Schedule A

Wellesley College

Note: Employee premium costs are provided on a weekly basis.

As of January 1, 2019

I. **Group Medical Feature**

COVERAGE OPTIONS	WELFARE BENEFIT CONTRACT INFORMATION	ELIGIBILITY REQUIREMENTS	EMPLOYEE WEEKLY PREMIUM COST	FOR MORE INFORMATION
Harvard Pilgrim HealthCare	HMO #082439		Ind: \$ 43.58 Family: \$118.10	93 Worcester St Wellesley, MA 02481 https://www.harvardpilgrim.org
Harvard Pilgrim HealthCare	PPO #082440	Eligible employees on	Ind: \$148.98 Family: \$403.75	93 Worcester St Wellesley, MA 02481 https://www.harvardpilgrim.org
Harvard Pilgrim HealthCare	PPO Plus HSA #040928	the 1st of the month following DOH	Union: Ind: \$37.04 Family: \$100.34 Non-Union: Ind: \$33.34 Family: \$90.31	93 Worcester St Wellesley, MA 02481 https://www.harvardpilgrim.org

Group Dental Feature II.

COVERAGE OPTIONS	WELFARE BENEFIT CONTRACT INFORMATION	ELIGIBILITY REQUIREMENTS	EMPLOYEE WEEKLY PREMIUM COST	FOR MORE INFORMATION
Delta Dental of Massachusetts -PPO Plus Premier	#007816	Eligible employees on the 1st of the month following	Ind: \$2.62 Family: \$17.12	Delta Dental of MA 465 Medford St.
Delta Dental of Massachusetts – Delta Care		DOH	Ind: \$1.74 Family: \$10.74	Boston, MA 02129 (800) 872-0500

III. **Group Life/AD&D Feature**

COVERAGE OPTIONS	WELFARE BENEFIT CONTRACT INFORMATION	ELIGIBILITY REQUIREMENTS	EMPLOYEE WEEKLY PREMIUM COST	FOR MORE INFORMATION
Sun Life	#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

COVERAGE OPTIONS	WELFARE BENEFIT CONTRACT INFORMATION	ELIGIBILITY REQUIREMENTS	EMPLOYEE WEEKLY PREMIUM COST	FOR MORE INFORMATION
Sun Life	#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**

COVERAGE OPTIONS	WELFARE BENEFIT CONTRACT INFORMATION	ELIGIBILITY REQUIREMENTS	EMPLOYEE WEEKLY PREMIUM COST	FOR MORE INFORMATION
Sun Life	#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**

COVERAGE OPTIONS	WELFARE BENEFIT CONTRACT INFORMATION	ELIGIBILITY REQUIREMENTS	EMPLOYEE WEEKLY PREMIUM COST	FOR MORE INFORMATION
Fidelity Security Life Insurance Company ("EyeMed")	#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 WEEKLY PREMIUM COST	FOR MORE INFORMATION
Crosby/WageWorks	N/A	All eligible employees enrolled in the PPO Plus HSA plan	Non- Contributory	(877) 924-3967 https://www.wageworks.com

Flexible Benefits Feature VIII.

COVERAGE OPTIONS	WELFARE BENEFIT CONTRACT INFORMATION	ELIGIBILITY REQUIREMENTS	EMPLOYEE WEEKLY PREMIUM COST	FOR MORE INFORMATION
Crosby/WageWorks	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 WEEKLY PREMIUM COST	FOR MORE INFORMATION
All One Health	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