BENNINGTON COLLEGE

WELCOME TO OPEN ENROLLMENT

2027 Benefits Guide

Benefits Enrollment Workshop

SEIU Union Employees

Enrollment period November 16 to November 30, 2026

Coverage begins January 1, 2027

Presented with Marshall+Sterling

BENEFITS PLAN YEAR

Your 2027 Plan Year At A Glance

ENROLLMENT PERIOD

Nov 16 to Nov 30

2026

COVERAGE EFFECTIVE DATE

Jan 1, 2027

New elections take effect

COVERAGE PERIOD

Jan 1 to Dec 31

2027 plan year

Review your elections every year, even if you do not plan to make changes.

Flexible spending accounts do not renew automatically. A new election is required for 2027.

NEW FOR 2027

What Is Changing For 2027

Aetna replaces Cigna

Your medical provider network moves from Cigna to Aetna. Check that your providers participate before you enroll.

GLP-1 coverage changes

GLP-1 medications will no longer be covered for weight loss. Coverage continues for diabetes.

Self-pay options for weight loss

LillyDirect | NovoCare Pharmacy

Higher HSA limits

The 2027 IRS limit rises to $4,500 for self-only coverage and $9,000 for family coverage.

Make new elections

Flexible spending accounts need a new election for 2027.

Self-pay purchases are not covered by the plan and do not count toward your deductible. A prescription is required. Manufacturer programs and prices can change.

edHEALTH: Who Is Who

NEW FOR 2027

INSURANCE NETWORK

Aetna

Provider network

THIRD PARTY ADMINISTRATOR OF CLAIMS

Luminare

Primary contact for medical claims, billing and customer service matters

PHARMACY PROVIDER

OptumRx

Prescription benefit services

Network change: Cigna to Aetna

Before you enroll, confirm that your doctors, hospitals and specialists participate in the Aetna network. The plan year is January 1 through December 31, 2027.

NEW FOR 2027

Medical Network Change: Cigna To Aetna

2026 network

Cigna

2027 network

Aetna

What stays the same

- Luminare continues to handle your claims, billing and customer service.
- OptumRx continues to manage your prescriptions.
- Your 2027 ID card shows the Aetna network.

How to search for Aetna providers

aetna.com/asa

1. Go to aetna.com/asa.
2. Search by ZIP, city, county or state.
3. Filter by specialty, languages spoken, gender or accepting new patients.
4. Use the map for locations and driving directions.

Confirm your doctors, hospitals and specialists participate before you enroll. Participation may change, so check with Human Resources or call the number on your ID card.

CDHP Plan

Plan features	Preferred in network	Non preferred out of network
Deductible (individual/family)	$2,500/$5,000*	$2,500/$5,000*
Out-of-pocket maximum	$3,500 individual / $7,000 family (medical and pharmacy combined). In network pharmacy only: $1,350/$2,700	
Coinsurance	10% after deductible	20% after deductible
Preventive services	0%, deductible waived	0%, deductible waived
Primary care visit	10% after deductible	20% after deductible
Specialist visit	10% after deductible	20% after deductible
Inpatient hospital	10% after deductible	20% after deductible
Outpatient hospital	10% after deductible	20% after deductible
Emergency room	10% after deductible	20% after deductible
Urgent care	10% after deductible	20% after deductible
Diagnostic test / imaging	10% after deductible	20% after deductible
Prescription drugs	Retail (30 day) and mail order (90 day): 10% after deductible	Not covered

*Non embedded: the family deductible must be met before the plan pays for any family member.

Coinsurance: Preferred In Network

What is coinsurance?

Coinsurance is a percentage of your share of the costs of healthcare services. You begin paying coinsurance after you have paid your plan deductible.

$2,500

Joe's annual deductible

$3,500

Joe's annual out-of-pocket maximum

Example: Joe

1. Joe has paid $2,500 in health care expenses and has met his deductible.
2. Joe has an additional $500 expense. He pays 10% ($50) and the plan pays the remaining $450.
3. The $2,500 deductible and the $50 coinsurance (total $2,550) count toward his $3,500 out-of-pocket limit.

$2,550 of $3,500 counted toward the out-of-pocket maximum



Coinsurance: Non-Preferred Out Of Network

What is coinsurance?

Coinsurance is a percentage of your share of the costs of healthcare services. You begin paying coinsurance after you have paid your plan deductible.

$2,500

Joe's annual deductible

$3,500

Joe's annual out-of-pocket maximum

Example: Joe

1. Joe has paid $2,500 in health care expenses and has met his deductible.
2. Joe has an additional $500 expense. The in network allowable charge is $300, so the plan pays 80% of $300 = $240.
3. Joe owes the provider $260 ($500 less $240). That is $60 of coinsurance plus $200 above the allowable charge.

$2,560 of $3,500 counted toward the out-of-pocket maximum. $940 remains.



Charges above the allowable amount do not count toward the out-of-pocket maximum.

Health Savings Account (HSA)

Bennington College contributes to the HSA of employees enrolled in the CDHP medical plan. You are encouraged, but not required, to add your own contribution.

BENNINGTON COLLEGE CONTRIBUTION

$1,500	$2,750	$2,750
Individual	Two person	Family

Your current contribution will continue for 2027 if you do not make any changes.

2027 IRS LIMITS

Employer and employee combined

$4,500
Self-only coverage

$9,000
Family coverage

+$1,000
Catch-up contribution (age 55 or older)

Welcome To The Luminare Portal

Opt in for electronic communications

Receive helpful information about your benefits and health by email, and get an email when your explanation of benefits (EOB) is available.

Access your benefits and claims

Quickly access benefits and claims information for you and your family.

Review all your expenses in one place

View all your claims, deductible and out-of-pocket balances with just a few clicks.

Connect through the message center

Send customer service a question about a claim while viewing its details.

Get a full look at your benefits

Open the My Benefits tile to review plan details, your coverage, your member ID and your dependents.

Find a provider

Use the My Links tile to find an in-network provider near you. Link wording varies by plan.

Visit myLuminareHealth.com to log in or register

Your Medical And Rx ID Card

AETNA NETWORK ON YOUR 2027 CARD

Front of your ID card

Member tab

- Your employer, group number, name and unique ID
- Plan type and all covered dependents

Medical plan tab

- Contact information for your provider network
- Medical copay amounts

Pharmacy plan tab

- Contact information for your pharmacy benefit manager
- Rx BIN, Rx Group and PCN numbers
- Pharmacy copay amounts

Back of your ID card

Medical claims submission tab

- Payer ID for electronic claims submission
- Mailing address for claims submission

Dependent coverage

- Dependents age 18 and older receive an ID card in their own name
- Dependent ID cards always show "No" for dependent coverage
- The subscriber card shows "Yes" if the plan covers dependents under 18, and "No" if there are no dependents or all are over 18

Find An Aetna Provider

Search online, anytime

aetna.com/asa

1. Go to aetna.com/asa.
2. Search by your location: ZIP, city, county or state.
3. Use the general or category search to see provider details.

Provider participation may change without notice. Confirm with Human Resources or call the number on your ID card before an appointment.

What you can see

- Board certification
- Hospital affiliation
- Medical school and year
- Gender
- Website address (if available)
- Specialties
- Languages spoken
- Other office locations and new patient status

Maps and driving directions are included.

Narrow your search

- Specialty
- Languages spoken
- Gender
- Board certification
- Hospital affiliation
- Accepting new patients
- Performance designations such as Aexcel or Institutes of Excellence
- Wider or smaller search radius
- Sort by best match or distance
- View a map or print results

Pharmacy Benefits With OptumRx

OPTUMRx®

PLAN FEATURES

- **Rx mail order**
- **Prior authorization**
- **Quantity limits**
- **Closed formulary (the list changes periodically)**
- **Price Edge: a way to save on your medications**

HERE IS HOW TO GET STARTED

Whether you have a new prescription or need to transfer an existing one, getting started is easy.

ePrescribe
Ask your doctor to send an electronic prescription to OptumRx.

Online
Visit optumrx.com or use the OptumRx app to fill new prescriptions or transfer others to home delivery.

Phone
Call the toll-free number on your member ID.

Once OptumRx receives your complete order, your medication should arrive within 5 business days.

GLP-1 Medications: What Changes In 2027

NO LONGER COVERED

Weight loss

GLP-1 medications prescribed for weight loss will not be covered starting January 1, 2027.

STILL COVERED

Diabetes

GLP-1 medications continue to be covered for diabetes, subject to plan rules such as prior authorization and quantity limits.

WHAT TO DO NEXT

- Talk with your prescriber before January 1 about your options.
- Ask which covered alternatives may fit your needs.
- Call the number on your member ID card with coverage questions.

Researching GLP-1 Options On Your Own

MANUFACTURER DIRECT

LillyDirect

Eli Lilly's pharmacy for Zepbound. Ships to your home with a valid prescription.

MANUFACTURER DIRECT

NovoCare Pharmacy

Novo Nordisk's pharmacy for Wegovy. Self-pay program with a valid prescription.

WAREHOUSE CLUB

Costco with Sesame

Members pair Sesame online visits with prescriptions filled at Costco Pharmacy.

ONLINE PROGRAM

Ro

Online visit with a monthly membership fee. Medication is billed separately.

ONLINE PROGRAM

Hers

Women's online program from Hims & Hers. Ask if medication is brand name or compounded.

ONLINE PROGRAM

Noom

Noom Med adds coaching and habit support to a prescriber visit.

HOW TO RESEARCH

1. **Talk with your prescriber.** Every option here requires a prescription.
2. **Look for FDA-approved brands.** Compounded versions are not FDA reviewed.
3. **Add up the full monthly cost,** including any visit or membership fees.
4. **Use a licensed pharmacy.** Avoid sites that sell without a prescription.

These programs are examples for your own research, not endorsements, and they are not part of your Bennington College benefits. Self-pay purchases do not count toward your deductible. Prices and offers change, so confirm current details on each site. Ask your HSA or FSA administrator whether these costs are eligible.

Virtual Care With Teladoc Health

Set up your account in 4 easy steps

1. **Download the app**
   Search for "Teladoc Health" in the App Store or on Google Play.
2. **Set up your account**
   Once downloaded, select "Set up your account."
3. **Enter basic contact information**
   We will confirm your eligibility and benefits.
4. **Create your account**
   Add your address and phone number, create a username and password and agree to the terms.

TeladocHealth.com | 1-800-835-2362

MEMBER COST PER VISIT

Plan	Service	Description	Cost
CDHP Plan	General medicine	Consultation	$45
	Behavioral health	Initial medication evaluation	$160
	Behavioral health	Ongoing consultation (psychiatrist)	$90
	Behavioral health	Ongoing counseling (psychologist)	$80

Teladoc Health is not available internationally.

Dental Plan Overview

Delta Dental PPO Premier Plus Network

100%
Preventive services covered

80%
Basic services covered

50%
Major services covered

Annual deductible
$100/$300, waived for preventive services

Calendar year maximum
$2,000 up to $4,000*

Orthodontia
Coverage included

*Double-Up Max applies

Critical Illness Insurance

What is it?

You receive a lump-sum payment when a covered illness is diagnosed. You can use the payment any way you choose, including:

Expenses not covered by medical insurance

- ✓ Deductibles and coinsurance
- ✓ Caregiver expenses
- ✓ Travel to and from treatment centers
- ✓ Rehabilitation

Day-to-day living expenses

- ✓ Rent or mortgage payments
- ✓ Groceries
- ✓ Child care
- ✓ Utility bills

How does the coverage work?

- You choose the amount of coverage at the time of enrollment.
- A lump-sum benefit is paid when you or a covered dependent are diagnosed with a covered illness while insured under the policy.
- If a covered illness returns, or you are diagnosed with an additional covered illness, benefits remain payable up to the benefit maximum for as long as you are insured, subject to plan terms and conditions.

Your Critical Illness Benefit Highlight Sheet lists covered illnesses and additional benefits that may be included in your plan.

Accident Insurance

What is it?

You receive a cash benefit for each covered injury and related services. Use the payment any way you choose, from medical costs to everyday expenses like a mortgage or utility bills.

Coverage is easy and affordable

- ✓ Guaranteed acceptance: no health questions asked
- ✓ Payroll deduction of premiums that never increase due to your age
- ✓ Benefits available for your spouse and dependent children
- ✓ Direct payment to you or your beneficiary
- ✓ Portable coverage if you change jobs

How does the coverage work?

Benefits for covered accidental injuries, related services and treatments. This may include:

- Diagnostic exams, X-rays and emergency services
- Initial and follow-up physician visits
- Ambulance transportation
- Bone fractures and dislocations
- Concussions
- Follow-up and recovery services, including physical therapy
- And more

84

preventable injuries occur every minute in the United States

3.5M+

children ages 14 and younger get hurt each year playing sports or recreational activities

Life Insurance And Short-Term Disability

Life and AD&D insurance

The College offers a basic and supplemental life insurance program, including accidental death and dismemberment. Coverage is available for:

- **Employee**
- **Spouse or partner**
- **Dependents**

Important reminder: review and update your beneficiary information.

Short term disability

Helps protect you if you are unable to work for a period of time due to injury or illness.

7 days	66.67%	$400
waiting period	of your earnings	maximum per week

Employees are required to participate in this benefit plan.

How To Enroll



1. Welcome
2. Manage Dependents
3. Select Benefits
4. Upload Documents
5. Review and Submit

During open enrollment you can

- Enroll in, change or drop medical (and the corresponding HSA), dental and vision coverage
- Enroll in or drop basic life and AD&D coverage
- Enroll in, change or drop supplemental life and AD&D coverage
- Enroll in, change or drop Accident and Critical Illness coverage
- Add, change or drop eligible dependents

Good to know

- Changes take effect January 1 and stay in place through December 31, unless you have a qualifying life event.
- Notify benefits@bennington.edu within 30 days of a qualifying life event.
- Review your elections every year, even if you plan no changes. Update your life insurance beneficiary if needed.

Documents You May Need To Upload

Statement of Domestic Partnership

Upload as needed.

Health Savings Account application

For new enrollees in the CDHP plan.

Identification for new HSA enrollees

For new HSA enrollees in the CDHP plan.

HC-2 Declaration of Healthcare

Needed if anything has changed in your medical insurance coverage.

Retirement Plan Salary Reduction Agreement

Upload as needed.

Other documents

Any other benefits documentation, as needed.

Files must be smaller than 5 MB. Human Resources reviews your uploads and will contact you as needed.

Key Dates And Deadlines

Nov 16, 2026

Open enrollment begins

Review your options and make your elections.

Nov 30, 2026

Open enrollment deadline

Submit all elections by this date.

Jan 1, 2027

Coverage begins

Your 2027 elections take effect.

Qualifying life event?

Notify benefits@bennington.edu within 30 days to request a change to your elections.

BENNINGTON COLLEGE

Questions?

We are here for you.

Thank you for joining us!

Bennington College Human Resources
benefits@bennington.edu

Prepared by Marshall+Sterling