



|| Hampshire College

Employee Benefits





Agenda

- Enrollment Overview
- Medical Coverage – BCBS of MA
 - New England Blue HMO
 - Preferred Blue PPO Saver HSA
 - Health Savings Account
 - BCBS of MA
- Dental Coverage – BCBS of MA
- Vision Coverage – Davis Vision
- Employee Assistance Program – e4Health
- Flexible Spending Accounts – Benefit Strategies
- Employer-Paid and Voluntary Life/AD&D – Prudential
- Long-Term Disability (LTD) – Prudential



Enrollment Overview

- The elections that you make now will remain in effect through 2019 unless you experience a Qualifying Event.
- Qualifying Events include, but are not limited to:
 - Birth, legal adoption or placement for adoption.
 - Marriage, divorce or legal separation.
 - Dependent child reaches age 26 (end of the 26th birthday month)
 - Spouse gains or loses employment or eligibility with current employer.
 - Death of spouse or dependent child.
 - Spouse or dependent becomes eligible or ineligible for Medicare/Medicaid or the state children's health insurance program.
 - Change in residence that changes coverage eligibility.
 - Court-ordered change.
- You are required to contact Human Resources within 31 days of the Qualified Event if you wish to make any changes to your coverage.
- Your next opportunity to enroll in benefits will be during open enrollment.

TUFTS VS BCBS 2019 EMPLOYEE PAYROLL DEDUCTIONS

Tufts 2019 Renewal was a 14.96% increase over the 2018 rates

	Tufts Monthly Current 2018	Tufts Renewal Monthly 2019	BC/BS Monthly 2019
Tufts HMO Advantage	\$ 68.83 \$ 361.37 \$ 542.02	\$ 107.68 \$ 461.44 \$ 692.12	
Tufts HMO Choice	\$ 134.78 \$ 493.21 \$ 736.78	\$ 183.91 \$ 613.81 \$ 917.38	
Tufts PPO Advantage	\$ 253.31 \$ 730.28 \$ 1,095.51	\$ 320.89 \$ 887.80 \$ 1,331.81	
BC/BS HMO New England Blue			\$ 134.78 \$ 493.21 \$ 736.78
Preferred Blue PPO			\$ 68.83 \$ 361.37 \$ 542.02

Prices are: Individual, Employee + 1, Family

2019 Contributions

	2019 BCBS Contributions			
	Total Cost Monthly	Total ER Contrib.	Total EE Contrib.	Total EE Contrib.
		Monthly	Monthly	Bi-Weekly
<u>New England Blue HMO</u>				
Single	\$733.98	\$599.20	\$134.78	\$67.39
EE + Sp	\$1,414.61	\$921.40	\$493.21	\$246.61
EE + Ch	\$1,414.61	\$921.40	\$493.21	\$246.61
Family	\$2,190.14	\$1,453.36	\$736.78	\$368.39
<u>Preferred Blue PPO Saver HSA</u>				
Single	\$702.82	\$633.99	\$68.83	\$34.42
EE + Sp	\$1,354.54	\$993.17	\$361.37	\$180.69
EE + Ch	\$1,354.54	\$993.17	\$361.37	\$180.69
Family	\$2,097.13	\$1,555.11	\$542.02	\$271.01



Medical and Rx Coverage - BCBS



HMO and PPO Provider Network Comparison

HMO Health Maintenance Organization	PPO Preferred Provider Organization
HMO Blue NE Network (MA, NH, ME, VT, CT, RI)	National BCBS PPO Network
PCP (primary care physician) required – change anytime	No PCP (primary care physician) required
PCP refers you to see network specialists	No referrals required. Choose any doctor or hospital. In-Network and pay less or Out-of- Network* and pay more.
Worldwide coverage for Emergency and Urgent Care (responsible for copayment)	Worldwide coverage for Emergency and Urgent Care (for In-Network benefits use a BCBS PPO provider or any emergency room)

**PPO Out-of-Network: The amount the plan pays for covered services is based on the allowed amount. If an out-of-network provider charges more than the allowed amount, you may have to pay the difference*

Basics of a High Deductible Plan (HDHP)

	Traditional	HDHP
Overview	<ul style="list-style-type: none"> ❖ Copays for office visits and prescription drugs. ❖ Once the deductible is met, coinsurance applies. ❖ Coinsurance, copays, and deductible apply toward out-of-pocket maximum. ❖ Embedded deductible—family deductible does not have to be met for coinsurance to apply. 	<ul style="list-style-type: none"> ❖ Member pays negotiated provider costs for all medical services and prescription drugs until deductible is met. ❖ Once the deductible is met, coinsurance applies. ❖ Coinsurance and deductible apply toward out-of-pocket maximum.
FSA Compatible?	❖ Yes	❖ Yes, but only the Limited Purpose FSA
HSA Compatible?	❖ No.	❖ Yes.
Office Visit Payment	❖ Member pays copay at time of service.	<ul style="list-style-type: none"> ❖ No payment due at time of service. ❖ Provider sends claim to carrier ❖ Member receives an Explanation of Benefits (EOB) in the mail or electronically following the visit. ❖ Member pays the provider from HSA funds or post-tax dollars.
Payment For Prescription Drugs	❖ Member pays copay at time of service.	<ul style="list-style-type: none"> ❖ Member pays discounted cost of prescription drug at time of service. ❖ Certain preventive maintenance drugs are covered at no cost and are not subject to the deductible. ❖ Once deductible is met, Copays apply
Preventive Care	❖ Covered at 100% (in-network).	❖ Covered at 100% (in-network).

Medical Coverage



Summary of Covered Benefits	HMO Blue New England	Preferred Blue PPO Saver HSA
	In-network	In-network ¹
Medical Deductible		
Employee only	\$1,000	\$1,500
Family coverage	\$2,000	\$3,000
Out-of-pocket maximum (includes deductible)		
Employee only	\$2,000	\$4,500
Family coverage	\$4,000	\$9,000
Physician Office Services		
Preventive care	No Charge	No Charge
Office visit - Primary Care Physician ²	\$25 copay	\$0 after deductible
Office visit - Specialist ³	\$35 copay	\$0 after deductible
Urgent Care	\$35 copay	\$0 after deductible
Hospital Services		
Inpatient	\$0 after deductible	\$0 after deductible
Outpatient/Ambulatory Surgery	\$0 after deductible	\$0 after deductible
Emergency Room	\$200 copay	\$0 after deductible
Lab/X-Ray		
Diagnostic Lab and X-ray - Outpatient	\$0 after deductible	\$0 after deductible
High Tech Services (MRI, CT scans, etc.)	\$0 after deductible	\$0 after deductible
Prescription drugs		
Pharmacy Deductible		
Employee only	\$250	Combined with Medical Deductible
Family coverage	\$500	Combined with Medical Deductible
Retail Prescription Drugs		
	Deductible, then:	Deductible, then:
Tier 1 - 30 days	\$10 copay	\$10 copay
Tier 2 - 30 days	\$35 copay	\$25 copay
Tier 3 - 30 days	\$60 copay	\$45 copay

¹Out-of-Network coverage is available under the PPO; please refer to your SBC for additional plan details.

²PCP is required

³Referral is required to see a specialist under the HMO plan.

Plan Example with Employee Only Coverage

How services process through the plans:

Tufts HMO Choice Plan		BCBS PPO Saver HSA	
2019 Rates		2019 Rates	
Annual EE Premium	2,206.92	Annual EE Premium	\$825.96
PCP x 2	40.00	Deductible	\$1,500.00
Specialist x 2	60.00	Rx Copay	\$50.00
MRI	75.00		
OutPatient Surgery	250.00		
PT x 5 visits	150.00		
Specialist Follow Up	60.00		
Rx	250.00		
Total Service Cost	885.00	Total Service Cost	\$1,550.00
Plus Premium	3,091.92	Plus Premium	\$2,375.96
		Savings over HMO	-\$715.96
Additional doctor appointments and in and out patient services would continue to incur copays.		Additional doctor appointments and in and out patient services are covered at 100% by BCBS for the rest of the calendar year.	
Pharmacy Copays accumulate until out of pocket Max		Pharmacy Copays accumulate until out of pocket Max	

With the Health Savings Account the \$1,380.96 difference in the medical premium could be put aside in the HSA to help pay the deductible and copay costs on a tax free basis. Increasing the savings over the HMO.

This is meant for illustrative purposes only and is not a quote of actual services.

Plan Example with Family Coverage

How services process through the plans:

Tufts HMO Choice Plan 2019 Rates		BCBS PPO Saver HSA 2019 Rates	
Annual FAM Premium	11,008.56	Annual FAM Premium	\$6,504.24
PCP x 5	100.00	Deductible	\$3,000.00
Specialist x 3	90.00	Rx Copay	\$120.00
MRI	75.00		
ER Visit	200.00		
OutPatient Surgery	250.00		
PT x 5 visits	150.00		
Specialist Follow Up	60.00		
Rx	500.00		
Total Service Cost	1,425.00	Total Service Cost	\$3,120.00
Plus Premium	12,433.56	Plus Premium	\$9,624.24
		Savings over HMO	-\$2,809.32
Additional doctor appointments and in and out patient services would continue to incur copays. Pharmacy Copays accumulate until out of pocket Max		Additional doctor appointments and in and out patient services are covered at 100% by BCBS for the rest of the Pharmacy Copays accumulate until out of pocket Max	

With the Health Savings Account the \$4,504.32 difference in the medical premium could be put aside in the HSA to help pay the deductible and copay costs on a tax free basis. Increasing the savings over the HMO.

This is meant for illustrative purposes only and is not a quote of actual services.

Plan Example with EE +1 Coverage

How services process through the plans:

Tufts HMO Choice Plan		HMO Blue New England	
Annual EE Premium	7,365.72	Annual EE Premium	5,918.52
PCP x 4	80.00	PCP x 4	100.00
Specialist x 2	90.00	Specialist x 2	70.00
		Deductible	1,000.00
MRI	75.00	MRI	0.00
ER Visit	200.00	ER Visit	200.00
OutPatient Surgery	250.00	OutPatient Surgery	0.00
PT x 5 visits	150.00	PT x 5 visits	0.00
Specialist Follow Up	60.00	Specialist Follow Up	70.00
Rx	500.00	Rx	500.00
Total Service Cost	1,405.00	Total Service Cost	1,940.00
Plus Premium	8,770.72	Plus Premium	7,858.52
Additional doctor appointments and in and out patient services would continue to incur copays. Pharmacy Copays accumulate		Additional doctor appointments would continue to incur copays. Pharmacy Copays accumulate until	

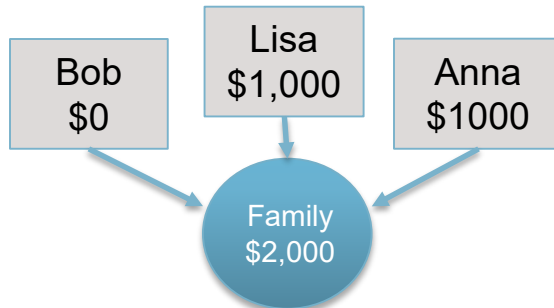
This is meant for illustrative purposes only and is not a quote of actual services.

Medical Deductible Example

- **Smith Family:**
- Deductible expenses this year
- Anna: \$2,500
- Lisa: \$1,200
- Bob: \$1,500

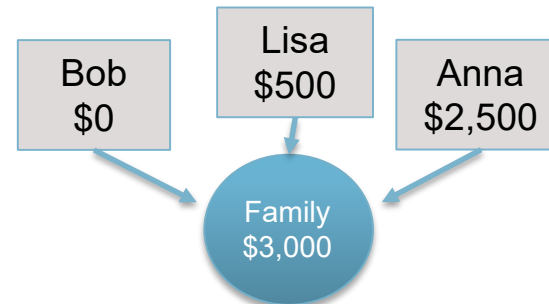


HMO Blue New England Embedded deductible



Each family member tracks toward the family deductible but are capped at the individual deductible

PPO Saver HSA Non-embedded deductible



Each family member tracks toward the family deductible but are **NOT** capped at the individual deductible

Health Savings Account

What is a Health Savings Account (HSA)?

- ❑ A type of savings account where you set aside money on a pre-tax basis to pay for qualified medical expenses. By using untaxed dollars in a Health Savings Account (HSA) to pay for deductibles, copayments, coinsurance, and some other expenses, you can lower your overall health care costs.
- ❑ An HSA can be used only if you elect a High Deductible Health Plan (HDHP)
- ❑ HSA funds roll over year to year if you don't spend them. An HSA may earn interest, which is not taxable.
- ❑ HSA funds are available for use after they have been funded from your payroll deduction.



1  **CONTRIBUTIONS**
Contributions are **TAX DEDUCTIBLE**

2  **GROWTH**
Earnings and interest invested in mutual funds grow **TAX-FREE**

3  **HEALTH**
Withdrawals for eligible medical expenses are **TAX-FREE**

HSA Contribution Limit	2019
Single	\$3,500
Family	\$7,000
Catch-up (55+)	\$1,000

Health Savings Account

A Health Savings Account (HSA) Plan is designed to give you more accountability for your healthcare decisions. HSA Plans allow you to:

- Control healthcare expenses
- Lower insurance costs
- Create healthcare savings for retirement
- Increase tax savings
- Carry it with you

How Does an HSA Work?



Enroll in the BCBS PPO HSA Saver Plan and a Health Savings account with Health Equity will be opened for you.













You will have the opportunity to make pre-tax payroll contributions into your HSA account.

You will be provided with a Health Equity Bank Debit Card to use when you have medical, dental or vision expenses.

Health Savings Account



Every little bit counts, and adds up quickly

If you save:	In 5 years	In 10 Years	In 15 years
 \$50 per month	 \$3,000	 \$6,000	 \$9,000
 \$100 per month	 \$6,000	 \$12,000	 \$18,000
 \$250 per month	 \$15,000	 \$30,000	 \$45,000

Your contributions, earnings and withdrawals for qualified medical expenses are all tax-free. It's a triple tax-savings opportunity that can put more money in your pocket.

Save up to 30% on taxes

\$100 without an HSA

\$70 in your pocket		\$30 in taxes
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\$100 with an HSA

\$100 in your pocket	
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Health Savings Account

Because HSA plans have certain tax advantages, the IRS defines specific rules for participation. To be eligible, you:

- Must be enrolled in an IRS-qualified high deductible health plan
- Cannot have any other health coverage
- Not covered by spouse's medical or pharmacy plan
- Not covered through Medicare Part A or Part B
- Not covered through a general-purpose Flexible Spending Account (FSA) plan (either employer's or spouse's)
- Cannot be claimed as a dependent on another person's tax return
- Cannot have 2018 Health FSA dollars rolled into 2019. **Any healthcare FSA funds need to be spent by 12/31/18 or rolled over to a Limited Purpose FSA to be eligible to contribute to an HSA on January 1st.**

Health Equity HSA Member Portal

The screenshot shows the HealthEquity member portal interface. At the top, there's a purple header with the HealthEquity logo and user information for John Doe (123456). Below the header is a navigation bar with options like My Account, Claims & Payments, Docs & Forms, and Resources. The main content area is divided into several sections: Account Balances (HSA Available to Spend: \$99.75, HSA Contributions YTD: \$0.00, HSA Distributions YTD: (\$3.36)), Quick Links (Pay Doctor/Provider, Request Reimbursement, Make Contribution, Transaction History, Investments), To Do (Unresolved Claims: 5, Unlinked Receipts/Docs: 1, Unread Messages: 0), a central banner for 'EMPOWERING AMERICANS to build health savings' with a photo of a family and a '46% Overall Account Optimization' progress indicator, and a Resources section with links for Prescription Discounts, Live Doctor - Visit NOW, Shop-HSAstore.com, Finance health care expenses, Qualified Medical Expenses, and Medical Journal. A bottom banner encourages reaching potential by investing once the HSA balance reaches \$2,000.00.

Use your HealthEquity member portal to:

www.myhealthequity.com

- Check your balance
- Review claims & transactions
- Submit claims or documents
- Pay your providers
- Reimburse yourself
- Access tax documents

Use your HealthEquity mobile app to:

- Get on-the-go access
- Take a photo of documentation and link to claims
- Send payments and reimbursements from HSA
- View claims status



TIP!

HealthEquity is GREEN!
Paper Statements: \$1.00
Checks: \$2.00

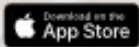
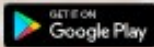
FREE! Direct Deposit
FREE! E-Statements

Well-Connection - Telemedicine

www.wellconnection.com

Getting Sick Isn't Convenient.
Well Connection Is.

See licensed doctors using live video visits on your favorite device.



Real Doctors. Real Doctor Visits.



4.8 out of 5

Doctor & provider rating from our members.**

Average of

15 Years

of Experience



Finding the Care You Need Is Fast, Easy and Convenient

Using Well Connection, you'll be able to:

- Have live video visits using your **smartphone, tablet or computer**
- See licensed doctors and other providers anytime, anywhere
- Have medical and behavioral health visits that are secure and confidential



Medical
24/7



Behavioral
Health
by appointment



Secure &
Confidential



Low
Cost

<i>Cold & flu</i>	<i>Strep throat</i>	<i>Bronchitis</i>
<i>Sinus & respiratory infections</i>	<i>Sore throat</i>	<i>Sleep disorders</i>
<i>Urinary tract infections</i>	<i>Pinkeye</i>	<i>Pneumonia</i>
<i>Gastro-intestinal distress</i>	<i>Hypertension</i>	<i>Migraines</i>
<i>Depression & anxiety</i>	<i>Bereavement</i>	<i>Gout</i>
<i>Substance use disorder</i>	<i>Trauma</i>	<i>Stress</i>
<i>Couples therapy</i>	<i>Child behavior</i>	

Same cost as any in-network doctor office visit!

Fitness Reimbursement

Your reward for health

of one individual or family membership

- **3 consecutive months** of monthly membership fees
- OR up to **10 fitness classes**



What Qualifies?

- **Full Service Health Club** with cardiovascular & strength-training equipment like treadmills, bikes, weight machines, & free weights
- **Fitness Studios** *Starting when your plan renews in 2019*, instructor-led group classes such as **yoga**, **Pilates**, **Zumba®**, **kickboxing**, **indoor cycling/spinning**, etc.

Weight-Loss Reimbursement

Your reward for health

of one individual or family membership

- **3 consecutive months** of monthly membership fees



What Qualifies?

- **Hospital Based Programs**
- **Weight Watchers®** in person or online
- **Non-Hospital Programs** *Starting when your plan renews in 2019*, that combine healthy eating, exercise, & coaching sessions with certified health professionals such as nutritionists, registered dietitians, or exercise physiologists (in person or online)

Websites

bluecrossma.com
blue365deals.com

ahealthyme.com
livinghealthybabies.com

Support by Phone

- 1-888-247-BLUE (2583) **Blue Care® Line** at no cost to you
- Message Wire text **bluecrossma** to 73529
- Text4Baby text **BABY** to 511411

Mobile Services



Meet the MYBLUE Member App

The simple, secure, and convenient way to manage your health care.

Look up your personal health care information quickly and easily from the convenience of your device. Just download the app, and register your account using your member ID card.

Use the app to:

- Access an interactive ID card, and email a copy to your doctor
- Direct dial important phone numbers, like Member Service
- Review recent claims, doctor visits, and prescriptions
- Find nearby doctors, dentists, and hospitals
- View information for dependents under 18



GoalGetter

Track your exercising activity so you can reach your fitness goals.



EatBetter GoalGetter

Learn about the calories you eat, and the ones you burn off



Express RX

Order prescription refills, set reminders, find pharmacies, more.



Ovia Fertility

The #1 most accurate fertility app helping users conceive up to 3x faster than the national average.



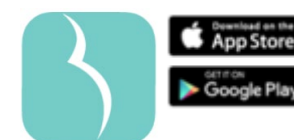
Well Connection

Connects you with your provider for a convenient video visit right on your phone or tablet.



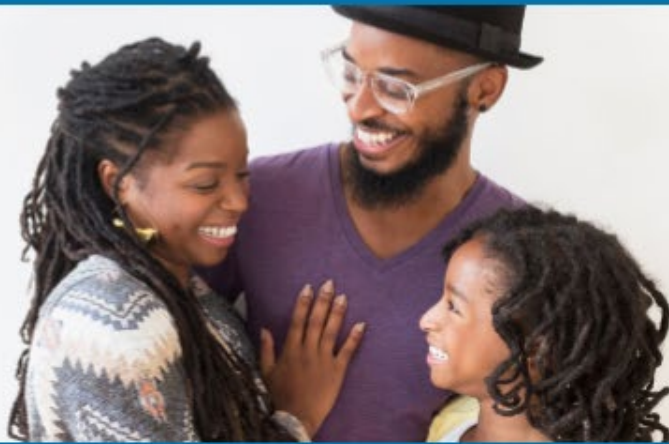
Ovia Pregnancy

Expecting? Get immediate feedback on your progress as you track weight, sleep, symptoms and more!





Online Account



An easier way to access your health care plan and claims information.



View detailed plan information (benefits, deductible).



Find a Doctor. Get cost estimates for over 1,600 medical procedures.



Access claims and review history in one convenient spot.



Receive information you may need and are interested in.

Simplified Experience

Everything you need to access is easy to find with simplified navigation.

Register, or log in now at www.bluecrossma.com/myblue.



Dental Coverage – BCBS

Dental Coverage



- To find a network provider visit: www.bluecrossma.com

	In-network	Out-of-Network
Deductible		
Employee only		\$50
Family coverage		\$150
Is the deductible waived for preventive and diagnostic services?		Yes
Annual plan maximum (per member)		\$1,500
Diagnostic and preventive		
Oral exams, x-rays, cleanings, fluoride, space maintainers, sealants	100%	100%*
Basic		
Oral surgery, fillings, endodontic treatment, periodontic treatment, repairs of dentures and crowns	80%	80%*
Major		
Crowns, jackets, dentures, bridge implants	50%	50% *
Orthodontia		
Dependent children (up to age 19)	100%	100%*
Lifetime orthodontia plan maximum (per individual)	\$1,000	\$1,000*

* Subject to maximum plan allowance. Plan participant may be balance billed for difference.



Vision Coverage – Davis Vision

Vision Coverage



- To find a network provider visit: www.davisvision.com

	In-network	Out-of-network
Eye exam with dilation as necessary (once per 12 months)	\$10 copay	Up to \$90 reimbursement
Frames (once per 24 month, in lieu of contact lenses)	Covered in Full Frames ¹ OR \$130 allowance + 20% discount on remaining balance	Up to \$104 reimbursement
Standard lenses (once per 12 months)		
Single vision	\$25 copay	Up to \$57 reimbursement
Bifocal	\$25 copay	Up to \$92 reimbursement
Trifocal	\$25 copay	Up to \$115 reimbursement
Lenticular	\$25 copay	Up to \$215 reimbursement
Contact lenses (once per 12 months, in lieu of eyeglasses)		
Medically necessary	Covered in full	Up to \$240 reimbursement
Elective	Covered in Full Contacts ² OR \$130 allowance + 15% discount on remaining balance	Up to \$105 reimbursement

¹ Any Fashion or Designer level from Davis Vision's Collection (retail value up to \$175)

² From Davis Vision's Collection, up to 2 boxes Planned Replacement or 8 boxes Disposable



Employee Assistance Program– e4health



Employee Assistance Program



- **Confidential** 24/7 assistance and support
 - Counseling – 3 visits per occurrence
 - Legal resources
 - Financial resources
 - Family/caregiving resources and referrals
 - Health risk assessments
 - Convenience services
- Available to employees and family members at **no cost** to you!

e4health

Call: (800) 828-6025

Online: www.HelloE4.com

Username: Hampshire college

Password: guest



Flexible Spending Accounts – Benefit Strategies



Flexible Spending Accounts

- Hampshire College will offer **three** ways to have pre-tax money go toward your healthcare and dependent care expenses:
 - Health Care Flexible Spending Account and ***New*** Limited Purpose Flexible Spending Account
 - Maximum contribution for 2019: \$2,650
 - Full election amount is available on the day that your election becomes effective.
 - Healthcare FSA is for qualified medical, dental and vision expenses (not compatible with HSA)
 - Limited Purpose FSA is for qualified medical, dental and vision expenses (pairs with HSA)
 - Dependent Care Flexible Spending Account
 - Maximum contribution for 2019: \$5,000
 - Your funds are available as they accumulate through payroll deductions.

- **Important FSA information**
 - If you do not use all the money in your dependent care FSA by December 31, 2018 you will lose it!
 - For the health care FSA, you may roll over up to \$500 unused funds to the next plan year.
 - If you rollover healthcare FSA dollars into 2019 and elect the PPO Saver HSA you will not be eligible to make contributions to the Health Savings Account. You can roll the money into a limited purpose FSA and still be HSA eligible.
 - All health care FSA claims incurred during the plan year must be submitted by March 31, 2019.



Flexible Spending Accounts

- Examples of eligible Health Care FSA expenses include:
 - Medical, dental* and vision* copays
 - Medical and dental* deductibles
 - Prescription drugs
 - Hearing exams & hearing aids*
 - Eyeglasses, contact lenses, LASIK or PRK*

- Examples of eligible Dependent Care FSA expenses include:
 - Day care facility fees
 - Before and after school care
 - Summer camp (exclusive of overnight expenses)
 - Pre-school

* Limited Purpose FSA eligible expense



Life and Disability - Prudential

Employee Basic Life/AD&D

Employee & Dependent Supplemental Life/AD&D

- Hampshire College pays the entire cost of employee Basic Life and AD&D coverage equal to:
 - 2x annual salary up to a maximum of \$150,000
- Employees have the option to purchase Supplemental Life and AD&D coverage for yourself, your spouse and your dependent children. You must purchase coverage for yourself in order to purchase coverage for your dependents.
 - Employee Benefit:
 - 1-5x annual salary up to \$500,000
 - Guarantee Issue: \$150,000
 - Spouse Benefit:
 - \$10,000, \$30,000 or \$50,000, not to exceed 50% of the employee benefit amount
 - Guarantee Issue: \$30,000
 - Child(ren) Benefit:
 - \$10,000 (does not include AD&D)
 - Guarantee Issue: \$10,000

Newly eligible employees may elect up to the Guarantee Issue (GI) without submitting Evidence of Insurability (EOI). Any benefit amounts over the GI will require EOI.



Long-Term Disability



- Hampshire College pays the entire cost for Long-Term Disability coverage after one year of service. Long-Term Disability provides financial assistance in the event that you become disabled or unable to work.
 - Monthly benefit amount: 60% of your pre-disability earnings
 - Monthly benefit maximum: \$7,500
 - Benefits begin: 180 days
 - Benefits duration: Up to Social Security Normal Retirement Age (SSNRA) if you become disabled prior to age 65. If you are age 65+ and become disabled, benefits are payable based on an age-based schedule.
 - Pre-existing condition exclusion: 3/12



2018

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