2027 | Employee Benefits Guide



HAMLINE UNIVERSITY

WHAT'S NEW FOR 2027

Here's a quick overview of important updates to your 2027 benefits:

MEDICAL

New Carrier: Hamline is transitioning from Medica to UnitedHealthcare (UHC) for medical coverage effective January 1, 2027.

Simplified options: We're reducing the total number of medical plan options – i.e., combinations of benefit plan design and provider network – from twelve to three. There will be two high deductible plan designs, one copay plan design, and one provider network.

Broad national network: All plan designs will be paired with the UHC Choice Plus network. It includes more than 1.5 million physicians, thousands of hospitals, and tens of thousands of pharmacies for easy access to care whether you're at home or away. There's no requirement to pick a care system or primary care clinic, and you can schedule visits with any specialist in the network without getting a referral first.

Strong Provider Access: UHC's analysis found that the Choice Plus Network is a 99% match to providers currently utilized through Hamline's Medica networks, helping minimize disruption during the transition

NICE HEALTHCARE

Effective January 1, 2027, employees enrolled in the medical plan will have access to Nice Healthcare. It provides convenient no-cost access to primary care, mental health, and physical therapy services through virtual and in-home visits.

TAX-PREFERRED ACCOUNTS

Contribution limits will increase for some types of accounts and remain the same for others.

HEALTH SAVINGS ACCOUNT

- Employee Only: contribution limit will increase to $4,500
- Employee + One and Family: contribution limit will increase to $9,000
- Catch Up Contribution (for age 55+): contribution limit remains flat at $1,000

FLEXIBLE SPENDING ACCOUNTS*

The annual contribution limits for the **Medical FSA** and **Limited Purpose FSA** are increasing to $3,500. For both types, you may carry over an unspent balance of up to $700 from 2027 to 2028. **The Dependent Care FSA** contribution maximum remains at $7,500 annually. The maximum is $3,750 if filing separate tax returns.

**Projected IRS limits.*

We are here to help...

The Hamline Benefits Office is available to assist you with any questions you may have. Please do not hesitate to contact us at **651.523.2464**.

You can also visit the **Hamline Benefits Office website** by clicking **HERE**.

If you are a member of the International Union of Operating Engineers, Local No. 70, you may have certain benefits that are part of your collective bargaining agreement. We encourage you to refer to your labor agreement for guidance.

This is not a contract of employment and nothing stated herein implies or guarantees any special term of employment or entitlement of benefits. The material contained in this packet supersedes and replaces all prior Flexible Benefits Program informational materials issued. For specific details, please consult the Summary of Benefits and Coverage and/or Certificate of Coverage for each benefit.

BENEFITS AT A GLANCE

Hamline offers a competitive benefit program that is reviewed annually to ensure it meets the needs of our diverse employee base. See the chart below for a quick look at the information provided in this Benefit Guide. Then, click on the page number in the table below to go to that specific section for more detailed information. Direct yourself back to this page just by clicking the "home" icon in the upper right corner of each page.

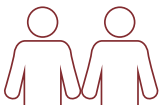
Page #	Benefit Plan	Description
2	General Plan Information	Eligibility, when and how to make changes
4	Medical	Three options: • Plan A: $6,500 / $13,000-100% HDHP • Plan B: $3,500 / $7,000-75% HDHP • Plan C: Surest Copay Plan
7	***NEW!*** Nice Healthcare	Virtual care and in-home services.
13	Health Savings Account (HSA)	Pre-tax savings account for high deductible health plan (HDHP) participants
14	Medical Flexible Spending Account (MFSA)	Pre-tax account for paying eligible health care expenses
16	Dependent Care Flexible Spending Account (DCFSA)	Pre-tax account for paying eligible dependent day care expenses
17	Dental	Dental plan with PPO and Premier network provides coverage for preventive, basic and major services, as well as orthodontia for dependent children
18	Vision	Provides coverage for lenses, frames and/or contacts
19	Basic Life and AD&D	Hamline provides you with coverage equal to two times annual salary up to the guarantee issue limit
19	Voluntary Life and AD&D	Additional coverage you may purchase for yourself, your spouse, and/or your children
20	Long Term Disability (LTD)	Replaces 66-2/3% of base salary for your period of disability
21-27	Additional Benefits	Critical Illness Short Term Disability Hospital Indemnity Legal Plan Employee Assistance Program Travel Assistance Medical Bill Saver Will Prep & Life Planning MN Paid Family & Medical Leave (MN PFML)
28	Retirement Plan	403(b) retirement account information
29	Terms Defined	Definitions helpful in understanding your benefits
30	Important Resources	Listing of the resources available to answer questions or provide information about your benefits

GENERAL PLAN INFORMATION

As a Hamline employee, you have a variety of benefit options to choose from. This Benefit Guide provides an overview of the plans available to you to help you make informed enrollment decisions.

ELIGIBILITY

You are eligible to participate in Hamline University's benefit program on the first of the month following your date of hire if you are an active full-time employee. Spouses and children (up to age 26) are eligible for most benefits.

	 YOU		 YOUR SPOUSE	 YOUR CHILD(REN)
	Full-time 30+ hrs/wk.	Part-time 20+ hrs/wk.		
Medical	✓		✓	✓
Dental	✓	✓	✓	✓
Vision	✓	✓	✓	✓
Basic Life Insurance and AD&D	✓			
Voluntary Life Insurance and AD&D	✓		✓	✓
Long Term Disability Insurance	✓			
Health Savings Account	✓		✓	✓
Medical Flexible Spending Accounts	✓		✓	✓
Dependent Care Flexible Spending Accounts	✓	✓		✓
Worksite Benefits – Short Term Disability, Critical Illness, Hospital Indemnity Insurance	✓	✓	✓	✓
403(b) Retirement Plan	✓	✓		

CHANGING YOUR ELECTIONS

The benefit elections you make during your initial or annual enrollment remain in effect for the entire calendar year due to IRS regulations. You are, however, allowed to modify your elections in certain situations, called "**qualifying life events**." If you experience a qualifying life event, you may make changes to your benefits. Please Note: These changes must be made within **30 days** from the event.

A qualifying life event includes a change in:

- **Legal marital status** – marriage, death of spouse, divorce, legal separation, or annulment
- **Number of dependents** – birth, adoption, placement for adoption, divorce or death of a dependent, or assuming primary support of a child of an unmarried dependent child
- **Employment status** – eligible dependent gains or loses access to employer-sponsored coverage
- **Dependent status** – change due to age or other circumstance which causes your dependent to satisfy or cease to satisfy eligibility requirements under the plan
- **Medicare or Medicaid eligible status** – you or your spouse become Medicare or Medicaid eligible.

Any benefit changes must be consistent with the life event you or your family member experienced. The new election becomes effective as of the date of the change in status or loss of coverage, whichever comes later.



You must notify the Benefits Office within 30 days from the qualifying life event to make any changes in your benefits. You may be required to submit documentation.

MEDICAL INSURANCE

The cornerstone of Hamline's benefits package is medical coverage. Whether you are facing an illness or injury, or simply utilize preventive care, the University offers comprehensive protection against the financial hardship that can accompany a medical need. Read this section to determine which option best meets the needs of you and your eligible dependents.

MEDICAL PLAN CHOICES

Hamline offers three medical plan options through UnitedHealthcare (UHC). All options provide comprehensive medical coverage, including preventive care, doctor visits, hospitalization, emergency care, and access to the nationwide **UnitedHealthcare Choice Plus Network**. While each plan provides high-quality coverage, the plans are designed to meet different healthcare needs and budget preferences.

Your choices include:

- **Plan A: $6,500 / $13,000 Deductible - 100% HDHP**
- **Plan B: $3,500 / $7,000 Deductible - 75% HDHP**
- **Plan C: Surest Copay Plan**

HOW THE PLANS WORK

Plans A & B

As qualified high deductible health plans (HDHP), both Plan A and Plan B require covered participants to meet an annual deductible before the plan begins paying for most covered services, with the exception of preventive care, which is covered at 100%.

Plan A has a higher deductible, but once the deductible is met, the plan pays 100% of covered in-network expenses for the remainder of the calendar year. **Plan B** has a lower deductible and includes coinsurance. After meeting the deductible, participants share the cost of care with UnitedHealthcare until the annual out-of-pocket maximum is reached. At that point, the plan pays 100% of covered in-network expenses for the remainder of the calendar year.

How to Find an In Network Provider:

1. Click **here** to find a provider in the Choice Plus Network.
2. Choose the coverage type of "**Employer and Individual.**"
3. Choose the type of care of "**Medical.**"
4. Choose the "**2027**" year.
5. Enter your location and click "**Select.**"
6. Choose the plan name of "**Choice Plus.**"
7. Search for the care you are looking for and select from the list of providers that are in the result list.

These plans may be paired with a **Health Savings Account (HSA)**, allowing eligible participants to save and pay for qualified healthcare expenses with pre-tax dollars. Federal rules limit reimbursements to eligible tax dependents and legal spouses.

Plan C

The **Surest Copay Plan** offers a different approach to healthcare coverage by replacing deductibles and coinsurance with predictable copays for covered services.

Preventive care is covered at 100%, while copays for nonemergency services will vary based on the type of healthcare service and the provider you choose. Surest enables you to compare cost and quality information up front so you can select the network providers and facilities that best meet your needs.

Because the Surest Plan is not HSA-compatible, participants may contribute to a **Medical Flexible Spending Account (MFSA)** on a pre-tax basis to help pay for eligible healthcare expenses for themselves and their qualified dependents.

BENEFIT SUMMARY

This is a summary of your benefits, not a complete listing. Please see your Summary of Benefits and Coverage (SBC) for additional details. **NOTE: All Hamline medical plans provide creditable drug coverage.**

IN-NETWORK	PLAN A	PLAN B	PLAN C
Deductible	$6,500 per person $13,000 per family	$3,500 per person $7,000 per family	$0
Out-of-Pocket Maximum	$6,500 per person $13,000 per family	$7,000 per person $14,000 per family	$5,500 per person $11,000 per family
PREVENTIVE CARE – ROUTINE			
Well-child, adult physical and eye exams / immunizations	100% coverage	100% coverage	100% coverage
PHYSICIAN SERVICES			
Physician and specialist visits; urgent care	100% coverage after deductible	75% coverage after deductible	$25-$130 copay range Urgent Care: $80 copay
Convenience care	100% coverage after deductible	75% coverage after deductible	$25-$130 copay range
X-rays & Imaging	100% coverage after deductible	75% coverage after deductible	$25-$130 copay range
HOSPITAL SERVICES			
Inpatient / Outpatient Hospitalization	100% coverage after deductible	75% coverage after deductible	$400-$3,500 copay range
EMERGENCY SERVICES			
Emergency room	100% coverage after deductible	75% coverage after deductible	$900 copay
Ambulance	100% coverage after deductible	75% coverage after deductible	$900 copay
MENTAL HEALTH / CHEMICAL DEPENDENCY			
Inpatient	100% coverage after deductible	75% coverage after deductible	$1,900 copay per stay
Outpatient	100% coverage after deductible	75% coverage after deductible	$45-$130 copay range
PHARMACY			
Retail – up to 31-day supply	100% coverage after deductible	Tier 1 (Generic): $10 Tier 2 (Preferred) $35 Tier 3 (Non-Preferred): $60	Tier 1 (Generic): $20 Tier 2 (Preferred) $90 Tier 3 (Non-Preferred): $150
Mail Order – up to 93-day supply	100% coverage after deductible	Tier 1 (Generic): $25 Tier 2 (Preferred) $87.50 Tier 3 (Non-Preferred): $150	Tier 1 (Generic): $50 Tier 2 (Preferred) $225 Tier 3 (Non-Preferred): $375
Specialty – up to 31-day supply from designated specialty pharmacy	100% coverage after deductible	75% coverage after deductible	$20-$500 copay range
OUT-OF-NETWORK	**PLAN A**	**PLAN B**	**PLAN C**
Deductible	$9,525 per person / $19,050 per family	$4,500 per person / $9,000 per family	$0
Out-of-Pocket Maximum	$12,700 per person / $25,400 per family	$13,000 per person / $26,000 per family	$11,000 per person / $22,000 per family
Preventive Care – Routine	50% coverage after deductible	50% coverage after deductible	Not Applicable
Physician Services	50% coverage after deductible	50% coverage after deductible	Not Applicable
Hospital Services	50% coverage after deductible	50% coverage after deductible	Not Applicable

PRESCRIPTION DRUG COVERAGE

Employees who have elected medical coverage receive prescription drug coverage through OptumRx Pharmacy Program. Click **here** to search plan's formulary or prescription drug list to find covered products and additional details.

Set up home delivery by mail

You can avoid monthly trips to the pharmacy and can save money by utilizing home delivery.You may be able to order up to a 3-month supply of medication you regularly take and there's usually no charge for standard shipping within the U.S. You can enroll in just a few steps when you sign into your health plan account using the myUHC website below or call the number on your member ID card.

Pharmacy by mobile app

UnitedHealthcare members may use the UnitedHealthcare app to help manage their medications. You can use the app to:

- Set up and refill home delivery orders
- Track your prescription history
- Find network pharmacies
- Compare medication prices

To find an in-network pharmacy, click **here**.



Did you know?

Enrollment in one of the UHC HDHP plans provides automatic, no-cost enrollment in Critical Illness Insurance, Accident Insurance, and Hospital Indemnity Insurance. Refer the UHC HDHP Plan Resources Page for more information. **Please Note:** These coverage enhancements to the UHC HDHP plans differ from the Unum Critical Illness and Hospital Indemnity plans listed in this guide.

NICE HEALTHCARE

Convenient, no-cost care for Hamline employees who enroll in the Medical Plan

Beginning January 1, 2027, Hamline will introduce a direct primary care program from Nice Healthcare as a no-cost benefit for employees who also enroll in any of Hamline's medical plan options from UnitedHealthcare and Surest. There are no premiums or out-of-pocket costs to use Nice Healthcare services for eligible Hamline employees and their dependents, even if the dependents are not covered by the Hamline Medical Plan.

What Nice offers

- Virtual chat and video visits
- In-home visits with labs and physical tests
- Access to 550+ medications that may be prescribed by Nice clinicians
- Virtual physical therapy visits
- Virtual mental health therapy visits
- In-home X-rays and EKG services

When to use Nice

- Routine checkups: annual wellness exams, sports physicals and child checkups
- Sick care: cold/flu, strep throat, sinus or ear infections, UTIs, pink eye and rashes
- Chronic care: high blood pressure, high cholesterol, thyroid conditions and diabetes
- Short-term mental health support: anxiety, depression, grief and loss
- Virtual physical therapy: back pain, neck pain and injury recovery
- Imaging and labs, including X-rays, EKGs, blood work and A1c testing



It all starts with the Nice app

Use the app to schedule visits, chat with clinicians, attend video visits, review treatment plans, upload documents and manage your account.

1. Download the app
2. **Create your account**
   Open the app, select "Sign Up," and register using your personal email address.
3. **Add dependents**
   From the homepage, select "Accounts," then "Add Patient," and enter each dependent's information.
4. **Complete the intake form**
   Select "Book Appointment," choose the patient and complete the intake form before the first visit.
5. **Schedule your visit**
   Choose video or chat, a provider if desired, and your preferred date and time.

For more information, visit **nice.healthcare**

Other Virtual Care Options

Visit with a doctor 24/7 whenever, wherever. With a virtual visit, you can talk by phone or video to a doctor who can diagnose common medical conditions and even prescribe medications if needed (certain prescriptions may not be available, and other restrictions may apply).

To get started with a virtual visit, you can **log in** to your myUHC account, call 1-855-615-8335 or download the UnitedHealthcare app.

UHC HDHP PLAN RESOURCES

The resources below are available only for members enrolled in Plan A or Plan B (HDHP Plans).

UHC Choice Plus Overview

Explore the Choice Plus network and UHC plan resources before enrolling. The pre-member website provides information to help you learn about the plan and prepare to use your coverage. LEARN MORE

Real Appeal Powered by Wellos

An evidence-based online weight-management program available at no additional cost to members or dependents who enroll in Plan A or Plan B. It includes personalized messages, coach-led online group sessions, a member community, progress tracking and an available Starter Kit for qualifying first-time enrollees. LEARN MORE

Calm Health

For members or dependents who enroll in Plan A or Plan B, Calm Health is included at no additional cost and provides mental wellness programs and tools. After a short screening, the app recommends resources such as mindfulness content, self-guided programs, music and sounds to support focus, calm and overall well-being. LEARN MORE

Employee Assistance Program

For members or dependents who enroll in Plan A or Plan B, the EAP provides confidential, one-on-one support from a master's-level specialist, no-cost referrals and help with stress, anxiety, relationships, legal and financial concerns, burnout and substance use. It includes three free counseling sessions per incident, per year. 24/7 SUPPORT: 1-888-887-4114

Quit For Life

Quit For Life provides members or dependents who enroll in Plan A or Plan B with tobacco and nicotine cessation tools at no additional cost. Members can connect with a coach, create a personalized Quit Plan and use recommended goals, articles, videos, trackers, text support and coach-led group sessions. LEARN MORE

GET STARTED

Visit UHC Choice Plus Pre-Member to explore the plan before enrollment.

Benefit Ally Program

For members or dependents who enroll in Plan A or Plan B, Benefit Ally provides automatic cash benefits for covered accidents, critical illnesses and hospital stays. No claim forms are required. When an eligible medical event is identified, United-Healthcare automatically sends a payment you can use however you choose.

Covered examples: ER visits, fractures, cancer, heart attack, stroke, hospital admissions and ICU stays.

Wellos

For members or dependents who enroll in Plan A or Plan B, Wellos is available at no additional cost to eligible members and is designed to support realistic, sustainable wellness changes. The program includes personalized content and challenges, insights based on your information, activity tracking, and access to live expert coaching to help you work toward your goals at your own pace. GET STARTED

One Pass Select

For members or dependents who enroll in Plan A or Plan B, One Pass Select offers access to 20,000+ gyms nationwide, 35,000+ digital fitness classes, multiple membership tiers and the flexibility to visit multiple gyms each month. Members may use UHC Rewards earnings toward membership costs. LEARN MORE

UHC Rewards

UHC Rewards is included at no additional cost and allows members who enroll in Plan A or Plan B to earn up to $300 for completing rewardable activities. Examples include activating the program, connecting a tracker, taking a health survey, completing an annual checkup and receiving a biometric screening. SIGN IN AT myUHC

SUREST RESOURCES

The resources below are available only for members and their dependents enrolled in Plan C (Surest).

Explore costs before receiving care and access wellness support included with or available through your Surest plan.

Surest Digital Overview

The Surest plan shows your cost before you receive care, helping you compare options and make informed decisions. The plan includes a $0 deductible and a broad national network. Use the digital overview to preview the plan and check estimated in-network copays before scheduling care. LEARN MORE

Calm Health

Calm Health provides mental wellness programs and tools at no additional cost. After a short screening, the app suggests resources based on your well-being journey, including mindfulness content, music and sounds, and self-guided programs to support focus, calm, and the mind-body connection. Add a Access Calm Health HERE.

Better Choices, Better Health

This free, six-week online workshop helps participants manage long-term health conditions such as diabetes, high blood pressure, heart disease, sleep apnea, depression, and arthritis. Learn practical ways to manage pain, fatigue, and stress while connecting with trained leaders and others with similar experiences. JOIN THE ONLINE WORKSHOP

GET STARTED
Visit Hamline's **Surest Digital Overview**

Pivot

Pivot is a tobacco cessation program available at a $0 copay to eligible Surest members age 18 and older. It offers a mobile app, unlimited personal coaching, an online community, and support for smoking, vaping, and other tobacco use. Eligible cigarette smokers may also receive nicotine replacement therapy and a SmartSensor. LEARN MORE

One Pass Select

One Pass Select is a voluntary, subscription-based fitness program for members and eligible family members age 18 and older. Choose from a nationwide network of gyms and studios, live or on-demand digital fitness classes, and available grocery delivery services. Membership tiers can be selected based on your lifestyle. LEARN MORE

Wellos

Wellos is available at no additional cost to eligible members and is designed to support realistic, sustainable wellness changes. The program includes personalized content and challenges, insights based on your information, activity tracking, and access to live expert coaching to help you work toward your goals at your own pace. GET STARTED

NOTE: There is no EAP available through Surest. Surest members must utilize the EAP through Unum. Find out more on **page 24**.

COST OF MEDICAL COVERAGE

	MONTHLY PREMIUMS	
Plan/Tier	Employer Contribution	Employee Contribution
Plan A		
Employee Only	$654.43	$67.40
Employee+1	$1,346.01	$272.97
Family	$1,393.91	$492.55
Plan B		
Employee Only	$661.64	$83.00
Employee+1	$1,172.30	$498.01
Family	$1,296.10	$649.90
Plan C		
Employee Only	$720.69	$121.80
Employee+1	$1,093.05	$802.55
Family	$1,267.94	$930.95



NOTE ON COST-SHARE

Based on current enrollment, Hamline covers approximately 75% of the total medical premium.

HEALTH SAVINGS ACCOUNT

If you enroll in Plans A or B, you can contribute to an HSA on a pre-tax basis through payroll deduction. Annual contributions are limited by federal law depending on the level of health coverage you elect. You can start, stop or change your HSA contribution at any time during the year.

ELIGIBILITY

Because of the tax-advantaged nature of an HSA, there are specific eligibility requirements, including:

- You may NOT be covered by another non-HDHP health plan (for example, a spouse's traditional medical plan that covers you).
- You and your spouse may NOT enroll in a medical Flexible Spending Account that could reimburse your medical expenses. Participation in a limited Flexible Spending Account that covers only dental and vision expenses is allowed.
- You may NOT be enrolled in a government health plan, such as Medicare A and/or B or Medicaid.
- Children who are NOT your tax dependents are not eligible for reimbursement from the HSA.
- You may NOT have an HSA and be claimed as a dependent on someone else's tax return.

USING YOUR HSA

Funds can be used to pay for:

- Qualified medical expenses
- Qualified dental, vision and hearing expenses
- COBRA continuation coverage if you leave employment with the University
- Qualified long-term care insurance

Funds can also be used to build savings to cover future medical expenses on into retirement, including Medicare premiums and out-of-pocket expenses.

HSA participants receive an HSA debit card, which may be used to pay for qualified health care expenses directly. Or, you may reimburse yourself from your HSA at a later date. You own the amount in your account and may take it with you if you leave Hamline.

You do not need to provide proof of your expense to Lively. However, you should keep your receipts in case you are audited and need to provide proof that your withdrawals were for qualified medical expenses.

Tax reporting is required for the HSA. IRS form 8889 **must** be completed with your tax return each year to report total deposits and withdrawals from your account (you do not have to itemize to complete this form).

For additional information, contact Lively customer service at **1.888.576.4837** or **livelyme.com**. You can also email **support@livelyme.com** with questions.

COVERAGE LEVEL	ANNUAL MAXIMUM CONTRIBUTION	CATCH-UP CONTRIBUTION IF AGE 55+
Employee Only	$4,500	$1,000
Employee +1	$9,000	$1,000
Family	$9,000	$1,000



MANAGING YOUR HSA

It's easy to manage your HSA using the Lively portal at **livelyme.com**. You can check your account balance, view account activity, reimburse yourself, designate a beneficiary or review investment options (for balances over $3,000). You can also download the "Lively HSA & FSA" mobile app which allows you to manage your HSA on the go.

You will be charged a $1.25 monthly administration fee.

MEDICAL FLEXIBLE SAVINGS ACCOUNT

The Medical Flexible Spending Account (MFSA) gives Plan C participants the opportunity to set aside pre-tax dollars to pay for qualified medical, dental and vision expenses. Examples of eligible expenses include deductibles and copays, prescription drug costs, over-the-counter medicines (if prescribed by a doctor), and other non-covered medical, dental, vision and hearing care expenses.

Plan A & B participants can contribute to a Limited Purpose Flexible Spending Account for dental and vision expenses ONLY.

FSA CONTRIBUTIONS

You may contribute up to **$3,500*** to your MFSA through pre-tax payroll deductions. Estimate expenses carefully, as a federal "use-it-or-lose-it" law applies for any amount above **$700*** remaining in your account. Any unused amount exceeding this at the end of the year will be forfeited. Keep in mind that you cannot change your FSA election mid-year without a corresponding qualifying life event, as described on **page 3**.

** Projected IRS limits; 2027 IRS limits are not yet available.*

FSA CARRYOVER

Any unused dollars up to $700* in your Medical or Limited Purpose FSAs can be carried over to the following plan year. Rollover will occur after the runout period ends on March 31, 2028.

MANAGING YOUR FSA

Visit **app.thrivepass.com** to file a claim, check account balance and claim status, view account history, access forms and manage your profile

USING YOUR FSA

You can pay for eligible expenses in one of two ways:

- **Debit card:** Use the debit card to pay for eligible health care expenses at the point of service or write your debit card number on your provider's bill – just as you would a credit card. Funds will be taken directly from your ThrivePass medical FSA account.
- **FSA claim form:** Pay the provider directly and then file a claim for reimbursement. You will need to complete an FSA claim form and submit it to ThrivePass along with your receipts.

NOTE: Expenses must be incurred between January 1, 2027 and December 31, 2027. You will have until March 31, 2028, to submit claims.

COMPARING HSA AND MFSA ACCOUNTS

	HEALTH SAVINGS ACCOUNT (HSA)	MEDICAL FLEXIBLE SPENDING ACCOUNT (MFSA)
Who can have this plan?	Plan A & B participants	Plan C participants; Plan A & B participants with an HSA can have a Limited Purpose FSA only
What is the contribution limit?	Employee Only: $4,500 Employee + 1 or Family: $9,000	$3,500*
Can I make a catch-up contribution?	Yes, up to $1,000 for 2027 if you are age 55+ and not enrolled in Medicare	No
What are the tax advantages?	• Contributions are tax-free • Investment earnings on balance are tax-free • Withdrawals for eligible expenses are never taxed	• Contributions are tax-free • Withdrawals for eligible expenses are never taxed
What expenses are eligible?	Any out-of-pocket expenses for medical, prescription drugs, dental, vision and hearing	
Can I make a contribution change?	Yes, allowed throughout the year at anytime	Maybe, changes are only allowed if you have a Qualifying Life Event **(see page 3)**
How can I use the funds?	You can spend them now on eligible health care expenses, or save for future health care expenses	You need to spend them on eligible health care expenses incurred in the year designated
Is there a time limit for using fund balance?	No limit	You must file your 2027 claims by March 31, 2028
Can I roll-over my unused funds from year to year?	Yes	Yes, any unused funds up to $700* can rollover
What funds are available to reimburse expenses?	Limited to your current account balance	Entire contribution amount elected for the year
Do I need to provide proof of my expense?	No, proof is not required by Lively; if you are audited by the IRS proof will be required, so keep your receipts	Yes, proof is required by ThrivePass for one-time expenses; no proof after initial substantiation for recurring expenses or for copay amounts

** Projected IRS limits; 2027 IRS limits are not yet available.*

DEPENDENT CARE FLEXIBLE SPENDING ACCOUNT

The Dependent Care Flexible Spending Account (DCFSA) allows employees to set aside pre-tax dollars to pay for eligible dependent daycare expenses. Contributions are automatically deducted from your paychecks on a pre-tax basis, saving you money by not paying federal, state or Social Security taxes on the portion of your income that you contribute to the plan.

HOW THE PLAN WORKS

This account is for eligible work-related daycare expenses. Eligible dependents include children under age 13 and disabled dependents of any age who are incapable of self-care. You can use the funds to pay for daycare, preschool, summer camp, before/after school programs or eligible senior centers while you (and your spouse) are actively working or attending school. The primary purpose should be to provide for the dependent's well-being and protection. Education-focused expenses that can be separated from daycare expenses are not eligible.

By law, any unused funds are forfeited after year-end. You may not carry a balance over to the next year. So estimate your eligible expenses carefully and conservatively.

FSA CONTRIBUTIONS

You may contribute up to $7,500 ($3,750 if married and filing separately) to your Dependent Care FSA through pre-tax payroll deductions. Estimate expenses carefully, as a federal "use-it-or-lose-it" law applies. This means that if you have not incurred enough expenses to reimburse the funds in your account at the end of the year, your remaining account balance will be forfeited. Keep in mind that you cannot change your FSA election mid-year without a corresponding qualifying life event, as described on page 3.



MANAGING YOUR DEPENDENT CARE FSA

Visit **app.thrivepass.com** to file a claim, check account balance and claim status, view account history, access forms and manage your profile

USING YOUR FSA

When you have incurred dependent care expenses, you must submit a claim for reimbursement – along with proof of the expense. The claim form can serve as a receipt for payment if you have your provider sign the Provider Certification section of the form. Or, you can attach a third-party receipt or billing statement as proof of the expense (canceled checks are not acceptable). The form requires that you provide the federal tax identification number of each provider.

NOTE: Expenses must be incurred between January 1, 2027 and December 31, 2027. You will have until March 31, 2028 to submit claims.

DENTAL INSURANCE

Staying healthy includes good dental care. Hamline's dental plan provides the comprehensive coverage necessary to help you and your family maintain good dental health. The dental benefit is administered by Delta Dental.

For more plan information, such as the average cost of dental procedures, claims information, or to print an ID card, go to **deltadentalmn.org.**

HOW THE PLAN WORKS

Plan participants have the flexibility to see any dentist they choose. But greater discounts and benefits are available by seeing an in-network dentist. The provider options include:

- Delta Dental Premier – larger network; discounts
- Delta Dental PPO – smaller network; larger discounts
- Out-of-Network – all other providers; no negotiated discounts

What is "Allowed Amount"? — This is a term for the negotiated rate that Delta Dental has set with network providers for a specific service. Out-of-network providers may charge more than the allowed amount, leaving you responsible for the difference in cost.

FINDING NETWORK PROVIDERS

Dentists who participate in the Delta networks will:

- Save the participant and the plan money,
- File claims on behalf of the covered participant, and
- Agree not to charge more than the plan's negotiated rates (or "allowed amount").

To find in-network preferred providers, go to **deltadentalmn.org**, select "members," click "Find a Dentist," then "Get Started." Enter your zip code and the distance you are willing to travel to find a provider in your area. Or you can also call **1.800.448.3815**.

MONTHLY PREMIUMS	
Single: $25.65	Family: $66.73

BENEFIT SUMMARY

	IN-NETWORK	OUT-OF-NETWORK
Annual Deductible	None	$50 per person, $150 per family
Annual Plan Maximum	$2,000 combined	$1,500 combined
Diagnostic and Preventive Exams & cleanings; x-rays; fluoride treatments; space maintainers; sealants	Covered at 100%	100% of plan's allowed amount, no deductible
Basic Services Emergency treatment; fillings	Covered at 80%	80% of plan's allowed amount after deductible
Endodontics Root canal therapy	Covered at 50%	50% of plan's allowed amount after deductible
Periodontics Surgical /non-surgical treatment of gum tissue	Covered at 50%	50% of plan's allowed amount after deductible
Oral Surgery Surgical/non-surgical extractions; all other oral surgery	Covered at 50%	50% of plan's allowed amount after deductible
Major Restorative Crowns, inlays and onlays	Covered at 50%	50% of plan's allowed amount after deductible
Prosthetics Repairs and Adjustments Dentures and bridges	Covered at 50%	50% of plan's allowed amount after deductible
Orthodontics For covered dependents to age 19	Covered at 50% up to $750 lifetime maximum	

VISION PLAN

Hamline offers a vision plan administered by EyeMed. This coverage is a voluntary benefit that features coverage for prescription glasses and contact lenses, as well as other vision-related items.

To find network providers, view your benefits and claims information or see special offers, go to **eyemed.com**. Under "choose your network" select the Insight Network. To access a list of Lasik providers, go to **eyemedlasik.com** or call 877-5LASER6.

HOW THE PLAN WORKS

You have the freedom to receive services from any provider. However, you will receive a greater level of benefit if you use a provider who participates in the EyeMed Insight network. By using a network provider, you may also receive discounts for services not otherwise covered by the vision plan (i.e., sunglasses and laser vision correction).

MONTHLY PREMIUMS	
Employee Only:	$5.30
Employee + Spouse:	$10.08
Employee + Child(ren):	$10.61
Family:	$15.60

NOTE: This plan provides coverage for materials and hardware only. Coverage for routine annual vision exams are provided through your medical plan as a preventive appointment.

BENEFIT SUMMARY

	IN-NETWORK	OUT-OF-NETWORK
Eyeglass Lenses*		
Standard Single Vision	$0 copay	Reimbursed up to $30
Standard Bifocal	$0 copay	Reimbursed up to $50
Standard Trifocal	$0 copay	Reimbursed up to $70
Standard Lenticular	$0 copay	Reimbursed up to $70
Standard Progressive	$65 copay	Reimbursed up to $50
Premium Progressive		
Tier 1	$85 copay	Reimbursed up to $50
Tier 2	$95 copay	Reimbursed up to $50
Tier 3	$110 copay	Reimbursed up to $50
Tier 4	$65 copay; 80% of charge less $120 allowance	Reimbursed up to $50
Frames	$0 copay; $150 allowance; 20% off balance over $150	Reimbursed up to $105
Contact Lenses		
Conventional	$0 copay; $130 allowance; 15% off balance over $130	Reimbursed up to $130
Disposable	$0 copay; $130 allowance	Reimbursed up to $130
Medically Necessary	$0 copay; Paid-in-full	Reimbursed up to $210
Laser Vision Correction	15% off the retail price or 5% off the promotional price	N/A
Frequency	**Lenses or Contact lenses:** Once every 12 months** **Frames:** Once every 24 months	

* *Please refer to the plan document for additional lens options and corresponding copays or % discounts (if applicable).*

** *Contact lenses are in lieu of eyeglass lenses and frames. Members may, however, still be able to receive additional discounts off another complete pair of eyeglasses or conventional contact lenses once the covered benefit has been used.*

LIFE AND AD&D INSURANCE

You can't always predict – or control – your life. But, you can prepare for it. Protecting the financial interests of your loved ones in the event of your death or serious injury can be invaluable. Hamline covers the cost of Life and AD&D (accidental death or dismemberment) insurance. These benefits are offered through Unum. The plan provides:

- **Basic Term Life and AD&D** – Eligible employees automatically receive the basic portion of the Life and AD&D benefit – there are no choices to be made. Per IRS regulations, you pay tax on the premium paid by Hamline for coverage over $50,000. Any benefits paid out are tax-free to the recipient.
- **Voluntary Life and AD&D** – You decide if you want to purchase voluntary coverage. You need to choose the level of coverage and who you want to cover – yourself, your spouse and/or your dependent children.

HOW THE PLAN WORKS

Life benefits are payable to your designated beneficiary in the event of your death. An additional AD&D benefit is payable to you in the event of a covered dismemberment or to your beneficiary if your death is the result of an accident.

Buy-in, Buy-up — If you enroll at any coverage amount during initial eligibility, you can purchase up to the Guarantee Issue Amount during future annual enrollments.

NOTE: You must purchase coverage for yourself in order to elect coverage for your spouse and/or child(ren). Children are eligible to participate up to age 19 (or age 26 if a full-time student).

BENEFIT SUMMARY

	BASIC TERM LIFE/AD&D	VOLUNTARY LIFE/AD&D		
		EMPLOYEE	SPOUSE	CHILD(REN)
Benefit Amount	2 x annual salary - Minimum: $10,000 - Maximum: $500,000	Lesser of 5x annual earnings or $500,000 in increments of $10,000 *Note: Maximum is $50,000 for age 70+*	$250,000, may not exceed 100% of the employee amount in increments of $5,000	$10,000 in increments of $2,000
Guarantee Issue*	$500,000	$200,000	$50,000	$10,000
Age Reduction	- At age 65, benefit reduces to 65% of the original amount - At age 70, inforce coverage reduces to 50% of original amount	- At age 70, coverage amount will be reduced to 65% of the original amount - At age 75, coverage amount will be reduced to 50% of the original amount		

** Guarantee Issue (GI) refers to the amount of coverage you can purchase without providing evidence of good health. Guarantee Issue applies to life insurance ONLY. There are **no** GI requirements for AD&D.*

COST OF VOLUNTARY LIFE AND AD&D COVERAGE

You pay the full cost for additional life and AD&D coverage on an after-tax basis. Cost for life coverage for employee and spouse is based on the employee's age. The cost for AD&D is a set amount, shown below:

VOLUNTARY LIFE/AD&D MONTHLY RATES – PER $1,000 OF COVERAGE											
Age	<30	30-34	35-39	40-44	45-49	50-54	55-59	60-64	65-69	70-74	75+
Life	$0.04	$0.05	$0.08	$0.12	$0.20	$0.34	$0.54	$0.72	$1.16	$2.05	$3.50
AD&D	$0.03	$0.03	$0.03	$0.03	$0.03	$0.03	$0.03	$0.03	$0.03	$0.03	$0.03
Dependent Child(ren)	$0.18 Life $0.03 AD&D										

LONG TERM DISABILITY INSURANCE

Being disabled doesn't mean that your income has to stop. Hamline's disability program is designed to replace a portion of your income if you are unable to work due to a non-work related accident or sickness.

HOW THE PLAN WORKS

Employees may be eligible for disability payments if they are unable to perform their job due to a non-work related injury or illness. Disability benefits are insured through Unum, and all disability claims are reviewed and approved by Unum.

EVIDENCE OF INSURABILITY

It is strongly encouraged that faculty and staff who are interested in having Long Term Disability coverage enroll when they are first eligible. This is the best way to maximize your benefit without needing to answer health questions.

Any election after initial eligibility will be treated as a late entrant and evidence of insurability requirements will need to be satisfied in order to have coverage.

YOUR COST

You and Hamline share the cost of long term disability coverage 50% Hamline / 50% employee. The cost of coverage is $0.41 per $100 of covered monthly earnings.

Calculation Example:
This is an estimate of premium cost. Actual deductions may vary slightly due to rounding and payroll frequency.

Cost Example – Employee Portion

EXAMPLE	JOHN DOE	YOU
Monthly Earnings	$5,000	$
Multiplied by the rate factor – 0.00205	$5,000 x .00205	$____ x .00205
Estimated Monthly Premium	$9.00	$

This is an estimate of premium cost. Actual deductions may vary slightly due to rounding and payroll frequency.

BENEFIT SUMMARY

QUESTION	ANSWERS
When do benefits start?	Qualifying benefits begin after 90 days if you remain disabled according to the terms of the plan
How long will the plan pay a benefit?	Until your disability ends or you reach Social Security Normal Retirement Age
How much will I receive?	66-2/3% of base salary (up to $10,000 a month)
Will I have to pay taxes on the benefit I receive?	You will pay tax on the 50% employer paid portion; the 50% employee-paid portion will be received tax-free
What if I receive other benefit payments?	Your LTD benefit will be offset by any other disability payments, like Social Security or Worker's Compensation
Is there anything that would stop me from receiving a benefit?	Pre-existing condition limitations apply (3 months prior to/12 months after initial enrollment) and your disability must be approved by Unum on a periodic basis

VOLUNTARY CRITICAL ILLNESS INSURANCE

Voluntary Critical Illness insurance through Unum is offered to all benefit eligible employees who work at least 20 hours per week.

Heart attack, stroke, cancer and other illnesses can affect not only your health but also your bank account; medical expenses reportedly lead to more than half of all bankruptcies in the United States. When faced with a severe illness and the accompanying medical costs, Critical Illness insurance can help.

Critical Illness insurance is offered as a voluntary benefit to supplement your regular medical coverage. This insurance is designed to cover out-of-pocket expenses not covered by your health insurance, such as your deductible and copays as well as any out-of-network charges. Illness can often lead to extended time away from work, and critical illness benefits can offset some of those lost wages and help you pay routine living expenses such as child care, transportation and rent or mortgage payments. If you don't want to drain your savings because of medical bills and time away from work, critical illness insurance can protect you from financial loss.

Portability: You can continue your coverage on a direct-bill basis at the same rates if you leave employment at Hamline.

PLAN DETAILS

CATEGORY	BENEFITS
Covered Conditions	**Receive 100% of the benefit amount for:** Cancer, Heart Attack, Blindness, Major Organ Failure, End-stage Kidney Failure, Benign Brain Tumor, Stroke with effects confirmed at least 30 days after the event), and Permanent Paralysis (at least two limbs due to covered accident). **Receive 25% of the initial benefit amount:** Coronary Artery Bypass Surgery, and Carcinoma in Situ (defined as cancer that involves only cells in the tissue in which it began and has not spread to nearby tissues).
Employee Benefit	Choose your benefit amount: $5,000 to $50,000 in increments of $5,000. Coverage up to $10,000 is guaranteed without evidence of insurability when enrolling when first eligible.
Spouse Benefit	Spouses from ages 17 to 64 can get $5,000 of coverage without medical questions (when first eligible) as long as you purchase coverage for yourself. The maximum spousal benefit is $30,000, but evidence of insurability will apply.
Child Benefit	Dependent children from newborn to age 26 are automatically covered at no extra cost. Their coverage amount is 50% of the coverage you elect. They are covered for all of the same illnesses listed, plus specific conditions that are present at birth, such as: cerebral palsy, cleft lip and/or palate, cystic fibrosis, Down syndrome, and spina bifida.
Pre-Existing Conditions	12/12: Any sickness or injury or symptoms of a sickness or injury for which you received medical treatment, consultation, care or services during the 12 months prior to the effective date will not be covered for a period of 12 months.
Wellness Benefit	Every year, each covered family member on the Critical Illness plan can also receive $50 simply for getting a health screening test, such as: chest X-rays, stress tests, colonoscopy, mammograms, blood tests, Pap test, and more.

VOLUNTARY CRITICAL ILLNESS INSURANCE

MONTHLY PREMIUM* PER $1,000 OF COVERAGE		
ISSUE AGE	NON TOBACCO	TOBACCO
<25	$0.39	$0.56
25-29	$0.43	$0.68
30-34	$0.63	$1.01
35-39	$0.86	$1.49
40-44	$1.22	$2.17
45-49	$1.68	$3.01
50-54	$2.20	$4.01
55-59	$2.89	$5.11
60-64	$3.71	$6.13
65-69	$4.17	$6.38
70+	$7.48	$10.29

*Calculate your rate above based on your intended benefit and then add an additional $1.60 for the mandatory wellness benefit.

Premium Example:
The following calculation is based on a $10,000 benefit level for a 38-year-old non-tobacco user.

Cost per $1,000	$0.86
# of $1,000 increments	x 10
Monthly premium	$8.60
Wellness benefit cost	$1.60
TOTAL Monthly Costs	$10.20

VOLUNTARY HOSPITAL INDEMNITY INSURANCE

Hamline offers Voluntary Hospital Indemnity insurance through Unum to all benefit eligible employees who work at least 20 hours per week.

Hospital Indemnity insurance is designed to help provide financial protection for covered individuals by paying a benefit in the event of a hospitalization and, in some cases, for treatment received for an accident or sickness, even if that treatment occurs outside the hospital. Employees can use the benefit to meet the out-of-pocket expenses and extra bills that can occur.

Hospital Indemnity lump sum benefits are paid directly to the employee based on the amount of coverage listed, regardless of the actual cost of treatment.

Portability: You can continue your coverage on a direct-bill basis at the same rates if you leave employment at Hamline.

PLAN DESCRIPTION

CATEGORY	INSURANCE PAYS YOU
Hospital Admission	$1,000 per insured once per year
Daily Hospital Confinement	$100 per day, to a maximum of 65 days once per year
Intensive Care	$200 per day, to a maximum of 20 days once per year
Portability	Included, you can take this policy with you if you leave employment
Family Coverage Options	Employee, Spouse, Child
Rates	Issue age; unisex
Evidence of Insurability	Employees who do not enroll when first eligible will need to complete evidence of insurability.
Pre-existing Condition	12/12: Any sickness or injury or symptoms of a sickness or injury for which you received medical treatment, consultation, care or services during the 12 months prior to the effective date will not be covered for a period of 12 months.

MONTHLY PREMIUMS*				
ISSUE AGE	EMPLOYEE ONLY	EMPLOYEE + SPOUSE	EMPLOYEE + CHILDREN	EMPLOYEE + SPOUSE AND CHILDREN
17-49	$12.07	$24.25	$18.23	$30.41
50-59	$15.90	$32.85	$22.06	$39.01
60-64	$22.33	$46.27	$28.49	$52.43
65+	$33.78	$70.22	$39.94	$76.38

***Actual cost may vary:** In this example, the Employee + Spouse and Employee + Spouse and Children coverage assumes the employee and spouse are in the same age band. If in a different age band, the final rate will be different than shown.

VOLUNTARY SHORT TERM DISABILITY INSURANCE

Hamline offers Voluntary Short Term Disability insurance through Unum to all benefit eligible employees who work at least 20 hours per week.

In the event of a covered injury or illness occurring, Short Term Disability insurance replaces part of your income if the ailment causes you to temporarily be away from work. As long as you remain disabled, you may receive payments for up to three months depending on the plan you choose.

You are generally considered disabled if you are unable to perform important parts of your job—and your income suffers a result.

This insurance covers a variety of conditions and injuries. Some common reasons people use Short Term Disability are:

- Pregnancy*
- Injuries
- Joint disorders
- Back problems
- Digestive issues

* *Pregnancy is covered nine months after coverage becomes effective. Medical complications of pregnancy may be considered as any other covered illness subject to the pre-existing condition limitation.*

Portability: You can continue your coverage on a direct-bill basis at the same rates if you leave employment at Hamline.

PLAN DESCRIPTION

	BENEFIT OPTIONS
Monthly Benefit	$400 to $5,000, up to 60% of your salary
Elimination Period The number of days that must pass between your first day of a covered accident or illness and the day you can start receiving disability benefits.	**7/7 or 0/14:** The first number before the slash is the elimination period for a covered off-the-job accident. The second number after the slash is the elimination period for a covered illness.
Benefit Duration The number of months you could receive benefits while you are disabled.	3 months
Pre-existing Condition	Benefits for a disability due to a pre-existing condition will not be paid if that disability began within 12 months of your coverage effective date.

IMPORTANT NOTE:
Rates vary based on Age, Monthly Income Range, Monthly Benefit, and Elimination Period. While enrolling, your rates will be calculated for you based on the parameters that you select.

MN PAID FAMILY & MEDICAL LEAVE (MN PFML)

Hamline University employees who work more than 50% of the time in Minnesota are entitled to Paid Family and Medical Leave (PFML) under the Minnesota Paid Leave law. This program has been put in place by the State of Minnesota and provides partial wage replacement to employees who take leave from work for qualifying family or medical reasons. The private plan will be administered by Unum.

The PFML program is separate from, but will run concurrently and in conjunction with, other leave entitlements such as the federal Family and Medical Leave Act (FMLA), Short-Term Disability, and any other leave programs.

Eligibility

All employees who live and work at least 50% of the time in Minnesota and have earned sufficient wages to qualify under the state program are eligible for PFML benefits. Eligibility is determined by Unum in accordance with the rules set in place by the Minnesota Department of Employment and Economic Development (DEED).

Covered Leave Reasons

Employees may apply for PFML benefits for the following reasons:

- **Medical Leave** – For the employee's own serious health condition* that prevents them from working.
- **Family Leave** – To care for a family member with a serious health condition*.
- **Bonding Leave** – To bond with a new child after birth, adoption, or foster placement.
- **Safety Leave** – To address issues related to domestic abuse, sexual assault, or stalking.
- **Qualifying Exigency Leave** – For certain military family reasons.

Benefit Amount and Duration

Employees can receive up to 12 weeks of paid benefits for their own serious health condition and up to 12 weeks for family leave, with a combined maximum of 20 weeks per benefit year.

Intermittent leave is allowed under PFML and can be taken in 1 hour increments.

Benefit amounts are based on a percentage of the employee's average weekly wage, as determined by Unum (in accordance with state requirements), with a cap set annually.

Calculations of eligible benefits are below:

- 90% of employees' wages not exceeding 50% of the State Annual Weekly Wage (SAWW); plus
- 66% of employees' wages that exceed 50% of the SAWW but not 100%; plus
- 55% of wages that exceed 100% of the SAWW

Note: *MN SAWW as of 10/1/2025 is $1,423*

Funding and Contributions

The program is funded through payroll taxes shared between employers and employees.

Hamline employees will be charged 0.43% of wages and Hamline University will cover the remaining costs.

Application for Benefits

Employees must apply directly to Unum for benefits. Unum, not Hamline University, makes the final determination of eligibility and payment amount. Employees should notify both the Unum and Human Resources as soon as possible when a qualifying leave is needed.

* *Per MN Statutes § 268B.01, subd. 44, which governs the PFML, a "Serious health condition" is defined as a physical or mental illness, injury, impairment, condition, or substance use disorder that involves:*

(1) inpatient care in a hospital, hospice, or residential medical care facility; or

(2) continuing treatment or continuing supervision by a health care provider.

ADDITIONAL BENEFITS

EMPLOYEE ASSISTANCE PROGRAM – FREE FOR UHC MEMBERS

When life feels challenging, get caring and confidential help

Your Employee Assistance Program (EAP) offers access to personalized support, resources, and no-cost referrals. It's confidential 1-on-1 help from a master's-level specialist.

No-cost, 24/7 access to support in the moments that matter. EAP helps you and your family with a range of issues including:

- Identifying resources for managing stress, anxiety and depression.
- Offering specialized help in improving relationships at work or home
- Providing guidance on legal and financial concerns
- Finding ways to help you cope with occupational stress and burnout
- Connecting you with care for addressing substance use issues

Call EAP 24/7 at **1.888.877.4114.** Press or say 1 for members, then press or say 1 for seeking in-the-moment support with a specialist.

- 3 free counseling sessions per year
- Confidential and private; services will not be shared with your employer

EMPLOYEE ASSISTANCE PROGRAM – FREE THROUGH UNUM

The employee assistance program through Unum (provided by HealthAdvocate) provides all employees, regardless of where you secure health insurance, access to counselors and services for help with personal, family and work issues including stress, depression, anxiety, relationship issues, divorce, job stress, work conflicts, family and parenting problems, anger, grief and loss, addiction, eating disorders and mental illness. The EAP offers 24/7 access to master's level staff clinicians for information, assessment, short-term problem resolution and referrals, and up to 3 (three) face-to-face counseling sessions. In lieu of face to face sessions, HIPAA-compliant video counseling sessions are offered for those who prefer the use of technology to receive the service.

Employees may call **1.800.854.1446** (multi-lingual) to be referred to a local counselor. These resources may also be accessed online at **unum.com/lifebalance**.

MEDICAL BILL SAVER – FREE THROUGH HEALTHADVOCATE

Hamline University faculty and staff have access to experienced negotiators who can assist with confusing and difficult medical bills. Using fee benchmarking databases to help reduce non-covered medical and dental bills that exceed $400 (regardless of insurance or benefit status), this team will contact doctors, dentists, hospitals and other providers on employees' behalf to negotiate discounts on the balance due and/or create payment plans.

Call **1.800.854.1446** to learn more.

TRAVEL ASSISTANCE – FREE THROUGH UNUM

If you are 100 or more miles from home with a medical problem or emergency, this benefit can help you evaluate, troubleshoot and make immediate recommendations for any emergency situation. Issues may range from a lost prescription to hospital admission to the need for medical evacuation.

For assistance, call **800.527.0218** or **410.453.6330** and provide them with ID number 322541.

ADDITIONAL BENEFITS

WILL PREP & LIFE PLANNING SERVICES – FREE THROUGH UNUM EAP

Your Unum EAP benefit includes access to the simple tools needed to create a basic will. These services are provided to all Hamline Faculty and Staff at no additional cost. The work-life balance website also provides additional information about the following end-of-life topics, which you may wish to consider in drafting your will:

- Estate planning
- Advance directive or living will
- Power of attorney
- Final arrangements memorandum

To access the Personalized Legal Center, visit **unum.com/lifebalance**, click "Access Benefits," and select "Legal Resources," or call 1.800.854.1446.

METLIFE LEGAL PLANS

Metropolitan General Insurance Company (MetGen), a wholly owned subsidiary of MetLife, Inc., provides you with an unlimited number of telephone and office consultations with the attorney of your choice from within the MetGen network. **This plan is voluntary, and not automatically provided to Hamline employees. The monthly cost of $20 covers you, your spouse and dependents.** Your premium is automatically deducted from your paycheck on a post-tax basis. Additional services for legal representation and family matters are available at an additional fee.

During the consultation, the attorney will review the law, discuss your rights and responsibilities, explore your options and recommend a course of action. Areas of legal consultation include:

- Estate planning
- Family law
- Juvenile matters
- Money matters
- Traffic offenses
- Consumer protection
- Real estate matters
- Document preparation
- Defense of civil lawsuits
- Elder law matters
- Immigration assistance
- Personal property protection

For more information, first log in at **members.legalplans.com** and then enter the access code GETLAW. You can also call 800.821.6400.

RETIREMENT PLAN

As an employee of Hamline University, you are eligible to participate in our 403(b) Retirement Plan, which allows you to save on a pre- or post-tax basis through convenient payroll deductions. If you are 18 years of age or older, you are eligible to enroll in the 403(b) Retirement Plan upon date of hire.

Hamline's 403(b) plan is administered by TIAA.

HOW THE PLAN WORKS

As a Participant under the Plan, you may elect to reduce your compensation by a specific percentage and have that amount contributed to the Plan as an elective deferral.

There are two types of elective deferrals: Pre-Tax Deferrals and Roth (after-tax) Deferrals

To elect and change your deferrals you can:
1. Call TIAA's customer services at **800.842.2252**
2. Log onto the **Hamline TIAA portal**

CONTRIBUTION MAXIMUMS

For employees under age 50, the contribution limit (determined by the IRS) will increase by $1,000 to **$25,500*** for 2027. The catch-up contribution limit will increase by $500 to **$8,500*** for employees aged 50+ and by $500 to **$11,750*** for employees aged 60-63.

HAMLINE MATCHING CONTRIBUTIONS

Hamline will match 2.5% of your elective deferrals as well as make a 5% non-elective contribution to your 403(b) account. This totals a maximum employer contribution of 7.5%.

VESTING

All employees are vested at 100% of employer contributions regardless of date of hire and years of service.

You are always 100% vested in your elective deferrals.

* *Projected IRS limits; 2027 IRS limits are not yet available.*

All employees are vested at 100% of Hamline University's matching and non-elective contributions regardless of date of hire and years of service.

TERMS DEFINED

Coinsurance
Coinsurance is the rate at which you and the plan share expenses. The coinsurance percentages noted in this guide are the covered percentage paid by UnitedHealthcare. For example, 80% coverage indicates 80% of the cost is paid by the plan and it is your responsibility as a participant to pay the remaining 20% of the cost of service. The coinsurance rates vary depending on the medical plan and whether the services are incurred in-network or out-of-network. *(Note: coinsurance shown in other documents may indicate the participant's coinsurance percentage rather than the plan's percentage.)*

Copay
The fixed-dollar amount you pay for specific services in the Surest Plan. After you pay this amount, the plan pays the rest of the cost of your service or prescription.

Deductible
The annual amount you must pay for non-preventive services before the plan starts to pay benefits. Deductibles apply only to Plan A and Plan B.

Out-of-Pocket Maximum
For your protection, all plans have annual out-of-pocket maximums that "cap" the amount you must pay toward covered expenses. Once you meet your out-of-pocket maximum, the plan pays 100% of your covered expenses for the rest of the calendar year. Deductibles, copays and coinsurance count toward your out-of-pocket maximum. Out-of-pocket maximums differ for in-network and out-of-network services.

Pharmacy Formulary
A list of prescription drugs used by practitioners to identify drugs that offer the greatest overall value. A team of physicians and pharmacists regularly reviews new and existing drugs to be sure the Preferred Drug List continues to meet the needs of members and providers. Drugs may be added to the list at any time during the year.

Premium
The amount you pay out of your paycheck toward the cost of coverage.

Preventive Care
Routine preventive care is critical to maintaining your health and uncovering problems early. All Hamline medical plans cover certain preventive services at 100% (no deductible or copay) from in-network providers. Services include annual wellness exams and certain screenings based on age for you and your covered dependents.

Prior Authorization
Certain prescription medications may require prior authorization before they are covered. Prior authorization is the process of obtaining approval from your health plan before filling a prescription. If your medication requires prior authorization, talk with your provider or contact UHC using the number on your health plan ID card.

Step Therapy
Step Therapy is a program designed to help manage prescription drug costs while providing access to clinically appropriate medications. For certain medications, UnitedHealthcare (UHC)/Optum Rx may require you to try one or more Step 1 medications before a Step 2 medication will be covered. Step 1 medications are clinically similar and effective options that generally cost less than Step 2 medications.

Usual and Customary (U&C)
Payment for health care services received out-of-network is based on the U&C rates. The rate will be used to determine how much will be paid for a specific service. When out-of-network, you are responsible for the difference between what your provider charges and what the plan considers U&C, plus any co-insurance. The amount above and beyond the U&C rate is your responsibility and does not count towards the plan deductible or the out-of-pocket maximums.

IMPORTANT RESOURCES

BENEFIT	CONTACT INFORMATION
Medical Insurance UHC HDHP Group # 945475 Member Services: 800.980.7513 Surest Group # 1803417 Member Services: 866.683.6440	MyUHC www.surest.com/members -Access benefit and claim information -Locate participating providers
Dental Insurance Delta Dental – Group #100475 Network: PPO & Premier Member Services: 800.448.3815	www.deltadentalmn.org -Access benefit and claim information -Locate participating dentists
Vision Insurance EyeMed – Group #1008703 Member Services: 888.203.7437	www.eyemed.com -Locate participating providers -Print ID cards
Life Insurance & Long Term Disability Unum Member Services: 800.858.6843	www.unum.com/employees -File and track a claim -Review plan information
Health Savings Account (HSA) Lively 888.576.4837	www.livelyme.com -Request replacement debit cards -Check account balances -Update beneficiary information
Flexible Spending Accounts (FSA) ThrivePass Flex Account Questions: 866.855.2844 tpa@thrivepass.com	app.thrivepass.com -Request replacement debit cards -Check account balances -Submit claims for reimbursement -Sign up for carrier connect for debit card substantiation and claim submission
Short Term Disability, Critical Illness, Hospital Indemnity, MN PFML Unum Customer Service: 800.635.5597	www.unum.com/employees -Access policy information -File a claim -See important service contact numbers
Legal Insurance MetLife Legal Plans Client Services: 800.821.6400	members.legalplans.com -Locate an attorney -Request a claim number
Retirement TIAA Client Services: 800.842.2252	www.tiaa.org/public/tcm/hamline -Update beneficiary information -Change investment allocations -Check account balances
Employee Assistance Program (EAP) Unum HealthAdvocate: 800.854.1446	www.unum.com/lifebalance -Available to all Hamline employees -100% confidential -Available 24/7
Employee Assistance Program (EAP) UnitedHealthcare 888.877.4114	-Available to all employees enrolled in Plan A or Plan B -100% confidential -Available 24/7

Please email the Benefits Administrator at **glund02@hamline.edu** or call **651.523.2464** if you have questions regarding your eligibility or the benefit enrollment process.

Visit our **Benefits Landing Page** for more helpful tools and resources related to benefits.