



Benefits Decision Guide

2021



The choice is yours.



WELCOME TO YOUR BENEFITS ENROLLMENT

Widener recognizes how important benefits are to you. That's why we're committed to helping you and your family enjoy the best possible physical, financial, and emotional well-being. It's also why we provide you with a comprehensive, benefits package, with the flexibility to make the choices that best meet your needs.

Use this guide to better understand your 2021 benefits, so you can make the best choices for yourself and your family. Then be sure to enroll by the enrollment deadline to ensure you receive coverage.



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Important reminders

- **2021 Open Enrollment: October 19, 2020 through November 4, 2020.** All full-time benefit eligible employees **must** complete the open enrollment process, regardless if you waive coverage or wish to keep the same health care plan as 2020. Open Enrollment elections are effective January 1, 2021.
- **Newly eligible employees: Enroll within 30 days from your date of eligibility.** The effective date of medical and dental coverage is the first of the month coincident with or subsequent to your date of eligibility. If you don't enroll within this time period, you will not have benefits coverage, except for plans and programs that are fully paid by Widener.
- **After your enrollment opportunity ends, you will not be able to make changes to your benefits** until the next Open Enrollment, unless you experience a qualifying life event, such as marriage, divorce, birth, adoption, or a change in your or your spouse's employment status that affects your benefits eligibility.
- **Retirement Plan 403(b).** The amount an employee elects to contribute is an option which may be exercised twice per calendar year by returning a completed Salary Reduction Form to Human Resources. The form is available on MyWidener > Human Resources Office > Benefits.

Enrollment

After you've carefully considered your benefit options and anticipated needs, it's time to make your benefit selections. Follow the instructions to enroll yourself and any eligible dependents in benefits for 2021.

How to Enroll

Enrollment is on-line through the benefit portal. Be advised, **do not use the enter key on your keyboard** in the benefit portal. It will cause an error. **Detailed benefit portal instructions** can be found on MyWidener > Human Resources Office > Benefits.

1. Visit the benefit hub at <https://login.eelect.com/>
2. Enter the employer group number 39332. Click enter.
3. **Returning employees:** in the "Log In" box enter the username and password previously created. Please note the option to "Create New Account" will not function if you already have an account.
Newly eligible employees only: in the "Create New Account" box enter your 7 digit employee ID number found on your Widener ID card. The PIN is your 4 digit year of birth.
 - A. Forgot username or password? These are the username and password creation requirements:
 - At least 8 characters
 - Username – at least 1 letter and 1 number
 - Password – at least 1 upper case letter, 1 lower case letter, and 1 number
 - No more than 3 sequential or repeating characters
 - The only special characters are @ . _ - *
 - B. Still don't know. Click forgot username or password, enter your seven digit Widener ID number and your e-mail address. Note: unless you updated the e-mail address to your personal account, it will default to your Widener e-mail address.
4. Complete the multifactor authentication process.
5. For the Guidebook and additional plan information, click Quick Link to Plan Summaries.
6. When you are ready to make your elections, click "Enroll Now" located on the top left side of the screen.
 - Review the pre-confirmation page carefully to ensure all dependents that you are enrolling in coverage are listed under each appropriate benefit.
 - When you see a screen with a green block containing a confirmation number, you are done.

An important note – A provision of the Affordable Care Act requires that the university issue IRS form 1095 to all benefit eligible employees. **The employee name and the dependents' name must match the name on the social security card.** A social security number is required for dependents over 1 year of age.



Advocacy and Support

Receive assistance to better understand your benefit options and on-going support once enrolled in a Widener plan. Also includes access to MeMD tele-mental health therapy for all eligible employees and their eligible dependents.

TouchCare

Widener has partnered with TouchCare, a healthcare concierge service, to assist you and your family with a variety of services. Some services, such as MindCare and benefit selection consultations, are available to all benefit eligible employees. Other services, such as billing questions and provider searches, are limited to employees and their dependents enrolled in a Widener plan. All services are confidential.

Benefit Selection Support

Whether it is open enrollment, you just became eligible for benefits, or experience a qualifying life event, TouchCare is here to help. Schedule a consultation with a Specialist who will walk you through Widener's benefits, answer any questions, and discuss your specific needs.

- Explore how the different plans work.
- Discuss existing providers, allowing the Specialist to research network status following your consultation.
- Learn how to control costs.
- Get answers on the Flexible Spending Accounts, Health Savings Account, and MindCare.

Afterward, receive a detailed summary of the call, along with answers to any take away questions and plan recommendations.

To schedule a 30-minute consultation log into the TouchCare portal or download the TouchCare app.

Benefit Refresher

Get the most out of your benefits. Once enrolled in a Widener health care plan, MetLife dental plan, or FSA you are not alone. Consult with a specialist regarding your benefits throughout the year to better understand covered services and your cost.

Provider Search

Get help to find an in-network provider or facility. You determine the parameters and let TouchCare do the work to find the providers in your location for the desired specialty that accepts new patients. Already have a provider? TouchCare can verify if the provider is in-network and schedule appointments on your behalf.

Bill Advocacy

Did you receive a bill from a provider and don't understand what was and was not covered by the Widener health care plan? Is it higher than the anticipated cost and you don't know why? TouchCare is here to work on your behalf to correct billing errors, explain the charges, and negotiate payment plans with your provider's offices, if needed.

Cost Comparisons and RX Consultations

When was the last time you received a quote for a medical procedure or the cost of medication? Costs for the same procedure or prescription can vary. For example, an imaging center may charge \$350 for an MRI in comparison to a hospital that may charge over \$1,000. In non-emergency situations, know before you go. Use the TouchCare Health Assistants to ensure you never overpay by having them research your options and provide you with cost comparisons.

MindCare – Service provided by TouchCare and administered by MeMD

Widener offers tele-mental health therapy and psychiatry to all full-time benefit eligible employees and their eligible dependents to include a spouse or domestic partner and children up to the age of 26*. Not enrolled in a Widener health care plan, no problem. **You still have access to MindCare!**

“See” a US-licensed Therapist

in as little as 24 hours. Services are available via phone, on-line, and through the TouchCare mobile app.

Receive help with:

- anxiety,
- depression,
- domestic violence,
- eating disorders,
- mood swings,
- obsessive compulsive disorder,
- panic attacks,
- addiction,
- stress management,
- and more.

Psychiatry services are:

- bipolar disorder,
- clinical depression,
- and more.

The cost

Therapy visits are \$50 per visit. For psychiatry, the first visit is \$229 and subsequent visits are \$99. The number of Therapy and Psychiatry visits per year are unlimited.



*State restrictions

Not all states permit tele-therapy.

See MeMD State Maps posted on MyWidener > Human Resources Office > Benefits for covered states.

Please verify your state permits you or your minor dependents to access this benefit prior to scheduling an appointment.

Other Considerations

Services received are recognized as a qualified medical expense by the IRS. You may use your Health Savings Account or Flexible Spending Health Care Account to pay for services.

MindCare is separate from the Widener health care plans and will NOT count toward the health plan deductible.

Next Steps

Access care after registering at TouchCare via:

- TouchCare mobile app. Log in and click Add-ons tab from the bottom menu.
- Online at www.touchcare.com. Log in and click Add-ons tab from the left menu.
- By phone at 855-636-3669. First register with TouchCare to be assigned a TouchCare ID which must be provided when accessing MindCare by phone.

Health Care Plans

Our benefits program offers plans to help keep you and your family healthy and also provide important protection in the event of illness or injury.

Widener Health Care Plans

Widener offers medical coverage administered through Independence Blue Cross (IBC). You may enroll in one of four different health care plans to meet the needs of you and your family. The health care plans provide a range of coverage for prescription drugs, in and out-patient services, mental health, and vision coverage.

While all four plans cover the same types of services, how you pay for those services differs between the plans. All four plans cover preventative services at 100% and do not require a co-payment or a deductible amount to be paid. For the Medical Benefit Highlights, log in to MyWidener > Human Resources Office > Open Enrollment.

- You may also opt out of health care coverage. Please note that if you waive health care coverage you are also waiving vision coverage.
- Need help to better understanding your options? Benefit selection support is available through TouchCare. Go online to www.touchcare.com or download the TouchCare app to schedule a 30 minute consultation.
- To aid you in your decision, Out-of-pocket cost models have been provided by Mercer. You may review them on MyWidener > Human Resources Office > Open Enrollment.

Important Healthcare Terms

Aggregate cost: For family coverage, the entire family deductible or out-of-pocket maximum must be met before co-payments or co-insurance are applied for an individual member.

Embedded cost: Each covered family member only needs to satisfy their individual deductible or out-of-pocket maximum.

Deductible: The deductible is the specified amount you pay *prior* to co-payments or co-insurance for certain covered services.

- The High Deductible Health Care Plans have an aggregate deductible.
- The Closed Panel and Personal Choice plans have an embedded deductible.

Out-of-pocket maximum: It is the most you would pay during a plan year. The out-of-pocket maximum includes amounts you pay for deductibles, co-pays, and co-insurance. **If you reach your out-of-pocket maximum you still have coverage, but the plan pays the incurred covered expenses.**

- The High Deductible Health Care Plans have an aggregate out-of-pocket maximum.
- The Closed Panel and Personal Choice plans have an embedded out-of-pocket maximum.

Co-insurance: The percentage cost share of expenses between you and the health care plan. Example – 30% co-insurance means you pay 30% of the expense and the health care plan pays the other 70%.

Co-pay: The fixed dollar amount you pay. The health care plan pays any remaining balance.



OPTION 1 - Closed Panel (HMO) Plan

Nationwide network that does not require an assigned PCP or referrals. The deductible for employee only coverage is \$200 and \$400 if a spouse and/or dependent(s) are included on coverage. Services that incur a co-pay are not subject to the embedded deductible. Co-pay's continue for the plan year unless the embedded out-of-pocket maximum is met. In-patient services and Out-patient services require you to pay 10% co-insurance after the deductible is met. Other services that are subject to the deductible do not incur co-insurance after the deductible is met. The annual out-of-pocket maximum is \$2,000 for an individual or \$4,000 for a family.

OPTION 2 - \$1,500/\$3,000 High Deductible (HDHP) Plan

Nationwide network that does not require an assigned PCP or referrals. This HDHP plan requires you to pay providers and pharmacies the IBC contracted amounts for services rendered up to the aggregate deductible. The in-network deductible for employee only coverage is \$1,500 or \$3,000 if a spouse and/or dependent(s) are included on coverage. Once you meet your deductible, you will incur 10% co-insurance on services. Prescriptions will convert to co-pays. Co-insurance and co-pays continue until you reach the maximum aggregate out-of-pocket expense of \$2,000 for an individual and \$4,000 for a family. Out-of-network services after the deductible (\$5,000 and \$10,000) is met are covered at 50% of the plan's Usual, Customary and Reasonable limits. Out-of-network services are subject to an aggregate out-of-pocket maximum of \$10,000 for an individual and \$20,000 for a family.

Additionally, you may be eligible to enroll in a Health Savings Account (HSA) and receive employer funding. See page 11 for more details.

OPTION 3 - \$2,500/\$5,000 High Deductible (HDHP) Plan

This plan works the same way as option 2 but requires members to meet an in-network aggregate deductible of \$2,500 for employee only coverage or \$5,000 if a spouse and/or dependent(s) are included on coverage. Once you meet your deductible, you will incur 10% co-insurance on services. Prescriptions will convert to co-pays. Co-insurance and co-pays continue until you reach the maximum aggregate out-of-pocket expense of \$3,000 for an individual and \$6,000 for a family. Out-of-network services after the deductible (\$5,000 and \$10,000) is met are covered at 70% of the plan's Usual, Customary and Reasonable limits. Out-of-network services are subject to an aggregate out-of-pocket maximum of \$10,000 for an individual and \$20,000 for a family.

Additionally, you may be eligible to enroll in a Health Savings Account (HSA) and receive employer funding. See page 11 for more details.

OPTION 4 - Personal Choice (PPO) Plan

Nationwide network that does not require an assigned PCP, referrals, or capitated sites. The in-network embedded deductible for employee only coverage is \$500 and \$1,000 if a spouse and/or dependent(s) are included on coverage (out-of-network deductible is \$1,000 and \$2,000 respectively.) Services received will incur either a co-payment or a charge toward your deductible. Co-payments will continue after the deductible is met until the embedded in-network out-of-pocket maximum of \$6,350 for an individual and \$12,700 for a family is met. Out-of-network services are covered at 70% of the plan's Usual, Customary and Reasonable limits after the out-of-network deductible is met. Out-of-network services are subject to an embedded out-of-pocket maximum of \$3,000 for an individual and \$6,000 for a family.

Compare medical plans

The chart below provides an *in-network* comparison of key coverage features and costs. You pay:

	Closed Panel HMO	HDHP \$1,500/\$3,000*	HDHP \$2,500/\$5,000*	PPO
Annual deductible (ded.)				
Per person/per family	\$200/\$400	\$1,500/\$3,000	\$2,500/\$5,000	\$500/\$1,000
Out-of-pocket maximum				
Per person/per family	\$2,000/\$4,000	\$2,000/\$4,000	\$3,000/\$6,000	\$6,350/\$12,700
Medical coverage				
Doctor's office visits	\$20 co-pay	10% co-insurance after ded.	10% co-insurance after ded.	\$20 co-pay
Preventive care	0%	0%	0%	0%
Specialist visits	\$40 co-pay	10% co-insurance after ded.	10% co-insurance after ded.	\$30 co-pay
Telemedicine visits	\$10 co-pay	\$40, 10% co-insurance after ded.	\$40, 10% co-insurance after ded.	\$10 co-pay
Outpatient surgery	10% co-insurance after ded.	10% co-insurance after ded.	10% co-insurance after ded.	\$150 co-pay
Inpatient hospital (per stay)	10% co-insurance after ded.	10% co-insurance after ded.	10% co-insurance after ded.	\$150/day, max 5 co-pay per admission
Emergency room	\$150 Co-pay	10% co-insurance after ded.	10% co-insurance after ded.	\$150 co-pay
Urgent Care	\$75 co-pay	10% co-insurance after ded.	10% co-insurance after ded.	\$75 co-pay
Laboratory/Pathology	0%	10% co-insurance after ded.	10% co-insurance after ded.	0%
X-Ray Routine/Complex	\$40/\$80 co-pay	10% co-insurance after ded.	10% co-insurance after ded.	\$30 co-pay
Retail prescription drugs (30-day supply)				
Generic	\$20 co-pay	\$10 Co-pay, after ded.	\$10 Co-pay, after ded.	\$20 co-pay
Brand Formulary	\$50 co-pay	\$50 Co-pay, after ded.	\$50 Co-pay, after ded.	\$50 co-pay
Non-formulary	\$70 co-pay	\$70 Co-pay, after ded.	\$70 Co-pay, after ded.	\$70 co-pay
Mail-order prescription drugs (90-day supply)				
Generic	\$40 co-pay	\$20 Co-pay, after ded.	\$20 Co-pay, after ded.	\$40 co-pay
Brand Formulary	\$100 co-pay	\$100 Co-pay, after ded.	\$100 Co-pay, after ded.	\$100 co-pay
Non-formulary	\$140 co-pay	\$140 Co-pay, after ded.	\$140 Co-pay, after ded.	\$140 co-pay

*Enrolling in a HDHP may make you eligible to participate in a Health Savings Account (HSA) and be eligible for employer funding. See Page 11 for more details.

Health Plan Cost Comparison

Annual Salary Less Than \$60k

The following charts compare the cost of medical coverage for all four plans. These charts present both healthy individuals and those that reach the out-of-pocket maximums for all four tiers. *Note that actual services received can incur varying co-pays and may be billed at a variety of rates.* Review your past claims history to help estimate what your potential cost may be in the upcoming year.

Employee Only Coverage				
Healthy with Preventive Care	Closed Panel HMO	HDHP \$1,500/\$3,000	HDHP \$2,500/\$5,000	Personal Choice
Annualized Premium	\$1,200	\$624	\$123	\$5,023
Individual Deductible	N/A	N/A	N/A	N/A
Widener HSA Funding	N/A	\$1,000	\$1,000	N/A
Your Cost	\$1,200	\$624	\$123	\$5,023
HSA Balance Available Next Year	N/A	\$1,000	\$1,000	N/A
Claims of \$7,100	Closed Panel HMO	HDHP \$1,500/\$3,000	HDHP \$2,500/\$5,000	Personal Choice
Annualized Premium	\$1,200	\$624	\$123	\$5,023
Charge \$7,100 (1 – 1 day hospital stay, 5 PCP visits, 5 specialist visits)	\$1,010	\$2,000*	\$2,960**	\$400
Widener HSA Funding	N/A	\$1,000	\$1,000	N/A
Your Cost	\$2,210	\$1,624	\$2,083	\$5,423
HSA Balance Available Next Year	N/A	\$0	\$0	N/A
Employee Plus Spouse/Domestic Partner Coverage				
Healthy with Preventive Care	Closed Panel HMO	HDHP \$1,500/\$3,000	HDHP \$2,500/\$5,000	Personal Choice
Annualized Premium	\$5,594	\$2,326	\$494	\$15,707
Family Deductible	N/A	N/A	N/A	N/A
Widener HSA Funding	N/A	\$2,000	\$2,000	N/A
Your Cost	\$5,594	\$2,326	\$494	\$15,707
HSA Balance Available Next Year	N/A	\$2,000	\$2,000	N/A
Claims of \$14,200	Closed Panel HMO	HDHP \$1,500/\$3,000	HDHP \$2,500/\$5,000	Personal Choice
Annualized Premium	\$5,594	\$2,326	\$494	\$15,707
Charge \$14,200 (1 - 2 day hospital stay, 10 PCP visits, 10 specialist visits)	\$1,840	\$4,000*	\$5,920**	\$800
Widener HSA Funding	N/A	\$2,000	\$2,000	N/A
Your Cost	\$7,434	\$4,326	\$4,414	\$16,507
HSA Balance Available Next Year	N/A	\$0	\$0	N/A

* The deductible is met. The 10% co-insurance causes you to meet the annual out-of-pocket maximum.

** The deductible is met. The 10% co-insurance does not cause you to reach the annual out-of-pocket maximum. Should you incur further costs, you would be charged up to but not exceeding the remaining out-of-pocket balance of \$80.

Health Plan Cost Comparison

Annual Salary Less Than \$60,000 (Continued)

Employee Plus Child(ren) Coverage				
Healthy with Preventive Care	Closed Panel HMO	HDHP \$1,500/\$3,000	HDHP \$2,500/\$5,000	Personal Choice
Annualized Premium	\$4,907	\$1,913	\$370	\$13,241
Family Deductible	N/A	N/A	N/A	N/A
Widener HSA Funding	N/A	\$2,000	\$2,000	N/A
Your Cost	\$4,907	\$1,913	\$370	\$13,241
HSA Balance Available Next Year	N/A	\$2,000	\$2,000	N/A
Claims of \$14,200	Closed Panel HMO	HDHP \$1,500/\$3,000	HDHP \$2,500/\$5,000	Personal Choice
Annualized Premium	\$4,907	\$1,913	\$370	\$13,241
Charge \$14,200 (1 - 2 day hospital stay, 10 PCP visits, 10 specialist visits)	\$1,840	\$4,000*	\$5,920**	\$800
Widener HSA Funding	N/A	\$2,000	\$2,000	N/A
Your Cost	\$6,747	\$3,913	\$4,290	\$14,041
HSA Balance Available Next Year	N/A	\$0	\$0	N/A
Family Coverage				
Healthy with Preventive Care	Closed Panel HMO	HDHP \$1,500/\$3,000	HDHP \$2,500/\$5,000	Personal Choice
Annualized Premium	\$7,194	\$2,792	\$617	\$13,404
Family Deductible	N/A	N/A	N/A	N/A
Widener HSA Funding	N/A	\$2,000	\$2,000	N/A
Your Cost	\$7,194	\$2,792	\$617	\$13,404
HSA Balance Available Next Year	N/A	\$2,000	\$2,000	N/A
Claims of \$14,200	Closed Panel HMO	HDHP \$1,500/\$3,000	HDHP \$2,500/\$5,000	Personal Choice
Annualized Premium	\$7,194	\$2,792	\$617	\$13,404
Charge \$14,200 (1 - 2 day hospital stay, 10 PCP visits, 10 specialist visits)	\$1,840	\$4,000*	\$5,920**	\$800
Widener HSA Funding	N/A	\$2,000	\$2,000	N/A
Your Cost	\$9,034	\$4,792	\$4,537	\$14,204
HSA Balance Available Next Year	N/A	\$0	\$0	N/A

* The deductible is met. The 10% co-insurance causes you to meet the annual out-of-pocket maximum.

** The deductible is met. The 10% co-insurance does not cause you to reach the annual out-of-pocket maximum. Should you incur further costs, you would be charged up to but not exceeding the remaining out-of-pocket balance of \$80.

Health Plan Cost Comparison

Annual Salary Greater Than \$60k

The following charts compare the cost of medical coverage for all four plans. These charts present both healthy individuals and those that reach the out-of-pocket maximums for all four tiers. *Note that actual services received can incur varying co-pays and may be billed at a variety of rates.* Review your past claims history to help estimate what your potential cost may be in the upcoming year.

Employee Only Coverage				
Healthy with Preventive Care	Closed Panel HMO	HDHP \$1,500/\$3,000	HDHP \$2,500/\$5,000	Personal Choice
Annualized Premium	\$1,200	\$624	\$123	\$5,023
Individual Deductible	N/A	N/A	N/A	N/A
Widener HSA Funding	N/A	\$500	\$500	N/A
Your Cost	\$1,200	\$624	\$123	\$5,023
HSA Balance Available Next Year	N/A	\$500	\$500	N/A
Claims of \$7,100	Closed Panel HMO	HDHP \$1,500/\$3,000	HDHP \$2,500/\$5,000	Personal Choice
Annualized Premium	\$1,200	\$624	\$123	\$5,023
Charge \$7,100 (1 – 1 day hospital stay, 5 PCP visits, 5 specialist visits)	\$1,010	\$2,000*	\$2,960**	\$400
Widener HSA Funding	N/A	\$500	\$500	N/A
Your Cost	\$2,210	\$2,124	\$2,583	\$5,423
HSA Balance Available Next Year	N/A	\$0	\$0	N/A
Employee Plus Spouse/Domestic Partner Coverage				
Healthy with Preventive Care	Closed Panel HMO	HDHP \$1,500/\$3,000	HDHP \$2,500/\$5,000	Personal Choice
Annualized Premium	\$5,594	\$2,326	\$494	\$15,707
Family Deductible	N/A	N/A	N/A	N/A
Widener HSA Funding	N/A	\$1,000	\$1,000	N/A
Your Cost	\$5,594	\$2,326	\$494	\$15,707
HSA Balance Available Next Year	N/A	\$1,000	\$1,000	N/A
Claims of \$14,200	Closed Panel HMO	HDHP \$1,500/\$3,000	HDHP \$2,500/\$5,000	Personal Choice
Annualized Premium	\$5,594	\$2,326	\$494	\$15,707
Charge \$14,200 (1 - 2 day hospital stay, 10 PCP visits, 10 specialist visits)	\$1,840	\$4,000*	\$5,920**	\$800
Widener HSA Funding	N/A	\$1,000	\$1,000	N/A
Your Cost	\$7,434	\$5,326	\$5,414	\$16,507
HSA Balance Available Next Year	N/A	\$0	\$0	N/A

* The deductible is met. The 10% co-insurance causes you to meet the annual out-of-pocket maximum.

** The deductible is met. The 10% co-insurance does not cause you to reach the annual out-of-pocket maximum. Should you incur further costs, you would be charged up to but not exceeding the remaining out-of-pocket balance of \$80.

Health Plan Cost Comparison

Annual Salary Greater Than \$60,000 (Continued)

Employee Plus Child(ren) Coverage				
Healthy with Preventive Care	Closed Panel HMO	HDHP \$1,500/\$3,000	HDHP \$2,500/\$5,000	Personal Choice
Annualized Premium	\$4,907	\$1,913	\$370	\$13,241
Family Deductible	N/A	N/A	N/A	N/A
Widener HSA Funding	N/A	\$1,000	\$1,000	N/A
Your Cost	\$4,907	\$1,913	\$370	\$13,241
HSA Balance Available Next Year	N/A	\$1,000	\$1,000	N/A
Claims of \$14,200	Closed Panel HMO	HDHP \$1,500/\$3,000	HDHP \$2,500/\$5,000	Personal Choice
Annualized Premium	\$4,907	\$1,913	\$370	\$13,241
Charge \$14,200 (1 - 2 day hospital stay, 10 PCP visits, 10 specialist visits)	\$1,840	\$4,000*	\$5,920**	\$800
Widener HSA Funding	N/A	\$1,000	\$1,000	N/A
Your Cost	\$6,747	\$4,913	\$5,290	\$14,041
HSA Balance Available Next Year	N/A	\$0	\$0	N/A
Family Coverage				
Healthy with Preventive Care	Closed Panel HMO	HDHP \$1,500/\$3,000	HDHP \$2,500/\$5,000	Personal Choice
Annualized Premium	\$7,194	\$2,792	\$617	\$13,404
Family Deductible	N/A	N/A	N/A	N/A
Widener HSA Funding	N/A	\$1,000	\$1,000	N/A
Your Cost	\$7,194	\$2,792	\$617	\$13,404
HSA Balance Available Next Year	N/A	\$1,000	\$1,000	N/A
Claims of \$14,200	Closed Panel HMO	HDHP \$1,500/\$3,000	HDHP \$2,500/\$5,000	Personal Choice
Annualized Premium	\$7,194	\$2,792	\$617	\$13,404
Charge \$14,200 (1 - 2 day hospital stay, 10 PCP visits, 10 specialist visits)	\$1,840	\$4,000*	\$5,920**	\$800
Widener HSA Funding	N/A	\$1,000	\$1,000	N/A
Your Cost	\$9,034	\$5,792	\$5,537	\$14,204
HSA Balance Available Next Year	N/A	\$0	\$0	N/A

* The deductible is met. The 10% co-insurance causes you to meet the annual out-of-pocket maximum.

** The deductible is met. The 10% co-insurance does not cause you to reach the annual out-of-pocket maximum. Should you incur further costs, you would be charged up to but not exceeding the remaining out-of-pocket balance of \$80.



Payroll Contributions – Health Care Plans

Health Care Plan	Employee	Employee + Spouse	Employee + Child(ren)	Family
10-Month Employee Costs				
Closed Panel HMO	\$120.00	\$559.40	\$490.67	\$719.44
HDHP \$1,500/\$3,000	\$62.35	\$232.58	\$191.26	\$279.23
HDHP \$2,500/\$5,000	\$12.35	\$49.39	\$37.04	\$61.74
Personal Choice PPO	\$502.33	\$1,570.67	\$1,324.07	\$1,340.40
12-Month Employee Costs				
Closed Panel HMO	\$100.00	\$466.17	\$408.89	\$599.53
HDHP \$1,500/\$3,000	\$51.96	\$193.82	\$159.38	\$232.69
HDHP \$2,500/\$5,000	\$10.29	\$41.16	\$30.87	\$51.45
Personal Choice PPO	\$418.61	\$1,308.89	\$1,103.39	\$1,117.00
Bi-Weekly Employee Costs				
Closed Panel HMO	\$46.15	\$215.16	\$188.72	\$276.71
HDHP \$1,500/\$3,000	\$23.98	\$89.46	\$73.56	\$107.40
HDHP \$2,500/\$5,000	\$4.75	\$19.00	\$14.25	\$23.75
Personal Choice PPO	\$193.20	\$604.10	\$509.26	\$515.54

Vision

Vision coverage is bundled with the health care plan. It does not incur a separate payroll contribution. The \$75 biennial eyewear benefit is bundled with all four plans.

Benefits are available once every two calendar years. Services are administered by Davis Vision. Maximize your benefit by using Davis Vision providers and selecting frames from the Davis Collection. Present your IBC health care card to providers for claims processing.

The Summary of Benefit Coverage for each plan is available by logging in to MyWidener > Human Resources Office > Open Enrollment.

Money-saving tips

See in-network providers – They’ve agreed to the plan’s negotiated rates. Visit www.ibx.com to search for in-network providers near you.

Utilize Telemedicine – It is in-network even when you are out of the area.

Use the mail-order pharmacy – It will save you time and money when refilling long-term prescriptions.

A Closer Look at the HDHP's

This plan rewards you for taking an active role as a health care consumer and making smart decisions about your health care spending. As a result, you could pay less for your annual medical costs.

HDHP advantages

1. Lower paycheck costs

Your per-paycheck costs are lower compared to the other health care plans. You pay for your initial medical costs until you meet your annual deductible, then you pay 10% co-insurance for in-network medical services and co-payments for prescription drugs until you reach the out-of-pocket maximum. At that point the plan will pay 100% of the cost for covered in-network medical services and prescriptions.

2. Tax-advantaged savings account

To help you pay your deductible and other out-of-pocket costs, the HDHP qualifies you for a Health Savings Account (HSA) if you meet the additional IRS requirements. A HSA permits you to make pre-tax contributions directly from your paycheck. Widener will also contribute to HSA accounts for eligible employees. See page 11 for more details.

3. Extensive provider network

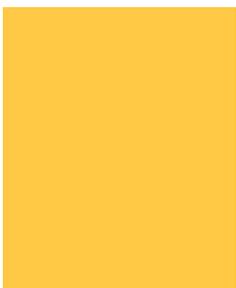
The HDHP utilizes the nationwide Blue Card network of doctors and other health care providers. It also gives you access to BlueCard Worldwide.

4. Free in-network preventive care

Preventive care is fully covered by the HDHP's, you pay nothing toward your deductible as long as you receive care from in-network providers. Preventive care includes annual wellness checkups, immunizations, and flu shots. For a comprehensive list of preventative care services visit www.ibx.com.

Money-saving tips

- Put the money you save through lower paycheck deductions into your tax-free HSA so you'll have money available when you need to pay out-of-pocket costs.
- **“Shop around” for services** – Log in to www.ibx.com and utilize the Care Cost Estimator or contact TouchCare for a cost comparison.
- **Utilize Telemedicine** – HDHP members pay the contracted rate of \$40 per visit until the deductible is met.



Health Savings Account (HSA)

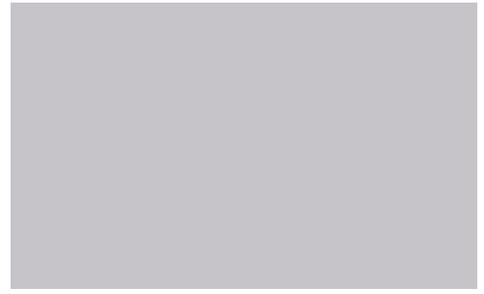
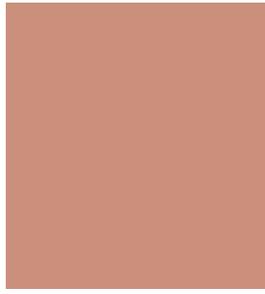
If you enroll in the HDHP, you may be eligible to open an HSA. The HSA is a tax-free bank account you can use to pay for eligible health expenses, even in retirement.

How does an HSA work?

- **Build tax-free savings for health care.** You can make pre-tax deductions from your paycheck into your HSA. The amount contributed per pay check can be changed at any time, effective for a future pay period. Pay for eligible medical expenses* for yourself and your tax dependents (see IRS publication 969 for more details regarding dependent eligibility) by using your HSA debit card, requesting a reimbursement, or pay provider claims directly through www.ibx.com. Understand that you may only access money that is in your HSA when processing a transaction.
- **IRS contribution limit.** The total amount that can be contributed to your HSA each year is limited by the IRS. The following limits for 2021 include the contribution you receive from Widener:
 - Up to \$3,600 for employee-only coverage.
 - Up to \$7,200 if you cover dependents.
 - Add \$1,000 to these limits if you're age 55 or older.Note the IRS does not limit the balance in the account, only the annual amount contributed.
- **Keep your money.** The balance is never forfeit. You can pay or reimburse qualified medical expenses* incurred after the account was open at any time in the future, even years later. You also take your unused balance with you when you retire or separate from Widener.
- **You are the bookkeeper.** You do not need to provide documentation to access the funds in the account; however, should you undergo an IRS audit, you may need to provide documentation proving the distribution was for a qualified medical expense.
- **Earn interest and invest for the future.** To open an investment account, you must maintain a balance of \$500 in your HSA. You can move funds from your investment account back into your HSA account at any time. Remember investments are less liquid than savings and will take time to become available for spending or reimbursements. Interest, gains, and other earnings in the account are tax-free. To get started, log in to www.ibx.com and click the Investment button on your HSA page.

** For a list of eligible expenses, see IRS Publication 502, available at www.irs.gov. Money used for ineligible expenses, will be subject to ordinary income tax and may be subject to a 20% tax penalty.*





HSA eligibility

In order to establish and contribute to an HSA, you:

- Must be enrolled in a HDHP,
- Cannot be covered by another medical plan that is not a HDHP, This includes a spouses coverage unless it also is a HDHP,
- Cannot be enrolled in a Health Care FSA or covered by a spouses or parent’s health care FSA in 2021. You CANNOT be covered by a Health Care FSA that has rollover funds from 2020.
- Cannot be enrolled in Medicare, including Part A,
- Cannot be claimed as a dependent on another person’s tax return, and
- Cannot be a veteran who has received treatment through the Department of Veterans Affairs other than preventative care within the past three months.

Employer Funding

To help you pay your deductible and other out-of-pocket costs, Widener will also contribute to the HSA of eligible employees that have opened the account. The employer contribution is based on your annual salary and tier of enrollment. Employer funding is a one-time deposit at the beginning of the plan year (or once the account is open). **If the account is not open prior to December 1, 2021, employer funding for the plan year is forfeit.** Funding is as follows:

Annual Salary less than \$60,000

- Employee only – \$1,000
- Employee plus – \$2,000

Annual Salary greater than \$60,000

- Employee only – \$500
- Employee plus – \$1,000



Flexible Spending Accounts (FSAs)

Tax-advantaged FSAs are a great way to save money. The money you contribute to these accounts comes out of your paycheck pre-tax and you withdraw it tax-free when you pay for eligible expenses.

Health Care FSA

- Available even if you do not enroll in a Widener Health Care Plan.
- Pay for eligible health care expenses, such as medical, dental, or vision plan deductibles, copays, and coinsurance. (see IRS publication 969 for more details regarding dependent eligibility)
- Contribute up to \$2,500 in 2021. The entire amount elected is available for qualified medical expenses on January 1, 2021 of the first of the month following date of eligibility.
- Debit card transactions and claim requests will require documentation to be sent to Discovery Benefits to substantiate the claim.
- Claims for services received in 2021 must be submitted within 90 days of the plan year end or within 90 days after separation from Widener, whichever is sooner.
- \$550 will carry-forward to the next plan year. ***If you no longer elect to participate, funds will carry forward for only one year. Any remaining funds after that year are forfeit.***
- Funds in excess of \$550 at the close of the plan year will be forfeit.
- If you separate from Widener, you may elect COBRA through the end of the current plan year.
- Common ineligible expenses include cosmetic procedures, teeth whitening, gym memberships, and over the counter medicine without a prescription.
- Cannot participate in a HSA if you elect to participate in the FSA.

Dependent Care FSA

- Pay for qualified dependent care expenses, such as: day care, before and after school care, preschool/nursery school, and summer day camp.
- The expenses must be for your dependent child under the age of 13 and/or your spouse or tax dependent who is physically or mentally unable to care for themselves.
- The care for a child must be so you and/or your spouse can work, look for work, or attend school full time.
- Contribute up to \$5,000 per family in 2021.
- A claim for reimbursement will need to be submitted to Discovery Benefits after services are received.
- Only funds that have been withheld from your paycheck are available for reimbursement.
- Any remaining funds at the end of the calendar year are forfeit.
- If you separate from Widener, services received prior to your separation date must be submitted to Discovery Benefits within 90 days to be eligible for reimbursement.
- Common ineligible expenses include tuition for kindergarten or higher, overnight camp, separately stated summer camp fees (such as field trips, supplies, camp clothing, and food).



Dental

Healthy teeth and gums are important to your overall wellness. Learn about the two dental plans available to help meet your family's needs.

Dental insurance is provided by MetLife through the PPO Plus network. **MetLife does not send dental ID cards.** In-network providers access your plan information directly through the MetLife provider portal. You can download a dental ID card by logging into the MetLife portal. A generic dental ID card is also available at MyWidener > Human Resources Office > Benefits.

Below is a summary comparison of the two dental plans available to help you maintain your oral health.

	Base Plan	Buy Up Plan
Annual deductible:		
Employee only	\$50	\$50
Family	\$150	\$150
Calendar-year maximum	\$1,000	\$1,500
Type A: Preventive/diagnostic services	Covered 100%	Covered 100%
Type B: Basic services	Covered 50%	Covered 80%
Type C: Major services	Not Covered	Covered 50%
Orthodontia	Not Covered	Covered 50% \$1,500 Lifetime Maximum

Covered services may be subject to frequency limitation. Benefits shown are for in-network providers and are based on negotiated fees. Out-of-network coverage is based on reasonable and customary (R&C) charges.

Payroll Contributions - Dental

Plan	Employee Only	Employee + Spouse	Employee + Child(ren)	Family
10-Month Employee Cost				
Base Plan	\$5.00	\$34.78	\$34.07	\$66.28
Buy Up Plan	\$32.64	\$95.44	\$85.54	\$153.07
12-Month Employee Cost				
Base Plan	\$4.17	\$28.98	\$28.39	\$55.23
Buy Up Plan	\$27.20	\$79.53	\$71.28	\$127.56
Bi-Weekly Employee Cost				
Base Plan	\$1.92	\$13.38	\$13.10	\$25.49
Buy Up Plan	\$12.55	\$36.71	\$32.90	\$58.87

Voluntary Benefits

To help plan for unexpected medical expenses, Widener offers MetLife Hospital Indemnity and Critical Illness insurance coverage. These voluntary benefits are available even if you do not enroll in a Widener health care plan. The plans are designed as a compliment to your existing medical and disability benefits.

Critical Illness Insurance

A critical illness in the family can be scary. It can also cause financial uncertainty. You and your eligible family members are guaranteed coverage provided (1) you are actively at work and (2) dependents to be covered are not subject to medical restrictions as set forth in the Certificate. Some states require the insured to have medical coverage. Additional restrictions apply to dependents serving in the armed forces or living overseas. No medical exam is required to enroll in coverage. In the event you retire or separate from Widener, you are able to continue the benefit.

Benefits are paid out in a lump sum directly to you. Allowing you to decide what to use the funds for. You may choose between a \$15,000 coverage plan and a \$30,000 coverage plan. **The benefit payable for an enrolled spouse, partner, or dependent is 50% of the employee's initial benefit.**

Critical illness insurance covers diagnosis such as:

- Cancer,
- Heart Attack,
- Stroke,
- Kidney Failure,
- Alzheimer's Disease,
- Multiple Sclerosis,
- And more.

The plan pays a lump-sum initial benefit upon the first verified diagnosis of a covered condition. The plan also pays a lump-sum recurrence benefit for a subsequent verified diagnosis of certain covered conditions. A recurrence benefit is only available if an initial benefit has been paid for the same covered condition. There is a benefit suspension period that applies to recurrence benefits.

For more complete list of covered illnesses see the Critical Illness Benefit Summary posted on [MyWidener > Human Resources Office > Open Enrollments](#).



Payroll Contributions – Critical Illness (post-tax)

10 Month Employee Costs

Attained Age	Employee	Employee + Spouse or Partner	Employee + Child(ren)	Family
\$15,000 Plan				
<25	\$6.84	\$10.80	\$10.44	\$14.40
25 - 29	\$7.92	\$12.42	\$11.52	\$16.02
30 - 34	\$9.72	\$14.94	\$13.14	\$18.54
35 - 39	\$11.88	\$18.36	\$15.48	\$21.96
40 - 44	\$16.02	\$24.48	\$19.62	\$28.08
45 - 49	\$22.14	\$33.66	\$25.74	\$37.26
50 - 54	\$31.14	\$47.70	\$34.74	\$51.30
55 - 59	\$42.84	\$66.24	\$46.44	\$69.66
60 - 64	\$59.22	\$91.80	\$62.82	\$95.40
65 - 69	\$82.08	\$127.62	\$85.68	\$131.22
70 - 74	\$111.06	\$172.08	\$114.66	\$175.68
75+	\$155.52	\$238.68	\$159.12	\$242.28
\$30,000 Plan				
<25	\$13.68	\$21.60	\$20.88	\$28.80
25 - 29	\$15.84	\$24.84	\$23.04	\$32.04
30 - 34	\$19.44	\$29.88	\$26.28	\$37.08
35 - 39	\$23.76	\$36.72	\$30.96	\$43.92
40 - 44	\$32.04	\$48.96	\$39.24	\$56.16
45 - 49	\$44.28	\$67.32	\$51.48	\$74.52
50 - 54	\$62.28	\$95.40	\$69.48	\$102.60
55 - 59	\$85.68	\$132.48	\$92.88	\$139.32
60 - 64	\$118.44	\$183.60	\$125.64	\$190.80
65 - 69	\$164.16	\$255.24	\$171.36	\$262.44
70 - 74	\$222.12	\$344.16	\$229.32	\$351.36
75+	\$311.04	\$477.36	\$318.24	\$484.56



Payroll Contributions – Critical Illness (post-tax)

12 Month Employee Costs

Attained Age	Employee	Employee + Spouse or Partner	Employee + Child(ren)	Family
\$15,000 Plan				
<25	\$5.70	\$9.00	\$8.70	\$12.00
25 - 29	\$6.60	\$10.35	\$9.60	\$13.35
30 - 34	\$8.10	\$12.45	\$10.95	\$15.45
35 - 39	\$9.90	\$15.30	\$12.90	\$18.30
40 - 44	\$13.35	\$20.40	\$16.35	\$23.40
45 - 49	\$18.45	\$28.05	\$21.45	\$31.05
50 - 54	\$25.95	\$39.75	\$28.95	\$42.75
55 - 59	\$35.70	\$55.20	\$38.70	\$58.05
60 - 64	\$49.35	\$76.50	\$52.35	\$79.50
65 - 69	\$68.40	\$106.35	\$71.40	\$109.35
70 - 74	\$92.55	\$143.40	\$95.55	\$146.40
75+	\$129.60	\$198.90	\$132.60	\$201.90
\$30,000 Plan				
<25	\$11.40	\$18.00	\$17.40	\$24.00
25 - 29	\$13.20	\$20.70	\$19.20	\$26.70
30 - 34	\$16.20	\$24.90	\$21.90	\$30.90
35 - 39	\$19.80	\$30.60	\$25.80	\$36.60
40 - 44	\$26.70	\$40.80	\$32.70	\$46.80
45 - 49	\$36.90	\$56.10	\$42.90	\$62.10
50 - 54	\$51.90	\$79.50	\$57.90	\$85.50
55 - 59	\$71.40	\$110.40	\$77.40	\$116.10
60 - 64	\$98.70	\$153.00	\$104.70	\$159.00
65 - 69	\$136.80	\$212.70	\$142.80	\$218.70
70 - 74	\$185.10	\$286.80	\$191.10	\$292.80
75+	\$259.20	\$397.80	\$265.20	\$403.80



Payroll Contributions – Critical Illness (post-tax)

Bi-Weekly Employee Costs

Attained Age	Employee	Employee + Spouse or Partner	Employee + Child(ren)	Family
\$15,000 Plan				
<25	\$2.63	\$4.15	\$4.02	\$5.54
25 - 29	\$3.05	\$4.78	\$4.43	\$6.16
30 - 34	\$3.74	\$5.75	\$5.05	\$7.13
35 - 39	\$4.57	\$7.06	\$5.95	\$8.45
40 - 44	\$6.16	\$9.42	\$7.55	\$10.80
45 - 49	\$8.52	\$12.95	\$9.90	\$14.33
50 - 54	\$11.98	\$18.35	\$13.36	\$19.73
55 - 59	\$16.48	\$25.48	\$17.86	\$26.79
60 - 64	\$22.78	\$35.31	\$24.16	\$36.69
65 - 69	\$31.57	\$49.08	\$32.95	\$50.47
70 - 74	\$42.72	\$66.18	\$44.10	\$67.57
75+	\$59.82	\$91.80	\$61.20	\$93.18
\$30,000 Plan				
<25	\$5.26	\$8.31	\$8.03	\$11.08
25 - 29	\$6.09	\$9.55	\$8.86	\$12.32
30 - 34	\$7.48	\$11.49	\$10.11	\$14.26
35 - 39	\$9.14	\$14.12	\$11.91	\$16.89
40 - 44	\$12.32	\$18.83	\$15.09	\$21.60
45 - 49	\$17.03	\$25.89	\$19.80	\$28.66
50 - 54	\$23.95	\$36.69	\$26.72	\$39.46
55 - 59	\$32.95	\$50.95	\$35.72	\$53.58
60 - 64	\$45.55	\$70.62	\$48.32	\$73.38
65 - 69	\$63.14	\$98.17	\$65.91	\$100.94
70 - 74	\$85.43	\$132.37	\$88.20	\$135.14
75+	\$119.63	\$183.60	\$122.40	\$186.37



Hospital Indemnity

Coverage is available for you, your spouse/domestic partner, and eligible dependents up to the age of 26. No medical exam is needed. Benefits are paid out in a lump sum directly to you. Allowing you to decide what to use the funds for. In the event you retire or separate from Widener, you are able to continue the benefit.

Coverage is guaranteed provided (1) you are actively at work and (2) dependents to be covered are not subject to medical restrictions as set forth in the Certificate. Some states require the insured to have medical coverage. Additional restrictions apply to dependents serving in the armed forces or living overseas.

The below chart is a summary of the coverage for the employee. **The benefit payable for an enrolled spouse or dependent is 50% of the employee coverage.**

Hospital Benefits	Low Plan Benefits	High Plan Benefits
Admission Benefit	\$500 for the day of admission	\$1,000 for the day of admission
ICU Supplemental Admission Benefit	\$500 for the day of admission	\$1,000 for the day of admission
Confinement Benefit (paid for up to 15 days per calendar year)	\$100 per day	\$200 per day
Confinement Benefit for Newborn Nursery Care (paid for up to 2 days per newborn baby)	\$25 per day	\$50 per day
ICU Supplemental Confinement Benefit (paid for up to 15 days per calendar year)	\$100 per day	\$200 per day
Other Benefits	Low Plan Benefits	High Plan Benefits
Health Screening Benefit* provided for certain screening/prevention tests	\$50 for the day the measure is taken	\$50 for the day the measure is taken

* The Health Screening Benefit is not available in all states. For more information and exclusions see the Hospital Indemnity Outline of Coverage on MyWidener > Human Resources Office > Open Enrollment.

Please note, this benefit is subject to Age Reductions Rules. The benefit is decreased by:

- 25% if you are 65-69
- 50% if you are age 70 or older

Payroll Contributions – Hospitalization (post-tax)

Plan	Employee Only	Employee + Spouse or Partner	Employee + Child(ren)	Family
10-Month Employee Cost				
Low Plan	\$15.19	\$29.40	\$23.15	\$37.36
High Plan	\$25.88	\$50.03	\$39.24	\$63.40
12-Month Employee Cost				
Low Plan	\$12.66	\$24.50	\$19.29	\$31.13
High Plan	\$21.57	\$41.69	\$32.70	\$52.83
Bi-Weekly Employee Cost				
Low Plan	\$5.84	\$11.31	\$8.90	\$14.37
High Plan	\$9.96	\$19.24	\$15.09	\$24.38

Focus on Wellness

Widener is committed to helping you feel your best and live well. We offer benefits and programs through our health care plans to help make it easier to pursue your wellness goals.

Achieve Wellbeing

You play an important role in managing your health care costs by maintaining or moving toward a healthy lifestyle. The Achieve Wellbeing program is here to help you.

If you are enrolled in one of our health care plans you will have access to this wellness program. It provides you with tools, resources and challenging activities to help improve and maintain your health and well-being.

The activities include preventative care recommendations, personalized action plans and much more. You earn points based on the activities you participate in and complete. Complete the wellness activities and earn a \$50.00 gift card.

Wellness Resources

The website for Independence Blue Cross, www.ibx.com allows individuals enrolled in our health care plans access to a variety of benefit information. Simply by registering you open a gateway to resources such as identifying network doctors and hospitals, the ability to access claims and spending information, read informative articles and access wellness initiatives.

For managing complex health challenges, you have access to services that include a personal health record, a condition management program or case management nurses and social workers.

Other programs available include: ibx wire, nutritional counseling, gym membership reimbursements, tobacco cessation reimbursements, baby blueprints, and various coupons and discounts. Log in to your IBC account for more details.

Preventive Care Benefits

Good preventive care can help you stay healthy and detect any “silent” problems early, when they’re most likely to be treatable. Most in-network preventive services are covered in full, so there’s no excuse to skip it.

- **Have a routine physical exam each year.** You’ll build a relationship with your doctor and can reduce your risk for many serious conditions.
- **Keep up to date with immunizations.** For the list of covered preventative immunizations and vaccinations visit www.ibx.com.
- **Get routine cancer screenings.** Screenings are based on gender, age, and health risk.
- **See your eye doctor at least once every two years.** If you have certain health risks, such as diabetes or high blood pressure, your doctor may recommend more frequent eye exams.

Don’t have a primary care physician, here’s why you should:

- **Better health.** Your PCP will ensure you get the right health screenings each year.
- **A healthier wallet.** Your PCP will help you decide when you need to see a specialist.
- **Coordinate care.** Your PCP can maintain a complete medical record to prevent harmful drug interactions and assess disease risk.
- **Peace of mind.** Advice from someone you trust means a lot when you’re healthy, but it’s even more important when you’re sick.



Telemedicine

Virtual visits through the telemedicine program MDLive is included as a covered service under the Widener health care plans. We recognize that everyone's life is fast paced and that your most valuable limited resource is time. Telemedicine lets you see and talk to a doctor from the comfort of your home or office typically within 15 minutes, 24/7, even on holidays.

Don't wait to activate your account. It can take up to 20 minutes for account set-up.

There are three ways to access Telemedicine:

1. Download the MDLIVE app to your smartphone or computer
2. Visit MDLIVE.com/ibx through a web-browser
3. Call 1-877-764-6605

Common ailments include: allergies, cold/flu, pink eye, ear infections, joint aches, vomiting, nausea, urinary problems, and more.

Telemedicine can send the prescription (if needed) directly to your pharmacy and a transcript of the appointment to your primary care physician.

Telemedicine is not appropriate for possible broken bones, open wounds, or emergencies such as heart attack or stroke.

Livongo

Livongo is a diabetes management solution that is now bundled with the Widener health care plans.

How it works. Members living with diabetes are identified by Independence Blue Cross through a review of prior claims and diagnosis. The list of identified members is provided to Livongo. Livongo will reach out to the members with more information about the program. Members then have the option to sign up or pass on the program. **Widener does NOT have access to the list.** If you have been diagnosed with diabetes and would like to know if you or an eligible family member qualify for participation in the Livongo program, contact Independence Blue Cross at 800-ASK-BLUE.

Why sign up? Livongo provides a cellular-connected interactive blood glucose meter and unlimited test strips, on-line and mobile app support, one-on-one coaching, and outreach when glucose readings are out of normal range. Livongo provides personalized health nudges based on your blood glucose patterns. Health nudges include invitations to review data insights, recipe ideas for healthy meals, and other content about managing diabetes.



Time Away From Work

Widener offers programs to help ensure financial security for you and your family.

Family Medical Leave

The university complies with the federal Family Medical Leave Act (FMLA), which provides qualifying employees with time off when certain medical situations arise.

Under the Family Medical Leave Act (FMLA), eligible university employees may take up to twelve (12) weeks of job-protected, unpaid leave (or up to 26 weeks for military caregiver leave) during a 12-month period.

For additional information refer to the FMLA policy and the Employee Handbook posted on MyWidener > Human Resources Office.

Disability Coverage

The loss of income due to illness or disability can cause serious financial hardship for your family. Widener's disability insurance programs work together to replace a portion of your income when you're unable to work. See My Widener > Human Resources Office > Benefits for the policies and plan descriptions.

Long-Term Disability (LTD)

This is a fully insured program requiring an application for LTD benefits and approval by the insurance carrier. The benefit provides eligible full-time employees with 60% of covered earnings up to a maximum of \$12,000 per month. Benefits begin after a 90-day elimination period. Payments are reduced by other payments you receive from other programs. Payment will cease when the claim closes or upon reaching limiting ages, whichever is sooner. See the LTD policy for more information.

Short-Term Disability (STD)

STD leave may be granted to an eligible employee who is unable to work due to medical reasons relating to their own health or wellness for a period up to 90 calendar days per event. You should advise your supervisor and the Office of Human Resources of the need for STD leave as soon as the need is identified.

Employee Basic Life and AD&D Insurance

Widener provides you with basic life and accidental death and dismemberment (AD&D) insurance so that you can protect those you love from the unexpected. Your benefit amount is dependent on your employee class as described in the Life Policy and is subject to age reduction rules. The Life Policy is posted on MyWidener > Human Resources Office > Benefits. You can contact the Office of Human Resources to determine how much life insurance is provided for you.

Federal tax law requires Widener to report the cost of employer-paid life insurance in excess of \$50,000 as imputed income. AD&D benefits are paid in addition to any life insurance if you die in an accident or become seriously injured or physically disabled.

Death Benefit

The university pays a death benefit, equal to two (2) weeks' salary for each five (5) year years of service completed, to the elected life insurance beneficiary of a full-time employee whose death occurs while actively employed.

Employee Assistance Program

The EAP programs and services are provided by our long-term disability and life insurance provider, Lincoln Financial Group and administered by ComPsych.

As part of the Widener LTD benefits package, you have access to a variety of additional programs through the Employee Assistance Program (EAP) that can help save you money and provide important assistance with a variety of needs.

All active, full-time employees and their immediate family members are able to access EAP services, even if participation in the Widener health care plan was waived. The EAP services are face-to-face counseling sessions, telephonic assistance, and on-line access to information to address emotional wellbeing, family life, healthy living, leadership skills, legal, and financial resources. See the Employee Assistance Flyer posted on MyWidener > Human Resources Office > Benefits for more information.

Services include:

- Face-to-face sessions for emotional wellbeing (including marital/family concerns, stress and anxiety, depression, drug abuse, and grief),
- Telephonic financial advice session for financial planning, credit and debt management, and real estate/mortgage information,
- 30-minute face-to-face or telephonic legal assistance for document preparation, divorce or separation management, real estate, and civil matters, and
- Telephonic family assistance from work-life specialists and care consultants for a variety of needs.



Education Programs

The Office of Human Resources can provide specific information about these benefits.

Tuition Remission Program

Full-time employees are eligible for certain tuition remission benefits for themselves, their spouses, their domestic partners, and their dependent children, as defined by IRS regulations. Dependent children are defined as under age 24 and financially dependent, natural-born or legally adopted children of the employee or their spouse or domestic partner as they appear on the federal income tax return for the year immediately preceding the year of the benefit.

Tuition Exchange Scholarship Program

The university along with other colleges and universities participates in tuition scholarship programs. These programs enable dependent children of eligible full-time employees to apply for tuition scholarships at participating institutions. The scholarship application process and the admission process are independent of each other. Dependent children must apply for admission to the institution and separately submit the scholarship application to the Human Resources Office. These scholarships are highly competitive national awards and as such are not guaranteed by virtue of admission to the institution.

Retirement Savings

Saving for retirement is important for your financial future, whether you are retiring soon or years from now. The 403(b) defined contribution benefit plan is designed to help you meet your retirement goals.

Overview

The plan gives employees the choice of selecting from two financial institutions, TIAA and/or Vanguard. While investments are similar at both institutions, fees and rates of return on investments may differ. Active employees may change the allocation between the financial institutions quarterly.

Employees may withhold up to the annual IRS maximum limits. You may elect for the funds to be withheld pre-tax or post-tax. The amount of base salary which an employee elects to contribute is an option which may be exercised twice per calendar year.

Investment options may be changed by contacting the financial institution. Log in to MyWidener > Human Resources Office > Benefits for the Fee Disclosure Notice. It provides detailed information about plan services, costs, and investment options (including long-term performance and expenses.)

Enrolling in the plan

To enroll in the plan a completed salary reduction form, investment election form, and corresponding financial institution application must be received by Human Resources. Forms are available on MyWidener > Human Resources Office > Benefits.

Eligibility

You will be eligible to contribute a portion of your pay to the Plan unless you are part of an excluded class. In addition, to be eligible for employer contributions you must reach age 21 and meet service requirements.

Employer Matching

Pursuant to the university's retirement plan as amended, the university will match an eligible employee's election to withhold from 1% to 5% base salary in ½% increments. The plan is currently amended to suspend employer contributions from July 1, 2020 through June 30, 2021.

Employer Base Contribution

Pursuant to the university's retirement plan as amended, eligible employees receive a contribution of 5% base salary in addition to the employer match. The university contribution will be effective the first pay period subsequent to age and service requirements being met. The plan is currently amended to suspend employer contributions from July 1, 2020 through June 30, 2021.

Vesting

You are fully vested in your own contributions and 100% of the employer contributions made under the Plan by Widener University.

Distributions

You may request a distribution of your contributions when you terminate employment, reach age 59 ½, retire, or due to a hardship, in accordance with plan provisions, subject to terms and conditions, and IRS regulations. You may request a distribution of employer contributions when you terminate employment, reach age 59 ½, or meet retirement requirements.

Loans

Although the retirement plan is designed primarily to help you save for retirement, you may take a loan from your contributions to the account, in accordance with plan provisions, subject to terms and conditions, and IRS regulations.

The Plan lets you invest your account in a number of different investment choices. If you do not choose an investment fund and become eligible for the employer base contribution, an account will be opened for you at Vanguard and the funds will be invested in the default investment option for the Widener University Retirement Plan, which is the Vanguard Institutional Target Retirement Fund that corresponds to your estimated date of retirement which is the year you become age 65.

Investing involves risk, including the risk of loss. Before investing, carefully consider the funds' or investment options' objectives, risks, charges, and expenses.

Federal Laws and Notices

ERISA (Employee Retirement Income Security Act)

This federal law sets the minimum standards for voluntarily established pension and health plans in the private sector to provide protection for individuals in these plans. Employers are required to provide participants with plan information including plan features and funding. The information includes plan rules, financial information and documentation on the operation and management of the plan. This information is provided through a variety of required filings and communications. The Laws listed below include amendments of ERISA that expand the protections given to plan participants and their beneficiaries.

HIPAA (Health Insurance Portability and Accountability Act)

This law, as amended, provides rights and protections for participants and beneficiaries participating in group health plans. HIPAA includes protections for coverage under group health plans, prohibits discrimination against employees and dependents based on their health status and allows a special opportunity to enroll in a new plan to individuals in certain circumstances. The University's Benefit Plan is subject to federal standards (HIPAA) regarding the privacy of individuals' health information with respect to the health benefits it provides. Like the Plan, the Insurance Carrier is subject to the Privacy Rules. In accordance with the Privacy Rules, the Plan includes limits on the information that the University can receive regarding individuals' claims under the Plan, and limits on the University's handling of this information. (This information is referred to as "Protected Health Information.") Under these limits, Federal rules providing certain protections of the privacy of individuals' health information may require your authorization before the Plan may use, receive or disclose health information.

The privacy rules under the Health Insurance Portability and Accountability Act (HIPAA) require the University to periodically send a reminder to participants about the availability of the Plan's Privacy Notice and how to obtain that notice. The Privacy Notice explains participants' rights and the Plan's legal duties with respect to protected health information (PHI) and how the Plan may use and disclose PHI. To obtain a copy of the Privacy Notice contact Jennifer Branam at jbranam@widener.edu or 610-499-4034.

FMLA (Family and Medical Leave Act)

In accordance with the Family and Medical Leave Act of 1993, as amended, an employee who has completed one full year of service and worked at least 1,250 hours may request up to 12 weeks of unpaid leave for:

- the birth of a child and to care for the newborn child within one year of birth;
- the placement with the employee of a child for adoption or foster care and to care for the newly placed child within one year of placement;
- to care for the employee's spouse, child, or parent who has a serious health condition;
- a serious health condition that makes the employee unable to perform the essential functions of his or her job;
- any qualifying exigency arising out of the fact that the employee's spouse, son, daughter, or parent is a covered military member on "covered active duty;" **or**
- Twenty-six weeks of leave during a single 12-month period to care for a covered service member with a serious injury or illness if the eligible employee is the service member's spouse, son, daughter, parent, or next of kin (military caregiver leave).

During an approved leave, an employee is entitled to continuation of her/his benefits by payment of the appropriate employee payroll cost. An employee is expected to give written notice at least 30 days in advance of her/his intention to take leave.

Women's Health and Cancer Rights Act

Federal law requires all group health insurance plans to provide for the following services to an individual receiving plan benefits in connection with a mastectomy. If you have had or are going to have a mastectomy, you may be entitled to certain benefits under the Women's Health and Cancer Rights Act of 1998 (WHCRA). For individuals receiving mastectomy-related benefits, coverage will be provided in a manner determined in consultation with the attending physician and the patient for:

- Reconstruction of the breast on which the mastectomy has been performed,
- Surgery and reconstruction of the other breast to produce a symmetrical appearance, and
- Prosthesis and physical complications of all stages of mastectomy, including lymph edemas (swelling associated with the removal of lymph nodes.)

These benefits coverage for breast reconstruction and related services will be subject to the same deductibles and coinsurance amounts that apply to other medical and surgical benefits under the plan.

CHIP (Medicaid and the Children's Health Insurance Program)

If you are eligible for health coverage, but are unable to afford the premium, some states have premium assistance programs that can help pay for coverage. These states use funds from their Medicaid or CHIP programs to help people who are eligible for employer-sponsored health coverage but need assistance in paying their health premiums. If you or your dependents are already enrolled in Medicaid or CHIP and live in a participating state, you can contact your state to find out if premium assistance is available.

A list of participating states and contact information is available by contacting the Human Resources Office. 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, you can contact your states Medicaid or CHIP office or dial 1-877-KIDS NOW or www.insurekidsnow.gov to find out how to apply. If you qualify, you can ask the state if it has a program that might help you pay the premiums for an employer-sponsored plan.

Newborns' and Mother's Health-Protection Act

Under Federal Law, group health plans generally may not restrict benefits for any hospital length of stay in connection with childbirth for the mother or newborn child to less than a 48-hour inpatient hospital stay for the mother and newborn child following normal delivery and no less than a 96-hour stay following a cesarean section. However, Federal law generally does not prohibit the mother's or newborn's attending provider, after consulting with the mother, discharging the mother or her newborn earlier than 48 hours (or 96 hours as applicable). In any case, plans and issuers may not, under Federal law, require that a provider obtain authorization from the plan or the insurance issuer for prescribing a length of stay not in excess of 48 hours (or 96 hours).

MHPA (Mental Health Parity Act)

Mental Health Parity of 1996 requires that annual or lifetime dollar limits on mental health benefits be no lower than any such dollar limits for medical or surgical benefits offered by a group health plan. MHPA requires parity with respect to aggregate lifetime and annual dollar limits. However, MHPA did not apply to substance use disorder benefits. The Mental Health Parity and Addictions Equity Act (MHPAEA) continued the MHPA parity rules as to limits for mental health benefits, and amended them to extend to substance use disorder benefits. Therefore our health plans offer substance use disorder benefits subject to aggregate lifetime and annual dollar limits that comply with the MHPAEA's parity provisions.

COBRA (Consolidated Omnibus Budget Reconciliation Act)

The continuation of health insurance coverage is available through Widener University to all qualified individuals under the Consolidated Omnibus Budget Reconciliation Act of 1985 (COBRA), as amended. Coverage is available for the statutory periods at the employee's or qualified beneficiary's expense. At the time of loss of coverage, the University must notify the affected participant of their specific rights and responsibilities under the COBRA Law.

IRS Section 125 – Cafeteria Benefit Plans Qualifying Event

A Cafeteria Plan is a plan governed by IRS Section 125 which allows eligible employees to purchase health and dental insurance through pre-tax payroll deductions and/or to elect a pre-tax deduction to be deposited in either a FSA or HSA account. As a cafeteria plan allows you to purchase benefits through pre-tax payroll deductions the elections are generally irrevocable throughout the plan year unless you experience a qualified change in status.

If you have declined enrollment in the University's health plan for you or your dependents (including your spouse or domestic partner) because of other health insurance coverage, you or your dependents may be able to enroll in some coverages under this plan without waiting for the next Open Enrollment period, provided that you request enrollment within 30 days after your other coverage ends. In addition, if you have a new dependent as a result of marriage, birth, adoption or placement for adoption, you may be able to enroll yourself and your eligible dependents, provided that you request enrollment within 30 days after the marriage, birth, adoption or placement for adoption.

The University will also allow a special enrollment opportunity if you or your eligible dependents either: Lose Medicaid or Children's Health Insurance Program (CHIP) coverage because you are no longer eligible, or become eligible for a state's premium assistance program under Medicaid or CHIP. For these enrollment opportunities, you will have 60 days — instead of 30 — from the date of the Medicaid/CHIP eligibility change to request enrollment in the University's group health plan. Note that this 60-day extension doesn't apply to enrollment opportunities other than due to the Medicaid/CHIP eligibility change.

Exchange Notification

The Affordable Care Act requires employers to notify all employees of the existence of the Health Care Marketplace. The Marketplace is designed to help you find health insurance that meets your needs and fits your budget. The Marketplace offers “one-stop shopping” to find and compare private health insurance options. You may also be eligible for a tax credit that lowers your monthly premium right away.

Open Enrollment for health insurance coverage through the Marketplace begins in November 2020 for coverage starting as early as January 1, 2021.

Does Health Coverage Affect Eligibility for Premium Savings through the Marketplace?

Yes. If you have an offer of health coverage from your employer that meets certain standards, you will not be eligible for a tax credit through the Marketplace and may wish to enroll in your employer's health plan. However, you may be eligible for a tax credit that lowers your monthly premium or a reduction in certain cost-sharing if your employer does not offer coverage to you at all or does not offer coverage that meets certain standards. If the cost of a plan from your employer that would cover you (and not any other members of your family) is more than 9.83 % (for 2021) of your household income for the year, or if the coverage your employer provides does not meet the “minimum value” standard set by the Affordable Care Act, you may be eligible for a tax credit. During an approved leave, an employee is entitled to continuation of her/his benefits by payment of the appropriate employee payroll cost, if any. An employee is expected to give written notice at least 30 days in advance of her/his intention to take leave.

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

How Can I Get More Information?

For more information about your coverage, please check your summary plan description or contact Human Resources. The Marketplace can help you evaluate your coverage options, including your eligibility for coverage through the Marketplace and its cost. Please visit [HealthCare.gov](https://www.healthcare.gov) for more information, including an online application for health insurance coverage and contact information for a Health Insurance Marketplace in your area.

Contacts

Benefit Plan	Provider	Phone number	Website
Benefit Selection Support	TouchCare	866 – 486 – 8242	www.touchcare.com
Tele-mental Health Therapy	MindCare	855 – 636 – 3669	www.memd.me/touchcare
Health Care Plan	Independence Blue Cross	800 – ASK – BLUE	www.ibx.com
Telemedicine Services	MD Live	877 – 764 – 6605	www.medlive.com/ibx
Prescription	FutureScripts	888 – 764 – 6605	www.futurescripts.com
Vision	Davis Vision	800 – ASK – BLUE	www.ibx.com
Wellness Program	Independence Blue Cross	800 – ASK – BLUE	www.ibx.com
Health Savings Account (HSA)	PNC	800 – ASK – BLUE	www.ibx.com
Dental	MetLife	800 – GET – MET8	www.metlife.com
Flexible Spending Accounts (FSAs)	Discovery Benefits	866 – 451 – 3399	www.DiscoveryBenefits.com
Voluntary Benefits	MetLife	800 – GET – MET8	www.metlife.com
Advocacy Support	Touch Care	866 – 486 – 8242	www.touchcare.com
Employee Assistance Program (EAP)	Lincoln Financial Group EmployeeConnect	888 – 628 – 4824	GuidanceResources.com Username: LFGSupport Password: LFGSupport1
Life and Disability	Lincoln Financial Group	800 – 713 – 7384	www.mylincolnportal.com (Company Code: Widener)
403(B) Retirement Plan	TIAA Vanguard	800 – 842 – 2252 800 – 523 – 1188	www.TIAA.org www.vanguard.com
Benefits Manager	Jennifer Branam	610 – 499 – 4034	jbranam@widener.edu
Benefits Specialist	Andrena Greene	610 – 499 – 1073	agreene@widener.edu



About this Guidebook

This Benefits Decision Guide describes the highlights of the Widener University Benefits Program. While every effort has been made to ensure accuracy of this benefits guide, the plan documents and contracts will prevail in case of discrepancy between this guide and the plan documents and contracts. In addition, Widener reserves the right to modify or terminate any benefit plans at any time.

Please refer to the plan-specific documents published by each of the respective carriers for detailed plan information. Eligibility for any benefit plan is determined by plan documents and policies.

For additional plan information log in to MyWidener > Human Resources Office > Open Enrollment and Benefits.