

Dickinson

July 1, 2024 Open Enrollment

Alera Group – Relph Benefit Advisors

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Agenda

- ✓ Open Enrollment Overview
- ✓ Health Plan: Medical & Prescription Drug Coverage
- ✓ Dental & Vision Plans
- ✓ Flexible Spending – **NEW** Vendor
- ✓ Life Insurance, Accidental Death & Dismemberment, & Long-Term Disability
- ✓ Additional Voluntary Benefits
- ✓ Health Advocate

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Open Enrollment

Enroll in your benefits Tuesday, May 7 through Wednesday, May 22
Enrollments effective July 1, 2024

Only time of the year to:

- ✓ Enroll in or Change Plans
- ✓ (Re) Enroll in the FSA Plan
- ✓ Add or Remove Dependents



Changes during the year are limited to qualifying events
& a 31-day window.

Health Plan Coverage

Medical Plan Overview

- ✓ Meritain will continue for July 1, 2024
 - ✓ Independent company of Aetna
 - ✓ Members will continue to use the Aetna Choice POS II (Open Access) Network
- ✓ Visit providers without referral & PCPs are not required (but recommended)
- ✓ Preventative Services Covered by the Plan
 - ✓ Well-Child Visits, Adult Physical (One/Contract Year)
 - ✓ Screening Mammography, Pap Tests,
 - ✓ Immunizations
- ✓ Teledoc telemedicine program - \$20 Copay for Acute Illnesses & Mental Health
- ✓ Dependents Covered to Age 26

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Medical Plan deductions effective July 1, 2024

***No Change from
Current**

MEDICAL: Meritain (PPO)

Annual Salary ↓	Employee	Employee + Child(ren)	Employee + Spouse	Employee + Spouse
Employee Per Pay Premium - Bi-weekly 26 Pay Cycle				
< \$30,000	\$ 28.93	\$ 76.88	\$ 108.15	\$ 144.24
\$30,000 - \$34,999	\$ 31.69	\$ 84.20	\$ 118.46	\$ 157.98
\$35,000 - \$39,999	\$ 35.13	\$ 93.36	\$ 131.33	\$ 175.15
\$40,000 - \$44,999	\$ 39.26	\$ 104.34	\$ 146.78	\$ 195.76
\$45,000 - \$49,999	\$ 43.40	\$ 115.32	\$ 162.23	\$ 216.37
\$50,000 - \$59,999	\$ 51.66	\$ 137.28	\$ 193.13	\$ 257.57
\$60,000 - \$69,999	\$ 59.93	\$ 159.25	\$ 224.04	\$ 298.79
\$70,000 - \$79,999	\$ 68.19	\$ 181.22	\$ 254.94	\$ 340.00
\$90,000 - \$109,999	\$ 72.32	\$ 192.20	\$ 270.39	\$ 360.60
\$110,000 - \$129,999	\$ 76.46	\$ 203.18	\$ 285.84	\$ 381.21
>= \$130,000	\$ 76.46	\$ 203.18	\$ 285.84	\$ 381.21
Employee Per Pay Premium - Semi-monthly 24 Pay Cycle				
< \$30,000	\$ 31.34	\$ 83.29	\$ 117.17	\$ 156.26
\$30,000 - \$34,999	\$ 34.33	\$ 91.22	\$ 128.33	\$ 171.14
\$35,000 - \$39,999	\$ 38.06	\$ 101.13	\$ 142.28	\$ 189.75
\$40,000 - \$44,999	\$ 42.53	\$ 113.03	\$ 159.01	\$ 212.07
\$45,000 - \$49,999	\$ 47.01	\$ 124.93	\$ 175.75	\$ 234.40
\$50,000 - \$59,999	\$ 55.97	\$ 148.72	\$ 209.23	\$ 279.04
\$60,000 - \$69,999	\$ 64.92	\$ 172.52	\$ 242.71	\$ 323.69
\$70,000 - \$79,999	\$ 73.87	\$ 196.32	\$ 276.18	\$ 368.33
\$90,000 - \$109,999	\$ 78.35	\$ 208.22	\$ 292.92	\$ 390.65
\$110,000 - \$129,999	\$ 82.83	\$ 220.11	\$ 309.66	\$ 412.98
>= \$130,000	\$ 82.83	\$ 220.11	\$ 309.66	\$ 412.98
Employee Per Pay Premium - Non-12 month 17 Pays				
< \$30,000	\$ 44.25	\$ 117.58	\$ 165.41	\$ 220.60
\$30,000 - \$34,999	\$ 48.46	\$ 128.78	\$ 181.17	\$ 241.61
\$35,000 - \$39,999	\$ 53.73	\$ 142.78	\$ 200.86	\$ 267.88
\$40,000 - \$44,999	\$ 60.05	\$ 159.57	\$ 224.49	\$ 299.39
\$45,000 - \$49,999	\$ 66.37	\$ 176.37	\$ 248.12	\$ 330.91
\$50,000 - \$59,999	\$ 79.01	\$ 209.96	\$ 295.38	\$ 393.93
\$60,000 - \$69,999	\$ 91.65	\$ 243.56	\$ 342.64	\$ 456.97
\$70,000 - \$79,999	\$ 104.29	\$ 277.15	\$ 389.90	\$ 520.00
\$90,000 - \$109,999	\$ 110.61	\$ 293.95	\$ 413.53	\$ 551.51
\$110,000 - \$129,999	\$ 116.94	\$ 310.75	\$ 437.16	\$ 583.03
>= \$130,000	\$ 116.94	\$ 310.75	\$ 437.16	\$ 583.03

Aetna Choice POS II

No Plan Changes for July 1, 2024

Service	In-Network	Out-of-Network
Deductible	\$500 Single \$1,500 Family Tiers	\$800 Single \$2,400 Family Tiers
Coinsurance	Member pays 10%, after deductible	Member pays 30%, after deductible
Medical Out-of-Pocket Max	\$1,500 Single / \$4,500 Family Tiers	\$1,950 Single / \$5,850 Family Tiers
Primary Care	\$20 copay, deductible waived	Deductible & Coinsurance
Specialist	\$25 copay, deductible waived	Deductible & Coinsurance
Mental Health Office Visit	\$25 copay, deductible waived	Deductible & Coinsurance
Diagnostic Labs	Deductible & Coinsurance	Deductible & Coinsurance
Inpatient Hospital	\$200 copay, then 10% coinsurance after deductible	Deductible & Coinsurance
Urgent Care	\$40 copay, deductible waived	Deductible & Coinsurance
Emergency Room	\$125 copay, deductible waived	\$125 copay, deductible waived

Introducing additional benefit coverage

Gender Affirming Care

- Coverage for services and supplies provided in connection with gender transition when diagnosed with gender identity disorder or gender dysphoria
- Coverage includes medically necessary services related to gender transition

Invitro Fertilization

- Covers diagnosis and testing of infertility
- Covers treatment of infertility including 3 cycles of invitro fertilization per lifetime

Travel and Lodging Expenses benefit option (under Meritain medical plan)

- If a participating provider cannot be located within 100 miles of the members home, the travel and lodging benefit may be utilized
- Allows up to an annual maximum of \$4,000 allowance per plan year as permitted under the IRS guidelines (after deductible, if applicable)
- Lodging expenses limited up to \$50 per night if member only or \$100 per night if member and dependent(s) (after deductible, if applicable)

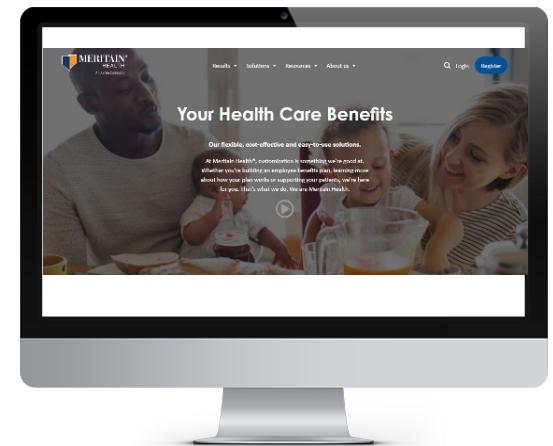
**Please refer to summary plan document for full information of coverage*

Meritain Member Portal

Website available to all enrolled members – Register now!

- Review benefits and coverage
- View and download claims
- View Explanation of Benefits (EOBs)
- Access benefit plan documents
- Find a doctor
- Access member ID cards

Register or log in at
www.meritain.com



How to Register

Access is as easy as 1-2-3

Step 1

Go to www.meritain.com and click *Register*.

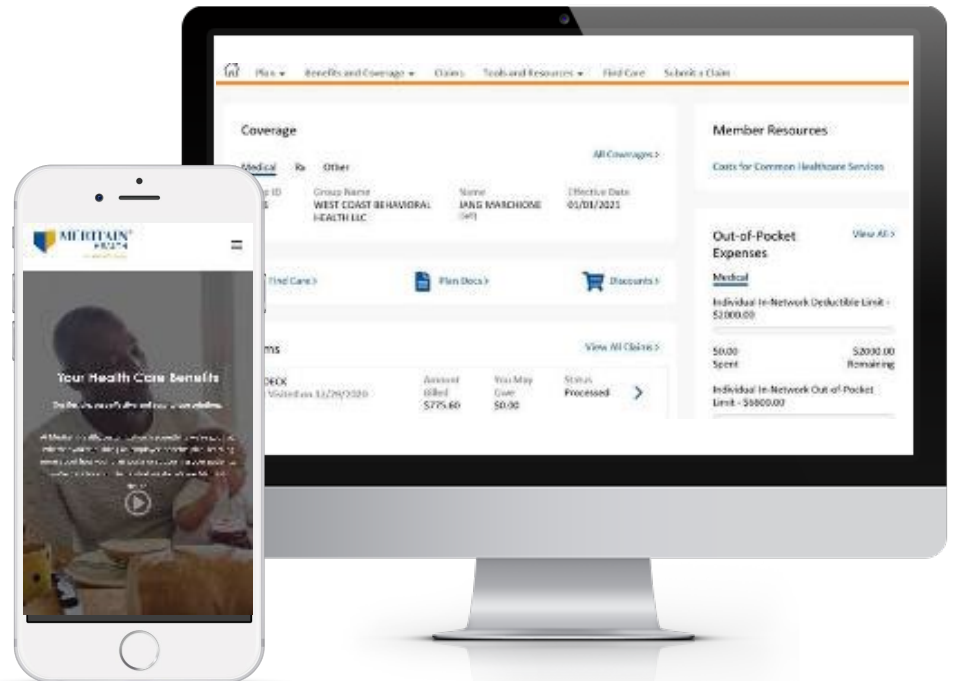
Step 2

Select *Member* under *I am a* and enter your group ID. Then, click *Continue*.

Step 3

You'll need to enter the following information, then select *Submit*:

- Member ID (located on your member ID card)
- Group ID (located on your member ID card)
- First name (employee, spouse or adult dependent)
- Last name (employee, spouse or adult dependent)
- ZIP code
- Email (personal address)
- Date of birth (mm/dd/yyyy)



You can access the portal by computer, tablet or via the Meritain Health mobile app on your iPhone® or Android™.

DocFind Provider Directory

Find Aetna providers online in just a few quick steps

You can use the DocFind directory anywhere you have internet access. Just:

1

Visit <http://www.aetna.com/docfind/custom/mymeritain/>.

2

Key in the ZIP code, city, county or state of the desired geographical area in the *Enter location here* field. Click *Search*.

3

Key in *Aetna Choice® POS II (Open Access)* under *Select a Plan*. **Or** you can select *Aetna Choice® POS II (Open Access)* from the list of plans. Click *Continue*.

4

There are two options available to search for providers. The guided flow search uses some of our most commonly searched terms and easily organizes them for our users to find. To use the guided search flow, choose and click on one of the categories under *Find what you need by category*. **Or see step five.**

5

Use the search box, which includes type-ahead suggestions and will present provider, facility, specialty and condition search options based on what is entered. These suggested options will present an exact match or relevant providers. *What do you want to search for near* (will display your chosen location).

6

Choose your provider from the list of providers displayed on the results screen. You can learn more about each by clicking on the provider's name.

7

Narrow your search results by using the *Filter & Sort* option. Choices include Gender, Languages, Hospital Affiliations, Office Detail, Individual Practice Association Affiliations, Group Affiliations and Provider Type.

***No Change to current provider network**

Teledoc Telemedicine Program

Alternative to receive care by visiting a certified medical doctor right from your home, office or on the go for non-emergency medical conditions. Available 24/7/365

Physicians will diagnose your symptoms, prescribe medications (when appropriate) and send the prescription to your nearest pharmacy.

When to Use:

- Primary care doctor is not available
- Instead of going to the ER or Urgent Care (for a non-emergency)
- Traveling and in need of medical care

Treatable Common Conditions:

Allergies, Asthma, Bronchitis, Cold/Flu, Diarrhea, Ear Infections, Fever, Headache, Infections, Insect Bites, Joint Aches, Rashes, Sinus Infections, Skin Infections, Sore Throat

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Behavioral Health on Teledoc “Confidential therapy on your terms”

Speak with a licensed therapist from anywhere

Taking care of your mental health is an important part of your overall well-being. With Teladoc's Mental Health, adults 18 and older can get care for anxiety, depression, grief, family issues, and more. Choose to see a psychiatrist, psychologist, social worker, or therapist and establish an ongoing relationship.

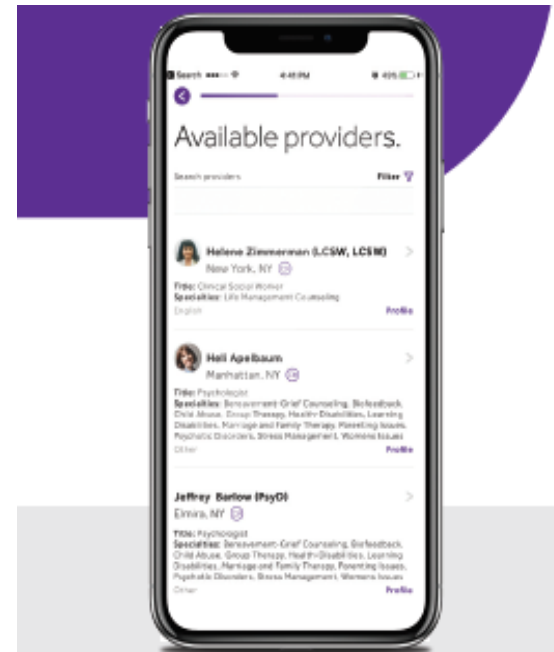
“As a working mom with two small children, finding ‘me time’ is almost impossible. So having easy access to an amazing psychologist through Teladoc has been an invaluable benefit.”

Ade O., Teladoc member

Teladoc doesn't offer a crisis hotline. Appointments must be scheduled.

Why use Teladoc's Mental Health service

- ✓ Confidential treatment
- ✓ Convenience to speak with a therapist from anywhere
- ✓ Flexible scheduling
- ✓ Quick access to the right provider for you



How to schedule a visit

- 1 Register your Teladoc account via web or app or log in to your account if you're already registered
- 2 Request a visit
- 3 Answer a few questions
- 4 Select your therapist
- 5 Request a time for your appointment

Meritain Precertification

Meritain medical management team will help you get the most appropriate care, when and where you need it.

Precertify before the following:

Hospital admissions

Inpatient or outpatient surgery

IV home infusion therapy or chemotherapy

Inpatient substance abuse treatment

Home health care

Admission to an extended care or rehab care facility



Call before you get care

You or your doctor can call Meritain Health Medical Management to verify which procedures need to be precertified.

Additional Meritain Member Resources

Pre-Admission and Post-Discharge Counseling

- Provides educations to members receiving inpatient procedures

Maternity Management

- Connecting members with maternity nurse specialist (RN's) for the duration of pregnancy

Institutes of Quality

- Aetna network includes special network of hospitals and facilities known for providing quality care

Product Discounts

- Meritain provides health discounts for healthcare products including blood pressure monitor, electrotherapy,

OptumRx Prescription Drug Plan

- Formulary is the list of medications covered by the plan. Updated twice per year based on latest research & clinical evidence. Deductibles / Copays are determined by the Tier;
 - **Generics** – safe, effective & have the same active ingredients as a brand name medication, but cost an average of 85% less (brands with expired patents)
 - **Preferred** – Lower cost or more clinically effective than non-preferred or excluded
 - **Non-Preferred** – Highest cost or medications with clinical alternatives
 - **Specialty** – Complex medications purchased through a specialty pharmacy
 - **Excluded** – NEW TIER – Medications with clinical alternatives or generics that are not covered by the plan. Members must choose an alternative therapy.

Formulary – Online at [July 1, 2024 Optum Formulary](#)

Members impacted by formulary changes & exclusions will receive letters directly from OptumRx. Speak with your physician to avoid any interruptions in treatment.



Pharmacy Plan Details

- Per the Formulary, medications may require treatment protocols including;
- **Quantity Limits** – for safety & cost reasons, the plan limits the amount of drugs they cover over a certain period of time.
- **Prior Authorization** – to be sure that medications are prescribed and used correctly, before the plan will cover a particular drug, your doctor or your prescriber must first show that you have a medically necessary need for that particular drug and/or have met the requirements for the drug.
- **Step Therapy** – you must first try a less expensive drug on the formulary that has been proven effective for most people with your condition before you can move up a “step” to a more expensive drug. However, if you have already tried the more affordable drug and it didn’t work or if your prescriber believes that it is medically necessary for you to be on a more expensive drug, they can contact the plan to request an exception.

Specialty Prescriptions

- Fill through Optum Specialty Pharmacy only, start the process prior to July 1 with your doctor to avoid any delays!
- Ask about coupon programs to help cover your copays

Pharmacy Plan Details – Mail Order

- Purchase a 90-Day Supply – deductible or 2.5 copays, convenience of Auto Refill, the medication is sent automatically & Auto Renewal, OptumRx renews your prescription with your doctor.
- New service requires a minimum 90-day or annual script from your doctor
- Provide home delivery pharmacy with...
 - Scripts (have your doctor e-scribe them directly)
 - Payment Method
 - Mailing Address

Pharmacy Plan Details

Helpful Hints

- Flu &/or Covid Vaccines in the Pharmacy – No Member Copay via OptumRx coverage
- Traveling Overseas – Plan ahead with scripts & a prior authorization for the length of travel plus return time
- Diabetics – free meters available through OptumRx program
- If you are having any issues purchasing your medications, please contact HR or Alera Group. We will need the patient, medication, dosage & the pharmacy details.
 - Need a refill as the patient & provider work through prior authorization
 - Need a refill of your existing script if step therapy is required
 - Need a refill as you transition to a new specialty pharmacy
 - Need a refill of an excluded medication as you speak with your doctor to transition to a new medication...and any other issues.

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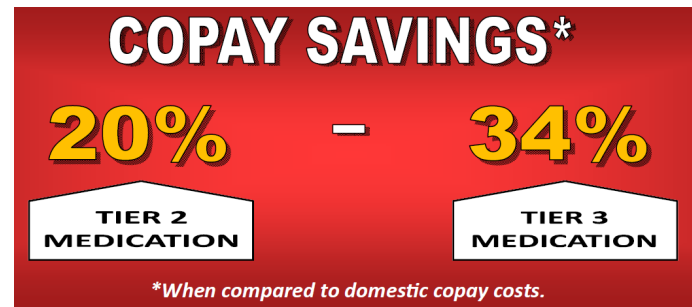
DickinsonCRX Program

International mail order drug program

- \$0 copay for 90 day supply on certain brand name drugs
- Visit <http://www.dickinsoncrx.com/> for the full list of eligible medications and more information on the program
- **Access information for CRX International** by visiting www.crxintl.com
 - **LOG-IN** by entering the **Web ID: DICKINSON**

What is needed to enroll in the program:

- ✓ Completed enrollment form
- ✓ New prescription for each medication
- ✓ Copy of photo ID



Dental Coverage

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Dental Plan Overview

- ✓ No Change in Plan Design or Employee Premiums for July 1, 2024
- ✓ Dickinson College continues to offer two dental plans to benefit eligible employees and dependents
- ✓ Dependent children covered to age 26
- ✓ Find a provider at www.unitedconcordia.com
 - Dental network: **Elite Plus**
- ✓ Create an account at www.unitedconcordia.com
 - Review coverage information
 - Check claim status
 - Print ID cards

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Dental Per Pay Deductions

Employee Per Pay Premium		Employee (EE)	EE + Spouse or EE + Child	EE + Spouse + Child(ren) or EE + Children
DENTAL United Concordia <i>(Concordia Select) Low Option</i>	Bi-weekly 26 pays	\$9.54	\$19.34	\$31.95
	Semi-monthly 24 pays	\$10.33	\$20.95	\$34.61
	Non-12 month 17 pays	\$14.59	\$29.57	\$48.87
DENTAL United Concordia <i>(Concordia Choice) High Option</i>	Bi-weekly 26 pays	\$10.49	\$22.02	\$41.03
	Semi-monthly 24 pays	\$11.36	\$23.86	\$44.45
	Non-12 month 17 pays	\$16.04	\$33.68	\$62.75

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Benefit Category ¹	CONCORDIA FLEX PLAN	
	Low Option Plan Pays	High Option Plan Pays
Class I – Diagnostic/Preventive Services		
Exams	100%	100%
Bitewing X-rays		
All Other X-rays		
Cleanings & Fluoride Treatments		
Sealants		
Palliative Treatment		
Space Maintainers		80% ³
Class II – Basic Services		
Basic Restorative (Includes Posterior Composite Fillings)	80%	80%
Simple Extractions		
Endodontics		
Nonsurgical Periodontics		
Complex Oral Surgery		
General Anesthesia		
Surgical Periodontics	50%	
Class III – Major Services		
Repairs of Crowns, Inlays, Onlays, Bridges & Dentures	50%	80%
Inlays, Onlays, Crowns		50%
Prosthetics (Bridges, Dentures)		50%
Orthodontics for dependent children to age 19		
Diagnostic, Active, Retention Treatment	Not Covered	50%
Maximums & Deductibles (applies to the combination of services received from network and non-network dentists)		
Contract Year Program Deductible (per person/per family) (July 1 - June 30)	\$50/\$150 Excludes Class I	\$75/\$225 Excludes Class I & Orthodontics
Contract Year Program Maximum (per person) (July 1 - June 30)	\$1,000	\$1,500 Excludes Orthodontics
Lifetime Orthodontic Maximum (per person)	N/A	\$1,000
In-Network Reimbursement⁵	Elite Plus	Elite Plus
Non-Network Reimbursement⁵	Advantage/90th Percentile⁶	90th Percentile

MyDentalBenefits Account

Creating an online account with United Concordia's MyDentalBenefits gives you 24/7 access to information on your dental plan:

- See your plan benefits
- Check the status of claims and access EOB's
- Find a dentist near you
- Chat live with customer service
- Print ID cards

How to create an account:

1. Go to **UnitedConcordia.com/GetMDB**
2. Enter your **Member ID** number and your **Birthdate**
(You can also use the policyholder's SSN instead of the ID)
3. Create a username and password to log in

Get the United Concordia Dental app

Sign in with your **MyDentalBenefits** login info.



Vision Coverage

Vision Plan Overview

- ✓ No Change in Plan Design or Employee Premiums for July 1, 2024
- ✓ Dickinson College continues to offer vision coverage through Vision Benefits of America (VBA)
- ✓ Dependent children covered to age 26
- ✓ Log in to your vision member account at www.vbaplans.com
 - Find a participating provider to maximize your benefits
 - Access your eligibility for services
 - View your claim history and plan coverage
 - View/Print ID card, (card not necessary to access benefits)
 - Access out-of-network claim instructions
- ✓ Vision services frequency
 - Routine exam – once every 12 months
 - Lenses – once every 12 months
 - Frames – once every 24 months



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Vision Per Pay Deductions

Employee Per Pay Premium		Employee (EE)	EE + Spouse or EE + Child	EE + Spouse + Child(ren) or EE + Children
VISION Vision Benefits of America	Bi-weekly 26 pays	\$1.41	\$3.29	\$4.78
	Semi-monthly 24 pays	\$1.53	\$3.56	\$5.18
	Non-12 month 17 pays	\$2.16	\$5.03	\$7.31

Vision Benefits

	VBA Participating Provider Amount Covered/Benefit	Non-Participating Provider Amount Reimbursed
Vision Exam (Glasses or Contacts)	100%	\$40
Clear Standard Lenses (Pair):		
Single Vision	100%	\$40
Bifocal	100%	\$50
Blended Bifocal	100%	\$50
Trifocal	100%	\$75
Progressives ^D	Controlled Cost ^E	\$75
Lenticular	100%	\$100
Polycarbonate ^C	100%	N/A
Scratch Coat-1 Yr	100%	N/A
Frame^B	100%	\$50
-OR-		
Elective Contacts (in lieu of eyeglass benefits)		
Material Allowance	\$110	\$110
Fitting Fee	15% off UCR ^A	N/A
-OR-		
Medically Necessary Contacts^F	100%	\$320

A Usual, Customary, and Reasonable.

B Within the program's \$50 wholesale allowance (approximately \$125 to \$150 retail).

C Available In-Network at no charge for children under age 19.

D Progressive lenses typically retail from \$150 to \$400, depending on lens options. VBA's controlled costs generally range from \$45 to \$175.

E Unless otherwise prohibited by law.

F Medically Required Contacts may only be selected in lieu of all other material benefits listed herein.

Flexible Spending

Flexible Spending Accounts (FSA)

Benefit MUST BE (re)elected every year!

Effective 7/1/24 – Administered by Ameriflex

Pre-tax dollars set aside to pay for health or dependent care expenses.

Accounts are “Use It or Lose It” rule!

Healthcare Spending Account (HCFSA)

- **\$3,200 Annual Maximum**
- Benefit is fully funded July 1 if your expenses occur early in the year
- Covers medical, RX, dental & vision expenses for employee, spouse & children
- Covers OTC and feminine hygiene products

Dependent Care Reimbursement Account (DCFSA)

- Up to **\$5,000 “family” Annual Maximum** (requires Tax ID# of provider)

****Grace Period to incur claims & use 2023-2024 flex money ends September 15, 2024. All claims MUST be submitted by October 31, 2024. Submissions MUST be dated prior to 9/16/2024.***

Ameriflex Debit Card

Once enrolled in a Flexible Spending Account, members will receive a Benefits Mastercard from Ameriflex:

- The card may be used to pay for eligible expenses under IRS guidelines, including:
 - doctor's visit and prescription drug co-pays
 - medical plan deductibles
 - eligible medical, dental or vision expenses that are not covered by any other plan.
- The card may be used to pay for eligible expenses at approved merchants that accept MasterCard
- Expenses are limited to your elected annual maximum.
- You must keep copies of all receipts for which you use your card. Ameriflex might request those receipts. If they are requested, and you fail to provide them, your card may be temporarily inactivated.

Ameriflex Member Portal and Mobile App

Create a Ameriflex online account at:

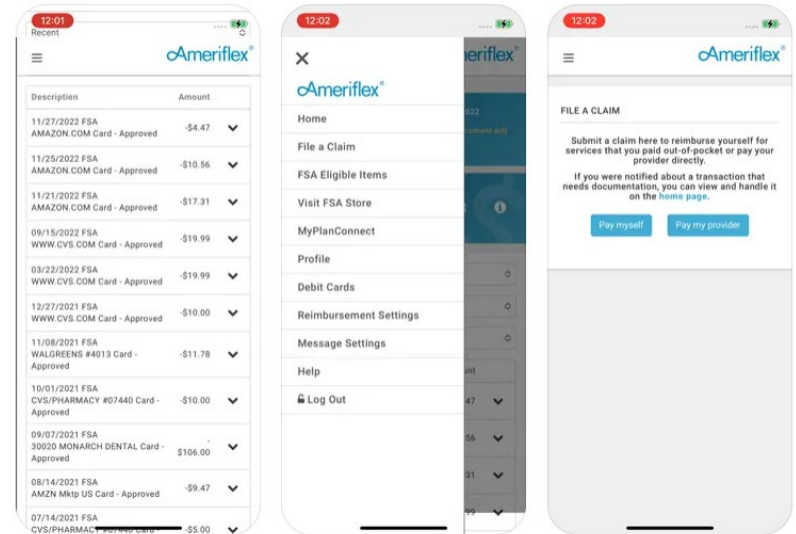
www.myameriflex.com/login

- Track balances
- Submit claims
- Access account history
- Order replacement debit cards
- Download forms

Mobile App

Search “Ameriflex” in app store

- File claims with camera-based receipt imaging
- Get text alerts for balance and transaction inquiries



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Ameriflex ID Theft Protection

All Ameriflex cardholders will receive complimentary access to Mastercard's leading Identity Theft Protection service.

Benefits Include:

- 24/7 ID theft resolution service
- Online identity monitoring dashboard
- Credit monitoring, report and score
- Suspicious activity alerts

Learn more and register at:

www.myameriflex.com/idtheftprotection

Ameriflex Support



Download the
Mobile App

Call us at:
888.868.3539

Visit us at:
www.myameriflex.com

**Life Insurance,
Accidental Death &
Dismemberment and
Long Term Disability**

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Life Insurance and Accidental Death & Dismemberment (AD&D)

Core Benefit – Paid for by Dickinson College

- Benefit eligible employees covered by Term Life and AD&D Insurance
 - Benefit amount of 3x salary to a maximum of \$650,000 for FT Employees Hired Before January 1, 2008
 - Benefit amount of 2x salary to a maximum of \$650,000 for FT Employees Hired On or After January 1, 2008
- Age reduction applies at ages 65, 70, and 75

Voluntary Benefit – Term Life and AD&D Insurance

- Evidence of Good Health required if enrolling after initial eligibility or for amounts greater than guaranteed issue coverage.
- Employees may elect increments of \$10,000 to a maximum of \$300,000. Age reduction applies at ages 65, 70, and 75.
- Spouse may elect \$10k to lesser of \$150k or 50% of employee amount
- Children to age 26, may elect increments of \$2,500 to a maximum of \$10,000

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Long-Term Disability

Paid for by Dickinson College

Provided to benefit eligible employees

- Benefits begin after 180 days of disability.
- 60% of base monthly earnings to a max of \$10,000 per month.
- Payable to normal social security retirement age.

Voluntary Benefit – Accidental Death & Dismemberment (AD&D)

Additional accidental death and dismemberment coverage available to benefit eligible employees through The Hartford

- Elect \$10,000 to \$300,000 in coverage
- Any amount over \$150,000 cannot exceed 10x salary
- Age reduction applies at ages 65 and 70



Additional Voluntary Benefits

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Accident and Critical Illness

▪ Personal Accident Indemnity Plan

- Accident Emergency Treatment
- Accident Follow-up Treatment
- Hospitalization Benefit; Initial, Confinement, ICU
- Major Diagnostic Exams
- Physical Therapy
- Accidental Death & Dismemberment
- Wellness Benefit, \$60/year per participants (after 12 months of coverage)

▪ Critical Illness Coverage

- Covered Illnesses include: cancer, heart attack, stroke, major organ transplant, renal failure, coronary bypass
- Wellness Benefit, \$50/year per participant

Please visit

<https://www.aflacenrollment.com/DickinsonCollege/177915123144>

for more information and to enroll in coverage



Home and Auto Insurance

- Voluntary benefit offered to full-time employees at group-discounted rates
- Coverage premiums paid through payroll deductions
- 100% portable - you take the coverage with you!

- **Options available:**

Home

Boat

Motor Home

Auto

Condo

Motorcycle

Personal Excess Liability

Renter's

Recreational Vehicle

Call 1-800-438-6381 for more information or a free quote.



Health Advocate



Health Advocate Resources

Available to all full-time employees, spouses, dependent children, parents and parents-in-law to assist with navigating benefit options and questions throughout the year

Find the right doctors

We'll also locate the right hospitals, dentists and other leading healthcare providers anywhere in the country.

Schedule appointments

We can help expedite the earliest appointments with providers including hard-to-reach specialists and arrange treatments and tests.

Help resolve insurance claims

Our experts get to the bottom of your issue to assist with negotiating billing and payment arrangements.

Assist with eldercare

We address senior issues such as Medicare and related healthcare issues facing your parents and parents-in-law.

Get cost estimates

You'll receive comparable costs of common medical procedures in your area to help you make informed decisions.

Work with insurance companies

Our team works on your behalf to obtain appropriate approvals for needed services.

Answer questions

We help you become informed about test results, treatments and medications prescribed by your physician.

Assist in the transfer of medical records

We'll also handle the details of transferring X-rays and lab results.

...and much more

Help is Only a Phone Call Away



866.695.8622



HealthAdvocate.com