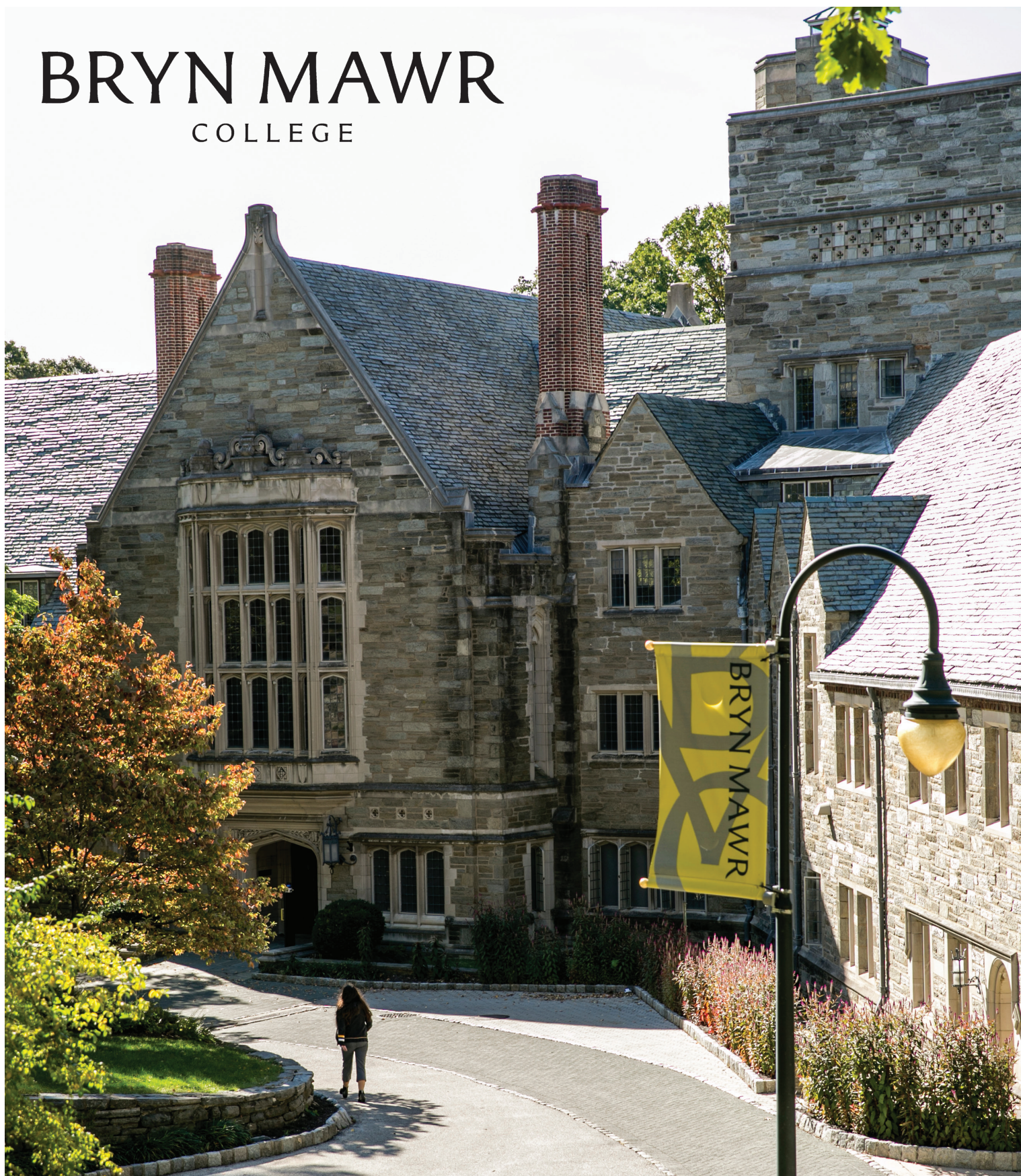


BRYN MAWR

COLLEGE



2023-2024 Benefits Guidebook

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Welcome



Welcome!

Each year, we strive to offer comprehensive and competitive benefit plans to our employees. In the following pages, you will find a summary of our Flexible Benefit Plan for 2023-2024. Please read this guidebook carefully as you prepare to make your elections for the upcoming Plan Year.

About this Benefits Guidebook

This Benefits Guidebook describes the highlights of Bryn Mawr College's Flexible Benefit Plan 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 description of the plan 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 Bryn Mawr College's benefits program may be modified in the future, at any time, to meet Internal Revenue Service rules, or otherwise as decided by Bryn Mawr College.

Plan Rules, Dates and Eligibility

Plan Year

The Plan Year for Bryn Mawr College's Flexible Benefit Plan begins on November 1, 2023 and ends on October 31, 2024.

Eligibility

All active employees working 26 or more hours per week are eligible for company-sponsored benefit plans on the first day of the month on or following the date of hire.

Dependent Coverage

Employees who are eligible to participate in Bryn Mawr College's Flexible Benefit Plan may also enroll their dependents. For the purposes of our Flexible Benefit Plan, your dependents are defined as follows:

- » **Your spouse:** legal wife/husband
- » **For medical, dental and vision:** your dependent children to age 26 (your dependent children are eligible for medical coverage until the end of the month in which they turn 26, regardless of student status, marital status, residency or financial dependency);
- » **For additional life insurance:** your unmarried children 14 days of age but less than 26 years old;
- » Your children age 26 and over who are mentally or physically disabled and dependent upon you for support (proof of condition and dependence must be submitted)



Medical Benefits

Medical Plan Options

Bryn Mawr College offers a choice of four medical plans through Independence Blue Cross. If you elect medical insurance, you must choose one of these plans or you may choose to waive benefits if you have coverage elsewhere.

The Keystone HMO and POS Plans: are both considered Health Maintenance Organization plans. These plans require 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 are charged a copayment when you visit your PCP, 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 sent electronically and can be written for up to 90 days. You may change your PCP at any time.

The Keystone POS plan allows you the additional feature of visiting doctors and providers outside the network without referral (self-referral). However, there is a deductible and coinsurance, and balance billing will apply. Out-of-Network expenses are paid at the stated percentage of the lesser of the provider's charges or Medicare's allowable amount.

The Personal Choice PPO Plan: allows you and your dependents to visit the physician or specialist of your choosing without selecting a Primary Care Physician (PCP) or obtaining referrals. This option has no deductible, but a higher employee contribution. If you use an out-of-network provider, you may pay more for services.

The Personal Choice High Deductible Health Plan (HDHP): features a higher annual deductible that applies to all services (except preventive services) and must be met before the plan will pay benefits. The High Deductible Health Plan 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 coinsurance).

Health Savings Accounts (HSA)

If you enroll in the HDHP, you will 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.

- » An HSA is a bank account that is controlled by you.
- » You will never forfeit money you have deposited (unused funds roll over year after year).
- » You may keep your account if you ever leave Bryn Mawr College.
- » The balance of your account is available for health care purchases now, or at any time in the future, even if you no longer participate in a qualified HDHP plan (though you may only contribute to an HSA while you are enrolled in a HDHP).
- » The maximum amount that can be contributed to your HSA in 2023 is \$3,850 for employee only coverage and \$7,750 for all other coverage tiers. The maximum amount that you can contribute to your HSA in 2024 is \$4,150 for employee only coverage and \$8,300 for all other coverage tiers (Special rules apply if you cover a non-tax dependent).
- » If you are age 55 or over, you can make a \$1,000 annual "Catch-up" contribution.
- » Contributions to an HSA are tax-free (federal tax and FICA).
- » Interest earnings are tax-free as well.

Mid-Year Enrollment

If you enroll in the HDHP mid-year due to being newly eligible or experiencing a qualifying life event **and limit** your HSA contributions to a prorated amount of 1/12 of the annual maximum per each month you are in the HDHP, then you have no restrictions. You may change plans at the next Open Enrollment if desired.

However, if you place more than the prorated annual amount into the HSA (IRS allows you to contribute the maximum regardless of effective date) then you must remain in the HDHP for a minimum of 12 months following the end of the current plan year (so you cannot change plans for two Open Enrollments) or you will pay taxes and a 10% penalty.

For example, if you enroll February 1st, you can only contribute and receive up to 9/12 of the annual maximum, otherwise you are subject to IRS enrollment rules or taxes and penalties.

HMO & POS Plans

BENEFIT	Keystone HMO	Keystone POS Plan	
	IN-NETWORK ONLY	IN-NETWORK	OUT-OF-NETWORK*
Deductible			
Individual	None	None	\$200
Family		None	\$600
Out-Of-Pocket Maximum			
Individual	\$6,350	\$6,350	\$1,000
Family	\$12,700	\$12,700	\$3,000
Lifetime Maximum Benefit	Unlimited	Unlimited	Unlimited
Office Visit			
Primary Care	\$25 copay	\$25 copay	80% after deductible
Specialist	\$50 copay	\$50 copay	
Preventive Care	100% covered	100% covered	80% no deductible
Emergency Room	\$150 copay (waived if admitted)	\$150 copay (waived if admitted)	\$150 copayment (waived if admitted)
Urgent Care	\$50 copay	\$50 copay	\$50 copay
Diagnostic X-Ray and Laboratory	X-ray = \$50 Lab = 100% covered	X-ray = \$50 Lab = 100% covered	80% after deductible
Inpatient Hospitalization	\$150 copay/day \$750 maximum/admission	\$150 copay/day \$750 maximum/admission	80% after deductible
Outpatient Surgical Facility Charges	\$250 copay	\$250 copay	80% after deductible
Durable Medical Equipment	100% covered	100% covered	80% after deductible
Inpatient Mental Health Care or Substance Abuse Treatment	\$150 copay/day \$750 maximum/admission	\$150 copay/day \$750 maximum/admission	80% after deductible
Outpatient Mental Health Care or Substance Abuse Treatment (Facility and Clinic)	\$50 copay	\$50 copay	80% after deductible
Prescription Retail (30 Day)			
Generic	\$20 copay	\$20 copay	Not Covered
Brand	\$50 copay	\$50 copay	
Nonformulary	\$100 copay	\$100 copay	
Prescription Mail Order (90 Day)			
Generic	\$40 copay	\$40 copay	Not Covered
Brand	\$100 copay	\$100 copay	
Nonformulary	\$200 copay	\$200 copay	

*If you use out-of-network benefits, Independence will pay based on the Medicare allowance for services rendered. The provider has the right to balance bill you the difference.

Specialty Prescriptions – if you are filling a specialty drug on the HMO or POS plan that has a manufacturer copay card, you may be contacted to enroll in the copay program which will save you and the plan money.

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.

PPO & HDHP Plans

BENEFIT	Personal Choice PPO Plan		Personal Choice HDHP Plan	
	IN-NETWORK	OUT-OF-NETWORK*	IN-NETWORK	OUT-OF-NETWORK*
Deductible			\$1,600 <i>(EE Only Coverage)</i>	\$5,000 <i>(EE Only Coverage)</i>
Individual	\$0 Individual	\$500 Individual	\$3,200 <i>(EE + Dependent Coverage)</i>	\$10,000 <i>(EE + Dependent Coverage)</i>
Family	\$0 Family	\$1,000 Family		
Out-Of-Pocket Maximum			\$6,350 Individual	\$10,000 <i>(EE Only Coverage)</i>
Individual	\$6,350 Individual	\$3,000 Individual	\$12,700 Family	\$20,000 <i>(EE + Dependent Coverage)**</i>
Family	\$12,700 Family	\$6,000 Family		
Lifetime Maximum Benefit	Unlimited	Unlimited	Unlimited	Unlimited
Office Visit				
Primary Care	\$15 copay	70% after deductible	90% after deductible	50% after deductible
Specialist	\$25 copay			
Preventive Care	100% covered	70% no deductible	100% no deductible	50% no deductible
Emergency Room	\$150 copay <i>(waived if admitted)</i>	\$150 copay no deductible <i>(waived if admitted)</i>	90% after deductible	90% after in-network deductible
Urgent Care	\$50 copay	\$50 copay	90% after deductible	50% after deductible
Diagnostic X-Ray and Laboratory	X-ray = \$20 Lab = 100% covered	70% after deductible	90% after deductible	50% after deductible
Inpatient Hospitalization	\$250 copay/admission	70% after deductible	90% after deductible	50% after deductible
Outpatient Surgical Facility Charges	\$100 copay	70% after deductible	90% after deductible	50% after deductible
Durable Medical Equipment	\$25 copay	70% after deductible	90% after deductible	50% after deductible
Inpatient Mental Health Care or Substance Abuse Treatment	\$250 copay/admission	70% after deductible	90% after deductible	50% after deductible
Outpatient Mental Health Care or Substance Abuse Treatment (Facility & Clinic)	\$25 copay	70% after deductible	90% after deductible	50% after deductible
Prescription Retail (30 Day)			\$5 copay	
Generic	\$20 copay	Covered 30% at a non-participating pharmacy	\$20 copay	50% after deductible
Brand	\$50 copay		\$45 copay	
Nonformulary	\$100 copay		<i>(after ded. unless on the preventive list)</i>	
Prescription Mail Order (90 Day)			\$10 copay	
Generic	\$40 copay	Not Covered	\$40 copay	50% after deductible
Brand	\$100 copay		\$90 copay	
Nonformulary	\$200 copay		<i>(after ded. unless on the preventive list)</i>	

*If you use out-of-network benefits, Independence will pay based on the Medicare allowance for services rendered. The provider has the right to balance bill you the difference.

Specialty Prescriptions – if you are filling a specialty drug on the PPO plan that has a manufacturer copay card, you may be contacted to enroll in the copay program which will save you and the plan money. The copay program does not apply to the HDHP.

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.

*If you use out-of-network benefits, Independence will pay based on the Reasonable and Customary charges for services rendered. The provider has the right to balance bill you the difference.

**The Personal Choice HDHP's Out-Of-Pocket Maximum is embedded. The family Payment Limit is a cumulative Payment Limit for all family members. The family Payment Limit can be met by a combination of family members; however no single individual within the family will be subject to more than the individual Payment Limit amount.

Telehealth & Additional Medical Programs

TelaDoc – New 1/1/2024

For quick, convenient access to a provider while you are at the office, or on the go, you can use TelaDoc, a telemedicine service. Board certified doctors and pediatricians are available by secure video, phone, or mobile app — anytime, anywhere — and can treat non-emergency medical conditions such as:

- » Colds and flu
- » Allergies
- » Asthma
- » Pink eye
- » Ear infections
- » Sinus problems
- » Respiratory infections
- » Joint aches and pains
- » Vomiting and nausea
- » And more

Teladoc visit charges are based on the PCP copay for the applicable plan. For the HDHP, you are responsible for the full charge until you have met your deductible. For calendar year 2024, the full visit charge is \$60.

Activating TelaDoc

Don't Wait Until You're Sick, Activate Now!

- » Call: 1-800-835-2632
- » Visit: teladochealth.com
- » Download the TelaDoc mobile app

Ovia

Ovia Health offers 24/7 support at any stage of the family planning and fertility journey at no cost to IBX members. Three different apps are available to you for specialized support, including Ovia, Ovia Pregnancy, and Ovia Parenting. To get started, download the app on your smartphone and enter your health plan and employer information.

Propeller

Propeller aids employees in effectively treating chronic respiratory disease. By simply attaching the Propeller sensor to your inhaler, you can gain a better understanding of your triggers and what may be causing your symptoms. Propeller works alongside your current treatment plan and helps reduce the hassle of managing asthma and COPD. To register visit ibx.propellerhealth.com or call 877-251-5451.

Livongo

Livongo Diabetes Management program helps members understand their blood sugar, develop healthy lifestyle habits, and improve glycemic control. The program provides you with an advanced cellular-connected glucose monitor, unlimited strips and lancets, personalized insights, one-on-one coaching to better manage your health. All at no cost to you! Call IBC Member Services to see if you qualify for the Livongo Diabetes Management Program.

Wondr Health

Take control of your health with Wondr, a free 52-week digital program that is available to you and your family members through IBX. Wondr helps you to develop a healthier relationship with food and build skills to make smarter decisions, to help you lose weight, sleep better, gain energy, and reduce and reverse chronic disease. Visit wondrhealth.com to register for Wondr and begin your journey.

Truhearing

The TruHearing program provides members with access to a no-cost hearing exam annually and discounts on a variety of hearing aids. Call 1-888-933-7861 to speak with a dedicated Hearing Consultant, who can answer your questions, explain your coverage, and schedule an appointment with a TruHearing provider near you.

myStrength Plus

myStrength Plus is a digital, self-guided resource with proven tools and dedicated support for stress, depression, chronic pain, substance use and more to support wherever you are in your mental health journey. Log in at ibx.com and click on the Benefits tab to start using myStrength Plus or use the myStrength Plus app available from the Apple Store or Google Play.

Shatterproof Treatment Atlas

Members have access to Atlas, a free online tool that connects you or your loved ones with trustworthy, in-network addiction treatment. The Atlas tool contains a comprehensive list of addiction treatment providers, including hospital-based inpatient facilities, residential facilities, and intensive outpatient services. You can access the tool at treatmentatlas.org or by calling the Mental Health/Substance Abuse number on the back of your member ID card and talking to a Customer Care Advocate.

Dental Benefits

Dental Plan

Good dental health is important to your overall well-being. That is why Bryn Mawr College is pleased to offer employees a comprehensive dental plan through Delta Dental.

You may obtain services from a Delta Dental participating PPO provider or an out-of-network provider. The level of benefits is the same for in- and out-of-network services. However, utilizing a Delta Dental 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 when they are provided by a participating dentist. Out-of-network (non-participating) dentists are not obligated to accept the insurance carrier's approved costs. If you choose a non-participating dentist, you may be responsible for paying the balance of that dentist's fees that are above the insurance carrier's approved amount.

Visit deltadentalins.com and create an account to find a dentist, understand your plan, estimate costs, explore dental wellness, or download the app. Select the Delta Dental PPO Network to find an in-network dentist.

BENEFIT	Delta Dental PPO	
	IN-NETWORK	OUT-OF-NETWORK
Calendar Year Maximum	\$1,750 per person each calendar year	
Diagnostic & Preventive: exams, cleaning, x-rays, sealants	100%	100%
Basic Services: fillings, denture repair, stainless steel crowns, posterior composites	80%	80%
Endodontic (<i>root canal</i>)	80%	80%
Periodontics (<i>gum treatments</i>)	50%	50%
Oral Surgery	80%	80%
Major Services: crowns, inlays, onlays, cast restoration	50%	50%
Prosthodontics: Bridges and dentures, implants	50%	50%
Orthodontics Benefits: Dependent children to the end of the calendar year that dependent turns 19	50%	50%
Orthodontics Maximums	\$1,500 Lifetime	\$1,500 Lifetime

**Delta Dental Premier® dentists are considered out-of-network dentists.*

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

As a Delta Dental member, you have access to a wide variety of discounts to help you maintain a healthy life.

Amplifon: provides 66% average savings off retail hearing aid pricing

Website: <https://www.amplifonusa.com/deltadentalins>

Call: 888-779-1429

BrushSmart: a free oral wellness program designed to help you improve your oral care at home. brushsmart.org

LifePerks: provides oral health, nutrition, fitness equipment, gym membership, childcare, groceries, pet and auto insurance, travel, and entertainment discounts. helpdesk@lifecare.com

QualSight: provides 35% off national average price on LASIK eye surgery, including pre and post operative visits

Website: <http://qualsight.com/-delta-dental>

Call: 855-248-2020

Vision Benefits



Vision Plan Riders

Bryn Mawr College offers two vision plans through Davis Vision. One version is a rider to the Personal Choice PPO and HDHP plans and the other is a rider to the Keystone HMO and POS plans. The HDHP vision rider is not subject to the HDHP deductible. The plans allow you to receive an eye exam once every two calendar years, and provides substantial savings on your eye-care purchases. The plans are available through thousands of provider locations participating in the Davis Vision network. Go to www.davisvision.com or call 1-888-393-2583 to find a nearby provider.

BENEFIT	PPO/HDHP \$75 Benefit		HMO/POS \$100 Benefit	
	IN-NETWORK	OUT-OF-NETWORK	IN-NETWORK	OUT-OF-NETWORK
Examination	100% Covered	Up to \$35	\$50 Copay	Not Covered
Frames	Davis Collection of Frames; 100% for Fashion & Designer, \$20 for Premier Selection, \$60 credit for other frames	Up to \$75 for frames and lenses	100% covered on Davis Collection of Frames or \$65 credit for other frames	Up to \$100 for frames and lenses
Eyeglass lenses: Standard Lenses, single vision, bifocal, trifocal, lenticular	100% covered	Up to \$75 for frames and lenses	100% covered	Up to \$100 for frames and lenses
Eyeglass lenses: glass grey #3 prescription, tinting	100% covered	Up to \$75 for frames and lenses	100% covered	Up to \$100 for frames and lenses
Contacts	\$75 allowance	Up to \$75	\$100 allowance	Up to \$100
Contact lens evaluation and fitting	Included in \$75 Contacts allowance	Up to \$75	Included in \$100 Contacts allowance	Up to \$100
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.*

Life Insurance Benefits

Basic Life Insurance

Bryn Mawr College provides full-time benefit eligible employees working 26 hours or more with Basic Life Insurance of \$50,000. This coverage is insured by Lincoln Financial and is 100% paid for by the College.

Voluntary Life Insurance

Employees may elect to purchase supplemental life insurance. Coverage is available in \$10,000 increments up to \$300,000. Lincoln Financial's Evidence of Insurability (EOI) Health Questionnaire must be completed by new hires that elect supplemental life insurance in excess of \$50,000. All existing employees are generally subject to EOI on all elections unless otherwise instructed. The combined maximum benefit for basic and supplemental life is \$350,000.

Spouse Life Insurance Coverage

Employees are also given the option to purchase life insurance for their spouse in \$10,000 increments up to \$300,000. Spouse supplemental life insurance coverage in excess of \$50,000 will require a completed Lincoln Financial's EOI Health Questionnaire. All existing spouses are generally subject to EOI on all elections unless otherwise instructed.

Dependent Child(ren) Life Insurance Coverage

Insurance for dependent children may be purchased in increments of \$5,000 to a maximum of \$10,000.



Employee Payroll Contributions



Full-Time Medical (Monthly)

Plan Coverage	Keystone HMO Plan	Keystone POS Plan	Personal Choice Plan	High Deductible* Health Plan
Employee Only	\$16.17	\$48.46	\$137.97	- \$136.66
Employee + Child(ren)	\$41.02	\$98.67	\$262.48	- \$226.39
Employee + Spouse	\$263.94	\$338.36	\$547.37	- \$83.22
Family	\$658.85	\$753.76	\$1,017.66	\$213.83

*The college provides \$130 per month to employees who waive medical coverage. In order to waive medical coverage, the employee has to document that she or he has comprehensive medical coverage from a group medical plan that is not affiliated with the College.

Dental (Monthly)

Plan Coverage	Delta Dental PPO
Employee Only	\$0
Employee + One	\$32.15
Family*	\$66.22

*Married employees who are insuring two or more dependent children should be enrolled as family coverage. The employee who is electing family coverage will receive a dental subsidy equivalent to two times the cost of single dental coverage.

Employee Payroll Contributions

Life Insurance (Monthly)

Life Coverage for You

Benefit Tier	Rates per \$10,000 of Coverage
Under the age of 30	\$0.72
Age 30 to 34	\$0.83
Age 35 to 39	\$1.12
Age 40 to 44	\$1.78
Age 45 to 49	\$2.99
Age 50 to 54	\$4.77
Age 55 to 59	\$7.57
Age 60 to 64	\$9.54
Age 65 to 69	\$15.24
Age 70 to 74	\$26.93
Age 75 and Over	\$45.63

Life Coverage for your Spouse

Benefit Tier	Rates per \$10,000 of Coverage
Under the age of 25	\$0.72
Age 25 to 29	\$0.72
Age 30 to 34	\$0.83
Age 35 to 39	\$1.12
Age 40 to 44	\$1.78
Age 45 to 49	\$2.99
Age 50 to 54	\$4.77
Age 55 to 59	\$7.57
Age 60 to 64	\$9.54
Age 65 to 69	\$15.24
Age 70 to 74	\$26.93
Age 75 and Over	\$45.63

Life Coverage for your Dependent Children

Benefit Tier	Rate per \$5,000 of Coverage	Rates per \$10,000 of Coverage
A child 14 days of age but less than 26 years old	\$0.60	\$1.20

*Life insurance purchased for dependents is on an after-tax basis. The first \$50,000 in employee life insurance is on a pre-tax basis, which for employees under the age of 70 applies to the basic life insurance of \$50,000. Employee life insurance in excess of \$50,000 is treated as imputed income under the terms of Internal Revenue Code 79, which for employees under the age of 70 is the entire supplemental life insurance election.

**The Life Insurance benefit will reduce by 50% at the plan anniversary on or following the insured's 70th birthday.

Flexible Spending Accounts

Medical Care FSA

A Medical 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, Rx, dental or vision expense that is not covered by your health care plan. 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,
- » Transportation expenses related to medical care,
- » Nursing care.

Your annual contribution is divided by your number of pay periods and that amount will be deducted pre-tax each pay period. The amount you elect may not be changed or revoked during the plan year unless you experience a qualifying life event. Also, you may not transfer funds between a Medical Care FSA and a Dependent Care FSA.

For the 2024 Plan Year, the maximum amount that you may contribute to a Medical Care FSA is \$3,200.

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 2024, the IRS has set the maximum allowable contribution per calendar year for a Dependent Care Flexible Spending Account as follows:

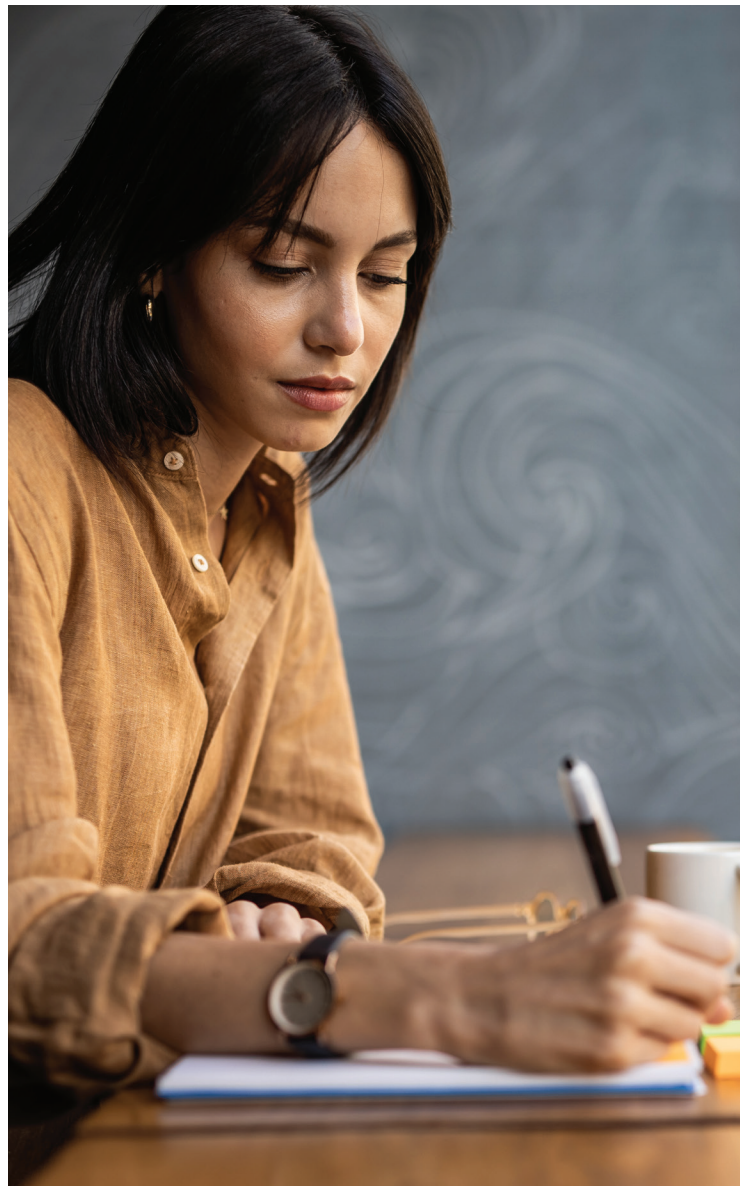
- » \$5,000 for a married couple filing jointly
- » \$5,000 for a single parent
- » \$2,500 for a married person filing separately

Use It or Lose It

Both the Medical Care FSA and the Dependent Care FSA have a "use it or lose it" feature; however, the grace period allows you to incur claims until March 15th of the following year.

2024 FSA Enrollment

All Employees who are eligible to participate in the Flexible Benefit Plan are also eligible to participate in the Flexible Spending Account Plan. The Flexible Spending Account Plan allows pre-tax contributions for dependent care and medical care. Open Enrollment for the Flexible Spending Account Plan occurs starting in November, for a January 1st effective date. Please note that enrollees in the Personal Choice HDHP cannot make contributions to an HSA while covered by an FSA.



Additional Benefits

Employee Assistance Plan (EAP)

Just when you think you have life figured out, along comes a challenge. Whether those challenges are big or small, Aetna's Assistance Program is available to help you and your family find a solution and restore your peace of mind. Take advantage of Aetna's Resources For Living EAP service to help you with emotional, relationship, health and workplace issues. The following services are available to you and your family:

- » Telephonic and Online Worklife Resources
- » Up to six free face-to-face sessions per employee and household member per year
- » Services are confidential and available 24/7 at no charge
- » Monthly webinars on various topics
- » Unlimited access to online research and other key resources
- » Life events research and qualified referrals (i.e., child care providers)

Long Term Disability

Long Term Disability (LTD) insurance is available to benefit eligible employees at no cost to you. Coverage protects your income in the event of a non-work related injury or illness. LTD premiums are based upon your salary and your maximum long term disability benefits available. The plan pays 60% of your base earnings after a 180-day elimination period. The maximum monthly benefit is \$14,000.

Care.com - Daycare Assistance

Bryn Mawr College offers this program to employees which provides in-home backup childcare and adult care at a subsidized hourly rate. The care is provided in your home, at the home of the adult needing care, and also offers in-center backup childcare at a subsidized daily rate. For additional information visit [Daycare Assistance | Bryn Mawr College](#)

24/7 Assistance

You can take advantage of these services by calling toll-free any time, any day.

For Personal Assistance:

Call Aetna at **1.800.865.3200**



Changing Your Benefits



The Internal Revenue Service (IRS) rules require 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 optional life insurance) will be binding through October 31, 2024; 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, or legal separation
- » Birth, adoption, or placement for adoption of an eligible child
- » Loss of spouse's job or change in work status (when coverage is maintained through spouse's plan)
- » A significant change in you or your spouse's health coverage that is attributable to your spouse's employment
- » Death of spouse or dependent
- » Loss of dependent status
- » Becoming eligible for Medicare or Medicaid during the year
- » Receiving a Qualified Medical Child Support Order (QMCSO)

31-Day Window

Qualifying Life Events allow you to make plan changes at any time during the year in which they occur. For any allowable changes, you must inform Human Resources within 31 calendar days of the event.

Benefit changes that are requested due to a 'change of mind' cannot be allowed until the next Annual Enrollment Period.

Important Notices

All Employees

Scan the QR Code to the right or visit the URL below to read important information related to the benefit program.



<https://mybenefits.nfp.com/BrynMawr/2023/notices/annual.pdf>

New Employees

Scan the QR Code to the right or visit the URL below to read important information for new employees related to the benefit program.



<https://mybenefits.nfp.com/BrynMawr/2023/notices/new-hire.pdf>



Contact Information

Medical Benefits

**Independence Personal Choice and
Keystone Health Plan East**

www.ibx.com

Personal Choice:

215.557.7577 (Philadelphia Area) or 1.800.626.8144

Keystone:

215.241.2273 (Philadelphia Area) or 1.800.227.3114

Health Savings Account (HSA)

HealthEquity

www.healthequity.com

1.877.694.3942

Dental Benefits

Delta Dental

www.deltadentalins.com

1.800.932.0783

Vision Benefits

Davis Vision

www.davisvision.com

1.888.393.2583

Life Insurance / Long Term Disability

Lincoln Financial

www.lfg.com

General questions: 1.800.948.9214

Report a claim: 1.800.713.7384

Claim Status: 1.800.440.6118

Flexible Spending Accounts

PayFlex

www.payflex.com

1.800.284.4885

Employee Assistance Program

Aetna

www.MyLifeValues.com

1.800.865.3200

Long Term Care Insurance

Genworth

www.genworth.com/groupltc

1.800.416.3624

Human Resource Benefit Issues

Mary Eldon or Marty Mastascusa

meldon@brynmawr.edu or mmastasc@brynmawr.edu

610.526.5261

Liberty Mutual

Auto and Home Insurance

David Hewitt

www.libertymutual.com/DavidHewitt

David.Hewitt@LibertyMutual.com

215.345.4422 Ext. 53223

Federal Credit Union

TruMark Financial Credit Union

www.trumarkonline.org

1.877.TRUMARK

Child and Adult Care

Care.com

www.care.com

1.855.781.1303

Retirement Plan

TIAA

www.tiaa.org/brynmawr

1.800.842.2252