Welcome

We are pleased to present Swarthmore College’s employee benefit programs for 2018, and continue our objective to provide Swarthmore employees with a competitive benefits package. This Benefits Guidebook will summarize our benefit plans for 2018, and highlight several enhancements. Beginning January 1, 2018:

» The **Buy-Up Dental Plan** will provide coverage for orthodontia for adults (as well as children)

» The **Basic and Buy-Up Dental Plans** will include a Diagnostic & Preventive Waiver benefit; this means eligible Diagnostic and Preventive services will not count towards your Annual Plan Maximum Benefit

» The **College Paid Life and AD&D Insurance** maximum coverage amount will increase to $200,000

» A **Limited Purpose Flexible Spending Account** will be available to employees enrolled in the High Deductible Health Plan.

Please read this guidebook carefully as you prepare to participate in the active annual enrollment period in November. The Affordable Care Act requires the College to keep accurate records related to covered dependents, so we’re asking all employees to go through the annual enrollment process to make plan election changes or confirm that your plan choices will continue for 2018; review the accuracy of your and your dependents’ information; and consent to receiving certain information electronically. Elections for the Health Care or Dependent Care Flexible Spending Account and the Health Savings Account must be made each year — they will not roll forward from 2017. Your participation in this annual enrollment process is required to ensure your coverage continues as intended for 2018.

ABOUT THIS BENEFITS GUIDEBOOK

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

PLAN YEAR
The Plan Year for Swarthmore College's benefit programs begins on January 1, 2018 and ends on December 31, 2018.

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

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

» **Your spouse:** legal wife/husband or domestic partner;

» For your domestic partner to be eligible for coverage, you and your partner must meet specific criteria to qualify, and must complete an Affidavit of Domestic Partnership before the benefits effective date. *Please note that employee premium contributions for domestic partners must be deducted from your pay on a post-tax basis.*

» **For medical:** your dependent children to age 26 (your dependent children are eligible for medical coverage until the end of the plan year in which they turn 26, regardless of student status, marital status, residency or financial dependency);

» **For dental and vision:** your unmarried dependent children to age 26 (until the end of the plan year following their 26th birthday);

» **For additional life insurance:** your unmarried children age 14 days to 19 years (or to age 26 years if a full-time student);

» Your children age 26 and over who are mentally or physically disabled and dependent upon you for support and maintenance (proof of condition and dependence must be submitted)
Medical Benefits

MEDICAL PLAN OPTIONS

Swarthmore College offers a choice of four medical plans through Independence Blue Cross (Independence). If you elect medical insurance, you must choose one of these plans for you and all of your dependents, or you may choose to waive benefits if you have coverage elsewhere.

The 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).

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 or a specialist, or receive a service from an in-network provider. For certain services, x-ray, lab, podiatry and physical/occupational therapy, your PCP is contractually required to refer you to a designated network location. Please Note: referrals can be 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 for self-referred care, 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 PPO Plan:
Allows you and your dependents to visit the physician, specialist or hospital of your choosing without selecting a Primary Care Physician (PCP) or obtaining referrals. This option has a deductible for out-of-network services, and has a higher employee payroll contribution than the other plan options.

Health Savings Account

If you enroll in the High Deductible Health Plan, you may be eligible to open an HSA. An HSA allows you to save pre-tax money through payroll deductions and to use those funds to pay for qualified medical expenses for you and your family.

- An HSA is a bank account that is controlled by you.
- When you enroll in the High Deductible Health Plan with Independence, an HSA account will automatically be set-up for you with Acclaris. Acclaris is our new HSA bank effective November 2017.
- You will never forfeit money you have deposited (unused funds remain in your account and roll over year after year).
- If you ever leave Swarthmore College you may keep your account.
- The maximum amount that can be contributed to your HSA in 2018 is $3,450 for employee only coverage and $6,900 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 an annual “Catch-up” contribution of up to $1,000.
<table>
<thead>
<tr>
<th>BENEFIT</th>
<th>Personal Choice HDHP Plan</th>
<th>Keystone HMO</th>
<th>Keystone POS Plan</th>
<th>Personal Choice PPO Plan</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>IN-NETWORK</td>
<td>IN-NETWORK</td>
<td>IN-NETWORK</td>
<td>IN-NETWORK</td>
</tr>
<tr>
<td>Deductible</td>
<td>$2,000</td>
<td>None</td>
<td>$200</td>
<td>$0</td>
</tr>
<tr>
<td>Individual</td>
<td>$4,000</td>
<td>None</td>
<td>$600</td>
<td>$500</td>
</tr>
<tr>
<td>Family</td>
<td>$5,600</td>
<td>$1,000</td>
<td>$1,000</td>
<td>$1,500</td>
</tr>
<tr>
<td></td>
<td>$11,200</td>
<td>$2,000</td>
<td>$3,000</td>
<td>$3,000</td>
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<tr>
<td>Out-Of-Pocket Maximum</td>
<td>$0</td>
<td>$0</td>
<td>$200</td>
<td>$1,000</td>
</tr>
<tr>
<td>Individual</td>
<td>$0</td>
<td>$0</td>
<td>$600</td>
<td>$6,000</td>
</tr>
<tr>
<td>Family</td>
<td>$0</td>
<td>$0</td>
<td>$2,000</td>
<td>$2,000</td>
</tr>
<tr>
<td>Lifetime Maximum Benefit</td>
<td>Unlimited</td>
<td>Unlimited</td>
<td>Unlimited</td>
<td>Unlimited</td>
</tr>
<tr>
<td>Office Visit</td>
<td>100% after deductible</td>
<td>50% after deductible</td>
<td>100% covered</td>
<td>100% covered</td>
</tr>
<tr>
<td>Preventive Care</td>
<td>100% no deductible</td>
<td>50% no deductible</td>
<td>100% covered</td>
<td>100% covered</td>
</tr>
<tr>
<td>Emergency Room</td>
<td>100% after deductible</td>
<td>50% after deductible</td>
<td>100% covered</td>
<td>100% covered</td>
</tr>
<tr>
<td>Preventive Care</td>
<td>100% no deductible</td>
<td>50% no deductible</td>
<td>100% covered</td>
<td>100% covered</td>
</tr>
<tr>
<td>Laboratory</td>
<td>$15 copay</td>
<td>$12 copay</td>
<td>$15 copay</td>
<td>$15 copay</td>
</tr>
<tr>
<td>Inpatient Hospitalization</td>
<td>$25 copay</td>
<td>$12 copay</td>
<td>$25 copay</td>
<td>$25 copay</td>
</tr>
<tr>
<td>Outpatient Surgical Facility Charges</td>
<td>$20 copay</td>
<td>$5 copay</td>
<td>$20 copay</td>
<td>$20 copay</td>
</tr>
<tr>
<td>Inpatient Mental Health Care or Substance Abuse Treatment</td>
<td>$25 copay</td>
<td>$5 copay</td>
<td>$25 copay</td>
<td>$25 copay</td>
</tr>
<tr>
<td>Outpatient Mental Health Care or Substance Abuse Treatment (Facility and Clinic)</td>
<td>$35 copay</td>
<td>$5 copay</td>
<td>$35 copay</td>
<td>$35 copay</td>
</tr>
<tr>
<td>Prescription Retail (30 Day)</td>
<td>$45 copay</td>
<td>$5 copay</td>
<td>$45 copay</td>
<td>$45 copay</td>
</tr>
<tr>
<td>Generic</td>
<td>$5 copay</td>
<td>$15 copay</td>
<td>$15 copay</td>
<td>$15 copay</td>
</tr>
<tr>
<td>Prescription Mail Order (90 Day)</td>
<td>Not Covered</td>
<td>$30 copay</td>
<td>$30 copay</td>
<td>$30 copay</td>
</tr>
<tr>
<td>Generic</td>
<td>$10 copay</td>
<td>$70 copay</td>
<td>$70 copay</td>
<td>$70 copay</td>
</tr>
<tr>
<td>Brand</td>
<td>$40 copay</td>
<td>$70 copay</td>
<td>$70 copay</td>
<td>$70 copay</td>
</tr>
<tr>
<td>Non-Formulary</td>
<td>$90 copay</td>
<td>$100 copay</td>
<td>$100 copay</td>
<td>$100 copay</td>
</tr>
</tbody>
</table>

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

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.
Dental Benefits

DENTAL PLAN OPTIONS

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

NEW FOR 2018: The Buy-Up plan’s orthodontia coverage has been extended to adults! The age limit that previously applied to orthodontia services has been removed.

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

NEW FOR 2018: With the new Diagnostic & Preventive (D&P) Maximum Waiver benefit, most diagnostic and preventive services will not affect your annual plan maximum. Claims paid for services such as routine exams, cleanings and x-rays won’t accumulate towards your yearly benefit limit, allowing you to get the most from your dental plan.

Looking for a DENTIST?

Visit: www.deltadentalins.com

On the homepage, complete the information under “Find a Dentist.” Select either the Delta Dental PPO or Delta Dental Premier Network. Delta Dental PPO dentists provide you with the greatest discounts.

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<table>
<thead>
<tr>
<th>BENEFIT</th>
<th>Basic Dental</th>
<th></th>
<th>Buy-Up Dental</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>IN-NETWORK</td>
<td>OUT-OF-NETWORK*</td>
<td>IN-NETWORK</td>
<td>OUT-OF-NETWORK*</td>
</tr>
<tr>
<td>Calendar Year Maximum</td>
<td>$1,000 per person per year</td>
<td>$1,500 per person per year</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Diagnostic &amp; Preventive: exams, cleaning, x-rays, sealants</td>
<td>100%</td>
<td>Most Diagnostic &amp; Preventive services do not count towards the Calendar Year Maximum</td>
<td>100%</td>
<td>Most Diagnostic &amp; Preventive services do not count towards the Calendar Year Maximum</td>
</tr>
<tr>
<td>Basic Services: fillings, denture repair, stainless steel crowns, posterior composites</td>
<td>100%</td>
<td>100%</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Endodontic: root canals</td>
<td>100%</td>
<td>100%</td>
<td>100%</td>
<td>100%</td>
</tr>
<tr>
<td>Periodontics: gum treatments</td>
<td>Not covered</td>
<td>Not covered</td>
<td>50%</td>
<td>50%</td>
</tr>
<tr>
<td>Oral Surgery</td>
<td>Not covered</td>
<td>Not covered</td>
<td>100%</td>
<td>100%</td>
</tr>
<tr>
<td>Major Services: crowns, inlays, onlays, cast restoration</td>
<td>Not covered</td>
<td>Not covered</td>
<td>50%</td>
<td>50%</td>
</tr>
<tr>
<td>Prosthodontics: bridges and dentures, implants</td>
<td>Not covered</td>
<td>Not covered</td>
<td>50%</td>
<td>50%</td>
</tr>
<tr>
<td>Orthodontics Benefits: adults and dependent children</td>
<td>Not covered</td>
<td>Not covered</td>
<td>50%</td>
<td>50%</td>
</tr>
<tr>
<td>Orthodontia Maximum</td>
<td>Not covered</td>
<td>Not covered</td>
<td>$1,500 Lifetime</td>
<td></td>
</tr>
</tbody>
</table>

*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.

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

Swarthmore College offers a vision plan through Davis Vision. This plan allows you to receive an eye exam once every 2 calendar years, and provides substantial savings on your eye-care purchases. The plan is available through thousands of provider locations participating in the Davis Vision network.

Go to [www.davisvision.com](http://www.davisvision.com) or call **1(800) 999-5431** to find a nearby provider.

<table>
<thead>
<tr>
<th>BENEFIT</th>
<th>Basic IN-NETWORK</th>
<th>Basic OUT-OF-NETWORK</th>
<th>Buy-Up IN-NETWORK</th>
<th>Buy-Up OUT-OF-NETWORK</th>
</tr>
</thead>
<tbody>
<tr>
<td>Examination</td>
<td>100% covered</td>
<td>$35 allowance</td>
<td>100% covered</td>
<td>$35 allowance</td>
</tr>
<tr>
<td>Frames</td>
<td>Davis Tower of frames; 100% for Fashion &amp; Designer, $20 for Premier Selection, $60 credit for other frames</td>
<td>$75 allowance for frames and lenses</td>
<td>100% covered on Davis Tower of frames or $100 credit for other frames</td>
<td>$125 allowance for frames and lenses</td>
</tr>
<tr>
<td>Eyeglass lenses: Standard Lenses, single vision, bifocal, trifocal, lenticular</td>
<td>100% covered</td>
<td>$75 allowance for frames and lenses</td>
<td>100% covered</td>
<td>$125 allowance for frames and lenses</td>
</tr>
<tr>
<td>Eyeglass lenses: Glass grey #3 prescription, tinting</td>
<td>100% covered</td>
<td>$75 allowance for frames and lenses</td>
<td>100% covered</td>
<td>$125 allowance for frames and lenses</td>
</tr>
<tr>
<td>Contacts</td>
<td>$75 allowance</td>
<td>$75 allowance</td>
<td>$125 allowance</td>
<td>$125 allowance</td>
</tr>
<tr>
<td>Contact lens evaluation and fitting</td>
<td>Included in $75 allowance</td>
<td>Included in $75 allowance</td>
<td>Included in $125 allowance</td>
<td>Included in $125 allowance</td>
</tr>
<tr>
<td>Exam Frequency</td>
<td>Once every two calendar years</td>
<td>Once every two calendar years</td>
<td>Once every two calendar years</td>
<td>Once every two calendar years</td>
</tr>
<tr>
<td>Hardware Frequency</td>
<td>Once every two calendar years</td>
<td>Once every two calendar years</td>
<td>Once every two calendar years</td>
<td>Once every two calendar years</td>
</tr>
</tbody>
</table>

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

## Full-Time Medical (Monthly)

<table>
<thead>
<tr>
<th>PLAN COVERAGE</th>
<th>High Deductible Health Plan*</th>
<th>Keystone HMO Plan</th>
<th>Keystone POS Plan</th>
<th>Personal Choice PPO Plan</th>
</tr>
</thead>
<tbody>
<tr>
<td>Employee Only</td>
<td>$0.00</td>
<td>$0.00</td>
<td>$52.96</td>
<td>$178.26</td>
</tr>
<tr>
<td>Employee &amp; Child</td>
<td>$0.00</td>
<td>$0.00</td>
<td>$95.33</td>
<td>$558.20</td>
</tr>
<tr>
<td>Employee &amp; Children</td>
<td>$0.00</td>
<td>$100.63</td>
<td>$185.37</td>
<td>$642.79</td>
</tr>
<tr>
<td>Employee &amp; Spouse</td>
<td>$0.00</td>
<td>$220.33</td>
<td>$312.48</td>
<td>$688.53</td>
</tr>
<tr>
<td>Family</td>
<td>$0.00</td>
<td>$466.08</td>
<td>$609.08</td>
<td>$721.16</td>
</tr>
</tbody>
</table>

*For the 2018 plan year, the College will make an annual contribution to your HSA account in the amount of 50% of the deductible.*

## Part-Time Medical (Monthly)

<table>
<thead>
<tr>
<th>PLAN COVERAGE</th>
<th>High Deductible Health Plan</th>
<th>Keystone HMO Plan</th>
<th>Keystone POS Plan</th>
<th>Personal Choice PPO Plan</th>
</tr>
</thead>
<tbody>
<tr>
<td>Employee Only</td>
<td>$55.06</td>
<td>$0.00</td>
<td>$187.42</td>
<td>$348.05</td>
</tr>
<tr>
<td>Employee &amp; Child</td>
<td>$147.27</td>
<td>$288.83</td>
<td>$339.97</td>
<td>$849.20</td>
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<tr>
<td>Employee &amp; Children</td>
<td>$162.00</td>
<td>$402.09</td>
<td>$452.16</td>
<td>$951.77</td>
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<tr>
<td>Employee &amp; Spouse</td>
<td>$202.72</td>
<td>$479.35</td>
<td>$544.50</td>
<td>$1,059.27</td>
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<tr>
<td>Family</td>
<td>$218.10</td>
<td>$771.96</td>
<td>$853.67</td>
<td>$1,072.42</td>
</tr>
</tbody>
</table>

## Dental & Vision Buy Up Rates (Monthly for Full-Time and Part-Time Employees)

<table>
<thead>
<tr>
<th>PLAN COVERAGE</th>
<th>Dental Buy Up</th>
<th>Vision Buy Up</th>
</tr>
</thead>
<tbody>
<tr>
<td>Employee Only</td>
<td>$13.98</td>
<td>$1.79</td>
</tr>
<tr>
<td>Employee &amp; Child</td>
<td>$36.99</td>
<td>$4.58</td>
</tr>
<tr>
<td>Employee &amp; Children</td>
<td>$36.99</td>
<td>$4.58</td>
</tr>
<tr>
<td>Employee &amp; Spouse</td>
<td>$36.99</td>
<td>$4.58</td>
</tr>
<tr>
<td>Family</td>
<td>$36.99</td>
<td>$4.58</td>
</tr>
</tbody>
</table>

*Please Note: The College provides Basic Dental and Basic Vision at no cost to you.*
BASIC LIFE AND AD&D INSURANCE

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

New for 2018: The maximum coverage amount for Basic Life and AD&D has increased from $150,000 to $200,000. This additional coverage is provided at no cost to you.

VOLUNTARY LIFE & AD&D INSURANCE

Employees may elect to purchase supplemental life insurance. Coverage is available up to the lesser of 5 times your annual earnings or $750,000 ($10,000 minimum). Aetna’s Evidence of Insurability (EOI) Health Questionnaire must be completed by: employees electing supplemental life insurance in excess of the lesser of 3 times Annual Earnings or $200,000; employees requesting an increase of coverage by more than one multiple of Annual Earnings; and employees who elect coverage for the first time more than 31 days after they are first eligible. The combined maximum benefit for basic and supplemental life is $950,000.

» Spouse Life Insurance Coverage

Employees are also given the option to purchase life insurance for their spouse or domestic partner in $5,000 increments up to the lesser of $100,000 or 100% of the employee’s supplemental life insurance amount. Aetna’s EOI Health Questionnaire must be completed when: spouse or domestic partner life insurance coverage in excess of $25,000 is elected; and if coverage is elected for the first time more than 31 days after initially becoming eligible. Employees must purchase voluntary life insurance in order to purchase coverage for their spouse and/or child(ren).

» Dependent Child(ren) Life Insurance Coverage

Insurance for dependent children may be purchased in increments of $5,000 to a maximum of $10,000, but not more than 100% of the amount of the employee’s life insurance. To be eligible for this coverage, children must be age 14 days to 19 years of age (or to age 26 if full-time student) and unmarried. Employees must purchase voluntary life insurance for themselves in order to purchase coverage for their spouse and/or child(ren).

SALARY CONTINUATION PLAN

After one year of service, benefit eligible employees are provided with a salary continuation plan that replaces a percentage of your salary if you become disabled and cannot work. Salary Continuation benefits will begin on the 15th day of disability due to a non-work related illness or injury and are payable for a maximum duration of 6 months. For staff, the first 2 weeks are charged to your accrued sick days or are unpaid if no days are available.

LONG TERM DISABILITY

Long Term Disability Insurance (LTD) is purchased by the College for all benefit eligible employees of 0.75 FTE or greater. Long Term Disability insurance provides for a continuation of income in the event you are disabled and unable to return to work after six months. LTD premiums are based upon your salary and your maximum long term disability benefits available. If an election is made to pay premiums on an after-tax basis, Swarthmore College will add the value of the premium to your paycheck (subject to taxes), then deduct the cost of coverage, thus, allowing you to pay the tax on the value of the premium and collect a tax-free LTD benefit.

For more details please see the Taxation Explanation Document found on the Human Resources homepage.

» Pre-tax Option:

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

» Post-tax Option:

You choose to pay taxes on the premiums the College pays on your behalf. In this case, if you use the benefit, the income you receive will not be federally taxable. The post-tax option is a permanent election.
## Life and AD&D Premium Rates

### Voluntary Life Coverage for You

<table>
<thead>
<tr>
<th>Age Range</th>
<th>Monthly Rates per $1,000 of Coverage</th>
</tr>
</thead>
<tbody>
<tr>
<td>Under Age 30</td>
<td>$0.060</td>
</tr>
<tr>
<td>Age 30 to 34</td>
<td>$0.080</td>
</tr>
<tr>
<td>Age 35 to 39</td>
<td>$0.092</td>
</tr>
<tr>
<td>Age 40 to 44</td>
<td>$0.110</td>
</tr>
<tr>
<td>Age 45 to 49</td>
<td>$0.173</td>
</tr>
<tr>
<td>Age 50 to 54</td>
<td>$0.265</td>
</tr>
<tr>
<td>Age 55 to 59</td>
<td>$0.495</td>
</tr>
<tr>
<td>Age 60 to 64</td>
<td>$0.702</td>
</tr>
<tr>
<td>Age 65 to 69</td>
<td>$1.334</td>
</tr>
<tr>
<td>Age 70 and over</td>
<td>$2.070</td>
</tr>
</tbody>
</table>

### Voluntary Life Coverage for Your Spouse or Domestic Partner

<table>
<thead>
<tr>
<th>Age Range</th>
<th>Monthly Rates per $1,000 of Coverage</th>
</tr>
</thead>
<tbody>
<tr>
<td>Under Age 30</td>
<td>$0.060</td>
</tr>
<tr>
<td>Age 30 to 34</td>
<td>$0.081</td>
</tr>
<tr>
<td>Age 35 to 39</td>
<td>$0.092</td>
</tr>
<tr>
<td>Age 40 to 44</td>
<td>$0.110</td>
</tr>
<tr>
<td>Age 45 to 49</td>
<td>$0.161</td>
</tr>
<tr>
<td>Age 50 to 54</td>
<td>$0.299</td>
</tr>
<tr>
<td>Age 55 to 59</td>
<td>$0.483</td>
</tr>
<tr>
<td>Age 60 to 64</td>
<td>$0.840</td>
</tr>
<tr>
<td>Age 65 to 69</td>
<td>$1.461</td>
</tr>
<tr>
<td>Age 70 and over</td>
<td>$2.300</td>
</tr>
</tbody>
</table>

### Voluntary Life Coverage for Your Dependent Children

<table>
<thead>
<tr>
<th>Age Range</th>
<th>Monthly Rate per $1,000 of Coverage</th>
</tr>
</thead>
<tbody>
<tr>
<td>14 days to 19 years old; up to age 26 if full-time student</td>
<td>$0.10</td>
</tr>
</tbody>
</table>

### Voluntary AD&D Coverage for You and Your Family

<table>
<thead>
<tr>
<th>Coverage Type</th>
<th>Monthly Rates per $1,000 of Coverage</th>
</tr>
</thead>
<tbody>
<tr>
<td>Employee Only</td>
<td>$0.013</td>
</tr>
<tr>
<td>Employee and Family</td>
<td>$0.022</td>
</tr>
</tbody>
</table>
Flexible Spending Accounts

**FSA Debit Card**

The FSA debit card can be used for:
- Qualified Health Care expenses
- Eligible Parking
- Dependent Care expenses
- Limited Purpose FSA Dental and Vision expenses

**FSA Re-Enrollment**

You must re-enroll if you elected to participate in an FSA account last year and specify your annual contribution if you wish to participate in the upcoming Plan Year. Your election from last Plan Year WILL NOT carry over to the new Plan Year.

For the 2018 Plan Year, the maximum amount that you may contribute to a Health Care FSA or a Limited Purpose is $2,650.

**CLAIMS Submission**

You have until March 31, 2019 to submit claims for reimbursement for expenses incurred between January 1, 2018 and December 31, 2018.

**HEALTH CARE FSA**

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

- Deductibles and copayments,
- Expenses for medical services or supplies not covered by your plan,
- Dental, vision and hearing care expenses not covered by insurance.

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 Health Care FSA and a Dependent Care FSA.

**Carryovers**

Unused balances of up to $500 will carry over to the next plan year.

**LIMITED PURPOSE FSA**

**New for 2018**, a Limited Purpose FSA is designed specifically for employees who enroll in the High Deductible Health Plan (HDHP). You can enroll in the HDHP and have a Health Savings Account (HSA), but the IRS eligibility rules don't allow you to also have a Health Care FSA. What's the solution?

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

If you want to want to maximize your HSA savings and watch your HSA balance grow, a Limited Purpose FSA may be a valuable benefit to you. As with the Health Care FSA, unused balances of up to $500 will carry over to the next plan year.
Flexible Spending Accounts

DEPENDENT CARE FSA

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

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

For the 2018 Plan Year, the maximum amount that you may contribute to a Dependent Care FSA is $5,000. The IRS has set the maximum allowable contribution per calendar year for a Dependent Care Flexible Spending Account as follows:

- $5,000 for a married couple filing jointly
- $5,000 for a single parent
- $2,500 for a married person filing separately
EMPLOYEE ASSISTANCE PLAN (EAP)

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

- Basic clinical and work/life support by phone or web
- Up to seven free face-to-face sessions with licensed behavioral clinicians
- 24/7 phone consultation with Carebridge licensed clinicians
- Monthly phone seminars on relevant topics
- Unlimited access to online research and other key resources
- Life events research and qualified referrals (i.e., child care providers)

VOLUNTARY LONG-TERM CARE INSURANCE

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

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

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

Enter the Group Name: swmore & Access Code: groupltc

METLAW PRE-PAID LEGAL SERVICE

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

Contact MetLaw by going to www.legalplans.com or call 1-800-821-6400 for more information.
HEALTH ADVOCATE

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

Here’s How It Works

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

How Health Advocate Can Help

Health Advocate complements basic health care coverage and can assist you in maximizing the benefits available through the Swarthmore College health plans. The services available through Health Advocate are summarized to the right.

Who is Covered?

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

Your Personal Health Advocate Will:

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

<table>
<thead>
<tr>
<th>Administrative Services</th>
<th>Service Support</th>
</tr>
</thead>
<tbody>
<tr>
<td>» Untangle and resolve insurance claims</td>
<td>» Obtain information to allow for informed health care decisions</td>
</tr>
<tr>
<td>» Save money on health care bills</td>
<td>» Help members complete necessary paperwork</td>
</tr>
<tr>
<td>» Navigate within an insurance company</td>
<td>» Identify and coordinate/arrange wellness services</td>
</tr>
<tr>
<td>» Identify and correct billing errors</td>
<td>» Make arrangements for a member's special service and transportation needs</td>
</tr>
<tr>
<td>» Assist with health care issues</td>
<td></td>
</tr>
<tr>
<td>» Explore and arrange elder care</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Clinical Services</th>
<th>Health Coaching</th>
</tr>
</thead>
<tbody>
<tr>
<td>» Find the right doctors and hospitals</td>
<td>» Help prepare patients for health care appointments</td>
</tr>
<tr>
<td>» Assist with complex medical conditions</td>
<td>» Answer general or specific benefit questions</td>
</tr>
<tr>
<td>» Research treatment options</td>
<td>» Assist members in better understanding their conditions</td>
</tr>
<tr>
<td>» Secure second opinions</td>
<td>» Educate members on how to become active participants in their health care</td>
</tr>
<tr>
<td>» Schedule appointments with hard-to-reach specialists</td>
<td>» Explain the advantages of in-network care</td>
</tr>
<tr>
<td>» Identify renowned “best-in-class” medical facilities</td>
<td></td>
</tr>
</tbody>
</table>
Changing Your Benefits After Open Enrollment

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 voluntary life insurance and Health Savings Account contributions) will be binding through December 31, 2018; 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
- Confirmation or dissolution of domestic partnership, same-sex marriage or civil union
- 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 your 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)

30 DAY Window

Qualifying Life Events allow you to make plan changes outside of the College’s Annual Enrollment Period. For any allowable changes, you must inform Human Resources within 30 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.
**HIPAA Information Notice of Privacy Practices**

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

**Special Enrollment Rights**

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

**Genetic Information Non-Discrimination Act (GINA)**

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

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

**The Newborns’ and Mothers’ Health Protection Act**

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

**Michelle’s Law**

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

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

**Women’s Health and Cancer Rights Act**

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

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

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

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

Medicare Part D — Creditable Coverage

IMPORTANT NOTICE FROM SWARTHMORE COLLEGE ABOUT YOUR PRESCRIPTION DRUG COVERAGE AND MEDICARE

Please read this notice carefully and keep it where you can find it. This notice has information about your current prescription drug coverage with Swarthmore College and about your options under Medicare's prescription drug coverage. This information can help you decide whether or not you want to join a Medicare drug plan. If you are considering joining, you should compare your current coverage, including which drugs are covered at what cost, with the coverage and costs of the plans offering Medicare prescription drug coverage in your area. Information about where you can get help to make decisions about your prescription drug coverage is at the end of this notice. There are two important things you need to know about your current coverage and Medicare's prescription drug coverage:

1. Medicare prescription drug coverage became available in 2006 to everyone with Medicare. You can get this coverage if you join a Medicare Prescription Drug Plan or join a Medicare Advantage Plan (like an HMO or PPO) that offers prescription drug coverage. All Medicare drug plans provide at least a standard level of coverage set by Medicare. Some plans may also offer more coverage for a higher monthly premium.

2. Swarthmore has determined that the prescription drug coverage offered by the College's Independence plans is, on average for all plan participants, expected to pay out as much as standard Medicare prescription drug coverage pays and is therefore considered Creditable Coverage. Because your existing coverage is Creditable Coverage, you can keep this coverage and not pay a higher premium (a penalty) if you later decide to join a Medicare drug plan.

When Will You Pay A Higher Premium (Penalty) To Join A Medicare Drug Plan?

You should also know that if you drop or lose your current coverage with Swarthmore and don't join a Medicare drug plan within 63 continuous days after your current coverage ends, you may pay a higher premium (a penalty) to join a Medicare drug plan later. If you go 63 continuous days or longer without creditable prescription drug coverage, your monthly premium may go up by at least 1% of the Medicare base beneficiary premium per month for every month that you did not have that coverage. For example, if you go nineteen months without creditable coverage, your premium may consistently be at least 19% higher than the Medicare base beneficiary premium. You may have to pay this higher premium (a penalty) as long as you have Medicare prescription drug coverage. In addition, you may have to wait until the following October to join.

For More Information About This Notice Or Your Current Prescription Drug Coverage...

Contact the Human Resources Office (whose information is provided below) for further information. NOTE: You'll receive this notice each year. You will also get it before the next period you can join a Medicare drug plan, and if this coverage through Swarthmore College changes. You also may request a copy of this notice at any time.

For More Information About Your Options Under Medicare Prescription Drug Coverage...

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

For more information about Medicare prescription drug coverage:

» Visit www.medicare.gov

» Call your State Health Insurance Assistance Program (see the inside back cover of your copy of the “Medicare & You” handbook for their telephone number) for personalized help

» Call 1-800-MEDICARE (1-800-633-4227). TTY users should call 1-877-486-2048.

If you have limited income and resources, extra help paying for Medicare prescription drug coverage is available. For information about this extra help, visit Social Security on the web at www.socialsecurity.gov, or call them at 1-800-772-1213 (TTY 1-800-325-0778).

Remember: Keep this Creditable Coverage notice. If you decide to join one of the Medicare drug plans, you may be required to provide a copy of this notice when you join to show whether or not you have maintained creditable coverage and, therefore, whether or not you are required to pay a higher premium (a penalty).

Date: October 2017

Name of Entity/Sender: Swarthmore College
Contact-Position/Office: Human Resources
Address: 500 College Ave, Swarthmore PA 19081
Phone Number: 610-328-8397
Premium Assistance Under Medicaid and the Children’s Health Insurance Program (CHIP)

If you or your children are eligible for Medicaid or CHIP and you're eligible for health coverage from your employer, your state may have a premium assistance program that can help pay for coverage, using funds from their Medicaid or CHIP programs. If you or your children aren’t eligible for Medicaid or CHIP, you won't be eligible for these premium assistance programs but you may be able to buy individual insurance coverage through the Health Insurance Marketplace. For more information, visit www.healthcare.gov.

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

If you or your dependents are NOT currently enrolled in Medicaid or CHIP, and you think you or any of your dependents might be eligible for either of these programs, contact your State Medicaid or CHIP office or dial 1-877-KIDS NOW or www.insurekidsnow.gov to find out how to apply. If you qualify, ask your state if it has a program that might help you pay the premiums for an employer-sponsored plan.

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

If you live in one of the following states, you may be eligible for assistance paying your employer health plan premiums. The following list of states is current as of August 10, 2017. Contact your State for more information on eligibility –

- **MINNESOTA** – Medicaid
  - Website: http://mn.gov/dhs/people-who-serve/ensures-health-care/health-care-programs/programs-and-services/medical-assistance.pj
  - Phone: 1-800-657-3179

- **MISSOURI** – Medicaid
  - Website: http://www.dss.mo.gov/mhd/participants/pages/hcpp.htm
  - Phone: 573-751-2005

- **MONTANA** – Medicaid
  - Website: http://www.dphhs.mt.gov/MontanaHealthcarePrograms/HPP
  - Phone: 1-800-694-3084

- **NEBRASKA** – Medicaid
  - Website: http://www.AccessNebraska.ne.gov
  - Phone: (855) 632-7333
  - Lincoln: (402) 473-7000
  - Omaha: (402) 595-1178

- **NEVADA** – Medicaid
  - Medicaid Website: https://dnvs.nv.gov/
  - Medicaid Phone: 1-800-992-0900

- **NEW HAMPSHIRE**

- **NEW JERSEY** – Medicaid and CHIP
  - Website: http://www.dhs.nj.state.us/ssi/documents/hcpppg.pdf
  - Phone: 609-271-5238

- **NEW MEXICO** – Medicaid
  - Website: http://www.health.ny.gov/health_care/medicaid/
  - Phone: 1-800-541-2831

- **NEW YORK** – Medicaid
  - Website: http://www.mass.gov/eohhs/gov/departments/masshealth/
  - Phone: 1-800-701-0710

- **NORTH CAROLINA** – Medicaid
  - Medicaid Website: https://www.healthcare.oregon.gov/medicaid
  - Phone: 1-800-694-3084

- **NORTH DAKOTA** – Medicaid
  - Website: http://health.utah.gov/chip
  - Phone: 1-877-543-7669

- **OHIO** – Medicaid
  - Medicaid Website:  https://beta.oregon.gov/health/healthcare/chip
  - Phone: 1-800-440-0493

- **OKLAHOMA** – Medicaid and CHIP
  - Website: http://www.mygreenmountaincare.org
  - Phone: 1-877-365-3742

- **OREGON** – Medicaid
  - Website: http://www.greenmountaincare.org
  - Phone: 1-877-543-7669

- **PENNSYLVANIA** – Medicaid
  - Website: http://www.dhs.pa.gov/provider/medicalassistance/healthinsurancepremiumpaymenthippprogram/index.htm
  - Phone: 1-800-692-7462

- **RHODE ISLAND** – Medicaid
  - Website: http://www.eohhs.ri.gov/
  - Phone: 1-800-692-7462

- **SOUTH CAROLINA** – Medicaid
  - Website: http://www.scdhhs.gov
  - Phone: 1-888-365-0059

- **SOUTH DAKOTA** – Medicaid
  - Website: http://health.utah.gov/chip
  - Phone: 1-877-543-7669

- **TENNESSEE**

- **TEXAS** – Medicaid
  - Website: https://www.mygreenmountaincare.org
  - Phone: 1-800-440-0493

- **UTAH** – Medicaid and CHIP
  - Medicaid Website: https://www.health.utah.gov/chip
  - Phone: 1-877-543-7669

- **VERMONT** – Medicaid
  - Website: http://www.hca.wa.gov/free-or-low-cost-health-care/program-administration/premium-payment-program
  - Phone: 1-800-562-3082 ext. 15473

- **WISCONSIN** – Medicaid and CHIP
  - Website: https://www.scdhhs.gov
  - Phone: 1-888-694-8447

- **WISCONSIN** – Medicaid
  - Website: http://www.wisconsin.gov/publications/p1/p10095.pdf
  - Phone: 1-800-362-3002

- **WYOMING** – Medicaid
  - Website: https://www.wy.gov/ddh/wy/about/healthريقarepremiumpaymenthippprogram/index.htm
  - Phone: 1-888-694-8447

To see if any other states have added a premium assistance program since August 10, 2017, or for more information on special enrollment rights, contact either:

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

U.S. Department of Health and Human Services
Centers for Medicare & Medicaid Services
www.cms.hhs.gov
1-877-267-2323, Menu Option 4, Ext. 61565
New Health Insurance Marketplace Coverage Options and Your Health Coverage for Employees Who Are Eligible for Medical Coverage

PART A: GENERAL INFORMATION

When key parts of the health care law took effect in 2014, there became a new way to buy health insurance: the Health Insurance Marketplace. To assist you as you evaluate options for you and your family, this notice provides some basic information about the new Marketplace and employment-based health coverage offered by your employer.

What is the Health Insurance Marketplace?
The Marketplace is designed to help you find health insurance that meets your needs and fits your budget. The Marketplace offers “one-stop shopping” to find and compare private health insurance options. You may also be eligible for a new kind of tax credit that lowers your monthly premium right away. Open enrollment for health insurance coverage through the Marketplace begins on November 1, 2017 for coverage starting January 1, 2018.

Can I Save Money on My Health Insurance Premiums in the Marketplace?
You may qualify to save money and lower your monthly premium, but only if your employer does not offer coverage, or offers coverage that doesn’t meet certain standards. The savings on your premium that you’re eligible for depends on your household income.

Does Employer Health Coverage Affect Eligibility for Premium Savings through the Marketplace?
Yes. If you have an offer of health coverage from your employer that meets certain standards, you will not be eligible for a tax credit through the Marketplace and may wish to enroll in your employer’s health plan. However, you may be eligible for a tax credit that lowers your monthly premium, or a reduction in certain cost-sharing if your employer does not offer coverage to you at all or does not offer coverage that meets certain standards. If the cost of a plan from your employer that would cover you (and not any other members of your family) is more than 9.5% of your household income for the year, or if the coverage your employer provides does not meet the “minimum value” standard set by the Affordable Care Act, you may be eligible for a tax credit.*

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

How Can I Get More Information?
For more information about your coverage offered by your employer, please check your summary plan description or contact Human Resources.

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

PART B: INFORMATION ABOUT HEALTH COVERAGE OFFERED BY YOUR EMPLOYER

Information About Health Coverage Offered by Swarthmore College

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

| Employer Name: | Swarthmore College |
| Employer Identification Number (EIN): | 23-1352683 |
| Employer Address: | 500 College Avenue |
| Phone Number: | 610-328-8397 |
| City: | Swarthmore |
| State: | PA |
| Zip code: | 19081 |
| Who can we contact about employee health coverage at this job? | Human Resource Department |
| E-mail Address: | humanresources@swarthmore.edu |

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

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

With respect to dependents:
We do offer coverage. Eligible dependents are: 1. Spouse who is legally married to you and is treated as a spouse under the Internal Revenue Code of 1986 or domestic partner; 2. Your son, daughter, stepchild, legally adopted child or eligible foster child who has not attained age 26. This coverage meets the minimum value standard, and the cost of this coverage is intended to be affordable** to most of our employees based on employee wages.

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

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

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

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

- [www.ibx.com](http://www.ibx.com)
- 1.800.275.2583

**DENTAL BENEFITS**
Delta Dental

- [www.deltadentalins.com](http://www.deltadentalins.com)
- 1.800.332.0783

**VISION BENEFITS**
Davis Vision

- [www.davisvision.com](http://www.davisvision.com)
- 1.800.999.5431

**LIFE AND AD&D BENEFITS**
Aetna

- [www.aetna.com](http://www.aetna.com)
- 1.800.872.3682

**LONG TERM DISABILITY BENEFITS**
Aetna

- [www.aetna.com](http://www.aetna.com)
- 1.800.872.3682

**FLEXIBLE SPENDING ACCOUNTS**
PayFlex

- [www.payflex.com](http://www.payflex.com)
- 1.800.284.4885

**EMPLOYEE ASSISTANCE PROGRAM**
Carebridge

- [www.carebridge.com](http://www.carebridge.com)
- 1.800.437.0911

**VOLUNTARY LEGAL BENEFITS**
MetLaw

- [www.legalplans.com](http://www.legalplans.com)
- 1.800.821.6400

**HEALTH ADVOCATE**

- [www.healthadvocate.com/swarthmore](http://www.healthadvocate.com/swarthmore)
- 1.866.695.8622

**VOLUNTARY LONG-TERM CARE BENEFITS**
Genworth

- [www.genworth.com/groupltc](http://www.genworth.com/groupltc)
- 1.800.416.3624

**HUMAN RESOURCES**
humanresources@Swarthmore.edu
610.328.8397