HOOD COLLEGE

Welcome!

2026-2027
Hood College
EMPLOYEE
BENEFITS
OVERVIEW PRESENTATION

ENROLLMENT

When can I enroll?

AS A NEW EMPLOYEE

Within 30 days of your date of hire

DURING ANNUAL ENROLLMENT

Effective July 1

IF YOU EXPERIENCE A QUALIFYING LIFE EVENT

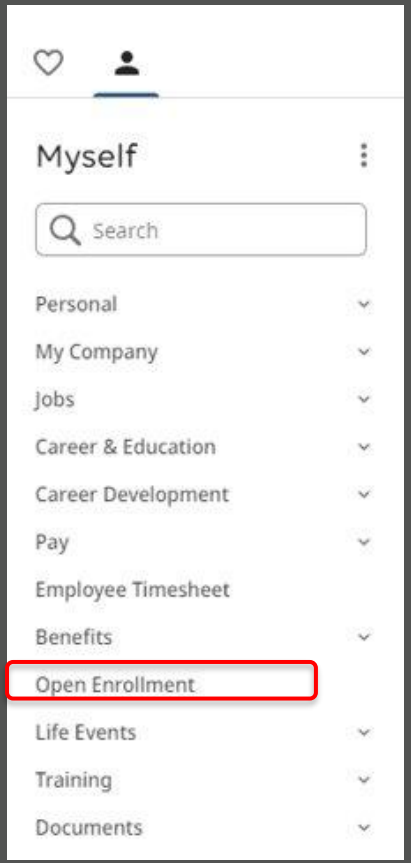
Notify us within 30 days

ENROLLMENT

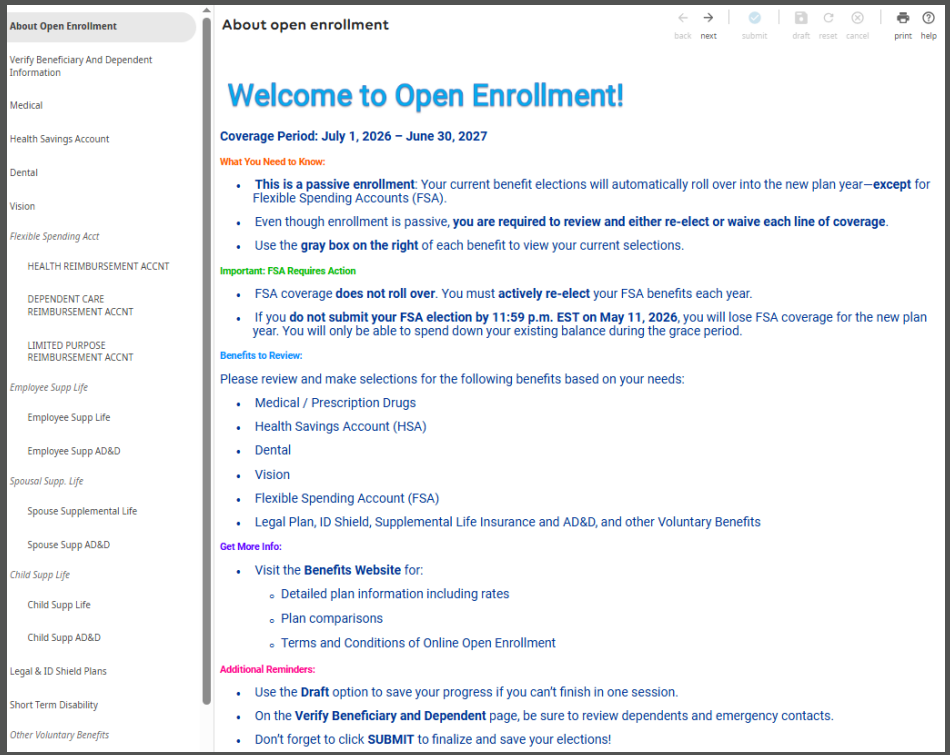
The open enrollment process will be completed via the Employee Portal, **starting on 4/27/2026 and ending at 11:59pm on 5/11/2026.**

This is a passive re-enrollment which means that **if you wish to keep all benefits as they are, there is no need to enter the open enrollment portal except to elect FSA. If you enter the portal in any way, you will need to re-elect all current benefits. You will also be able to make changes. Wellness medical rates will be audited and corrected after OE closes so there is no need to make that correction.**

ENROLLMENT



Go to menu, Myself, Open Enrollment



ENROLLMENT STEPS

Verify dependents

- Individuals must be identified as a dependent to be added to a plan. If they are not, you will need to go back to your Contacts in the Personal Menu to add them or mark them as a dependent
- Dependents must be under 26 to be covered under health (med/dent/vis) plans. Life insurance covers up to age 19 (unless FT student), and SSN and DOB must be entered.
- Official beneficiary designations are made on UNUM form or TIAA website, not in OE

Choose your benefits for you and your family

- Costs will show throughout the process
- Take time to read the materials included in the box at the top and on the sides as you go through
- Do not elect an HSA if you are not enrolled in the HDHP medical plan (UHSA – High Deductible/HSA plan)
- OE is passive. If you wish to keep all benefits as they are, no need to enter open enrollment portal. However, if you enter the portal in any way, you will need to re-elect all current benefits. You will also be able to make changes. The one exception is FSA. FSA elections must be made on an annual basis. Medical rates will be audited and corrected after OE closes so there is no need to make that correction.
- Click “Draft” to save your work and return later. You must hit the “Submit” button to finalize your elections.
- You can reference your current benefits in the grey box on the right of each line of coverage. Click the black arrow to show all details.
- **Elections must be submitted before 11:59pm on 5/11/26!**

IMPORTANT RESOURCES

HOOD COLLEGE PARTNERS

UMR— Medical Insurance

Teladoc — Telehealth

RxBenefits/Optum Rx — Prescription Drug

Optum Bank — Health Savings Account (HSA)

UMR — Flexible Spending Account (FSA)

UHC Dental— Dental Insurance

UHC Vision — Vision Insurance

UNUM — Basic Life and AD&D, Supplemental Life, Long-Term Disability, Voluntary Benefits

BHS — Employee Assistance Program (EAP)

ShieldAtWork—Legal Assistance

IDShield — Identity Theft

TIAA — Retirement 403(b)

CBIZ — Advisor

WHERE TO GO TO LEARN MORE:

MEDICAL PLANS

- Medical Plans Explained
- Primary Care vs. Urgent Care vs. ER
- PPO Overview
- HDHP vs. PPO
- HDHP With HSA Overview

INSURANCE 101

- Benefits Key Terms Explained
- How To Read An EOB
- What Is A Qualifying Event?

MEDICAL INSURANCE

MEDICAL PLAN

YOUR MEDICAL PLAN OPTIONS

	POS	EPO	HDHP/HSA
	In-Network	In-Network	In-Network
Deductible Individual/Individual+1/ Family	$100/$300/$600	$800/$1,600/$2,150	$2,500/$3,750/$5,000
Out-of-Pocket Maximum Individual/Individual+1/ Family	$2,000/$4,000/$6,000	$2,500/$5,000/$7,500	$4,000/$6,000/$8,000
Preventive Care	Covered at 100%	Covered at 100%	Covered at 100% (deductible waived)
Office Visit / Specialist Visit	$35/$45 copay	$30/$40 copay after deductible	Covered 100% after deductible
Inpatient Services	10% after deductible	25% after deductible	Covered 100% after deductible
Outpatient Services	$300 copay	20% after deductible	Covered 100% after deductible
Emergency Care (waived if admitted)	$350 copay	$150 copay after deductible	Covered 100% after deductible
Urgent Care	$50 copay/visit	$40 copay	Covered 100% after deductible
Prescription Drug Retail (Tier 1/2/3/4) Mail Order	$25/$55/$80/50% to $150 $50/$110/$160	$25/$55/$80/50% to $150 $50/$110/$160	Deductible, then $20/$40/$65/50% to $150 $40/$80/$130

MEDICAL INSURANCE

MEDICAL PLAN

MEDICAL PLAN RATES
(PER 26 PAYCHECKS)

	POS	EPO	HDHP/HSA
Wellness Rates			
Employee	$306.05	$90.96	$39.32
Employee + Spouse	$612.06	$264.34	$177.69
Employee + Child(ren)	$493.10	$212.89	$143.08
Family	$685.61	$309.46	$200.77
2026-2027 Rates			
Employee	$316.20	$101.11	$49.38
Employee + Spouse	$622.22	$274.49	$187.85
Employee + Child(ren)	$503.25	$223.05	$153.23
Family	$695.76	$319.62	$210.92

MEDICAL INSURANCE

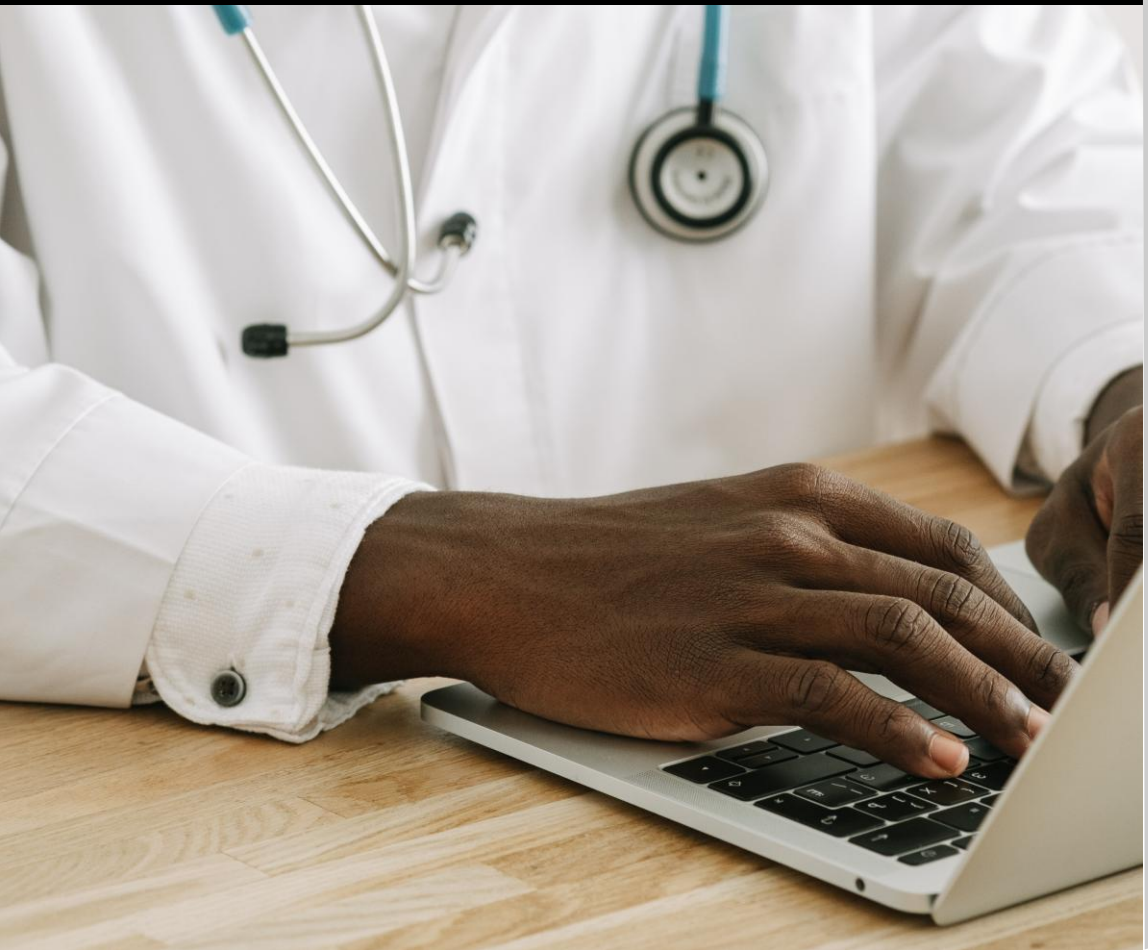
Our plans differ in a few key areas:

PREMIUM
What you pay each month to receive coverage

COPAY
What you pay at the time of service

DEDUCTIBLE
What you pay before coinsurance kicks in to pay more of your costs

MEDICAL INSURANCE



PLAN OPTIONS

POS/EPO PLANS

- Includes copays for office visits and prescription drugs
- Copays, deductibles and coinsurance go towards your out-of-pocket maximum
- Lower deductibles wen using in-network providers (EPO only covers emergencies out-of-network)

MEDICAL INSURANCE

PLAN OPTIONS

HDHP PLANS

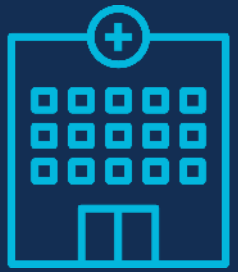
- A POS plan with in- and out-of-network coverage
- Lower total out-of-pocket
- HSA compatible

MEDICAL INSURANCE

CHOOSING A HEALTHCARE FACILITY

TELADOC

URGENT CARE



CONVENIENT CARE

EMERGENCY ROOM

WEIGH YOUR OPTIONS

Urgent and convenient care clinics can be a more cost-effective alternative to the emergency room.

UMR Nurseline (877-950-5083) available to consult with determination (for non-emergency only)

TELADOC

TELEHEALTH

Contact a doctor from the comfort of home.

To get started, visit: teladoc.com

When can Teladoc be used?

- When the physician is unavailable: no appointments; after hours
- Schedule doesn't permit traveling to see your physician (work, etc.)
- On vacation or a business trip
- For refill of recurring prescription (short term only)
- Geographical barriers (distances to a provider's office)
- Pediatric care for any age

Teledoc Behavioral Health Services

What is Teladoc Behavioral Health?

The Teladoc Behavioral Health program is a comprehensive solution offering members ongoing access to diagnosis, talk therapy, and prescription/medication management when appropriate. Our program includes a best-in-class clinical intake assessment with continuous monitoring measurements, along with a robust provider network consisting of psychiatrists, psychologists, clinical social workers, licensed professional counselors, mental health counselors, certified drug and alcohol abuse counselors, and marital and family therapists.

TELADOC™

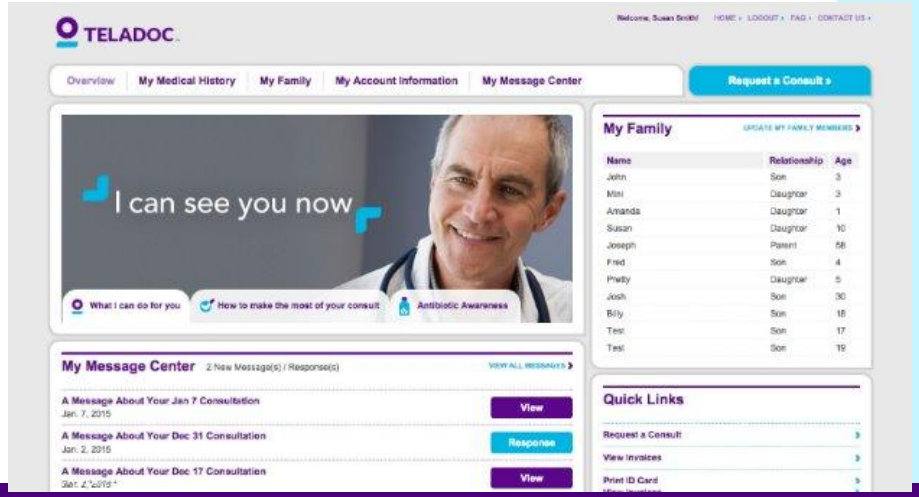
What are the top BH disorders Teladoc treats?

- Depressive Disorders
- Anxiety Disorders and Phobias
- Bipolar and Related Disorders
- Schizophrenia and Psychotic Disorders
- Attention Disorders
- Addiction and Substance-Related Disorders & Alcoholism
- Eating Disorders
- Obsessive Compulsive and Related Disorders
- Personality Disorders
- Sleep/Wake Disorders
- Neurocognitive Disorders & Dementia
- Dissociative Disorders

When is this service offered?

The BH service will be provided 7 days a week from 7 a.m. to 9 p.m. in your respective time zone.

TELADOC



Step 1 Complete medical history

Step 2 Request consult

Step 3 Talk with a physician

Step 4 Resolve the issue

Step 5 Continuity of care

Step 6 Reconcile account

TELADOC

Sign up now to be ready to use Teladoc.

For EPO and POS plans, Teladoc is free. For HDHP, Teladoc is free after deductible is met. Prior to deductible being met, the following fees per Teladoc service apply: up to $54 for general medical, up to $95 for mental health, up to $235 for psychiatry, and up to $85 for dermatology.

HSA

What is a Health Savings Account (HSA)?

A SPECIALIZED BANK ACCOUNT JUST FOR HEALTHCARE EXPENSES

DESIGNED TO PAIR WITH AN HSA-QUALIFIED HEALTH PLAN

SAVE AND PAY TAX-FREE FOR OUT-OF-POCKET EXPENSES

An HSA gives you personal control over how you save and pay for your healthcare expenses. Funds remain yours even if you change jobs or retire.

HSA Eligibility Requirements

QHDHP Coverage
- You are enrolled in a QHDHP plan
- You are not covered by any other plan
- Your coverage is active on the first day that you open your HSA account

Status as a dependent
- You are NOT claimed as a dependent on someone else's tax return

Medicare or Tricare enrollment
- You are NOT enrolled in Medicare
- You are NOT enrolled in Tricare

HSA Annual Contribution Limits for 2026

Single $4,400
Family $8,750

Note: Those age 55 to 64 not enrolled in Medicare may make an annual catch-up contribution of up to $1,000.

HSA

DO USE YOUR HSA DOLLARS FOR:

- ✓ Qualified High Deductible Health Plan (QHDHP) deductibles and coinsurance
- ✓ Prescription medications
- ✓ Dental or vision care
- ✓ Health coverage while receiving unemployment benefits
- ✓ COBRA continuation coverage
- ✓ Qualified long-term care
- ✓ Medicare premiums and out-of-pocket expenses

DON'T USE HSA FUNDS FOR NON-QUALIFIED EXPENSES:

If you do, the amount is:

- TAXABLE as income
- Subject to a 20% TAX PENALTY until you reach age 65

Dependents:

- If you have a dependent under age 26 covered by your medical plan, you may only use your HSA to pay his/her medical expenses while he/she is a qualified tax dependent
- The dependent can set up their own HSA and fund it to the family limit

FSA

HEALTHCARE FSA

DEPENDENT CARE FSA

Contributions are use-it or lose-it!

FSA ACCOUNTS

- HEALTH CARE FLEXIBLE SPENDING ACCOUNT
- DEPENDENT CARE EXPENSE ACCOUNT

Open a flexible spending account to help pay for eligible medical and/or Dependent Care expenses tax free.

Enrollment in Hood's medical plan is not required in order to elect FSA.

FSA

- The UMR FSA gives employees and plan members the ability to set aside pretax dollars to pay for health and dependent care expenses.

- 2026 Contribution Limits: **$3,400 Health Care and Limited Purpose Accounts**

  $7,500 Dependent Care Account

- The UMR FSA program is a comprehensive product offering that provides several options and advantages, such as:
  - *Health and dependent care accounts*
  - *Direct deposit*
  - *2.5 mo. (75 day) grace period to incur and submit claims*
  - *Limited purpose accounts (available only with HDHP election)*
  - *Automatic claim reimbursement*
  - *Paper claim reimbursement*
  - *A flexible benefit debit card*

LIMITED PURPOSE FSA

- Pre-tax maximum contribution of $3,400/year
- Have to enroll in HDHP with a Health Savings Account (HSA) to open this FSA
- Eligible expenses are for dental and vision care expenses only.

DENTAL

DENTAL PLAN

UnitedHealthcare	HIGH PLAN		LOW PLAN	
	IN-NETWORK	OUT-OF-NETWORK	IN-NETWORK	OUT-OF-NETWORK
Annual Deductible **Individual** **Family**	$50 $150	$50 $150	$50 $150	$50 $150
Calendar Year Maximum	$1,000	$1,000	$1,000	$1,000
Orthodontia Lifetime Maximum	$1,000	$1,000	Not covered	Not covered
Preventive Services	Carrier pays 100% (no deductible)	Carrier pays 100% (no deductible)	Carrier pays 80%	Carrier pays 80%
Basic Services	80%	80%	50%	50%
Major Services	50%	50%	50%	50%

DENTAL

DENTAL PLAN RATES

(PER 26 PAYCHECKS)

	HIGH PLAN	LOW PLAN
2026-2027 Rates		
Employee	$25.67	$21.35
Employee + Spouse	$45.40	$34.10
Employee + Child(ren)	$31.31	$24.06
Family	$60.21	$40.70

DENTAL

UnitedHealthcare®

We're focused on helping you save money and keeping your teeth and gums healthy.

Giving you freedom and choice.
You can see any dentist you want, anywhere across the country. When you choose a dentist who is part of the plan's large national network, you may receive discounted rates only available to members.

See any dentist and save by using our network.
There's no need to get referrals to see a specialist.

Preventive care is covered 100%/80% (depending on plan tier selected) in our network.

Tap into your benefits on uhcdental.com® and the UnitedHealthcare Health4Me® app.

SEARCH
for a network dentist or dental clinic.

ACCESS
and share your digital dental plan ID card.

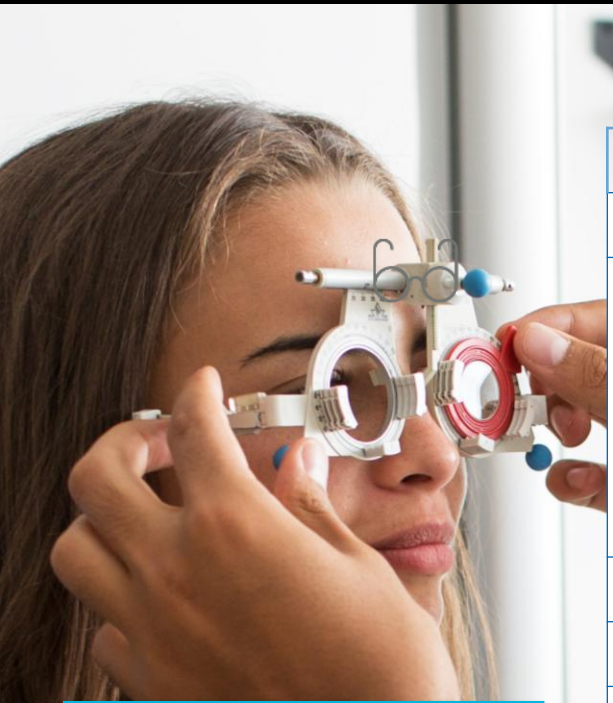
ESTIMATE
dental costs.

VIEW
claims and more

Pre-treatment Estimates can be obtained to know your cost for services before they occur. Ask your dentist.

VISION

VISION PLAN



Per 26 paychecks	
2026-2027 Rates	
Employee	$3.67
Employee + 1	$6.56
Family	$8.96

UnitedHealthcare	IN-NETWORK
Exams	100% covered
Frequency of Service Exam Lenses Frames Contact lenses in lieu of frames	 Every 12 months Every 12 months Every 12 months Every 12 months
Lenses	100% covered
Frames	Up to $150
Contacts	Covered up to $150 retail allowance
Medically Necessary Contacts	100% covered

VISION

UnitedHealthcare®

Eye exam.
Your plan includes a fully covered exam. A copay may apply.

Frame allowance.
When you use a network provider, you can use a frame allowance to help buy any frame your eye doctor offers.

Contact lens benefit.
You are eligible to get contact lenses, a fitting and up to 2 follow-up visits. Choose from popular brands, including some that are fully covered.

Lens options.
Popular lens options are available to you at price-protected amounts. Plus, standard scratch coating and polycarbonate lenses for dependent children are available at no cost.

Additional pairs of glasses.
Receive a 20% discount on additional pairs of eyeglasses, including prescription sunglasses.

Visit myuhcvision.com. Log in to your member website for 24/7 access to personal details about your vision plan.

LIFE INSURANCE AND AD&D

BASIC LIFE AND AD&D

No cost to you!

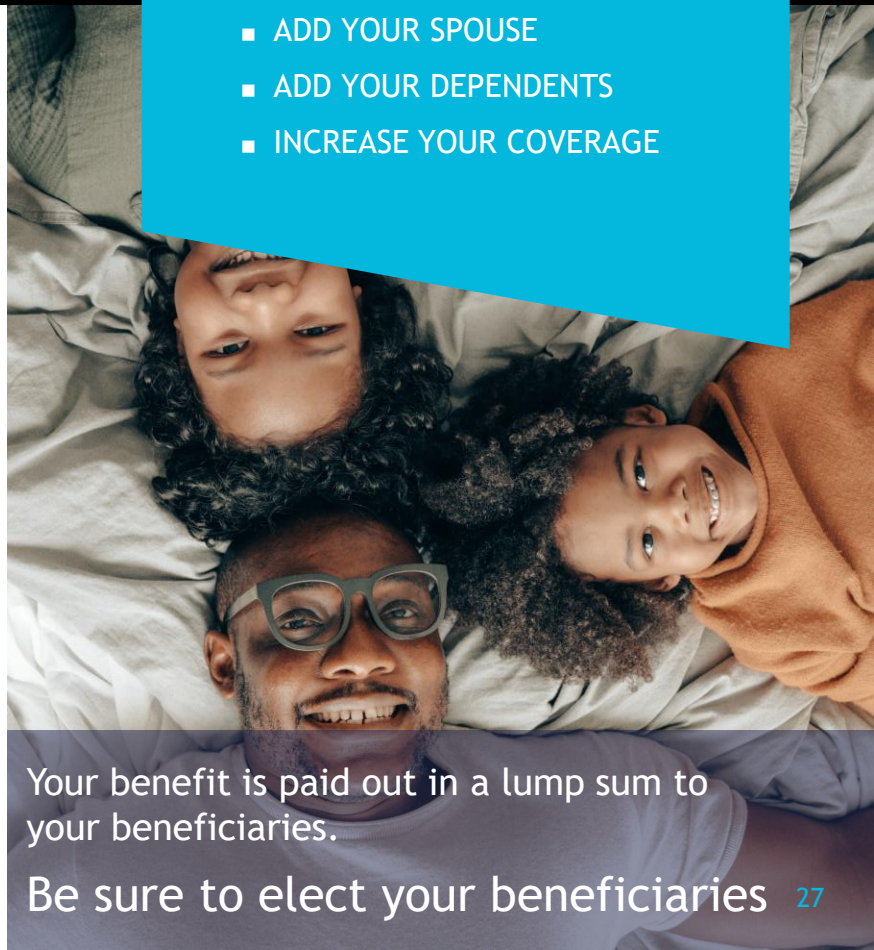
SUPPLEMENTAL LIFE & DEPENDENT LIFE

If you previously purchased coverage, you can increase it up to $200,000 with no medical underwriting. If you previously declined coverage, you may have to answer some health questions.

unum

LIFE INSURANCE POLICY

- ADD YOUR SPOUSE
- ADD YOUR DEPENDENTS
- INCREASE YOUR COVERAGE



Your benefit is paid out in a lump sum to your beneficiaries.

Be sure to elect your beneficiaries

DISABILITY INSURANCE

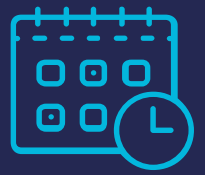
DISABILITY COVERAGE

- SHORT-TERM DISABILITY
- LONG-TERM DISABILITY

SHORT-TERM DISABILITY - VOLUNTARY

We pay you 60% of your salary to a max of $1,500 per week.

Goes into effect after 14 day elimination period.



Effective for 20 weeks or until you're able to come back to work

DISABILITY INSURANCE

LONG-TERM DISABILITY

Plan pays up to 66.667% of your salary to a max of $8,000 per month.

Goes into effect after 180-day elimination period

Payable up to your SSNRA or until you're able to come back to work

Employer Paid for employees with a .75 or greater FTE

VOLUNTARY BENEFITS

VOLUNTARY COVERAGE

ACCIDENT COVERAGE

- Provides on and off-the-job (24 hr) coverage.
- Benefits include: Ambulance Transportation, fractures, dislocations, burns, dental and eye injuries, plus more.

CRITICAL ILLNESS COVERAGE

- Lump sum benefit for illnesses and health events such as: cancer, heart attack, stroke, loss of sight, and major organ failure. As well as childhood critical illness: cerebral palsy, cystic fibrosis, down syndrome, and spina bifida.

Additional information is located within the Employee Benefits Guide.

UMUM Be Well (wellness benefit) available per family member enrolled - $50 for annual screenings/exams

VOLUNTARY BENEFITS RATES

VOLUNTARY COVERAGE

Unum	Rates per pay based on $200K		
	Age	Employee	Spouse
Voluntary Life	0-24	$4.62	$3.78
	25-29	$5.54	$3.78
	30-34	$7.38	$3.78
	35-39	$9.23	$4.80
	40-44	$12.00	$7.20
	45-49	$17.63	$10.98
	50-54	$28.62	$17.72
	55-59	$50.77	$28.80
	60-64	$68.31	$36.74
	65-69	$128.31	$63.97
	70+	$207.60	$146.77
	Child(ren)	$0.190/month for $1,000 Coverage	
Voluntary AD&D	Employee - $1.66		
	Spouse - $2.86		
	Child(ren) - $0.0877		

Critical Illness

Age	Per Pay Rates		
	$10,000 Benefit	$20,000 Benefit	$30,000 Benefit
<25	$1.02	$2.03	$3.05
25-29	$1.20	$2.40	$3.60
30-34	$1.34	$2.68	$4.02
35-39	$1.52	$3.05	$4.57
40-44	$3.32	$6.65	$9.97
45-49	$4.20	$8.40	$12.60
50-54	$5.45	$10.89	$16.34
55-59	$7.15	$14.31	$21.46
60-64	$11.35	$22.71	$34.06
65-69	$15.05	$30.09	$45.14
70-74	$20.35	$40.71	$61.06
75-79	$28.06	$56.12	$84.18
80-84	$38.26	$76.52	$114.78
85+	$56.45	$112.89	$169.34

Accident Coverage

Voluntary Accident Plans	Monthly	Per Pay
EE	$9.40	$4.34
EE+Spouse	$14.89	$6.87
EE+Child(ren)	$15.85	$7.32
Family	$21.34	$9.85

Example STD Benefits and Costs

Age	Salary	Rate	Weekly Benefit	Per Pay Deduction
18-34	40,000	$0.550	$461.54	$11.72
35-49	50,000	$0.430	$576.92	$11.45
35-49	60,000	$0.430	$692.31	$13.74
50-54	70,000	$0.530	$807.69	$19.76
55-64	80,000	$0.680	$923.08	$28.97

ADDITIONAL BENEFITS

ShieldAtWork

Membership includes:

- Dedicated law firm direct access, no call center
- Legal advice/consultation on unlimited personal issues
- Letters/calls made on your behalf
- Contracts/Documents reviewed up to 15 pages
- Will Preparation
- Plus more…

Identity Theft Protection:

- Social Security number, credit cards and bank accounts – immediate notification if any change in status occurs
- 24/7 assistance
- Exclusive partnership with Kroll, the worldwide leader in theft investigative services.

Important note: This is a voluntary benefit offering. After enrolling in this coverage you will receive an activation email from ID Shield – you must activate your account in order to start the monitoring service.

Traditional 403(b)

Retirement Annuity Program (RA)

Group Supplemental Retirement Annuity (GSRA)

EAP

24/7
confidential
access

Available to
your spouse
and eligible
dependents

Help & advice on
financial, daily living
services, daycare, and
more

Our employee assistance programs are here to help.

To get started:

BHS: portal.bhsonline.com
800.327.2251

CONTACT

We’re here to help answer your benefit questions!

Amanda Harris

(301) 696-3590

aharris@hood.edu