



Marlboro College



Marlboro College

2020 Benefits

Medical | Dental | Vision | Life | Disability | Voluntary | HRA | HSA

Marlboro College

Employee Benefits Summary

2020 Plan Year

Marlboro College is proud to offer a comprehensive benefits program to all eligible employees. Your benefits are an important part of your total compensation, so we invite you to familiarize yourself with the details of these plans and encourage you to seek clarification when necessary. We are confident that you will find this benefits package of great value to you and your family.

Should you have any questions regarding the information contained in this benefit summary, including further information on plan details, as well as employee costs not listed, please contact Human Resources at (802) 451.7160

Contact Information

Please refer to the list below when contacting one of the benefit vendors.
For general information contact Human Resources.

Plan	Administrator	Website	Phone
Medical Coverage	BCBSVT	www.bcbsvt.com	800-247-2583
Telemedicine	Amwell	www.amwell.com	844-SEE-DOCS
Dental/EyeMed Vision Discount	Delta Dental Premier Network	www.nedelta.com	800-832-5700
Vision Coverage	VSP	www.vsp.com	800-877-7195
Health Reimbursement Account	HealthEquity	www.healthequity.com	877-872-8635
Life & AD&D Coverage	Unum	www.unum.com	866-679-3054
Long Term Disability	Unum	www.unum.com	866-679-3054
Voluntary Life, Accident and Critical Illness	Unum	www.unum.com	866-679-3054
Employee Assistance Program	EAP Network	www.eapnetworkonline.com	800-333-6624



Eligibility & Contributions

Medical Plan: Employees working a minimum of 30 hours a week are eligible to participate immediately following 30 days of service.

Dental/Vision Plan: Employees working a minimum of 30 hours a week are eligible to participate immediately following 30 days of service.

Vision Plan: Employees working a minimum of 30 hours a week are eligible to participate on the first of the month following 30 days of service.

Life and AD&D Plan: Employees working a minimum of 30 hours a week are eligible to participate immediately following 30 days of service.

Short Term Disability: Employees working a minimum of 30 hours a week are eligible to participate immediately following 30 days of service.

Long Term Disability: Employees working a minimum of 30 hours a week are eligible to participate immediately following 30 days of service.

Voluntary Life, AD&D, Accident and Critical Illness: Employees working a minimum of 30 hours a week are eligible to participate immediately following 30 days of service.

Employee Assistance Program: Employees may begin utilizing the Employee Assistance Program on date of hire.

Bi-Weekly Contributions

Medical

Employee Only	\$64.54
Employee + Spouse	\$149.28
Employee + Child(ren)	\$128.56
Employee + Family	\$212.90

Dental

Employee Only	\$18.85
Employee + 1	\$34.51
Employee + Family	\$60.11

Vision

Employee Only	\$4.66
Employee + 1	\$7.46
Employee + Children	\$7.61
Employee + Family	\$12.27

Accident

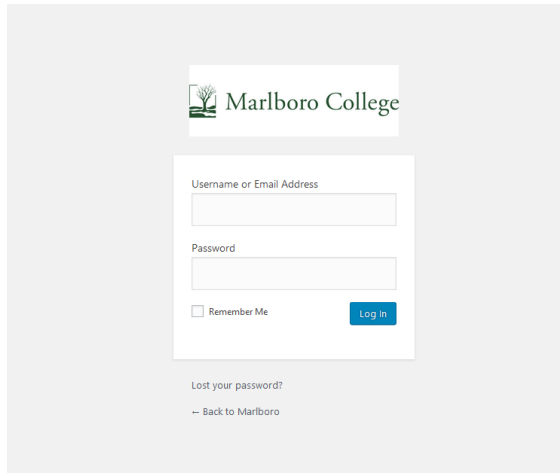
Employee Only	\$6.77
Employee + Spouse	\$10.94
Employee + Child	\$12.63
Employee + Family	\$16.81

Critical Illness

These premiums are age banded. Please contact HR.

Viewing Your Benefits Online

- Open “http://mcbenefits.trgportal.com” in your web browser
- Enter the following Log in Information:
Username: marlboro
Password: benefits



- Click on “Benefits” for a list of your benefits



- You will find Summary Plan Descriptions, Employee Notices and other important documents throughout the Employee Benefit Center

Medical Plan

Plan Highlights	
Member Deductible: <i>Per Individual/Family</i>	\$5,000/\$10,000
Member Coinsurance: • Your share of the costs of a covered service, after the deductible is met.	You pay 0%
Member Out-of-Pocket Maximum: <i>Per Individual/Family (without HRA)</i> <i>Per Individual/Family (With HRA)</i>	\$5,000/\$10,000 \$2,000/ \$4,000
Preventive Visits:	No Charge
Physician's Office Visits:	Deductible
Specialist Office Visits:	Deductible
Inpatient Hospital Facility:	Deductible
Outpatient Facility Services:	Deductible
Inpatient Mental Health or Substance Abuse:	Deductible
Outpatient Mental Health or Substance Abuse:	Deductible
Pregnancy: <i>Prenatal and Postnatal Care</i> <i>Delivery and All Other Services</i>	Deductible Deductible
Rehabilitation (Physical, Speech, Hearing or Occupational Therapy):	Deductible
Lab & X-Ray:	Deductible
Emergency Room:	Deductible
Urgent Care:	Deductible
Prescription Drug Annual Out-Of-Pocket Max	\$1,400/\$2,800
Prescription Cost: <i>Generic/Preferred/Non-Preferred</i>	Deductible applies to all Rx*
<i>Wellness Drugs</i>	No Charge*
Eye Exam (one per calendar year): <i>Child & Adult</i>	\$20 Copayment

*Must use a BCBS pharmacy, otherwise you will be expected to pay the full cost of the drug.
Please reference your plan document for more information regarding your plan..

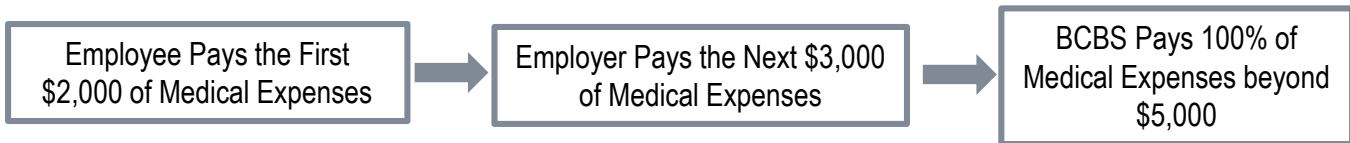
Health Reimbursement Account & Health Savings Account

Health Reimbursement Account (HRA)

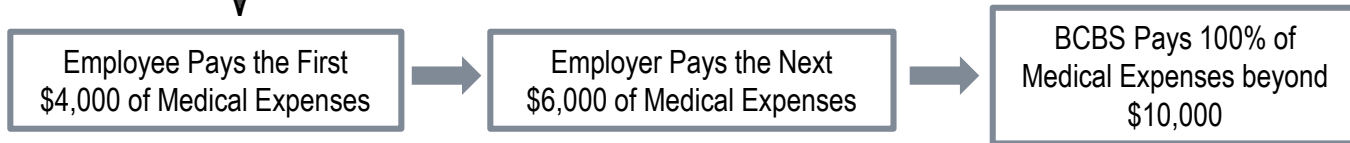
HRA Funds are available once you pay \$2,000 (Individual) or \$4,000 (Family) in claims. Health Equity will keep track of your claims, and will pay the provider for the claims over your out-of-pocket max. You can not make contributions to your HRA. Unused HRA money will be forfeited at the end of the plan year.



If Enrolled as an Individual



If Enrolled as a Couple or Family



For examples and more information, please log onto your **NEW** Employee Benefit Center. For log on instructions, please reference page 5 .



Health Savings Account

Your medical plan is considered a Qualified High Deductible Health Plan. This means you can open a HSA Account at your local bank. Marlboro College will make pre-tax deductions. The HSA can be used to pay the medical deductible.

Money can be used to pay for medical, dental and vision services on a pre-tax basis. The money rolls over year after year.

The Maximum Amount you can contribute in 2020 is: \$3,550 Individual, \$7,100 Couple or Family. If you are over age 55 you can put in an additional \$1,000.



Dental with Discount Vision Plan

Plan Highlights		
Member Deductible: <ul style="list-style-type: none"> • Coverage A & D • Coverage B & C <i>per person/family One Time</i> 		None \$75/\$225
Member Maximum: <ul style="list-style-type: none"> • Per Calendar Year Maximum for A,B,C • Lifetime Maximum for D 		\$1,500 \$1,250
Coverage A (no waiting period): <ul style="list-style-type: none"> • Routine Exam (1 every 6 months) • Bitewing X-rays (1 every 12 months) • X-rays of individual teeth as needed • Brush Biopsy (1 every 12 months) • Cleaning (2 every 12 months)* • Fluoride (1 every 12 months; to age 15) • Sealant application to permanent molars (1 in a 3 year period per tooth; to age 15) 		No Charge- Delta pays 100%
Coverage B (no waiting period): <ul style="list-style-type: none"> • Amalgam Fillings • Composite Fillings • Routine Extractions • Root Canal Therapy • Periodontal Cleaning (Maintenance Procedures)* • Space Maintainers (to age 15) • Full-mouth/Panoramic X-rays (once in a 5 year period) 		Member pays 30%
Coverage C (6 month waiting period): <ul style="list-style-type: none"> • Removable and fixed partial dentures (bridge); composite dentures • Crowns • Onlays • Implants • Denture Repair • Oral Surgery • Crown Lengthening (once in a lifetime per site) 		Member pays 50%
Coverage D (6 month waiting period): <ul style="list-style-type: none"> • Orthodontics † 		Member pays 50% Capped at \$1,500 lifetime

*only two cleanings are covered in 12-month period. These may be a combination of Coverage A or Coverage B

† find covered providers at nedelta.com.

Double-Up Max

This Northeast Delta Dental Plan allows you to double your calendar year maximum by earning an additional \$250 per year for use in future benefit periods. Here is how it works:

- To qualify for the carryover, you must have a claim paid for either an oral exam or a cleaning during a calendar year (a focus on prevention), and your total paid claims cannot exceed \$500 during the same calendar year.
- The carryover will accumulate for each year of qualification up to an amount equal to the plan's original calendar year maximum. If, for example, the calendar year maximum is \$1,500, enrollees can ultimately achieve an annual maximum of \$3,000
- This feature does not apply to orthodontic benefits.

Vision Discount Program:

- Up to 35% off eyewear
- \$5 off routine & contact lens exams
- Lens discounts
- LASIK discount

Please reference the Employee Benefit Center for more information.



Benefit	Description	Copay	Frequency
Annual Well-Vision Exam	Focuses on your eyes and overall wellness	\$20	Every Calendar Year
Prescription Glasses		\$20	See frame and lenses
Frames	\$130 allowance for a wide selection of frames \$150 allowance for featured brands 20% savings on the amount over allowance	Included in Prescription Glasses	Every Other Calendar Year
Lenses	Single vision, lined bifocal, and lined trifocal lenses Polycarbonate lenses for dependent children	Included in Prescription Glasses	Every Calendar Year
Lens Enhancements	Standard progressive lenses Premium progressive lenses Custom progressive lenses Average savings of 35%-40% on other lens enhancements	\$50 \$80-\$90 \$120-\$160	Every Calendar Year
Contact Lenses	\$130 allowance for contacts; copay does not apply Contact lens exam (fitting and evaluation)	Up to a \$60	Every Calendar Year
Extra Savings	<ul style="list-style-type: none"> • Extra \$20 to spend on featured brands • 30% off additional glasses and sunglasses from the same VSP provider on the same day as your Well-Vision Exam, or 20% off from any VSP provider within 12 months of your last Well-Vision Exam. • No more than \$39 Copay on routine retinal screening as an enhancement to WellVision Exam • Average 15% off the regular price of Laser Vision correction (or 5% off promotional price). Discounts available from VSP contracted facilities. Use of frame allowance (if eligible) for post-surgical sunglasses from any VSP provider 		
Please reference your Member Summary for Out-Of-Network benefits			

Group Term Life and Accidental Death & Dismemberment

This benefit is Employer paid.

Benefit

1 x earnings to a maximum of \$200,000

Benefits Reduce 50% at age 70

Short Term Disability

This benefit is Employer paid.

All accumulated sick time must be used first.

Benefit

Full basic earnings for up to 20 working days or until the employee is eligible to return to work, whichever comes first. Thereafter, a benefit equal to $\frac{2}{3}$ (or 66.67%) of basic earnings will be paid until the employee is either eligible to return to work or until 90 calendar days from the first day of a qualifying sickness or injury. The maximum monthly benefit will not exceed \$5,000.00. For more details, contact HR.

Long Term Disability

This benefit is Employer paid.

Benefit

60% of Monthly Pre-Disability Earnings to a Maximum of \$6,500/month

Employees must be disabled for 90 days before benefits are paid



Voluntary Life, AD&D, Accident and Critical Illness

Voluntary Life

This benefit is Employee paid.

Employee Benefit

Guaranteed issue is \$200,000.
Minimum election is \$10,000- The lesser of 5X annual earnings or \$500,000 (must be in \$10,000 increments)
Benefits Reduce 50% at age 70.

Spouse Benefit

Guaranteed issue is \$25,000.
Minimum election is \$5,000- the lesser of 100% of the Employee Life amount of \$500,000 (must be in \$5,000 increments).

Child Benefit

Live birth to 6 months: \$1,000
6 months to 19 years (26 if full-time student): \$2,000- \$10,000 (must be in \$2,000 increments).

Voluntary AD&D

This benefit is Employee paid.

Employee Benefit

Minimum election is \$10,000- The lesser of 5X annual earnings or \$500,000 (must be in \$10,000 increments)
Benefits Reduce 50% at age 70.

Spouse Benefit

Minimum election is \$5,000- the lesser of 100% of the Employee Life amount of \$500,000 (must be in \$5,000 increments).

Child Benefit

Live birth to 6 months: \$1,000
6 months to 19 years (26 if full-time student): \$2,000- \$10,000 (must be in \$2,000 increments).

Voluntary Accident

This benefit is Employee paid.

Benefit

Accident Insurance is designed to help covered employees, spouses, and children meet the out-of-pocket expenses and extra bills that can follow an accidental injury, rather minor or catastrophic. Indemnity lump sum benefits are paid directly to the employee based on the amount of coverage listed in the schedule of benefits.

Please contact HR to learn more.

Voluntary Critical Illness

This benefit is employee paid.

Benefit

Critical Illness Insurance is designed to help employees offset the financial effects of a catastrophic illness with a lump sum benefit if an insured is diagnosed with a covered critical illness. Employees, spouses and children are eligible for this benefit.

Please contact HR to learn more.

Employee Assistance Program & GradFin

Employee Assistance Program (EAP)

This benefit is Employer paid.

EAP Network is one of the oldest EAPs in New England Their staff includes financial counselors, lawyers and therapists who have both the necessary qualifications and experience to find lasting solutions. EAP Network will provide one to five sessions at no cost to you or your family members. Services included are:

- 24/7 live answered assistance
- Counseling for life problems
 - Emotional
 - Legal
 - Financial
- Work/life Counseling
 - Child Care
 - Elder Care
 - Special Needs
- Crisis Intervention
- Substance abuse
- And more!



GradFin

Utilizing Marlboro College's relationship with The Richards Group, consultation services provided through GradFin are provided free of charge. GradFin is a new employee benefit program that is revolutionizing the way employees can reduce their student loan debt.

GradFIN will:

- Provide one-on-one education consultations with GradFin Consultation Experts to review your current loan status and discuss personalized payoff options to save on your loans.
- Offer the lowest interest rates in the industry through their lending platform which is made up of ten lenders to maximize the chances that you will be approved for a new loan.
- Provide up to a \$300 bonus to you when you refinance your loans with GradFin. The \$300 bonus will be applied to the principal balance of the closed loan.

Visit www.GradFin.com/TRG or call 610-639-7840 to learn more and schedule a 15 minute consultation.



Visit With a Doctor and Receive Prescriptions All From the Comfort of Your Home

Sick on a weekend? Trying to get help with a pesky rash between work appointments? Worried about a feverish baby in the middle of the night? Effective January 1, 2017, advice from a leading doctor is as close as your computer, tablet or smart phone. Blue Cross and Blue Shield of Vermont (BCBSVT) now partners with American Well (Amwell), a nationally acclaimed telemedicine vendor, to provide you with services 24/7, wherever you are. This service is available via the Amwell app or by phone. Please note that by state law, doctors may not write prescriptions for patients consulted by phone.



Top 10 Conditions for members using Telemedicine:

- Sinus infection
- Upper respiratory infection
- Bronchitis
- Urinary tract infection
- Sore throat
- Pink eye
- Influenza
- Cough
- Allergies
- Dysuria
- Asthma

What is the Cost?

The Cost of Service will be provided when the visit is scheduled.

Download the app today by visiting the Apple App Store or Google Play Store! If you have any questions about how the service works, please feel free to contact Amwell at (855) 818-3627.



This glossary has many commonly used terms, but isn't a full list. These glossary terms and definitions are intended to be educational and may be different from the terms and definitions in your plan. (See your Summary of Benefits and Coverage for information on how to get a copy of your policy or plan document.)

Allowed Amount: Maximum amount on which payment is based for covered health care services. This may be called "eligible expense," "payment allowance" or "negotiated rate." If your provider charges more than the allowed amount, you may have to pay the difference. (See Balance Billing).

Appeal: A request for your health insurer or plan to review a decision or a grievance again.

Balance Billing: When a provider bills you for the difference between the provider's charge and the allowed amount. For example, if the provider's charge is \$100 and the allowed amount is \$70, the provider may bill you for the remaining \$30. A preferred provider may not balance bill you for covered services.

Co-insurance: Your share of the costs of a covered health care service, calculated as a percent (for example, 20%) of the allowed amount for the service. You pay co-insurance plus any deductibles you owe. For example, if the health insurance or plan's allowed amount for an office visit is \$100 and you've met your deductible, your co-insurance payment of 20% would be \$20. The health insurance or plan pays the rest of the allowed amount.

Co-payment: A fixed amount (for example, \$20) you pay for a covered health care service, usually when you receive the service. The amount can vary by the type of covered health care service.

Deductible: The amount you owe for health care services your health insurance or plan covers before your health insurance or plan begins to pay. For example, if your deductible is \$1200, your plan won't pay anything until you've met your \$1200 deductible for covered health care services subject to the deductible. The deductible may not apply to all services.

Out-of-Pocket Maximum: The most you pay during a policy period (usually a year) before your health insurance or plan begins to pay 100% of the allowed amount. This limit never includes your premium, balance-billed charges or health care your health insurance or plan doesn't cover. Some health insurance or plans don't count all of your co-payments, deductibles, co-insurance payments, out-of-network payments or other expenses toward this limit.

Excluded Services: Health care services that your health insurance or plan doesn't pay for or cover.

Medically Necessary: Health care services or supplies needed to prevent, diagnose or treat an illness, injury, condition, disease or its symptoms and that meet accepted standards of medicine.

Network: The facilities, providers and suppliers your health insurer or plan has contracted with to provide health care services.

Non-Preferred Provider: A provider who doesn't have a contract with your health insurer or plan to provide services to you. You'll pay more to see a non-preferred provider. Check your policy to see if you can go to all providers who have contracted with your health insurance or plan, or if your health insurance or plan has a "tiered" network and you must pay extra to see some providers.

Preferred Provider: A provider who has a contract with your health insurer or plan to provide services to you at a discount. Check your policy to see if you can see all preferred providers or if your health insurance or plan has a "tiered" network and you must pay extra to see some providers. Your health insurance or plan may have preferred providers who are also "participating" providers. Participating providers also contract with your health insurer or plan, but the discount may not be as great, and you may have to pay more.

Preauthorization: A decision by your health insurer or plan that a health care service, treatment plan, prescription drug or durable medical equipment is medically necessary. Sometimes called prior authorization, prior approval or precertification. Your health insurance or plan may require preauthorization for certain services before you receive them, except in an emergency. Preauthorization isn't a promise your health insurance or plan will cover the cost.



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This summary outlines the highlights of your plan(s). For a complete list of covered and non-covered services, including benefits required by your state, see your employer's insurance certificate or summary plan description – the official plan documents. If there are any differences between this summary and the plan documents, the information in the plan documents takes precedence.