This guide provides detailed information on the choices available to Wofford College employees in 2021. These benefits are designed for your health and security, both now and in the future, and we encourage you to review the information carefully as you make the best decisions regarding coverage to fit your needs.
# TABLE OF CONTENTS

- Your Benefits 4
- Your Benefit Coverage 5
- Medical Plan 6
- Prescription Drug Plan 7
- Telemedicine 8
- Medical Plan Reminders 9
- Dental Plans 10
- Vision Plan 12
- Flexible Spending Accounts 16
  - Health Care Flexible Spending Account (FSA) 18
  - Dependent Care Flexible Spending Account (FSA) 20
- Employee Assistance Program (EAP) 21
- Retirement - 403B 22
- Benefits Terminology 23
- Benefits Quick Reference List 25
- Frequently Asked Questions (FAQ) 26
Your benefits are an important part of your employment. They provide financial protection for you and any eligible dependents you cover. Wofford College provides a comprehensive benefit program that gives you the coverage you need, when you need it. Take some time to review the benefit program that Wofford College offers to choose the plans that are right for you.

Available Benefits
- Medical coverage with RX.
- Dental coverage.
- Vision coverage.
- Flexible spending accounts.
- Employee Assistance Program (EAP).
- Retirement benefits.

Eligible Dependents
*Eligible dependents are defined as your:*
- Legal spouse.
- Dependent children (birth to age 26).
  - Natural children.
  - Legally adopted children.
  - Children placed in your home for legal adoption.
- Stepchildren.
- Children over whom you have legal guardianship.

Coverage Tiers

- Employee Only
- Employee & Legal Spouse
- Employee & Children
- Family
YOUR BENEFIT COVERAGE

It is important that you complete the election process by the designated deadline. **IF YOU DO NOT ENROLL,** you will not be able to elect coverage unless you experience a qualifying event or until the next annual enrollment period. The annual enrollment deadline is November 13th.

**COVERAGE BEGINS:**

*Full-time employees are eligible for benefits the first of the month on or after their date of hire.* The elections made will remain in effect and cannot be changed until annual enrollment for the next plan year, unless a qualifying event occurs (see below).

**COVERAGE ENDS:**

*For employees, coverage ends:*
- On the last day of the month you terminate employment.
- On the last day of the month you are no longer classified as a full-time employee.

*For dependents coverage ends:*
- When your coverage ends.
- On the date in which a divorce is finalized.
- On the last day of the month during which the dependent turns 26.

**Qualifying Life Events for Benefit Coverage Changes**

**CAN I MAKE CHANGES?**

In accordance with federal regulations, the benefits you select in your benefit package will remain in effect through the next plan year. However, you may be allowed to make changes to certain benefits if you have a **qualified status change.** Examples of qualified status changes are listed below:

- Marriage, divorce, legal separation, annulment or the death of a spouse.
- The birth, adoption, placement for adoption or death of a child.
- Termination or commencement of employment, either outside of Wofford or at Wofford.
- Reduction or increase of hours of employment, which may include leave of absence or change in employment status.
- A child who becomes a dependent or is no longer considered a dependent.

You must notify the benefits department and provide supporting documentation of any qualifying changes within 30 days of the event.
MEDICAL PLAN

Wofford College offers one medical plan to employees. The plan is administered by PAI and uses the Blue Cross network for employees who live in South Carolina and the Medcost network for employees who reside in North Carolina.

The following chart provides information on the medical plan coverage, deductible, employee contributions and more.

*This example is based on single coverage using in network providers.*

<table>
<thead>
<tr>
<th>Deductible</th>
<th>$750</th>
</tr>
</thead>
<tbody>
<tr>
<td>You pay this amount.</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Coinsurance</th>
<th>$3,000</th>
</tr>
</thead>
<tbody>
<tr>
<td>You pay 20% and the plan pays 80%.</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Out-of-Pocket Maximum</th>
<th>$3,750</th>
</tr>
</thead>
</table>

**Deductible**

You pay 100% of medical services that apply toward the plan’s deductible. Once you reach the deductible, the coinsurance goes into effect.

**Coinsurance**

The coinsurance amount is the percentage of eligible charges the plan pays for covered services. Wofford’s plan pays 80%; the employee pays 20%.

**Out-of-Pocket Maximum**

Once your total out-of-pocket expenses (deductible, coinsurance and copays) reach the out of pocket maximum, the plan pays 100% of any other eligible expenses for the rest of the Plan year.

**Copays**

*Office visits:* A flat fee is paid out of pocket by the employee at the time of service.

*Prescriptions:* A flat fee or a percentage based on the type of prescription is paid by the employee.
**PRESCRIPTION DRUG PLAN**

Wofford’s prescription drug plan uses a three-tier copay structure. Copayment varies depending on the tier in which the prescription drug is filled. Wofford has contracted with Magellan to provide both retail and mail order prescription benefits to all participants of the medical plan.

**WHERE CAN I PURCHASE MY PRESCRIPTION MEDICATIONS?**

![AT THE PHARMACY (RETAIL):](image)

When your doctor prescribes medication that you need to take on a short-term basis to treat an illness or injury, use your PAI card to fill prescriptions at any participating pharmacy in the Magellan Pharmacy Network. You may receive up to a 34-day supply per prescription.

![MAIL SERVICE PHARMACY:](image)

When your doctor writes a prescription for maintenance medication (a medication that you will be taking for more than 30 days) use the mail service pharmacy. Mail order forms are available at MagellanRX.com.

Your physician needs to write your prescription for a 90-day supply for 12 months.

<table>
<thead>
<tr>
<th>RX Category</th>
<th>Pharmacy</th>
<th>Mail Order</th>
</tr>
</thead>
<tbody>
<tr>
<td>Generic</td>
<td>20%</td>
<td>$10 copay</td>
</tr>
<tr>
<td>Brand Name</td>
<td>40%</td>
<td>$35 copay</td>
</tr>
<tr>
<td>Specialty</td>
<td>40%</td>
<td>$35 copay</td>
</tr>
</tbody>
</table>

*Preventive drugs are covered at 100%.*
TELEMEDICINE

WHAT IS TELEMEDICINE?

Telemedicine is provided by Teledoc, a faster, easier way to see a doctor. You can have video or telephone visits with a doctor 24/7/365. The service is easy to use, private and secure.

Teledoc offers:

- Your choice of trusted, U.S. board-certified doctors.
- Video visits using the web or mobile app.
- Consultation, diagnosis and prescriptions when appropriate.

WHAT IS THE COST FOR A VISIT?

Your visit is free.

WHAT CAN DOCTORS TREAT VIA TELEMEDICINE?

The most common issues treated are:

- Colds.
- Flu.
- Fever.
- Skin problems.
- Allergies.
- Respiratory infection.
- Sore throat.

HOW DO I SIGN UP?

Visit Teladoc.com or call 1-800-Teladoc (835-2362).
MEDICAL PLAN REMINDERS

Precertification for Medical Services

Wofford's medical plan requires precertification for certain services before services are rendered.

- All inpatient admission.
- Human organ and tissue transplants.
- Inpatient and outpatient mental health.
- Inpatient and outpatient substance abuse.
- Admissions for physical rehabilitation.
- Home health care.
- Air ambulance.
- Any surgical procedure that could be considered cosmetic (blepharoplasty, breast reduction, etc.).
- Experimental or investigational procedures.
- Sclerotherapy.
- Septoplasty.
- Hysterectomy.

MAKE A POINT TO GET PREVENTIVE SCREENINGS EACH YEAR

Preventive care is covered at 100% including immunizations, lab tests, screenings and other services intended to prevent illness or detect problems before you notice symptoms. The right preventive care at the right time can help you stay well and could even save your life.
DENTAL PLANS

Wofford provides group dental insurance through Sun Life. Under this program, you have your choice of two plans. Although you may seek services from any provider, you will receive the highest level of benefit from an in-network PPO provider. You also may be subject to any difference in fee rates set by Sun Life.

The basic plan provides preventive services (oral exams, routine dental cleaning, fluoride treatment for under age 19, sealants for children under age 16, bitewing X-rays, filings and surgical extractions).

The enhanced plan includes the services under the basic plan plus coverage for crowns, endodontics, periodontics and orthodontic treatment for children.

Waiting period: There is a six-month waiting period for major service and 12 months for orthodontic services.
Dental Plan

If you elect coverage during annual enrollment, your coverage will be effective January 1, 2021. Preventive care (oral exams, cleanings) will be allowed two times within the calendar year.

<table>
<thead>
<tr>
<th>Benefit Highlights</th>
<th>Basic Plan</th>
<th>Enhanced Plan</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Deductible</strong></td>
<td>$50 individual/ $150 family</td>
<td>$50 individual/ $150 family</td>
</tr>
<tr>
<td><strong>Preventive (exam, cleaning, fluoride, sealants)</strong></td>
<td>100%, no deductible</td>
<td>100%, no deductible</td>
</tr>
<tr>
<td><strong>Basic (fillings, extractions)</strong></td>
<td>80% after deductible</td>
<td>80% after deductible</td>
</tr>
<tr>
<td><strong>Major (crowns, root canals, etc.)</strong></td>
<td>$0 no coverage</td>
<td>50% after deductible</td>
</tr>
<tr>
<td><strong>Orthodontic</strong></td>
<td>$0 no coverage</td>
<td>50% for child under age 26</td>
</tr>
<tr>
<td><strong>Annual Maximum</strong></td>
<td>$2,000 per person</td>
<td>$2,000 per person</td>
</tr>
<tr>
<td></td>
<td></td>
<td>$1,000 lifetime for ortho</td>
</tr>
</tbody>
</table>

**EMPLOYEE COSTS PER MONTH**

<table>
<thead>
<tr>
<th>Coverage Tiers</th>
<th>Basic Plan</th>
<th>Enhanced Plan</th>
</tr>
</thead>
<tbody>
<tr>
<td>Employee</td>
<td>$28.51</td>
<td>$53.12</td>
</tr>
<tr>
<td>Employee and Spouse</td>
<td>$56.93</td>
<td>$106.28</td>
</tr>
<tr>
<td>Employee and Children</td>
<td>$67.84</td>
<td>$119.02</td>
</tr>
<tr>
<td>Family</td>
<td>$96.31</td>
<td>$172.12</td>
</tr>
</tbody>
</table>
**2021 VISION**

Eye Med is the administrator of the Wofford vision plans effective January 1, 2021. You have the option to select the base plan, which provides an eye exam and additional discounts on eye wear or you can select the Buy Up plan with is a full vision care plan with benefits for eye wear and contacts. The vision exam in the medical plan is being removed and if you want a vision exam, you will need to select one of the new vision plans. The Base plan has ZERO cost to benefit eligible employees. The Buy Up plan has a monthly premium cost and you can select the coverage you and your family needs for vision care. The election you make will be for 2021 unless you have a life event. You will have the option to change plans or who you cover each year during the Annual Enrollment.

Please review the chart and the costs to determine which option is best for you.

<table>
<thead>
<tr>
<th></th>
<th>Employee Only</th>
<th>Employee &amp; Spouse</th>
<th>Employee &amp; Children</th>
<th>Family</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Base Plan</strong></td>
<td>$0</td>
<td>$0</td>
<td>$0</td>
<td>$0</td>
</tr>
<tr>
<td><strong>Buy Up Plan</strong></td>
<td>$9.22 per month</td>
<td>$17.52 per month</td>
<td>$18.41 per month</td>
<td>$27.11 per month</td>
</tr>
</tbody>
</table>
BASE VISION PLAN - NO COST TO EMPLOYEE - EXAM ONLY COVERAGE AND DISCOUNTS FOR MATERIALS

Wofford College

<table>
<thead>
<tr>
<th>VISION CARE SERVICES</th>
<th>SUMMARY OF BENEFITS</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>IN-NETWORK MEMBER COST</td>
</tr>
<tr>
<td><strong>EXAM SERVICES</strong></td>
<td></td>
</tr>
<tr>
<td>Exam</td>
<td>$10 copay</td>
</tr>
<tr>
<td>Retinal Imaging</td>
<td>Up to $39</td>
</tr>
<tr>
<td><strong>FRAME</strong></td>
<td></td>
</tr>
<tr>
<td>Frame</td>
<td>35% off retail price</td>
</tr>
<tr>
<td><strong>STANDARD PLASTIC LENSES</strong></td>
<td></td>
</tr>
<tr>
<td>Single Vision</td>
<td>$50</td>
</tr>
<tr>
<td>Bifocal</td>
<td>$70</td>
</tr>
<tr>
<td>Trifocal</td>
<td>$105</td>
</tr>
<tr>
<td>Lenticular</td>
<td>$105</td>
</tr>
<tr>
<td>Progressive - Standard</td>
<td>$135</td>
</tr>
<tr>
<td><strong>LENS OPTIONS</strong></td>
<td></td>
</tr>
<tr>
<td>Anti Reflective Coating - Standard</td>
<td>$45</td>
</tr>
<tr>
<td>Photochromic - Non-Glass</td>
<td>$75</td>
</tr>
<tr>
<td>Polycarbonate - Standard</td>
<td>$40</td>
</tr>
<tr>
<td>Scratch Coating - Standard Plastic</td>
<td>$15</td>
</tr>
<tr>
<td>Tint - Solid or Gradient</td>
<td>$15</td>
</tr>
<tr>
<td>UV Treatment</td>
<td>$15</td>
</tr>
<tr>
<td>All Other Lens Options</td>
<td>20% off retail price</td>
</tr>
<tr>
<td><strong>CONTACT LENSES</strong></td>
<td></td>
</tr>
<tr>
<td>Contacts - Conventional</td>
<td>15% off retail price</td>
</tr>
<tr>
<td>Contacts - Disposable</td>
<td>100% of retail price</td>
</tr>
<tr>
<td><strong>OTHER</strong></td>
<td></td>
</tr>
<tr>
<td>Hearing Care from Amplifon Network</td>
<td>Discounts on hearing exam and aids; call 1.877.203.0675</td>
</tr>
<tr>
<td>Lasik or PRK from U.S. Laser Network</td>
<td>15% off retail or 5% off promo price; call 1.800.988.4221</td>
</tr>
</tbody>
</table>

**FREQUENCY**

- Exam: Once every plan year
- Frame: Unlimited
- Lenses: Unlimited

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EyeMed reserves the right to make changes to the products available on each tier. All providers are not required to carry all brands on all tiers. For current listing of brands by tier, call 866-939-3633. No benefits will be paid for services or materials connected with or charges arising from any Vision Materials, medical or surgical treatment, services or supplies for the treatment of the eye, eyes or supporting structures, Refraction, when not provided as part of a Comprehensive Eye Examination; services provided as a result of any Workers’ Compensation law, or similar legislation, or required by any governmental agency or program whether federal, state or subdivisions thereof, orthoptic or vision training, subnormal vision aids and any associated supplemental testing. Antiknock lenses; any Vision Examination or any corrective Vision Materials required by a Policyholder as a condition of employment; services rendered after the date an Insured Person ceases to be covered under the Policy. Fees charged by a Provider for services other than a covered benefit and any local, state or Federal taxes must be paid in full by the Insured Person to the Provider. Such fees, taxes or materials are not covered under the Policy. Some provisions, benefits, exclusions or limitations listed herein may vary by state. Plan discounts cannot be combined with any other discounts or promotional offers. In certain states members may be required to pay the full retail rate and not the negotiated discount rate with certain participating providers. Please see online provider/locator to determine which participating providers have agreed to the discounted rate. Underwritten by Fidelity Security Life Insurance Company of Kansas City, Missouri, except in New York, Fidelity Security Life Policy number VC-14B, form number M-9684. This is a snapshot of your benefits. The Certificate of Insurance is on file with your employer.
BUY-UP VISION PLAN - FULL COVERAGE OF EXAM & MATERIALS

Wofford College

<table>
<thead>
<tr>
<th>VISION CARE SERVICES</th>
<th>IN-NETWORK MEMBER COST</th>
<th>OUT-OF-NETWORK MEMBER REIMBURSEMENT</th>
</tr>
</thead>
<tbody>
<tr>
<td>Exam</td>
<td>$10 copay</td>
<td>Up to $40</td>
</tr>
<tr>
<td>Retinal Imaging</td>
<td>Up to $39</td>
<td>Not covered</td>
</tr>
<tr>
<td>CONTACT LENS FIT AND FOLLOW-UP</td>
<td>Up to $40; contact lens fit and two follow-up visits</td>
<td>Not covered</td>
</tr>
<tr>
<td>Fit B Follow-up - Standard</td>
<td>$10 off retail price</td>
<td>Not covered</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>FRAME</th>
</tr>
</thead>
<tbody>
<tr>
<td>Frame</td>
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<th>STANDARD PLASTIC LENSES</th>
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</tr>
<tr>
<td>Trifocal</td>
</tr>
<tr>
<td>Lenticular</td>
</tr>
<tr>
<td>Progressive - Standard</td>
</tr>
<tr>
<td>Progressive - Premium Tier 1</td>
</tr>
<tr>
<td>Progressive - Premium Tier 2</td>
</tr>
<tr>
<td>Progressive - Premium Tier 3</td>
</tr>
<tr>
<td>Progressive - Premium Tier 4</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>LENS OPTIONS</th>
</tr>
</thead>
<tbody>
<tr>
<td>Anti Reflective Coating - Standard</td>
</tr>
<tr>
<td>Anti Reflective Coating - Premium Tier 1</td>
</tr>
<tr>
<td>Anti Reflective Coating - Premium Tier 2</td>
</tr>
<tr>
<td>Anti Reflective Coating - Premium Tier 3</td>
</tr>
<tr>
<td>Photochromic - Non-Glass</td>
</tr>
<tr>
<td>Polycarbonate - Standard</td>
</tr>
<tr>
<td>Polycarbonate - Standard + 19 years of age</td>
</tr>
<tr>
<td>Scratch Coating - Standard Plastic</td>
</tr>
<tr>
<td>Tint - Solid or Gradient</td>
</tr>
<tr>
<td>UV Treatment</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>CONTACT LENSES</th>
</tr>
</thead>
<tbody>
<tr>
<td>Contacts - Conventional</td>
</tr>
<tr>
<td>Contacts - Disposable</td>
</tr>
<tr>
<td>Contacts - Medically Necessary</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>OTHER</th>
</tr>
</thead>
<tbody>
<tr>
<td>Hearing Care from Amplifon Network</td>
</tr>
<tr>
<td>Lasik or PRK from U.S. Laser Network</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>FREQUENCY (Plan allows member to receive either contacts and frame, or frame and lens services)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Exam</td>
</tr>
<tr>
<td>Frame</td>
</tr>
<tr>
<td>Lenses</td>
</tr>
<tr>
<td>Contacts Lenses</td>
</tr>
</tbody>
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Ready to live your best EyeMed life?

There’s so much more to your vision benefits than copays and coverage. Get ready to see the good stuff for yourself.

Your network is the place to start
See who you want, when you want. You have thousands of providers to choose from— independent eye doctors, your favorite retail stores, even online options.

Keep your eyes open for extra discounts
Members already save an average 71% off retail using their EyeMed benefits. But our long list of special offers takes benefits even further.

Remember, you’re never alone
We’re always here to help you use your benefits like a pro. Stay in-the-know with text alerts or healthy vision resources from the experts. If it can make benefits easier for you, we do it.

Create a member account at eyemed.com

Everything is right there in one spot. Check claims and benefits, see special offers and find an eye doctor—search for one with the hours, location and brands you want. For maximum mobility, try the EyeMed Members App (Google Play or App Store).

1 Based on weighted average of sample transactions: EyeMed Insight network/$10 exam copay/$10 materials copay/$120 frame or contact lens allowance.
FLEXIBLE SPENDING ACCOUNTS

Flexible spending accounts (FSA) can help you save money by reducing the amount of income tax you pay. Employees may deposit money each calendar year (Jan. 1 through Dec. 31) pretax for health care or for dependent care to offset eligible expenses. The accounts require two separate elections.

The FSA provides you with an important tax advantage that can help you pay health care and dependent care expenses on a pretax basis. The amount you contribute to the FSA is not subject to Social Security (FICA), federal, state or local income taxes, effectively adjusting your annual taxable salary. The taxes that are deducted from your salary each plan year can be reduced significantly depending on your tax bracket. As a result of the personal tax savings, your take-home pay will increase. Wofford College has contracted with Flores to provide FSA administration.

CONSIDER THE USE-IT-OR-LOSE-IT RULE

Planning is important because government regulations require that you forfeit any money left unused in your account at the end of the calendar year in excess of $500 for the medical flex plan.

PLEASE NOTE

You must actively enroll if you wish to participate in the health care or dependent care flexible spending accounts for the next calendar year.
Health Care Flexible Spending Account

The health care FSA lets you pay for certain IRS-approved medical, dental and vision care expenses not covered by your insurance plan with pretax dollars. For example, cash that you now spend on deductibles, copayments or other out-of-pocket medical expenses instead can be placed in the health care FSA, pretax, to pay for these expenses.

**HOW DOES IT WORK?**

You decide how much to deposit into your account. You may deposit up to the maximum of $2,700 per year. This amount will be deducted from your paychecks in equal amounts over the calendar year.

Your health care FSA can reimburse you for eligible medical, dental and vision expenses incurred by you, your spouse and your dependents (even if they are not covered under your medical plan).

The easiest way to determine the amount you need to deposit in your account is to review several years of health care expenses not completely covered by insurance.

**LIMITS:**

*Health Care Flexible Spending Account*

You may set aside, for yourself and your tax dependents, pretax dollars each year for eligible health care expenses not covered by insurance.

$2,700

Annual Limit

$500

Carryover Limit for 2021

**REMINDER**

Health Care Flexible Spending Account (cont.)

EXAMPLES OF ELIGIBLE EXPENSES:
- Antibiotics.
- Diabetic supplies.
- Contact lenses.
- Copayments.
- Deductibles.
- Dental fees.
- Flu shots.
- Laboratory fees.
- Laser eye surgery.
- Orthodontia.
- Wheel chairs.

EXAMPLES OF INELIGIBLE EXPENSES:
- Cosmetic surgery.
- Diet foods.
- Diapers or diaper service.
- Feminine hygiene products.
- Health club memberships.
- Herbal medications.
- Teeth whitening.
- Toiletries.

Please Note

It is important to keep copies of all receipts for health care or dependent care. You may be asked to provide substantiation for reimbursed claims.

If you decide to contribute to the health care FSA or the dependent care FSA, you must determine carefully your annual election amount and your spending during the plan year. According to IRS regulations, the money you set aside must be used for expenses incurred during the plan year in which you make the election (with the exception of the limited carryover up to $500 for health care FSA). Any additional funds left in the account at the end of the year will be forfeited. All claims for 2020 must be submitted by March 31, 2021, in order to be reimbursed.
Dependent Care Flexible Spending Account

Like a health care flexible spending account, the dependent care flexible spending account is designed to help save money. The easy-to-use account can help pay for child care expenses as well as the care of a disabled or elderly family member with tax-free dollars.

**HOW DOES IT WORK?**

You decide how much to deposit into your account. You may deposit up to the maximum of $5,000 per year or $2,500 if married and filing separately. This amount will be deducted from your paychecks in equal amounts over the calendar year.

Your dependent care flexible spending account (FSA) may be used to pay for eligible dependent care expenses for eligible dependents. Generally speaking, a qualifying child or relative is:

- A child under the age of 13.
- A spouse, adult relative or adult child who is physically or mentally incapable of self-care.

**ELIGIBILITY:**

To be eligible for reimbursement under your dependent care FSA, dependent care services must meet all these conditions:

- The purpose of the care is provided to enable you to work or to look for work. If you are married, the care is provided while your spouse also works, looks for work or goes to school full-time (at least five months a year) or while your spouse is incapable of self-care.
- The care is provided when the dependent meets the definition of a “qualifying person” (per the IRS, based on a tax year).
- The care may be provided by a relative or non-relative but cannot be provided by another child under the age of 19 at the end of the year (tax dependent or not), the dependent’s parent or another tax dependent.
- Your care provider conforms to state and local laws (including being licensed, if required) and is able to provide you with his/her Social Security or Tax ID number. You will need this information when filing Form 2441 with your federal income taxes.
DEPENDENT CARE FLEXIBLE SPENDING ACCOUNT

HOW TO SUBMIT FOR REIMBURSEMENT:

Dependent care expenses should be submitted to Flores for reimbursement. Flores will reimburse you for the full amount of any qualified expenses at any time during the plan year, up to your annual election (less any reimbursement already received). The dependent care FSA will only reimburse you for the amount that is in your account at the time you make a claim. *All claims must be submitted by March 31, 2021.*

ELIGIBLE EXPENSES:

The dependent care FSA lets you use pre-tax dollars towards qualified dependent care. A dependent care FSA can pay for:

- Fees for licensed day care or adult care facilities.
- Amounts paid for services (including babysitters or nursery school) provided in or outside of your home.
- Nanny expenses attributed to dependent care.
- Nursery school (preschool fees).
- Summer day camp with the primary purpose of custodial, not educational, care.
- Late pick-up fees.

INELIGIBLE EXPENSES:

- Tuition.
- Transportation.
- Activity fees/supplies.
- Field trips.
- Educational expenses.
- Overnight camp.
- Medical costs; these are designed for the Healthcare FSA.

TIP

Dependent care expenses cannot be reimbursed until your contribution is in your dependent care account.

*All claims must be submitted by March 31, 2021.*
EMPLOYEE ASSISTANCE PROGRAM (EAP)

WHAT IS THE EMPLOYEE ASSISTANCE PROGRAM?

The employee assistance program provides you and your immediate family members with support, resources and information to get through life’s challenges. There is no cost to you for the benefit.

WHAT KIND OF ISSUES ARE WE TALKING ABOUT?

- For confidential counseling on personal issues (relationship issues, problems with children, stress, anxiety, grief and loss). You will be referred to a local counselor or resources in the community. You have three in-person visits available.
- For information, referrals and resources for work-life needs (finding child or elder care, relocation, pet care, adoption, home repair). A personalized reference package with resources and literature will be provided to you.
- For free online will preparation.
- For financial resources and tools, including a one-hour, in-person consultation with a financial professional for additional guidance.
- For support for expectant and new parents through ParentGuidance.
- For legal information, resources and free initial consultation at no cost and a 25% reduction in customary legal fees thereafter. These legal issues may include divorce, debt, landlord/tenant issues, bankruptcy, criminal and civil issues and contracts.

ASSISTANCE AVAILABLE WHENEVER YOU NEED IT

This benefit is free, confidential and available to you and your family, 24 hours a day/seven days a week. Call 877-595-5281 or TDD 800-697-0353 or visit guidanceresources.com. The company web ID is EAPBusiness.

Remember, the EAP services are voluntary and confidential and are provided to you free of charge. These services can be an invaluable source of information and support.
**RETIREMENT - 403B**

**Eligibility**
- Age 21 or older to receive Wofford contributions.
- No age limit to make employee contribution.
- Full-time benefit eligible employees.

**Employer Contribution**
- Employer contributions after one year of eligibility.
- Employer contribution of 9.5%, as of September 1, 2020, of salary excluding amount in excess of base salary or wage.
- No employee match required.

**Employee Contributions**
- Employees may contribute up to the IRS limits.
- Employees may contribute during their waiting period,
- Your voluntary contribution can be changed, stopped or restarted any time during the year.

**More Information**
- Go to TIAA’s website at TIAA.org to enroll.
- Find webinars to help you save at TIAA.org/webinars.
- Contact a retirement adviser at TIAA.org/retirement adviser.
- Update your beneficiary at add/edit beneficiaries.
BENEFITS TERMINOLOGY

Below is a list of common terms used in insurance plans. Please note that these are generic terms that may or may not apply to your coverage. Please refer to your plan booklets for your specific plan information.

**COBRA:** The Consolidated Omnibus Budget Reconciliation Act of 1985, which requires group health plans to provide employee and eligible family members the opportunity to continue health care coverage at their own expense when coverage would be lost under certain circumstances.

**COINSURANCE:** A cost sharing arrangement under an insurance plan in which a covered person pays a specified percentage of the cost of a specified service, such as 20% of the cost of a medical procedure.

**CONVERSION:** An optional provision that allows an insured person to convert a terminated group plan into an individual plan (in most cases the benefit level and rates will change).

**COPAYMENT:** The amount that a person must pay for a certain medical and prescription services.

**DEDUCTIBLE:** The amount that a person must pay toward covered benefits before benefits are payable from the insurance plan.

**FORMULARY:** A list of prescription drugs covered by the plan and the tier that each drug falls under (i.e. generic, brand, specialty). The formulary is based on the evaluations of efficacy, safety and cost-effectiveness of the drug.

**GENERIC DRUG:** A term used to describe an identical or bioequivalent medication to a brand name medication in dosage form, safety, strength, route of administration, quality, performance and intended use.

**IN-NETWORK PROVIDER:** Physicians, hospitals or other health care providers or facilities that contract with the insurance carrier to provide services to members.

**OUT-OF-NETWORK PROVIDER:** Physicians, hospitals or other health care providers or facilities that DO NOT have a contract with the insurance carrier to provide services to members. Depending on the plan, services provided by non-network providers may not be covered or may be covered at a lower rate.

**PRECERTIFICATION:** The process by which a patient is preapproved for coverage of a specific medical procedure or prescription drug.

**PREVENTIVE CARE:** Services such as routine physical exams and some screenings that are for prevention and not for the treatment of active diseases or illnesses.
<table>
<thead>
<tr>
<th>Benefit</th>
<th>How to Use</th>
</tr>
</thead>
<tbody>
<tr>
<td>Medical</td>
<td>View paid claims. Find an in-network provider. Request an ID card. View deductible, out of pocket. View or print explanation of benefits.</td>
</tr>
<tr>
<td><a href="http://www.paisc.com">www.paisc.com</a></td>
<td>1-800-768-4375</td>
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<tr>
<td><a href="http://www.magellanrx.com">www.magellanrx.com</a></td>
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</tr>
<tr>
<td>Dental plan</td>
<td>Find a dentist. Dental ID card. Questions on benefits.</td>
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<td><a href="http://www.sunlife.com/findadentist">www.sunlife.com/findadentist</a></td>
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<td><a href="http://www.sunlife.com/onlineadvantage">www.sunlife.com/onlineadvantage</a></td>
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<td>1-800-442-7742</td>
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<td>Vision</td>
<td>*New this year Find a provider for an exam, frames, lens and contacts with EyeMed.</td>
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<td>Eye Med</td>
<td><a href="http://www.eyemed.com">www.eyemed.com</a></td>
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<td>account</td>
<td><a href="http://www.flores247.com">www.flores247.com</a></td>
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<td>1-800-840-7684</td>
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</tr>
<tr>
<td>Plan Type</td>
<td>Benefits</td>
</tr>
<tr>
<td>------------------------------</td>
<td>--------------------------------------------------------------------------</td>
</tr>
<tr>
<td>Life insurance</td>
<td>Help filing a claim. Travel assistance. Identity theft assistance.</td>
</tr>
<tr>
<td>Short-term and long-term disability</td>
<td>Help filing a claim. Travel assistance. Identity theft assistance.</td>
</tr>
<tr>
<td>Retirement plan</td>
<td>View account amounts. Manage account.</td>
</tr>
<tr>
<td>Teledoc</td>
<td>Get video or telephone medical care.</td>
</tr>
</tbody>
</table>
FREQUENTLY ASKED QUESTIONS (FAQ)

What is the deadline to submit all enrollment forms for my benefit changes?
○ You MUST return the forms to Office of Human Resources no later than 5 p.m., Nov. 13, 2020.

Where can I get enrollment forms?
○ Office of Human Resources. ○ Email.

In what benefit plans can I enroll or change during annual enrollment?

What if I have additional questions or need more information?
○ Individual meetings will be available to all employees.

If I don’t want to change any of my benefits, do I have to do anything for 2021?
○ No, you do not need to do anything if you are happy with your current benefits. If you want to enroll in the flexible spending account for 2021, you must complete a new application per IRS rules.

What benefit plans are not included in the annual enrollment?
○ Short -term disability. ○ Life insurance. ○ Long Term Care insurance
If you wish to enroll in these plans, you will need to submit evidence of insurability. Your coverage will be approved or denied based on your answers to the medical questions. The coverage is not guaranteed.
Access Your Employee Perks Program Today!


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