



WELCOME TO YOUR BENEFITS

Health Plan Summaries

Health Plan Premiums

Prescription Benefit for Maintenance Medications at \$0 Cost

Health Savings Account (HSA)

Dental Plan Summary, Premiums

Vision Plan Summary, Premiums

Flexible Spending Account (FSA)

Employee Assistance Program (EAP)

Retirement Plan

Basic Life and Long Term Disability

Required Notices

HEALTH PLAN OPTIONS

Lake Forest College is pleased to offer three medical plans to choose from:

1. BCBS of IL PPO. This traditional PPO plan has a copay for office visits, a deductible for other types of care, and covers eligible services at 80% after the deductible is met. Preventive care is covered at 100%. Prescription drugs have a copay based on the type of prescription filled.
2. BCBS of IL Blue Choice Select PPO. This plan provides the same benefits in and out of network as the BCBS of IL PPO plan, but with more focused narrow network of care providers (IL residents only).
3. High Deductible Health Plan with a Health Savings Account. This plan has the same network of providers as the BCBS of IL PPO plan and includes an individual Health Savings Account (HSA) that will be partially funded by the College. Preventive care is covered at 100%.

	BCBS PPO & BlueChoice Select PPO Network	High Deductible Health Plan with a Health Savings Account
Service	In-Network	In-Network
Deductible Limit		
Employee	\$750	\$1,650
Spouse or Child	\$1,500	\$3,300
Family	\$1,500	\$3,300
Health Savings Account		
Lake Forest College employer contributions		
Employee	n/a	\$600
Spouse or Child		\$1,000
Family		\$1,300
Co-insurance		
After deductible pays	80% after deductible has been met	80% after deductible has been met
Out-of-pocket maximum		
Employee	\$2,000	\$2,750
Spouse or Child	\$4,000	\$5,500
Family	\$4,000	\$5,500
Preventive care	100%, no deductible	100%, no deductible
Primary physician office visit	\$20 co-pay	80% after deductible has been met
Specialist physician office visit	\$40 co-pay	80% after deductible has been met
Inpatient hospitalization	\$250 co-pay	80% after deductible has been met
Emergency room	\$150 co-pay	80% after deductible has been met
Prescription drugs		
Formulary generic (Tier I)	\$10	80% after deductible has been met
Formulary brand (Tier II)	\$40	
Non-formulary brand (Tier III)	\$75	

HEALTH PLAN PREMIUMS

BCBS of IL Blue Choice Select PPO (Illinois residents only)

Exempt Employees—Monthly premiums

SALARY RANGE	EMPLOYEE	SPOUSE	CHILDREN	FAMILY
At or Below \$40,582	\$96.99	\$311.13	\$213.24	\$416.85
Above \$40,582	\$129.30	\$439.17	\$270.11	\$588.52
Above \$60,791	\$161.60	\$585.55	\$355.40	\$784.67
Above \$92,937	\$193.98	\$695.42	\$454.91	\$931.78
Above \$180,353	\$307.08	\$1,006.45	\$639.72	\$1,348.63

Non-Exempt Employees—Biweekly premiums

SALARY RANGE	EMPLOYEE	SPOUSE	CHILDREN	FAMILY
At or Below \$40,582	\$44.77	\$143.60	\$98.42	\$192.39
Above \$40,582	\$59.67	\$202.69	\$124.66	\$271.63
Above \$60,791	\$74.58	\$270.26	\$164.03	\$362.15

BCBS of IL PPO Plan

Exempt Employees—Monthly premiums

EMPLOYEE	SPOUSE
----------	--------

Non-Exempt Employees—Biweekly premiums

HEALTH PLAN PREMIUMS

High Deductible Health Plan

Exempt Employees—Monthly premiums

SALARY RANGE		EMPLOYEE	SPOUSE	CHILDREN	FAMILY
At or Below	\$40,582	\$95.03	\$304.85	\$208.93	\$408.43
Above	\$40,582	\$126.68	\$430.30	\$264.65	\$576.64
Above	\$60,791	\$158.33			

Non-Exempt Employees—Biweekly premiums

Employer Contributions to HSA

DENTAL PLAN BENEFITS AND FEATURES

Delta Dental PPO Plus Premier plan includes the following features:

Enhanced benefit program offers additional coverage for individuals who have specific health conditions (including pregnancy, diabetes, high risk cardiac conditions, and suppressed immune systems) that can be positively affected by additional oral health care. You will maximize your benefits by receiving care from a Delta Dental PPO or Delta Dental Premier network dentist.

Visit www.deltadentalil.com and click Provider Search.

Example of your copayment with Delta Dental network dentists and non-network dentists:

Delta Dental PPO: Lowest out-of-pocket cost and network protection.

Delta Dental Premier: Higher out-of-pocket costs than PPO, but may be lower than non-network and network protection.

Non-network: You may have the highest out-of-pocket costs

Features	Delta Dental PPO Network	Delta Dental Premier Network	Out-of-Network
Annual Deductible (applies to Basic/Major only)	\$75/person	\$75/person	\$75/person
Preventive/Diagnostic	100% of reduced fee*	90% of MPA**	90%***
Basic	70% of reduced fee*	70% of MPA**	50%***
Major	50% of reduced fee*	50% of MPA**	50%***
Orthodontic	N/A	N/A	N/A

Calendar Year Maximum \$1,200 per person

*Delta Dental PPO dentists accept payment based on the lesser of the submitted fee (their usual fee) or Delta Dental's allowed PPO fee. PPO network dentist cannot charge you for costs exceeding the PPO fee.

** Delta Dental Premier dentists accept payment based on the lesser of the submitted fee (their usual fee) or Delta Dental's maximum plan allowance. Premier dentists may not charge you for costs exceeding the maximum plan allowance.

*** Non-network dentists (non-Delta Dental PPO/non Delta Dental Premier) do not agree to accept Delta Dental's allowed fees as payment in full; payment is based on the lesser of the submitted fee (their usual fee) or Delta Dental's maximum plan allowance. These dentists can charge you for costs exceeding the maximum plan allowance.

VISION PLAN BENEFITS AND FEATURES (VSP)

Benefit	Description	Copay	Frequency
Well/Vision Exam	Focusses on your eyes and overall wellness	\$10	Every 12 months
Prescription Glasses		\$25	Every 12 months
Frame	\$150 allowance for a wide selection of frames \$170 allowance for featured frame brands		

Register on www.bcbsil.com with your BCBS of IL member ID (or SSN) and College's group plan (#401428) for Blue Access for Members (BAM)

Through BAM you can:

Locate network providers anywhere in the United States.

Get your digital member ID card.

Check the status or history of a claim.

View or print Explanations of Benefits (EOB) < y

RETIREMENT PLAN

The College's Defined Contribution Retirement Plan is available through TIAA to full-time faculty and staff after two years of service. A year of service is defined as 1,000 hours per fiscal year. The College contributes 9% of salary for employees making \$59,020 or less, 8% of salary for those making \$59,021 to \$175,100, and 7% for those making more than \$175,100.

Invest in your future by taking advantage of the College's voluntary retirement plan option. The Supplemental Retirement Annuity Plan (SRA) is an unmatched plan that employees can begin contributing to immediately upon hire. Contributions can be made to the College's SRA/403(b) plan by percentage or dollar amounts to the traditional 403(b) plan (pre-tax), to the Roth 403(b) (after-tax), or split between both options.

Employees can enroll or change their participation in this plan at any time. Online enrollment is available through ADP Self-service.

2025 SRA Contribution Limits

\$23,500 annually for participants under 50 years of age.

Additional \$7,500 catch-up contribution allowed for participants ages 50 and up (for a total contribution of \$31,000)

Additional \$11,250 catch-up contribution allowed for participants ages 60-63 (for a total contribution of \$34,750)

LIFE AND DISABILITY INSURANCE

Basic Group Life Insurance Plan—The College automatically provides you with Basic Life Insurance equal to one-and-one-half (1 1/2) times your annual salary. Employer provided group term life insurance in excess of \$50,000 for employees is considered to be a taxable benefit by the IRS. This means that employees who are covered by the College's provided life insurance benefit of more than \$50,000 must pay taxes for the value

Enrollment or changes

You may change your investment elections, obtain balance information and conduct a variety of other transactional activities by calling TIAA at 1-800-842-2252. Or visit www.tiaa.org.

REGULATORY BENEFITS NOTICES

Lake Forest College is required to provide you with important information regarding eligibility and enrollment, benefit coverage, COBRA rights, HIPPA privacy rules, and whether the College's prescription drug coverage qualifies as creditable coverage for Medicare. For full regulatory benefit notices, please visit the Employee Benefits web page. You may find it helpful to review this information as you make your benefits enrollment decisions.

Continuation Coverage Rights Under COBRA

This general notice informs group health plan participants of their rights under federal law, the Consolidated Omnibus Budget Reconciliation Act of 1985 (COBRA), to COBRA continuation coverage—a temporary extension of group health plan coverage. COBRA continuation coverage is