

2024–25  
**Benefits Guide**



## Welcome to Your Benefits

At Mount Holyoke College, we're proud of our highly accomplished, committed, and responsive faculty and staff. Our comprehensive benefits program offers a range of options so you can make choices that work best for you and your family.

This Guide is a summary of the benefits available to Mount Holyoke College staff and faculty. For more information, contact Human Resources at (413) 538-2503 Monday through Friday from 8:30 a.m. to 5:00 p.m.



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# Introduction

## Eligibility and Enrollment

If you are a full-time or part-time employee scheduled to work at least 20 hours a week for the academic or fiscal year, you are eligible to enroll in benefits during the Open Enrollment period or the first of the month following your date of hire. If you do not enroll when first eligible, you must wait until the next Open Enrollment period unless you have a qualified family status change.

## Eligible Dependents

In general, dependents eligible for medical, dental, and vision coverage, as well as Flexible Spending Accounts, include your:

- Legal spouse or domestic partner
- Dependent children up to age 26 regardless of the dependent's Internal Revenue Service tax qualification status, marital status, student status or employment status

Note: While you can cover your domestic partner on the HDHP medical plan, you cannot use your HSA to pay for their expenses unless they are a qualified tax dependent. Please also note that premiums paid for domestic partner benefits count as imputed income.

## Paying for Your Benefits

Most benefits are paid for with pre-tax contributions taken from your pay before Federal, Social Security, and State taxes are withheld. This lowers your taxable income and your subsequent tax liability, reducing your actual cost for these benefits. **Note:** *Supplemental Life Insurance, and Supplemental Long-Term Disability premiums are taken post-tax.*

## Qualified Family Status Changes

If you do not enroll by the deadline, you will not be able to make changes during the year unless you have a qualified change in family status, including:

- Marriage, divorce, birth, adoption, or death
- An employment status change for you, your spouse, or eligible dependents that impacts benefits eligibility
- Leaving or entering the service area
- A loss or gain of insurance coverage for either you, your spouse, or your eligible dependents
- Staff/faculty or eligible dependent becoming ineligible (for example, a child reaching the maximum age of 26 to be covered under medical, dental, or vision plans)

If you or one of your covered dependents has a change in family status, you must make the changes in Workday within 30 days of the event. Your benefits changes must be consistent with your qualified family status change.

## Enrolling in Workday

You'll enroll in your health and welfare insurance benefits through [Workday](#).



# Medical Plan Options

Mount Holyoke College (MHC) offers a choice of four medical plan options administered by Blue Cross Blue Shield (BCBS). There are two Health Maintenance Organization (HMO) options with a New England network, as well as a Preferred Provider Organization (PPO) and a High Deductible Health Plan (HDHP) with a Health Savings Account (HSA), both with national networks.

With the two HMO plans, you will need to designate a Primary Care Physician (PCP) to coordinate your care, and coverage is provided when you seek care in-network. For the PPO Plan and HDHP with HSA, there is in-network and out-of-network coverage.

**At MHC, you have the flexibility to choose from several comprehensive health care plans.**

BCBS offers telehealth services through Well Connection, as well as ahealthyme® wellness programs and the Care Concierge program to learn more about health conditions and resources. There are also reimbursement programs for qualifying weight loss programs, as well as virtual fitness and home fitness equipment expenses.

## Terms to Know

**Copay:** An amount you pay for a covered service each time you use that service. It does not apply toward the deductible.

**Deductible:** The amount you pay before the plan begins to pay.

**Coinsurance:** Percentage of the charge that your plan will pay, after you have met the deductible.

**Health Savings Account (HSA):** An account with tax-advantages that you can contribute to on a pre-tax basis and use to pay for out-of-pocket health care costs. You can also use the HSA to save for future health care expenses.

**Out-of-pocket costs:** Expenses you pay yourself, such as deductibles, copays, prescription drugs, and dental and vision expense.

**Out-of-pocket maximum:** The maximum amount you pay for covered services in a year. If you hit the maximum, the plan will pay 100% of covered services for the remainder of the year.

**Premium:** The amount you pay for medical coverage from your paycheck.

## PillarRx's Copay Assistance Program for Specialty Drugs

Our copay assistance program is here to help employees and their covered family members get the medicine they need for complex or chronic conditions at an affordable cost.

PillarRx has a team of highly trained, certified pharmacy technicians that will set you up with copay assistance to reduce—and in some cases eliminate—the cost of your specialty drugs. They'll also provide ongoing support to simplify refills, manage claims, and work with your pharmacy, drug manufacturers, and health plan to ensure you're getting the medicine you need at the lowest cost.

If you are enrolled in either of the HMO plans or the PPO plan and are eligible for this program, you will receive more details directly from PillarRx.



## Medical Plan Comparison—In-Network\*

	HMO Blue	HMO Blue New England (Value HMO \$1,000 Deductible)	PPO 90 (Blue Care Elect Preferred 90 Copay)	High Deductible Health Plan (HDHP with HSA)
<b>Network</b>	BCBS New England	BCBS New England	BCBS National	BCBS National
<b>Deductible</b>	\$0	\$1,000/member \$2,000/family	\$250/member \$500/family	\$1,600/member \$3,200/family
<b>Office Visit</b>	\$0 (Preventive) \$30 (PCP) \$40 (Specialist)	\$0 (Preventive) \$30 (PCP) \$40 (Specialist)	\$0 (Preventive) \$20 (PCP or Specialist)	\$0 (Preventive) 10% coinsurance after deductible
<b>Annual Mental Health Wellness Exam</b>	\$0 (Preventive)	\$0 (Preventive)	\$0 (Preventive)	\$0 (Preventive)
<b>Out-of-Pocket Maximum</b>	<b>Medical:</b> \$2,000/member \$4,000/family <b>Rx:</b> \$1,000/member \$2,000/family	<b>Medical:</b> \$2,000/member \$4,000/family <b>Rx:</b> \$1,000/member \$2,000/family	<b>Medical:</b> \$2,000/member \$4,000/family <b>Rx:</b> \$1,000/member \$2,000/family	\$3,000/member \$6,000/family
<b>Emergency Room</b>	\$150	\$150	\$150	10% coinsurance after deductible
<b>Hospital Stay</b>	\$250 per admission	Deductible applies first; then covered in full	10% coinsurance after deductible	10% coinsurance after deductible
<b>Outpatient Surgery (facility fee)</b>	\$150 per admission (colonoscopies not subject to copay)	Deductible applies first; then covered in full	\$250 per admission in- network (colonoscopies not subject to copay); deductible applies first	10% coinsurance after deductible
<b>In-Network Diagnostic Tests (x-ray, blood work)</b>	Covered in full	Deductible applies first; then covered in full	10% coinsurance after deductible	10% coinsurance after deductible
<b>Imaging (CT/ PET scans, MRIs)</b>	\$75	Deductible applies first; then covered in full	10% coinsurance after deductible	10% coinsurance after deductible
<b>Prescription Drug Costs</b>				
<b>Retail (30-day supply)</b>	<b>\$100/\$200 Rx deductible</b> \$15 Generic \$45 Preferred \$60 Brand		<b>\$0 deductible</b> \$10 Generic \$30 Preferred \$50 Brand	<b>After medical deductible</b> \$15 Generic \$25 Preferred \$40 Brand
<b>Mail Order (90-day supply)</b>	<b>\$0 deductible</b> \$30 Generic \$90 Preferred \$180 Brand		<b>\$0 deductible</b> \$20 Generic \$60 Preferred \$100 Brand	<b>After medical deductible</b> \$30 Generic \$50 Preferred \$80 Brand
<b>Monthly Medical Rates</b>				
<b>Individual</b>	\$232.75	\$118.48	\$613.03	\$77.52
<b>Ind. + Spouse</b>	\$651.71	\$348.92	\$1,666.73	\$243.02
<b>Ind. + Child/ren</b>	\$541.05	\$309.15	\$1,297.50	\$220.27
<b>Family</b>	\$664.00	\$355.56	\$1,697.84	\$247.68

\* For detailed coverage information including out-of-network coverage, see the [Summaries of Health Benefits and Coverage](#).

## Health Insurance Subsidy

In addition to the College's regular contribution toward your medical plan premiums, we offer additional help for individuals and families who qualify based on income. Additional subsidy amounts range from 5%–10%, and you must apply for this subsidy and be approved. For more information, please visit [my.mtholyoke.edu](http://my.mtholyoke.edu).

## The HDHP with HSA

The HDHP offers the lowest premiums in exchange for a higher deductible. You pay less out of your paycheck for premiums and more out of pocket at the point of care. You will be able to make HSA contributions out of your paycheck on a pre-tax basis, up to the IRS limits.

### What Are the Advantages of an HSA?

- An HSA is a savings account (owned by you) that allows you to set aside pre-tax dollars to pay for current or save for future health care expenses for you and your eligible dependents. The HSA is administered by HealthEquity.
- The IRS calendar year 2024 HSA contribution limits are \$4,150 for Individual coverage or \$8,300 for any other coverage level.
- The money in your HSA rolls over from year-to-year, and the account is portable (you take it with you) in the event you leave Mount Holyoke.

**Note:** According to the IRS, you cannot contribute to an HSA and a Health Care Flexible Spending Account at the same time.

### HSA Eligibility

According to IRS regulations, to be eligible to make and receive contributions to an HSA, you must be enrolled in an HDHP. In addition:

- You cannot have other health coverage that pays for out-of-pocket health care expenses before you meet your plan deductible (another high deductible plan is allowed).
- You or your spouse cannot be enrolled in a Health Care Flexible Spending Account (FSA) in the same year.
- If you are enrolled in Medicare or Medicaid, you are not eligible to contribute to the HSA.

## How an HSA Works

### YOUR CONTRIBUTIONS:

You can elect to make pre-tax contributions from your paycheck.

Your contributions cannot exceed IRS limits.



### FIRST, THE DEDUCTIBLE:

You pay for covered services up to your deductible amount. The money from your HSA can help pay for these expenses on a tax-free basis. You must meet the deductible before the plan pays benefits (except for preventive care, which is covered in full).

### THEN, COINSURANCE:

After the deductible has been met, you and the plan share in the cost of care you receive. You pay a percentage of covered services until you reach the out-of-pocket maximum.

### THE PLAN PAYS 100%:

Once your out-of-pocket maximum is reached, the plan pays the full cost of eligible expenses for the rest of the plan year.



Money left in your HSA at the end of the year will roll over to help cover future health care expenses, and can even be used to pay for Medicare premiums in retirement.

**Note:** You may not participate in the Health Care Flexible Spending Account if you enroll in the High Deductible Health Plan option. However, you may enroll in the Limited Purpose Flexible Spending Account.



## Dental Plan Options

We offer a choice of two comprehensive dental plans: Dental Blue and Dental Blue + Ortho. The Dental Blue + Ortho plan includes orthodontia coverage. The calendar year per person maximum is also higher (\$2,000), compared to Dental Blue (\$1,000).

Both plans offer a unique rollover feature. If you have used at least one preventive service, you can roll over some of your plan benefit to the next plan year.

	Dental Blue	Dental Blue + Ortho
Deductible	\$50 member/\$150 family	\$50 member/\$150 family
Preventive Care	<b>Covered 100%, no deductible:</b> Oral exams every 6 months; teeth cleaning every 6 months; fluoride treatment for kids < 19; x-rays	
Basic (after Deductible)	<b>Covered 80%:</b> Lab tests, fillings, uncomplicated extractions, temporary crowns	
Major (after Deductible)	<b>Covered 50%:</b> dentures, fixed bridges	
Orthodontia	Not covered	50% to \$1,000 lifetime maximum
Calendar Year Per-Person Maximum	\$1,000	\$2,000
Rollover Benefit	If at least 1 preventive service used, up to <b>\$350</b> of unused benefit rolls over to next plan year. Maximum of an additional <b>\$1,000</b> benefit.	If at least 1 preventive service used, up to <b>\$600</b> of unused benefit rolls over to next plan year. Maximum of an additional <b>\$1,500</b> benefit.

Monthly Dental Rates		
Individual	\$9.16	\$15.01
Ind. + Spouse	\$50.09	\$61.89
Ind. + Child/ren	\$47.59	\$58.79
Family	\$74.63	\$92.21

## Vision Plan

With the Vision plan, in addition to eye exams you have coverage for contact lenses, glasses, and more. Benefits vary depending on if you receive care in- or out-of-network. Coverage frequency is every 12 months except for the allowance for frames, which is every 24 months.

	In-Network	Out-of-Network
Exams (with dilation if necessary)	\$0 copay	\$57
Standard Contact Lens Fit & Follow-Up	\$40 copay	N/A
Frames	\$0 copay; \$130 allowance, 20% off balance over \$130	\$104
Contact Lenses	\$0 copay; \$150 allowance, plus 15% off balance over \$150	\$150
Bifocal, Trifocal, or Lenticular Lens	\$20 copay	Graded schedule
Standard Progressive Lens	\$85 copay	\$140
Premium Progressive Lens	Graded schedule	\$196
Laser Vision Correction	15% off retail price or 5% off promotional price	N/A

Monthly Vision Rates	
Individual	\$6.43
Ind. + Spouse	\$14.33
Ind. + Child/ren	\$15.09
Family	\$22.18

## Flexible Spending Accounts (FSAs)

When you contribute to an FSA on a pre-tax basis, you decrease your taxable income and can use your account to pay for eligible expenses with a convenient FSA debit card.

- **Health Care FSA:** You can contribute up to \$3,200 for eligible out-of-pocket medical, dental, and vision care expenses.
- **Dependent Care FSA:** You can contribute up to \$5,000 for eligible expenses for the care of a dependent child under age 13, or a dependent adult, including preschool, before- and after-school programs, and child or elder day care.

If you elect the HDHP with HSA medical plan option, you are not eligible to enroll in the Health Care FSA, but can enroll in a Limited Purpose FSA (LPFSA).

With an LPFSA, you can contribute up to \$3,200 for eligible out-of-pocket dental, vision, and post-deductible medical expenses.



## Disability and Leave Programs

Basic Long-Term Disability (LTD) coverage is paid for by Mount Holyoke College, providing 40% salary replacement coverage if you are sick or injured and unable to work for more than 180 days. You can purchase additional Supplemental LTD coverage that covers 50%, 60%, or 66.66% salary replacement.

The Massachusetts Paid Family and Medical Leave law provides leave benefits to eligible workers in Massachusetts. You may be eligible for this Leave, as well as other Leaves of Absence. After one year of service, you may be eligible for Parental Leave for up to six weeks of paid leave if you are a primary caregiver of a newly born or adopted child.

## Life and Accident Insurance

Mount Holyoke College provides Basic Term Life and AD&D Insurance up to one times your salary, at no cost to you. The minimum is \$15,000 and the maximum is \$25,000. You may purchase additional Supplemental Life Insurance coverage of five times your salary, up to \$500,000. Rates are based on your age, and medical review is required for coverage over \$350,000.

## Employee Assistance Program

Mount Holyoke College offers a comprehensive Employee Assistance Program (EAP) for you and your family. The EAP helps with emotional and personal topics like stress at home and work, alcohol and drug use, and family and relationship issues. All employees, spouses, and household members have access to three free counseling sessions per year.

In addition, the program provides 24/7 online support with articles, flash courses, referrals, resilience boosters, and even a coaching service available through texting. The program is designed to provide well-being support for many aspects of your life in a confidential, easy-to-use format.

## Care.com

Finding the right care for your family can be hard, especially when you're balancing the demands of work and life. Mount Holyoke's partnership with Care.com can help you get the support you need to find care for the ones you love. From finding a nanny or child care provider to searching for the right senior living facility for a loved one, Care.com can help assist you.

## 403(b) Retirement Plan

Mount Holyoke College provides the 403(b) Retirement Plan through Voya to help you save for your financial future. All employees are eligible to contribute to the plan the first of the month following your date of hire. You can choose to contribute a percentage or flat dollar amount of your pay to the plan on a pre-tax and/or Roth after-tax basis, up to the IRS limits. You can choose how contributions are invested based on your savings goals.

**Mount Holyoke College has a very generous 403(b) plan—with a 10.5% contribution from the College and immediate vesting after one year of service.**

In addition, after one year of service (over 756 hours), Mount Holyoke College will contribute 10.5% of your regular compensation to your account per pay period. You will need to contribute pre-tax 5% of your annual compensation over \$40,000 and you are immediately 100% vested.

## Paid Time Off

MHC offers vacation time and sick leave to take time away from work to rest and recharge. Most employees are eligible for up to 14 paid holidays per fiscal year.



# Tuition Benefits

MHC offers a variety of robust tuition benefits for you and your dependents.

- **Tuition Waiver:** Your dependent may receive **full tuition for up to eight semesters (four years) of undergraduate study** if accepted to Mount Holyoke College as an Undergraduate. Dependents are eligible to apply after you complete five years of service.
- **Tuition Exchange:** Mount Holyoke College is a member of the [Tuition Exchange](#) organization, made up of over 600 institutions. Your dependent may receive a scholarship valued at **full tuition** or the “set rate” (currently **\$40,000 per year**) for up to four years of undergraduate study at a **Tuition Exchange institution**. Dependents are eligible to apply after you complete five years of service.
- **Tuition Reimbursement:** You may be reimbursed **\$500 per course (\$1,000 maximum)** each fiscal year

for courses taken at other accredited institutions. You are eligible after six months of service, and part-time employees receive a pro-rated benefit.

- **Free Courses at MHC:** You and your dependents are eligible to take **one free course per semester** at MHC, on a space-available basis and with department approval. Employees are eligible after one year of service, and dependents are eligible immediately.

**MHC offers exceptional tuition benefits for you and your dependents. After five years of service, your dependents may be eligible for full tuition at MHC or other colleges.**



## Additional Benefits

As a Mount Holyoke College employee, you'll have access to these additional benefits as part of our campus community:

- On-site daycare for infants through school-age children, including after school and summer programs
- Flexible and adaptive work options
- Employee discounts for cell phones, insurance, and more
- Kendall athletic and recreation facilities, including bringing a guest
- Free faculty/staff parking
- Library, information, and technology services (Williston Memorial Library)
- Mount Holyoke College Botanic Garden
- Abbey Memorial Chapel
- Mount Holyoke College Art Museum
- Skinner Museum
- Dining facilities
- Walking paths
- Wellness activities/offerings
- Employee recognition events
- Mount Holyoke College Equestrian Center
- Information Services (LITS)
- Campus social and cultural events
- Willits-Hallowell Conference Center

# Benefits Contacts

Benefit	Contact	Phone	Website
Medical Benefits	Blue Cross Blue Shield of Massachusetts	1-888-456-1351	<a href="http://www.bluecrossma.org">www.bluecrossma.org</a>
Health Savings Account (HSA)	HealthEquity	1-866-346-5800 1-866-924-3967	<a href="http://my.healthequity.com">my.healthequity.com</a>
Dental Benefits	Blue Cross Blue Shield of Massachusetts	1-888-456-1351	<a href="http://www.bluecrossma.org">www.bluecrossma.org</a>
Vision Benefits	EyeMed	1-866-723-0513	<a href="http://eyemedvisioncare.com">eyemedvisioncare.com</a>
Flexible Spending Accounts	EBPA Employee Benefits	1-888-678-3457	<a href="http://www.ebpabenefits.com">www.ebpabenefits.com</a>
Disability and Leave Plans	Prudential	1-800-842-1718	<a href="http://www.prudential.com">www.prudential.com</a>
Life and Accident Insurance	Prudential	1-800-524-0542	<a href="http://www.prudential.com">www.prudential.com</a>
EAP	SupportLinc	1-888-881-5462	<a href="http://www.supportlinc.com">www.supportlinc.com</a> (code: mhc)
Care.com	Care Membership	N/A	<a href="http://www.care.com/yourbenefits">www.care.com/yourbenefits</a>
403(b) Retirement Plan	Voya	1-888-311-9487	<a href="http://www.voya.com">www.voya.com</a>



# Important Benefits Notices

Official plan documents, including Summary Plan Descriptions (SPDs), Summary of Benefits and Coverage (SBCs), and Benefit Summaries, can be found at [here](#). You may also contact Carolyn Santiago at 413-538-3635 or [Carolyn.santiago@mtholyoke.edu](mailto:Carolyn.santiago@mtholyoke.edu) to obtain copies of these important documents.

## **Children's Health Insurance Program Notice**

The Children's Health Insurance Program (CHIP) provides health coverage to eligible children, through both Medicaid and separate CHIP programs. CHIP is administered by states and funded jointly by states and the federal government to provide premium assistance.

## **HIPAA Notice of Privacy Practices**

This notice describes how an individual's health information is protected, rules for use, and disclosure as permitted under HIPAA.

## **HIPAA Special Enrollment Rights**

This notice is being provided to help you understand your right to apply for group health coverage. Special enrollment is available in the following situations:

- Loss of Other Coverage
- Marriage, Birth, or Adoption
- Medicaid or CHIP

## **Notice of Exchange**

This notice provides some basic information about the Marketplace and employment-based health coverage offered by Mount Holyoke College.

## **Women's Health and Cancer Rights Act (WHCRA)**

The health plan, as required by the Women's Health and Cancer Rights Act of 1998, provides coverage for reconstructive surgery following a mastectomy.

## **Medicare Part D Creditable Coverage Notice**

Medicare prescription drug coverage became available in 2006 to everyone with Medicare. You can get this coverage if you join a Medicare Prescription Drug Plan or join a Medicare Advantage Plan (like an HMO or PPO) that offers prescription drug coverage. All Medicare drug plans provide at least a standard level of coverage set by Medicare. Some plans may also offer more coverage for a higher monthly premium.

Mount Holyoke College has determined that the prescription drug coverage offered is, on average for all plan participants, expected to pay out as much as standard Medicare prescription drug coverage pays and is therefore considered Creditable Coverage. Because your existing coverage is Creditable Coverage, you can keep this coverage and not pay a higher premium (a penalty) if you later decide to join a Medicare drug plan.

## **Patient Protection Disclosure**

You have the right to designate any primary care provider who participates in our network and who is available to accept you or your family members. For information on how to select a primary care provider, and for a list of the participating primary care providers, contact the plan administrator.

## **Newborns' and Mothers' Health Protection Act (NMHPA)**

The health plan may not restrict benefits for a hospital stay to less than 48 to 96 hours based on type of delivery as required by the law.

### **Genetic Information Non-Discrimination Act (GINA)**

The Genetic Information Nondiscrimination Act of 2008 protects employees against discrimination based on their genetic information. Unless otherwise permitted, your employer may not request or require any genetic information from you or your family members.

### **Mental Health Parity and Addiction Equity Act (MHPAEA)**

The Mental Health Parity and Addiction Act of 2008 generally requires group health plans and health insurance issuers to ensure that financial requirements (such as copays and deductibles) and treatment limitations (such as annual visit limits) applicable to mental health or substance use disorder benefits are no more restrictive than the predominant requirements or limitations applied to substantially all medical/surgical benefits.

### **Michelle's Law**

When a dependent child loses student status for purposes of the group health plan coverage as a result of a medically necessary leave of absence from a post-secondary educational institution, the group health plan will continue to provide coverage during the leave of absence for up to one year, or until coverage would otherwise terminate under the group health plan, whichever is earlier.

### **Uniformed Services Employment & Reemployment Rights Act (USERRA)**

The Uniformed and Services Employment and Re-Employment Rights Act of 1994 (USERRA) sets requirements for continuation of health coverage and re-employment in regard to an Employee's military leave of absence. These requirements apply to medical and dental coverage for you and your Dependents. They do not apply to any Life, Short Term or Long Term Disability or Accidental Death & Dismemberment coverage you may have.

*This information is a summary of the Mount Holyoke College benefit programs. If there are discrepancies between the information included in this summary and the applicable plan documents or insurance contracts, the plan documents and insurance contracts will govern in all cases. Mount Holyoke College reserves the right to amend or discontinue the plans described in this summary at any time.*