

Bard

2025-2026 Benefit
Enrollment Guide

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Please Note: This enrollment guide is a summary of the benefits provided to benefit eligible employees. Bard College reserves the right to modify, amend, suspend, or terminate any plan at any time for any reason without prior notification. The plans described in this guide are governed by insurance contracts and plan documents, which are available for examination upon request. We have attempted to make explanations of the plans in this guide as accurate as possible. However, should there be any discrepancy between this guide and the provisions of the insurance contract or plan documents, the provisions of the insurance contract or plan documents will govern. In addition, you should not rely on any descriptions of these plans since the written descriptions in the insurance contracts or plan documents will always govern.

This is the only written summary of benefits. Please consult the Plan Document for more detailed information.



Welcome to Bard College's 2025-2026 Benefits Open Enrollment.

***Our goal** is to provide you and your family with cost-efficient and comprehensive benefits. These programs are reviewed annually to ensure they are in line with the current trends and remain in compliance with government regulations such as the Health Care Reform legislation. Please read this Benefits Guide to gather important details about your benefits and learn about your contributions as an aid to making your final decisions.*

Open Enrollment

Open Enrollment is the window of opportunity to make changes to your benefit elections or enroll if you previously waived coverage. It is the time of year to make sure that you have enrolled in the health benefits that meet your healthcare needs and fit into your overall financial plan. *Ask yourself:*

- Does your current coverage meet your family's needs?
- Did you get married, divorced, have a child or another qualifying status change since you last looked at your benefits?
- Were you covered under a spouse and now would like to be covered primarily by your employer?
- Verify that your enrolled dependents meet the definition of an eligible dependent. Medical coverage is provided for dependent children up to their 26th birthday under Health Care Reform. Other benefit plans are subject to plan age limits.

Changing Your Benefits After Open Enrollment

After open enrollment you may change your benefits only if you have met a qualified status change, such as loss of other medical coverage, the birth of a child, divorce or a child reaching the coverage maximum age limit.

The definition of "full-time" for healthcare benefit eligibility purposes is working on average 30 or more hours per week. Bard College will track your hours and notify you if you are eligible for benefits. More information on eligibility to participate in our healthcare plan can be found in the plan documents, which can be obtained by contacting our Human Resources department.

A Summary of Benefits and Coverage (SBC) for our medical plans, along with the Glossary of Health Coverage and Medical Terms, are also available on AleraGray. Upon request a paper copy will be provided at no charge.

Medical – HSA Options



You can select one of the following Anthem Medical Plan options.

The Anthem HSA HIGH PPO medical plan contains in-network and out-of-network benefits. Benefits are determined at the point the member decides to use either in-network or out-of-network providers, giving the members greater freedom of choice. Members choosing out-of-network benefits will have reduced benefits, higher out-of-pocket costs and can be balance billed without limit.

The Anthem HSA LOW EPO medical plan delivers in-network-only benefits. Members must seek care from participating providers, except in the case of a life-or limb-threatening emergency. If care is received from a non-participating provider, the claim will not be paid. It is the member’s responsibility to confirm that the providers and specialists they are seeing participate in the network at the time of service.

PLAN FEATURES	HSA HIGH PPO		HSA LOW EPO
	IN-NETWORK	OUT-OF-NETWORK	IN-NETWORK
Deductible/Maximum Period	Plan Year (7/1-6/30)		Plan Year (7/1-6/30)
Medicare Part D Coverage	Creditable		Creditable
Network	Blue Card PPO	N/A	Blue Card PPO
Deductibles (Individual / Family)	\$2,000/ \$4,000	\$2,000/ \$4,000	\$2,000/ \$4,000
Deductible Type	Aggregate	Aggregate	Aggregate
OUT-OF-POCKET MAX	MEDICAL & RX	MEDICAL ONLY	MEDICAL & RX
Individual	\$4,000	\$4,000	\$4,000
Family	\$8,000	\$8,000	\$8,000
Out-of-Pocket Maximum Type	Embedded	Embedded	Embedded
Preventive Care	Covered in Full	30% after Deductible	Covered in Full
Primary Care Visit	In Full after Deductible		In Full after Deductible
Specialist Visit			
Acupuncture			
LiveHealth Online Telemedicine Medical Only	In-Network, in full, after deductible	Not applicable	In-Network, in full, after deductible
Diagnostic Lab	In Full after Deductible	30% after Deductible	In Full after Deductible
Prenatal & Postnatal Office Visit			
Delivery (Maternity)			
Inpatient Services (Maternity)			
X-Rays			
Advanced Imaging			
Outpatient Hospital Services			
Inpatient Hospital Services			
Emergency Room			
Land/Air Ambulance			
Urgent Care			
Prescription Coverage (OptumRx)	Subject to Deductible then:	RX is In-Network Only	Subject to Deductible Then:
Retail (30-day supply)	\$10/\$35/\$70		\$10/\$35/\$70
GLP-1 Agonist (weight loss)	50% coinsurance Not applied to deductible or out-of-pocket maximum		Not applied to deductible or out-of-pocket maximum
Mail Order (90-day supply)	\$20/\$70/\$140		\$20/\$70/\$140
Retail Specialty (30-day supply)	\$200/30%/30%		\$200/30%/30%
Mail Order Specialty (90-day supply)	\$400/30%/30%		\$200/30%/30%
CanaRx – Mail Order Only	\$0 Copay to use CanaRX.		

Aggregate Deductible: The entire family deductible must be met before copay or coinsurance is applied for any individual family member.

Aggregate Out-of-Pocket Maximum: The entire family out-of-pocket maximum must be met, at which time medical services would be covered 100%.

Embedded Deductible: Each covered family member only needs to satisfy his/her individual deductible, not the entire family deductible, prior to receiving plan benefits.

Embedded Out-of-Pocket Maximum: Once the member reaches the individual out-of-pocket max, services would be covered 100% of that individual.

If you are enrolled in the PPO plans and visit an out-of-network provider, you are responsible for the deductible, coinsurance, and the difference between what the provider charges and the Plan pays. Inpatient admissions, outpatient surgery, x-rays, high level imaging, mental health and substance abuse require preauthorization. Please refer to your Certificate of Coverage for detailed information. This benefit summary provides selected highlights of the employee benefits program at Bard College. It is not a legal document and shall not be construed as a guarantee of benefits nor of continued employment. All benefits plans are governed by master policies, contract, and plan documents. Any discrepancies between any information through this summary and the actual items of such policies, contracts and plan documents shall be governed by master policies, contracts, and plan documents. Bard College reserves the right to amend, suspend or terminate any benefit plan, all or in part, at any time. The authority to make such changes rests with the Plan Administrator

Benefit questions or concerns? Contact HR@bard.edu or Alera Group at 800.836.0026

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PLAN FEATURES	HIGH PPO		LOW EPO			
	IN-NETWORK		IN-NETWORK			
	OUT-OF-NETWORK					
Deductible/Maximum Period	Plan Year (7/1-6/30)		Plan Year (7/1-6/30)			
Medicare Part D Coverage	Creditable		Creditable			
Network	Blue Card PPO		Blue Card PPO			
Deductibles (Individual / Family)	\$0 / \$0		\$0 / \$0			
Deductible Type	N/A		N/A			
OUT-OF-POCKET MAX	MEDICAL	RX	MEDICAL ONLY	MEDICAL	RX	
Individual	\$3,200	\$1,800	\$3,500	\$3,200	\$1,800	
Family	\$7,900	\$4,800	\$8,750	\$7,900	\$4,800	
Out-of-Pocket Maximum Type	Embedded		Embedded			
Preventive Care	Covered in Full		Covered in Full			
Primary Care Visit	\$30 Copay		30% after Deductible	\$30 Copay		
Specialist Visit	\$55 Copay			\$55 Copay		
Acupuncture	\$30 Copay			\$30 Copay		
LiveHealth Online Telemedicine Medical Only	\$5 Copay			\$5 Copay		
Diagnostic Lab	\$30 Copay		30% after Deductible	\$30 Copay		
Prenatal & Postnatal Office Visit	\$30 Copay			\$30 Copay		
Delivery (Maternity) Inpatient Services (Maternity)	\$250 Copay			\$250 Copay		
X-Rays	\$30 Copay			\$30 Copay		
Advanced Imaging	\$55 Copay			\$55 Copay		
Outpatient Hospital Services	\$100 Copay			\$100 Copay		
Inpatient Hospital Services	\$250 Copay			\$250 Copay		
Emergency Room	\$200 Copay			\$200 Copay		
Land/Air Ambulance	No Charge		30% after Deductible			
Urgent Care	\$55 Copay		Paid as In-Network care			
Prescription Coverage (OptumRx)	\$100 – Retail Only		RX is In-Network Only		\$100 – Retail Only	
Retail (30-day supply)	\$10/\$35/\$70		N/A	\$10/\$35/\$70		
GLP-1 Agonist (weight loss)	50% coinsurance Not applied to deductible or out-of-pocket maximum			50% coinsurance Not applied to deductible or out-of-pocket maximum		
Mail Order (90-day supply)	\$20/\$70/\$140			\$20/\$70/\$140		
Retail Specialty (30-day supply)	\$200/30%/30%			\$200/30%/30%		
Mail Order Specialty (90-day supply)	\$400/30%/30%			\$400/30%/30%		
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Infusion Services: OptiMed is your Preferred Provider.



Infusion therapy is a medical treatment that delivers medications directly into a patient's bloodstream.

You can trust OptiMed because: it provides:

- Over 30 years of experience
- Same care team throughout treatment.
- Center of excellence in a range of specialty conditions
- Multi-channel communications with patient, provider, and plan sponsor
- Licensed & certified clinical staff members
- Support personnel available throughout your healthcare journey
- 24/7 access

Conditions we treat:

- Asthma
- Amyotrophic Lateral Sclerosis (ALS)
- Ankylosing Spondylitis (AS)
- Crohn's Disease (CD)
- Chronic Gout (CG)
- Chronic Inflammatory Demyelination Polyneuropathy (CIDP)
- Iron Deficiency Anemia (IDA)
- Myasthenia Gravis (MG)
- Multifocal Motor Neuropathy (MMN)
- Multiple Sclerosis (MS)
- Osteoporosis (OP)
- Opioid & Alcohol Dependence
- Primary Immune Deficiency Disorder (PIDD)
- Plaque Psoriasis (PsO)
- Psoriatic Arthritis (PsA)
- Rheumatoid Arthritis (RA)
- Systemic Lupus Erythematosus (SLE)
- Systemic Juvenile Idiopathic Arthritis (SJIA)
- Thyroid Eye Disease (TED)
- Ulcerative Colitis (UC)

What you can expect:

- Free delivery of all medications and supplies
- Proactive refill calls and care coordination
- Administration and infusion services

Get started:

OptiMed will call you to begin the onboarding process or you can call us to get started!

We'll work with your Prescriber on your care and prescription.

OptiMed will work with you to plan the next steps.

- **Call: 877.884.0998**
- **Visit: [optimedhp.com/](https://www.optimedhp.com/)**
- **Fax: 877.326.2856**
- **Email: info@optimedhp.com**



Prescription Drug

Bard College prescription benefit is managed by OptumRx. With OptumRx, you'll have access to:

- **Convenient Home Delivery services.** You'll be able to have up to a 90-day supply of most maintenance medications delivered directly to you at a savings of up to 33%.
- **A large network of participating retail pharmacies** including independent and chain pharmacies located nationwide.
- **Helpful resources on the OptumRx website and Mobile App.** Online resources at www.optumrx.com will allow you to:
 - **Order prescription refills,** renewals and check your order status
 - **Transfer retail prescriptions** to Home Delivery for convenience and potential savings
 - **Enroll in Worry-Free Fills** to conveniently receive Home Delivery medication automatically
 - Discover possible ways to save money on medications, such as using generics and Home Delivery
 - Receive time-sensitive medication-related alerts on your personalized pharmacy care profile
 - Look up information about your medications and your prescription drug benefit
 - Ask a pharmacist questions anytime, day or night
 - View a financial summary of your prescription expenses, especially valuable at tax time
 - Review your prescription history to share with your doctor
- **Specialist pharmacists,** who each have expertise in the medications that treat a single condition, such as high blood pressure, asthma, diabetes or cancer. Specialist pharmacists at OptumRx can answer your questions about how your medications work with each other and to make them work best for you.
- **Optum Rx Customer Service is available 24 hours per day, 7 days per week, and can be reached at 1-800-441-1641**

Bard College:

RX BIN: 610011

RX PCN: IRX

RX Group: PURBARD



Important Prescription Coverage Information

Participants in the medical plan will receive a member ID card from Anthem BCBS which will include the Optum Rx information. Participants should present their member ID card each time you fill a prescription through a retail outlet.

The formulary is the list of medications covered by the plan and is updated twice per year based on the latest research & clinical evidence. The member's cost share or copays are determined by the prescription's tier:

Tier 1 Generics

- Safe, effective & have the same active ingredients as a brand name medication, but cost much less

Tier 2 Preferred

- Lower cost or more clinically effective than non-preferred or excluded medications

Tier 3 Non-Preferred

- Highest cost or medications with clinical alternatives

Tier 4 GLP-1 Agonist

- Weight-loss injectable medications
- Costs are not applied to deductibles or out-of-pocket maximums

Specialty

- Generally, tier 3, high complexity medications, must be purchased through OptumRx specialty pharmacy

Excluded

- Medications with clinical alternatives or generics that are not covered by the plan. Members must choose an alternative therapy.

The formulary also determines which medications 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 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.

The OptumRx Customer Service team is available to serve you 24 hours a day, 7 days a week. Our knowledgeable customer service representatives can assist you with Benefit Overview, Eligibility, Prior Authorization, and much more.

OptumRx Home Delivery will deliver maintenance prescriptions, up to a 90-day supply, directly to your door for the cost of your mail order pharmacy copay. You will need a new prescription from your doctor to begin using the mail service.

To get started, call a Help Desk representative to set up your home delivery profile and method of payment.

CALL: 800-441-1641

VISIT: optumrx.com

OptumRx Specialty is Optum's specialty pharmacy and is available to dispense medications used to treat complex and chronic conditions. The experts at Optum strive to support patients in all aspects of therapy and always provide the utmost care, from prescription needs and medication therapy management to financial guidance.

CALL: 844-265-1761

VISIT: specialty.optumrx.com/

Mail Order Prescriptions

CanaRx is a voluntary mail order prescription drug program that is available to eligible employees and their dependents enrolled in one of Bard College’s medical plans. All member copayments have been **waived** for this program **only**.

A **listing of eligible** medications is available on the CanaRx website at www.canarx.com/plan/?planid=BARD.

TIER	CANARX COST	VS.	CURRENT RETAIL COPAY	X	REFILLS	=	ANNUAL SAVINGS
Tier 2	\$0	Vs.	\$35	x	12	=	\$420
Tier 3		Vs.	\$70	x	12	=	\$840

Employees enrolled in the HSA HIGH PPO and HSA LOW EPO medical plans must first meet their deductible before they can participate in the program. Once the deductible has been met, employees need to submit their EOB to CanaRx showing the deductible has been met.

Generic medications provide the greatest savings to your health care plan. Therefore, if you are currently taking a generic medication, you are not eligible to order the brand name medication through this program.

Ordering Instructions

To place your first order simply complete the enrollment form and include a new prescription for each medication. Please allow 4 weeks for delivery.

Ask your doctor for a prescription for a **3-month supply** with **3 refills**. Refills are not automatic, but they’re easy – CanaRx will call you! As an added safety measure before processing a refill, CanaRx will need to confirm how much medication you have on hand and whether you have had any health or medication changes. You will be contacted **one month prior** to ensure you always have a sufficient supply of medication on hand.

Medications must be tried for 30 days before ordering through CanaRx. Return your completed and signed enrollment form and original prescriptions:

BY FAXING TO: 1-866-715-6337

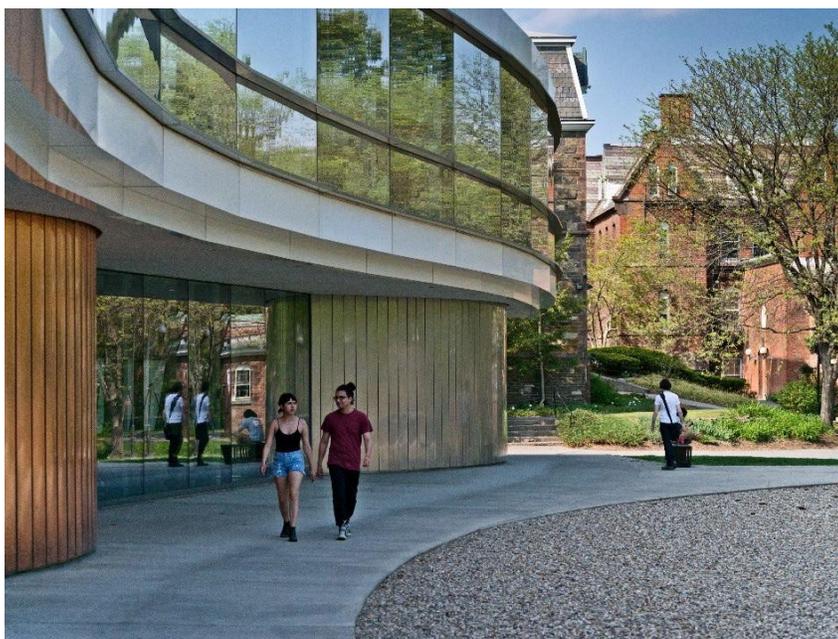
*Faxed prescriptions are **ONLY** accepted if sent directly from the physician’s office.*

OR

BY MAILING TO: BardCanaRx
P.O. Box 44650
Detroit, MI 48244

Additional forms may be obtained from

- The Human Resources Department,
- Visiting [Bard CanaRx Online](#)
- Contacting CanaRx customer service, toll free at 866 -893-6337



Vision

Employees enrolled in one of Bard College's Anthem medical plans will automatically be enrolled in the Anthem vision plan at no extra cost. Blue View Vision offers you one of the largest vision care networks. Blue View Vision's network also includes convenient retail locations including LensCrafters®, TargetOptical®, Pearle Vision®, and New York based Anthem Vision and Davis Vision Centers. You will also have the ability to visit non-network providers and receive reimbursement towards expenses.

Non-network reimbursement requests must be submitted directly to Anthem by the member. Claims may be submitted online here, [Claim Form](#), or submitted via mail to Anthem. Information may be found in the AleraGray Reference Center

BENEFIT	IN-NETWORK	NON-NETWORK REIMBURSEMENT
Dependent Age Limit	To Age 26	
VISION EXAM		
Comprehensive Vision Exam	\$20 Copay	Up to \$40
LENSES		
Single	\$20 Copay	Up to \$25 Up to \$40 Up to \$55
Bifocal		
Trifocal		
Progressive	\$65 Copay	Not Covered
FRAMES		
	\$130 allowance then 20% off balance	Up to \$45
CONTACT LENSES (in lieu of eyeglasses)		
Elective Contact Lenses	\$130 allowance then 15% off balance	Up to \$105
Elective Disposable	\$130 allowance (no additional discount)	Up to \$105
Non-Elective Contact Lenses	Covered in Full	Up to \$210
Standard Contact Lens Fitting & Follow-Up	Up to \$55 Copay	Not Covered
Premium Contact Lens Fitting & Follow-Up	10% off Retail Price	
LENS OPTIONS		
UV Coating	\$15 Copay	Not Covered
Tint – Solid or Gradient		
Standard Scratch-Resistance		
Standard Polycarbonate for Adults	\$40 Copay	
Anti-Reflective Coating	\$45 Copay	
FREQUENCY (Months)		
Exam	Every 12 Months	
Lenses	Every 24 Months	
Frames		
Contacts		
DISCOUNT		
LASIK Vision Correction Surgery	Discount per Eye	
1-800Contacts	Save \$20 on orders of \$100 or more	

Frequency based on last date of service.

The "frame allowance" or discounts associated with this vision plan may not apply to some frames where the manufacturer has imposed a no discount policy on sales at retail or independent provider locations. Members may submit an out-of-network claim for reimbursement on such frames up to the schedule amount indicated in the member's benefit summary/certificate of coverage.



Dental



The Anthem Essential Choice PPO Dental Plan allows you the freedom to see the dentist of your choice. You can utilize a large network of participating dentists who accept the Anthem Complete Network as payment in full after deductible and coinsurance.

Please note you may see an Out of Network Dentist; however, the dentist may not accept the plan payment as payment in full and may balance bill without limit.

PLAN FEATURES	NON-UNION	
	IN NETWORK	OUT OF NETWORK
Deductible Accumulation/ Benefit Period	Plan Year (July 1-June 30)	
Dependent Age Limit	To Age 26	
Network	Complete Network	N/A
Reimbursement Level (Diagnostic and Preventative)	100%	90th Percentile UCR
Annual Deductible (Individual / Family)	\$0 / \$0	\$50 / \$150
Deductible Waived For	N/A	Preventive/Orthodontic
Preventive Care	Covered 100%	Covered 100%
Basic Procedures (Extractions, fillings, etc.)	20% Co-insurance	20% Co-insurance after Deductible
Major Procedures (Crowns, dentures, etc.)	50% Co-insurance	50% Co-insurance after Deductible
Child Orthodontia under age 19	50% Co-insurance	50% Co-insurance after Deductible
Orthodontia Lifetime Max	\$1,500	
Plan Year Maximum Benefit	\$1,500 per person	

If you visit an out-of-network provider, you are responsible for paying the deductible, coinsurance, and the difference between what the provider charges and the plan pays.

Certain procedures may require a pre-treatment review.

Limitations or waiting periods may apply for some benefits; some services may be excluded from your plan.

Benefit questions or concerns? Contact HR@bard.edu or Alera Group at 800.836.0026

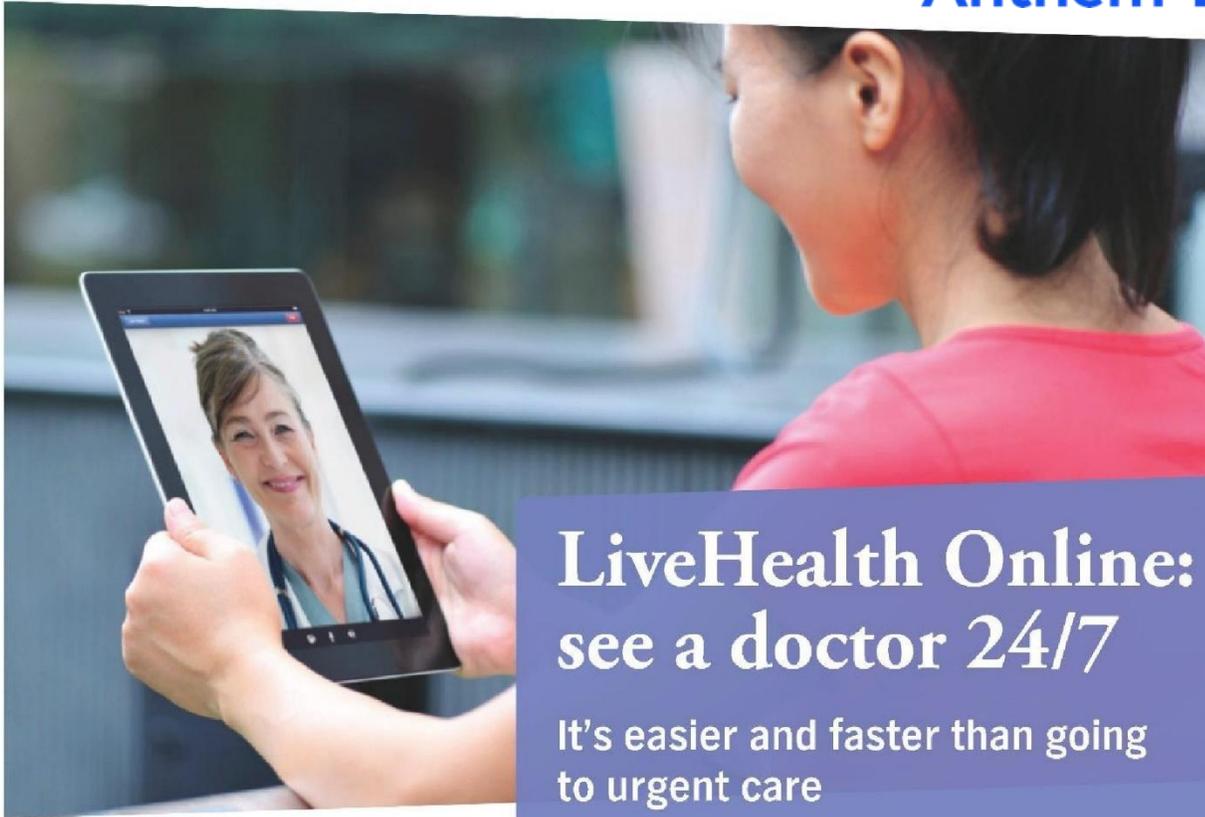
Employee Contributions

Your employee contribution depends on the type of coverage selected and the number of dependents you insure. Please note that all employees enrolled in the HSA Low EPO and HSA High PPO plans are eligible for a Health Savings Account (HSA). Your money in the HSA rolls over every year and goes with you wherever you go.

There is no monthly maintenance fee for the HSA account for active employees. Employees must open their account prior to incurring any medical, dental or vision claims that the HSA will be used for. Please see table below for your semi-monthly contribution rates effective **July 1, 2025**.

MEDICAL	Under \$65k	\$65,001 to \$80,000	\$80,001 to \$110,000	\$110,001 to \$139,999	\$140,000 to \$169,999	\$170,000 to \$199,999	\$200,000 and above
HSA LOW EPO							
Single	\$40.16	\$51.68	\$89.00	\$131.59	\$179.29	\$231.53	\$292.38
Employee + Child(ren)	\$83.38	\$107.84	\$187.32	\$278.40	\$373.37	\$478.26	\$603.96
Employee + Spouse OR Family	\$102.79	\$132.97	\$228.76	\$337.04	\$459.23	\$593.06	\$748.93
HSA HIGH PPO							
Single	\$64.35	\$77.85	\$119.92	\$167.55	\$220.17	\$277.70	\$344.55
Employee + Child(ren)	\$135.91	\$164.53	\$253.07	\$353.09	\$459.55	\$579.65	\$719.17
Employee + Spouse OR Family	\$165.48	\$200.56	\$309.41	\$432.26	\$568.03	\$716.49	\$888.95
LOW EPO							
Single	\$81.51	\$95.39	\$131.59	\$173.15	\$224.53	\$276.98	\$337.23
Employee + Child(ren)	\$168.30	\$193.62	\$269.80	\$355.23	\$460.37	\$567.93	\$691.46
Employee + Spouse OR Family	\$207.24	\$239.92	\$334.56	\$440.23	\$570.87	\$704.24	\$857.42
HIGH PPO							
Single	\$116.73	\$129.24	\$169.84	\$214.41	\$270.15	\$326.73	\$391.58
Employee + Child(ren)	\$241.03	\$266.52	\$348.61	\$440.55	\$553.98	\$670.02	\$803.01
Employee + Spouse OR Family	\$295.96	\$325.82	\$430.62	\$543.62	\$684.93	\$828.39	\$992.81

Dental	Single	Employee +1	Family
Administration and Faculty	\$24.80	\$57.76	\$79.82



LiveHealth Online: see a doctor 24/7

It's easier and faster than going
to urgent care

Telemedicine

Download the free app now!

apple.com

play.google.com/store



Sign up at livehealthonline.com

LiveHealth[®]
O N L I N E

The next time you or someone in your family needs to see a doctor, use LiveHealth Online. See a doctor with a smartphone, or tablet using our free app, or a computer with a webcam.

With LiveHealth Online, you get:

- Immediate, 24/7 access to board-certified doctors.
- Secure and private video chats.
- Prescriptions that can be sent to your pharmacy, if needed.

LiveHealth Online is part of your health plan benefits and the cost of a LiveHealth Online visit is the same or less than a primary care office visit.

Sign up today so you're just a few clicks away from seeing a doctor.

Health Savings Account

Available with HSA High PPO and HSA Low EPO Plans only.
Plan year: July 1, 2025-June 30, 2026.

Health Savings Accounts (HSA) are tax-exempt accounts where funds grow to pay for IRS eligible medical expenses. Bard College is offering an HSA account with First American Bank to those enrolled in the Anthem HDHP EPO and PPO HSA plans.

An HSA is your account. If you switch jobs, the HSA goes with you. **Your money rolls over every year.** There is no "use it or lose it" requirement. In order to open an HSA, you must have a qualified High Deductible Health Plan.

Employees can contribute their own funds up to the annual IRS limit. The IRS determines the guidelines for qualified HSAs, which are:

HSA Eligible Guidelines

- You are enrolled in a qualified High Deductible Health Plan (Anthem HDHP EPO and PPO HSA Plans).
- You cannot be claimed as a tax dependent.
- You are not enrolled in Medicare or covered under any other type of insurance plan. This includes plans that your spouse may be enrolled in, such as other group health plans, Flexible Spending Accounts (FSAs) or Health Reimbursement Arrangements (HRAs).
- Ineligible withdrawals are subject to income tax plus an additional 20% tax unless you are 65 or older, disabled or deceased.
- All participants are responsible for retaining the proper documentation to verify the eligibility of a distribution.
- Contributions can be made up to the day Federal taxes are due for the previous plan year.
- Contribution limits assume the employee is "eligible" for the entire tax year. If the employee is not eligible for the entire tax year, they can still contribute the maximum as long as they remain eligible for the entire following tax year (through December 31), otherwise they will be taxed plus a 10% penalty on a prorated amount of the contribution.



2025 IRS HSA Guidelines	Single Plan	Family Plan
HDHP Minimum Deductible	\$1,650	\$3,300
Maximum HSA contribution	\$4,300	\$8,550
Catch-up contribution if you are 55 or older	\$1,000	

Medical Expenses

- Present your Anthem ID card to your provider. The provider bills the carrier.
- Anthem processes the claim and applies the contracted, discounted rate to your deductible and sends out an Explanation of Benefits (EOB).
- Once you receive your EOB from Anthem and the bill from your provider, verify that the amount being charged by your provider is the same as the EOB member responsibility.
 - Remember, an EOB is a summary of the claim payment from your health insurance plan.
 - The EOB should detail the discount and the amount of the claim applied to your deductible and your member responsibility.
 - Pay only the amount classified as your responsibility by your health plan and eligible under your HSA.
- You can use your HSA card to pay the amount owed when billed by the provider.

RX Expenses

- Present your Anthem ID card to the pharmacist.
- After your pharmacist processes the claim through Anthem, the pharmacist will ask you for payment at the time of service.
- You can pay with your HSA card and the amount will be processed and applied toward your deductible

Medicare Education

Alera Group provides Medicare Education and assistance with enrollment. We assist employees with options relative to cost, funding, benefits and risk in the areas of Medicare Medical and Prescription Drug Plans so that the experience and process is simple and stress-free.

Alera has a team of certified Medicare Educators that work directly with you and your family. **Get more information through the CARE Team or contact Eric Lintala: eric.lintala@alergroup.com**

When can I enroll?

Enrollment is automatic if you are already receiving Social Security Benefits
If not receiving Social Security, then you have to initiate enrollment

What if I work past age 65?

If working past age 65

- May enroll or defer Medicare Parts A and B
- Keep records of your health insurance coverage
- HSA contributions are subject to 6-month look-back
- Avoid penalty by stopping HSA contributions one-month prior to your 65th birthday

Retiring after 65

- Must enroll in Part A and Part B using General Enrollment or Special Enrollment Period
- When retiring, you're eligible for an 8-month Special Enrollment Period

Retiring before 65

You may need to purchase individual health insurance?

- NY State of Health www.nystateofhealth.ny.gov 1-855-355-5777
- Excellus Blue Cross Blue Shield
- MVP Healthcare
- Fidelis Care

How to Enroll in Medicare:

Call Social Security 1-800-772-1213

(TTY: 1-800-325-0778)

7am to 7pm Visit www.ssa.gov

Additional Resources: Medicare 1-800-Medicare

(1-800-633-4227)

Visit www.Medicare.gov

For Assistance Contact:

Eric Lintala:

**eric.lintala@alergroup.com or
(585) 704-3009**

Initial Enrollment Period:

The Initial Enrollment Period (IEP) is the first time you can sign up for Medicare.



Medicare Advantage (Part C)

Private health insurance plans approved by Medicare



You have choices to make with your Medicare Enrollment.

For Example: Medicare Advantage (Part C) combines Parts A and B and often D into one plan.

*Find out more by calling
Eric Lintala at (585)-704-3009*

Flexible Spending Accounts

Plan Year: July 1, 2025-June 30, 2026.

FSA funds are used to pay for medical, dental, vision and dependent care expenses for you and your dependents, regardless of whether you are covered by your employer's medical plan.

HEALTHCARE FLEXIBLE SPENDING ACCOUNT (FSA)

Participants may elect to contribute up to \$3,300 on a pre-tax basis via payroll deductions throughout the plan year into a Healthcare FSA.

The full amount you select will be available to you immediately to use towards unreimbursed medical expenses regardless of whether you are covered by one of Bard College's medical plans. You can be reimbursed for qualified medical care expenses such as copays and deductibles for medical, prescription drug, dental, prescription eyeglasses, etc. All claims submitted must have dates of service within the plan year, July 1 – June 30.

Employees enrolled in the EPO HSA medical plan may only participate in a Limited Healthcare FSA which can be used towards unreimbursed dental and vision expenses.

Participants are allowed to carry over up to \$650 of unused funds remaining at the end of the Plan Year. You should plan carefully, as any unused funds in excess of the carry over amount are forfeited after the plan year run out or employment termination per IRS "Use It or Lose It" guidelines.

DEPENDENT CARE REIMBURSEMENT ACCOUNT (DCA)

Participants may elect to contribute up to \$5,000 on a pre-tax basis via payroll deductions throughout the plan year into a DCA. Payroll deductions are deposited into the account each pay period. Only what has been deposited is available for use. All claims submitted must have dates of service within the plan year, July 1 – June 30. You should plan carefully, as any unused funds are forfeited after the plan year run out or employment termination per IRS "Use It or Lose It" guidelines.

DCA funds can be used on any child under the age of 13 or any dependent who is physically or mentally unable to care for themselves:

- The care of the dependent must enable you and your spouse to be employed:
- The amount to be reimbursed must not be greater than your or your spouse's income, whichever is less
- The services may be provided in your home or another location, but not by someone who is your minor child or dependent for income tax purposes (for example, an older child)
- If the services are provided by a daycare facility that cares for 2 or more children simultaneously, the facility must comply with state and local daycare regulations; and
- Services must be for the physical care of the child, not for education, meals, etc. Expenses for overnight camps and kindergarten are not eligible for reimbursement.

COMMUTER TRANSIT / PARKING ACCOUNT

Participants may elect to contribute on a pre-tax basis via payroll deductions into a Transit and/or Parking Account to pay for eligible mass transit, parking and van-pooling expenses. Post-tax contributions are unlimited per plan year. All transit changes must be made by the 10th of the month prior to the change. Any unused funds upon employment termination will be forfeited per IRS "Use It or Lose It" guidelines.

Transit Benefit - \$325 maximum monthly pre-tax contribution

- Mass Transit Costs – The price of tickets, vouchers, and passes to ride a subway, train, or city bus.
- Vanpool Costs – The cost of riding a commuter vehicle that seats at least six adults (not including the driver) and at least:
 - 80 percent of the van's mileage is used to take employees to and from work, and
 - At least half of the van's seating is taken by employees

Parking Benefit - \$325 maximum monthly pre-tax contribution

- Parking costs at or near your primary work site.
- Parking costs at the place where you get transportation to work – a train station, vanpool stop, etc.

Basic Life / AD&D



PLAN FEATURES	
Eligibility	All active full-time employees working 25 or more hours per week
Employee Contribution	None – 100% Employer Paid
GROUP LIFE	
Basic Benefit	\$12,000
Guaranteed Issue Amount	\$12,000
Accelerated Death Benefit	50%
Waiver of Premium	If employee is disabled before age 60, coverage will continue to age SSNRA after 6-month elimination period
Conversion	Included
Resource Advisor	
Travel Assistance	
GROUP AD&D	
Basic Benefit	Up to 100% of Life Benefit if you suffer loss in covered accident, based on schedule
Maximum Benefit	\$12,000
AD&D Table of Losses	Standard table included
Airbag	10% of AD&D benefit
Seatbelt	10% of AD&D benefit
Repatriation	Up to \$5,000 for transportation and related preparation expenses
Child Education	5% of AD&D benefit per year for each child's post-secondary education; annual maximum of \$5,000 or actual expense. \$40,000 combined maximum
Coma Benefit	1% of AD&D benefit for each full month in a coma, up to 8 years
Common Carrier	25% of AD&D benefit
AGE REDUCTION SCHEDULE	
At Retirement	Coverage Terminates



Supplemental Life/AD&D

PLAN FEATURES	EMPLOYEE	SPOUSE	CHILD(REN)
Eligibility	All active benefit eligible employees	Employee enrolled in Supplemental Life	Employee enrolled in Supplemental Life
Employee Contribution	100% Employee Paid	100% Employee Paid	100% Employee Paid
SUPPLEMENTAL LIFE			
Increment	\$10,000	\$5,000	N/A
Minimum Amount	\$10,000	\$5,000	
Maximum Amount	5 times annual salary up to \$500,000	\$250,000 - not to exceed 50% of employee benefit	\$4,000
Guaranteed Issue	\$200,000	\$50,000	
Accelerated Death Benefit	50% to max of \$250,000		
Waiver of Premium	If employee is disabled before age 60, coverage will continue to age SSNRA after 6-month elimination period		
Conversion/Portability	Included		
SUPPLEMENTAL AD&D – EMPLOYEE ONLY			
Benefit	Up to 100% of Life Benefit if you suffer loss in covered accident, based on schedule	Not Covered	Not Covered
AD&D Table of Losses	Standard Table Included		
Seatbelt Benefit	10% of AD&D Benefit to max of \$15,000		
Airbag Benefit	10% of AD&D Benefit to max \$10,000		
Coma	1% of AD&D Benefit, payable up to 8 years		
Common Carrier	25% of AD&D Benefit		
Repatriation	Up to \$5,000		
Child Education	5% of AD&D benefit per year per child; annual max of \$5,000 with \$40,000 combined max		
BENEFIT AGE REDUCTION – BASED ON EMPLOYEE AGE			
At Age 26	N/A	N/A	Coverage Terminates
At Age 70	50% Reduction	50% Reduction	N/A
At Retirement	Coverage Terminates	Coverage Terminates	

Guarantee Issue on voluntary life and voluntary long-term life amounts only apply if you elect coverage within 30 days of your initial eligibility date. After 30 days of initial eligibility you must provide Evidence of Insurability. Evidence of Insurability will be required for any future benefit increases.

Spouse rates based on employee age.

Unmarried dependent children are covered from 15 days to age 26



Short-Term Disability

PLAN FEATURES	
Eligibility	All employees eligible
Employee Contribution	None – 100% employer paid
BENEFIT	
Benefit	50% of earnings to maximum \$170 per week
BENEFIT QUALIFICATIONS	
Elimination Period	7 Days
Duration of Benefit	26 Weeks

*Information is specific to employees in NYS. Other states' benefits may vary.

Long-Term Disability

PLAN FEATURES	
Eligibility	All active benefit eligible employees
Employee Contribution	None – 100% employer paid
BENEFIT	
Benefit	60% of earnings to maximum \$10,000 per month
Minimum Benefit	Greater of 10% or \$100
BENEFIT QUALIFICATIONS	
Elimination Period	180 Days
Duration of Benefit	Social Security normal retirement age
Definition of Disability – Administrators & Faculty	Social Security normal retirement age
Definition of Disability – Union	24 months own occupation
Partial Disability Residual	Included
Pre-Existing Condition Limitation	3/12
Mental Illness/ Substance Abuse Limitation	24 Months
Accumulation of Elimination Period	15 days if elimination period is 90 days or less. 30 days for an elimination period for greater than 90 days
ADDITIONAL FEATURES	
Work Incentive Benefit	100% for 12 months
Rehabilitation Incentive	Additional 5% for 12 months
Work Retention Assistance	Included
Survivor Benefit	3 Months Net Benefit
Workplace Modification Benefit	Up to \$10,000
Continuity of Coverage	Included
W-2 Preparation Service	
Resource Advisor	



Employees have the option of having taxes deducted from their payroll upfront in order to receive tax-free benefit.

Voluntary Benefits



Protection Benefits

How MetLife Works: MetLife helps fill the financial gap if you or your spouse are unable to work. MetLife plans are guaranteed renewable at the payroll rate. MetLife's plans are portable. Coverage options and rates available on the AleraGray benefits portal.

Plans Available:

✓ **Critical Illness**

Provides coverage for a variety of critical illnesses including cancer, Alzheimer's, coronary artery disease, heart attack, kidney failure, major organ transplants and stroke. Employees can choose coverage amounts for themselves, spouses and dependent children to age 26. Benefit includes a \$75 per calendar year for taking one of the eligible screening/prevention measures. MetLife will pay only one health screening benefit per covered person per calendar year.

✓ **Accident Insurance**

Provides coverage for accidents occurring on or off the job. Benefits paid include hospitalization, lacerations, fractures, dislocations, burns, x-rays, and follow-up treatments. Elect coverage for yourself, spouse and dependent children to age 26

✓ **Hospital Indemnity**

Provides coverage hospital admission and confinement. Elect coverage for yourself, spouse and dependent children to age 26.

Full benefit summaries are available in the reference center of the AleraGray benefits portal.

Affordable Legal and Identity Theft Protection

Have you ever had a dispute with a creditor, neighbor or landlord? Have you ever received a traffic ticket or signed a contract? Have you ever been a victim of a data breach because you used public Wi-Fi or lost your wallet?

Get the legal and identity theft protection you and your family deserve with LegalShield.

Through a nationwide network of provider law firms. LegalShield provides every member direct access to a dedicated law firm. And IDShield is the only identity theft protection plan armed with a team of Licensed Private Investigators. ensuring that if your identity is stolen it will be restored.



LegalShield Benefits:

- Legal consultation and advice
- Dedicated provider Law Firm
- Court representation
- Legal document preparation and review
- Letters and phone calls made on your behalf
- Divorce
- Traffic ticket consultation
- Will preparation
- 24/7 Emergency legal access
- Mobile app
- And more

IDShield Benefits:

- Identity consultation and advice
- Dedicated licensed private investigators
- \$1 Million Protection Policy
- Unlimited Service Guarantee
- Identity, credit, and social media monitoring-
Plus Real-Time Alerts
- Username/Password combination monitoring-
Only Available with IDShield
- Full-Service identity-restoration
- Child monitoring (*Family Plan Only*)
- 24/7 Emergency Access
- Mobile App, and more

We have an app for that!

With the LegalShield and IDShield mobile apps. You can easily begin documents to have your Will prepared, track your alerts and connect with a lawyer or a licensed private investigator 24/ 7 for emergency situations!



PRICING: AFFORDABLE PROTECTION					
LegalShield	IDShield		Legal Shield + IDShield		
Family \$19.50 Monthly	Individual \$8.95 Monthly	Family \$16.95 Monthly	Individual \$27.15 Monthly	<i>Discounted rate when purchased together</i>	Family \$33.95 Monthly

This is a general overview of the legal and identity theft protection plans available from LegalShield for illustration purposes only. See plan details or plan contract for specific state of residence for complete terms, coverage. amounts. conditions and exclusions.

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Call: **800.272.7255**

TDD: **800.697.0353**

Visit: **guidanceresources.com** *Have this ready.* Web ID: **COM589**

Personal issues, planning for life events or simply managing daily life can affect your work, health, and family. ComPsych® GuidanceResources® provides support, resources, and information for personal and work-life issues. GuidanceResources is company-sponsored, confidential, and provided at **no charge** to you and your dependents. This flyer explains how GuidanceResources can help you and your family deal with everyday challenges - *Just call or click to access your services.*

Confidential Counseling - *Someone to talk to*

This no-cost counseling service helps you address stress, relationship, and other personal issues you and your family may face. It is staffed by Guidance Consultants - highly trained master's and doctoral level clinicians who will listen to your concerns and quickly refer you to in-person counseling and other resources for

- Stress, anxiety, and depression
- Relationship/marital conflicts
- Problems with children
- Job pressures
- Grief and loss
- Substance abuse

Financial Information and Resources – *So you can discover your best options*

Speak by phone with our Certified Public Accountants and Certified Financial Planners on a wide range of financial issues, including:

- Getting out of debt
- Retirement planning
- Credit card or loan problems
- Estate planning
- Tax questions
- Saving for college

GuidanceResources® - *Online Knowledge at your fingertips*

GuidanceResources Online is your one stop for expert information on the issues that matter most to you: Relationships, work, school, children, wellness, legal, or financial, help is only a keystroke away.

- Timely articles, "HelpSheets", tutorials, streaming videos, and self-assessments
- "Ask the Expert" personal responses to your questions
- Childcare, elder care, attorney, and financial planner searches

Legal Support and Resources – *Providing expert information - when you need it*

Talk to our attorneys by phone. If you require representation, we'll refer you to a qualified attorney in your area for a free 30-minute consultation with a 25% reduction in customary legal fees thereafter. Call about:

- Divorce and family law
- Debt and bankruptcy
- Landlord/tenant issues
- Real estate transactions
- Civil and criminal actions
- Contracts

Work-Life Solutions - *Delegate your "to-do" list*

Our Work-Life specialists will do the research for you, providing qualified referrals and customized resources for

- Child and elder care
- College planning
- Moving and relocation
- Making major purchases
- Pet care
- Home repair

Refer to the information in this guide to help you make wise benefit choices.

Consider your options. Make sure you get the coverage that best suits your needs. Discuss with your spouse, partner or other family members to consider all sources of benefits coverage.

Our insurance carriers offer a number of tools and resources available through their web sites that can help support your decision-making process.

Carrier Contact Info:

Anthem BlueCross BlueShield	anthem.com	(866) 723-0515
OptumRx	optumrx.com	(800) 441-1641
OptiMed	optimedhp.com/	(877) 884-0998
CanaRx	BardcanaRX.com	(866) 893-6337
Bradley Huff First American Bank	firstambank.com	(312) 881-8711
Anthem Dental	anthem.com	(844) 852-1553
Anthem Life	anthem.com	(800) 552-2137
MetLife	metlife.com	(800)-438-6388
Benefit Resource, Inc.	benefitresource.com	(800) 473-9595
ComPsych	guidanceresources.com	(800) 272-7255
LegalShield/IDShield	benefits.legalshield.com/bardcollege	(888) 807-0407
Eric Lintala Medicare Specialist	eric.lintala@aleragroup.com	(585)-704-3009
Alera Group	support@aleracare.zendesk.com	(800)-836-0026