

It can be challenging navigating and understanding how each benefit works.
HR Knowledge is available to assist Hampshire College employees with any questions
Contact Us: M - F 8:30 AM - 5:00 PM EST Phone: 508-339-1300 Email: hrkassist@hilbgroup.com

BENEFIT HIGHLIGHTS

MEDICAL: BCBS-MA [View](#) the e-Kit to access all BCBSMA plan member resources

To locate In-Network BCBS MA Providers, go to: <https://member.bluecrossma.com/fad>

Need additional assistance? Contact BCBS MA Physician Selection Service: 1-800-821-1388

To see how a medication is covered: <https://www.bluecrossma.org/medication/>

HMO NE \$1,500 PCP Required

In Network Benefits Only ; Plan Members must elect a PCP – **Available to only NE Employees**

Plan Deductible: \$1,500 per Individual / \$3,000 Family

Benefit Highlights:

- Preventive \$0 Copay
- Office Visit (PCP/Specialist): \$30 / \$40 Copay
- Lab/Xray: \$0 Copay after Deductible
- High Tech Imaging: \$0 Copay after Deductible
- Urgent Care: \$40 Copay / ER: \$200 Copay
- Inpatient / Outpatient Services: \$0 Copay after Deductible

Pharmacy Coverage: After \$250 / \$500 Deductible

- **Retail Pharmacy** (30-Day Supply): \$10 / \$25 / \$40 / \$50 / \$65
- **Mail Order** (90-Day Supply): \$20 / \$50 / \$80

[View](#) Plan Summary [View](#) SBC

Bi-Weekly Employee

Contribution:

Individual: \$85.46
Employee + 1: \$242.65
Family: \$379.80

PPO Saver \$2,000 HSA Compatible

In and Out of Network Benefits ; PCP not required

Plan Deductible: \$2,000 Individual / \$4,000 Family

If enrolled with dependents, the family deductible must be met before the plan begins to pay for services

In-Network Benefit Highlights:

- Preventive \$0 Copay
- Office Visit (PCP/Specialist): Deductible then, 10% Co-Insurance
- Lab/Xray: Deductible then, 10% Co-Insurance
- High Tech Imaging: Deductible then, 10% Co-Insurance
- Urgent Care: Deductible then, 10% Co-Insurance
- Inpatient / Outpatient Services: Deductible then, 10% Co-Insurance

Pharmacy Coverage: After plan deductible

- **Retail Pharmacy (30-Day Supply):** \$10 / \$25 / \$40 / \$50 / \$65
- **Mail Order (90-Day Supply):** \$20 / \$50 / \$80

[View](#) Plan Summary [View](#) SBC

Bi-Weekly Employee

Contribution:

Individual: \$ 52.75
Employee + 1: \$181.46
Family: \$282.74

HEALTH SAVINGS ACCOUNT (HSA): Administered by Health Equity

Employees electing the PPO Saver \$2,000 Plan only

Below are the IRS 2026 HSA Maximum contributions and based on whether your qualifying health plan covers just you (individual) or you and dependents (family)

- If enrolled as an Individual: **\$4,400** ; If enrolled with dependents: **\$8,750** –
- If 55 or older, you may contribute an additional **\$1,000**

To be eligible:

- You must be enrolled in the Choice+ PPO Saver \$2,000
- You cannot be covered by any non-qualified health plans including a medical plan through your spouse's or other employer (secondary coverage), Medicare (including the election of Part A or B), a full-purpose health FSA (including a spouse being enrolled through their employer's plan) - this would also include any funds in a grace period or rollover of unused funds
- You must not be eligible to be claimed as a dependent on another individual's tax return.

BENEFIT HIGHLIGHTS

DENTAL: BCBS of Massachusetts Dental Blue Freedom with Orthodontia

[View](#) Benefit Summary

To locate In-Network BCBS MA Dental Providers, go to: <https://member.bluecrossma.com/fad>

Benefit Highlights: Calendar Year Maximum: **\$2,000** per member
Deductible: \$25 per Individual / \$75 per Family (*Basic and Major Services Only*)

- Preventive Services: 100% coverage
Cleanings; X-Rays

- Basic Services: 80% coverage
Fillings; Endodontics; Periodontics

- Major Services: 50% coverage
Crowns; Implants; Dentures

- Orthodontia: Lifetime Maximum \$1,000 (*Any age*)

Our dental plan includes additional benefits for plan members with certain conditions, that aren't subject to the maximum benefit, deductible or copay.

To learn more, go to:

Maximum Rollover Benefit: **\$600** rollover up to a maximum of \$1,500
Must have one dental service, with claims not exceeding \$800 in a plan year

- For dependent plan members under age 13: **100% coverage** up to the \$2,000 Calendar Year Maximum when using an In-Network Dentist (*excludes Orthodontia*)

Bi-Weekly Employee Contribution:

Individual: \$ 23.07

Employee + 1: \$ 49.98

Family: \$ 84.58

VISION: Davis Vision

To locate an In-Network Access provider, visit: www.davisvision.com

Benefit Highlights: Increased Frame and Contact Lens Allowance

No change in contributions!

- Exam: Every 12 Months: \$10 Copay

- Frame Allowance: Every 24 Months:

Increased to \$175 Allowance

+ Additional 20% Discount off Balance

- Lenses for Glasses*: Every 12 Months*:
\$25 Copay Single Vision; Lined Bi-Focal; Tri-Focal

- Contact Lens Allowance*: Every 12 Months*:

Increased to \$175 Allowance

+ Additional 15% Discount off Balance

**Contact Lenses are in lieu of lenses for glasses*

Bi-Weekly Employee Contribution:

Individual: \$ 2.80

Employee + 1: \$ 5.04

Family: \$ 7.83

FLEXIBLE SPENDING ACCOUNTS: Administered by VOYA

Employees electing any of the following, contribute 100% of any amount elected on a pre-tax basis

- Full-Purpose Health FSA*: 2026 Maximum Election - \$3,400 Rollover of up to \$680** (into the 1/1/2027 Plan Year)
Pre-Tax deductions for reimbursement of out-of-pocket health, dental and vision copays
*** If electing the PPO Saver \$2,000 plan (HSA compatible), you are not eligible to elect the Full-Purpose Health FSA, but may elect the Limited Purpose FSA**
- Limited Purpose FSA: 2026 Maximum Election - \$3,400 Rollover of up to \$680** (into the 1/1/2027 Plan Year)
Pre-Tax deductions for reimbursement of out-of-pocket dental and vision copays only
- Dependent Care Account: 2026 Maximum Election - \$5,000 per household (\$2,500 if filing separately)**
Pre-tax deductions for reimbursement of out-of-pocket dependent care expenses

BENEFIT HIGHLIGHTS

LIFE AND DISABILITY: TransAmerica

Hampshire College automatically provides basic life and AD&D insurance through Transamerica to all benefits-eligible employees at no cost. Eligible employees are enrolled on the 1st of the month following or coinciding with date of employment.

Basic Life with AD&D: 2 x Annual earnings to **\$150,000**

- Benefits reduce to 65% at age 70 and to 50% at age 75
- **Long-Term Disability:** 60% of your base monthly earnings to a maximum of **\$7,500**
 - 180-day elimination period
 - Maximum benefit period to age 65 or Normal Retirement Age
(limited benefit period if 65 or older at time of claim)

MA-PFML: All MA W-2 Employees are required to participate and share in contributions and automatically enrolled

Effective 1/1/2026: Weekly Benefit Maximum of **\$1,230.39** (determined by individual earnings)

- Up to 20 weeks of paid medical leave for your own serious health condition
- Up to 12 weeks of paid family leave due to the birth, adoption, or foster care placement of a child, to care for a family member with a serious health condition, or because of a qualifying exigency for a family member on active duty
- Up to 26 weeks of paid family leave in a benefit year to care for a family member who is a covered service member with a serious health condition

VOLUNTARY BENEFITS*: Administered by TransAmerica

Employees electing benefits below contribute 100% of the cost on a post-tax basis

Voluntary Life with AD&D: In addition to the Basic Life with AD&D benefit Hampshire College provides to employees, you may purchase additional amounts for yourself, you spouse and dependent child(ren)*.

- **For yourself:** Increments of \$10,000 up to the **Guarantee Issue of \$150,000**
- **Your spouse:** Increments of \$5,000 up to the **Guarantee Issue of \$30,000**
- **Your dependent child(ren):** **\$10,000** to age 26
Child benefit is Life Insurance only, AD&D benefit not included

EMPLOYEE ASSISTANCE PROGRAM (EAP): Lucet

Hampshire College provides employees access to an EAP administered by Lucet **3 visits per occurrence at no cost to you**

Lucet is also available to assist with questions regarding:

Legal resources: Call to be connected to a free, 30-minute consultation with an advice attorney for most legal matters.

Should your matter be more complex in nature, you will be referred to an attorney at a 25% discounted rate.

Financial resources: Unlimited phone access to financial professionals for assistance with personal finance and related issues.

Family/caregiving resources and referrals: Information and referrals on child-care, elder-care, parenting, educational programs, special needs programs and pet care and other personal convenience matters.

For more information and resources: Call: **800.624.5544**

Online: **eap.lucethealth.com** Username: **Hampshire College** Password: **guest**

SAVI: ESSENTIAL

Savi Essential can help you navigate the complex rules and procedures of the PSLF program, making it easier to stay on track for loan forgiveness.

- Hampshire College will cover the cost of \$60/year for all benefit eligible employees while the experts at Savi will support you with various PSLF tasks.

401(k): TIAA Please refer to the Summary Plan Description (SPD) for more details.

ADDITIONAL RESOURCES & PERKS: Available to BCBSMA Medical Plan Members Only
View the e-Kit to access all BCBSMA plan member resources

Ahealthyme Rewards: Earn up to **\$100 each quarter - \$400 annually** either as cash deposited into your bank account or gift cards by completing a variety of activities (*Available to employee only*)

To enroll in ahealthyme Rewards and start earning rewards, go to: <http://www.ahealthymerewards.com/>

Fitness Reimbursement: Up to \$150 per family Reimbursement of membership fees for a full-service fitness center with cardiovascular and strength-training equipment or

- **Instructor-led group classes** such as yoga, Pilates, Zumba®, kickboxing and indoor cycling/spinning
- **Virtual classes** like online fitness memberships, subscriptions, and classes that provide cardiovascular and strength-training
- **Home fitness equipment** like stationary bikes (including Peloton), weights, kettle balls, bands, treadmills

Weight Loss Reimbursement: Up to \$150 per family In-person or virtual programs that combine healthy eating, exercise, & coaching sessions with certified nutritionists, registered dietitians, or exercise physiologists, WW® in-person and online

Exclusive BCBSMA Plan Member Discounts: Blue 365 Discounts on Fitness, Travel, Apparel, and more

Telehealth With Wellconnection: Same copay as an In-Network Office Visit 24/7 virtual visit using a smartphone, tablet, or computer for **non-emergency** medical and behavioral health visits. Providers can diagnose, treat and even prescribe medication if needed. To access Well Connection, log into your MyBlue account: www.bluecrossma.org/myblue

Behavioral Health - View all resources: bluecrossma.org/myblue/your-health/mental-and-behavioral-health/care-options

To search for In-Network behavioral health providers, log in to: <https://member.bluecrossma.com/fad>

Having difficulty finding a provider or scheduling an appointment? Call BCBSMA: **888-389-7764**