

202 EMPLOYEE BENEFITS GUIDE



Wabash.

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Health Insurance Portability and Accountability Act of 1996. If you have any questions about this summary, contact Human Resources. The information in this Benefits Summary is presented for illustrative purposes and is based on information provided by the employer. The text contained in this summary was taken from various summary plan descriptions and benefit information. While every effort was taken to accurately report your benefits, discrepancies or errors are always possible. In case of discrepancy between the Benefits Summary and the actual plan documents, the actual plan documents will prevail. All information is confidential, pursuant to the Health Insurance Portability and Accountability Act of 1996. If you have any questions about this summary, contact HR.

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Benefits Overview

Wabash College offers you and your eligible family members a comprehensive and valuable benefits program. We encourage you to take the time to educate yourself about your options and choose the best coverage for you and your family.

Who is Eligible?

If you are a full-time employee (working over 1,000 hours annually), you are eligible to enroll in the benefits described in this guide. The following family members are eligible for medical coverage: legal spouse, subscriber's natural child, stepchild, or child placed by adoption, as well as, subscriber's grandchild, blood relative or other child for whom legal guardianship has been awarded to the subscriber or the subscriber's spouse.

NEW HIRES: Newly Eligible employees will become eligible for benefits effective on the first day of employment, provided you have completed the enrollment process and all required information and documents.

OPEN ENROLLMENT: The benefits you elect will be effective January 1, 202 .

You must enroll during Wabash College's annual Open enrollment period, November 1st – 1 R Y H P E H, 202 . If you miss these enrollment opportunities, you must wait until next year's Open Enrollment period unless you have a qualifying life event.

How to Enroll

Look for an email from Human Resources (HR) with instructions on how to enroll. This will be sent to your work email address. Follow the directions to enroll. Verify your personal information and make any necessary changes. You will be able review your current elections. After you make your elections, you will not be able to change them until the next open enrollment period unless you have a qualified change in status.

How to Make Changes

A life event change (qualifying event) is a personal change in status which may allow you to change your benefit elections.

Examples of qualifying events include:

- x Marital Status Change: Marriage, Divorce, Legal Separation
- x Dependent Status Change: Birth, Death, Adoption
- x Change in Employment: Full-time to Part-Time or vice versa

If you experience a life event change, you will need to request to change your benefits within 30 calendar days of the event and provide documentation to Human Resources.

Helpful Contacts

Medical	Anthem	855-330-1094	www.anthem.com
RX	TrueRx	866-921-4047	www.hello@truerx.com
Franciscan HEALTHeACCESS	Franciscan HEALTHeACCESS	765-362-3674	HEALTHeACCESS Coordinator
Dental	Lincoln Financial Group	800-423-2765	www.lincolnfinancial.com/public/individuals/FileClaims@LFG.com
Vision	Vision Service Provider (VSP)	800-877-7195	www.vsp.com
Health Savings Account (HSA)	Employee Benefits Corporation	800-346-2126	participantservice@ebcflex.com
Virtual Care	Anthem		Download our Sydney Health app or Visit www.anthem.com
Basic Life and Voluntary Life Insurance	Lincoln Financial Group	800-423-2765	www.lincolnfinancial.com/public/individuals/FileClaims@LFG.com
Short -Term Disability	Lincoln Financial Group	800-423-2765	www.lincolnfinancial.com/public/individuals/FileClaims@LFG.com
Long -Term Disability	Lincoln Financial Group	800-423-2765	www.lincolnfinancial.com/public/individuals/FileClaims@LFG.com
Employee Assistance Program (EAP)	Lincoln Financial Group	800-423-2765	www.lincolnfinancial.com/public/individuals
Human Resources	Holly Lore Dana Hancock	765-361-6455 765-361-6418	loreh@wabash.edu hancockd@wabash.edu

HIGHLIGHTS FOR 2026

NEW!

Medical moving to Anthem

Traditional PPO Plan Changes

- ‡ Individual / Family Deductible changing from \$1,250 / \$2,500 to \$1,500 / \$3,000
- ‡ Individual / Family Out of Pocket changing from \$2,750 / \$5,500 to \$3,000 / \$6,500
- ‡ Tier 4 Specialty Copay

High Deductible Health Plan

- ‡ The structure is changing slightly due to IRS mandates for Qualified High Deductible Health Plans
- ‡ The individual Deductible for EE+ Dependents is increasing from \$3,300 to \$3,400

Maximum HSA Contribution Levels have increased

- ‡ Individual coverage maximum contribution is \$4,400
- ‡ Family coverage maximum contribution is \$8,750

FSA Contribution Levels have increased

- ‡ Contributions increasing to \$3,400 for both limited purpose and medical FSA
- ‡ Rollover is \$660 for 2025 to 2026; Rollover from 2026 to 2027 is \$680

Dependent Care FSA Contribution Levels have increased

- ‡ Contributions increasing to \$7,500 (\$3,750 if married and filing separately)

HIGHLIGHTS FOR 2026 (cont)

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- ‡ Clinic now available at no cost to enrolled medical plan members
- ‡ All locations are open to you

Dental

- ‡ 7KH UDWHV IRU GHQWDO KDYH LQFUHDVHG
- ‡ 5HPHPEHU 3UHYHODWLRQMHUJRV

Vision

- ‡ The rates for vision have remained the same

Pharmacy Changes

- ‡)RUPXODU\ & KDLQDQX B E F XDU G - X O \

Traditional Preferred Provider Organization (PPO) Plan

Wabash College offers a PPO plan that allows you the freedom to use providers in-network and out-of-network as designated in the following chart. This chart gives a side-by-side look at the amounts you pay when you use in-network versus out-of-network providers.

Plan Feature	In-Network	Out-of-Network
Preventive Care Services	Covered in Full	Not covered
Office Visit		
- Primary care	\$35/visit deductible does not apply	Deductible & Coinsurance
- Specialist	\$70/visit deductible does not apply	Deductible & Coinsurance
Annual Deductible		
- Individual / Family	\$1,500/ \$3,000	\$3,000/ \$6,000
Employee Coinsurance	20%	40%
Out-of-Pocket (Includes Deductible)		
- Individual / Family	\$3,000/ \$6,000	\$6,000/ \$12,000
Urgent Care	\$15 Copay, then Coinsurance	Covered as In-Network
Emergency Room	\$300 Copay, then Coinsurance	Covered as In-Network
Inpatient Services	Deductible & Coinsurance	Deductible & Coinsurance
Outpatient Services	Deductible & Coinsurance	Deductible & Coinsurance
Home Health Care	Deductible & Coinsurance	Deductible & Coinsurance
Outpatient Professional Short-Term Rehab (Pulmonary Rehab, Cognitive, Physical, Speech and Occupational Therapy, Chiropractic Care and Cardiac Rehab)	\$50/visit deductible does not apply	Deductible & Coinsurance
X-Ray and Laboratory Services	Place of Service- Plan pays based upon where services are rendered. Office vs Outpatient	Deductible & Coinsurance
Mental Health & Substance Abuse Services	Deductible & Coinsurance	Deductible & Coinsurance
Allergy Serum	Plan Pays 100%	Deductible and Coinsurance
Infertility (Includes artificial insemination, in-vitro fertilization, GIFT, ZIFT, etc.)	Place of Service- Plan pays based upon where services are rendered. Office vs Outpatient	Deductible & Coinsurance

Rx Plan Feature	In-Network
Tier 1 ±Generic	1-30 days: \$10 copay / 31-90 days: \$20 copay
Tier 2 ±Preferred Brand	1-30 days: \$30 copay / 31-90 days: \$60 copay
Tier 3 ±Non-Preferred Brand	1-30 days: \$60 copay / 31-90 days: \$120 copay

High Deductible Health Plan

Wabash College offers a High Deductible Health Plan (HDHP) with the option for an HSA. The HDHP allows you the freedom to use providers in-network and out-of-network as designated in the following chart. This chart gives a side-by-side look at the amounts you pay when you use in-network versus out-of-network providers.

Plan Feature	In-Network	Out-of-Network
Preventive Care Services	Covered in Full	Not covered
Office Visit		
- Primary care	Deductible & Coinsurance	Deductible & Coinsurance
- Specialist	Deductible & Coinsurance	Deductible & Coinsurance
Annual Deductible - EE Only/ EE + Dependents/ Family	\$3,000/ \$3, 00/ \$6,000	\$6,000/ \$6,000/ \$12,000
Employee Coinsurance	20%	40%
Out-of-Pocket (Includes Deductible) - Individual / Family	\$6,000/ \$12,000	\$12,000/ \$24,000
Urgent Care	Deductible & Coinsurance	Covered as In-Network
Emergency Room	Deductible & Coinsurance	Covered as In-Network
Inpatient Services	Deductible & Coinsurance	Deductible & Coinsurance
Outpatient Services	Deductible & Coinsurance	Deductible & Coinsurance
Home Health Care	Deductible & Coinsurance	Deductible & Coinsurance
Outpatient Professional Short-Term Rehab (Pulmonary Rehab, Cognitive, Physical, Speech and Occupational Therapy, Chiropractic Care and Cardiac Rehab)	Deductible & Coinsurance	Deductible & Coinsurance
X-Ray and Laboratory Services	Deductible & Coinsurance	Deductible & Coinsurance
Mental Health & Substance Abuse Services	Deductible & Coinsurance	Deductible & Coinsurance
Allergy Serum	Deductible & Coinsurance	Deductible and Coinsurance
Infertility (Includes artificial insemination, in-vitro fertilization, GIFT, ZIFT, etc.)	Deductible & Coinsurance	Deductible & Coinsurance

Rx Plan Feature	In-Network
Tier 1 – Generic	Deductible Applies: 1-30 days: \$10 copay / 31-90 days: \$20 copay
Tier 2 – Preferred Brand	Deductible Applies: 1-30 days: \$20 copay / 31-90 days: \$40 copay
Tier 3 – Non Preferred Brand	Deductible Applies: 1-30 days: \$3 copay / 31-90 days: \$ 0 copay

9 R O X Q Dental \

Wabash College offers dental benefits through Lincoln Financial, which allows you to seek treatment from the dentist of your choice. In order to reduce out-of-pocket costs, use an in-network provider. Selecting a Lincoln Dental Connect dentist removes the risk of balance billing.

Dental Benefits	In-Network	Out-of-Network
Annual Deductible		
- Individual	\$50	\$50
- Family	\$150	\$150
Annual Benefit Maximum (per insured person)	\$1,750	\$1,750
Preventive/Diagnostic Includes but is not limited to: Semi-annual cleanings, bitewing x-ray treatment and fluoride treatments and sealants.	Plan pays 100% Deductible does not apply	Plan pays 100% Deductible does not apply
Basic Restorative Includes but is not limited to: Full-mouth x-rays; fillings, injections crowns and periodontal maintenance procedures.	Plan pays 80% after deductible	Plan pays 80% after deductible
Major Restorative Includes but is not limited to: Crowns, inlays, onlays, bridges and dentures.	Plan pays 50% after deductible	Plan pays 50% after deductible
Orthodontia Benefits	Plan pays 50%	Plan pays 50%
Lifetime Orthodontia Maximum	\$1,000	\$1,000

- x Annual Maximums are combined for preventative, basic and major services.
- x Annual Maximums are combined for in and out-of-network services.

9 R O X Q W s D r U \ 9 6 3

Wabash College's Vision benefits are provided by VSP utilizing the VSP Signature network. VSP's Vision offers you one of the largest vision care networks in the industry with a wide selection of experienced ophthalmologists, optometrists, and opticians. Go to an in-network provider to maximize your benefits!

Vision Benefits	In-Network
Routine Exam (one per 12 months)	\$10 Copay
Lenses (1 pair every 12 months) Includes single vision, lined bifocal and lined trifocal lenses. Polycarbonate lenses are included for dependents up to age 26. Standard Progressive lenses are covered.	\$25 Copay (lenses and/or frames only) Up to \$60 Copay for Contact Lens Exam
Frames (one every 24 months)	\$10 Allowance for a wide selection of frames \$190 Allowance for featured frame brands 20% savings on the amount over your allowance
Contact Lenses (once every 12 months)	Elective: Covered up to \$140 Necessary: Covered in full after copay
Extra Savings	20%-30% discount on additional glasses and sunglasses as well as lens enhancements
Laser Vision correction	8 S W R G L I V P P O N W C o n t a c t e d f a c i l i t i e s .

Traditional Preferred Provider Organization (PPO) Plan

Coverage Category	Premium			
	Rate	Salary Maximum	Minimum Charge	Maximum Charge
Employee Only*	2.30%	\$103,500	\$0	\$2,380
Employee Plus One	8.50%	\$103,500	\$3,1	\$8,
Employee and Family	10.50%	\$103,500	\$3,9	\$10,8

*Please note: Employees making less than \$3 7,500 pay \$0

High Deductible Health Plan (HDHP)

Coverage Category	Premium			
	Rate	Salary Maximum	Minimum Charge	Maximum Charge
Employee Only	0.0%	N/A	\$120	\$120
Employee Plus One	1.25%	\$103,500	\$4	\$1,
Employee and Family	2.75.%	\$103,500	\$1,03	\$2,8

High Deductible Health Plan (HDHP) Health Savings Account (HSA) Wabash Contribution

Coverage Category	Wabash HSA Contribution
Employee Only	\$820
Employee Plus One	\$1,400
Employee and Family	\$1,400

*Please note: You need to be on the High Deductible Health Plan to get access to a Health Savings Account and therefore UHFHLYH : DEDVK¶V FRQWULEXWLRQV

Voluntary Dental

Rates	Monthly Employee Contribution
Employee Only	\$50.13
Employee + Spouse	\$98.50
Employee + Child(ren)	\$117.53
Employee + Family	\$169.38

Voluntary Vision

Coverage Category	Wabash HSA Contribution
Employee Only	\$8.66
Employee + Spouse	\$14.58
Employee + Child(ren)	\$14.88
Employee + Family	\$23.99

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FRPIRUWDEO\ DQG DW QR DGGLWLRQDO FRVW



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Wabash.

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- \$ GHGLFDWHG SULPDU\ FDUH ZDON LQ FOLQLF IRU :DEDVK H
- 1R FRSD\V DQG QR YLVLW IHHV IRU FOLQLF VHUYLFHV
- 6DPH GD\ DQG QH[W GD\ DSSRLQWPHQWV ZLWK D FDUH WHDP

:K\ 3HRSOH /RYH 8VLQJ WKH &OLQLF

- &RQYHQLHQW DQG FORVH WR ZKHUH \RX ZRUN OLYH
- \$SSRLQWPHQWV WKDW ILW \RXU VFKHGXOH QRW WKH RWKHU
-)ULHQGO\ SURYLGHUV ZKR OLVWHQ H[SODLQ IROORZ XS ZL
- \$YRLGV XQQHFHVVDU\ XUJHQW FDUH RU (5 YLVLWV IRU FRPPR

:KDW :H &DQ +HOS :LWK

- :KHQ <RXÛUH 1RW)HHOLQJ :HOO &ROG IOX V\PSWRPV VRUH
- 87,V DOOHUJLHV DVWKPDIODUH XSV
- 0LQRU LQMXULHV OLNH VSUDLQV VWUDLQV FXVW UDVKHV

)RU <RXU 2QJRLQJ +HDOWK

- \$QQXDO SK\VLFDQV ZHOOQHVV YLVLWV
- 5RXWLQH ODE ZRUN DQG LPPXQL]DWLRQV
- 0HGLFDWLRQ UHILOOV FKURQLF FRQGLWLRQ VXSS
- EORRG SUHVXUH GLDEHWHV HWF

2Q 6LWH 6XSSRUW

- 2Q VLWH ODE WHVWLQJ ; UD\

+RZ WR 8VH <RXU &OLQLF

- 1R DGGLWLRQDO FRVW ZKHQ HQUROOHG LQ +(\$/7+H\$&&(66
- \$YDLODEOH WR HPSOR\HHV IDPLO\ PHPEHUV
- &DOO WR VFKHGXOH RU ZDON LQ IRU XUJHQW QHNGV



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WJTJU VT XI



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Z

NOW AVAILABLE!

VIRTUAL VISITS

CENTRAL STANDARD TIME: **MONDAY-FRIDAY**
NORTHWEST INDIANA 8:00AM - 4:00PM

EASTERN STANDARD TIME: **MONDAY-FRIDAY**
CENTRAL INDIANA 9:00AM - 5:00PM

**URGENT CARE ON DEMAND
FROM YOUR HOME!**

*FREE TO MEMBERS
OF HEALTHeACCESS*



HEALTHCARE COORDINATOR

 **Franciscan**
HEALTHeACCESS

ASSISTANCE IS A PHONE CALL AWAY!

Need to schedule an appointment
or better understand your
healthcare situation?

Call your HEALTHeACCESS
Healthcare Coordinator.

- Schedule appointments
- One-to-one guidance
- Identify resources
- Available to express concerns



 **Franciscan**
HEALTH

HEA Clinic Locations

CARMEL

10767 Illinois Street Suite 1300
Carmel, IN 46032
HOURS: MON-FRI 8am ±5pm

CRAWFORDSVILLE

308 W Market Street
Crawfordsville, IN 47933
HOURS: MON-FRI 8AM-8PM,
SAT 8AM-4PM
(includes urgent care hours)

LAFAYETTE

3218 Daugherty Drive, Suite 140
Lafayette, IN 47909
HOURS: MON-FRI 7AM-7PM

MOORESVILLE

1215 Hadley Road, Building 1215
Suite 205
Mooreville, IN 46158
HOURS: MON-FRI 8AM-5PM

INDIANAPOLIS/Thompson Common*

5210 E. Thompson Road
Indianapolis, IN 46237
HOURS: MON-FRI 8AM-8PM

**HEALTHeACCESS medications not available
at this location*

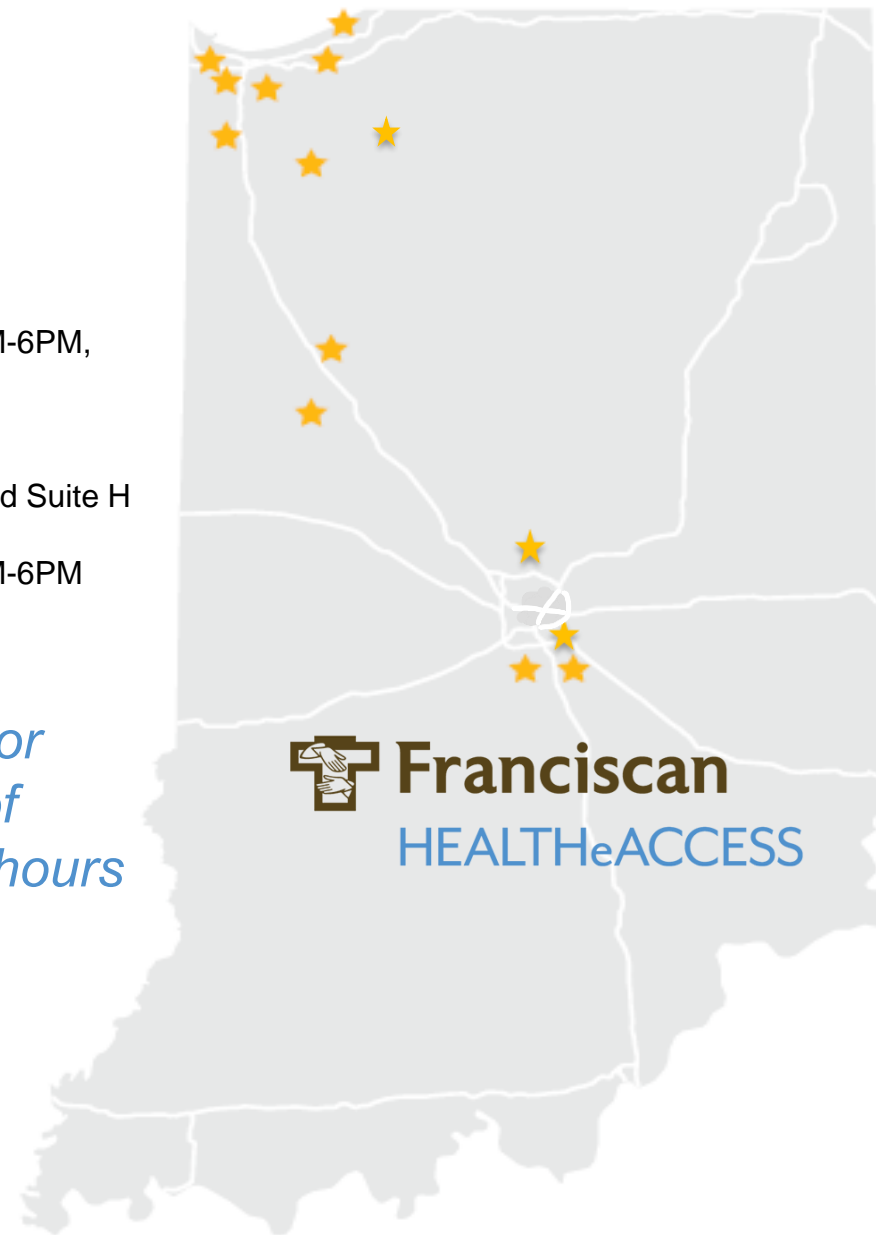
RENNSELAER

1103 E. Grace Street
Rensselaer, IN 47978
HOURS: MON-FRI 8AM-6PM,
SAT 8AM-4PM

GREENWOOD

747 E. County Line Road Suite H
Greenwood, IN 46143
HOURS: MON-FRI 8AM-6PM

*See handout for
complete list of
locations and hours*



 **Franciscan**
HEALTHeACCESS

HEA Clinic Reminders

Medical plan enrollment automatically provides you, your spouse, and eligible dependents with access to the HEALTHeACCESS clinics at no cost.

You can call your **HEALTHeACCESS Coordinator** to schedule an appointment or for more information.

Northern clinics: (833) 278-3478 | Mon - Fri 8:00 am - 4:00 pm CT

Central/Western: (765) 428-3624 | Mon - Fri 9:00 am - 5:00 pm ET



For more information on HEALTHeACCESS (HEA) services and locations

Covered LABORATORY TESTS

The following labs are fully covered under your HEALTHeACCESS benefits.

- Amylase
- Anti-Nuclear AB Quant (ANA)
- Basic Metabolic Panel (BMP)
- Blood Type ABORH
- C-reactive Protein
- Celiac Disease Panel (Greater than 2 years)
- Celiac Disease Panel, Infant
- Complete Blood Count (CBC w/Differential)
- Comprehensive Metabolic Panel (CMP)
- Culture Urine
- Cyclic Citrulline Peptide (CCP)
- D-dimer
- Estradiol
- Ferritin
- Folic Acid
- Follicle Stimulating Hormone
- Human Chorionic Gonadotropin (hCG), qualitative w/reflex to quantitative
- Hemoglobin A1C
- Hepatic Panel
- Hepatitis B Surface Antibody Total
- Hepatitis Panel Acute
- HIV-1/HIV-2 AG/AB 5th Generation
- Iron
- Iron and Iron Binding Capacity
- Lipase
- Lipid Profile with Reflex to Low Density Lipoprotein (LDL)
- Luteinizing Hormone
- Lyme AB IGG-IGM
- Magnesium
- Mumps AB IGG
- PAP w/Reflex HPV
- Phosphorus
- Prostate Specific Antigen (PSA) Screening
- Reticulocyte Count
- Rheumatoid Factor
- Rubella IGG
- Rubeola IGG
- Sedimentation Rate (ESR)
- Syphilis Panel
- Testosterone
- Thyroid Stimulating Hormone (TSH)
- Thyroperoxidase Antibody
- T-spot, Tuberculosis Test
- Uric Acid
- Varicella IgG
- Vitamin B12
- Vitamin D

RAPID TESTING

- AMB Rapid Covid-19 IDNOW
- Glucose
- Influenza A & B Antigens
- Mononucleosis Screen
- Rapid Molecular Strep A IDNOW
- Respiratory Syncytial Virus (RSV)
- Urinalysis Auto Dip
- Urine Pregnancy



SCAN ME!

Available Medications:

A

Acarbose
 Acetaminophen
 Acetylcysteine
 Acyclovir
 Adapalene
 Albuterol sulfate
 Alendronate
 Alfuzosin
 Allopurinol
 Aluminum Chloride
 Aluminum magnesium
 Amitriptyline
 Amlodipine Besylate
 Amlodipine valsartan
 Ammonium Lactate
 Amoxicillin
 Amoxicillin Clavulanate
 Anastrozole
 Artificial ears solution
 Aspirin
 Atenolol
 Atorvastatin
 Augmented Betamethasone Dipropionate
 Azelastine
 Azithromycin

B

Bacitracin zinc
 Baclofen
 Benazepril
 Benzocaine tetracaine
 Benzonatate
 Benzoyl peroxide
 Betamethasone
 Bisoprolol Hydrochlorothiazide
 Bupropion
 Bupropion
 Bupropion
 Bupropion

C

Carbamide peroxide
 Carvedilol
 Cefdinir
 Cefuroxime
 Celecoxib

C

Cephalexin
 Cetirizine
 Chlorhexidine
 Chlorothalidone
 Cholecalciferol
 Ciclopirox
 Ciprofloxacin
 Citalopram Hydrobromide
 Clindamycin
 Clobetasol propionate
 Clonidine
 Clopidogrel Bisulfate
 Clotrimazole L I I
 Clotrimazole CELE
 Colchicine
 Cyanocobalamin I A I B
 Cyclobenzaprine

D

Desmopressin DDA
 Desonide DE E
 Diclofenac potassium
 Diclofenac sodium
 Dicyclomine hcl
 Differin Gel
 Diltiazem
 Diltiazem Hydrochloride
 Diphenhydramine
 Docusate sodium C LACE
 Donepezil
 Dorzolamide
 Doxazosin CA D A
 Doxazosin mesylate
 Doxycycline Hyclate
 Doxylamine succinate I
 Duloxetine

E

Ear Drops
 Enalapril maleate
 Ergocalciferol vitamin D
 Erythromycin
 Escitalopram mesylate
 Esomeprazole magnesium

Available Medications:

E

Estradiol Vaginal Cream
Ezetimibe

F

Famotidine
Fenofibrate
Ferrous Sulfate
Fexofenadine hcl
Finasteride (PROPECIA)
Fish oil

Fluconazole
Fluocinonide
Fluoxetine
Fluticasone
Propionate
Folic Acid
Furosemide

G

Gemfibrozil
Glimepiride
Glipizide
Glyburide
Guaifenesin (MUCINEX)
Hydralazine
Hydrochlorothiazide
Hydrocortisone
Hydroxychloroquine (PLAQUENIL)
Hydroxyzine

I

Ibuprofen
Imipramine
Indomethacin
Ipratropium-Albuterol
Irbesartan
Iron Polysaccharides (FERREX)
Isosorbide Mononitrate

K

Ketoconazole (NIZORAL)

L

Labetalol
Lactobacillus Rhamnoses
Lactulose (CHRONULAC)
Lansoprazole

L

Levalbuterol E E
Levetiracetam
Levocetirizine Dihydrochloride
Levofloxacin I E A I
Levothyroxine
Lidocaine iscosu
Liothyronine Cytomel
Lisinopril
Loperamide I DI
Loratadine
Losartan otassium
Lovastatin

M

agnesium hydroxide
ecizine
eloxicam
etformin
ethocarbamol
ethotrexate
ethylprednisolone
etoclopramide
etoprolol
etronidazole
iconazole
inocycline
ometasone Furoate
ontelukast
ultivitamin Adult
upirocin

N

abumetone
altrexone DE ADE
aproxen
ebivolol B IIC
iacin
ifedipine
itrofurantoin AC DA I
itrofurantoin onohydrate acrocrystalline
itroglycerin
ortriptyline
ystatin C A I

Available Medications:**O**

Ofloxacin
Olmesartan
Olmesartan-Olopatadine
Omega 3
Omeprazole
Ondansetron
Oseltamivir
Oxybutynin

P

Pantoprazole
Paroxetine
Penicillin
Permethrin x
Phenazopyridine (PYRIDIDIUM)
Phytonadione
Pioglitazone
Polyethylene Glycol
Polymyxin B sulf-trimethoprim
Potassium Chloride
Pramipexole
Pravastatin Sodium
Prednisone
Progesterone
Promethazine
Propranolol

Q

Quetiapine
Quinapril

R

Ramipril
Rizatriptan
Ropinirole
Rosuvastatin

S

Sertraline
Sildenafil
Simvastatin
Sotalol
Spironolactone
Sucralfate

S

Sulfamethoxazole Trimethoprim
Sulfasalazine
Sulindac
Sumatriptan Succinate

T

Tadalafil
Tamsulosin
Terazosin
Terbinafine
Timolol Maleate
Tobramycin
Topiramate
Torsemide
Triamcinolone
Triamterene & hydrochlorothiazide
Triple Antibiotic

V

Valacyclovir
Valsartan hydrochlorothiazide
Venlafaxine
Ventolin
Verapamil

Flexible Spending Accounts (FSA)

What is a Dependent Care FSA?

A Dependent Care FSA allows you to set aside funds tax-free to pay for day care expenses necessary while you (and your spouse) are working, looking for work or attending school on a full-time basis. Your dependent (child under age 13, disabled spouse, elderly parent or other dependent who is physically or mentally incapable of self-care) must live in your home at least 8 hours a day to qualify.

For calendar year 2021, the annual maximum amount a family may contribute to the FSA (if you are married and filing separately). Per IRS regulations, if you do not use all the pre-tax dollars in your Dependent Care FSA during the plan year, you forfeit the amount left over.

Eligible expenses include

- x Costs of day care for children aged 12 and younger (longer if the dependent is disabled)
- x Day care costs for spouses, parents or grandparents who cannot care for themselves
- x The cost for an individual to provide care either in or out of your house (a sitter's home or day care facility)
- x Nursery schools and preschools (excluding kindergarten)

Expenses that are NOT eligible for payment with a Dependent Care FSA include

- x Costs of day care for reasons other than to enable you to work or attend school full-time
- x Child support payments or late payment fees
- x Food, clothing, activity fees/entertainment, school supplies
- x Overnight camps
- x Housekeeping services not provided by caregiver

What is a Health Care FSA? (PPO Plan Participants Only)

For 2021, employees can contribute \$3,000 to your health FSA. The healthcare FSA is used for medical, prescription, dental, vision and other health care expenses you expect to incur during the plan year that are not covered by the plan. This is a great way to financially plan for medical expenses that would otherwise be classified as out-of-pocket costs. You may not use the FSA account to pay the cost of over-the-counter medications that are not prescribed by your doctor.

The amount of your contributions is deducted pre-tax every pay period, therefore you do not have to pay Federal or FICA taxes on the amount of your deposit. Employees electing the Health Care FSA will receive a stored value MasterCard, referred to as a Benefit Card. New cards are only issued to new participants of the Health Care FSA program. If you are re-electing this benefit, you will not receive a new card until your current card expires.

Your annual contribution amount is assigned to your card to pay for eligible expenses. It works like a MasterCard, simply use your Benefit Card and any eligible expenses will be deducted from your account. Please save all receipts as EBC may need to request a copy of your itemized documentation to confirm eligible expenses.

What is a Limited Purpose FSA? (H.S.A Plan Participants Only)

The Limited Purpose FSA allows the HSA participants to take part in a flexible spending account applicable to Dental and Vision expenses only. The account functions as stated above for the PPO Plan Participants but does not cover any of the medical expenses.

Health Savings Account (HSA)

If you participate in the High Deductible Health Plan (HDHP), you are qualified to set aside funds in a Health Savings Account (HSA) before taxes are deducted to pay for eligible medical, dental and vision expenses. An HSA is similar to a Flexible Spending Account in that you are eligible to pay for health care expenses with pre-tax dollars, but an HSA has some additional advantages:

- Unused money in an HSA is not forfeited at the end of the year; it is carried forward
- Funds roll over each year

Your HSA is yours to keep which means, you can take it with you if you change jobs or retire. If you have any money remaining in your HSA after your retirement, you may withdraw the money as cash. Wabash College will contribute to your HSA if you elect the High Deductible Health Plan Option. HSA highlights include:

Triple Tax Advantage

- Contributions are tax-free
- Investment earnings are tax-free
- Withdrawals for qualified health care expenses are tax-free

Employee Eligibility Rules

- You must be enrolled in the Wabash College Qualified High Deductible Health Plan to open an HSA account
- You cannot be covered by another health insurance, including a spouse's plan that is not a qualified HDHP/CDHP
- You cannot be enrolled in Medicare A or B or Medicaid or TriCare
- You cannot be claimed as a dependent on another person's tax return

2022 Annual Maximum HSA Contributions (including employee and employer)

- \$4,200 for single coverage
- \$8,400 for family coverage
- Additional \$1,000 catch-up contribution for individuals aged 55 and older

IMPORTANT NOTE: You must open an HSA account before services are rendered to be eligible.

To set up your HSA, please contact HR or your Office Administrator.

Funds are only available after they've been deposited

Wabash College will contribute:

- Employee Only Coverage- \$4,200
- Employee with Dependents- \$1,400

You have the option to use the HSA:

- To pay for "qualified medical expenses":
- Expenses covered under the medical plan (i.e., deductible, coinsurance)
- Other IRS-approved expenses not covered under the medical plan such as dental or vision (IRS213d)
- Note: Withdrawals for non-qualified expenses will be taxed and include a 20% penalty
- For tax dependents, even if they are not enrolled in your medical plan
- To save the money in the account
- Funds roll over each year
- Pay retiree medical expenses
- Earn interest/investment earnings
- You OWN the account and can take the funds with you even if you leave Wabash College

Register with us

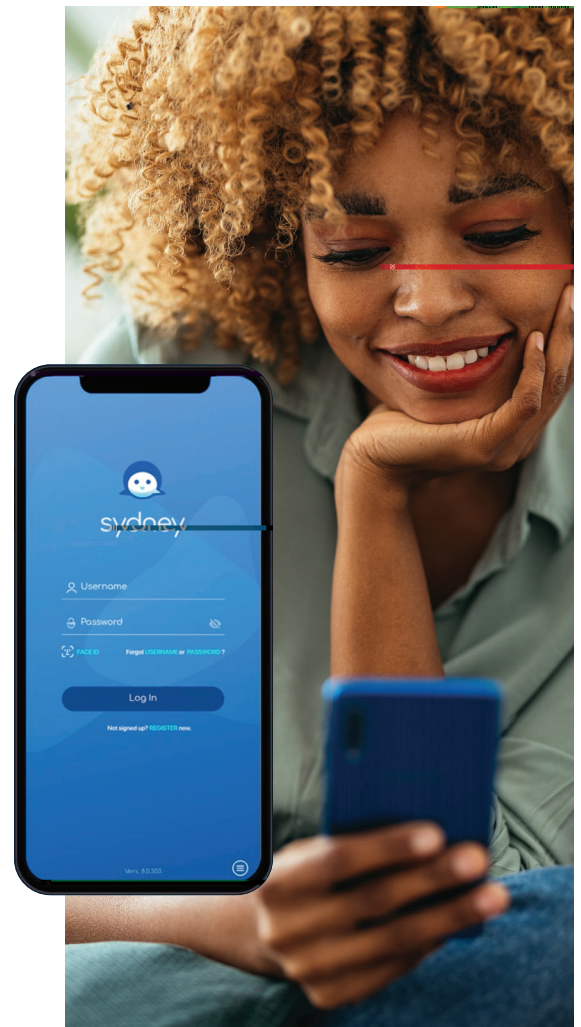
for quick, secure, digital access to all your plan information

Keep on top of your health, dental, and vision benefits with 24/7 access to your plan details. Register on our SydneySM Health app or through our website at anthem.com/register so your account is ready to use when you need it. **There is no cost, and it only takes a few minutes.**

Once you're registered, you'll have one place you can go for all your plan and benefits information. You can review coverage and claims, find care, estimate cost of care, manage your prescriptions, and access your digital plan ID card.

Have your plan ID card ready to get started

- 1 Download our free Sydney Health app and select **Register new account** or go to anthem.com/register.
- 2 Select your identification type (in most cases, this is your member ID).
- 3 Enter your plan ID number, full name, and date of birth.
- 4 Follow the one-time security prompt and create a username and password. (You'll use the same login information when you log in to either the app or website.)
- 5 Review your information to complete your registration.



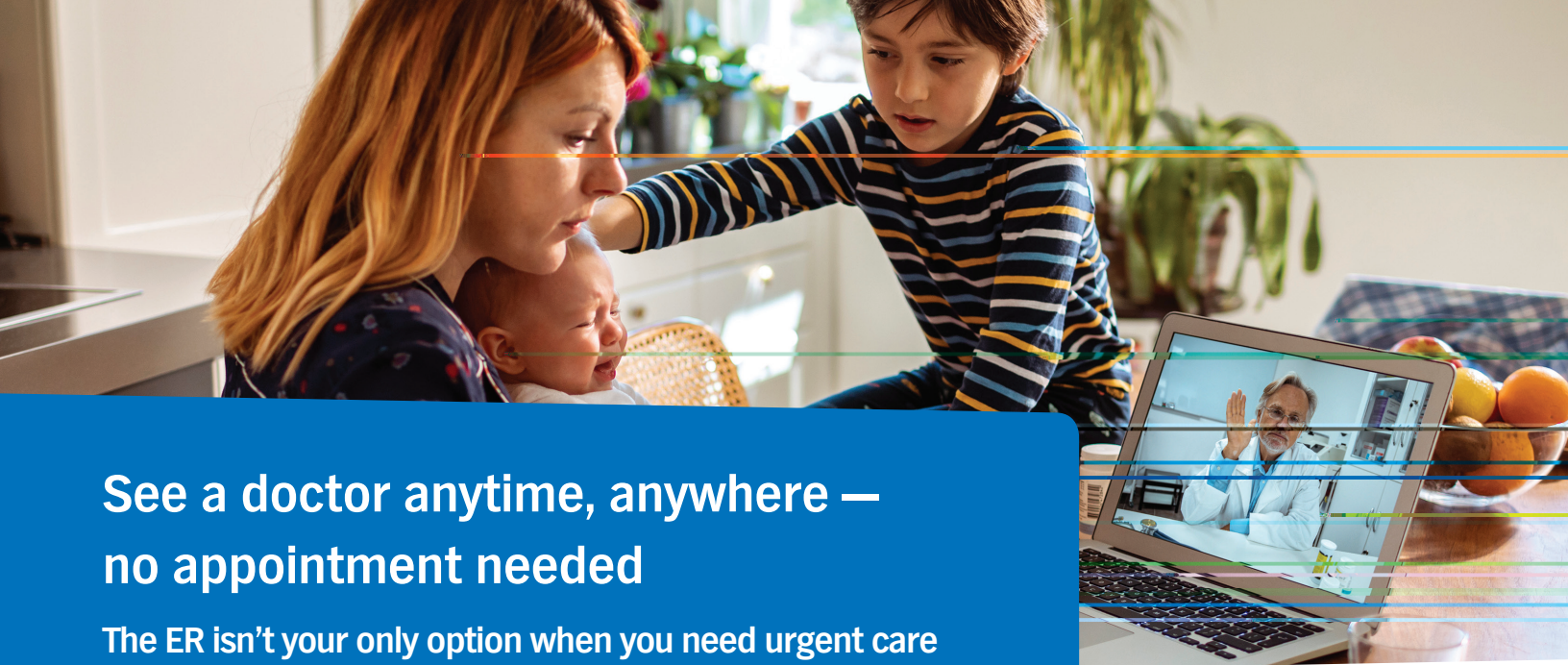
Scan this QR code with your phone's camera to download our Sydney Health app today, if you need help signing up call us at 1-866-755-2680.



On-screen experiences may vary due to personalization, benefit plans, and ongoing enhancements.

Sydney Health is offered through an arrangement with Carelon Digital Platforms, a separate company offering mobile application services on behalf of your health plan. ©2024

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See a doctor anytime, anywhere — no appointment needed

The ER isn't your only option when you need urgent care

If you think you're experiencing a life-threatening emergency or your health is in serious jeopardy, you should always call 911 or go to the emergency room (ER) immediately. However, if you need nonemergency care quickly, but your primary care doctor isn't available, it's important to know you have options besides the ER.

Now more than ever, people are turning to virtual care (also known as telehealth or telemedicine) from experienced doctors on their phones, tablets, and computers. It's a convenient, affordable choice when you want help right away with urgent issues.

Why virtual care?

Help is available 24/7



Fast doctor visits through your phone, tablet, or computer — no appointments or waiting rooms

Affordable care option



Virtual visits cost significantly less than a trip to the emergency room¹

Reliable care you can trust



Manage your urgent care needs and receive expert advice, treatment plans, and prescriptions²



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What can virtual doctors treat?



Virtual doctors can typically treat conditions and symptoms including:³

- Colds
- Sore throats
- Headaches
- Mild fevers
- Stomach aches
- Uncomplicated urinary tract infections (UTIs)
- Care management for certain chronic conditions
- Sprained wrists, fingers, or ankles
- Back pain
- Joint pain



As part of your treatment plan, your virtual doctor can also:

- Prescribe certain medications.
- Recommend specialists.
- Order lab tests.
- Tell you if it's time to seek care in person.
- Recommend over the counter medications or treatments.

Are you ready to try a virtual visit?

Next time you're not feeling well, telehealth may be able to help.



Download the Sydney HealthSM app today

Use the Sydney HealthSM app for a virtual visit with a doctor 24/7. Video call, text, or chat with a doctor who can help you feel better — no appointment required.



Use your phone's camera to scan this QR code.

You can also ask your primary care doctor if they offer telehealth visits.

¹ Costs are calculated according to the member's estimated out-of-pocket costs and average health plan copays. Care outside of your network may cost more out of pocket. Call the Member Services number on your ID card if you have questions about your plan.

² Your doctor will prescribe you medications as they see fit.

³ If you believe you are having a life-threatening emergency or your health is in serious jeopardy, call 911 immediately.

In addition to using a telehealth service, you can receive in-person or virtual care from your own doctor or another healthcare provider in your plan's network. If you receive care from a doctor or healthcare provider not in your plan's network, your share of the costs may be higher. You may also receive a bill for any charges not covered by your health plan.

Sydney Health is offered through an arrangement with Carelon Digital Platforms, a separate company offering mobile application services on behalf of your health plan. ©2023 The Virtual Primary Care experience is offered through an arrangement with Hydrogen Health.

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Preventative Benefits are paid at 100% for In -Network Care under Both Plan

Here at Wabash College, we value our employees and take your health and wellness seriously. A strong company cannot exist without healthy employees. The everyday choices we make can help us live healthier, happier, and more fulfilling lives, both at home and at work.

Preventive Healthcare

Do you have your own physician or family doctor? It is important to be involved in your own health care no matter the condition you have. Speak up for yourself and tell your health care provider about current symptoms, past illnesses, and operations. Bring a list of all treatments and medicines you are using, including prescriptions, over-the-counter drugs, and supplements. Make sure you find out the facts. Before you and your provider decide on a medication, learn as much as you can. Research the brand and generic names, uses, warnings, drug interactions, adverse effects, and directions. Be sure to consider the benefits and risks, your health is worth the effort!

Routine preventive care services are paid at 100% in-network if you are enrolled in the medical plans. We encourage you to obtain preventive care services and health screenings, as appropriate for your age, to help maintain or improve your health and achieve your health and wellness goals. Regular preventive care visits and health screenings may help to identify potential health risks for early diagnosis and treatment. Please refer to our plan documents for your specific coverage.

Routine preventive care services are age-based and can include:

- x Child wellness exams and immunizations
- x Mammograms and pelvic exams
- x Cervical cancer screening
- x Blood pressure
- x Cholesterol
- x Obesity screening
- x Colorectal cancer testing
- x Counseling for cancer prevention strategies for women at high risk for breast cancer
- x Influenza shots, HPV, MMR, chicken pox, and tetanus shots
- x Diabetes and osteoporosis screening for certain populations
- x Prostate cancer screening
- x Human immunodeficiency virus (HIV) screening and counseling

Avoid complex medical issues in the future by establishing a relationship with a PCP and tending to your preventative care!



A program focused on helping you improve your health

Introducing digital diabetes prevention coaching

Roughly 88 million Americans are living with prediabetes but 84% aren't even aware they have it.¹ Prediabetes often doesn't cause symptoms, but it does increase the risk of developing type 2 diabetes, heart disease, and stroke. That's why Anthem partnered with Lark to offer a diabetes prevention program that can help determine if you're at risk for prediabetes and if needed, take steps to address it.

This program can help you:



Lose weight



Eat healthier



Increase activity



Sleep better



Manage stress

Better health is within reach

Participation in this program is at no extra cost as part of your health plan. Track progress, check in with a personalized coach, and learn more about prediabetes right in Lark's free mobile app. This program is flexible, convenient, and follows guidelines from the Centers for Disease Control and Prevention (CDC) to help make small changes that can improve health and decrease risk over time.



Weight loss with Lark

Losing weight can make a difference in lowering risk for type 2 diabetes. Lark members lose an average of 4.2% of their body weight in 12 months on the diabetes prevention program.² Participants in the program receive a wireless scale at no extra cost to help track weight loss progress. The scale also syncs with the Lark app so participants can share updates with their coach.

24/7 coaching support

Losing weight and making lifestyle changes can feel intimidating even if it can lead to better health. Coaches can help you stay motivated. If you enroll in the program, you can send a message to a coach anytime from anywhere and receive an immediate response as well as extra support. During the course of the program, coaches will:

- Provide educational information on prediabetes and preventing type 2 diabetes.
- Be available 24/7 through the Lark mobile app to provide personalized coaching.
- Customize a program based on your food preferences and lifestyle.
- Provide information about how stress affects your health and how to cope with it.

You are in control of your health. Prevent diabetes and start improving your overall health and well-being today.



Learn if you are at risk for prediabetes

Scan the QR code to download the SydneySM Health mobile app and login using your existing health plan credentials. Once you login, you will find the Lark DPP screen under Programs in My Health Dashboard to take the one-minute survey.



¹ Centers for Disease Control and Prevention website: *Prediabetes - Your Chance to Prevent Type 2 Diabetes*

(accessed October 2021): cdc.gov.

² Lark internal data

Diabetes Prevention Program is provided by Lark, an independent company.

Sydney Health is offered through an arrangement with Carelon Digital Platforms, a separate company offering mobile application services on behalf of your health plan.

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Basic Life / AD&D

Life insurance can help provide for your loved ones if something were to happen to you. Wabash College provides full-time employees with 1.5 times your annual earnings (in no event less than \$10,000 or more than \$50,000) in Group Basic Life and Accidental Death and Dismemberment (AD&D) insurance.

Wabash College pays for the full cost of this benefit, meaning you are not responsible for paying any monthly premiums. Contact HR if you would like to update your beneficiary information.

Voluntary Life / AD&D

While Wabash College offers Group Basic Life insurance, some employees may want to purchase additional coverage. Think about your personal circumstances.

With Voluntary Life insurance, you are responsible for paying the full cost of coverage through payroll deductions.

Who Can Enroll	Benefit Amounts	Maximum Amount	Guaranteed Issue (GI) Amount
Employee	\$10,000 minimum	The lessor of 5 times your annual earnings or \$750,000	The lessor of 5 times your annual earnings or \$250,000 (amounts over GI subject to medical underwriting) *
Spouse	\$5,000 minimum	50% of Employee Life Insurance	The lessor of 50% of Employee Life Insurance or \$50,000 (amounts over GI subject to medical underwriting) *
Children	Age 14 days to 26 Years	\$2,500; \$5,000; \$7,500; \$10,000	100% of the Employee Life Insurance amount (if your dependent child(ren) were insured under a prior plan, the Guarantee Issue Amount is equal to the amount that was in-force previously)

Rates	
Employee/ Spouse Age	Rate Per \$1,000
15-29	\$0.06
30-34	\$0.08
35-39	\$0.12
40-44	\$0.18
45-49	\$0.35
50-54	\$0.59
55-59	\$0.96
60-64	\$1.43
65 and Older	\$1.43
Child(ren)	\$0. / \$1,000

Voluntary Life Calculator	
1. Enter amount of voluntary Life coverage desired.....	\$ _____
2. Divide Line 1 by 1,000.....	\$ _____
3. Select your rate from the rate table on the left.....	\$ _____
4. Multiply Line 2 by Line 3 for your estimated monthly premium	\$ _____

Disability Insurance (Income Protection)

Employer paid supplemental income protection (disability insurance) can be a great way to enhance and tailor your coverage to protect the life you've built.

Employer Paid Short Term Disability (STD) Insurance

A benefit of working for Wabash College is that you are provided with Short Term Disability insurance at no cost to you! In the event you become disabled from a non-work-related injury or sickness, STD income benefits will be provided as a source of income. You are not eligible to receive STD benefits if you are receiving Workers' Compensation benefits. Please refer to the Plan Certificate for full details.

Employer Paid Long Term Disability (LTD) Insurance

Wabash College also provides Long Term Disability insurance at no cost to you. In the event that you become disabled for an extended period of time from a non-work-related injury or sickness, disability income benefits are provided as a source of income. Just like Short Term Disability insurance, you are not eligible to receive LTD benefits if you are receiving Workers' Compensation benefits. Please refer to the Plan Certificate for full details.

Disability Insurance	STD	LTD
Benefits Begin (accident/ sickness)	1 st day/8 th day	181 st day
Benefits Payable	26 weeks	Longest of age 65, Social Security Normal Retirement Age, or 3 years, 6 months.
Percentage of Income Replaced	60% of your weekly income	60% of your monthly income
Maximum Benefit	\$500 per week	\$15,000 per month- Active Employee Earning \$160,000 or more \$8,000 per month- Active Employee Earning less than \$160,000



- Company sponsored
- Strictly confidential
- Provided at no charge to you
- Available to you and your dependents 24/7
- Unlimited phone access to legal, financial, and work-life services
- In-person help with short-term issues
- Up to five* sessions per person, per issue, per year

Detach and keep this card with you at all times.

Life has its share of ups and downs — and sometimes you may need a little guidance through the “downs.” *EmployeeConnect*SM services offer an array of confidential services to help you and your loved ones meet the challenges that life, work, and relationships can bring.

You can access the following services anytime, online or with a toll-free call:

- Information, resources, and referrals on family matters, such as child and elder care; kennels and pet care; event and vacation planning; moving and relocation; car buying; college planning; and more
- Legal information and referrals for situations requiring expertise in family law, estate planning, landlord/tenant relations, consumer and civil law, and more
- Guidance with financial matters, including household budgeting, and short- and long-term planning

Some matters are best resolved by meeting with a professional in person. With *EmployeeConnect*, you 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 subsequent meetings at a reduced fee

*In California, up to three sessions in six months, starting with initial contact by employee.

EmployeeConnectSM

Employee Assistance Program Services

Confidential help 24 hours a day, 7 days a week for employees and family members

GuidanceResources® Wo

Visit www.GuidanceResources.com

(user name = LFGsupport; password = LFGsupport1)

Or talk with a specialist at 888-628-4824.

- ▶ Family
- ▶ Parenting
- ▶ Addictions
- ▶ Emotional
- ▶ Legal
- ▶ Financial
- ▶ Relationships
- ▶ Stress

Insurance products issued by:
 The Lincoln National Life Insurance Company
 Lincoln Life & Annuity Company of New York
 Lincoln Life Assurance Company of Boston
 LTD-EMCO-FLI001_Z05

EmployeeConnect offers a wide range of information and resources that you can research and access on your own just by visiting [GuidanceResources.com](https://www.GuidanceResources.com). You'll find:

- Articles and tutorials
- Streaming videos
- Interactive tools — including financial calculators, budgeting spreadsheets, and a language translator

SM **counselors are experienced and credentialed**

When you call our 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 meetings, you will be referred to a fully credentialed, state-licensed clinician.

You'll receive a customized information packet for each of the work-life services you use.



To take advantage of the
or for more information:

SM

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You're In Charge[®]

Glossary of Terms

Open enrollment is the time of year reserved for you to make changes to your benefit elections, and unfamiliar terms can make this process confusing. Use these definitions of common enrollment terms to help you navigate your benefits options.

Coinsurance: The amount or percentage that you pay for certain covered health care services under your health plan. This is typically the amount paid after a deductible is met and can vary based on the plan design.

Consumer Driven Health Care (CDHC): Health insurance programs and plans that are intended to give you more control over your health care expenses. Under CDHC plans, you can use health care services more effectively and have more control over your health care dollars. CDHC plans are designed to be more affordable because they offer reduced premium costs in exchange for higher deductibles. Health Reimbursement Arrangements (HRAs) and Health Savings Accounts (HSAs) are common examples of CDHC plans.

Copayment: A flat fee that you pay toward the cost of covered medical services.

Covered Expenses: Health care expenses that are covered under your health plan.

Deductible: A specific dollar amount you pay out of pocket before benefits are available through a health plan. Under some plans, the deductible is waived for certain services.

Dependent: Individuals who meet eligibility requirements under a health plan and are enrolled in the plan as a qualified dependent.

Employee Contribution: The amount you pay for a health plan in exchange for coverage.

Flexible Spending Account (FSA): An account that allows you to save tax-free dollars for qualified medical and/or dependent care expenses that are not reimbursed. You determine how much you want to contribute to the FSA at the beginning of the plan year. Most funds must be used by the end of the year, as there is only a limited carryover amount.

Health Management Organization (HMO): A type of health insurance plan that usually limits coverage to care from doctors who work for or contract within a specified network. Premiums are paid monthly, and a small copay is due for each office visit and hospital stay. HMOs require that you select a primary care physician who is responsible for managing and coordinating all of your health care.

Health Reimbursement Arrangement (HRA): An employer-owned medical savings account in which the company deposits pre-tax dollars for each of its covered employees. Employees can then use this account as reimbursement for qualified health care expenses.

Health Savings Account (HSA): An employee-owned medical savings account used to pay for eligible medical expenses. Funds contributed to the account are pre-tax and do not have to be used within a specified time period. HSAs must be coupled with qualified high-deductible health plans (HDHP).

High Deductible Health Plan (HDHP): A qualified health plan that combines very low monthly premiums in exchange for higher deductibles and out-of-pocket limits. These plans are often coupled with an HSA.

In-network: Health care received from your primary care physician or from a specialist within an outlined list of health care practitioners.

Inpatient: A person who is treated as a registered patient in a hospital or other health care facility.

Medically Necessary (or medical necessity): Services or supplies provided by a hospital, health care facility or physician that meet the following criteria: (1) are appropriate for the symptoms and diagnosis and/or treatment of the condition, illness, disease or injury; (2) serve to provide diagnosis or direct care and/or treatment of the condition, illness, disease or injury; (3) are in accordance with standards of good medical practice; (4) are not primarily serving as convenience; and (5) are considered the most appropriate care available.

Medicare: An insurance program administered by the federal government to provide health coverage to individuals aged 65 and older, or who have certain disabilities or illnesses.

Member: You and those covered become members when you enroll in a health plan. This includes eligible employees, their dependents, COBRA beneficiaries and surviving spouses.

Out-of-network: Health care you receive without a physician referral, or services received by a non-network service provider. Out-of-network health care and plan payments are subject to deductibles and copayments.

Out-of-pocket Expense: Amount that you must pay toward the cost of health care services. This includes deductibles, copayments, and coinsurance.

Out-of-pocket Maximum (OOPM): The highest out-of-pocket amount paid for covered services during a benefit period.

Preferred Provider Organization (PPO): A health plan that offers both in-network and out-of-network benefits. Members must choose one of the in-network providers or facilities to receive the highest level of benefits.

Primary Care Physician (PCP): A doctor that is selected to coordinate treatment under your health plan. This generally includes family practice physicians, general practitioners, internists, pediatricians, etc.

Link to 2026 Federal Notices

<https://publications.apexbg.com/2026-federal-notices-hc8gnjn7t9/full-view.html>