

WELLESLEY COLLEGE
EMPLOYEE BENEFITS PLAN

Schedule A

As of January 1, 2018

I. Group Medical Feature

COVERAGE OPTIONS	WELFARE BENEFIT CONTRACT INFORMATION	ELIGIBILITY REQUIREMENTS	EMPLOYEE WEEKLY PREMIUM COST	FOR MORE INFORMATION
<i>Harvard Pilgrim HealthCare</i>	HMO #082439	Eligible employees on the 1st of the month following DOH	Ind: \$42.56 Family: \$115.33	93 Worcester St, Wellesley, MA 02481 https://www.harvardpilgrim.org
<i>Harvard Pilgrim HealthCare</i>	PPO #082440		Ind: \$145.49 Family: \$394.29	93 Worcester St, Wellesley, MA 02481 https://www.harvardpilgrim.org
<i>Harvard Pilgrim HealthCare</i>	PPO Plus HSA #040928		<u>Union:</u> Ind: \$36.17 Family: \$97.99 <u>Non-Union:</u> Ind: \$32.56 Family: \$88.19	93 Worcester St, Wellesley, MA 02481 https://www.harvardpilgrim.org

II. Group Dental Feature

COVERAGE OPTIONS	WELFARE BENEFIT CONTRACT INFORMATION	ELIGIBILITY REQUIREMENTS	EMPLOYEE WEEKLY PREMIUM COST	FOR MORE INFORMATION
<i>Delta Dental of Massachusetts - PPO Plus Premier</i>	#007816	Eligible employees on the 1st of the month following DOH	Ind: \$ 2.43 Family: \$15.87	Delta Dental of MA 465 Medford Street Boston, MA 02129 (800) 872-0500
<i>Delta Dental of Massachusetts – Delta Care</i>	#007816	Eligible employees on the 1st of the month following DOH	Ind: \$1.74 Family: \$10.74	Delta Dental of MA 465 Medford Street Boston, MA 02129 (800) 872-0500

III. Group Life/AD&D Feature

COVERAG E OPTIONS	WELFARE BENEFIT CONTRACT INFORMATION	ELIGIBILITY REQUIREMENTS	EMPLOYEE WEEKLY PREMIUM COST	FOR MORE INFORMATION
<i>Sun Life</i>	#224991	Eligible employees on the 1st of the month following DOH	Non-Contributory	Sun Life Financial SC 2350 Wellesley Hills, MA 02481 (800) 247-6875 □

IV. Group LTD Feature

COVERAG E OPTIONS	WELFARE BENEFIT CONTRACT INFORMATION	ELIGIBILITY REQUIREMENTS	EMPLOYEE WEEKLY PREMIUM COST	FOR MORE INFORMATION
<i>Sun Life</i>	#224991	Eligible employees on the 1st of the month following DOH	Non-Contributory	Sun Life Financial SC 2350 Wellesley Hills, MA 02481 (800) 247-6875

V. Group STD Feature

COVERAG E OPTIONS	WELFARE BENEFIT CONTRACT INFORMATION	ELIGIBILITY REQUIREMENTS	EMPLOYEE WEEKLY PREMIUM COST	FOR MORE INFORMATION
<i>Sun Life</i>	#224991	Eligible employees on the 1st of the month following DOH	Non-Contributory	Sun Life Financial SC 2350 Wellesley Hills, MA 02481 (800) 247-6875

VI. Group Voluntary Vision Feature

COVERAG E OPTIONS	WELFARE BENEFIT CONTRACT INFORMATION	ELIGIBILITY REQUIREMENTS	EMPLOYEE WEEKLY PREMIUM COST	FOR MORE INFORMATION
<i>Fidelity Security Life Insurance Company ("EyeMed")</i>	#9858390	Eligible employees on the 1st of the month following DOH	Ind \$1.59 Ind + 1: \$3.01 Ind + Child: \$3.17 Family: \$4.66	3130 Broadway Kansas City, MO 64111 www.eyemed.com

VII. Health Savings Account Feature

COVERAGE OPTIONS	WELFARE BENEFIT CONTRACT INFORMATION	ELIGIBILITY REQUIREMENTS	EMPLOYEE PREMIUM COST	FOR MORE INFORMATION
<i>Crosby/WageWorks</i>	N/A	All eligible employees enrolled in the PPO Plus HSA plan	Non-Contributory	(877) 924-3967 https://www.wageworks.com

VIII. Flexible Benefits Feature

COVERAGE OPTIONS	WELFARE BENEFIT CONTRACT INFORMATION	ELIGIBILITY REQUIREMENTS	EMPLOYEE PREMIUM COST	FOR MORE INFORMATION
<i>Crosby/WageWorks</i>	N/A	Eligible employees on the 1st of the month following DOH	Based on coverage selected	(877) 924-3967 https://www.wageworks.com

IX. EAP Feature

COVERAGE OPTIONS	WELFARE BENEFIT CONTRACT INFORMATION	ELIGIBILITY REQUIREMENTS	EMPLOYEE PREMIUM COST	FOR MORE INFORMATION
<i>All One Health</i>	N/A	Eligible employees on the 1st of the month following DOH	Based on coverage selected	190 North Main St. Natick, MA 01760 (781) 935-8581