

IMPORTANT REMINDERS

Enrollment for 2024-2025 Plan Year

Your current benefit elections will automatically carry over into the 2024-2025 plan year unless you log in and make changes. All employees are encouraged to log into the Benefit Enrollment Portal in Self-Service to review their current elections and submit any necessary changes. If you do not log in and submit your elections, your current coverage will remain the same.

Open Enrollment will occur May 1 through May 22, 2024, and the new benefits will be effective July 1, 2024.

Please note: FSA elections require re-enrollment each year.

Employee Service Representatives

The ESR Team at Creative Benefits, Inc. can help with the following:

WE'RE HERE TO HELP!



questions or concerns about your benefits



a doctor bill for which you are not responsible



ordering a new ID card for you



a claim that was denied by your insurance



finding providers that are in your network

CONTACT INFORMATION

Hours of Operation: Monday - Friday, 7:30AM to 6:00PM EST

Phone: 844.231.8414

Email: ESR@creativebenefitsinc.com

When initially contacting us, please be prepared to provide your name, subscriber name and college, subscriber social security number or ID number, and date of birth.

MEDICAL BENEFITS



Highmark Blue Cross and Blue Shield

King's College will continue to offer the choice of three medical plans - the Value Plan, the Core Plan, and the Premier Plan. The Custom PPO and PPO programs give you the freedom to choose the doctor, specialist, or hospital to provide your care. The choice is yours, but there are advantages to choosing in-network providers, such as lower copays and reduced out-of-pocket expenses. See page 4 for network details.

To locate a participating doctor or facility, visit **www.highmarkbcbs.com**. For customer service, call **800.241.5704**.

BI-WEEKLY MEDICAL BENEFIT PAYROLL DEDUCTIONS			
	VALUE PLAN	CORE PLAN	PREMIER PLAN
Single	\$62.23	\$93.89	\$125.56
Employee + Child(ren)	\$155.04	\$232.55	\$279.50
Employee + Spouse	\$182.33	\$262.03	\$326.45
Family	\$220.54	\$328.63	\$412.70

	VALUE PLAN CUSTOM PPO - \$500 DED	Core Plan PPO - \$750 Ded	Premier Plan PPO - \$300 Ded
IN-NETWORK COVERAGE	13-COUNTY NETWORK	BLUECARD NETWORK	BLUECARD NETWORK
In-Network Member Deductible Responsibility	\$500 Single \$1,000 Family	\$750 Single \$1,500 Family	\$300 Single \$600 Family
Co-Insurance	20%	20%	10%
Out-of-Pocket Maximum (deductible, co-insurance & copays are included)	\$6,600 Single \$13,200 Family	\$6,600 Single \$13,200 Family	\$6,600 Single \$13,200 Family
Primary Doctor Visit	\$25 copay	\$20 copay	\$20 copay
Specialist Visit	\$35 copay	\$30 copay	\$30 copay
Outpatient Mental Health	\$35 copay	\$30 copay	\$30 copay
Urgent Care	\$50 copay	\$50 copay	\$50 copay
Emergency Room (waived if admitted)	\$100 copay	\$100 copay	\$100 copay
Basic Radiology*	\$25 copay at Vision Imaging \$50 copay at all other facilities	\$25 copay at Vision Imaging \$50 copay at all other facilities	\$25 copay at Vision Imaging \$50 copay at all other facilities
Complex Radiology (i.e. MRI)*	\$75 copay at Vision Imaging \$150 copay at all other facilities	\$75 copay at Vision Imaging \$150 copay at all other facilities	\$75 copay at Vision Imaging \$150 copay at all other facilities
Physical, Speech & Occupational Therapy, Chiropractic Care (limits apply)	20% after deductible	20% after deductible	10% after deductible
Durable Medical Equipment	20% after deductible	20% after deductible	10% after deductible
Inpatient Hospital Care, Outpatient Surgery, Lab Services	20% after deductible	20% after deductible	10% after deductible
OUT-OF-NETWORK COVERAGE	BLUECARD NETWORK/TIER 2	Out-of-Network	Out-of-Network
Deductible	\$1,200 Single \$2,400 Family	\$2,000 Single \$4,000 Family	\$1,000 Single \$2,000 Family
Co-Insurance	40%	30%	30%
Co-Insurance Maximum	\$8,000 Single \$16,000 Family	\$8,000 Single \$16,000 Family	\$5,000 Single \$10,000 Family

^{*}For further detail on the radiology program and Vision Imaging, please refer to page 5 of this booklet.

NETWORKS

Custom PPO (Value Plan)

Network Providers:

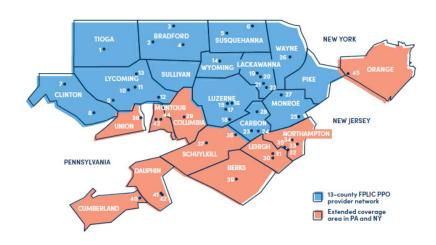
13-County FPLIC PPO Provider Network and Blue Distinction® Centers for Transplants.

BlueCard Network Providers:

BlueCard® PPO national network providers and any other non-participating providers.

Out-of-Network Providers:

Non-participating Blue Cross providers and facilities. Balance billing may apply.



FPLIC PPO Network Hospitals					
Counties	Tioga Bradford Susquehanna	Clinton Lycoming Sullivan	Luzerne Wyoming	Lackawanna	Carbon Monroe Pike Wayne
Hospitals	 UPMC Wellsboro Guthrie Troy Community Hospital Guthrie Robert Packer Hospital Memorial Hospital – Towanda Endless Mountains Health System Barnes-Kasson County Hospital 	 Bucktail Medical Center UPMC Lock Haven Geisinger Jersey Shore Hospital UPMC Williamsport UPMC Divine Providence UPMC Muncy Geisinger Medical Center Muncy 	 14. Tyler Memorial Hospital 15. Wilkes-Barre General Hospital 16. Geisinger Wyoming Valley Medical Center 17. Department of Veterans Affairs Medical Center 18. Lehigh Valley Hospital – Hazleton 	 Regional Hospital of Scranton Moses Taylor Hospital Geisinger Community Medical Center Lehigh Valley Hospital – Dickson City 	 23. St. Luke's Gnaden Huetten Campus 24. St. Luke's Palmerton Campus 25. Lehigh Valley Hospital – Pocono 26. Wayne Memorial Hospital 27. St. Luke's University Hospital – Monroe Campus 28. Lehigh Valley Hospital – Carbon

And, several hospitals and their participating doctors, located just beyond our 13-county service area:

PΑ

- Geisinger Bloomsburg Hospital
- Lehigh Valley Hospital Coordinated Allentown
- St. Luke's Hospital Allentown Campus
- St. Luke's Hospital Sacred Heart Campus
- St. Luke's University Hospital Bethlehem Campus
- St. Luke's University Hospital Anderson Campus, Easton
- Lehigh Valley Hospital Muhlenberg
- Lehigh Valley Hospital Coordinated Bethlehem
- St. Luke's Hospital Easton Campus

- St. Luke's Hospital Miners Campus, Nesquehoning
- Evangelical Community Hospital Lewisburg
- Penn State Health St. Joseph Medical Center Reading
- Penn State Health Holy Spirit Camp Hill
- Penn State Health Milton S. Hershey Medical Center Hershey
- Penn State Health Children's Hospital Hershey
- Geisinger Medical Center
- Geisinger Janet Weis Children's Hospital

NY

• Bon Secours Community Hospital, Port Jervis (Please note: This hospital is in network. Not all doctors affiliated with this hospital are in network.)

PPO (Core and Premier Plans)

In-Network Providers:

National BlueCard Network. Access to nationwide physicians and facilities.

Out-of-Network Providers:

Non-participating Blue Cross providers and facilities. Balance billing may apply.

RADIOLOGY BENEFITS

Vision Imaging of Kingston

King's College will continue to participate in Vision Imaging of Kingston's Preferred Member Program!

Take advantage of Diagnostic Imaging Services in Kingston, PA!

 Request an appointment online at www.visionimagingofkingston.com or call at (570) 714-7226.

Benefits of choosing Vision Imaging:

- REDUCED COPAY for all radiology services
- Same or next day appointments, as well as weekend appointments
- 24 hour turn around time on reports and results
- Walk-in X-Rays welcome
- Advanced Womens Imaging Program including new 3D equipment
- Open MRI available for claustrophobic patients
- On-site Radiologist
- Cinema vision television or music available with MRI machines
- · Comfortable facility with friendly staff
- Free parking

Imaging services:

- CT
- DEXA
- Interventional Radiology
- Mammography
- MRI / Open MRI

- Nuclear Medicine
- PET / CT
- Ultrasound
- X-Ray

Hours of Operation:

Monday to Thursday: 8:00AM to 6:00PM

Friday: 8:00AM to 5:00PM

Contact Information:

Address: 517 Pierce Street Kingston, PA 18704

Phone: 570.714.7226

Fax: 570.714.6288



For more detailed information, please visit www.visionimagingofkingston.com.

PRESCRIPTION BENEFITS



Highmark Blue Cross and Blue Shield

When you enroll in one of the available medical plan options, you are automatically provided with prescription drug coverage. The prescription copay amounts are identified within the Prescription Plan Summary below.

	VALUE PLAN	CORE PLAN	PREMIER PLAN
RETAIL PHARMACY (30-DAY SUPP	LY)		
Select Generics	\$0 copay	\$0 copay	\$0 copay
Generic Formulary	\$10 copay	\$10 copay	\$10 copay
Brand Formulary	\$35 copay	\$20 copay	\$20 copay
Non-Formulary Brand	\$55 copay	\$35 copay	\$35 copay
Specialty	20% coinsurance up to \$150	\$35 copay	\$35 copay
Mail Order Pharmacy (90-day Supply)			
Select Generics	\$0 copay	\$0 copay	\$0 copay
Generic Formulary	\$20 copay	\$20 copay	\$20 copay
Brand Formulary	\$70 copay	\$40 copay	\$40 copay
Non-Formulary Brand	\$165 copay	\$105 copay	\$105 copay
Specialty	20% coinsurance up to \$150	\$105 copay	\$105 copay

Prescription Plan Highlights:

Mandatory Generic: The prescription drug plan requires a member take a generic prescription when available. If the member chooses to use the brand name of the drug when there is a generic equivalent, the member will be charged a copay plus the difference in the cost of the generic & brand name medication.

Preferred and Excluded Drugs: You can check how your drugs are covered on the Express Scripts Preferred Drug List and the Drug Exclusion List at highmarkbcbs.com or by contacting the Member Services Department at 1-800-241-5704. If you find that your medication is excluded, you will need to speak with your physician to discuss other covered alternatives.

Mail Order: Mail order is available for maintenance drugs. Maintenance medications are those prescribed for an extended period of time to treat a chronic condition (e.g. high blood pressure). Upon the **third fill** of a maintenance medication, you will be prompted to choose between the mail order program or continuing to refill your prescription at a retail pharmacy. For more information or to make your choice, please call 1-855-686-9786 or visit highmarkbcbs.com.

PLEASE NOTE: New or initial orders take 10-14 business days to process. Having a 2-week supply of your medication on hand when mailing a new order to Mail Order Pharmacy is recommended.

Prior Authorizations & Step Therapy: Certain medications require prior authorization by your physician or the use of a therapeutic alternative prior to the use of the medication that requires prior authorization.







Available to all members enrolled on the King's College medical plan!

Healthcare on Demand

Revive Health, previously SwiftMD, is a telemedicine service that delivers quality health care directly to patients in need. Members enjoy access to high quality, convenient medical care over the phone or via video conferencing, 24 hours a day, 7 days a week – while saving you money!

Benefits that Revive Health members enjoy include:

- 24/7/365 nationwide access to U.S. Board-Certified physicians
- Consults with doctors via phone or video conferencing, where doctor makes diagnosis and recommends treatment
- New: 12 Behavioral Health visits per year
- Doctor calls in prescription when appropriate
- Members can avoid unnecessary visits to the ER and long waits for an appointment at the doctor's office
- NO COPAYS AND NO COST TO YOU! Your employer is paying for your membership

Member Testimonials:

"The doctor that I spoke with was kind and had an excellent bedside manner."

"This service is amazing and convenient. I love it!"

"Especially on the occasion you are unable to get in to see your primary physician, Revive Health is a tremendous service. Prompt service and professional knowledgeable staff that let you know you are in good hands."

To Access your Revive Health Account:

Visit www.swiftmd.com and select *Get Started*. Complete the required fields and provide your group code: KINGSCOLL18

You will receive a welcome email with instructions to complete your activation.

The SwiftMD mobile app is available for download via the App Store and Google Play.

Some of the conditions treated through Revive Health:

- Allergies
- Fever & Flu
- Headache
- Insect Bites & Stings
- Pink Eye
- Prescriptions, when appropriate (Rx copays will apply)
- Rashes
- Sore Throat
- Upper Respiratory Infections
- Upset Stomach
- Urinary Tract Infections
- Vomiting
- Your Individual
 Medical Concerns

TELEMEDICINE

Revive Health



SwiftMD can work with groups to provide behavioral health counseling services as a part of the telehealth program. Members can access mental health support when they need to.

Services include:

- 24/7 access to master's level counselors via phone or videoconference
- Initial assessment and three visits at no cost to the member
- Referral to in-person care if needed
- Urgent/emergent help 24/7

The minimum qualifications for Behavioral Health counselors include:

- Master's level, state-licensed clinicians
- Trained in clinical assessments
- Substance abuse and domestic violence experience
- Care coordination and management

Reach out for help by calling 1.877.999.7943 or by downloading the SwiftMD mobile app.

Your membership will be verified, and then your appointment will be scheduled! You will receive a call back within 30 minutes of scheduling the appointment.

TELEMEDICINE

Revive Health

FAQs

How can counseling services help?

After an initial assessment, counselors are typically available for a session within 72 hours of the initial call. They can help with loss, grief, change, transition or abuse. They have a master's degree and at least ten years' experience.

Is there a fee for using Behavioral Health consults?

The plan allows members to talk to a counselor for the initial assessment and up **twelve** visits at no cost.

What if help is needed beyond the scope of this service?

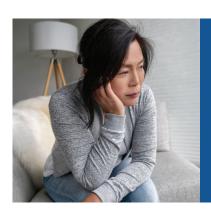
If needed, counselors will refer members to the right local resources for their problem. The cost of these services is not included in this benefit.

Is this service just for people in crisis?

Counseling services provide assistance with a wide range of personal matters, such as self-improvement, parenting/family, marital/relationship, workplace issues, depression, anxiety, alcohol/drug abuse, gambling and more. Counseling services can help address personal problems early in an effort to prevent a crisis.

Is this service confidential?

This is a confidential service that provides access to experienced master's level professionals by phone 24/7. Counselors do not release information without members' signed consent except for emergency situations or to report child abuse.



Experienced counselors can help 24/7

- Conflicts at work or home
- Co-dependency
- Reliance on alcohol, tobacco, or drugs
- Eating disorders
- Marital, family, and relationship concerns
- Child or elder care matters
- Stress or anxiety
- Sexual, physical, or emotional abuse
- Difficulty communicating with people
- Depression or grief at home or work

KNOW YOUR BENEFITS

TELEMEDICINE VS. URGENT CARE VS. EMERGENCY ROOM

Explore the benefits of telemedicine over urgent care, and identify when it is best to visit the emergency room.



TELEMEDICINE THROUGH REVIVE HEALTH

COST: \$0, available at no cost to all full-time eligible employees enrolled in medical benefits

CONVENIENCE: 24/7/365 access to U.S. Board-Certified physicians via phone call or video conference consultation

BENEFITS: Doctor will call within 30 minutes to make diagnosis, recommend treatment and call in prescriptions when appropriate

USE WHEN: Experiencing *routine, non-urgent* illnesses such as sinus infection symptoms, allergies and rashes, insect bites and stings, headache, fever and flu, pink eye, and urinary tract infections, etc.



URGENT CARE FACILITY

COST: \$50 copay

CONVENIENCE: Evening & weekend hours available and no appointment is necessary

BENEFITS: Enjoy shorter wait times and lower copayments than the ER

USE WHEN: Experiencing *non life-threatening* situation, but still *need immediate attention* (i.e. minor burns or injuries, sprains and strains, cough, cold, sore throat, ear infection, minor allergic reactions, fever or flu-like symptoms, rash or skin irritations, mild asthma, etc.)



EMERGENCY ROOM

COST: \$100 copay

CONVENIENCE: Longer wait times

BENEFITS: Access to hospital personnel

USE WHEN: Experiencing a *life-threatening* symptom, such as chest pain or sudden severe pain, difficulty breathing, severe bleeding, head trauma, loss of consciousness, sudden loss of or blurred vision and speech, etc.

DENTAL BENEFITS



Delta Dental

With Delta, you have three network levels from which to choose: in-network PPO; in-network Premier; or out-of-network.

Benefits may be subject to age or frequency limitations. If the charge for any dental treatment is expected to exceed \$300, have your dentist submit a dental treatment plan for review before treatment begins.

Go to www.deltadentalins.com to find an in-network dentist; select "Find a Dentist," and choose either the PPO or Premier networks. For Customer Service, please call **800.932.0783**.

BI-WEEKLY DENTAL BENEFIT PAYROLL DEDUCTIONS		
	DELTA DENTAL PPO PLAN	
Single	\$10.51	
Employee + 1	\$19.05	
Family	\$27.86	



	PPO AND PREMIER NETWORKS	Out-of-Network	
Benefits Maximum	Plan pays up to \$1,500 per calendar year per person		
Annual Deductible Waived for Diagnostic and Preventive	\$50 per individual per calendar year \$150 per family per calendar year		
Out-of-Network Reimbursement	Premier Network Contracted Fees (balance billing may occur)		
Exams, Bitewing X-Rays, Cleanings, Fluoride Treatments, Sealants	0%	0%	
Amalgam and Composite Restorations, Periodontics, Endodontics, Oral Surgery	0% after ded	0% after ded	
Crowns/Inlays, Bridges, Dentures	40% after ded	40% after ded	
Orthodontic Benefits (dependents up to age 26)	50%	50%	
Orthodontic Maximums	Plan pays up to \$1,500 per lifetime per dependent		

VISION BENEFITS



Vision Benefits of America

Your vision plan through VBA allows you to see any eyecare provider that's right for you. However, your out-of-pocket costs will be lower if you see a VBA participating doctor. If you visit a doctor that is not in VBA's network, you will need to pay the full fee at the time of the service and then submit an itemized bill to VBA for reimbursement.

To find a VBA doctor, visit www.vbaplans.com. For Customer Service, call 800.432.4966.

BI-WEEKLY VISION BENEFIT PAYROLL DEDUCTIONS		
VBA VISION PLAN		
Single	\$1.57	
Family	\$4.38	



	In-Network	Out-of-Network
EXAMINATIONS (EVERY 12 MONTHS)		
Exams	\$0	Up to \$40 reimbursement
Materials	\$10 copay	N/A
STANDARD LENSES (EVERY 12 MONTHS)		
Single Vision	\$10 copay¹	Up to \$40 reimbursement
Bifocal	\$10 copay¹	Up to \$50 reimbursement
Trifocal	\$10 copay¹	Up to \$75 reimbursement
Lenticular	\$10 copay¹	Up to \$100 reimbursement
CONTACT LENSES, EVALUATION & FITTING (IN LIE	J OF GLASSES, EVERY 12 MONTHS)	
Elective	Up to \$100 allowance	Up to \$100 reimbursement
Contact Fitting	15% discount off UCR*	N/A
FRAMES (EVERY 12 MONTHS)		_
At Provider's Location	\$50 wholesale allowance ¹	Up to \$50 reimbursement

^{*}Usual, Customary and Reasonable as determined by VBA

¹A \$10 copayment is applied to the total cost of the lenses and/or frames ordered from a VBA Member Doctor only. The copayment does not apply to the vision examination or contact materials.



Schedule a complimentary hearing evaluation and save over 40% on premium aids with the latest technology. Call **855.203.7979** to learn more.



Save up to \$1,000 on Custom Bladeless LASIK using Wavelight with featured innetwork providers. Schedule your free consultation today! Call **877.437.6105.**

LIFE/AD&D INSURANCE & LONG TERM DISABILITY



Guardian

If you have questions about any of the following insurance plans, please contact Creative Benefits, Inc. at **844.231.8414** or esr@creativebenefitsinc.com. Please remember to review your beneficiary information and update as necessary.

Your Employee Assistance Program is through Guardian. For additional information regarding this benefit, contact your Human Resource Department.

LIFE/ACCIDENTAL DEATH & DISMEMBERMENT - PAID BY KING'S COLLEGE		
Eligible Class	All eligible employees: Full time employees and faculty	
Life Benefit	1.5x salary to \$100,000	
Accidental Death & Dismemberment	1.5x salary to \$100,000	
Reduction Schedule	To 67 percent at age 70; to 45 percent at age 75; to 30 percent at age 80	
Waiver of Premium	Included	
Conversion/Portability	Included	
Accelerated Death Benefit	Included	
Benefits Terminate	Upon retirement or termination	

IMPUTED INCOME: Under Section 79 of the Internal Revenue Code, employer provided group term life coverage will generate additional taxable income to the employee if covered for more than \$50,000.

LONG TERM DISABILITY - PAID BY KING'S COLLEGE		
Eligible Class	All eligible employees: Full time employees and faculty	
LTD Benefit	60% to \$6,000 monthly	
Benefit Duration	To age 65	
Benefits Begin After	180 days	
Pre-Existing Condition Limitation	3/12 - A pre-existing condition is defined as one where you sought treatment in the last 3 months prior to being covered.	

VOLUNTARY LIFE INSURANCE



Guardian

If you have questions about any of the following insurance plans, please contact Creative Benefits, Inc. at **844.231.8414** or esr@creativebenefitsinc.com.

VOLUNTARY LIFE BENEFIT - PAID BY EMPLOYEE		
Life Benefit	Employee: \$10,000 increments up to \$300,000 (Guarantee Issue: \$50,000 for newly eligibles); not to exceed 5x base annual earnings Spouse: \$10,000 increments up to \$300,000; not to exceed 100% of employee election. (Guarantee Issue: \$10,000 for newly eligibles)	
	Child (14 days—26 years): A policy for a child can be taken out in the amount of \$10,000	
Reduction Schedule	To 67 percent at age 70; to 45 percent at age 75; to 30 percent at age 80	
Portability/Conversion Option	Termed coverage can be continued on an individual basis should you leave. (Termed rates also age banded)	
Accelerated Death of Benefit	75% of the amount of the life insurance benefit is available to you if terminally ill, not to exceed \$300,000.	
Waiver of Premium	If it is determined that you are totally disabled, your life insurance benefit will continue without payment of premium, subject to certain conditions.	

Employees can opt to purchase additional life insurance through payroll deductions. The rates are age-banded, therefore your rates will change only when you move from one age-band to another. Employees and dependents who are currently enrolled and who do not wish to make any changes will continue to be enrolled for the upcoming plan year.

Please note that employees have to elect coverage for themselves in order to be eligible to elect dependent coverage. Please see the Human Resources Department or go to http://www.kings.edu/hr/benefits to obtain the necessary forms for enrollment in this voluntary benefit.

Guardian Employee Assistance Program (EAP)

Guardian's comprehensive Employee Assistance Program, available through Uprise Health, provides you and your family members with confidential, personal, and webbased support on a wide variety of important and relevant topics.

Your EAP can assist with:

Health — Stress Management, Mental Health, Diet and Fitness, Overall Wellness, Bereavement

Family — Parenting Support, Child and Elder Care, Learning Programs, Work-Life Services

Financial — Legal Issues, Will Preparation, Taxes and Debt, ID Theft Services, Financial Planning Tools and Assistance

Obtain support and guidance online or by phone:

- Unlimited access to support and helpful resources via the website
- Able to consult with a professional counselor via telephone
- Face-to-face counseling sessions with an Uprise Health network provider — up to three sessions are free of charge
- Unlimited telephonic support, and free initial 30-minute consultation with an attorney with a 25% discount on attorney services thereafter

CONTACT:

Website: worklife.uprisehealth.com
Username: worklife | Phone: 800.386.7055

WELLNESS

Blue365 through Highmark

Get rewarded for taking small steps every day that can add up to big changes in your health.

Blue365

Whether you want to lose weight and maximize your energy or manage stress and improve your mood, here's a great low-cost way to meet your goals. Blue365 provides discounts and membership opportunities allowing you to jumpstart your wellness journey.

Get great savings on all of the things you need for a healthy lifestyle with Blue365. Simply register at **blue365deals.com** for offers like 20% off at Reebok.com and \$29 monthly gym memberships that include 24/7 access to live and on-demand classes. It's exclusively for members, so make sure to have your member ID handy when you sign up.

Once you've registered at **blue365deals.com**, you'll receive weekly deals in your inbox.

Get offers from these brands and more:



Reebok



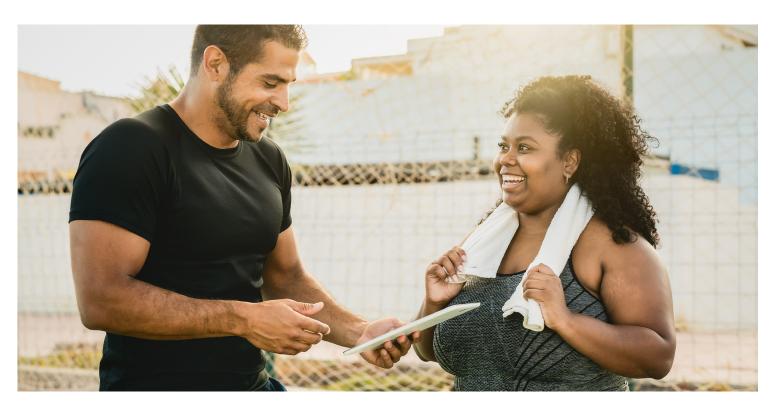




TruHearing







This is a brief summary only. Refer to your plan document for complete details. If any discrepancies exist between the above and the plan document, the plan document will prevail.

FLEXIBLE SPENDING ACCOUNTS

FLEXFACTS a company of grant benefit solutions

Flex Facts

Healthcare Spending Account

This account will reimburse you with pre-tax dollars for healthcare expenses not reimbursed under your medical plan. The annual contribution maximum for the medical spending account is \$3,200 per year. When choosing your annual election amount, please keep in mind the rollover provision for 2024/2025 is \$640. The amount you elect for the year is deducted on a pre-tax basis for this purpose (deductions are made in equal increments over the course of the year). There is a \$300 minimum contribution that needs to be made per year.

Some examples of eligible expenses are:

- Office visit and prescription copays
- Dental expenses, including orthodontia payments
- Eye Exams and Materials, Laser Eye Surgery
- Certain over-the-counter items i.e.: contact lens solutions, band aids
- Over-the-counter (OTC) medications

Dependent Care Spending Account

This account will reimburse you with pre-tax dollars for daycare expenses for your children and other qualifying dependents so that you and your spouse may go to work or school. Up to \$5,000 may be set aside on a pre-tax basis (or \$2,500 if you are married and file separate returns). Eligible Dependents include children under age 13 and children or other dependents of any age who are physically or mentally unable to care for themselves and who qualify as dependents on your federal tax return. There is a \$300 minimum contribution that needs to be made per year.

Eligible expenses include:

- Daycare, including nursery school or preschool; Before and after school programs
- · Adult daycare
- Summer day camp

Debit Cards

You will receive a debit card that can be used to pay for eligible expenses. However, if a purchase amount does not match a copay amount, you will be asked to substantiate a claim. If you do not respond to the request, your debit card will be deactivated. You can also submit a paper claim for reimbursement and have the amount deposited into your checking or savings account.

Important note for current FSA participants: King's College continues to include the rollover provision allowing up to \$610 of unused Medical FSA funds from 2023/2024 to rollover into their 2024/2025 account with no restriction for accessing those funds in 2024/2025. Please note: your rollover funds will be available on your Flex Facts debit card as of 7/1/2024.

Run Out Claims: Employees have 90 days after the end of the plan year to submit for expenses incurred in 2023/2024.

To check your balance, visit www.flexfacts.com, call 877.94.FACTS (32287), or download the mobile app.

RETIREMENT BENEFITS





The Retirement Benefits at King's College are provided by TIAA. If you have questions, please schedule a session at <u>TIAA.org/schedulenow</u> or call at **800.732.8353**, weekdays, 8 a.m. to 10 p.m. (ET).

A summary of this valuable benefit is as follows:

- New employees may begin participating the first of the month following date of hire. However, there is a one year waiting period for eligibility for the employer contribution.
- Once eligibility begins, participants are fully vested.
- For new hires that have a current active account, where contributions were made within the past 12 month period, the one year waiting period to receive the employer contribution is waived.
- Mandatory enrollment in the plan is 2 years or age 30, whichever comes later.
- Changes to your contributions can be made at any time by contacting the Human Resources office.
- The IRS allowable maximum contribution for 2024 is \$23,000.

Get Started

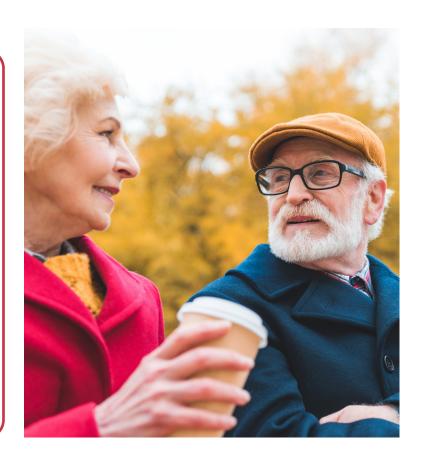
Visit <u>TIAA.org/enrollnow</u> to register and and then log in. The plan's access code is 406694.

Additionally, be sure to have your Social Security Number available and the Social Security Numbers, birth days, and addresses of any beneficiaries.

If you already have an account, sign in with your ID and password.

Once logged in, follow the prompts to choose your investments and contribution amounts.

Finally, add your beneficiaries.



RETIREMENT BENEFITS

CAPTRUST

Create your financial foundation with a **Retirement Blueprint.**®









Need help choosing your investments?
Want to know if your savings are ontrack?
Have questions about our retirement plan?



Individual investment advice is just a click away



- Make an appointment at www.captrustadvice.com
- Call a Retirement Counselor at 800.967.9948
- Construct your **Retirement Blueprint**®

CAPTRUST is available to provide you with individual, unbiased investment advice, and to assist you with your Retirement Plan investment decisions. This service is available at no additional cost as part of your Retirement Plan retirement benefits.



Scan here to learn more about the Retirement Blueprint



Call 800.967.9948 or visit www.captrustadvice.com

VOLUNTARY BENEFITS





If you have questions about any of the following plan options or if you would like to obtain pricing, please contact Bob Roth at Colonial Life at **302.235.3088**.

ACCIDENT - PAID BY	ACCIDENT - PAID BY EMPLOYEE		
What It Does	Covers the extra expenses associated with an accidental injury—including deductibles, copays and coinsurance.		
How It Works	The covered individual receives a pre-defined, lump-sum benefit paid directly to the employee if a covered accident occurs, regardless of actual costs incurred.		
Coverage Options	Coverage is available to employees, as well as your spouse and children.		
Guaranteed Issue	All coverage is guaranteed issue.		
Covered Conditions	Benefits paid according to a schedule of benefits for injuries including fractures, burns, lacerations, tendon/ligament tears, dental emergencies, amputations, emergency room, hospitalization and intensive care, etc.		

CRITICAL ILLNESS - PAID BY EMPLOYEE	
What It Does	Manages the financial impact of a serious illness or event, like stroke or a heart attack — so employees can focus on getting well.
How It Works	Employees receive a lump sum payment based on your chosen coverage amount, once diagnosed with a covered condition.
Coverage Amount	Employee — $\$5,000$ to $\$50,000$; $\$1,000$ increments; Spouse — 50% of employee coverage amount; Child — 10% of employee coverage amount
Guaranteed Issue	If you did not elect coverage when first eligible, medical questions will be required. If you are newly eligible to this benefit, medical questions will not be required for up to \$10,000.
Covered Conditions	Heart attack (Myocardial Infarction), Stroke, End Stage Renal (Kidney) Failure, Major Organ Failure, Coronary Artery Disease. Includes a Health screening benefit (\$50 per covered person, per calendar year)
Pre-Existing Limitation	12/12 — A benefit may not be paid if you sought medical advice, or were treated for a condition, in the 12 months prior to your effective date of coverage, and which the date of diagnosis occurs in the first 12 months of the plan.

CANCER - PAID BY EMPLOYEE	
What It Does	Covers the extra expenses associated with cancer screening and cancer treatment.
How It Works	The covered individual is provided benefits to help pay for the indirect costs associated with cancer.
Coverage Options	Coverage is available to employees, as well as your spouse and children.
Covered Conditions	Benefits are paid out according to a schedule of benefits for hospitalization and specified outpatient related services.
Pre-Existing Limitation	12 Month Look Back — A benefit may not be paid if you sought medical advice, or were treated for a condition in the 12 months prior to your effective date of coverage.

DISCOUNTS AND PERKS

BenefitHub

Save on the products and services you use most.

BenefitHub is a discount marketplace that features deals and discounts from over 300,000 vendors. You'll have access to negotiated discounts specifically curated for you with the option to pay over time.

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- Pet insurance enjoy a 20% discount for Spot pet insurance, along with easy access to MetLife, Liberty Mutual, and ASPCA quotes.
- Legal services peruse offerings for identity protection, legal protection, financial wellness, student loan refinancing, and more!

YOU CAN ALSO SAVE ON:

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- Cell phone plans
- Clothing and shoes

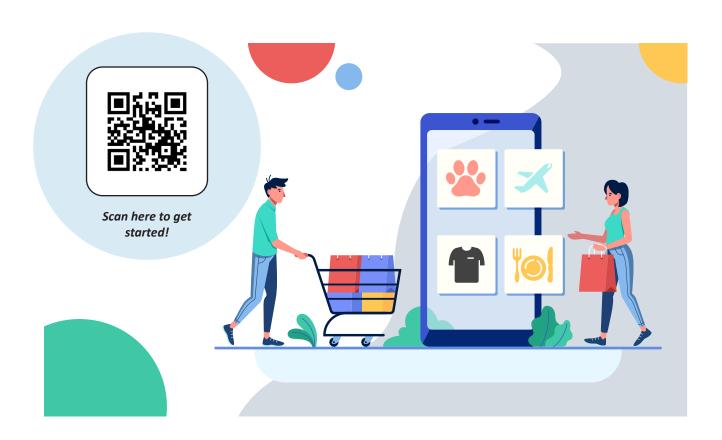
- Restaurants
- Nutrition
- Vacations
- Sporting events

VENDORS INCLUDE:

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- Disney World
- American Airlines
- Walmart
- Costco
- and more!

TO ACCESS THIS BENEFIT:

Scan the QR code below or download the BenefitHub mobile app to get started. From there, you'll be directed to a library of discounts and offers. Visit creative.benefithub.com/ to get started.





Provided by Creative Benefits, Inc.

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