



Goodwin
University



**UNIVERSITY OF
BRIDGEPORT**

EMPLOYEE BENEFITS GUIDE

January 01, 2024 – December 31, 2024

Our Benefit Program Offers

- Medical & Prescription Drug Coverage
- Voluntary Dental Insurance
- Voluntary Vision
- Basic Life & AD&D Insurance
- Voluntary Life Insurance
- Short-Term Disability
- Long-Term Disability
- Voluntary Accident Insurance
- Voluntary Critical Illness Insurance
- Voluntary Hospital Indemnity
- Voluntary Pet Insurance
- Identity Theft Protection
- Pre-Paid legal Services
- Flexible Spending Accounts (FSA)



Change-in-Status Events

Unless you have a qualified change-in-status event that impacts your eligibility and the change is allowed under the terms of the insurance contract or plan document, you cannot make changes to the benefits you elect until the next Open Enrollment period. Some examples of qualified change-in-status events are highlighted below:

Benefit changes must be consistent with your qualified change-in-status event.

Changes must be submitted to Human Resources within 30 days of the event; documentation supporting the change will be required.



Marriage or divorce

Birth, adoption, or death

Change in employment, or employment status for you, your spouse, or your dependent child

Change in coverage under another employer plan, such as a change made during your spouse's Open Enrollment

The benefits plan year runs January 01, 2024 through December 31, 2024. Unless you have a qualified change-in-status event that impacts your eligibility and the change is allowed under the terms of the insurance contract or plan document, you cannot make changes to your benefits until the next Open Enrollment period.

Who is eligible for benefits?

You are eligible if you are a full-time employee, which is defined as:

- ❖ Faculty – regularly scheduled to work at least 35 hours a week
- ❖ Staff – regularly scheduled to work at least 40 hours a week

For new hires, benefits are effective on the first of the month following date of hire.

In addition to enrolling yourself, you may also enroll any eligible dependents. Eligible dependents are defined below:

Legal Spouse Eligibility

- Employees may cover their spouse under medical, dental, vision, voluntary life, accidental injury, critical illness plans, Lifelock and Legalease.
- An eligible spouse may be added to the employee's medical, dental and vision plan during the employee's initial eligibility period, during open enrollment, or due to a qualifying event. For more information regarding spouse eligibility please contact Human Resources.

Dependent Children Eligibility

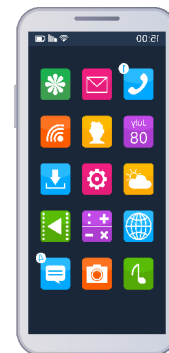
- **Medical and Dental Insurance** – Dependents can be covered up to age 26 on the as long as they are not covered under their own policy. Coverage will terminate at the end of the plan year following the dependent's 26th birthday.
- **Vision Insurance** – Dependent children are covered until the end of the month in which they turn 26.
- **Voluntary Life & Voluntary Benefits** – Dependents can be covered up to 26 years old and coverage will terminate on their 26th birthday.

EMPLOYEE RESOURCES

Plan	Phone Number and Website/Email
Medical & Voluntary Dental – Group# 930037 <ul style="list-style-type: none">United HealthCare	Phone Number: 1-866-414-1959/ www.myuhc.com
Voluntary Vision - Group # 10-60869 <ul style="list-style-type: none">Ameritas	Phone Number: 1-800-487-5553/ www.ameritas.com
Life & Disability - Group # 1103035 <ul style="list-style-type: none">Lincoln Financial	Phone Number: 1-800-423-2765/ www.lincolnfinancial.com
Voluntary Accident, Voluntary Critical Illness & Voluntary Hospital Indemnity - Group # Pending <ul style="list-style-type: none">Lincoln Financial	Phone Number: 1-800-423-2765/ www.lincolnfinancial.com
Voluntary Pet Insurance – Group # 6587 <ul style="list-style-type: none">Total pet BenefitWishbone	Phone Number: 1-888-913-7387 / www.petbenefits.com Phone Number: 1-800-891-2565/ https://wishboneinsurance.com/goodwinuniversity-universityofbridgeport
HSA Bank – Health Savings Account <ul style="list-style-type: none">You must open a Health Savings Account with HSA Bank in order to have money payroll deducted into the account. You can open an account by completing the enrollment form on Employee Navigator or by enrolling online at www.hsabank.com.	
Identity Theft Protection – Group # 1475806 <ul style="list-style-type: none">Norton Life Lock/Gen Digital	Phone Number: 1-800-607-9174/ www.nortonlifelock.com
Pre-Paid Legal <ul style="list-style-type: none">MetLife Legal	Phone Number: 1-800-821-6400/ www.metlife.com
Flexible Spending Accounts/COBRA Continuation <ul style="list-style-type: none">Progressive Benefit Solutions (PBS)	Phone Number: 1-888-333-3901 / www.pbscard.com

THERE'S AN APP FOR THAT!

Many of our providers have mobile apps that provide personalized access to your benefits when and where you need it! There are also a variety of FREE health and fitness related apps available. Browse and download apps to your smartphone or tablet from the App Store or Google Play.



Benefit Specialist

Goodwin University

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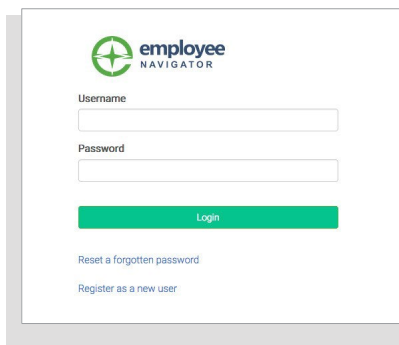
University of Bridgeport

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The Hilb Group – 1-800-246-9325/Goodwin_UB@hilbgroup.com

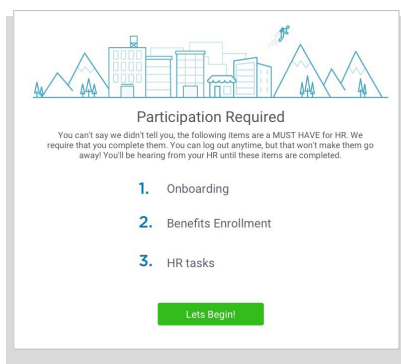
ENROLL IN YOUR BENEFITS: One step at a time



Step 1: Log In

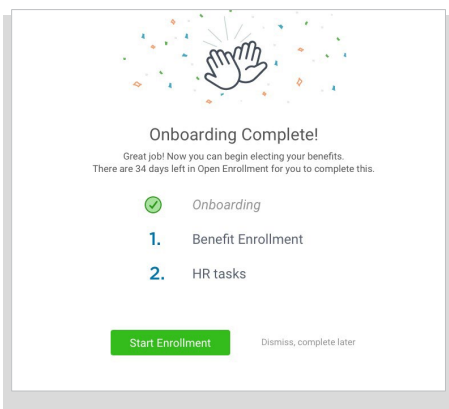
Go to www.employeenavigator.com and click **Login**

- **Returning users:** Log in with the username and password you selected. Click **Reset a forgotten password**.
- **First time users:** Click on your Registration Link in the email sent to you by your admin or **Register as a new user**. Create an account, and create your own username and password.
- **Company Identifier:** **goodwinuni**



Step 2: Welcome!

After you login click **Let's Begin** to complete your required tasks.

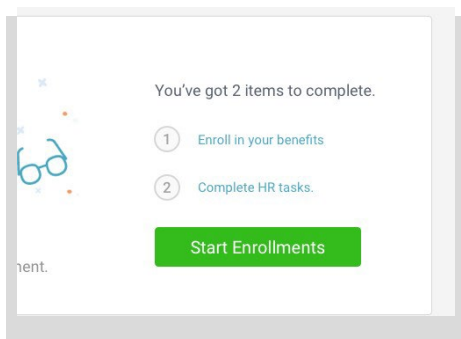


Step 3: Onboarding (For first time users, if applicable)

Complete any assigned onboarding tasks before enrolling in your benefits. Once you've completed your tasks click **Start Enrollment** to begin your enrollments.

TIP

if you hit "**Dismiss, complete later**" you'll be taken to your Home Page. You'll still be able to start enrollments again by clicking "**Start Enrollments**"



Step 4: Start Enrollments

After clicking **Start Enrollment**, you'll need to complete some personal & dependent information before moving to your benefit elections.

TIP

Have dependent details handy. To enroll a dependent in coverage you will need their date of birth and Social Security number.

Step 5: Benefit Elections

To enroll dependents in a benefit, click the checkbox next to the dependent's name under **Who am I enrolling?**

Below your dependents you can view your available plans and the cost per pay. To elect a benefit, click **Select Plan** underneath the plan cost.

The screenshot shows a benefit election interface. At the top, it displays a plan cost of \$138.46 per pay period, effective on 08/01/18 for an Employee. There are buttons for 'Compare', 'Details', and 'Selected'. Below this, a section titled 'How much will it cost?' shows a table with columns for Plan Cost, Employer Contribution, and My Cost. The Plan Cost is \$138.46, the Employer Contribution is \$138.46, and the My Cost is \$0.00. There is a 'View employer contributions summary' button. At the bottom right, there are 'Save & Continue' and 'Don't want this benefit?' buttons.

Click **Save & Continue** at the bottom of each screen to save your elections.

If you do not want a benefit, click **Don't want this benefit?** at the bottom of the screen and select a reason from the drop-down menu.

Step 6: Forms

If you have elected benefits that require a beneficiary designation, Primary Care Physician, or completion of an Evidence of Insurability form, you will be prompted to add in those details.

The screenshot shows the 'Enrollment Summary' page. It indicates 'Progress 6 of 8'. A yellow warning box says 'Enrollment Not Complete' with the instruction 'Please complete the required highlighted steps from your enrollment progress menu.' A progress bar shows steps 1 through 8, with step 6 highlighted in yellow. The 'Enrolled Plans' section shows a 'Medical' plan named 'Key Care HSA PPO2017 404E2435 Long Plan Name'. A 'Collapse' button is next to it. A 'View Steps' link is also present.

Step 7: Review & Confirm Elections

Review the benefits you selected on the enrollment summary page to make sure they are correct then click **Sign & Agree** to complete your enrollment. You can either print a summary of your elections for your records or login at any point during the year to view your summary online.

TIP

If you miss a step you'll see **Enrollment Not Complete** in the progress bar with the incomplete steps highlighted. Click on any incomplete steps to complete them.

The screenshot shows a celebratory message: 'High Five! Enrollment Complete!' with a hand icon and confetti. Below the message, it says 'You've only got one more item to complete.' There is a green checkmark icon next to the text 'Enroll in your benefits'. Below that, a numbered list shows '1. HR Tasks'. At the bottom, there is a green 'Start Tasks' button and a link that says 'Dismiss, complete later'.

Step 8: HR Tasks (if applicable)

To complete any required HR tasks, click **Start Tasks**. If your HR department has not assigned any tasks, you're finished!



You can login to review your benefits 24/7

OPEN ENROLLMENT - PREVENTIVE CARE CAMPAIGN

Preventive Care Campaign 2024

The credit/surcharge will be provided as follows:

Coverage Level	Bi-Weekly Credit
Employee Only	\$12.58
Employee + Spouse	\$25.15
Employee + Child(ren)	\$12.58
Employee + Family	\$25.15

Available to Employees & Spouses who enroll in Medical Coverage January 1, 2024:

The University is committed to the health and wellbeing of our employees. We have redeveloped our wellness program where employees and their spouses will receive a credit on their medical plan payroll deductions for taking the basic step of obtaining a routine wellness exam.

We feel that having this routine exam provides an opportunity for their personal physician to assess their current health situation and create a plan to become their healthiest.

This program is only applicable to employees and spouses enrolled in our health plan; this program does not apply to children.

Employees that enroll in the health plan as of January 1, 2024 and **submit their Physician Attestation Forms** will be provided a \$327 annual credit or a \$654 annual credit for employee & spouse.

If both employee and spouse are enrolled in the medical coverage, **both** must provide the Physician Attestation Form as evidence of a current physical in order to receive the credit.

Partial credit will NOT be provided.

Those employees and spouses who choose not to submit the Attestation Form(s) will not be eligible for the credit(s) and will pay a higher medical premium.

We encourage all employees and applicable spouses to participate, as employees only have this option during open enrollment.

The Physician Attestation Form must be submitted to Human Resources no later than January 5, 2024.

UNITED HEALTHCARE - MEDICAL & PRESCRIPTION PLAN HIGHLIGHTS & EMPLOYEE RATES

Employees electing this coverage share in the cost of this benefit with Goodwin University & University of Bridgeport

You have five medical plan choices administered by **United HealthCare**. All five options include prescription drug coverage. To locate a participating, in-network provider, visit www.myuhc.com

Plan Features	Plan 1 - CORE \$30/\$45 - \$3,000/30%	Plan 2 –Buy Down \$30/\$45 - \$3,000/30%
IN-NETWORK	Choice Plus	Choice
Annual Deductible Amount you must pay before the plan will begin to pay for certain services	\$3,000 Individual \$6,000 Family	\$3,000 Individual \$6,000 Family
Coinsurance	30%	30%
Annual Out-of-Pocket Maximum Maximum amount you pay per year for covered expenses	\$5,000 Individual \$10,000 Family	\$5,000 Individual \$10,000 Family
Well-child visits and immunizations, routine GYN visit, annual adult physical, and other age/gender appropriate screenings as outlined in the Affordable Care Act	No charge	No charge
PCP/Specialist Office Visits	\$30/\$45 Copay	\$30/\$45 Copay
Diagnostic Test - Outpatient (x-ray, blood work)	No Copay	No Copay
Advanced Imaging – Outpatient (CT/PET scans, MRIs)	\$75 Copay	\$75 Copay
Inpatient/Outpatient	Deductible, then 30%	Deductible, then 30%
Urgent Care Facility	\$75 Copay	\$75 Copay
Hospital Emergency Room	\$150 Copay	\$150 Copay
Annual Deductible Amount you must pay before the plan will begin to pay for certain services	\$5,000 Individual \$10,000 Family	N/A
Coinsurance	50%	N/A
Annual Out-of-Pocket Maximum Maximum amount you pay per year for covered expenses	\$10,000 Individual \$20,000 Family	N/A
Prescription Deductible	N/A	N/A
Retail Pharmacy, up to 30-day supply		
Tier 1	\$5	\$5
Tier 2	\$30	\$30
Tier 3	\$60	\$60
Mail Order, 90-day supply		
Tier 1/Tier 2/Tier 3	\$12.50/\$75/\$150	\$12.50/\$75/\$150
Bi-Weekly Rates <i>Without Wellness Rates</i>	Plan 1 - CORE \$30/\$45 - \$3,000/30%	Plan 2 –Buy Down \$30/\$45 - \$3,000/30%
Employee Only	\$94.90	\$76.75
Employee + Spouse	\$308.61	\$269.58
Employee + Child(ren)	\$236.58	\$203.90
Employee + Family	\$406.03	\$357.01

UNITED HEALTHCARE – MEDICAL & PRESCRIPTION PLAN HIGHLIGHTS & EMPLOYEE RATES

Employees electing this coverage share in the cost of this benefit with Goodwin University & University of Bridgeport

You have five medical plan choices administered by **United HealthCare**. All five options include prescription drug coverage. To locate a participating, in-network provider, visit www.myuhc.com

Plan Features	Plan 3 – Buy Up 1 \$30/\$45 - \$2,500/20%	Plan 4 - Buy Up 2 \$20/\$40 - \$1,500/20%
IN-NETWORK	Choice Plus	Choice Plus
Annual Deductible Amount you must pay before the plan will begin to pay for certain services	\$2,500 Individual \$5,000 Family	\$1,500 Individual \$3,000 Family
Coinsurance	20%	20%
Annual Out-of-Pocket Maximum Maximum amount you pay per year for covered expenses	\$5,000 Individual \$10,000 Family	\$3,000 Individual \$6,000 Family
PREVENTIVE SERVICES		
Well-child visits and immunizations, routine GYN visit, annual adult physical, and other age/gender appropriate screenings as outlined in the Affordable Care Act	No charge	No charge
OFFICE VISITS, LABS, AND TESTING		
PCP/Specialist Office Visits	\$30/\$45 Copay	\$20/\$40 Copay
Diagnostic Test - Outpatient (x-ray, blood work)	No Copay	No Copay
Advanced Imaging – Outpatient (CT/PET scans, MRIs)	\$75 Copay	\$75 Copay
HOSPITAL		
Inpatient/Outpatient	Deductible, then 20%	Deductible, then 20%
URGENT AND EMERGENCY CARE		
Urgent Care Facility	\$75 Copay	\$75 Copay
Hospital Emergency Room	\$150 Copay	\$150 Copay
OUT-OF-NETWORK		
Annual Deductible Amount you must pay before the plan will begin to pay for certain services	\$5,000 Individual \$10,000 Family	\$2,000 Individual \$4,000 Family
Coinsurance	40%	40%
Annual Out-of-Pocket Maximum Maximum amount you pay per year for covered expenses	\$10,000 Individual \$20,000 Family	\$6,000 Individual \$12,000 Family
PRESCRIPTION DRUGS		
Prescription Deductible	N/A	N/A
Retail Pharmacy, up to 30-day supply		
Tier 1	\$5	\$5
Tier 2	\$30	\$30
Tier 3	\$60	\$60
Mail Order, 90-day supply		
Tier 1/Tier 2/Tier 3	\$12.50/\$75/\$150	\$12.50/\$75/\$150
Bi-Weekly Rates	Plan 3 – Buy Up 1	Plan 4 - Buy Up 2
<i>Without Wellness Rates</i>	\$30/\$45 - \$2,500/20%	\$20/\$40 - \$1,500/20%
Employee Only	\$105.79	\$130.87
Employee + Spouse	\$332.03	\$385.94
Employee + Child(ren)	\$256.19	\$301.33
Employee + Family	\$435.44	\$503.15

UNITED HEALTHCARE – MEDICAL & PRESCRIPTION PLAN HIGHLIGHTS & EMPLOYEE RATES

Employees electing this coverage share in the cost of this benefit with Goodwin University & University of Bridgeport

You have five medical plan choices administered by **United HealthCare**. All five options include prescription drug coverage. To locate a participating, in-network provider, visit www.myuhc.com

Plan Features	Plan 5 - HSA \$2,500/10%
IN-NETWORK	Choice Plus
Annual Deductible Amount you must pay before the plan will begin to pay for certain services	\$2,500 Individual \$5,000 Family
Coinsurance	10%
Annual Out-of-Pocket Maximum Maximum amount you pay per year for covered expenses	\$3,275 Individual \$6,550 Family
PREVENTIVE SERVICES	
Well-child visits and immunizations, routine GYN visit, annual adult physical, and other age/gender appropriate screenings as outlined in the Affordable Care Act	No charge
OFFICE VISITS, LABS, AND TESTING	
PCP/Specialist Office Visits	Deductible, then 10%
Diagnostic Test - Outpatient (x-ray, blood work)	Deductible, then 10%
Advanced Imaging – Outpatient (CT/PET scans, MRIs)	Deductible, then 10%
HOSPITAL	
Inpatient/Outpatient	Deductible, then 10%
URGENT AND EMERGENCY CARE/HOSPITAL	
Urgent Care Facility	Deductible, then 10%
Hospital Emergency Room	Deductible, then 10%
OUT-OF-NETWORK	
Annual Deductible Amount you must pay before the plan will begin to pay for certain services	\$2,500 Individual \$5,000 Family
Coinsurance	30%
Annual Out-of-Pocket Maximum Maximum amount you pay per year for covered expenses	\$5,000 Individual \$10,000 Family
PRESCRIPTION DRUGS	
Prescription Deductible	Combined with Medical Deductible
Retail Pharmacy, up to 30-day supply Tier 1 Tier 2 Tier 3	Deductible, then \$5 Deductible, then \$30 Deductible, then \$60
Mail Order, 90-day supply Tier 1/Tier 2/Tier 3	Deductible, then \$12.50/\$75/\$150
Bi-Weekly Rates <i>Without Wellness Rates</i>	Plan 5- HSA \$2,500/10%
Employee Only	\$56.88
Employee + Spouse	\$226.88
Employee + Child(ren)	\$168.15
Employee + Family	\$303.39

Get the most out of your medical plan with value-added resources from United HealthCare

Download the UnitedHealthcare app

The UnitedHealthcare® app puts your health plan at your fingertips. Download it to:

- Find nearby care options in your network
- See your claim details and view progress toward your deductible
- View and share your health plan ID card with your doctor's office
- Video chat with a doctor 24/7



Scan the QR code or go to [myuhc.com](https://www.myuhc.com) and click **Register Now**

Additional Information: Plans 1, 3, 4 & 5:

All individual out-of-pocket maximum amounts will count toward the family out-of-pocket maximum, but an individual will not have to pay more than the individual out-of-pocket maximum amount.

Plan 5: Once you've met your deductible, you start sharing costs with your plan – coinsurance. You continue paying a portion of the expense until you reach your out-of-pocket limit. From there, your plan pays 100% of allowed amounts for the rest of the year.

****Out-of-Network Reimbursement**

Out-of-Network reimbursement is based on the maximum allowable amount. Members are responsible to pay any charges in excess of this amount. Please refer to your employer's health plan description for more information.

How to Look Up a Prescription:

- Go to www.uhc.com
- Click on **"Member Resources"** and then click **"Pharmacy Benefits"**
- Click **"Pharmacy Drug Lists"** on the left-hand side
- Scroll down and click **"Connecticut Plans"** and select **"UHC Traditional Tier 3 Prescription Drug List (01/01/2024)"**

How to Register:

- Go to [myuhc.com](https://www.myuhc.com) or download the UnitedHealthcare app and click **Register Now**
- Complete the required fields and create your username/password
- Enter your contact information and security questions
- Agree to the terms and conditions and select your email preferences
- Go paperless! From your account settings, choose communication preferences → paperless

Need to locate a participating, in-network provider?

Go to www.myuhc.com and select **"Find a Provider"** and select from the type of provider you are looking for, then select **"Employer and Individual Plans"** and click **"Shopping Around"**

For **Plans 1, 3, 4 & 5** select **"Choice Plus"** and for **Plan 2** select **"Choice"**.

UNITED HEALTHCARE MEMBER RESOURCES

Get in on UHC Rewards! Good news-your health plan comes with a new way to earn up to \$1,000. UnitedHealthcare Rewards is included in your health plan at no additional cost.

There is so much good to get! With UHC Rewards, a variety of actions-including many things you may already be doing-lead to rewards. The activities you go for are up to you-same goes for ways to spend your earnings. Here are some ways you can earn:

Reach daily goals

- Track 5,000 steps or 15 active minutes each day, or double it for an even bigger reward
- Track 14 nights of sleep

Complete one-time reward activities

- Go paperless
- Get a biometric screening
- Take a health survey
- Connect a tracker

Personalize your experience by selecting activities that are right for you and look for new ways of earning rewards to be added throughout the year.

There are two ways to get started

On the UnitedHealthcare® app

- Scan this code to download the app
- Sign in or register
- Select the **Menu** tab and choose **UHC Rewards**
- Activate UHC Rewards and start earning
- Though not required, connect a tracker and get access to even more reward activities

On myuhc.com®

- Sign in or register
- Select **UHC Rewards**
- Activate UHC Rewards
- Choose reward activities that inspire you-and start earning

Get the most out of your benefits

Register for your personalized website on myuhc.com® and download the UnitedHealthcare® app.

These digital tools are designed to help you understand your benefits and make informed decisions about your care.

- Find care and compare costs for providers and services in your network
- Check your plan balances, view your claims and access your health plan ID card
- Access wellness programs and view clinical recommendations
- 24/7 Virtual Visits - Connect with providers by phone or video* to discuss common medical conditions and get prescriptions;* if needed
- View your health care financial account(s) such as HSA, FSA or HRA
- Compare prescription costs and order refills



HEALTH SAVINGS ACCOUNT (HSA) FREQUENTLY ASKED QUESTIONS

Goodwin University & University of Bridgeport have partnered with HSA Bank to provide a Health Savings Account (HSA) to participants enrolled in the **Plan 5 – HSA \$2,500/10%** only.

- Goodwin University & University of Bridgeport make it easy for you to deposit your pre-taxed funds directly into your HSA with HSA Bank
- In order to contribute to your HSA, you must first open the account by completing the enrollment form on Employee Navigator or by enrolling on www.HSABank.com
- **Please Note:** You as the account holder are responsible to determine if the total contributions to your HSA account exceed the Calendar Year Limits (*see table below*)

HSA Maximum Annual Calendar Year Limits:	
Maximum Health Savings Account Contribution per Calendar Year:	2024
If enrolled in the Buy-Down HDHP as an individual:	\$4,150
If enrolled in the Buy-Down HDHP with dependents:	\$8,300
Additional Catch Up permitted (if age 55 or older)	\$1,000

To be eligible to have an HSA account and contribute to your account on a pre-tax basis, you must NOT be:

- Covered by **any** non-qualified plans, including:
 - > A medical plan through your spouse or another employer
 - > Medicare / Medicaid (**Including the election of Part A or B**)
 - > Enrolled in a **full-purpose Health FSA including any remaining funds in the grace period or rollover from the current plan year, even if through a spouse’s employer plan**
 - > Claimed as a dependent on someone else’s tax return

What Are the Benefits of a Health Savings Account?

- An HSA is a personal account that allows you to save on a pre-tax basis to pay for current and/or future medical, dental and vision expenses for yourself and your legal tax dependents
- HSA contributions are tax-free, the growth is tax free, and qualified distributions are tax free
- You own this account - in the event you change jobs, switch healthcare plans in the future or retire, the available funds rollover year after year without a dollar limit and are yours to keep

You don’t pay state or federal taxes on the funds you contribute to your HSA

You can grow and invest your HSA funds, and never pay taxes on earnings

You don’t pay taxes on HSA funds you use to reimburse yourself for eligible health expenses

HEALTH SAVINGS ACCOUNT (HSA) FREQUENTLY ASKED QUESTIONS

- **What is a coverage gap?** This is the gap between total out-of-pocket expenses associated with your high deductible health plan and your HSA dollars. For example, assume that you have a \$2,000 deductible, a \$4,000 maximum out-of-pocket, and either you or your employer has contributed \$2,000 to your HSA account. If your medical costs incurred exceed \$4,000 for the year, then you are financially obligated to pay the difference between your total maximum out-of-pocket (\$4,000) and your HSA balance (\$2,000) - ($\$4,000 - \$2,000 = \$2,000$)
- **What happens when my HSA funds run out?** You may be financially responsible for any eligible medical expenses that fall within the coverage gap.
- **Can I use my HSA dollars for non-eligible expenses?** Money withdrawn from an HSA account to reimburse non-eligible medical expenses is taxable income to the account holder and is subject to a 20 percent tax penalty - unless over age 65, disabled or upon death of the account holder.
- **When can I start using my HSA dollars?** You can use your HSA dollars immediately following your HSA account activation and once contributions have been made.
- **When do I contribute to my HSA account, and how often can I?** You, your employer or others can contribute to your HSA account through payroll deductions or as a lump sum deposit. You can contribute as often as you like, provided your (and your employer's) total annual contributions do not exceed the annual limits. Individuals that are age 55 or older may be eligible to make "catch-up" contributions up to \$1,000.
- **How do I pay my physician or network facility at time of service with my HSA dollars?** You may request that the network provider submit your claim to your health plan. You should make sure that your provider has your most up-to-date insurance information. Once the medical claim has been processed, if applicable, out-of-pocket expenses will be billed. At this time, you may choose to use your HSA debit card or HSA check to pay for any out-of-pocket expenses, or you may choose to pay with your own money and receive reimbursement at a later date. You should always ask that your medical claim be submitted to the health plan before you seek reimbursement from your HSA. This procedure will ensure that provider discounts are applied. Also, remember to keep all medical receipts and Explanation of Benefits (EOBs).
- **What if I have HSA dollars left in my account at year-end?** The money is yours to keep. It will continue to earn interest and will be available for you and your health care costs next year.
- **How do my remaining HSA dollars rollover at year-end?** Any dollars left in your HSA account at year-end will automatically roll over into next year's HSA account.
- **What happens to my HSA dollars if I leave my employer?** The funds are yours to keep. You may elect one of the following options:
 - > Leave your funds in the current HSA account
 - > Transfer your funds to an HSA with your new employer
 - > Transfer your funds to another qualifying account within 60 days
- **Can my HSA dollars be used for retirement health care costs?** Yes, only for expenses eligible for reimbursement
- **Can I use the money in my account to pay for my dependents' medical expenses?** You can use the money in the account to pay for medical expenses of yourself, your spouse or your dependent children. You can pay for expenses of your spouse and dependent children even if they are not covered by your HDHP
- **Can couples establish a "joint" account and both make contributions to the account, including "catch-up" contributions?** "Joint" HSA accounts are not permitted. Each spouse should consider establishing an account in their own name. This allows you to both make catch-up contributions when each spouse is 55 or older
- **My employer offers an FSA – can I have both an FSA and an HSA?** You can have both types of accounts, but only under certain circumstances. General Flexible Spending Accounts (FSAs) will probably make you ineligible for an HSA. If your employer offers a "limited purpose" (limited to dental, vision or preventive care) or "post-deductible" (pay for medical expenses after the plan deductible is met) FSA, then you can still be eligible for an HSA
- **Can I shift my IRA funds to my HSA?** Owners of individual retirement accounts that are enrolled in a high deductible health plan can shift IRA funds to an HSA without facing a tax penalty. The IRS allows a one-time transfer that does not exceed your maximum HSA contribution limit
- **Can I borrow against the money in my HSA?** No. You may not borrow against it or pledge the funds in it. For more information on prohibited activities, see Section 4975 of the Internal Revenue Code
- **Can the funds in an HSA be invested?** Yes, you can invest the funds in your HSA. The same types of investments permitted for IRAs are allowed for HSAs, including stocks, bonds, mutual funds, and certificates of deposit

HEALTH SAVINGS ACCOUNT (HSA) ELIGIBLE AND INELIGIBLE EXPENSES

Sample Eligible Expense

BABY/CHILD TO AGE 13

- ✓ Lactation Consultant
- ✓ Lead-Based Paint Removal
- ✓ Special Formula**
- ✓ Tuition: Special School/Teacher for Disability or Learning Disability**
- ✓ Well Baby /Well Child Care

DENTAL

- ✓ Dental X-Rays
- ✓ Dentures and Bridges
- ✓ Exams and Teeth Cleaning
- ✓ Extractions and Fillings
- ✓ Oral Surgery
- ✓ Orthodontia
- ✓ Periodontal Services

EYES

- ✓ Eye Exams
- ✓ Eyeglasses and Contact Lenses
- ✓ Laser Eye Surgeries
- ✓ Prescription Sunglasses
- ✓ Radial Keratotomy

LAB EXAMS/TESTS

- ✓ Blood Tests and Metabolism Tests
- ✓ Body Scans
- ✓ Cardiograms
- ✓ Laboratory Fees
- ✓ X-Rays

HEARING

- ✓ Hearing Aids and Batteries
- ✓ Hearing Exams

MEDICATIONS

- ✓ Insulin
- ✓ Prescription Drugs

MEDICAL EQUIPMENT/SUPPLIES

- ✓ Arches and Orthotic Inserts
- ✓ Air purification Equipment**
- ✓ Contraceptive Devices
- ✓ Crutches, Walkers, Wheelchairs
- ✓ Exercise equipment **
- ✓ Hospital Beds & Mattresses**
- ✓ Medic Alert Bracelet or Necklace
- ✓ Nebulizers
- ✓ Orthopedic Shoes**
- ✓ Oxygen Equipment
- ✓ Post-Mastectomy Clothing
- ✓ Prosthetics
- ✓ Syringes
- ✓ Wigs**

MEDICAL PROCEDURES/SERVICES

- ✓ Acupuncture
- ✓ Alcohol and Drug/Substance Abuse (inpatient treatment and outpatient care)
- ✓ Ambulance
- ✓ Fertility Enhancement and Treatment
- ✓ Hospital Services
- ✓ Immunization
- ✓ In Vitro Fertilization
- ✓ Physical Examination (not employment-related)
- ✓ Reconstructive Surgery (due to a congenital defect, accident, or medical treatment)
- ✓ Service Animals
- ✓ Sterilization/Sterilization Reversal
- ✓ Transplants (including organ donor)
- ✓ Transportation**

OBSTETRICS

- ✓ Breast Pumps and Lactation Supplies
- ✓ Lamaze Class
- ✓ OB/GYN Exams
- ✓ OB/GYN Prepaid Maternity Fees (reimbursable after date of birth)
- ✓ Pre- and Postnatal Treatments

PRACTITIONERS

- ✓ Allergist
- ✓ Chiropractor
- ✓ Christian Science Practitioner
- ✓ Dermatologist
- ✓ Homeopath
- ✓ Optometrist
- ✓ Osteopath
- ✓ Physician
- ✓ Psychiatrist or Psychologist

THERAPY

- ✓ Alcohol and Drug Addiction
- ✓ Counseling (not marital or career)
- ✓ Hypnosis
- ✓ Massage**
- ✓ Occupational
- ✓ Physical
- ✓ Smoking Cessation Programs
- ✓ Speech
- ✓ Weigh Loss Programs**

✓ **Note: This list is not meant to be all-inclusive, as other expenses not specifically mentioned may also qualify. Also, expenses marked with an asterisk (**) are “potentially eligible expenses” that require a Note of Medical Necessity from your health care provider to qualify for reimbursement.**

Sample Eligible Over the Counter Expenses

- ✓ Acid controllers
- ✓ Acne medications
- ✓ Allergy & sinus
- ✓ Antibiotic products
- ✓ Antifungal (Foot)
- ✓ Antiseptics & wound cleansers
- ✓ Anti-diarrhea's & Anti-gas
- ✓ Anti-itch & insect bite
- ✓ Baby rash ointments & creams

- ✓ Baby teething pain
- ✓ Cold sore remedies
- ✓ Contraceptives
- ✓ Cough, cold & flu
- ✓ Denture pain relief
- ✓ Digestive aids
- ✓ Ear care
- ✓ First aid burn remedies
- ✓ Foot care treatment
- ✓ Hemorrhoidal preps

- ✓ Incontinence protection & treatment products
- ✓ Laxatives (non-fiber)
- ✓ Medicated nasal sprays
- ✓ Menstrual care products
- ✓ Motion sickness
- ✓ Pain relief (includes aspirin)
- ✓ Skin treatments
- ✓ Sleep aids & sedatives
- ✓ Smoking deterrents
- ✓ Stomach remedies

Ineligible Expense Examples

- Concierge service fees (billed for future services; no treatment provided)
- Cosmetics and cosmetic surgery
- Deodorant

- Fitness programs
- Funeral expenses
- Hair transplants
- Household help

- Illegal operations and treatments
 - Maternity clothes
 - Teeth whitening
- These items are not typically eligible for tax-free purchase with your account funds.***

UNITED HEALTHCARE - VOLUNTARY DENTAL PLAN HIGHLIGHTS & EMPLOYEE RATES

Employees electing this benefit contribute 100%

*Out-of-Network Reimbursement

Out-of-Network reimbursement is based on the maximum allowable amount.

Members are responsible to pay any charges in excess of this amount.

Please refer to your employer's health plan description for more information.

Need to locate a participating, in-network provider?

- To locate a participating provider: Visit www.myuhc.com, select "Find a Dentist"
- Select "Employer and Individual Plans"
- Enter your location and select your Dental Plan "National Options PPO 30"
- Then search for providers and services or search by category.

Prevention first!

Make sure you take advantage of your preventive dental visits.

Preventive care services are not subject to the deductible and the plan covers 100% of the cost if you visit an in-network provider!

Goodwin University and University of Bridgeport offers dental coverage through **United HealthCare**. You can visit any licensed dentist, but your costs are usually lowest with an in-network dentist. In-network dentists accept reduced fees for covered services; out-of-network dentists may balance bill you the difference between their usual fee and what the plan pays.

The features of your dental plan are highlighted in the table below. Please refer to your plan description for full details.

Plan Features	Plan 1 – PPO Low	Plan 2 – PPO High
Calendar Year Deductible Amount you must pay per calendar year before the plan begins to pay benefits <i>Waived for preventive</i>	\$50 Individual \$150 Family	\$50 Individual \$150 Family
Annual Benefit Maximum Maximum amount the plan will pay per calendar year; does not include preventive services	\$1,000 per covered person	\$2,000 per covered person
Preventive Services	100% (No Deductible)	100% (No Deductible)
Basic Services	Deductible, then 80%	Deductible, then 80%
Major Services	Deductible, then 50%	Deductible, then 50%*
Orthodontia	50% up to \$1,000 Lifetime Maximum*	N/A
Reimbursement	Out-of-Network Reimbursement 90 th Percentile	Out-of-Network Reimbursement 90 th Percentile
Bi-Weekly Rates	Plan 1 – PPO Low	Plan 2 – PPO High
Employee Only	\$15.02	\$22.33
Employee + Spouse	\$34.24	\$44.42
Employee + Child(ren)	\$29.71	\$44.18
Employee + Family	\$47.42	\$70.40

UNITED HEALTHCARE DENTAL MEMBER RESOURCES

How your plan works

Deductible

- For services other than preventive care, you may have to pay a deductible—a set dollar amount—before your coverage kicks in.

Cost-sharing

- When having restorative services, you and your plan share the costs of services after you pay your deductible. (This is known as coinsurance, the percentage of costs you pay for covered dental care after you've paid your deductible.)

Annual limit

- Your plan pays for services up to a set dollar amount, called an annual limit. Preventive services, including routine dental checkups, may count toward your annual limit. If you reach the limit, you'll need to pay the entire cost of any additional dental care you receive that year. Find your annual limit on **myuhc.com** or call the number on your ID card.

Pre-treatment estimates

- If you're planning to have a procedure that costs more than \$500, ask your dentist to send UnitedHealthcare the X-rays and notes about your condition.
- We'll review the treatment to make sure it's clinically appropriate.
- After review, you and your dentist will get an estimate of what the plan will pay and what your costs will be.

Out-of-network services*

- If you use a dentist outside the network, you may need to pay the difference between what the plan covers and what your dentist charges for the services.

Flexible dental benefits that fit your needs

With the UnitedHealthcare Dental PPO plan, you can see any dentist you want, anywhere across the country. When you choose a dentist who is part of your plan's large national network, you may receive savings only available to members.

Preventive care

When you see a network dentist, your plan pays for all or most of your preventive dental care, including routine checkups, 2 cleanings in a 12-month period and annual oral cancer screenings for adults.

Oral health is linked to overall health. That's why getting regular preventive care may help ensure small dental problems don't become big ones that could harm your health.

Additional wellness services

Get the most from your dental plan and enjoy a healthy smile with access to:

- Enhanced prenatal benefits
- Robust coverage for oral cancer screenings
- Teledentistry coverage that provides a clinical consult 24/7, up to 2 times per year
- Savings on our Discount and Rewards marketplace: uhc.com/benefithub

Benefits on the go

Check the UnitedHealthcare® app, visit myuhc.com® or call the number on your ID card to learn more about your benefits.

- Find a neighborhood dentist
- Review your benefits
- Check claim status

Access an extensive network of dentists

You have 3 options:

- Log in to myuhc.com and use the Find a Dentist tool
- Tap into the UnitedHealthcare app
- Call the number on your digital ID card

If a network dental provider is not available within a reasonable distance of where you live or work, you may be referred to an out-of-network dental provider and still receive services at the network rate. Please use **myuhc.com** to see your official dental plan documents for details about your plan coverage or call the number on your ID card.

AMERITAS – VOLUNTARY VISION PLAN HIGHLIGHTS & EMPLOYEE RATES

Employees electing this benefit contribute 100%

Your vision coverage provides a full range of vision care services provided through **Ameritas**. You may receive care from any provider you choose, but your benefits are greater when you see a participating provider in the VSP or EyeMed Network. If you choose to receive services from an out-of-network provider, you will be required to pay that provider at the time of service and submit a claim form to VSP or EyeMed for reimbursement.

Plan Features	Plan 1 - VSP Choice – Focus		Plan 2 - EyeMed Select – ViewPointe	
	In-Network	Out-of-Network Reimbursement	In-Network	Out-of-Network Reimbursement
Deductible	\$10 Exam \$25 Eye Glass Lenses or Frames		\$10 Exam \$25 Eye Glass Lenses or Frames	No Deductible
Annual Exam <i>Once every 12 months</i>	Covered in Full	Up to \$45	Covered in Full	Up to \$35
Lenses – Once Every 12 Months				
▪Single	Covered in Full	Up to \$30	Covered in Full	Up to \$5
▪Bifocal	Covered in Full	Up to \$50	Covered in Full	Up to \$40
▪Trifocal	Covered in Full	Up to \$65	Covered in Full	Up to \$55
▪Lenticular	Covered in Full	Up to 100	20% Discount	No Benefit
Eyeglass Frames <i>Once every 12 months</i>	Up to \$130	Up to \$70	Up to \$130	Up to \$65
Contact Lenses - Once every 12 months in lieu of eyeglasses				
Contact lenses Fit & Follow up	Member cost up to \$60	No Benefit	Standard: Member Cost up to \$40 Premium: 10% off retail	No Benefit
Bi-Weekly Rate	Plan 1 - VSP Choice – Focus		Plan 2 - EyeMed Select – ViewPointe	
Employee Only	\$2.75		\$2.75	
Employee+ Spouse	\$5.50		\$5.50	
Employee+ Child(ren)	\$5.54		\$5.54	
Employee+ Family	\$8.84		\$8.84	

Need to locate a participating, in-network provider?

Plan 1 – VSP Choice– Focus

- To locate a participating provider, visit www.vsp.com and click “Find a Provider,” and choose the Insight Network, or call **1-800-877-7195**

Plan 2 - EyeMed Select– ViewPointe:

- To locate a participating provider, visit www.eyemed.com and click “Find a Provider,” and choose the Insight Network, or call **1-866-289-0614**

LINCOLN FINANCIAL - BASIC LIFE WITH AD&D & VOLUNTARY LIFE INSURANCE

Goodwin University & University of Bridgeport contribute 100% of the cost of the Basic Life & AD&D benefit
 Employees electing Voluntary Life coverage contribute 100% of any amount elected

Life insurance helps protect your family from financial risk and sudden loss of income in the event of your death. Accidental death and dismemberment (AD&D) insurance provides an additional benefit if you lose your life, sight, hearing, speech, or limbs in an accident. Coverage is provided **at no cost to you** through **Lincoln Financial**.

Basic Life and AD&D Insurance

Goodwin University and University of Bridgeport provide you with basic life insurance in the amount of
 2x your base salary up to a maximum of \$200,000.
 Benefits reduce 50% at age 70 and terminate at retirement.

If you die as a result of an accident, your beneficiary will receive an additional benefit equal to the basic life insurance. For other covered losses, the amount of the benefit is a percentage of the AD&D insurance coverage amount. Evidence of good health is not required. Benefits reduce to age 70 by 50%. Coverage terminates at retirement.

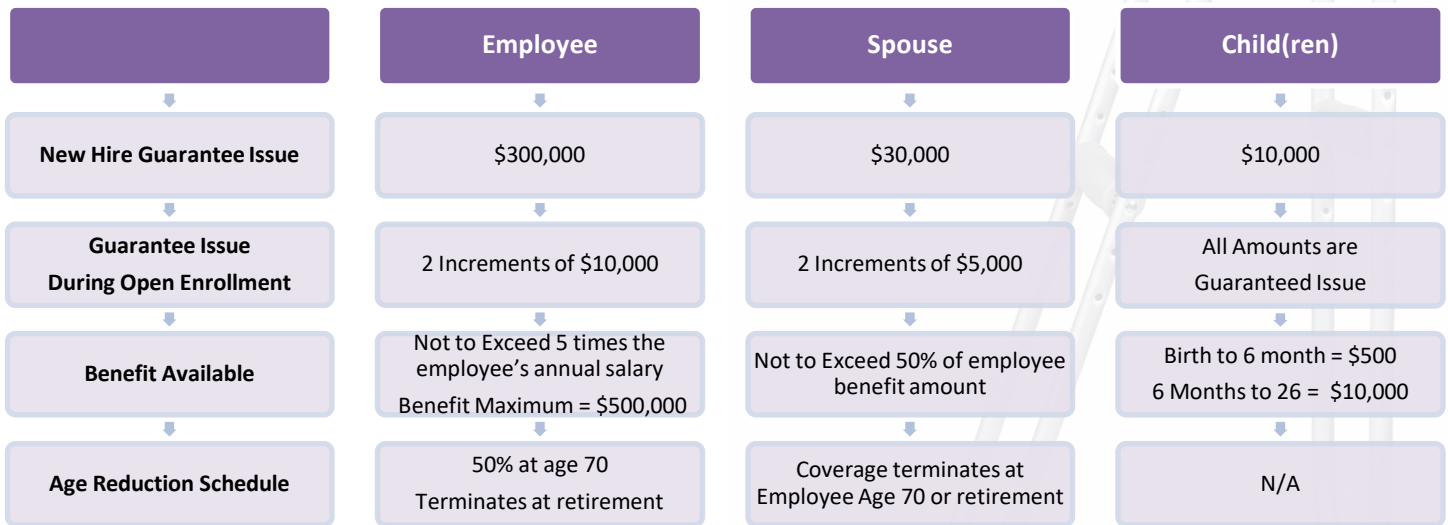
Voluntary Life Insurance

Employees electing this coverage contribute 100% of the any amount elected.

New Hire Guarantee Issue amounts are only available to new hires in their initial eligibility period. Any amounts over the Guarantee Issue levels will require the completion and submission of an Evidence of Insurability form to be reviewed by underwriting for approval.

Current Employees: During open enrollment each year, you may elect to increase your current coverage amount by 2 benefit levels on a Guarantee Issue basis. This means that employees and/or spouses can increase coverage without having to complete an Evidence of Insurability form, up to the maximum benefit amount as long as you or your spouse have not been previously declined for coverage.

Your Personalized Rates can be found on Employee Navigator.



Additional Information:

- The maximum coverage for new employees that are 70 and over is \$50,000
- Employee coverage is rounded to the next higher of \$10,000 benefit and spouse coverage is rounded to the next higher \$5,000 benefit.
- Employee coverage is required for spouse and child(ren) to elect coverage
- Spousal rates are based on the employee's age.
- **Conversion** options are available on Voluntary Life coverage as long as you apply within 30 days of your loss of eligibility. **Portability** is available as long as the coverage was in-force at least 12 months prior to termination of employment and the insured must not be disabled, on a leave of absence, or retired. Please see Human Resources for more information.
- **You must be actively at work on your effective date.** If you are not actively at work on the day before your scheduled effective date, your coverage will not become effective until the day after you complete one full day of active work as an eligible employee.

LINCOLN FINANCIAL – EMPLOYEE ASSISTANCE PROGRAM

*EmployeeConnect*SM

EMPLOYEE ASSISTANCE PROGRAM SERVICES

Confidential help 24 hours a day, seven days a week for employees and their family members. Get help with:

Family	Emotional	Relationships
Parenting	Legal	Stress
Addictions	Financial	

Take advantage of *EmployeeConnect*

For more information about the program, visit GuidanceResources.com

Download the *GuidanceNow* mobile app, or call 888-628-4824.

GuidanceResources.com login credentials:

- Username: LFGSupport
- Password: LFGSupport1

Download the ComPsych® *GuidanceNow*SM Mobile App

Scan the QR code with your device to begin. Access secure and convenient tools anytime, anywhere across any of your devices.



Help and support for personal and work-life matters *EmployeeConnect*SM offers professional, confidential services to help you and your loved ones improve your quality of life

In-person guidance

Some matters are best resolved by meeting with a professional in person. With *EmployeeConnect*, you and your family get:

- In-person help for short-term issues (up to five sessions with a counselor per person, per issue, per year)
- In-person consultations with network lawyers, including one free
- 30-minute in-person consultation per legal issue, and 25% off subsequent meetings

Unlimited 24/7 Assistance

You and your family can access the following services any time —online, on the mobile app, or with a toll-free call:

- Information and referrals on family matters, such as child and elder care, pet care, vacation planning, moving, car buying, college planning, and more
- Legal information and referrals for family law, estate planning, and consumer and civil law
- Financial guidance on household budgeting and short- and long-term planning

Online Resources: *EmployeeConnect* offers a wide range of information and resources you can research and access on your own. Expert advice and support tools are just a click away when you visit GuidanceResources.com or download the *GuidanceNow*SM mobile app.

You'll find

- Articles and tutorials Videos
- Interactive tools, including financial calculators, budgeting worksheets, and more

EmployeeConnect counselors are experienced and credentialed.

When you call the toll-free line, you'll talk to an experienced professional who will provide counseling, work-life advice, and referrals. All counselors hold master's degrees, with broad-based clinical skills, and at least three years of experience in counseling on a variety of issues. For face-to-face sessions, you'll meet with a credentialed, state-licensed counselor.

LINCOLN FINANCIAL - SHORT-TERM & LONG-TERM DISABILITY

Goodwin University & University of Bridgeport contribute 100% of the cost of this benefit

- Visit: www.lincoln4benefits.com to download the Short-Term or Long-Term Disability claim form
- Follow the instructions to complete the form and submit your disability claim via email, fax or mail:

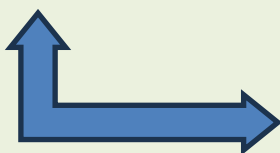
Email: DisabilityClaims@LFG.com

Fax: 1-877-843-3950, or

Mail to: Lincoln Financial Group
Disability Claims
P.O. Box 2609
Omaha, NE 68103

Maximum Benefit Period

Age At Disability	Maximum Benefit Period
Less than Age 60	To Age 65
60	60 Months
61	48 Months
62	42 Months
63	36 Months
64	30 Months
65	24 Months
66	21 Months
67	18 Months
68	15 Months
69 and Over	12 Months



Short-Term Disability

Maximum Benefit	60% of your weekly base earnings up to a maximum of \$750 per week
Elimination Period	Benefits begin on the 15 th day for a non-work-related accident or illness
Maximum Benefit Period	Up to 13 weeks (Dependent upon the nature of the claim)

Short-Term Disability remains an important part of your benefits package

Various states such as CT & MA have their own state mandated paid temporary disability (and family leave) offering workers *partial* income replacement.

This means based upon your regular weekly earnings, if due to a serious illness you receive a state mandated disability benefit to partially replace your weekly earnings, the Lincoln Financial Short-Term Disability benefit while reduced, may supplement this gap.

Additionally, in some states such as Connecticut, the state mandated Paid Family and Medical Leave (PFML) benefits allow for a total of only 12 weeks of paid leave (combined for both PML and PFL). If you were to use this benefit to care for a family member with a serious illness during the year, you would not have the maximum 12 weeks of paid medical leave available if needed for your own illness .

More information on following page.

Long-Term Disability

Maximum Benefit	60% of your monthly salary up to \$10,000
Elimination Period	You must be continuously disabled for 90 days
Benefit Duration	Once you qualify for benefits under this plan, you continue to receive them until the end of the benefit period shown below, or until you no longer qualify for benefits, whichever occurs first.
Disability Period	Social Security Normal Retirement Age (SSNRA)
Pre-Existing Conditions	Benefits are not payable for any medical condition in which you received treatment 3 months prior to the effective date of your coverage until you have been covered for at least 12 months.

Maximum Benefit Period - For Sickness, Injury or Pre-Existing Conditions- The Employee's Social Security Normal Retirement Age, or the Maximum Benefit Period shown to the left or whichever is later.

STATE MANDATED DISABILITY & PFML LEAVES

Please consult your Human Resources team prior to any Leave of Absence.

CONNECTICUT: Paid Family & Medical Leave (CT-PFML) As of 6/1/2023

Paid Medical Leave (CT-PML): For a serious off-the-job illness or injury (filed in conjunction with Short-Term Disability)

- **Employees working in CT must file a Paid Medical Leave (CT-PML) claim with the state of CT prior to filing a Short-Term Disability Claim through Lincoln Financial. Any CT-PML benefit paid will reduce your Short-Term Disability benefit amount you may be eligible for**
- **Maximum Benefit Period:** 12 weeks per year* (combined with PFL)
**Additional 2 weeks for serious health condition related to pregnancy/childbirth complications*
- **Elimination Period:** None
- **Qualifying Leaves:** PML: your own serious illness or non-work-related injury and/or PFL: for bonding with a new-born, placement for foster care/adoption, caring for a family member with a serious health condition, addressing certain military family needs, family violence leave
- **Percentage of Wages:** Claims that begin on or after June 1, 2023, are determined based on the PFML calculation using \$15/hr. minimum wage. The base weekly earnings threshold is \$600. Claimants earning more than \$600/week receive an additional 60% of the base weekly earnings that exceed \$600, capped at **\$900** (or 60 times the CT minimum wage)
- **Maximum Weekly Benefit:** \$900 per week as of June 01, 2023
- **Employee Contributions:** 0.5% of your base wages, capped at the annual Social Security wage base
- **Job Protection:** The CT-PFML leaves are not job-protected, but runs concurrent with FMLA
- **To file a CTPFML Claim:** https://www.ctpaidleave.org/Claims/how-to-apply?language=en_US

MASSACHUSETTS: Paid Family & Medical Leave (MA-PFML) 1/1/2024

Paid Medical Leave (MA-PML): For a serious off-the-job illness or injury (filed in conjunction with Short-Term Disability)

- **Employees working in MA must file a Paid Medical Leave (MA-PML) claim with the state of MA prior to filing a Short-Term Disability Claim through Lincoln Financial. Any MA-PML benefit paid will reduce your Short-Term Disability benefit amount you may be eligible for**
- **Maximum Benefit Period/Qualifying Leave:** (PFML combined up to 26 weeks) PML: Up to 20 weeks for your own serious illness or non-work-related injury and/or PFL: up to 12 weeks of PFL for bonding with a child within one year of their birth (or placement for foster care/adoption), caring for a family member with a serious health condition, or addressing certain military family needs
- **Elimination period:** 7 days (unpaid) unless immediately following your own PML claim for birth of a child to transition to bonding leave
- **Maximum Weekly Benefit:** Amount is based on the average weekly wage, which is adjusted annually. For 2024, the state average weekly wage (SAWW) is \$1,796.72 and the **maximum weekly benefit is \$1,144.90**
- **Weekly Benefit Calculation:** 80% of your average weekly wage that is equal to or less than the threshold of 50% of the SAWW. Plus, if your average weekly wage exceeds 50% of the SAWW, an additional 50% of the wages in excess of the threshold
- **Employee Contributions:** 0.46% of your base wages, capped at the annual Social Security wage base
- **Job Protection:** Job protected leaves and your benefits must be continued while out on a MAPFML claim (also runs concurrent with FMLA)
- **How to file a claim:** Go to [Create a PFML account and begin your application](#)

NEW CARRIER! LINCOLN FINANCIAL – VOLUNTARY ACCIDENT HIGHLIGHTS & EMPLOYEE RATES

Employees electing this coverage contribute 100%

Voluntary Accident provides cash benefits if you or a covered family member is injured

The highlights listed below are a summary of the benefits offered. Please see the plan summary on Employee Navigator for further details.

Voluntary Accident Highlights:	Your Cash Benefit
Emergency Care Treatment <i>Within 72 hours of accident</i>	\$150
Ambulance Transportation – Ground/Air <i>Within 90 days of accident</i>	\$425/\$1,750
Hospital Admission due to Accident <i>Within 180 days of the accident</i>	\$1,200 Admission
Hospital Confinement due to Accident <i>Within 180 days of the accident</i>	\$240 per day up to 365 days
Intensive Care Admission <i>Within 30 days of the accident</i>	\$3,750 Admission
Intensive Care Unit Confinement <i>Within 30 days of the accident</i>	\$750 per day up to 15 days
Major Diagnostic Exam <ul style="list-style-type: none"> CT or CAT scans, MRI, PET scan, EEG, SPECT, joint imaging, DTI scan and MRA scan <i>Within 60 days of the accident</i>	\$240
Physician Follow Up Care	\$60 per visit up to 2 visits
Fractures <i>Within 90 days of accident</i>	Non-Surgical – up to \$3,000 Surgical Treatment – 2x non-surgical amount
Dislocations <i>Within 90 days of accident</i>	Non-Surgical – up to \$2,400 Surgical Treatment – 2x non-surgical amount
Blood, Plasma, Platelets <i>Within 90 days of the accident</i>	\$420
2 nd Degree Burn	Up to \$750
3 rd Degree Burn	Up to \$12,000
Skin Graft	25% of the Burn Benefit
Laceration; <i>No sutures/sutures & benefit depends on length of laceration</i>	Up to \$600
Accidental Death Benefit: Employee/Spouse/Child(ren):	\$30,000 / \$30,000 / \$7,500

Bi-Weekly Rates	
Employee Only	\$5.23
Employee + Spouse	\$7.75
Employee + Child(ren)	\$7.04
Employee + Family	\$9.57

NEW CARRIER! LINCOLN FINANCIAL – VOLUNTARY CRITICAL ILLNESS HIGHLIGHTS & EMPLOYEE RATES

Employees electing this coverage contribute 100%

Age	Monthly Employee rate per \$1,000 of coverage
Under 24	\$0.200
25-29	\$0.260
30-34	\$0.310
35-39	\$0.410
40-44	\$0.610
45-49	\$0.910
50-54	\$1.260
55-59	\$1.760
60-64	\$2.471
65-69	\$3.530
70+	\$4.630

Age	Monthly Spouse rate per \$1,000 of coverage
Under 24	\$0.190
25-29	\$0.250
30-34	\$0.300
35-39	\$0.400
40-44	\$0.610
45-49	\$0.960
50-54	\$1.370
55-59	\$1.750
60-64	\$2.560
65-69	\$3.350
70+	\$4.500

Spouse rate is based on the spouse age.

Child(ren) rate:
\$0.160 per \$1,000 of coverage

- Critical Illness Insurance provides cash benefits if you, or a covered family member is diagnosed with a critical illness or event.
- Benefits are paid in addition to what is covered under your health insurance
- There are no waiting periods or overall plan maximums
- Includes Health Advocate: Services include access to a Personal Health Advocate who can assist you in managing healthcare services for you and your family

Guaranteed Issue Amounts:	
Employee	\$30,000
Spouse	\$30,000
Child(ren)	\$15,000

Core Plan Benefits			
Heart Attack	100%	End Stage Renal failure	100%
Arterial/vascular disease	25%	Invasive cancer	100%
Stroke	100%	Non-invasive cancer	25%
Major organ failure	100%	Skin Cancer (paid once per lifetime)	\$250
Additional Childhood Conditions			
Cerebral Palsy	100%	Muscular Dystrophy	100%
Cleft Lip/Cleft Palate	100%	Spina Bifida	100%
Cystic Fibrosis	100%	Type 1 Diabetes	100%
Downs Syndrome	100%		

This is not a complete list; additional limitations and exclusions may be found in the policy and may vary by state on Employee Navigator.

Additional Information

- Wellness Benefit Rider: Your Lincoln Financial Critical Illness Protection Plan includes a wellness benefit that helps pay for preventative and other health screenings. You could earn up to \$50 per year.
- Reoccurrence Benefit: The same covered condition after the 6 Months – treatment free period are payable at 100% of the applicable benefit. Treatment includes only those medicines, physician visits or other treatment only when active symptoms are present.

Limitations and exclusions:

This critical illness policy will not cover losses caused by or as a result of:

- Suicide, attempted suicide, or any intentionally self-inflicted injury, while sane or insane;
- Committing or attempting to commit a felony; war or any act of war, declared or undeclared; participation in a riot, insurrection or rebellion of any kind.;
- A covered condition sustained while residing outside of the U.S. for more than 12 months
- A critical illness that recurs within a timeframe defined by the policy
- A new condition diagnosed within a timeframe defined by the policy

NEW CARRIER! LINCOLN FINANCIAL – VOLUNTARY HOSPITAL INDEMNITY HIGHLIGHTS & EMPLOYEE RATES

Employees electing this coverage contribute 100%

If you or a covered family member have a hospital visit due to an accident or injury, the Hospital Indemnity plan provides a lump sum cash benefit to help you take care of unexpected expenses – like deductibles or childcare to everyday bills.

Hospital Indemnity Benefits	
Hospital Admission <i>Within 180 days of the Accident</i>	\$1,500
Intensive Care Admission <i>Within 30 days of the Accident</i>	\$1,500
Hospital Confinement <i>Within 180 days of the accident; up to 365 days</i>	\$200 per day
Intensive Care Unit Confinement <i>Within 180 days of the Accident; up to 365 days</i>	\$200 per day
Ambulance – Ground/Air & Water <i>Within 90 days of the accident, up to 1 day</i>	\$400/\$1,600

Bi-Weekly Rates	
Employee Only	\$7.68
Employee + Spouse	\$15.19
Employee + Child(ren)	\$13.41
Employee + Family	\$22.41

Limitations and exclusions: This hospital indemnity policy will not cover losses caused by or as a result of:

- Suicide, attempted suicide, or any intentionally self-inflicted injury, voluntary intake or use by any means of any drugs, poison, gas, or fumes, except when: prescribed or administered by a physician; and taken in accordance with the physician’s instructions; committing or attempting to commit a felony; war or any act of war, declared or undeclared; participation in a riot, insurrection, or rebellion of any kind; driving a vehicle while intoxicated, as defined by the jurisdiction where the accident occurred; cosmetic surgery; bungee cord jumping, hang gliding, sail gliding, parasailing, parakiting, kitesurfing, base jumping, or any similar activities; or a loss sustained while residing outside the United States, U.S. Territories, Canada, or Mexico for more than 12 months
- Benefits provided by the policy may be excluded or limited while the insured is incarcerated in any type penal or detention facility.

This is not a complete list; additional limitations and exclusions may be found in the policy located on Employee Navigator.



SAVE ON **EVERYTHING** YOUR PET NEEDS



Total Pet provides you with complete coverage on all of your pet care needs.

Enroll in the Total Pet Plan and receive access to all of the below benefits for one low rate.

\$11.75/month for one pet or \$18.50/month for a family plan

www.petbenefits.com | (888) 913-7387 | info@petbenefits.com

PetPlus

Discounted Pet Products, Prescriptions and Preventatives: Receive members-only pricing (up to 50% off) on products you're already buying for your pets. Products include prescriptions, preventatives, food, treats, toys and more! Shipping is always free and same-day pickup is available for most human-grade prescriptions. View available products and pricing at www.petplusbenefit.com.

Shop Online

Log in to your account on PetCareRx.com

- Shop for your pet's favorite products
- Savings are automatically applied at checkout and shipping is always free
- PetPlus will confirm prescriptions with your vet on your behalf

Pick-up In Store

- Ask your vet for a written prescription for your pet's medication
- Present your pet's prescription and PetPlus Rx card at any network pharmacy
- The pharmacist will fill your pet's prescription and PetPlus will charge your credit card on file at the listed member rate

Pet Assure

Veterinary Discount Plan: Pet Assure is a veterinary discount plan that can be used as an alternative or addition to pet health insurance. Members save 25% at participating veterinarians on all in-house medical services, no exclusions. Even pre-existing conditions are covered!

How It Works

- Schedule an appointment with a participating Pet Assure veterinarian
- At the time of your appointment, present your ID card to the front desk
- The vet gives you an instant discount on all in-house medical services

AskVet

24/7 Telehealth: Access real-time support with AskVet's 24/7 Pet Telehealth, even when your vet office is closed! US-based veterinarians are available to provide unlimited support on your pet's health, wellness, behavior and more.

How It Works

- Log in to your account and start a chat with an AskVet veterinarian
- Get all of your pet-related questions answered by a live US-based veterinarian

ThePetTag

Lost Pet Recovery Service: One in three pets will go missing in its lifetime and without proper ID, 90% never return home. Increase the chances of your cat or dog returning home safe and sound with ThePetTag.

How It Works

- Add your pets to your account and ThePetTag will send them a durable ID tag
- Attach the ID tag onto your pet's collar and ensure your contact info is up-to-date
- If your pet is found, the finder can scan the tag with their phone to access your contact info

Coverage is portable! To do so contact Pet Benefit Solutions or login at www.petbenefits.com to select your plan and request to continue your coverage.

**YOUR BEST FRIEND.
THEIR BEST LIFE.**



Give your best friend their best life with Wishbone Pet Health Insurance!

Wishbone offers high-value, easy-to-use pet health insurance at exclusive employee benefit rates. Get reimbursed for vet bills that resulted from an accident or illness with your pet.

Coverage includes diagnostics and testing, unexpected surgery, hospitalization, emergency care, hereditary and congenital conditions, and more.

With Wishbone, you get:

- 90% reimbursement on accidents and illnesses
- A low \$250 annual deductible
- Fast claims processing
- Visit any licensed veterinarian
- Easy-to-use member account
- And so much more!

Plus, choose from two tiers of optional routine care add-ons to maximize your savings on everyday pet care.

Submit a claim from your account online. Claims are processed within five business days, and you'll receive fast reimbursement payouts via check or direct deposit. Wishbone includes a durable ID tag with lost pet recovery service and 24/7 pet telehealth support for each insured pet.

Fetch a quote and enroll today at <https://www.wishboneinsurance.com/goodwinuniversity-universityofbridgeport>

Wishbone Disclosure:

Wishbone Pet Insurance is a program managed by Odie Pet Insurance Marketing, Inc. and underwritten by Clear Blue Insurance Group. Please visit www.getodie.com for more information. Policies do not cover pre-existing conditions. Waiting periods, annual deductible, co-insurance, benefit limits and exclusions may apply. For full terms, visit Terms and Conditions. Products, discounts, and rates may vary and are subject to change.

VOLUNTARY IDENTITY THEFT PROTECTION HIGHLIGHTS & EMPLOYEE RATES

Employees electing this coverage contribute 100% of any amount elected

Cyber protection coverage for ID Theft, Device Security, Parental Control, and Online Privacy



Benefit Plans

	BENEFIT ESSENTIAL	BENEFIT PREMIER	
LIFELOCK IDENTITY THEFT PROTECTION	Identity Lock ^{1,5}	●	●
	Home Title Monitoring ⁴		●
	Social Media Monitoring ⁴	●	●
	Credit, Bank & Utility Account Freezes ^{2*}	●	●
	LifeLock Identity Alert™ System ¹	●	●
	• Identity Verification Monitoring ¹ **	●	●
	• Telecom & Cable Applications for New Service	●	●
	• Payday - Online Lending Alerts ¹	●	●
	• Credit Alerts & Social Security Alerts ¹	●	●
	Mobile app (Android™ & iOS) ^{2*} <small>Downloading the app does not provide protection until enrollment has been completed.</small>	●	●
	Dark Web Monitoring ^{2*}	●	●
	• Dark Web Monitoring – Gamer Tags ^{2*}	●	●
	• Dark Web Monitoring – Password Combo List	●	●
	Court Records Scanning		●
	USPS Address Change Verification	●	●
	Stolen Wallet Protection	●	●
	Reduced Pre-Approved Credit Card Offers	●	●
	Fictitious Identity Monitoring	●	●
	Phone Takeover Monitoring	●	●
	Data Breach Notifications	●	●
	Bank & Credit Card Activity Alerts ^{1**}	●	●
	• Unusual Charge Alerts ¹	●	●
	• Recurring Charge Alert ¹	●	●
	Checking & Savings Account Application Alerts ¹ **		●
	Bank Account Takeover Alerts ¹ **		●
	401k & Investment Account Activity Alerts ¹ **	●	●
	File Sharing Network Searches	●	●
	Sex Offender Registry Reports	●	●
Prior Identity Theft Remediation ³ <small>This feature is separate from our Million Dollar Protection™ Package and does not provide coverage for lawyers and experts, reimbursement of stolen funds or compensation for personal expenses for events occurring during the 12 months prior to enrollment. See disclaimer for details.</small>	●	●	
U.S.-based Identity Restoration Specialists	●	●	
24/7 Live Member Support	●	●	
Million Dollar Protection™ Package ^{1**}			
• Stolen Funds Reimbursement	Up to \$1 Million each	Up to \$1 Million each	
• Personal Expense Compensation			
• Coverage for Lawyers and Experts			
Credit Application Alerts ^{2**}	One-Bureau ¹	One-Bureau ¹	
Credit Monitoring ^{1**}	One-Bureau ¹	Three-Bureau ¹	
Credit Reports & Credit Scores ^{1**} <small>The credit scores provided are VantageScore 3.0 credit scores based on data from Equifax, Experian and TransUnion respectively. Third parties use many different types of credit scores and are likely to use a different type of credit score to assess your creditworthiness.</small>	One-Bureau ¹ Monthly	On Demand – One Bureau Daily/ Three-Bureau ¹ Annual	
Monthly Credit Score Tracking ^{1**} <small>The credit score provided is a VantageScore 3.0 credit score based on Equifax data. Third parties use many different types of credit scores and are likely to use a different type of credit score to assess your creditworthiness.</small>		One-Bureau ¹	
NORTON DEVICE SECURITY	Secures PCs, Mac & mobile devices ^{2*}	Up to 3 devices (Family gets 6 devices)	Up to 5 devices (Family gets 10 devices)
	Online Threat Protection ^{2*}	●	●
	Password Manager ^{2*}	●	●
	Parental Control ^{4**}	●	●
	Smart Firewall ^{2*}	●	●
	Cloud Backup ^{3**}	10 GB	50 GB
	Secure VPN ^{2*}	●	●
ONLINE PRIVACY	Privacy Monitor	●	●
	SafeCam ^{3**}	●	●

Bi-Weekly Rates

PPO Low Plan	PPO High Plan
Employee Only: \$3.69	Employee Only: \$5.30
Employee & Family: \$7.38	Employee & Family: \$10.14

VOLUNTARY PRE-PAID LEGAL HIGHLIGHTS & EMPLOYEE RATES

Employees electing this coverage contribute 100% of any amount elected

Plan Features and Rates

The legal plan provides full coverage of attorney fees for the most common personal legal matters with no additional out-of-pocket cost to employees.¹

Money Matters	<ul style="list-style-type: none"> • Debt Collection Defense • Identity Theft Defense • LifeStages Identity Restoration Services² 	<ul style="list-style-type: none"> • Negotiations with Creditors • Personal Bankruptcy • Promissory Notes 	<ul style="list-style-type: none"> • Tax Audit Representation • Tax Collection Defense
Home & Real Estate	<ul style="list-style-type: none"> • Boundary & Title Disputes • Deeds • Eviction Defense • Foreclosure 	<ul style="list-style-type: none"> • Mortgages • Property Tax Assessments • Refinancing & Home Equity Loan • Sale or Purchase of Home 	<ul style="list-style-type: none"> • Security Deposit Assistance • Tenant Negotiations • Zoning Applications
Estate Planning	<ul style="list-style-type: none"> • Codicils • Complex Wills • Healthcare Proxies 	<ul style="list-style-type: none"> • Living Wills • Powers of Attorney (Healthcare, Financial, Childcare, Immigration) 	<ul style="list-style-type: none"> • Revocable & Irrevocable Trusts • Simple Wills
Family & Personal	<ul style="list-style-type: none"> • Adoption • Affidavits • Conservatorship • Demand Letters • Garnishment Defense • Guardianship 	<ul style="list-style-type: none"> • Immigration Assistance • Juvenile Court Defense, Including Criminal Matters • Name Change • Parental Responsibility Matters • Personal Properties Issues 	<ul style="list-style-type: none"> • Prenuptial Agreement • Protection from Domestic Violence • Review of ANY Personal Legal Document • School Hearings
Civil Lawsuits	<ul style="list-style-type: none"> • Administrative Hearings • Civil Litigation Defense 	<ul style="list-style-type: none"> • Disputes Over Consumer Goods & Services • Incompetency Defense 	<ul style="list-style-type: none"> • Pet Liabilities • Small Claims Assistance
Elder-care Issues	<ul style="list-style-type: none"> • Consultation & Document Review for Issues Related to Your Parents: • Deeds • Leases 	<ul style="list-style-type: none"> • Medicaid • Medicare • Notes • Nursing Home Agreements 	<ul style="list-style-type: none"> • Powers of Attorney • Prescription Plans • Wills
Traffic & Other Matters	<ul style="list-style-type: none"> • Defense of Traffic Tickets³ • Driving Privileges Restoration 	<ul style="list-style-type: none"> • Habeas Corpus • License Suspension Due to DUI 	<ul style="list-style-type: none"> • Repossession

Your Bi-Weekly cost is \$9.12 (pricing covers employee and family)

Additional features:	Telephone advice, office consultations, demand letters and document review on an unlimited number of personal legal matters.
	Reduced fees for personal injury, probate and estate administration matters, provided by network attorneys.
	Access to a digital estate planning solution for wills, living wills, power of attorney and living trusts.
As a part of our standard plan, we also offer:	A three-year rate guarantee.
	Reporting: Usage reports, analysis and evaluation of the reports.

If you are a legal plan member, you can quickly register on the site, www.metlife.com, to view coverage for the legal plan offered by your employer or call our Client Service Center at 1-800-821-6400.



Scan to access the member portal

Employees electing this coverage contribute 100%

Medical Reimbursement Account

What is it ?

- Tax sheltered account which allows you to use tax free dollars to pay for medical, dental and vision expenses not covered by insurance.

Minimum Contribution

- \$260 per plan year

Maximum Contribution

- As of November 2023, the FSA annual contribution limit is projected to be \$3,200, as it subject to change.

Rollover Medical Reimbursement Account

- Rollover provision: \$610
- As of November 2023, the 2024 rollover amount is projected to be \$640, subject to change. This will allow employees to rollover \$640 of their 2024 funds into their 2025 elections.
- The rollover amount is not subject to the “use it or lose it” regulations and can be added to your 2024 plan election. (e.g if you select \$1,000 for your 2024 election and have a rollover of \$610 you can access \$1,610 for that plan year).
- You must elect to contribute at least \$260 for the new plan year to be eligible to access any and all rollover funds. If you do not contribute for the new plan year, you forfeit any rollover funds available

Additional Information

- If you have both an HSA and an FSA: The FSA becomes limited use and can only be used only for unreimbursed dental or vision expenses.

Dependent Care Account (DCA)

Minimum Contribution

- N/A

Maximum Contribution

- \$5,000 per year (\$2,500 per year if married and filing jointly)

Grace Period for Dependent Care Account

- As a participant in a DCA you could normally submit claims incurred during the plan year only. The effect of the grace period is that if you have unspent flex account dollars at the end of December, you will still have until March 15th to submit claims for the previous plan year and the current plan year.

Additional information

- Reimbursement for childcare is allowed for dependents up to age 13 only and/or; a Dependent or Spouse who is physically or mentally incapable of caring for himself/herself and lives at the same address as the Participant.

The first time you enroll in a reimbursement or dependent care account, you will receive TWO cards in the mail at home, along with important information on using the Benny Cards. Your cards are valid for 5 years. Please use your cards until their expiration date or from one plan year to another. You will not be sent new cards until your cards expire.

- ACTIVATE and SIGN your cards
- If your spouse or dependent will be using the second card, have them sign the back of the second card.
- The Benny Cards take 2 hours to become active from the time of activation.

FSA - ELIGIBLE & INELIGIBLE EXPENSES

Sample Eligible Expense

BABY/CHILD TO AGE 13

- ✓ Lactation Consultant
- ✓ Lead-Based Paint Removal
- ✓ Special Formula**
- ✓ Tuition: Special School/Teacher for Disability or Learning Disability**
- ✓ Well Baby /Well Child Care

DENTAL

- ✓ Dental X-Rays
- ✓ Dentures and Bridges
- ✓ Exams and Teeth Cleaning
- ✓ Extractions and Fillings
- ✓ Oral Surgery
- ✓ Orthodontia
- ✓ Periodontal Services

EYES

- ✓ Eye Exams
- ✓ Eyeglasses and Contact Lenses
- ✓ Laser Eye Surgeries
- ✓ Prescription Sunglasses
- ✓ Radial Keratotomy

LAB EXAMS/TESTS

- ✓ Blood Tests and Metabolism Tests
- ✓ Body Scans
- ✓ Cardiograms
- ✓ Laboratory Fees
- ✓ X-Rays

HEARING

- ✓ Hearing Aids and Batteries
- ✓ Hearing Exams

MEDICATIONS

- ✓ Insulin
- ✓ Prescription Drugs

MEDICAL EQUIPMENT/SUPPLIES

- ✓ Arches and Orthotic Inserts
- ✓ Air purification Equipment**
- ✓ Contraceptive Devices
- ✓ Crutches, Walkers, Wheelchairs
- ✓ Exercise equipment **
- ✓ Hospital Beds & Mattresses**
- ✓ Medic Alert Bracelet or Necklace
- ✓ Nebulizers
- ✓ Orthopedic Shoes**
- ✓ Oxygen Equipment
- ✓ Post-Mastectomy Clothing
- ✓ Prosthetics
- ✓ Syringes
- ✓ Wigs**

MEDICAL PROCEDURES/SERVICES

- ✓ Acupuncture
- ✓ Alcohol and Drug/Substance Abuse (inpatient treatment and outpatient care)
- ✓ Ambulance
- ✓ Fertility Enhancement and Treatment
- ✓ Hospital Services
- ✓ Immunization
- ✓ In Vitro Fertilization
- ✓ Physical Examination (not employment-related)
- ✓ Reconstructive Surgery (due to a congenital defect, accident, or medical treatment)
- ✓ Service Animals
- ✓ Sterilization/Sterilization Reversal
- ✓ Transplants (including organ donor)
- ✓ Transportation**

OBSTETRICS

- ✓ Breast Pumps and Lactation Supplies
- ✓ Lamaze Class
- ✓ OB/GYN Exams
- ✓ OB/GYN Prepaid Maternity Fees (reimbursable after date of birth)
- ✓ Pre- and Postnatal Treatments

PRACTITIONERS

- ✓ Allergist
- ✓ Chiropractor
- ✓ Christian Science Practitioner
- ✓ Dermatologist
- ✓ Homeopath
- ✓ Optometrist
- ✓ Osteopath
- ✓ Physician
- ✓ Psychiatrist or Psychologist

THERAPY

- ✓ Alcohol and Drug Addiction
- ✓ Counseling (not marital or career)
- ✓ Hypnosis
- ✓ Massage**
- ✓ Occupational
- ✓ Physical
- ✓ Smoking Cessation Programs
- ✓ Speech
- ✓ Weight Loss Programs**
- ✓ **Note: This list is not meant to be all-inclusive, as other expenses not specifically mentioned may also qualify. Also, expenses marked with an asterisk (**) are "potentially eligible expenses" that require a Note of Medical Necessity from your health care provider to qualify for reimbursement.**

Sample Eligible Over the Counter Expenses

- ✓ Acid controllers
- ✓ Acne medications
- ✓ Allergy & sinus
- ✓ Antibiotic products
- ✓ Antifungal (Foot)
- ✓ Antiseptics & wound cleansers
- ✓ Anti-diarrhea's & Anti-gas
- ✓ Anti-itch & insect bite
- ✓ Baby rash ointments & creams

- ✓ Baby teething pain
- ✓ Cold sore remedies
- ✓ Contraceptives
- ✓ Cough, cold & flu
- ✓ Denture pain relief
- ✓ Digestive aids
- ✓ Ear care
- ✓ First aid burn remedies
- ✓ Foot care treatment
- ✓ Hemorrhoidal preps

- ✓ Incontinence protection & treatment products
- ✓ Laxatives (non-fiber)
- ✓ Medicated nasal sprays
- ✓ Menstrual care products
- ✓ Motion sickness
- ✓ Pain relief (includes aspirin)
- ✓ Skin treatments
- ✓ Sleep aids & sedatives
- ✓ Smoking deterrents
- ✓ Stomach remedies

Ineligible Expense Examples

- Concierge service fees (billed for future services; no treatment provided)
- Cosmetics and cosmetic surgery
- Deodorant

- Fitness programs
- Funeral expenses
- Hair transplants
- Household help

- Illegal operations and treatments
- Maternity clothes
- Teeth whitening
- **These items are not typically eligible for tax-free purchase with your account funds.**

This communication highlights some of the benefit plans available. Your actual rights and benefits are governed by the official plan documents. If any discrepancy exists between this communication and the official plan documents, the official plan documents will always govern. SAMPLE COMPANY reserves the right to change any benefit plan without notice. Benefits are not a guarantee of employment.

