

BENEFIT GUIDE

JANUARY 1–DECEMBER 31 | 2026





WELCOME

THANKS FOR BEING ON OUR TEAM

Earlham College would not be the success it is today without the dedication of our hard-working employees. We're proud to offer a comprehensive benefits package to support your physical, mental and financial wellness.

ELIGIBILITY

EMPLOYEES

Full-time: Position that is scheduled 30 or more hours per week, and for 36 or more weeks per year

Part-time: Position scheduled 20 or more hours per week, and for 36 or more weeks per year

Limited Part-time: Position scheduled less than 20 hours per week, and/or for less than 36 weeks per year.

DEPENDENTS

Many plans allow you to cover eligible dependents:

- Legally married spouse
- Domestic partner
- Dependent children including:
 - Children up to age 26 regardless of student or marital status
 - Disabled children of any age who are (or become) physically or mentally incapable of self-support



ENROLL BY DECEMBER 5!

Open enrollment is 11/17-12/5. This is your annual opportunity to review and update your benefits. This is a passive enrollment, meaning you only need to take action if you want to make changes to your current benefits or contribute to a Flexible Spending Account or Health Savings Account in 2026. Whether you're enrolling for the first time or continuing from this year, FSA and HSA elections do not carry over automatically

DIGITAL GUIDE TIPS

- ✓ Click the icons in the top left corner to jump to these sections:
 -  Table of Contents
 -  Benefit Contacts
 -  Find an In-Network Provider
 -  Benefit Glossary
- ✓ Bookmark the link or save it to your phone's home screen.
- ✓ To search by key word on mobile, tap the three dots in the bottom menu, then tap "Find in page."



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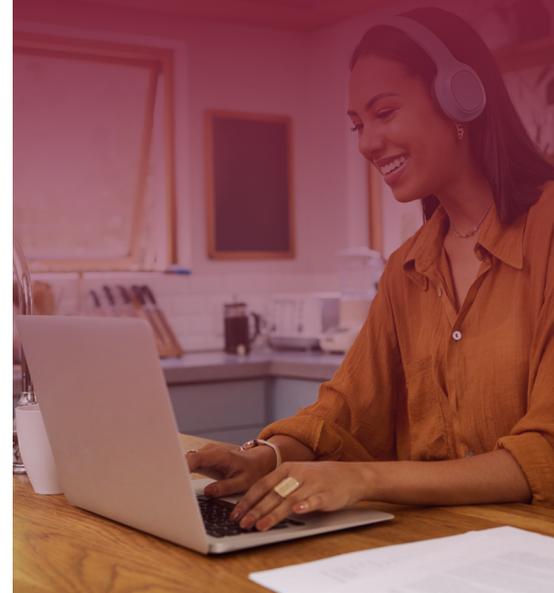
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YOUR BENEFIT OPTIONS

Review these benefit options carefully. Learning more about your benefits makes it easier to choose the ones that are right for you and your family.





WHEN CAN YOU ENROLL?

NEW HIRE

Enroll within your new-hire enrollment window.

Enroll on *WorkforceNow.adp.com*

Closely review your options as a new hire

- Benefits are **effective as of your date of hire.**
- Some benefits include special enrollment opportunities that are only available when you first enroll, so don't miss out!

OPEN ENROLLMENT

Enroll during the annual benefits open enrollment period.

Enroll on *WorkforceNow.adp.com*

Your annual opportunity to review & change your benefits

- Typically held in the fall
- Benefits begin on Jan. 1



QUALIFYING LIFE EVENT

Enroll within 31 days of a qualifying life event.

Contact Human Resources

Qualifying life events allow you to make a mid-year benefit change

Examples include:

- Marriage or divorce
- Birth or adoption of child
- Loss of coverage
- Turning age 65
- Spouse's open enrollment
- Change in work status (part-time to full-time)



HOW TO ENROLL

Enrolling in benefits is easy on our online portal. Follow these instructions to log in and make your selections.



1. LOG IN

Visit | WorkforceNow.adp.com

- Enter your username, password

2. START YOUR ENROLLMENT

Begin by clicking:

- Myself
- Enrollments
- 2026 Open Enrollment

3. VERIFY YOUR INFORMATION

- Verify your contact information
- Review and update your dependents and beneficiaries
- Enroll or decline coverage for each benefit plan

4. SUBMIT YOUR ENROLLMENT

To complete enrollment:

- Select “Enroll”
- Once you review your benefit plans selections; select “Submit Enrollment”
- Select “Sign and Submit”
- Save or print the benefit confirmation page



HEALTH BENEFITS





[Click here to find an in-network provider!](#)

MEDICAL BENEFITS



PLAN BASICS	HDHP HSA	TRADITIONAL PPO
	IN-NETWORK*	IN-NETWORK*
NETWORK	Choice Plus	Choice Plus
Deductible Individual Family	\$3,500 \$7,000	\$1,450 \$2,900
Coinsurance You Pay Plan Pays	0% 100%	10% 90%
Out-of-Pocket Maximum Individual Family	\$5,000 \$12,000	Medical: \$3,500 \$7,000; Prescription: \$4,100 \$8,200
Eligible for Health Savings Account?	Yes! Learn more on page 16. ↗	No
WHAT YOU PAY FOR CARE		
Preventive Care	No charge	No charge
Doctor Visits Primary Care Specialist	0% after deductible	10% after deductible
Emergency Care Urgent Care ER	0% after deductible	10% after deductible
Inpatient & Outpatient Services	0% after deductible	10% after deductible
Diagnostic Imaging MRI, CT, PET scans	0% after deductible	10% after deductible
WHAT YOU PAY FOR PRESCRIPTION DRUGS		
Retail <i>Up to 30-day supply</i> Tier 1 2 3	\$10 \$30 \$60	\$10 \$25 \$40
Mail-Order <i>Up to 90-day supply</i> Tier 1 2 3 4	\$10 \$75 \$180 25% to \$200 maximum	\$20 \$50 \$80 n/a

*Out-of-network coverage is available. See plan summary for details.



[Click here to find an in-network provider!](#)

MEDICAL BENEFITS CONTINUED



PLAN BASICS	HDHP HSA	TRADITIONAL PPO
YOUR COST PER MONTH (AS A PERCENTAGE OF PAY)		
Employee	1.65%	1.65%
Employee + Spouse	5.55%	5.55%
Employee + Child(ren)	2.60%	2.60%
Employee + Family	6.25%	6.25%
Earlham Family (both spouses work at Earlham)	2.10%	2.10%

LEARN MORE!

Not sure what a word means?

See the [benefit glossary](#).

Talk to a doctor any time with virtual visits.

See your [telehealth options](#).

Make the most of your medical plan.

See the [importance of preventive care](#).

Be savvy with your healthcare costs.

See our [tips to save money](#).

Stay in-network for the lowest costs.

Find a [provider](#).





HEALTHCARE ON THE GO



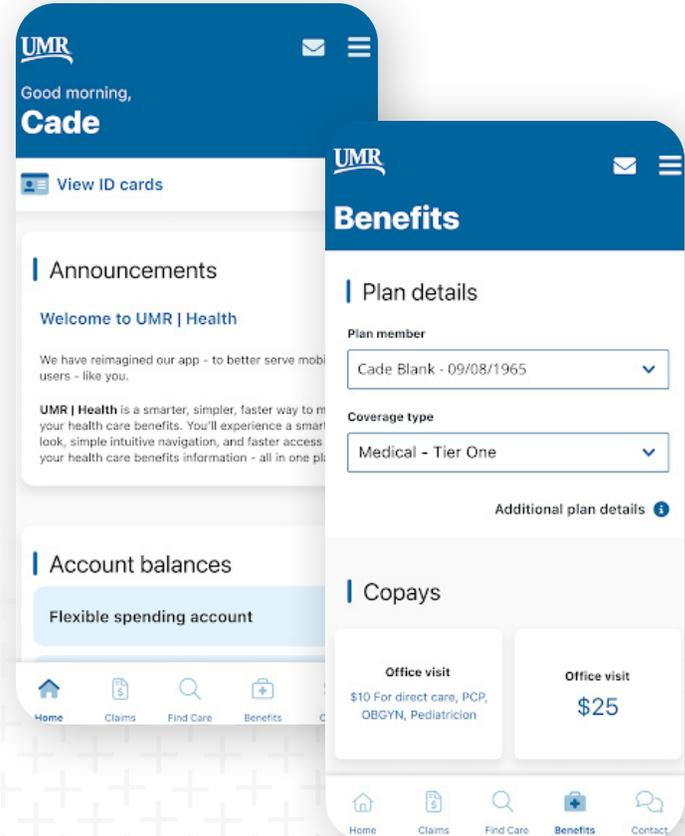
The UMR app makes it easy to access your healthcare benefits information. You can view plan details on demand!

APP FEATURES

- Access your digital ID card
- Look up in-network healthcare providers
- Find out if there's a copay for your appointment
- View your recent medical claims
- Call or message UMR's member support team

DOWNLOAD THE APP

Visit | [UMR.com/app-page](https://www.UMR.com/app-page)





HEALTH COST ESTIMATOR TOOL



KNOW BEFORE YOU GO

Your healthcare costs often depend on where you go for care. Check the difference in cost before choosing a provider, clinic or hospital.

Use the health cost estimator link to look up procedures, services, treatments or billing codes and compare the estimated costs for the care you need.

THE GOAL?

Take much of the guesswork out of important healthcare decisions.

THIS IS AN ESTIMATE

This tool provides estimates only. Estimates are not a guarantee of payment or benefits. Talk with your healthcare provider about your care plan, so you understand as much as possible about the procedure, the associated services, and the individuals who will be providing your care.

ESTIMATE YOUR COSTS

Visit | [UMR.com](https://www.UMR.com)

1. Log in to your account
2. Hover over “Find costs and care,” then click “Health cost estimator”
3. Click “Your primary network”
4. Verify the covered individual who needs care
5. Search for a provider or search for a specific treatment, service or procedure in your area
 - Can’t find your service by your search term? Google the billing code for your service and search by billing code.
6. You’ll find the cost range in your area and see estimated costs for each provider in your area!

QUESTIONS?

Call | 800-826-9781



YOUR PLAN ADVISOR



SOLUTIONS WITHIN REACH

If you have questions about healthcare, UMR's Plan Advisor is here to help.

Your Plan Advisor is an actual person who's focused on serving you and has the knowledge to support and anticipate your unique needs and goals.

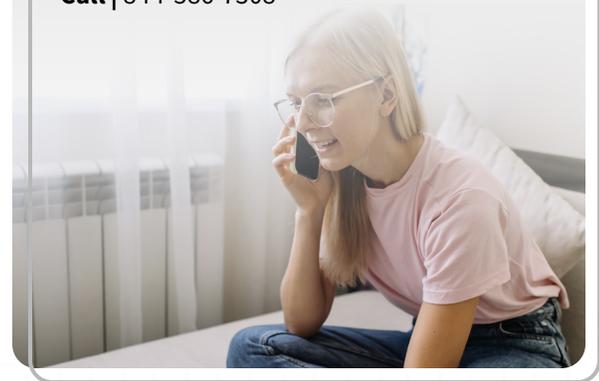
PLAN ADVISORS CAN HELP YOU...

- Look into a recent claim to make sure it was paid correctly
- Check to see what your out-of-pocket costs are for services
- See how much you have paid—and how much you have left—of your individual or family deductible
- Understand reward programs available to you
- Discover what services are available to you based on your plan

GET IN TOUCH

Plan Advisors are available weekdays from 7 a.m. to 7 p.m. Central Time.

Call | 844-586-7308





VIRTUAL VISITS



If you enroll in our medical benefits, you can visit with a doctor any day, any time, from your smartphone, computer or tablet. Virtual visits are a convenient option when you need care in the middle of the night or while traveling.

USE VIRTUAL VISITS FOR

- Allergies
- Bronchitis
- Cold & flu symptoms
- Diarrhea
- Fever
- Headaches
- Mental health counseling
- Pink eye
- Sinus problems
- Urinary tract infection
- And more!

WHAT DOES IT COST?*

- General health visit: \$0
- Mental health counseling: \$0

**Fees subject to change.*

GET STARTED!

Visit | FSHealth.com

Call | 888-691-7867

DOWNLOAD THE APP

Click below to get the First Stop Health app!



[Back to your medical plan options](#) ↗



PRESCRIPTION BENEFITS

Express Scripts
By EVERNORTH



YOUR PRESCRIPTION PARTNERS

When you enroll in one of our medical plans, you'll receive pharmacy benefits through RxBenefits.

RxBenefits partners with Express Scripts to make it easy to manage your prescription needs, including mail order for maintenance medications.

MORE SAVINGS

Compare prices of medicines at multiple pharmacies. Get free standard shipping from the Express Scripts Pharmacy.

MORE CONVENIENCE

Get up to 90-day supplies of your long-term medicine sent to your home. Order refills, check order status, and track shipments. Print forms and ID cards, if needed.

MORE CONFIDENCE

Talk with a pharmacist from the privacy of your home any time, from anywhere. Find the latest information on your medicine, including possible side effects and interactions.

MORE FLEXIBILITY

Download the Express Scripts mobile app to manage your medicines, find nearby pharmacies and get directions, and use your virtual ID card while on the go.

GET STARTED

VISIT | [EXPRESS-SCRIPTS.COM](https://www.express-scripts.com)

- Register with your UMR member ID and your Social Security Number
- Set your communication preferences

DOWNLOAD THE APP

DOWNLOAD THE EXPRESS SCRIPTS APP



THE IMPORTANCE OF PREVENTIVE CARE



MAKE THE MOST OF YOUR MEDICAL PLAN

Your medical plan covers in-network preventive care at no cost to you! Preventive care can help keep you healthy and identify minor issues early, when they're easier—and less costly—to treat.

✔ WHAT IS PREVENTIVE CARE?

Preventive care includes a range of services to help keep you healthy. While regular (diagnostic) medical care focuses on treating illness, preventive care aims to keep you from getting sick in the first place.

✘ WHAT IS NOT PREVENTIVE CARE?

If you see a doctor because you have symptoms or have been diagnosed with an illness, the services you receive are not preventive.

Your medical plan still provides coverage for these services, but they aren't covered at 100%.

You may be charged a fee if you receive services from an out-of-network provider or if the preventive service is not the primary purpose of your visit.

SEE PREVENTIVE TESTS AND SCREENINGS RECOMMENDED FOR YOUR AGE

Visit | [MyHealthFinder.com](https://www.myhealthfinder.com)

Call UMR to see which services qualify as preventive on your plan.

[Back to your medical plan options](#) ↗



TIPS TO SAVE MONEY



✓ **SAVE THE EMERGENCY ROOM FOR TRUE EMERGENCIES**

Only visit the emergency room if you have a life- or limb-threatening emergency. If you need care when your doctor's office is closed, check your area for an urgent care location or use virtual care instead.

✓ **USE IN-NETWORK PROVIDERS**

Your medical, dental and vision costs increase greatly when you visit a provider who is not in your plan's network. Always confirm your provider is in your network, especially when being referred to another provider or facility for services.

✓ **GET YOUR ANNUAL CHECKUP**

You and your dependents should visit the doctor annually for health screenings and tests. Your plan covers preventive services at 100%.

✓ **CHOOSE GENERIC PRESCRIPTIONS**

Ask your doctor or pharmacist to give you generic prescriptions instead of brand-name. Generic drugs are cheaper and are just as effective.

✓ **SHOP AROUND TO FIND THE BEST PRESCRIPTION PRICES**

It can pay to be a savvy shopper. Drug comparison tools like [GoodRx.com](https://www.GoodRx.com) and [SingleCare.com](https://www.SingleCare.com) can help you find the lowest cost for medication near you.

GoodRx and SingleCare also offer discount cards and coupons, which can provide additional savings. However, you will not receive credit toward your plan deductible or out-of-pocket maximum if you use them. Talk with your doctor and pharmacist to determine the best option for you.

✓ **TAKE ADVANTAGE OF THE MAIL-ORDER PHARMACY PROGRAM**

Save time and money by using the mail-order prescription drug program for your maintenance prescriptions. Check with UMR for more details.

Back to your medical plan options ↗



HEALTH SAVINGS ACCOUNT

By enrolling in the High Deductible health plan, you get access to a Health Savings Account, which can be used to pay for qualified healthcare expenses.

ELIGIBILITY

To contribute to an HSA, you must:

- ✓ **Be enrolled** in an HSA-eligible medical plan
- ✗ **Not be enrolled** in Medicare, TRICARE, Medicaid or a non-HSA eligible plan*
- ✗ **Not be eligible** to be claimed as a dependent on someone else's tax return

**Because enrollment in Part A is backdated by six months, you should stop your HSA contributions six months before you enroll to avoid penalties. Consult your tax advisor for guidance.*

LEARN MORE

BROWSE VIDEOS ↗

Learn about eligible expenses, tax advantages, shopping tips and more.

EXPLORE ARTICLES ↗

The learning center offers tips on how to use your HSA to its full potential.

THREE REASONS TO LOVE YOUR HSA

1. FREE MONEY!

The money Earlham College contributes is yours to keep.

2. TRIPLE TAX SAVINGS¹

- Tax deductions when you contribute
- Tax-free withdrawals to pay for qualified expenses
- Tax-free earnings

3. FLEXIBILITY

You can use the money in your HSA for eligible expenses or save it and let it grow. Your savings roll over each year, and you can use your HSA as retirement income at age 65 without penalty.²

¹State taxes still apply in some states.

²Normal income tax still applies.





HEALTH SAVINGS ACCOUNT CONTINUED



HSA CONTRIBUTION LIMITS

You can contribute up to the IRS annual maximum, which is based on your age and enrollment in the HDHP medical plan.

You should consult your tax advisor to determine your eligibility to receive contributions and contribute to an HSA.

2026 IRS Contribution Limits	UNDER 55	AGE 55+
Individual	\$4,400	\$5,400
Family <i>one or more dependents</i>	\$8,750	\$9,750

EARLHAM COLLEGE CONTRIBUTES!

If you enroll in the High Deductible health plan, we will contribute to your HSA to help you build savings.

Earlham's contributions plus your contributions may not exceed the annual IRS contribution limits.

2026 Company Contributions	PER YEAR
Individual	\$1,000
Family <i>one or more dependents</i>	\$2,000

[Back to your medical plan options](#) ↩



Click here to find an in-network provider!

DENTAL BENEFITS



PLAN BASICS

	LOW PLAN	HIGH PLAN
	IN-NETWORK*	IN-NETWORK*
NETWORK	UnitedHealthcare	UnitedHealthcare
Calendar-Year Deductible Individual Family	None	\$50 \$150
Maximum Benefit for Basic & Major Services Per person per year	\$750	\$2,000
Maximum Orthodontia Benefit Per child per lifetime	Not covered	\$1,500

WHAT YOU PAY FOR SERVICES

Preventive Services Cleanings, exams, x-rays	No charge (deductible waived)	No charge (deductible waived)
Basic Services Fillings, extractions, root canals	50% after deductible	20% after deductible*
Major Services Crowns, bridgework	Not covered	20% after deductible*
Orthodontia For children up to age 19	Not covered	50%

YOUR COST PER MONTH

Employee	\$14.73	\$38.41
Employee + Spouse	\$29.07	\$79.06
Employee + Child(ren)	\$45.61	\$107.22
Employee + Family	\$59.94	\$149.18

 **Be aware of balance billing if you use an out-of-network dentist. If your dentist is out-of-network and they charge more than what the plan allows, you're responsible for the extra charges. Save money by staying in-network! See Benefit Glossary on page 32 for more details.*



Click here to find an in-network provider!

VISION BENEFITS



PLAN BASICS	CORE PLAN	BUY UP PLAN
	IN-NETWORK*	IN-NETWORK*
NETWORK	VSP Choice	VSP Choice
Eye Exam <i>Once every 12 months</i>	\$10 copay	\$10 copay
Eyeglass Lenses <i>Once every 12 months</i> Single Bifocal Trifocal Lenticular	Included	Choice of One Upgrade (\$230 Frame Allowance OR Anti-Reflective Coating OR Photochromic Lenses OR Premium Progressive Lenses)
Frames	\$130 allowance + 20% discount on balance <i>Once every 24 months</i>	\$130 allowance + 20% discount on balance <i>Once every 12 months</i>
Contact Lenses <i>Once every 12 months instead of glasses</i>	\$130 allowance	\$130 allowance
Medically Necessary Contact Lenses <i>Once every 12 months</i>	Covered in full after copay	Covered in full after copay
YOUR COST PER MONTH		
Employee	\$8.09	\$13.27
Employee + Spouse	\$13.62	\$22.34
Employee + Child(ren)	\$13.90	\$22.81
Employee + Family	\$22.41	\$36.77

*Out-of-network coverage is available on this plan. See plan summary for details.

FINANCIAL BENEFITS





FLEXIBLE SPENDING ACCOUNTS



Flexible Spending Accounts (FSAs) let you set aside pre-tax money from your paycheck to pay for eligible **healthcare and dependent care expenses**. With an FSA, you can reduce your taxable income and save on expenses you already pay!



1. Estimate

Estimate your expenses and decide how much you want to contribute for the entire plan year.



2. Contribute

Your contributions are deducted each paycheck before taxes are applied and set aside in your FSA.



3. Spend Your Funds!

Use your FSA debit card for eligible expenses or reimburse yourself from your account.



4. File Claims

The final deadline to file for any reimbursement from your FSA is 3/31 of the following calendar year.

ESTIMATE CAREFULLY!

FSAs are **use it or lose it** accounts. You forfeit any unused money at the end of the year, so only contribute what you know you will spend in the year.

Additionally, you cannot change your contributions after open enrollment unless you have a qualifying life event.

SEE WHAT'S ELIGIBLE

See the list and even filter eligible items by Healthcare FSA or Dependent Care FSA.

Visit | FSASore.com/fsa-eligibility-list

MANAGE YOUR ACCOUNT ONLINE

Manage your account, file claims for reimbursement, see your debit card activity and more.

Visit | Chard-Snyder.com



FLEXIBLE SPENDING ACCOUNTS CONTINUED

HEALTHCARE FSA	DEPENDENT CARE FSA
USE FOR	
Medical, dental and vision expenses for yourself, your spouse and your dependents	Dependent care expenses for a dependent elder or a child under age 13 that allow you to go to work
CONTRIBUTION LIMITS	
\$3,400 per year	\$7,500 per year¹
ELIGIBILITY	
Not available to HSA participants	All full-time employees eligible
FUND AVAILABILITY	
All funds immediately available to you at the beginning of the plan year	Funds available as they are contributed each pay period
AT THE END OF THE YEAR	
Allows a 2½-month grace period following plan year end to allow you to incur expenses	Allows a 2½-month grace period following plan year end to allow you to incur expenses

¹The Dependent Care FSA contribution limit is \$3,750 if you're married and filing a separate tax return.



BASIC LIFE AND AD&D



To help provide financial security for your family, **we offer basic term life and accidental death & dismemberment (AD&D) coverage at no cost to you.**

COVERAGE DETAILS

Life Coverage Amount

Full Time:

1x your annual earnings up to \$50,000

Life Coverage Amount

Part Time:

1x your annual earnings up to \$25,000

AD&D Coverage Amount

Full Time*

1x your annual earnings up to \$50,000

AD&D Coverage Amount

Part Time*

1x your annual earnings up to \$25,000

Benefit Reduction Schedule

Benefits reduce to:

35% at age 65

50% at age 70

**The AD&D benefit is paid in addition to the life benefit if your death is due to an accident. A partial AD&D benefit may be paid in some instances such as loss of sight or paralysis. See plan summary for details.*



KEEP YOUR BENEFICIARY INFO UP TO DATE!

These benefits are paid to the beneficiary on file, so make sure you keep your beneficiary information up to date!

Change your beneficiary information any time on your benefit enrollment platform.





SUPPLEMENTAL LIFE AND AD&D



Supplemental life and AD&D insurance provides an extra layer of financial security for your family.

You can give your loved ones greater peace of mind by purchasing this coverage at competitive group rates.

COVERAGE OPTIONS

Employee Benefit

\$10,000 increments up to \$500,000

Guaranteed Issue: \$200,000

Spouse Benefit

\$5,000 increments up to \$100,000

(not to exceed 50% of employee's election)

Guaranteed Issue: \$25,000

Child Benefit

\$1,000 increments up to \$10,000

Rates vary by age and coverage amount. Spousal rates are based on employee's age.

GUARANTEED ISSUE

A guaranteed issue is the amount of coverage you can be approved for without completing a health questionnaire—often referred to as evidence of insurability.

Guaranteed issue amounts typically only apply during your initial enrollment period when hired.



NEW EMPLOYEES:

Don't miss out on your guaranteed issue opportunity!

To enroll or increase your coverage (above one increment) after your initial eligibility period, you will have to complete the evidence of insurability.



DISABILITY INSURANCE

We provide long-term disability coverage at **no cost to you**.

You may also choose to purchase short-term disability insurance so you don't have a gap in coverage before your long-term benefits kick in.

LONG-TERM DISABILITY

Benefit amount

60% of your salary up to \$4,000 per month

When are benefits payable?

After 181 days of disability due to an accident or illness

Maximum benefit duration

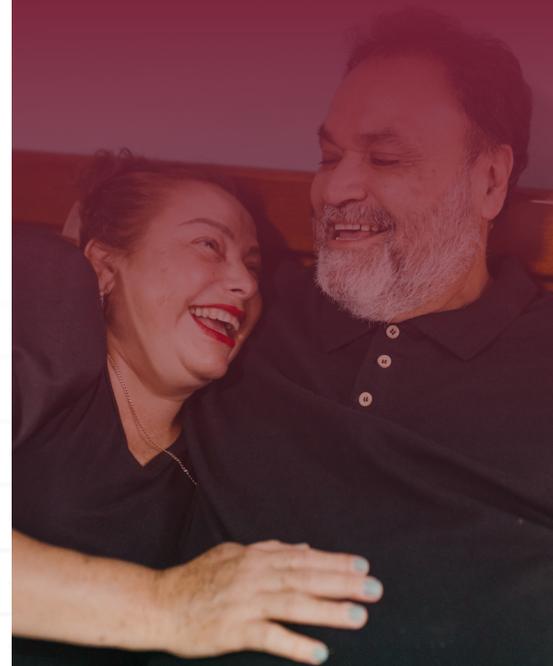
Until you recover or up to your Social Security Normal Retirement Age

Pre-existing condition exclusion (3/12): If you were diagnosed with or treated for a condition **3** months before your benefits begin, that condition won't be covered for **12** months. See plan summary for details.

PROTECT YOUR PAYCHECK

If you couldn't work, how would you pay your bills?

Disability insurance can help! These benefits replace part of your income if you can't work due to pregnancy or a non-work-related injury or sickness.





SUPPLEMENTAL BENEFIT OPTIONS

These benefits offer additional protection from surprise expenses. **The benefits are paid directly to you, so you can use the money however you need it.**

See your enrollment materials for cost information.



ACCIDENT INSURANCE

When you, your spouse or child has a covered accident, like a broken bone or severe burn, you can receive a benefit to help with unexpected costs. While medical plans may cover direct costs associated with an accident, you can use the benefit to help cover other expenses.

CRITICAL ILLNESS INSURANCE

Serious illness can lead to unexpected costs not covered by your medical plan. Critical illness insurance provides a benefit when you or a covered family member is diagnosed with a covered condition, like a heart attack or a stroke.

HOSPITAL INDEMNITY INSURANCE

Hospital indemnity insurance helps you if you are admitted to the hospital. Benefits are paid directly to you based on the amount of coverage listed for the service (not the actual cost of treatment).

\$50 WELLNESS BENEFIT!

These policies include an annual wellness benefit. You receive \$50 for completing certain wellness screenings! This perk can help offset the cost for your coverage.

See plan summary for details.

ADDITIONAL BENEFITS





EMPLOYEE ASSISTANCE PROGRAM

MENTAL HEALTH SUPPORT, REFERRALS AND MORE

You and your household have access to an Employee Assistance Program (EAP) to help with the everyday challenges of life that may affect your health, family life and desire to excel at work.

You have access to consultants by phone, online resources and tools, and up to **three face-to-face** counseling sessions per issue, per person, per year.

FOR 24/7 ASSISTANCE

Call | 855-239-0743

Visit | [GuidanceResources.com](https://www.GuidanceResources.com)

Web ID: Guardian

COMPSYCH
GuidanceResources Worldwide

Guardian

AN EAP CAN ADDRESS:



SUBSTANCE ABUSE & ADDICTION



LEGAL ASSISTANCE



FAMILY & RELATIONSHIPS



FINANCIAL WELLNESS



EMOTIONAL WELL-BEING



WORK & CAREER



BENEFIT RESOURCES



BENEFIT CONTACTS



BENEFIT	PROVIDER	PHONE	WEBSITE/EMAIL
Medical	UMR	800-207-3172	UMR.com
Prescription Benefits	RxBenefits	800-334-8134	www.rxbenefits.com
Prescription Benefits App	Express Scripts	800-282-2881	Express-Scripts.com
Virtual Visits	First Stop Health	888-691-7867	FSHealth.com
Dental	United Healthcare	866-487-9299	UHC.com
Vision	VSP	800-877-7195	VSP.com
Health Savings Account	Financial Center	317-916-7700	fcfcu.com
Flexible Spending Account	Chard Snyder	800-982-7715	Chard-Snyder.com
Life and AD&D	Guardian	800-525-4542	GuardianLife.com
Disability	Guardian	800-538-4583	GuardianLife.com
Accident, Critical Illness and Hospital Indemnity	Guardian	Life: 800-525-4542 LTD: 800-538-4583	GuardianLife.com
Employee Assistance Program	Guardian	855-239-0743	GuidanceResources.com



FIND AN IN-NETWORK PROVIDER



MEDICAL	DENTAL	VISION
UMR	UnitedHealthcare	VSP
Network UHC Choice Plus	Network UnitedHealthcare	Network VSP Choice
UMR.com/find-a-provider	UHC.com/find-a-doctor	VSP.com/eye-doctor



BENEFIT GLOSSARY



BALANCE BILLING

When you're billed for the difference between the provider's actual charge and the amount reimbursed under the medical, dental or vision plan. This occurs when you go outside of the preferred provider network. Balance billing charges will not apply toward your out-of-pocket maximum.

COINSURANCE

The percentage of the cost you pay for covered services after you meet your deductible.

COPAYMENTS (COPAYS)

A flat fee you pay for a covered healthcare service. You will typically pay your copay at the time of service, and then the plan will pay any remaining amount.

DEDUCTIBLE

The amount you're required to pay each year before certain benefits are paid for by the plan. Once you meet the deductible, expenses are covered by the plan based on the coinsurance percentage. The deductible resets on Jan. 1 each year.

EXPLANATION OF BENEFITS (EOB)

A statement, usually mailed to you, that explains how your claim was processed by the insurance company. The EOB details what portion of the claim was paid by the insurance company and what portion is your responsibility.

NETWORK

The doctors, hospitals, and other healthcare providers your insurance company has contracted with to provide services at discounted rates. You will pay less when you use in-network providers. Some plans will not cover the care you get outside of the network.

OUT-OF-POCKET MAXIMUM (OOPM)

The most you pay in a year for covered services. If you reach the OOPM, the plan pays 100% of covered expenses for the rest of the calendar year.

PLAN YEAR

The plan year refers to Jan. 1 through Dec. 31.

USUAL, CUSTOMARY, AND REASONABLE (UCR) CHARGES

Healthcare charges determined by your health insurance provider that are based on the range of fees charged by doctors with comparable training and experience for the same or similar service in your area. When you receive care in-network, UCR charges do not apply. For out-of-network care, you're responsible for any extra charge over the UCR fee.



Earlham

COLLEGE

The information in this enrollment guide is based on information provided by the employer and various benefit documents. While every effort was taken to accurately report your benefits, discrepancies or errors are always possible. In case of discrepancy between this guide and the actual plan documents, the plan documents will prevail. All information is confidential pursuant to the Health Insurance Portability and Accountability Act of 1996.

Guide prepared by The MJ Companies.