-free savings
- » Enrollment flexibility
- » Short- and long-term options
- » Investment opportunity
- » Retirement savings for eligible expenses

Please review the Plan Summary of Benefits for additional information.

Dental, Vision, and Flexible Spending Account (FSA) Options

Dental

There is no increase in the rates for our dental plans in 2021. You have a choice of two Delta Dental plans for you and your dependents: Delta Dental PPO Plus Premier Plan or the Delta Care Plan.

The Delta Dental PPO Plus Premier Plan also includes a “Rollover Maximum” feature. With this feature, you may 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.

To learn more about the rollover maximum – or for any other dental questions – go to the Delta Dental website at www.deltadentalma.com or call 1-800-872-0500.

2021 Dental Rates

Delta Dental Plan	Total Monthly Premium	College Monthly Premium	Your Payroll Deduction	
			Weekly	Monthly
Premier – Individual	\$56.82	\$45.46	\$2.62	\$11.36
Premier – Family	\$148.30	\$74.15	\$17.12	\$74.15
Delta Care – Individual	\$37.65	\$30.12	\$1.74	\$7.53
Delta Care – Family	\$93.06	\$46.53	\$10.74	\$46.53

Vision

There are no changes to vision rates for 2021. You may elect coverage for yourself and your dependents and receive benefits and allowances on eye exams, eyeglasses and contacts. You pay the full cost of coverage.

To locate an in-network Provider, go to www.eyemedvisioncare.com, select "Find a Provider" network and enter your zip code.

For More Information, visit the EyeMed website at www.eyemedvisioncare.com or call 866-939-3633 - customer service reps are available Monday to Saturday from 8 a.m. to 11 p.m. and Sunday from 11 a.m. to 8 p.m.

2021 Vision Rates

EyeMed Plan	Your Payroll Deduction	
	Weekly	Monthly
Employee Only	\$1.59	\$6.87
Employee + Spouse	\$3.01	\$13.05
Employee + Child(ren)	\$3.17	\$13.74
Family	\$4.66	\$20.20

Flexible Spending Accounts

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

- » **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. The estimated annual contribution limit for 2021 is \$2,750. You may start using your FSA for expenses you incur from January 1, 2021. If you have funds remaining in your account as of December 31, 2020, these funds (up to \$500) will automatically be carried over to your 2021 account and can be used for 2021 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.
- » **The Dependent Care FSA** can be used for dependent day care (or nursing care) expenses which allow you to 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 2021. 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, 2020.
- » **The Limited Purpose Flexible Spending Account**—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). 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 2021 is \$2,750. If you have funds remaining in your account as of December 31, 2020, these funds (up to \$500) will automatically be carried over to your 2021 account and can be used for 2021 expenses. If the annual contribution limit is changed by the IRS to a different amount, we will notify participants who elect \$2,750.

You may only use the LPFSA for eligible dental and vision expenses until you have met the deductible under the PPO Plus HSA. Once the deductible is met, you can use the LPFSA for medical expenses too. 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.

For More Information, including a list of eligible expenses, go to www.WageWorks.com or call **1-877-924-3967**.

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

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. 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. Register for a Wage Works account to get started by visiting www.wageworks.com.

Disability and Life Insurance Plans

Beginning January 1, 2021, Lincoln Financial will be our Life and Disability Insurance vendor. SunLife will continue to provide these benefits through December 31, 2020.

Long-Term Disability

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

Life Insurance

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

- » **Optional Life Insurance.** You may elect to buy 1x, 2x, 3x or 4x your basic annual earnings, rounded to the next higher \$1,000, to a maximum of \$900,000 (combined with your basic life insurance).
- » **Evidence of Insurability (EOI).** Any new election or increase in coverage will require Evidence of Insurability.
- » **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. EOI required.

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LifeKeys' includes an online resource for the information you need to recognize and prevent identity theft.

Travel Connect

Travel Connect provides travel insurance for eligible employees. This coverage helps protect your family if you are unable to travel due to a covered event.

EstateGuidance® offers you a quick and easy way to create and execute a will online.

For more information, visit wellesley.edu/hr/benefits/life-insurance

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 2020 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 2021.

Visit TIAA.com to:

- » Update Beneficiaries
- » Review Account Balance and Investment Allocations

TIAA

For assistance with the Wellesley College retirement plan, call TIAA weekdays 8am to 10pm and Saturday 9am to 6pm (ET) at **800-842-2552**.

To schedule an appointment with TIAA call **800-732-8353** weekdays 8am to 8pm (ET) or visit TIAA.org/schedulenow.

For More Information. Visit wellesley.edu/hr/benefits, or email ls103@wellesley.edu if you have questions about the 403(b) Retirement Plan. Be sure to review the Prosperous You section of the Whole You program for information about upcoming webinars.

Certified Financial Planning

Our Certified Financial Planners can help you plan for retirement. This benefit is paid for by the College. Make an individual campus appointment to talk through your options by emailing krobins5@wellesley.edu.

Other Benefits

Care.com

The Wellesley College Care.com benefits include access to daycare and in-home back-up childcare and adult Care. This includes up to 10 days of child or adult back-up care per faculty/staff member per academic year.

- » In-home care: \$8 per hour
- » Select child-care centers: \$25 per child
- » **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 co-pay.

Care.com also offers all types of care to help you manage your life at home:

- » **Child care.** 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.** Hire housekeepers, house sitters and errand runners

For More Information. Visit wellesleycollege.care.com or call **1-855-781-1303**.

Take Advantage of Health Advocate

HealthAdvocate is a resource to help you find the right doctors, get cost estimates, resolve insurance claims and assist with adult care.

You may go to <http://healthadvocate.com>, call **1-866-695-8622** or email answers@healthadvocate.com at any time. Or look for the free mobile app by searching "Health Advocate Lifeline".

MetLaw Voluntary Legal Plan

MetLaw, is a voluntary legal plan. MetLaw provides convenient professional legal counsel for a variety of services including Estate Planning, Elder Law Matters, Real Estate transactions, Immigration Assistance and up to 20 hours of Divorce coverage. If you elect to enroll in this voluntary program at a cost of **\$21 per month**, it will cover you, your spouse and dependents and you will have access to a Nationwide network of more than 15,000 attorneys.

Once enrolled, you may find an attorney online or speak directly with a Customer Service Representative who can help find you an attorney.

Disclosure Notice:

The information in this communication presents basic information about the benefits provided to you by the College. In the event that this content conflicts with or is inconsistent with the plan documents, the provisions of the plan documents and/or other related insurance contracts are controlling and will govern.

make an appointment. Additional resources are also available on the MetLaw website.

For more information, visit wellesley.edu/hr/benefits or visit info.legalplans.com and enter access code: **Legal20**.

It is important to note that once you enroll in this benefit, you may not opt out until the following Open Enrollment or if you experience a Qualifying Life Event in the middle of the year.

Employee Assistance Program (EAP)

The Employee Assistance Program (EAP) through AllOne Health can assist you and your family with personal issues and offers low or no cost access to 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.

To contact AllOne Health, go to: mylifeexpert.com (use code `wcollege` and log-in to access resources) or call **1-800-451-1834**.

Auto/Home Insurance

Liberty Mutual offers exclusive savings on auto and home insurance. To out more visit www.libertymutual.com/wellesleycollegeemployees or call (781) 861-8750, Ext. 50311

Metro Credit Union

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

Union Employees

Union employees are governed by their collective bargaining agreements.

Required Annual Federal Health Insurance Notices for Benefit 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.

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 become 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/CHIP coverage or of the determination of eligibility

for premium assistance under Medicaid/CHIP. See the Plan Administrator for details about special enrollment.

GRANDFATHERED STATUS

Wellesley College does not maintain any “grandfathered health plans” under the Patient Protection and Affordable Care Act (the “Affordable Care Act”).

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).

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.

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.

AFFORDABLE CARE ACT CONSUMER PROTECTIONS

The Affordable Care Act of 2010 prohibits our medical plans, or any insurer, from rescinding your health insurance coverage for misrepresentation.

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/marketplace created pursuant to the Affordable Care Act.

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 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.

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 15th through December 7th. However, if you lose your current creditable prescription drug coverage, through no fault of your own, you will also be eligible for a two-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 to the right of this column.

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 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 or
- 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 16, 2020

Name of Entity/Sender: Wellesley College

Contact Person: Kelly Robinson, Human Resources

Phone Number: 781-283-3202