

GOUCHER | college

2023 Benefits Guidebook



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Dear Valued Employees:

We know how dedicated you are to Goucher College. We appreciate your commitment to our College, our community, and our students. We are pleased to offer a benefits program that is valuable, flexible, and competitive. It’s valuable because it helps protect you and your family from financial hardship. It’s flexible because it allows you to select different plan options based on your personal situation. It’s competitive because it offers a wide range of benefits while keeping cost in mind. This enrollment guide highlights our many benefit programs and provides you with an easy to read resource for your benefit enrollment.

ABOUT THIS GUIDEBOOK

This Benefits Guidebook describes the highlights of Goucher College’s benefits program in non-technical language. Your specific rights to benefits under the plan are governed solely, and in every respect, by the official plan documents, and not the information in this guidebook.

If there is any discrepancy between the descriptions of the program’s elements as contained in this benefits guidebook and the official plan documents, the language in the official plan documents shall prevail as accurate. Please refer to the plan-specific documents published by each of the respective carriers for detailed plan information. You should be aware that any and all elements of Goucher College’s benefits program may be modified in the future, at any time, to meet Internal Revenue Service (IRS) rules, or otherwise as decided by Goucher College.



Plan Rules, Dates & Eligibility

PLAN YEAR

The Plan Year for Goucher College's benefit programs begins on January 1 and ends on December 31.

ELIGIBILITY

Full-Time Employees who work a minimum of 1,250 hours per year, Part-Time Staff who work a minimum of 20 hours per week at least 39 weeks per year or 990 hours per year, and Half-Time Faculty are eligible for the following benefits.

- Medical (including prescription drug)
- Dental
- Vision
- Basic Life Coverage¹
- Long Term Disability Coverage¹
- Flexible Spending Accounts
- Supplemental Medical Coverage
- Voluntary Life Coverage^{1,2}
- Voluntary Accidental Death & Dismemberment Coverage
- Voluntary Critical Illness and Accident Coverages²
- Student Loan Forgiveness Program
- 403(b) Retirement Plan
- Employee Assistance Program
- Tuition Remission

DEPENDENT ELIGIBILITY

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

- Your legal spouse
- Your same or opposite sex domestic partner²
- Your children who are under the age of 26³ in accordance with the provisions of the Patient Protection and Affordable Care Act of 2010
- Your children over age 26 who are mentally and physically disabled and dependent on you for support
- Your children who are covered under a Qualified Medical Child Support Order
- Please note that "children" includes the natural children, stepchildren, and legally adopted children of you or your spouse/domestic partner.

WORKING PARTNER PREMIUM

A \$125 monthly pre-tax Working Partner Premium (WPP) will be added to your enrollment premium if you elect health insurance coverage for a spouse/domestic partner who is eligible for health insurance coverage through their own employer.

CHANGING YOUR BENEFITS

Per Internal Revenue Service (IRS) rules, employees may only enroll in pre-tax benefit plans once per year. As such, your benefit choices for Medical/Prescription Drugs, Dental, Vision, and Flexible Spending Account choices are binding through December 31. The following Qualifying Life Events are special circumstances that enable you to change your benefits during the plan year:

- Marriage
- Birth, adoption or placement for adoption of an eligible child
- Divorce, legal separation or annulment of marriage
- Loss of spouse's job or change in work status (when coverage is maintained through spouse's plan)
- A significant change in your or your spouse's health coverage due to your spouse's employment
- Death of spouse or dependent
- Loss of dependent status
- Becoming eligible for Medicare
- Gain or loss of eligibility for Medicaid or a Children's Health Insurance Program (CHIP) or for a premium assistance subsidy under these programs (60-day election period)
- Receiving a Qualified Medical Child Support Order

31 DAYS

For any qualifying life events, you must inform Human Resources within 31 calendar days (60 calendar days for changes related to Medicaid or CHIP eligibility) and provide proof of the event. Changes due to a "change of mind" are not allowed until the next annual enrollment period. For additional information, please contact Human Resources.

¹Part-Time Employees are not eligible for Basic Life, Long Term Disability and Voluntary Life Coverages.

²Domestic Partners are not eligible for Voluntary Life, AD&D, Critical Illness and Accident coverages.

³Children are only eligible for Voluntary AD&D coverage up to age 19 (up to age 26 if full-time students).

Medical/Rx & Mental Health Services

MEDICAL/RX PLAN OPTIONS

Goucher College offers two medical plan options through Kaiser Permanente, both plans cover preventive care at 100%, and include prescription drug benefits. You may enroll in the plan that best meets your needs or you may choose to waive medical benefits. The Kaiser Permanente plans utilize a network of physicians, hospitals and other health care providers. You can maximize your coverage when you access care from providers who participate in the Kaiser Permanente network.

Kaiser Permanente HMO Select Plan

The Kaiser HMO Plan provides you with access to Kaiser's Select Network of Primary Care Physicians and specialists who practice within Kaiser Permanente medical centers (located through DC, MD, and VA), along with affiliated physicians who practice in the community. Kaiser Permanente medical centers offer participants access to onsite lab, radiology, vision, and pharmacy services. If you choose to participate in the Kaiser Permanente HMO Plan, you will be required to select a Primary Care Physician (PCP) who will be responsible for coordinating all of your health care needs. With limited exceptions, your PCP must supply you with a referral before you can obtain services from a specialist.

Kaiser Permanente Flex Choice POS Plan

The Kaiser Flex Choice POS Plan provides you with access to Kaiser's Signature Network of Primary Care Physicians and specialists who practice within the Kaiser Permanente medical centers (located throughout DC, MD, and VA). Kaiser Permanente medical centers offer participants access to onsite lab, radiology, vision, and pharmacy services. In addition to the Kaiser medical center network, you are provided access to the PHCS network of physicians. Under this plan, you may also choose to receive care from providers not in Kaiser Permanente medical centers or PHCS network. **Please note: Part-time Staff and Half-Time Faculty are only provided with the option of enrolling in the Kaiser Permanente HMO Select Plan.**

PREVENTIVE CARE

All plans cover preventive care 100% in-network, including routine screenings and checkups. Many of these services are covered as part of routine physical exams. These include regular checkups, routine gynecological visits and well-child exams. You won't have to pay anything for these services if you get them from an in-network doctor. That means no copayment and no coinsurance. Women's Preventive Health Care services are also covered 100% in-network:

- Well-woman visits
- Gestational diabetes screening
- HPV Immunizations
- Sexually Transmitted Infection counseling
- HIV screening and counseling
- Certain contraception and contraceptive counseling
- Breast feeding support, supplies and counseling
- Interpersonal and domestic violence screening and counseling



Medical/Rx & Mental Health Services

	KAISER HMO SELECT	KAISER FLEX CHOICE POS		
	IN-NETWORK Select Network	IN-NETWORK Signature Network	IN-NETWORK PHCS Multiplan Network	OUT-OF-NETWORK**
Annual Deductible Individual / Family	\$0 / \$0	None	\$300 / \$600	\$600 / \$1,200
Coinsurance	0%	0%	10%	30%
Out-of-Pocket Maximum Individual / Family	\$2,000 / \$4,000	\$2,250 / \$4,500	\$3,000 / \$6,000	\$6,000 / \$12,000
Preventive Care*	Covered at 100%	Covered at 100%	Covered at 100%	Deductible, then 30%
Office Visit Primary Care Physician / Specialist	\$15 / \$25 copay	\$20 / \$30 copay	\$35 / \$45 copay	Deductible, then 30%
Virtual Visits KP Providers Only	No Charge	No Charge	N/A	N/A
Urgent Care	\$25 copay	\$30 copay	\$45 copay	Deductible, then 30%
Outpatient Lab Services Diagnostic Laboratory X-ray Complex Imaging Services	\$15 copay \$15 copay Covered at 100%	No charge No charge \$100 per test	Deductible, then 10%	Deductible, then 30%
Emergency Room Waived if admitted	\$100 copay	\$100 per visit	\$100 per visit	\$100 per visit
Inpatient Hospitalization	Covered at 100%	\$100 per admission	Deductible, then 10%	Deductible, then 30%
Outpatient Surgery	Covered at 100%	\$75 copay	Deductible, then 10%	Deductible, then 30%
PRESCRIPTION DRUG COVERAGE				
Kaiser Pharmacy 30-Day Supply Tier 1 / Tier 2 / Tier 3	\$15 / \$25 / \$40	\$15 / \$35 / \$60	None	None
Community/PPO Pharmacies 30-Day Supply Tier 1 / Tier 2 / Tier 3	\$20 / \$45 / \$60	\$30 / \$50 / \$80	\$30 / \$50 / \$80	\$35 / \$55 / \$85
Kaiser or Community/PPO Pharmacies 90-Day Retail Tier 1 / Tier 2 / Tier 3	\$30 / \$50 / \$80 \$40 / \$90 / \$120	\$30 / \$70 / \$120 \$60 / \$100 / \$160	\$30 / \$70 / \$120 \$60 / \$100 / \$160	N/A
Kaiser Mail Order 90-Day Supply Tier 1 / Tier 2 / Tier 3	\$30 / \$50 / \$80	\$30 / \$70 / \$100	N/A	N/A

* Select preventive care services are covered at 100% with no out-of-pocket cost as mandated by the Patient Protection and Affordable Care Act of 2010.

** Out-of-network costs are based on Usual & Customary charges. You will have access to Cigna's PPO network if you are a Flex Choice member and are outside of a Kaiser Permanente state.

This chart is a summary of benefit options offered under the College's medical plans. For more information, please refer to the plan documents. In the event of a discrepancy between this summary and the plan documents, the plan documents will govern.

Medical/Rx & Mental Health Services

HOW TO CONNECT WITH A MENTAL HEALTH PROFESSIONAL

Members can either **(1)** utilize the Kaiser Permanente Mental Health Professionals Network **OR (2)** make an appointment with a contracted provider outside of Kaiser Permanente. Below are instructions on how to access mental health providers.

1

KAISER PERMANENTE MEDICAL CENTER MENTAL HEALTH PROFESSIONALS

- To schedule an appointment with a therapist for counseling or a psychiatrist for medication, call Kaiser Permanente Behavioral Health Access Line at 866-530-8778 (TTY 711).
- Due to an increased demand for mental health services at Kaiser, Kaiser has a wait time of 9 days for new evaluation appointments. The wait time for follow up appointments can be up to 50 business days. If you require quicker access to care, please review the contracted mental health provider list.
- For more information after hours, call 800-777-7904 (TTY 711).
- For a mental health emergency, please call 911 or go to your nearest emergency room.

2

MENTAL HEALTH CONTRACTED PROVIDERS

To make an appointment:

- Choose a contracted provider from a Kaiser approved network list located at kp.org/contractedmentalhealthproviders/mas.
- Contact the provider directly and identify yourself as a Kaiser Permanente member. The provider's office will help identify whether you need counseling with a therapist and/or medication prescribed from a psychiatrist.

OR

NOTE: Whether you're receiving services from a Kaiser Permanente Medical Center mental health professional or a contracted provider from the approved list, your normal plan benefits will apply.

Kaiser Permanente does not require you to have a referral if you are using a Kaiser Permanente provider or a contracted provider from Kaiser's approved network.

MENTAL HEALTH EXCEPTIONS

If you enrolled in the Kaiser medical program and have a mental health provider who is out-of-network, contact the Behavioral Health Utilization Management Department at 301-552-1212. The department will work with you and the provider to see if services can be processed using the in-network benefit schedule. These requests will be reviewed on a case-by-case basis.

If you have questions, please talk with a Kaiser Member Services representative Monday through Friday, 7:30 a.m. to 5:30 p.m., at 877-218-7749 (TTY 301-879-6380). To learn more about Kaiser mental health care options, visit kp.org/mentalhealth.

ADDITIONAL WELLNESS AND MENTAL HEALTH RESOURCES

Kaiser provides access to wellness and mental health apps (Ginger, Calm, and myStrength) to help you navigate life's challenges, and make small changes to improve your quality of sleep, mood, and relationships. Calm and myStrength apps are self-guided care or complements to clinical support. Ginger app offers 1-on-1 support for many common challenges – from anxiety, stress, and low mood issues with work, relationships, and more. Ginger's highly trained emotional support coaches are ready to help 24/7. Kaiser Permanente members can use the app for 90 days per year at no cost.

For additional information on Kaiser's mental health services, please [click here](#).

 healthy.kaiserpermanente.org

Supplemental Medical Benefits

Goucher College offers two types of supplemental medical benefits, Critical Illness and Accidental Injury. These benefits provide lump sum payments to cover costs — such as co-pays, deductibles, specialists and extra childcare — that result from an illness or injury. So, should the unexpected happen, you'll have the financial support to better meet your expenses.

You do not have to be enrolled in the College's medical benefits to elect these plans. These plans are voluntary, meaning you pay 100% of the premium. You can elect all coverages or just one, it's your choice. Both plans are portable; you can take your coverage with you if you retire or leave Goucher College.

Voluntary Critical Illness and Accidental Injury Insurance

For policy questions, inquiries, or to submit a claim, call 1-800-754-3207.



CRITICAL ILLNESS

Emotionally managing illnesses like cancer, a heart attack or stroke is hard enough. Financially managing the costs on top of this is often overwhelming. Critical illness insurance provides a lump sum payment to ensure you and your family have financial support during a difficult time, so you'll be able to spend less time worrying about money and more time focusing on healing.

How the Plan Works:

- Employees will have the option to choose from three different benefit levels: \$5,000, \$10,000 or \$20,000.
- Spouses and Children can also be covered at 50% of the benefit amount.
- If diagnosed with a covered condition or illness, the plan will pay a lump sum benefit directly to you to use as you see fit.
 - » Use it for prescriptions, deductibles, co-payments, experiential/non-traditional treatments and even non-medical expenses like everyday bills.
- This plan pays out in addition to what your medical insurance covers.
- This plan includes a \$100 wellness benefit – including COVID-19 Immunizations/Tests/Screenings.

Covered Conditions and Benefits:

Covered Conditions	INITIAL BENEFIT*		
	\$5,000 Coverage Level	\$10,000 Coverage Level	\$20,000 Coverage Level
Alzheimer's Disease	\$5,000	\$10,000	\$20,000
Coronary Artery Bypass Graft	\$5,000	\$10,000	\$20,000
Invasive Cancer	\$5,000	\$10,000	\$20,000
Carcinoma in Situ	\$1,250	\$2,500	\$5,000
Heart Attack	\$5,000	\$10,000	\$20,000
End-Stage Kidney Disease	\$5,000	\$10,000	\$20,000
Major Organ Transplant	\$5,000	\$10,000	\$20,000
Stroke	\$5,000	\$10,000	\$20,000

This chart is a summary of select benefit options offered under the College's Critical Illness plan. For more information, please refer to the plan documents. In the event of a discrepancy between this summary and the plan documents, the plan documents will govern.

*This chart shows initial benefit amounts for employee coverage. Spouses and Children covered under this plan will receive 50% of the benefit amount shown.

Supplemental Medical Benefits

ACCIDENTAL INJURY

When unexpected injuries lead to unexpected expenses, your accident insurance provides money to cover bills, co-pays, transportation, childcare and more.

How the Plan Works:

- Employees will have the option to choose from two different benefit levels: Low Plan, High Plan.
- You'll receive a lump sum payment to use as you see fit, paid directly to you.
- Spouses and Children may also be covered under this benefit.
- The plan pays no matter what your medical insurance covers.
- May cover accident-related events, such as: sports injuries, auto accidents, bicycle accidents, broken bones, knee injuries and falls.

PLAN BENEFIT	LOW	HIGH
Wellness Benefit	\$100	\$100
On and Off Job Coverage	On and Off Job Coverage	On and Off Job Coverage
Accident Emergency Room Benefit	\$150	\$200
Initial Accident Physician Office - Virtual Care accepted	\$75	\$100
Ambulance: Ground Air	\$300 \$1,000	\$400 \$1,300
Hospital Admission	\$1,000	\$1,500
Hospital Stay Limited to 365 days, 1 stay per accident	\$200 per day	\$300 per day
Intensive Care Unit Stay Limited to 365 days, 1 stay per accident	\$400 per day	\$600 per day
Diagnostic (X-ray)	\$50	\$75
Post-Accident Physician Office Visit Limited to 10 Visits treatments per accident	\$50	\$75
Post-Accident Physical Therapy Limited to 10 Visits treatments per accident	\$35	\$50
Fractures (closed) Varies according to location	\$100 - \$4,000	\$150 - \$5,000
Fractures (open) Varies according to location	\$200 - \$8,000	\$300 - \$10,000
Burns (according to size)	\$100 - \$10,000	\$300 - \$15,000
Dislocation (closed)	\$100 - \$3,000	\$150 - \$3,000
Dislocation (open)	\$200 - \$6,000	\$300 - \$6,000
Basic Accidental Death Employee Spouse Child	\$25,000 \$12,500 \$6,250	\$50,000 \$25,000 \$12,500

This chart is a summary of select benefit options offered under the College's Accidental Injury Insurance plan. For more information, please refer to the plan certificate.

Dental Benefits

DENTAL PLAN OPTIONS

Good dental health is important to your overall well-being. It is for this reason that Goucher College offers employees the option to elect voluntary dental coverage.

You may choose from two dental plan options:

- The Cigna DHMO*
- The Cigna DPPO

****Please note, if you choose to enroll in the Cigna DHMO plan, Cigna will automatically assign you a Primary Care Dentist (PCD). You must use your assigned PCD to obtain benefits under the DHMO plan. If you wish to change the PCD assigned to you, please call 800-244-6224 or visit www.mycigna.com.***

In-Network

If you receive treatment from an in-network provider, you will NOT have any balance billing for amounts over "Reasonable and Customary." In-network percentages are paid on the negotiated Physician Discounted Fee (PDF) schedule. The amount the insurance company allows is the amount the in-network dentist can charge you.



DENTAL HIGHLIGHTS	CIGNA DHMO	CIGNA DPPO*
	IN-NETWORK ONLY	IN-NETWORK** & OUT-OF-NETWORK
Annual Deductible*** Individual / Family	None / None	\$50 / \$150
Annual Maximum Benefit	None	\$1,000
Preventive Services	See Copay Schedule	100%
Basic Services	See Copay Schedule	80% after deductible
Major Services	See Copay Schedule	50% after deductible
Orthodontic Services (Adult & Child)	See Copay Schedule	50%
Orthodontia Applies to	Adult & Child	Child only
Lifetime Orthodontia Maximum****	None	\$1,000

*Cigna payments are based on the Allowed Benefits. Cigna participating dentists accept 100% of the Allowed Benefit as payment in full for Services. Non-participating dentists may bill the member for the difference between the Allowed Benefit and their charges.

**Cigna's DPPO Plan utilizes their Total Cigna DPPO Network for in-network coverage.

***Annual deductible applies to Basic and Major Services.

****All orthodontic coverage is limited to one course of treatment.

Vision Benefits

VISION PLAN OPTIONS

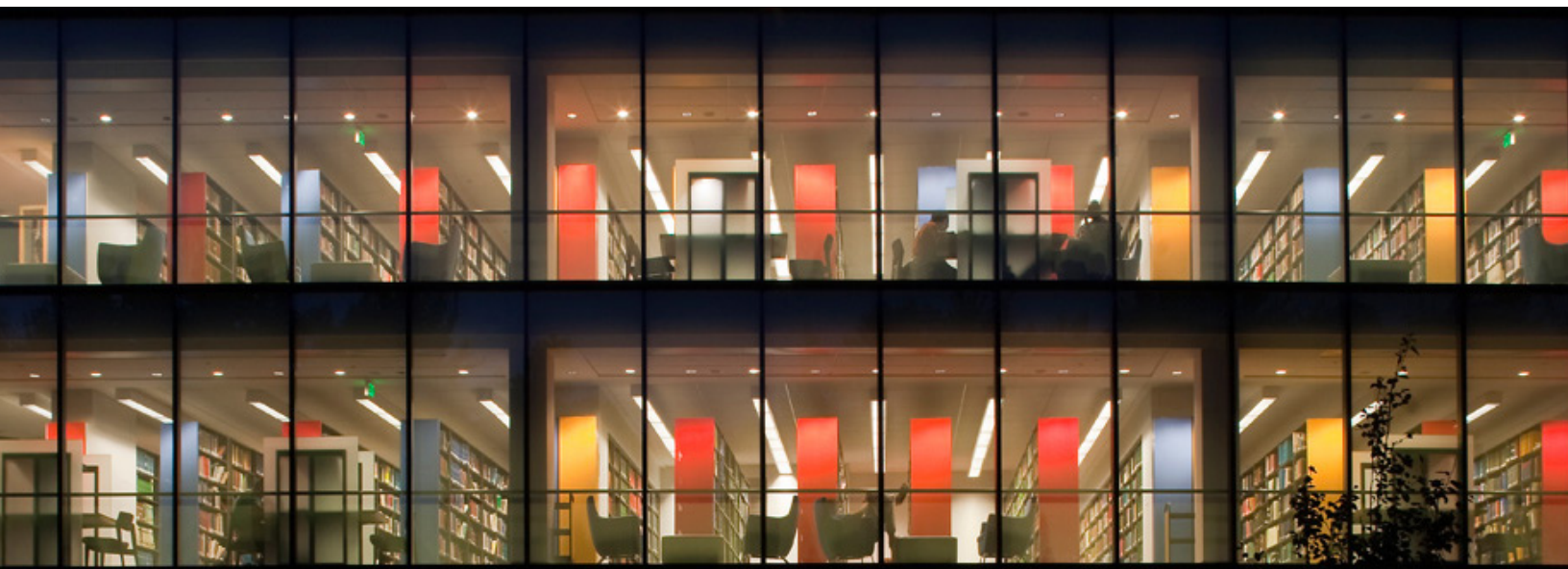
Vision coverage is available to you through EyeMed, a vision service provider that specializes in providing choice, value and quality products and services.

The plan covers eye exams and eye wear through a national network of providers. You can also choose to obtain services from a provider who is not part of the EyeMed network; however, you will receive a lesser benefit and typically pay more out-of-pocket.

VISION HIGHLIGHTS	EYEMED	
	IN-NETWORK (You Pay)	OUT-OF-NETWORK (Amount Reimbursed)
Routine Eye Exam	\$10 copay	Up to \$30
Frames	\$0 Copay; \$150 allowance and 20% off balance	Up to \$75
Standard Plastic Lenses* Basic Single Vision Lined Bifocal Lined Trifocal Lenticular	Covered 100% Covered 100% Covered 100% Covered 100%	Reimbursed up to: \$28 \$44 \$72 \$72
Contact Lenses* (In Place of Frames & Lenses) Medically Necessary Conventional Lenses Disposable Lenses	Covered 100%** \$0 Copay; \$150 allowance and 15% off balance \$0 copay; \$150 allowance plus balance	Up to \$300 Up to \$120 Up to \$120

*Benefits are available every 12 months.

**Prior approval is required.



Life Insurance Benefits

Life insurance is an important part of your financial security, especially if others depend on you for support. That's why Goucher College provides you with Basic Life at no cost to you. You also have the option of purchasing Voluntary Accidental Death and Dismemberment (AD&D) Insurance.

BASIC LIFE INSURANCE

Goucher College pays the full cost of Basic Life Insurance for Full-Time Employees. This benefit, offered through New York Life, is equal to one times (1x) your annual earnings (rounded up to the nearest \$1,000) to a maximum of \$400,000. Basic Life Insurance is effective the 1st of the month following 60 days of employment. This benefit is reduced to 67% at age 65. New York Life Basic Life Insurance also includes free will preparation services.

VOLUNTARY LIFE INSURANCE

Full-Time employees who need protection beyond Basic Life Insurance can elect Voluntary Life Insurance, a 100% employee paid benefit offered through New York Life. Voluntary Life provides additional financial support in a cash benefit to a beneficiary upon the death of the insured. If you enroll in the Employee Only Plan, you may purchase coverage for yourself in \$50,000 increments to a maximum of \$500,000. This benefit is reduced to 67% at age 65.

If you enroll in the Family Plan, you must purchase coverage for your eligible dependents as follows:

- Spouse – \$30,000
- Child(ren) – birth to age 26: \$10,000

VOLUNTARY AD&D INSURANCE

Eligible employees can elect Voluntary Accidental Death and Dismemberment (AD&D), a 100% employee paid benefit offered through New York Life. Voluntary AD&D helps protect you against losses due to accidents. If you enroll in the Employee Only Plan, you may purchase coverage for yourself in \$50,000 increments to a maximum of \$200,000. This benefit will reduce to 70% at age 70, 45% at age 75, 30% at age 80, and 15% at age 85 or over. Your premiums will also reduce to match your benefits.

Eligibility:

- Employee – eligible for coverage first of the month coinciding with or following date of hire
- Spouse – up to age 70
- Child(ren) – birth to age 19 or age 26 if a full-time student

If you enroll in the Family Plan, you must purchase coverage for your eligible dependents as follows:

- Spouse if no dependent children are covered – 50% of employee coverage amount to a maximum of \$100,000
- Spouse if one or more dependent children are covered – 40% of employee coverage amount to a maximum of \$100,000
- Child(ren) if spouse is insured – 10% of employee coverage to a maximum of \$25,000
- Child(ren) if spouse is not insured – 15% of employee coverage to a maximum of \$25,000

	COVERAGE AMOUNT	BENEFIT MAXIMUM	GUARANTEE ISSUE***
Group Life Insurance**	One times (1x) annual earnings	Lesser of 1 times annual earnings or \$400,000	Lesser of 1 times annual earnings or \$400,000
Voluntary Life Insurance**			
Employee	\$50,000 increments	\$500,000	\$150,000
Spouse	\$30,000	\$30,000	\$30,000
Child(ren)	\$10,000	\$10,000	All Amounts
Voluntary AD&D Insurance**			
Employee	\$50,000 increments	\$200,000	N/A
Family*			
Spouse if no dependent children are covered	50% of employee coverage amount	\$100,000	
Spouse if one or more dependent children are covered	40% of employee coverage amount	\$100,000	
Child(ren) if spouse is insured	10% of employee coverage amount	\$25,000	
Child(ren) if spouse is not insured	15% of employee coverage amount	\$25,000	N/A

*If you enroll in the Family Plan, you must purchase coverage for your eligible dependents.

**Conversion – must apply within 31 days after the coverage under the Policy ends.

***Guaranteed Issue amounts apply if coverage is elected within 31 days of initial eligibility.

***Any amounts over guaranteed issue or voluntary life elections outside initial eligibility are subject to medical evidence of insurability.

Long-Term Disability Benefits

Basic Long-Term disability benefits are provided to Full-time employees by Goucher College at no cost to you. Basic Long-Term Disability is effective the 1st of the month following 12 months of employment unless previously covered under a prior employer's policy with a gap of less than 90 days. This benefit helps you pay your household expenses if you become disabled and cannot work. This disability benefit also works with other sources of coverage to replace a certain percentage of your earnings. As a result, the disability payments you receive from our plan will be reduced by any benefits you are eligible to receive from Social Security, Workers' Compensation, retirement benefits or any other disability coverage to which you receive.

LONG-TERM DISABILITY

If you remain disabled for 180 calendar days due to any one disabling illness or injury, you are eligible to apply for Long-Term Disability benefits. If approved by the disability carrier, Long-Term Disability coverage provides a continued source of income that equals 60% of your monthly pre-disability earnings, to a maximum of \$10,000 per month. Long-Term Disability benefits are generally payable to Normal Social Security Retirement Age if disabled before age 65 or older or up to 65th/70th birthday or the date the 60th monthly benefit is payable (if later). This coverage is offered through New York Life.

SAMPLE BENEFIT CALCULATION:	
Gross Monthly Income	\$2,000
Benefit Amount	60%
Monthly Benefit	\$1,200



Flexible Spending Accounts

Goucher College allows employees to redirect a portion of their pay, through pre-tax payroll deductions, into Flexible Spending Accounts (FSAs). The plan year for Flexible Spending Accounts is January 1 – December 31.

You may elect a specific annual contribution for each FSA account in which you plan to participate. Your annual contribution is then divided by the number of pay periods and that amount will be deducted pretax each pay period. The amount you elect may not be changed or cancelled during the plan year unless you experience a qualifying life event. Also, you may not transfer funds between a Health Care FSA and a Dependent Care FSA. Please note that, with the exception of a set carryover limit for the healthcare FSA, this is a true “use-it-or-lose-it” benefit and any contributions made to an FSA which are not used by the end of the plan year will be forfeited.

HEALTH CARE FSA

A Health Care Flexible Spending Account (FSA) provides you the opportunity to save money on a pre-tax basis to pay for IRS-allowed health expenses that are not covered by your health care plan. Some examples include deductibles, copayments, coinsurance payments and uninsured dental and vision care expenses. Prescription medications and over the counter (OTC) medications with a prescription are allowed for reimbursement. Medical equipment and medical supplies are also an eligible expense.

For the 2023 Plan Year, the maximum amount you can contribute to a Health Care FSA is \$3,050. You have 90 days following the end of the plan year (generally until March 31) to file a claim that was incurred between January 1 and December 31 of the previous plan year. Please note, any remaining funds from your current election can be carried over to the following plan year up to the allowed rollover amount set by the plan for the plan year.

DEPENDENT CARE FSA

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

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

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

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

Claim Reimbursement

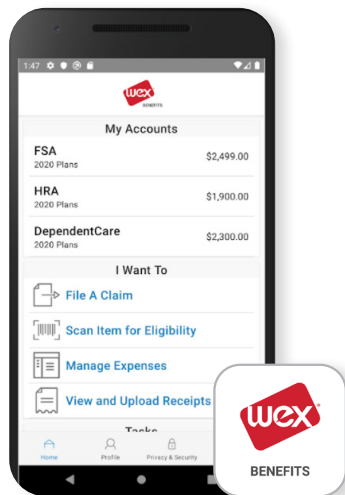
You pay your providers directly with the debit card or file a claim for reimbursement. To file a claim, complete an FSA Health Care or Dependent Care claim form and submit the form by mail, fax, or upload and process request online along with receipts. The form is available by logging on the WEX website at:

www.wexinc.com/discovery-benefits

Be sure to keep your receipts in a safe place.

Access your benefits on the go 24/7 with the Benefits Mobile App by WEX.

Want to know the status of a recent claim or easily check the balance of your accounts? Log in to the secure app to get answers to those questions and so many more — wherever and whenever you want. Download the app for free on Apple or Android smartphones and tablets!



Additional Benefits

EMPLOYEE ASSISTANCE PROGRAM

The Employee Assistance Program (EAP) provided by BHS, provides confidential and professional assistance at no cost to eligible employees, dependents and/or significant others living in the employee's household. Services are available for a wide range of personal matters, such as:

- Depression
- Stress and anxiety
- Marital and family conflicts
- Workplace issues
- Grief and Loss
- Substance abuse

The BHS EAP Program benefits include confidentiality, six free visits with a counselor (per event, per family member), and one free legal consultation (per event/per family member) or unlimited financial consultations.

Call 800.327.2251, 24 hours a day / 7 days a week or visit

<https://portal.bhsonline.com> (user name: **Goucher**).

PAID LEAVE

Full-Time Staff are provided with the following time off benefits:

- Vacation Leave (pro-rates based on specific schedule and start date; leave awarded annually on July 1)

YEARS OF SERVICE	Non-Exempt Staff	Exempt Staff
1-10	15 days per year	23 days per year
11+	20 days per year	23 days per year

- Sick Leave (pro-rated based on specific schedule and start date; leave awarded annually on July 1)

YEARS OF SERVICE	Non-Exempt	Exempt Staff
1+	20 days per year	20 days per year

- 10+ paid holidays. If the designated holiday falls on a day you are normally scheduled to work, you are entitled to holiday pay. Check Employee Handbook for details.

Part-Time Staff are provided with paid holidays. If the designated holiday falls on a day you are normally scheduled to work, you are entitled to holiday pay. Check Employee Handbook for details.

Employees who regularly work 12 or more hours per week are eligible for Sick and Safe Leave in accordance with the Maryland Healthy Working Families Act. See the College's Earned Sick and Safe Leave policy for specific information.

TUITION BENEFITS

The college is pleased to offer tuition remission, tuition reimbursement, and other tuition exchange benefits to eligible employees and their dependents. See the Tuition Remission, Reimbursement, and Exchange Policy for specific information or refer to the following link [Tuition Remission, Reimbursement, and Exchange Policy](#)

ADDITIONAL BENEFITS

Employees are provided with the following additional benefits:

- Free Parking
- Library Access
- Post Office Access
- Access to Sports & Recreational Facilities
- Access to Café & Dining Hall
- Bookstore & Campus Events Discounts
- Access to Notary Public

HTA MEDICARE SERVICES

HTA provides **free** Medicare Education and Enrollment Assistance. If you or a family member need advice on:

- Transitioning from a Group Health Policy to Medicare
- When to enroll or defer Medicare Part B if not retiring at age 65
- What happens when you and your spouse/partner do not turn 65 at the same time
- What does Medicare cover and not cover
- Is secondary insurance necessary and what are the options

Plan reviews are included in this service for those already enrolled in a Medicare Supplement (Medigap) Plan. For those already enrolled in a Medicare Advantage Plan or Medicare Prescription Drug Plan, plan reviews are not included.

Call the HTA Client Services Team at 610-430-6650, option 1, for a **free** consultation (9:00 am – 5:00 pm EST Monday through Thursday and 9:00 am – 4:00 pm EST on Friday).



403(b) Retirement Plan

Goucher College realizes the importance of saving towards retirement and has established a 403(b) Plan to assist you in meeting your long-term financial goals. For information regarding investment fund options, fund performance and prospectus information, please call TIAA at **800-842-2273**.

Full-time faculty and exempt employees are eligible to participate on a voluntary basis in the Goucher College Faculty/Exempt Staff Defined Contribution Plan beginning on the first day of the month following or coinciding with their date of hire.

Full-time non-exempt employees are eligible to participate on a voluntary basis in the Goucher College Voluntary Retirement Plan beginning on the first day of the month following or coinciding with their date of hire.

Part-time Employees are eligible to participate and may contribute up to the maximum allowable amount each calendar year.

EMPLOYEE CONTRIBUTIONS

Through payroll deduction, you may contribute a percentage of your eligible pay to the 403(b) Plan on a pre-tax basis up to the lesser of the annual IRS benefit maximum. You may allocate your contributions in a variety of investments. Participants age 50 or older may also make additional catch-up contributions, subject to IRS regulations.

Please be aware that you may change, stop, or resume your contributions to the 403(b) Plan at any time. Changes to participation must adhere to payroll deadlines.



SAVINGS EXAMPLE

If you think you can't afford to take money out of your paycheck each month for a retirement you can't even imagine yet, consider this example of saving before-tax through the 403(b) Plan versus after-tax through some other savings method.*

	PRE-TAX CONTRIBUTION	POST-TAX CONTRIBUTION
Gross Pay	\$4,000	\$4,000
Minus Pre-Tax Contributions to 403(b) Plan	- \$500	\$0
Taxable Pay	\$3,500	\$4,000
Minus Estimated Tax Withholding from Pay	- \$875	- \$1,000
Minus Post-Tax Contributions to Other Savings	\$0	- \$500
Spendable Pay	\$2,625	\$2,500
Before-Tax Advantage	\$125	\$0

*For illustrative purposes only. This hypothetical illustration assumes a married participant earning \$4,000 per month in regular pay who contributes \$500 per month to the 403(b) Plan. It also assumes 25% tax withholding.

403(b) Retirement Plan

EMPLOYER MATCH

Full-time employees who were employed full-time by a higher education institution for the 12-month period immediately preceding their employment with Goucher, are eligible for the employer match on the first day of the month following or coinciding with their hire date. Full-time employees who were not employed full-time by a higher education institution during the 12-month period preceding employment with Goucher will become eligible for the employer match on the first day of the month following completion of one year of service.

Faculty, Exempt Staff: Employees who elect to participate in the retirement plan are required to contribute either 2, 3, 4, or 5 percent of their base salary in order to receive the employer match. A 2, 3, 4, or 5 percent reduction of monthly salaries is matched by a set percentage contribution from Goucher College. Employees may choose to contribute more than 5 percent in any given calendar year. Employee contributions in excess of 5 percent of pay are not matched by the College. This additional contribution may not exceed the limit set forth by federal regulations for that calendar year. Under this plan, each employee owns an annuity contract or contracts which are funded by the participant's contribution and that of Goucher College.

Non-Exempt Staff: Employees who elect to participate in the retirement plan are required to contribute either 2, 3, 4, or 5 percent of their base salary in order to receive the employer match. A 2, 3, 4, or 5 percent reduction of bi-weekly salaries is matched by a set percentage contribution from Goucher College. Employees may choose to contribute more than 5 percent in any given calendar year. Employee contributions in excess of 5 percent of pay are not matched by the College. This additional contribution may not exceed the limit set forth by federal regulations for that calendar year. Under this plan, each employee owns an annuity contract or contracts which are funded by the participant's contribution and that of Goucher College.

Half-time and part-time employees are not eligible for the College match.

VESTING

Employees are fully vested, in both their own and the College's contributions, immediately.

STUDENT LOAN FORGIVENESS SERVICE

Goucher College wants to help eligible employees with student debt take advantage of the Department of Education's Public Service Loan Forgiveness (PSLF) Program. The program is for individuals with federal loans who work for qualifying public service organizations or government employers. The program offers borrowers a way to reduce monthly loan bills, with total loan forgiveness after making 120 months of eligible payments. Because Goucher College is considered a "public service organization" under the rules of the PSLF, you may qualify for the loan forgiveness program as a Goucher College employee.

Savi offers a special service, called Savi Essential, which can help you navigate the complex rules and procedures of the PSLF program, making it easier to stay on track for loan forgiveness. With an annual fee of just \$60, the experts at Savi will support you with various PSLF tasks, handle paperwork on your behalf and remind you when it's time to recertify for the next year for your annual fee. Specifically, Savi will help you:

- Determine if your loan(s) qualify for forgiveness
- Identify the best repayment method for your loan and your estimated monthly payment
- Estimate how much money will be forgiven and when
- Consolidate your loan(s), if needed, to conform with the PSLF Limited Waiver requirements
- Generate any required forms, help you complete them, check them prior to submission and then submit them on your behalf
- Monitor your submitted applications and forms with loan servicers and your employer
- Track your PSLF credits once you start making loan payments under the program
- Update you on any policy changes

Savi also offers a free service that includes a personalized repayment calculator, basic federal enrollment guide, online support, student loan dashboard, and more.

Getting started is easy! Just visit tiaa.org/goucher/student.

You do not need to participate in the College's 403(b) retirement plan through TIAA to use Savi.

Notices

MEDICARE PART D

Important Notice from Goucher College About Your Prescription Drug Coverage and Medicare

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

There are two important things you need to know about your current coverage and Medicare's prescription drug coverage:

1. Medicare prescription drug coverage became available in 2006 to everyone with Medicare. You can get this coverage if you join a Medicare Prescription Drug Plan or join a Medicare Advantage Plan (like an HMO or PPO) that offers prescription drug coverage. All Medicare drug plans provide at least a standard level of coverage set by Medicare. Some plans may also offer more coverage for a higher monthly premium.
2. Goucher College has determined that the prescription drug coverage offered by Goucher College's Kaiser plans is, on average for all plan participants, expected to pay out as much as standard Medicare prescription drug coverage and is therefore considered Creditable Coverage. Because your existing coverage is Creditable Coverage, you can keep this coverage and not pay a higher premium (a penalty) if you later decide to join a Medicare drug plan.

When Can You Join A Medicare Drug Plan?

You can join a Medicare drug plan when you first become eligible for Medicare and each year from October 15 through December 7; however, if you lose your current creditable prescription drug coverage, through no fault of your own, you will also be eligible for a two (2) month Special Enrollment Period (SEP) to join a Medicare drug plan.

What Happens To Your Current Coverage If You Decide to Join A Medicare Drug Plan?

If you decide to join a Medicare drug plan, your current Goucher College coverage will be affected. If you do decide to join a Medicare drug plan and drop your current Goucher College coverage, be aware that you and your dependents will not be able to get this coverage back.

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

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

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

Contact the Office of Human Resources (information is provided below) for further information.

NOTE: You'll receive this notice each year. You will also get it before the next period you can join a Medicare drug plan, and if this coverage through Goucher College changes. You also may request a copy of this notice at any time.

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

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

Notices

MEDICARE PART D (CONTINUED)

For more information about Medicare prescription drug coverage:

- Visit www.medicare.gov
- Call your State Health Insurance Assistance Program (see the inside back cover of your copy of the “Medicare & You” handbook for their telephone number) for personalized help
- Call 1-800-MEDICARE (1-800-633-4227). TTY users should call 1-877-486-2048.

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

Remember

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

Date: October 14, 2022

Name of Entity/Sender: Goucher College

Contact: The Office of Human Resources

Address: 1021 Dulaney Valley Road, Baltimore, MD 21204

Phone Number: 410-337-6135

CONSOLIDATED OMNIBUS BUDGET RECONCILIATION ACT (COBRA)

The Consolidated Omnibus Budget Reconciliation Act of 1985 (COBRA) requires employers who provide medical coverage to their employees to offer such coverage to employees and covered family members on a temporary basis when there has been a change in circumstances that would otherwise result in a loss of such coverage [26 USC §4980B]. This benefit, known as “COBRA continuation coverage,” applies if, for example, covered children no longer meet the definition of an eligible dependent, spouses get divorced, or employees leave the employer.

HIPAA INFORMATION NOTICE OF PRIVACY PRACTICES

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

WOMEN’S HEALTH AND CANCER RIGHTS ACT OF 1998

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

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

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

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

Notices

PREMIUM ASSISTANCE UNDER MEDICAID AND THE CHILDREN'S HEALTH INSURANCE PROGRAM (CHIP)

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

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

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

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

If you live in one of the following states, you may be eligible for assistance paying your employer health plan premiums. The following list of states is current as of July 31, 2022. Contact your State for more information on eligibility –

ALABAMA – Medicaid Website: http://myalhipp.com Phone: 1-855-692-5447	INDIANA – Medicaid Healthy Indiana Plan for low-income adults 19-64 Website: http://www.in.gov/fssa/hip Healthy Indiana Plan for low-income adults 19-64 Phone: 1-877-438-4479 All other Medicaid Website: https://www.in.gov/medicaid All other Medicaid Phone 1-800-457-4584
ALASKA – Medicaid The AK Health Insurance Premium Payment Program Website: http://myakhipp.com Phone: 1-866-251-4861 Email: CustomerService@MyAKHIPP.com Medicaid Eligibility: https://health.alaska.gov/dpa/Pages/default.aspx	IOWA – Medicaid and CHIP (Hawki) Medicaid Website: https://dhs.iowa.gov/ime/members Medicaid Phone: 1-800-338-8366 Hawki Website: http://dhs.iowa.gov/Hawki Hawki Phone: 1-800-257-8563 HIPP Website: https://dhs.iowa.gov/ime/members/medicaid-a-to-z/hipp HIPP Phone: 1-888-346-9562
ARKANSAS – Medicaid Website: http://myarhipp.com Phone: 1-855-MyARHIPP (855-692-7447)	KANSAS – Medicaid Website: https://www.kancare.ks.gov Phone: 1-800-792-4884
CALIFORNIA – Medicaid Health Insurance Premium Payment (HIPP) Program Website: http://dhcs.ca.gov/hipp Phone: 916-445-8322 / Fax: 916-440-5676 Email: hipp@dhcs.ca.gov	KENTUCKY – Medicaid Kentucky Integrated Health Insurance Premium Payment Program (KI-HIPP) Website: https://chfs.ky.gov/agencies/dms/member/Pages/kihipp.aspx KI-HIPP Phone: 1-855-459-6328 KI-HIPP Email: KIHIPPPROGRAM@ky.gov KCHIP Website: https://kidshealth.ky.gov/Pages/index.aspx KCHIP Phone: 1-877-524-4718 Kentucky Medicaid Website: https://chfs.ky.gov
COLORADO – Health First Colorado (Colorado's Medicaid Program) & Child Health Plan Plus (CHP+) Health First Colorado Website: https://www.healthfirstcolorado.com Health First Colorado Member Contact Center: 1-800-221-3943 / State Relay 711 CHP+: https://www.colorado.gov/pacific/hcpf/child-health-plan-plus CHP+ Customer Service: 1-800-359-1991/ State Relay 711 Health Insurance Buy-In Program (HIBI): https://www.colorado.gov/pacific/hcpf/health-insurance-buy-program HIBI Customer Service: 1-855-692-6442	LOUISIANA – Medicaid Website: www.medicaid.la.gov or www.ldh.la.gov/lahipp Phone: 1-888-342-6207 (Medicaid hotline) or 1-855-618-5488 (LaHIPP)
FLORIDA – Medicaid Website: https://www.flmedicaidprecovery.com/flmedicaidprecovery.com/hipp/index.html Phone: 1-877-357-3268	MAINE – Medicaid Enrollment Website: https://www.maine.gov/dhhs/ofi/applications-forms Enrollment Phone: 1-800-442-6003 / TTY: Maine relay 711 Private Health Insurance Premium Webpage: https://www.maine.gov/dhhs/ofi/applications-forms Private Health Insurance Premium Phone: 1-800-977-6740 / TTY: Maine relay 711
GEORGIA – Medicaid GA HIPP Website: https://medicaid.georgia.gov/health-insurance-premium-payment-program-hipp Phone: 678-564-1162, Press 1 GA CHIPRA Website: https://medicaid.georgia.gov/programs/third-party-liability/childrens-health-insurance-program-reauthorization-act-2009-chipra Phone: 678-564-1162, Press 2	MASSACHUSETTS – Medicaid and CHIP Website: https://www.mass.gov/masshealth/pa Phone: 1-800-862-4840 / TTY: 617-886-8102

Notices

MINNESOTA – Medicaid
Website: https://mn.gov/dhs/people-we-serve/children-and-families/health-care/health-care-programs/programs-and-services/other-insurance.jsp Phone: 1-800-657-3739
MISSOURI – Medicaid
Website: http://www.dss.mo.gov/mhd/participants/pages/hipp.htm Phone: 573-751-2005
MONTANA – Medicaid
Website: http://dphhs.mt.gov/MontanaHealthcarePrograms/HIPP Phone: 1-800-694-3084 Email: HHSHIPProgram@mt.gov
NEBRASKA – Medicaid
Website: http://www.ACCESSNebraska.ne.gov Phone: 1-855-632-7633 / Lincoln: 402-473-7000 / Omaha: 402-595-1178
NEVADA – Medicaid
Website: http://dhcfp.nv.gov Phone: 1-800-992-0900
NEW HAMPSHIRE – Medicaid
Website: https://www.dhhs.nh.gov/programs-services/medicaid/health-insurance-premium-program Phone: 603-271-5218 Toll free number for the HIPP program: 1-800-852-3345, ext 5218
NEW JERSEY – Medicaid and CHIP
Medicaid Website: http://www.state.nj.us/humanservices/dmahs/clients/medicaid Medicaid Phone: 609-631-2392 CHIP Website: http://www.njfamilycare.org/index.html CHIP Phone: 1-800-701-0710
NEW YORK – Medicaid
Website: https://www.health.ny.gov/health_care/medicaid Phone: 1-800-541-2831
NORTH CAROLINA – Medicaid
Website: https://medicaid.ncdhhs.gov Phone: 919-855-4100
NORTH DAKOTA – Medicaid
Website: http://www.nd.gov/dhs/services/medicalserv/medicaid Phone: 1-844-854-4825
OKLAHOMA – Medicaid and CHIP
Website: http://www.insureoklahoma.org Phone: 1-888-365-3742
OREGON – Medicaid
Website: http://healthcare.oregon.gov/Pages/index.aspx http://www.oregonhealthcare.gov/index-es.html Phone: 1-800-699-9075

PENNSYLVANIA – Medicaid
Website: https://www.dhs.pa.gov/Services/Assistance/Pages/HIPP-Program.aspx Phone: 1-800-692-7462
RHODE ISLAND – Medicaid and CHIP
Website: http://www.eohhs.ri.gov Phone: 1-855-697-4347, or 401-462-0311 (Direct Rlte Share Line)
SOUTH CAROLINA – Medicaid
Website: https://www.scdhhs.gov Phone: 1-888-549-0820
SOUTH DAKOTA - Medicaid
Website: http://dss.sd.gov Phone: 1-888-828-0059
TEXAS – Medicaid
Website: http://gethipptexas.com Phone: 1-800-440-0493
UTAH – Medicaid and CHIP
Medicaid Website: https://medicaid.utah.gov CHIP Website: http://health.utah.gov/chip Phone: 1-877-543-7669
VERMONT– Medicaid
Website: http://www.greenmountaincare.org Phone: 1-800-250-8427
VIRGINIA – Medicaid and CHIP
Website: https://www.coverva.org/en/famis-select https://www.coverva.org/en/hipp Medicaid Phone: 1-800-432-5924 CHIP Phone: 1-800-432-5924
WASHINGTON – Medicaid
Website: https://www.hca.wa.gov Phone: 1-800-562-3022
WEST VIRGINIA – Medicaid and CHIP
Website: https://dhhr.wv.gov/bms http://mywvhipp.com Medicaid Phone: 304-558-1700 CHIP Toll-free phone: 1-855-MyWVHIPP (1-855-699-8447)
WISCONSIN – Medicaid and CHIP
Website: https://www.dhs.wisconsin.gov/badgercareplus/p-10095.htm Phone: 1-800-362-3002
WYOMING – Medicaid
Website: https://health.wyo.gov/healthcarefin/medicaid/programs-and-eligibility Phone: 1-800-251-1269

To see if any other states have added a premium assistance program since July 31, 2022, or for more information on special enrollment rights, contact either:

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

U.S. Department of Health and Human Services
Centers for Medicare & Medicaid Services
www.cms.hhs.gov
1-877-267-2323, Menu Option 4, Ext. 61565

Contact Information

MEDICAL/RX BENEFITS

Kaiser Permanente | www.kp.org

Find A Provider | [Kaiser Provider Search](#)

Find A Mental Health Contracted Provider (outside of KP) | [Provider Search](#)

KP Member Services 800.777.7904
 Flex Member Services 888.225.7202
 Pre-certification Phone number located on back of card
 KP Patient Care Management 800.777.7904
 Flex Patient Care Management 888.225.7202
 KP Behavioral Health Access Line.....866.530.8778
 KP Behavioral Health UM Line.....301.552.1212
 KP Concierge Line.....855.249.5020

CRITICAL ILLNESS / ACCIDENT

Cigna | www.cigna.com

Customer Service 800.754.3207

DENTAL BENEFITS

Cigna | www.cigna.com

Find a Dentist | Select Cigna DPPO Advantage or Cigna Dental Access Care

Customer Service 800.244.6224

VISION BENEFITS

EyeMed Vision | www.eyemed.com

Customer Service 800.988.4221

FLEXIBLE SPENDING ACCOUNTS

WEX

www.wexinc.com/discovery-benefits

Customer Service 866.451.3399

LIFE / DISABILITY BENEFITS

New York Life | www.mynylgbs.com

Customer Service 800.732.1603

VOLUNTARY LIFE / AD&D BENEFITS

New York Life | www.mynylgbs.com

Customer Service 800.732.1603

EMPLOYEE ASSISTANCE PLAN

BHS | www.bhsonline.com

BHS Portal | <https://portal.bhsonline.com>

User Name: Goucher

Customer Service 800.327.2251

HTA MEDICARE SERVICES

HTA | medicare@hta-insurance.com

Customer Service 610.430.6650

403(b) SAVINGS PLAN

TIAA | www.tiaa.org/goucher

Customer Service 877.518.9161

SAVI / STUDENT LOAN FORGIVENESS SERVICE

TIAA | www.tiaa.org/goucher/student

Customer Service 833.604.1226

NFP BENEFITS SUPPORT TEAM

NFP | goucherbenefits@nfp.com

Customer Service 877.280.5850