



2027 Benefit Guidebook

Navigate your benefits with confidence.



**CHAMPLAIN
COLLEGE**





Green Mountain Higher Education Consortium (GMHEC)

provides Benefits Administration services to Champlain College. The Benefits Team is your resource for enrollment, support with questions about using your benefits throughout the year, and well-being programming.

The Benefits Team is available to support you with:

- Open and New Hire Enrollment
- Personal life changes impacting benefits eligibility for you or your family (Qualifying Life Events)
- Health, Dental, and Vision Insurance
- Retirement Plans
- Health Savings (HSA) and Flexible Spending (FSA) Accounts
- Life, AD&D, and Disability Insurance
- Supplemental offerings such as Accident, Critical Illness, and Voluntary Life Insurance
- COBRA, Continuation of Coverage
- Well-being Programs
- Utilizing Oracle's Benefits Module as part of the HR and Finance HCM.

The Benefits Team is committed to supporting you in making the most of your benefits today and for your future.



CHAMPLAIN COLLEGE

Welcome to our 2027 Benefit Guidebook.

This guidebook outlines your benefit options to help you navigate your choices with confidence. Comprehensive benefits are a vital part of overall well-being, and Champlain strives to offer a diverse range of coverage. From exploring your options to utilizing your plans throughout the year, we hope you feel empowered to select the package that best meets you and your family's needs.

We recognize that true well-being encompasses the whole person, which is why our benefits integrate physical, emotional, and financial components. We strongly encourage you and your covered family members to take full advantage of your preventive care benefits—such as annual checkups, screenings, and wellness visits—to protect your health, your time, and your wallet.

The Benefits Team is here to support you throughout the 2027 Benefits Enrollment process. They will ensure you have the resources and guidance you need every step of the way. Please reach out with any questions during open enrollment or anytime throughout the year at benefits@gmhec.org or 802.443.5485.

Wishing you all the best in your health and well-being,

Gwen Goodman

People Center Leader, Champlain College

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Benefit Contacts

BENEFIT	CARRIER	PHONE	WEBSITE/EMAIL
Medical and Prescription	Cigna	800.244.6224	mycigna.com
Cigna Member Customer Service	Cigna	800.244.6224	N/A
Cigna Pre-Enrollment Questions	Cigna	888.806.5042	N/A
Health Savings Account	HealthEquity	866.346.5800	my.healthequity.com
Dental	Northeast Delta Dental	800.832.5700	nedelta.com
Vision	VSP	800.877.7195	vsp.com
Flexible Spending Accounts	HealthEquity	877.924.3967	my.healthequity.com
Employee and Family Assistance Program	Invest EAP	866.660.9533	investEAP.org
Critical Illness Insurance and Accident Insurance	Unum	800.635.5597	unum.com
Whole Life Insurance	Unum	800.635.5597	unum.com
Basic Life, Voluntary Life and Disability Insurance	Unum	800.421.0344	unum.com
Retirement Savings - 403(b)	TIAA	800.842.2252	tiaa.org/champlain
Travel Assist	Unum	Dom. 800.872.1414 Int. 609.986.1234	unum.com
Pet Insurance	Nationwide	877.738.7874	benefits.petinsurance.com/champlain

Navigate your benefits with confidence.

HAVE BENEFITS QUESTIONS? Contact the Benefits Team at BENEFITS@GMHEC.ORG or 802.443.5485.

The information in this guidebook is a summary only and does not constitute an employment contract. Always refer to the applicable plan documents, policies or guides before making final decisions. The College reserves the right to alter, amend or suspend the terms of this document at its sole discretion, with or without notice. Please refer to the plan documents and policies posted on Champlain College's People Center benefits website: champlain.edu/office/people-center/employees/benefits.

Enrollment Overview



ANNUAL OPEN ENROLLMENT

For current benefit eligible employees, Annual Open Enrollment will take place **NOVEMBER 3–13, 2026 to choose 2027 benefits**. Follow the steps on page 5 to submit your enrollment online in [Oracle](#).

NEW HIRES / NEWLY ELIGIBLE

You have 30 days from your date of hire into a benefit eligible role, status change, or life event to make your benefit elections. Follow the steps on page 5 to complete your enrollment online in [Oracle](#).

SET YOURSELF UP FOR SUCCESS

Open Enrollment each year is an active process. Employees must go through the open enrollment process and complete a submission even if no changes are necessary.

USE YOUR BENEFIT RESOURCES

This Benefit Guidebook should be used as a reference tool to help you get the most out of your plans and as a resource throughout the year.

- For help with specific plans and policies, use the "**Benefit Contacts**" to reach our vendors.
- You can also reach out to the GMHEC benefits team (benefits@gmhec.org or **802.443.5485**) with questions or for assistance.

CONTACT CIGNA'S PRE-ENROLLMENT LINE FOR ASSISTANCE WITH CHOOSING YOUR MEDICAL PLAN DURING YOUR ENROLLMENT PERIOD.

We understand how confusing and overwhelming it can be to review your health plan options, and we want to help by providing the resources you need to make a decision with confidence. That's why Cigna guided telephone service is available to you.

Call a representative during open enrollment or before your initial enrollment to get personalized, useful guidance. Your personal guide will help you:

- Understand the basics of health coverage
- Identify the types of health plans available to you
- Check if your doctors are in-network to help you avoid unnecessary costs
- Get answers to any other questions you may have about the plans or provider networks available to you. For new hire or open enrollment help, reach out to Cigna's pre-enrollment line at **888.806.5042**.

ID CARDS

Cigna Medical Insurance: Available digitally through my.cigna.com or the app. You may request that Cigna mail you an ID card if you wish as they are not automatically mailed.

Northeast Delta Dental Insurance: Cards will be mailed to new members or those who make a plan change during Open Enrollment. You may also access this information online.

VSP Vision Insurance: VSP does not use ID cards. Any in-network provider will be able to pull up your information within the VSP portal.

LEARN MORE

Benefit Information Sessions are provided to support you to make the best benefit choices to best meet your unique needs. These sessions will provide a general overview of benefits available to you via zoom or recorded version. Check your email for invitations for informational sessions.

Additionally, plan summaries, recorded videos and informational documents are available on the [Champlain College Benefits Webpage](#) related to these topics:

- Health and Welfare Summary Plan Documents
- Benefits Overviews
- Cigna Medical
- Northeast Delta Dental
- HealthEquity - Health Savings Accounts (HSAs) and Flexible Spending Accounts (FSAs)
- VSP - Vision Plans
- Unum - Voluntary Benefits and Life Insurance
- Employee Assistance and Well-Being Benefits
- Retirement Plan
- Pet Insurance
- Well-being Programming and Support

Always refer to the applicable plan documents, policies or guides (on the [website](#)) before making final decisions on your benefit elections and utilization.

Tips for Enrollment



1. REVIEW YOUR RESOURCES AND GATHER INFORMATION.

- Review the College's benefits website and attend a Benefit Session with the Benefits Team or watch the recorded version.
- Contact the Benefits Team with any questions about your options.
- Gather your dependent and beneficiary information: full name, date of birth, social security number, gender, and address (if they don't live with you) are required by our vendors for smooth benefit enrollment and use with the various providers.

2. COMPLETE YOUR BENEFIT ENROLLMENT IN ORACLE.

- Use the recorded Enrollment Tutorial as a step by step guide for electing your benefits. You may watch the entire recording or click to the applicable sections.
 - The tutorial is located under the benefits section on this page: gmhec.org/champlain-college-hcm
- **Health and Welfare Benefit enrollment:** available during Open Enrollment, within 30 days of becoming eligible for benefits, or within 30 days of a qualifying life event.
 1. Log in to Oracle.
 2. Click on the **Benefits Icon** (on the Me tab).
 3. Click the **Enroll Now** button.
 4. Click **Verify people you'd like to cover** and ensure each dependent or beneficiary is listed and that you've entered their personal information.
 5. Click **Enroll in benefits that matter to you.**
 6. Click **Enroll** or **Edit** on the Health and Welfare Program tile.
 7. Read the authorization, click **Accept**.
 8. Select the benefits you wish to elect by clicking **Enroll** or **Unenroll** buttons.
 9. When you reach the Review and Submit section, **ensure all benefits are as you wish**. If not, click on the benefit type and edit your selections. When your selections are accurate, click **Submit**.
- **Retirement Benefit enrollment:** available to adjust throughout the year.
 - Follow the same steps as above, except choose the Retirement Program tile to edit these benefits or watch the tutorial provided.



The plans you enroll in will be effective from 1/1/27 or your benefits eligibility effective date through 12/31/27 (or as long as you remain benefits eligible).

3. NEXT STEPS: AFTER YOU'VE ELECTED BENEFITS IN ORACLE.

- The Benefits Team will partner with the vendors to send your elections to them for your benefits to begin on the first of the month.
- After your benefits effective date has occurred (for example 1/1/27), you will be able to create accounts and start using the vendor's portals.
- Cards:
 - Cigna Medical does not mail insurance cards—you can access them after your benefits are effective at my.cigna.com.
 - Northeast Delta Dental will mail insurance cards to new members.
 - VSP Vision doesn't issue physical insurance cards. Simply give an in-network provider your personal information, and they will look up your coverage directly in their system.
 - HealthEquity will mail out cards if you choose to enroll in healthcare flexible spending and/or a health savings account (FSAs, HSAs) and do not already have an active card with them. If you have their card already you may keep using it.

For guides and tutorials about how to view benefits, update enrollments such as your retirement contributions, change beneficiaries, and more, please visit: gmhec.org/champlain-college-hcm

Benefit Basics

ELIGIBILITY

Employees

You are eligible to participate on the first day of the month following your date of employment or your classification as an eligible employee. If your first day of employment or benefits eligible classification is the first day of the month your benefits will be effective on that day.

Upon termination or departure from the College, some benefits end on the last day of the month of your last day of employment (medical/dental/vision/HSA). Other benefits end on the event date (life/disability/FSA).

Dependents

Your legally married spouse and any biological, adopted, foster or stepchildren, or any child for whom you are the court-appointed legal guardian (up to age 26).

KEY TERMS

Premium is the amount you pay, typically per paycheck.

High Deductible Health Plan (HDHP) combines traditional medical coverage and a tax-advantaged Health Savings Account (HSA) to help save for future medical expenses.

Deductibles are the amount you pay for covered healthcare services before your insurance plan starts to pay.

- **Aggregate deductible** - All medical and pharmacy claims for a +1 or Family apply towards the same deductible and out of pocket max. There are no individual limits.
- **Stacked Deductible** - Individual medical and pharmacy claims are applied towards the individual deductible and out of pocket max regardless of +1 or Family enrollment.

Out-of-Pocket Maximum (OOPM) is the most you will pay for covered expenses in a plan year. With medical insurance, after you reach the max or OOPM the plan pays 100% of covered costs for the rest of the year.

Coinurance is the percentage of costs of a covered healthcare service that you pay (20%, for example) after you've paid your deductible.

Generic drugs contain the same active ingredients as brand-name drugs, but generally are less expensive.

Preferred brand drugs are brand-name drugs that are listed on the plan's preferred list of prescription drugs.

Non-preferred brand drugs are brand-name drugs that are not included on the plan's preferred list of prescription drugs. These may not be covered under the plan.

Specialty drugs are used to treat certain complex health problems. These drugs tend to be very expensive.

WHEN CAN BENEFIT CHANGES OCCUR?

Generally, changes are only allowed under the following circumstances:

Annual Open Enrollment Period

Annual Open Enrollment occurs each fall, you may add or drop benefit plans, enroll in an FSA or HSA, and add or remove dependents from your coverage for the coming plan year.

Qualifying Life Events - Change in Status

Outside of the Annual Open Enrollment period, you may change your benefit elections during the year only if you experience a Qualifying Life Event. The graphic on the left has examples of events that may allow you to make a change.

The requested benefit changes must be made within 30 days of the event effective date and changes must be consistent with the mid-year election change allowed under the specific qualifying life event.

EXAMPLES OF QUALIFYING LIFE EVENTS (QLE)



Birth or adoption of a child



Marriage, divorce, legal separation



Death of a dependent family member



Gain of other coverage means you can drop college coverage



When can I make benefit changes?



Change in a child dependent's status (i.e. age 26 or loss/gain of other coverage)



Loss of other coverage means you can join college coverage



If your spouse has options to change plans, you may also make changes to your college coverage

In order to make a change following a QLE, you must notify the Benefits Team or enter it in Oracle within 30 days. This list is not exhaustive, contact Benefits with questions.

Keys to Medical Coverage

UNDERSTANDING & NAVIGATING SELF-INSURED MEDICAL INSURANCE

Our CIGNA self-insured health insurance plans are designed to empower you to make informed healthcare decisions. To learn more about understanding, managing, and saving visit [Cigna's "In The Know" page](#) or [GMHEC's Health Literacy page](#).

HOW SELF-INSURED PLANS WORK

Employer Responsibility: Champlain College, the employer, assumes the financial risk for medical claims. The College develops the plan design at the beginning of the plan year, and then contracts with Cigna for them to administer the plan.

Employee Contributions: Your premium contributions go towards a fund for paying medical claims.

Cost Containment: Every dollar saved on claims contributes to better benefits and/or reduced costs in the long term.

Cost Transparency: Take advantage of tools to support your decision making. For our Cigna members, use the [my.cigna.com](#) portal to access the cost comparison/cost containment tools to help you make the most informed and financially sound decisions.

ACCOUNTABILITY AND CONSUMERISM

In-Network vs. Out-of-Network: Utilizing in-network providers lowers costs for both you and the College. Find in-network providers at [my.cigna.com](#).

Cost Comparison Tools: Access online tools to compare prices and quality ratings of medical services.

Second Opinions: Encouraged for major procedures to ensure the best treatment options.

Preventive Care: Covered at 100% to promote early detection and reduce long-term costs.

Well-being Programs: Engage in programs that focus on healthy habits; log your activities into MotivateMe (through [MyCigna](#)) to earn up to \$300 annually.

Consider Pre-tax savings:

- **HSAs:** For high deductible plans, contribute tax-free to cover healthcare expenses.
- **FSAs:** Set aside pre-tax funds for qualified healthcare expenses.

CLAIM PROCESS

There are two ways claims are initiated:

DIRECT BILLING	EMPLOYEE CLAIMS
Most in-network providers submit claims directly to the insurance company.	For out-of-network or non-participating providers, you may need to submit claims yourself.

Claims are processed according to plan documents and designs as determined by the College.

TRANSPARENT BILLING

Explanation of Benefits (EOB): Receive detailed EOBs to understand costs, benefits and any balance due.

Questions: Reach out to Cigna to better understand billing or coverage. You may also read the [Understanding Medical Bills newsletter](#) or reach out to the Benefits Team if you have any billing or coverage questions.

PRESCRIPTION COVERAGE

Formulary: Prescription drugs are organized into tiers, which categorize medications based on their cost and therapeutic value. Our formulary is structured with 3 tiers:

TIER 1	TIER 2	TIER 3
Typically generics (lowest cost medication)	Typically preferred brands (medium cost medication)	Typically non-preferred brands (highest cost medication)

Specialty medications can be in any of the 3 tiers, however they are usually found in tier 2 or tier 3.

Navigating Healthcare



HEALTH LITERACY

We have resources to improve your health literacy, that are designed to help you navigate your health benefits with confidence and get the most out of your healthcare spending while promoting your well-being. Explore topics related to navigating healthcare and health insurance, and to choosing and using your employee benefits to best meet your needs.

- gmhec.org/health-literacy



PREVENTIVE & VIRTUAL CARE

Preventive Care is an important part of overall health care and your insurance benefits. Here are resources to help you and your loved ones:

- gmhec.org/preventive-virtual-care
- [Preventive Care Checklist](#)

Virtual care may help you access services more quickly and for less cost. Check out the [virtual care menu](#) related to Cigna's options or if you are on another health plan explore what it offers.

Lower Cost & Time Higher			
Virtual Care	Local Provider	Urgent Care (UC)	Emergency Room
24/7 availability to schedule a time that works for you by phone or video meeting. Many options available, see menu on page 9 .	Schedule an in-person appointment with a health care provider to treat common ailments and manage care for all health conditions.	For medical conditions that aren't life threatening. May be in person or virtual.	For immediate treatment of critical injuries or illness. Open 24/7. If life threatening, call 9-1-1.
Primary & Urgent Care options via App: • Colds & Flu • Rashes & Acne • Pink Eye • Allergies • Urinary Tract • Mental Health Counseling • Nutrition & GI • Chiropractic • Physical Therapy • Women's / Men's Health	Establish a relationship with a provider near you: • General health issues • Routine check-ups • Vaccines and screenings • Acute illness Appointments may be in person or via telehealth. If you meet virtually, costs will be the same as an office visit.	In person care for: • Fever & flu • Pain, sprains, cuts • Minor respiratory • Stomach pains • STDs • UTI	In person care for: • Broken bones • Sudden numbness, weakness • Uncontrolled bleeding • Seizure or loss of consciousness • Shortness of breath • Chest pain • Head injury/trauma • Blurry/loss of vision • Severe cuts or burns • Overdose
• More affordable than in-person care • Often faster than in-person care • Can be completed wherever you are with your phone or computer - no need to travel, leave work.	• Typically costs more than virtual care • Will need to schedule an appointment • When appointment scheduled, shorter wait time than UC/ER	• Lower cost than ER, typically greater than virtual care or local providers • Same day care, no appointment needed • Wait times vary • Typically have extended hours	• Most expensive option • Available 24/7/365 • No appointment needed • Wait times vary

Items listed in this chart are examples, contact providers for complete list of care. In case of medical emergency call 9-1-1.

Virtual Care: Take Care of Your Health

REMEMBER: Cigna offers you a variety of options to connect with a provider through phone or video.

Sign in to your MyCigna app or my.cigna.com account, then navigate to the virtual care option and utilize single sign on to ensure your medical plan connects to the healthcare partner.

A CURATED MENU OF VIRTUAL, IN-NETWORK PROVIDERS!

Primary Care
Urgent Care
Dermatology
Behavioral Health
Counseling

MDLIVE

Mental Health
Stress Management
Anxiety & Sleep
Support



Local Providers

[Search for in-network](#)

providers and request virtual or telehealth based care.

Cardiac Health



GI Health



LGBTQIA+ Health

FOLX HEALTH

Speech Therapy



PT, Chiropractic, & Pain Management



Nutrition Support



Women's Health



Found on gmhec.org/preventive-virtual-care

Medical Plan Options



Champlain College offers three voluntary Cigna medical plans: the Silver and Bronze Plans (both HDHPs with a Health Savings Account or HSA), and the Legacy Gold Plan (a low deductible Open Access Plus or OAP plan for those continuously enrolled since 2024). All plans cover preventive care 100% in-network. See below for plan details, refer to the Medical Plan Comparison for coverage of key services, and always review plan documents for complete details. All Cigna plans have access to in-person and virtual care options.

HOW THE SILVER AND BRONZE PLANS WORK

Open for all eligible employees and their families regardless of prior year enrollment.



These plans **come with an HSA**, partially funded by the College each pay period and you may also contribute. See [page 15](#) for amounts.



You pay **100%** for your non-preventive medical care and prescriptions until the plan's deductible is met. *You can use your HSA funds to pay these expenses.*



After the plan's **deductible** has been met, eligible in-network medical expenses are covered 80% by the plan and prescriptions are covered 80% (generics), 60% (preferred brands) or 50% (non-preferred brands).

100%

If your out-of-pocket costs reach the annual maximum, the plan pays 100% for eligible care the remainder of the calendar year. In and out-of-network costs accumulate separately.



You pay nothing for **in-network preventive care** for you and your family.



Enrolled members get access to Cigna's **virtual care menu**.

HOW THE LEGACY GOLD PLAN WORKS

Only available to employees and their families enrolled continuously since the 2024 plan year. No new enrollments are permitted.



Does not come with a College funded Health Savings Account.



Certain in-network medical services (like primary care or non-specialist office visits) and prescription drugs are not subject to the plan's **deductible**. Coinsurance applies right away for these services.



After the plan's **deductible** has been met, eligible in-network medical expenses are covered at 80%.

100%

If your out-of-pocket costs reach the annual maximum, the plan pays 100% for eligible care the remainder of the calendar year. Remember, In and out-of-network costs accumulate separately.



You pay nothing for **in-network preventive care** for you and your family.



Enrolled members get access to Cigna's **virtual care menu**.

Plan documents may be found at: champlain.edu/office/people-center/employees/benefits

Cigna Medical Plan Comparison

Plan	BRONZE		SILVER		LEGACY GOLD*	
Care Type	In-Network	Out-of-Network	In-Network	Out-Of-Network	In-Network	Out-Of-Network
Calendar Year Deductible <i>(what you pay before the plan starts paying)</i>	Emp. only: \$3,500 Family: \$7,000	Emp. only: \$7,000 Family: \$14,000	Emp. only: \$3,000 Family: \$6,000	Emp. only: \$6,000 Family: \$12,000	Emp. only: \$750 Emp.+1: \$1,500 Family: \$2,250	Emp. only: \$1,500 Emp.+1: \$3,000 Family: \$4,500
Deductible Structure	Aggregate	Aggregate	Aggregate	Aggregate	Stacked	Stacked
Prescription Deductible & Out-of-Pocket Maximum	Included with medical	No out-of-network coverage	Included with medical	No out-of-network coverage	Included with medical	No out-of-network coverage
Medical Coinsurance <i>(% you pay for services)</i>	20% after deductible	50% after deductible	20% after deductible	40% after deductible	20% after deductible	40% after deductible
Out-of-Pocket Maximum	Emp. only: \$6,000 Family: \$12,000 (Individual in Family: \$12,000)	Emp. only: \$12,000 Family: \$24,000	Emp. only: \$4,500 Family: \$9,000	Emp. only: \$9,000 Family: \$18,000	Emp. only: \$3,750 Emp.+1: \$7,500 Family: \$11,250	Emp. only: \$7,500 Emp.+1: \$15,000 Family: \$22,500
WHAT YOU PAY FOR SERVICES						
Preventive Care	\$0; Plan pays 100%	50% after deductible	\$0; Plan pays 100%	40% after deductible	\$0; Plan pays 100%	40% after deductible
Primary Care Physician (PCP) Visit	20% after deductible	50% after deductible	20% after deductible	40% after deductible	20%, deductible does not apply	40% after deductible
Specialist Visits, Urgent Care, Hospitalizations	20% after deductible	50% after deductible	20% after deductible	40% after deductible	20% after deductible	40% after deductible
Outpatient Mental Health/Substance Use Disorder Visit	20% after deductible	50% after deductible	20% after deductible	40% after deductible	20%, deductible does not apply	40% after deductible
Emergency Room	20% after deductible	20% after deductible	20% after deductible	20% after deductible	20% after deductible	20% after deductible
PRESCRIPTION DRUG COVERAGE - VALUE FORMULARY: IN-NETWORK ONLY						
RETAIL PHARMACY (30-DAY SUPPLY) OR MAIL ORDER (90-DAY SUPPLY)						
Generic	20% after deductible		20% after deductible		20%, no deductible	
Preferred Brand	40% after deductible		40% after deductible		40%, no deductible	
Non-Preferred Brand	50% after deductible		50% after deductible		50%, no deductible	
2027 MEDICAL PLAN PREMIUMS (PER PAY PERIOD)						
Plan	BRONZE		SILVER		LEGACY GOLD*	
Who's paying?	Employee	College	Employee	College	Employee	College
Employee Only	\$85.29	\$341.16	\$118.27	\$354.79	\$180.43	\$541.32
Employee + 1	\$159.37	\$637.52	\$220.99	\$662.97	\$343.52	\$1,030.60
Family	\$217.03	\$866.08	\$300.92	\$902.76	\$470.27	\$1,410.81

* No new entrants permitted on the Gold Plan for 2027.

Review Plan Documents on [College website](#) for complete details.

Getting Started with Cigna



MyCigna - THE KEY TO COVERAGE!

- ID Cards
- In-network provider search
- Claims and deductible information
- Access MDLive and other virtual care with a single sign on and no need to re-enter your information
- Easily contact Cigna's care team - from nurses to customer service
- Have access to your medical insurance details 24/7
- On or after your effective date of coverage, you may use the MyCigna app on your phone as well as any internet browser to access your account.

Download the myCigna App for your mobile device. Disponible en español.



Scan the QR code with your mobile phone and download the app today.



Want to use your computer or browser?

Visit: my.cigna.com

INCLUDED WITH ALL MEDICAL PLAN OPTIONS

Our medical plans include access to Cigna's resources and virtual care options. Your best way to get started with finding providers or meeting with in-network, board certified physicians 24/7/365 via secure video chat or phone is through the MyCigna app or portal. When you start there and then access virtual care, you won't need to create a new account or profile.



MDLIVE® for Cigna Healthcare

- Access through MyCigna app
- Get virtual care quickly for:
 - Primary Care
 - Counseling
 - Dermatology
 - Urgent Care
- When accessing care through MDLive, you'll be able to select your provider and may choose to see the same provider routinely if you wish.

	Telehealth	Telemedicine
Who you see	A board-certified MDLive physician, not your own doctor	Your own doctor, by video or phone
Cost	Telehealth visit rate	Same as an in-person visit
Best for	Quick, non-urgent issues when traveling, your doctor isn't available, or if you haven't established a relationship with a provider yet	Follow-ups or issues where continuity with your doctor matters

Remember: Check out the full [virtual care menu](#) to see all of Cigna's virtual care partners. You can access all of them through your [MyCigna](#) account.

Prescription Savings

HAVE QUESTIONS ABOUT Rx COVERAGE?

You may check your pharmacy formulary - typically posted on the website and usually updated twice a year (in January and July), or call Cigna to talk with them about your prescriptions (pre-enrollment 888.806.5042, active coverage 800.244.6224). The College's 2027 medical plans all use Cigna's three tier Value Formulary.

PREFER TO HAVE YOUR MEDICATIONS DELIVERED TO YOUR DOOR?

Express Scripts, Cigna's home delivery pharmacy, will deliver maintenance medication to you at the location of your choice. Standard shipping is always free. For more information, please call Customer Service at **800.244.6224**, or visit [Cigna.com/home-delivery-pharmacy](https://www.cigna.com/home-delivery-pharmacy) or my.cigna.com.

Use your ID card every time you fill a prescription. It has important information on it that the pharmacy needs to process your prescription.

- Your pharmacists will need to use the BIN, PCN and Rx Group number on your ID card to access your benefits and process your claim.
- Access your ID card using the myCigna® app. You can also download and print a temporary Cigna ID card from the Cigna website.

CHOOSE THE FILL OPTION THAT WORKS BEST FOR YOU

You can fill your medications in a 30-day or 90-day supply:

- To fill a 90-day supply, you must use a 90-day retail pharmacy in the plan's network OR Express Scripts, Cigna's home delivery pharmacy.
- You can fill a 30-day supply at any retail pharmacy in your plan's network OR Express Scripts, Cigna's home delivery pharmacy.
- Clinical Day/Split Fill: limits potential waste on initial prescription for specialty medications.

BENEFITS OF HOME DELIVERY



24/7 ACCESS TO PHARMACISTS. If you have a medication question, you can talk with a licensed pharmacist anytime, day or night.



CONVENIENT DELIVERY. Express Scripts provides free standard delivery right to your home address within the United States. Your medication is shipped in packaging that protects your privacy and is designed to stand up to harsh weather.



EASY REFILLS. Fill up to a 90-day supply of your medication at one time, so you fill less often.



REFILL REMINDERS. You can sign up to get free refill reminders by email or text to help make sure you don't miss a dose.



ORDER ONLINE. You can refill your medication and track your orders on the Cigna website or through the myCigna® mobile app.

CIGNA 90 NOW

In certain areas, Cigna offers another maintenance medication program called Cigna 90 Now for medications taken to treat an ongoing health condition (typically for chronic conditions such as high blood pressure, asthma, diabetes, high cholesterol, etc.). You can pick up a 90-day supply of your medication at a participating pharmacy. These are typically chain pharmacies like Walmart and CVS.

- To fill a 90-day supply in person, you must use a 90-day retail pharmacy in the plan's network.

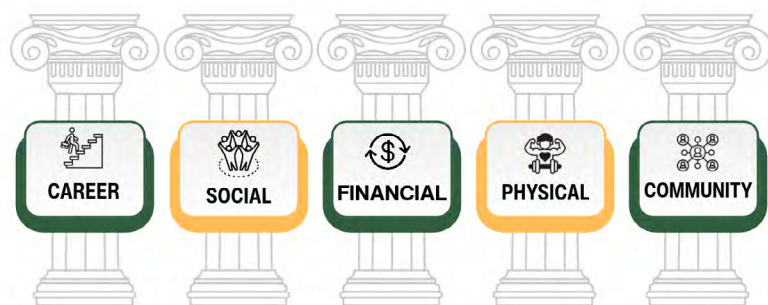
To find a participating pharmacy:

1. Log on to my.cigna.com.
2. Click on Prescriptions > Find a Pharmacy at the top of the page.
3. Click More Options > Pharmacy Features
4. Check the box next to "90-Day Network Pharmacy," then click Apply to review results.

Well-Being @ Champlain

WE DARE YOU TO THRIVE

Your well-being is about more than staying healthy. It's about having the energy, resilience, and support to thrive at work and in your personal life. As a Champlain College employee, you have access to a variety of benefits and programs designed to help you care for your physical, emotional, and financial well-being, build healthy habits, and make it easier to prioritize your health. Whether you're looking to become more active, manage stress, prevent injury, or simply feel your best, these resources are here to support you every step of the way. We aim to help build on the five pillars of well-being:



Visit: gmhec.org/well-being-with-gmhec

Almost everything on this page can be found through the GMHEC Well-being Portal.

Favorite these websites:

- [Events Calendar](#)
- [Resource Guides](#)

Emailed newsletters: Lookout for the monthly GMHEC Benefits Spotlight and the biweekly "What's on Tap" newsletter to stay in the know about programming and events

Motivate Me - Cigna Rewards: Earn \$\$\$\$ for engaging in health-promoting activities & programs!



Through the MotivateMe program, all full-time benefit eligible employees may earn up to \$300 per year by engaging in a variety of health promoting activities (MotivateMe rewards are taxable).

- **Active Cigna members:** To learn more and access this program, log in to your account at my.cigna.com or via the MyCigna app.
- **Not enrolled in Champlain's Cigna plans?** You may still participate but it's important that you do not list a plan from another organization. Reach out to benefits@gmhec.org for directions.

Move More

- **The Edge Gym Discount:** All benefits eligible employees may join The Edge at any of their locations for \$10.00 per pay period membership fee. Enroll in Oracle. Learn more about benefits for family members here: gmhec.org/resources-for-well-being
- **IDX Fitness Center:** Use the College's Fitness Center located in the IDX Student Life Center. Take advantage of the full Cybex circuit, free weight room, cardio equipment and group fitness classes. Learn more at champlain.edu/office/student-engagement/fitness-center
- **GMHEC Movement Programs:** Join our events and challenges throughout the year. See the [Events Calendar](#) or email newsletters for details.

Reduce Stress

Taking care of one's mental health is essential. Here are some programs available to help in this area:

- **InvestEAP:** This College-paid benefit offers resources like counseling and local connections for challenges you may be facing.
- **Behavioral Health Programs:** Cigna offers a menu for total behavioral health.
- **Mindfulness:** Cigna members have access to [Headspace](#) - an app to help with stress, anxiety and sleep - at no additional cost.

Feel Your Best

- **Preventive Care:** We encourage you to stay up to date on your guideline based screenings and preventive care. Check out the [resources here](#).
- **Virtual Care:** We have an array of options for virtual care through Cigna, and if you're not enrolled in Cigna, you likely have options through your health insurance provider. Access virtual care options through your MyCigna account - here's the [virtual care menu](#).

Health Savings Accounts - HSAs

HealthEquity

A Health Savings Account (HSA) lets you set aside pre-tax money for eligible healthcare costs — available if you're enrolled in a high deductible health plan (HDHP, Silver or Bronze). Elect in Oracle to save pre-tax money for medical, dental, and/or vision expenses, balances roll forward from year to year, and you may invest your funds when the balance is greater than \$2,000. Participants own the account and control how money is spent.

TRIPLE TAX ADVANTAGE

Contributions, any investment growth, and spending on eligible expenses are all tax-free AND the account is yours even if you change jobs or retire. Contributions can be made with pre-tax dollars via payroll deduction and may be changed throughout the year.

Note: CA and NJ do not grant HSAs the same tax advantages that federal law and other states provide. All contributions and any taxable earnings within your HSA will generally be subject to state income tax (for those filing a CA or NJ state income tax return). Consult your tax advisor for specifics.

SETTING UP AN HSA

New to the HealthEquity HSA: If you are new to HealthEquity, you will receive a Welcome Kit at your home address with registration information and a debit card (in a purple envelope) as well.

Already have a HealthEquity HSA? If you currently have an HSA through Champlain and/or HealthEquity, your account login and card remain the same. Review and update your employee pre-tax contribution in Oracle each year. A new card will not be issued unless your current card expires.

PRO TIP! Opt in for electronic statements - paper statements will come by mail and you'll be charged a fee.

MANAGE YOUR ACCOUNT ONLINE

At my.healthequity.com or via the app you can:

- Check your account balances, pay providers, request reimbursement
- Set up and manage investments
- Assign and change beneficiaries
- See [page 23](#) of this guidebook for more info or scan the QR code below to get the app.



Scan to
download app

Set up and keep your beneficiary info current at HealthEquity — especially after a birth, marriage, adoption, or divorce.

2027 HSA Contribution Limits

Contributions are made on a per paycheck basis and employer amounts are prorated for mid-year enrollments.

Health Plan Enrollment	Total IRS Limit	Champlain Gives	You May Contribute
Bronze, Emp Only	\$4,500	\$1,500/year ~\$57.69/pay	\$3,000
Bronze, +1 or Family	\$9,000	\$3,000/year ~\$115.38/pay	\$6,000
Silver, Emp Only	\$4,500	\$1,200/year ~\$46.15/pay	\$3,300
Silver, +1 or Family	\$9,000	\$2,400/year ~\$92.30/pay	\$6,600

Age 55+: Add \$1,000 to your contribution amount.

USING HSA MONEY

You may pay for eligible expenses with your account's debit card or If you pay via another method then you'd request reimbursement with HealthEquity online.

Distributions made for any non-qualified expenses are subject to income tax and a 20% penalty. The 20% penalty is waived in the case of death or disability or once the account owner reaches age 65.

People age 65+ may use HSA funds for any expense, medical or not, but will pay income taxes on spending on non-medical expenses. It is also their responsibility to understand the rules of Medicare and HSAs.

IMPORTANT ELIGIBILITY NOTES

- Ensure you understand the ins and outs of the IRS rules around these plans - see Publication 969 located at [irs.gov](https://www.irs.gov).
 - If you contribute via another employer or outside of payroll, those contributions count towards limits
 - Cannot have other health coverage except what is permitted under Other Health Coverage
 - Cannot be enrolled in Medicare
 - Cannot use Veterans Affairs Medical Benefits
 - Cannot be claimed as a dependent on someone else's (current year's) tax return
- Check out [HealthEquity's HSA guide](#) or chat with them via their [HSAnswers guide](#).
- Call HealthEquity at 866.346.5800 to discuss

Are you harnessing the power of an HSA?

SAVE: Lower your income taxes today and fund your health for a lifetime.

Pre-tax HSA contributions help reduce tax liability and maximize earning potential via the “triple tax advantage”.

- Payroll contributions are made pre-tax
- When used for qualified expenses, withdrawals are not taxed
- Interest or growth on investments is not taxed

HSA account balances roll forward from year to year - creating a way to save long term and prepare for retirement.

Participants may change their HSA contributions throughout the year.

Want to learn more about saving in an HSA? Check out HealthEquity’s content library: [Maximizing Your Savings](#).

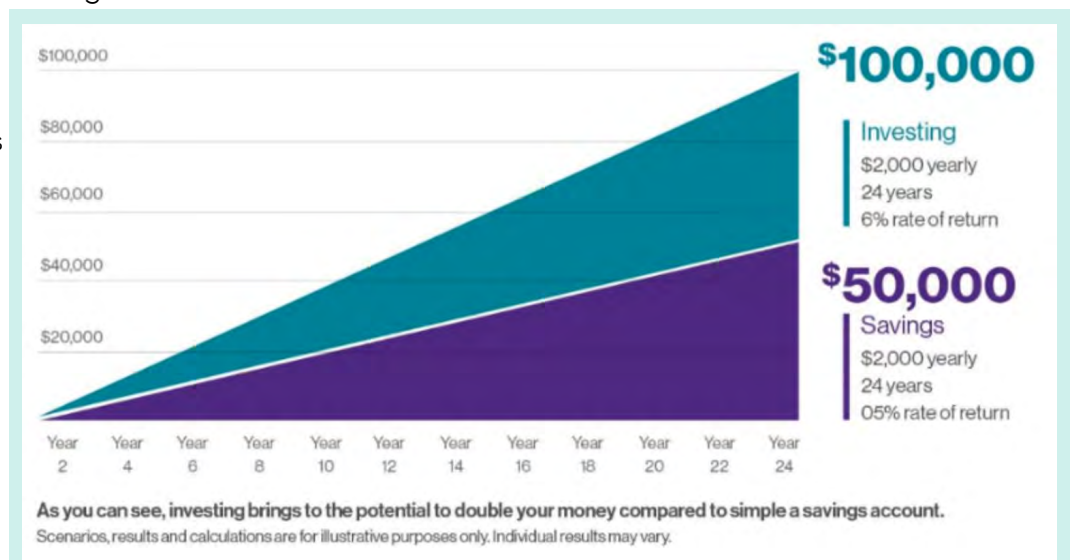
2027 HSA Contribution Limits			
Contribution are made on a per paycheck basis and employer amounts are prorated for mid-year enrollments.			
Health Plan Enrollment	Total IRS Limit	Champlain Gives	You May Contribute
Bronze, Emp Only	\$4,500	\$1,500/year ~\$57.69/pay	\$3,000
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Silver, Emp Only	\$4,500	\$1,200/year ~\$46.15/pay	\$3,300
Silver, +1 or Family	\$9,000	\$2,400/year ~\$92.30/pay	\$6,600
Age 55+: Add \$1,000 to your contribution amount.			

INVEST: When a HealthEquity HSA balance reaches \$2,000+ you may begin investing.

- HSAs provide tax free growth on invested funds to cover your future qualified medical expenses (QME).
- Investing may be especially valuable if you’re using your HSA as a long-term savings tool rather than spending it every year.
- Plus, after you turn 65, you may use HSA funds for any expense without penalties—though non-medical withdrawals are taxed at regular income rates.

Want to learn more about HSA investing?

Check out HealthEquity’s [article](#) or [webinar](#) about investing HSA funds.



Check out the full article with this graph at healthequity.com/library/top-10-ways-to-use-an-hsa

Are you harnessing the power of an HSA?

SPEND: Your HSA can cover qualified medical expenses.

To understand Qualified Medical Expenses (QME), review HealthEquity's website: healthequity.com/hsa-qme

Examples of Qualified Medical Expenses (QME):

- Medical, dental, vision, and prescription costs as designated by the IRS.
- Deductibles, co-payments at providers or the pharmacy.

Examples of Non-Qualified Expenses:

- Other categories of spending like utility bills, vacation, fun, rent or mortgage.
- Cosmetic procedures, veneers, teeth whitening, diet foods or groceries.

Letter of Medical Necessity (LMN):

- A form or letter written by your provider that verifies the service/item you are purchasing is for the diagnosis, treatment, or prevention of a disease or medical condition - required by the IRS for certain expenses.
- Here's a link to [HealthEquity's LMN information](#).

Want to learn more about spending from an HSA?

- Check out HealthEquity's article regarding [common expense questions](#).



A RETIREMENT SAVINGS TOOL: Why are HSAs helpful for retirees?

- Americans on Medicare will need to cover out-of-pocket health care costs.
- HSA funds can help cover medical AND dental, hearing and vision expenses.
- HSA funds never expire. Save the money pre-tax now, and it will be there until you use it (for example when you've retired).



Why is this important now?

- In most cases, once you are on Medicare, you won't be able to make contributions to the HSA. It is best to set aside money into your HSA before you retire.
- Maximizing your contributions will help you build your balance.

Want to learn more about Medicare and HSAs?

- Check out HealthEquity's article about HSAs, Medicare, and retirement savings.
- We also recommend accessing these resources as you approach retiring and going on Medicare (along with your Accountant and Financial Advisor):
 - **Age Well of Vermont:** agewellvt.org/services/medicare-counseling
 - **Medicare.gov Resources:** [medicare.gov/basics](https://www.medicare.gov/basics)

IMPORTANT NOTES

- It is the account owner's responsibility to manage funds and seek the advice of HealthEquity, as well as an accountant and financial advisor as needed about an HSA.
- Keep records that allow you to reconstruct your spending; the IRS could audit up to 7 years back.

Northeast Delta Dental Plans

Champlain College offers two voluntary dental plans through Northeast Delta Dental - the Base Plan and the Enhanced Plan. There are differences in coverage, so it's important you choose the plan that is right for your needs. Consider factors such as the kind of dental care you need and the amount you pay for coverage, annual deductible, annual maximum and your out-of-pocket costs on services.



SAVE MONEY IN THE NETWORK

Although you may visit any provider you would like, you will get the best value when you receive care from a Delta Dental PPO (greatest savings) or Delta Dental Premier dentist. Out-of-network providers are allowed to balance bill you for any amount above the out-of-network reimbursement. Visit nedelta.com or use the mobile app to find providers.

DENTAL PLAN COMPARISON		
	BASE PLAN*	ENHANCED PLAN**
Deductible (Single/Family)	\$100 per person/\$300 family maximum	\$25 per person/\$75 family maximum
Calendar Year Benefits Maximum	\$1,250 per person	\$2,000 per person
Preventive Services	Covered 100%, no deductible 2 cleanings per year	Covered 100%, no deductible 4 cleanings per year
Basic Services	Covered 50% after deductible	Covered 80% after deductible
Major Services	Covered 50% after deductible	Covered 50% after deductible
Dental Implants	Covered 50% after deductible	Covered 50% after deductible
Orthodontics	Covered 50%, no deductible Coverage for dependent children to age 19	Covered 50%, no deductible Coverage for employee and all dependents
Orthodontics Lifetime Maximum (Plan pays)	\$1,250 per child	\$2,000 per person
* On the Base Plan, services provided by a non-network dentist will be reimbursed at the 90th percentile of all provider submitted amounts in the geographic area. It is the patient's responsibility to make full payment to the dentist. ** On the Enhanced Plan, services provided by a non-network dentist will be reimbursed as billed. It is the patient's responsibility to make full payment to the dentist.		

2027 DENTAL PLAN PREMIUMS (PER PAY PERIOD)				
	BASE PLAN		ENHANCED PLAN	
Who's paying?	Employee	College	Employee	College
Employee Only	\$8.02	\$16.27	\$10.57	\$21.28
Employee + 1	\$14.34	\$31.93	\$18.97	\$42.22
Family	\$23.77	\$40.47	\$31.27	\$53.70

All information related to the dental plans may be found on the College's [website](https://www.champlain.edu/website).

Getting Started w/ Northeast Delta Dental

DELTA DENTAL MOBILE APP - 24/7 PLAN ACCESS!

- ID Cards
- In-network provider search
 - We have the PPO and the Premier networks
 - Using a provider in the PPO network will save the most money.
- Claims and coverage information
- On or after your effective date of coverage, you may use the Delta Dental app on your phone as well as any internet browser to access your account via nedelta.com.



Scan this QR code to download the Delta Dental app!



Register for HOW®



View your benefits/
Find a dentist



Print ID cards



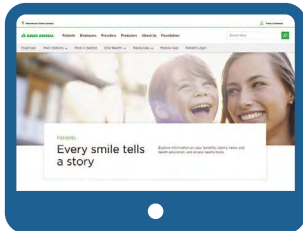
Download our
mobile app



View claims and
print EOBs



Read your plan
booklet



REGISTRATION IS SIMPLE:

1. Go to nedelta.com and click on PATIENTS
2. Click Log In or Register Here to get started
3. Complete the registration process

Note: You will need your Subscriber ID number, which can be found on your ID card or by calling Customer Service at 1-800-832-5700.

Perk Alert! Delta Dental members can also access EyeMed's vision and hearing discounts. Check it out at nedelta.com/patients/eyemed-discount

HAVE YOU TALKED TO YOUR DENTIST ABOUT THE HEALTH THROUGH ORAL WELLNESS OR HOW PROGRAM? It provides extra benefits at no additional charge, for those who need them.



Step 1: The dentist or hygienist performs a clinical oral health risk assessment, submits it to Northeast Delta Dental electronically, and receives a score.



Step 2: Members scoring between 3 and 5 on a five-point scale are immediately eligible for enhanced benefits (these benefits do count toward the annual maximum and policy terms).



Step 3: The dentist may provide additional benefits such as extra cleanings, fluoride varnish or topical fluoride, sealants, nutritional counseling, tobacco cessation, and more.

Visit HealthThroughOralWellness.com to learn more.

VSP Vision Plan Comparison

Champlain College offers two voluntary vision plan options, both provided by Vision Service Plan (VSP) - the Base Plan or the Enhanced Plan. Review the plans and choose which works best for you.



SAVE MONEY BY GOING IN-NETWORK

Remember, you'll save on eye wear and eye care when you see a VSP network doctor. Plus, take advantage of Exclusive Member Extras for additional savings. To learn which doctors are in your network, call **800.877.7195** or visit vsp.com. No insurance card necessary - in VSP providers will be able to pull your coverage information in their systems.

	BASE PLAN		ENHANCED PLAN	
IN-NETWORK BENEFITS	COPAY	FREQUENCY	COPAY	FREQUENCY
WellVision Exam	\$15 for glasses exam	Every calendar year	\$15 for glasses exam	Every calendar year
FRAMES FOR EYEGLASSES				
(Plus up to 20% discount on balance after allowance is exhausted)	\$150 frame allowance	Every other calendar year	\$200 frame allowance (\$220 for featured brands)	Every calendar year
LENSES IN EYEGLASSES				
Single vision, lined bifocal & trifocal lenses	Covered by exam copay	Every calendar year	Covered by exam copay	Every calendar year
CONTACT LENSES (IN LIEU OF EYEGLASSES)				
Elective	\$60 copay for contacts fitting and evaluation; \$150 allowance for contacts	Every calendar year	\$60 copay for contacts fitting and evaluation; \$200 allowance for contacts	Every calendar year
Medically Necessary	No Cost	12 months	No Cost	12 months
EXTRA SAVINGS				
Glasses and Sunglasses	Extra \$20 to spend on featured frame brands. Go to vsp.com/offers for details. 30% savings on additional glasses and sunglasses, including lens enhancements, from the same VSP provider on the same day as your WellVision Exam. Or, get 20% from any VSP provider within 12 months of your last WellVision Exam.			
Retinal Screening	No more than a \$39 copay on routine retinal screening as enhancement to a WellVision exam			
Laser Vision Correction	Average 15% off the regular price or 5% off the promotional price; discounts only available from contracted facilities			

2027 VISION PLAN PREMIUMS (PER PAY PERIOD)		
	BASE PLAN	ENHANCED PLAN
Employee Only	\$5.94	\$7.33
Employee + 1	\$8.61	\$10.62
Family	\$15.44	\$19.05

The information above applies to in-network care only. If you plan to visit an out-of-network provider review reimbursement rates in the plan document on the [College benefits website](#).

Supplemental Insurance Options

Even great coverage can't stop surprise medical bills. Our voluntary plans help close that gap — if you experience a covered condition, you get a cash benefit to help cover the out-of-pocket cost. You can use the cash for anything — paying bills, covering travel costs, compensating loved ones who help you out, or paying medical bills..

CRITICAL ILLNESS INSURANCE

Unum's Critical Illness Insurance pays you a lump-sum cash benefit if you're diagnosed with a covered illness — even if you have other insurance — to help with treatment and recovery costs. Spouse coverage is available up to 50% of your own election.

Coverage Amounts

- Employee – Choose \$10,000, \$20,000 or \$30,000
- Child – All eligible children are automatically covered at 50% of the employee benefit amount (no additional cost)
- Spouse – Choose \$5,000, \$10,000 or \$15,000 (must also purchase employee coverage)

Covered illnesses include (not limited to):

- Heart Attack
- End Stage Renal (Kidney) Failure
- Stroke
- Coronary Artery Bypass Surgery
- Major Organ Transplant
- Cancer
- Benign Brain Tumor
- Blindness
- Progressive Diseases such as Dementia or Parkinson's
- Supplemental Conditions such as Coma or Permanent Paralysis

Critical Illness Insurance Rates

Rates are based on your or your spouse's age and coverage amount elected. Review the rates listed in Oracle as you make your elections.

Unum's Wellness Benefit

You can receive a wellness benefit of \$50, \$75 or \$100 per calendar year per person covered under the Accident and/or Critical Illness plan(s) if a covered health screening test is performed.

These wellness benefits are based on the employee coverage amount that is selected. Use the form on your benefits website or contact Unum at 800.635.5597 to inquire about claiming your wellness benefit.

ACCIDENT INSURANCE

Accident Insurance pays cash to help cover treatment, recovery, and out-of-pocket costs from a covered accident — so paying the bills isn't one more thing to worry about while you're out of work.

Examples of Covered Injuries*

- Broken bones
- Burns
- Torn ligaments
- Concussions
- Eye injuries
- Ruptured discs
- Lacerations

**Exclusions & limitations apply; refer to plan documents for details.*

EXAMPLE OF BENEFIT AMOUNT - BROKEN ANKLE

Fracture	\$450
Ambulance	\$300
X-ray	\$50
Crutches	\$100
Physical Therapy	\$20
Follow-up Visit	\$75
TOTAL BENEFIT	\$995



Accident Insurance Rates

Coverage Tier	Employee Per Pay Period Cost	Employee Annual Cost
Employee Only	\$5.59	\$145.34
Employee + Spouse	\$9.85	\$256.10
Employee + Child(ren)	\$12.43	\$323.18
Family	\$16.69	\$433.94



Flexible Spending Accounts (FSAs)

HealthEquity

!NEW! HealthEquity will be our vendor for FSAs in 2027!

Multiple benefits - one vendor: now HSAs and FSAs will be with the same company making it easier to manage your savings accounts through the College.

Plan Detail	Healthcare FSA	Limited Purpose FSA	Dependent Care FSA
Who's it for?	Anyone enrolled in a low deductible health plan (such as the Gold plan)	Anyone enrolled in a high deductible health plan (such as Silver or Bronze plans) as they are eligible for an HSA	Any employee who needs child or eldercare for their IRS dependent(s) while they are working
What does it cover?	Medical, dental, and vision expenses	Dental and vision expenses (HSAs would be for medical)	Daycare, before/after school care, eldercare
What's the 2027 limit?	2027 FSA IRS limits have not been released as of publishing, the 2026 limit for these options was \$3,400		Was \$7,500 in 2026
What amount rolls over to next year?	Up to \$680 rolls from 2026 to 2027, the IRS amounts for 2027 to 2028 have not yet been released as of publishing		None - use it or lose it
What are the claim deadlines?	- Employees have up to 60 days after end of plan year to submit FSA claims incurred in the prior year. - Members who end employment have up to 60 days following termination to submit claims incurred through their last day of employment.		

HOW IT WORKS

1. You decide how much to contribute to your Healthcare FSA each year and enroll in Oracle.
2. Your annual election will be divided by the number of pay periods and deducted evenly on a pre-tax basis from each paycheck throughout the plan year.
3. HealthEquity will establish your account and you'll partner with them to spend your funds – see [page 23](#) for more details.

IMPORTANT ELIGIBILITY NOTES:

- Ensure you understand the IRS rules around these plans - check out [HealthEquity's resources here](#) or chat with them via their [HSAAnswers guide](#).
- Ensure you consider you, your spouse, and your IRS dependents' specific circumstances and benefits.
- Being enrolled in an HDHP (yours or your spouse's) makes you Limited Purpose FSA eligible
- If you were previously enrolled in a Healthcare FSA and switch to a HDHP, your Healthcare FSA funds eligible for rollover will move into a Limited Purpose FSA and qualify for dental or vision reimbursement.
- Under the Dependent Care FSA, if you are married and file a joint return, or if you file a single or head of household return, the annual IRS limit is \$7,500. If you are married and file separate returns, you can each elect \$3,750 for the plan year. You and your spouse must be employed or your spouse must be a full-time student to be eligible to participate in the Dependent Care FSA.
- You cannot take income tax deductions for expenses you pay with your Dependent Care FSA.
- You cannot stop or change contributions to your FSA during the year unless you have a qualifying life event / change in status consistent with your change in contributions and report it within 30 days of the event.

IMPORTANT NOTE: If you had an FSA in 2026 it was with [Navia Benefits](#). You may submit claims for 2026 to Navia for the first 60 days of 2027. Should you have rollover funds, they will be available in a FSA with HealthEquity later in the Spring.

Managing HealthEquity Accounts: FSA & HSA

ACCOUNT DEBIT CARD: Available for HSAs, Healthcare & Limited Purpose FSAs

For the account types listed above, HealthEquity issues a debit card. It can be used to pay for eligible expenses.

If you choose not to use your card you may request reimbursement from your account with the proper documentation for reimbursement.

IMPORTANT:

- If using the card to pay a provider, you should ensure they have already processed your claim through your insurance before billing your card.
- FSA claims need to be substantiated and therefore you should save all receipts from flexible spending transactions.

DEPENDENT CARE FSA

This account operates solely as a reimbursement account where you'll file claims directly with HealthEquity.

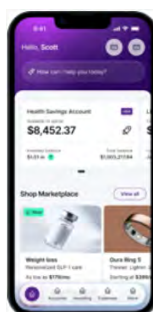
VIEW & MANAGE YOUR ACCOUNT

Access and complete any transaction by using the website (my.healthequity.com) or app.

- Check your account balances, pay providers, file claims/request reimbursement
- Access any forms
- Set up direct deposit information
- Manage investments & beneficiaries (HSA only)
- Scan the QR code below to get the app!



Scan to download



REQUEST REIMBURSEMENT: FILE A CLAIM

Step One - Prepare

1. Confirm the expense is eligible to be reimbursed
 - [HealthEquity Qualified Expenses Lists](#)
 - Check Publications **502** (healthcare FSA), **503** (dependent care FSA), & **969** (HSA) at [IRS.gov](https://www.irs.gov)
2. Gather appropriate documentation: receipts, invoices, and/or explanation of benefits (EOB)
3. Ensure the documentation you submit includes:
 - Provider name and address
 - Patient or dependent name
 - Description of service/care
 - Date of service/care
 - Amount charged

Step 2 - Submit

Choose one of the methods below to submit your claim.

ONLINE / MOBILE APP - **FASTEST**

1. Log on to your account at my.healthequity.com or with the app
2. Click the "Expenses" option
3. Select "New" and fill in the information
4. Attach appropriate documentation
5. Click "Save and Reimburse Me"

Need help? Call 800.346.5800 anytime.

MAIL/FAX - **MAY TAKE A FEW WEEKS**

1. Download a claim form healthequity.com/account-forms
2. Print, complete and sign your claim form
3. Attach a copy of your supporting documentation
4. Mail or fax as directed on the applicable form.

Want to talk to someone about your account? HealthEquity has a 24/7/365 member services team!

- **HSA 800.346.5800 FSA 877.924.3967**
- **Chat through your online account or app**

A Safety Net: College Paid Benefits



The Unum benefits on this page have premiums 100% paid by Champlain College for all eligible employees - that means no cost to you!

GROUP TERM LIFE (GTL) & ACCIDENTAL DEATH & DISMEMBERMENT (AD&D) COVERAGE

COVERAGE TYPE	BENEFIT AMOUNT*
College Provided Life Insurance	Base Life Insurance amount ("principal sum") is 1.5x your base earnings up to a maximum of \$600,000 (guaranteed issue amount is \$450,000)
College Provided AD&D	AD&D Insurance amount ("principal sum") is 1.5x your base earnings up to a maximum of \$600,000

Age Reduced Benefit Coverage: At age 70 benefits reduce to 65% of covered amount and at age 75 benefits reduce to 50%.

Tax Notice: The College pays your Group Term Life and AD&D premiums. Per federal law, coverage over \$50,000 is taxable income. Applicable federal, state, and FICA taxes are deducted from each paycheck based on [IRS age-indexed rate tables](#).

To learn more about additional life insurance coverage you may choose to purchase, see [page 25](#).

SHORT-TERM DISABILITY (STD)

STD replaces part of your income when you are unable to work for up to 26 weeks for qualifying illnesses, injuries, or maternity leave. Payments are processed through regular payroll (maintaining standard deductions) after a 10-calendar-day elimination period, paperwork submission, and Unum claim approval. STD runs concurrently with Family Medical Leave. Benefits are based on your length of service with the College:

- **Hired after 7/1/2009:** up to 66.67% of base bi-weekly earnings (less state disability, if any)
- **Hired before 7/1/2009:** benefit amount is up to 100% of pay

LONG-TERM DISABILITY (LTD)

LTD replaces part of your income when you are unable to work due to a disability. All claims are administered by Unum. LTD payments are 60% of your basic monthly earnings up to \$10,000 per month. Unlike Short-Term disability, payments are made directly to you by Unum and paid on a monthly basis. Long-Term Disability will begin once the elimination period of 180 days (length of STD) has been met, paperwork submitted, and Unum's claim is approved.

TRAVEL ASSIST

Unum provides 24/7 travel assistance through Assist America when traveling 100+ miles from home. Services include help with stolen belongings, emergency medical from hospital location to translation services, embassy support and passport replacement, legal and language referrals, prescription assistance, trauma counseling, and more.

- Call: 800-872-1414 (Domestic) | 609-986-1234 (International)
- App: Download the Assist America app at assistamerica.com/travelapp
- Reference #: 01-AA-UN-762490



KEEP YOUR BENEFICIARY INFORMATION UP TO DATE.

Review beneficiaries during Open Enrollment or when there is a status change. For example, with a birth, adoption, marriage or divorce. Beneficiaries for life insurance are tracked and updated in [Oracle](#).

NEED A MEDICAL LEAVE OF ABSENCE?



Email absence@champlain.edu for more information about the process and benefits you have available to you.

A Safety Net: Your Optional Benefits

unum® VOLUNTARY LIFE AND AD&D

You can purchase optional Supplemental Life and AD&D coverage for yourself and your family with Unum. These voluntary benefits are fully employee-paid through post-tax payroll deductions. You will find the rates in Oracle, they are based on age and coverage amount selected.

VOLUNTARY LIFE & AD&D COVERAGE OPTIONS

TYPE	BENEFIT AMOUNT*
Employee	Lesser of .5 times salary to 4.5 times salary rounded to next multiple of \$10,000, not to exceed \$500,000. Guaranteed issue amount is \$150,000.
Spouse	Lesser of 100% of the employee amount in increments of \$10,000 rounded to the next multiple of \$10,000, not to exceed \$500,000. <i>Benefits are paid to the employee.</i> Guaranteed issue amount is \$25,000.
Child(ren)	Lesser of 100% of the employee amount in \$2,000 increments, rounded to next multiple of \$2,000, not to exceed \$10,000. Max Benefit for child between live birth and 6 mos. is \$1,000. <i>Benefits are paid to the employee.</i>

Age Reduced Benefit Coverage: At age 70 benefits reduce to 65% of covered amount and at age 75 benefits reduce to 50%.

Evidence of Insurability (EOI) or Medical Underwriting for Voluntary Life Insurance

EOI is required if:

- You are newly enrolling in coverage outside of new hire enrollment or above the Guarantee Issue amount.
- You are increasing current coverage above the Guaranteed Issue amount.

An electronic link will be sent to you to complete the EOI form which you'll submit directly to Unum.

WHOLE LIFE INSURANCE

The College will continue to allow payroll deduction for those who have previously enrolled in Unum's Whole Life Insurance. No new enrollments are permitted.

If you would like to reduce your current Whole Life Insurance Benefits or have questions, please contact Unum at 800.635.5597.



PET INSURANCE

Pet-loving employees can fetch the best health coverage for their pets with Nationwide® My Pet Protection Choice, available exclusively through your workplace benefit programs.

Nationwide offers two ready-made employee plans or the ability to customize a coverage plan for individual pets and their specific care needs.

Benefits of Nationwide Pet Insurance:

- **Comprehensive Coverage:** Options include coverage for accidents, illnesses, and wellness (annual visits, vaccinations).
- **Included Benefits:** All plans include 24/7 access to virtual help through the vethelpline® and discounted prescription medications through PetRxExpress.
- **Flexible Premiums:** Your premium is based on your pet's age, breed, and location.
- **Reimbursement Options:** Choose from 50%, 70%, or 80% reimbursement levels for your covered pet claims.
- **Wide Range of Pets:** Coverage is available not only for dogs and cats but also for avian and exotic pets.
- Check out the ["What's Covered"](#) page.

To get a quote or enroll:

- Call 877-738-7874 and identify yourself as an employee
- Visit benefits.petinsurance.com/champlain

If you're a member with questions or claims:

- Email submitmyclaim@petinsurance.com

Employee & Family Assistance Program (EAP)

Invest EAP
is here for
the
WHOLE
you.



Support for Every Dimension of Your Wellbeing

At EAP, we think of true wellbeing as being **healthy and balanced across every dimension of life**. Wellness is more than just being free of disease: it's having a purpose, being emotionally healthy, taking an active involvement in your work and in your leisure time, having joyful relationships, and nurturing all the dimensions of your world.

What EAP Does For You

Invest EAP is a free, confidential program available to you and your household members. We're here to give you **real help when you need it**. Your EAP includes:

- ✓ Mental health support, including counseling and a 24/7 hotline
- ✓ Stress reduction and work/life balance
- ✓ Local staff with a positive and proactive approach



Counseling

It's good to talk. Our counselors are supportive and offer solution-focused counseling or crisis support.



Financial and Legal Sessions

Confidential expert advice and resources, including free 30-minute consultations.



Wellness Support

Assistance with personal, health and wellbeing goals, including a digital monthly wellness newsletter.



Resources and Referrals

Solutions to help manage any personal or work-related sources of stress.



...and anything else!

Other people feel the way that you do, and we're helping them. **If it's on your mind, we can help.**



Contact Us 24/7:
866-660-9533



Scan to request
an appointment!

www.investeap.org

Create a login using org password **champlain**

Retirement Savings Plan



2026 403(b) RETIREMENT PLAN CONTRIBUTION LIMITS

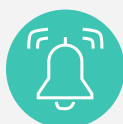
At the time of publishing, 2027 rates have not been released by the IRS.

Age as of 12/31/26	Catch-Up	Total Allowed
Under 50	Not an option	\$24,500
50-59 or 64+	\$8,000	\$32,500
60-63	\$11,250	\$35,750

Catch-up contributions must be Roth after-tax if your 2025 FICA wages were over \$150,000.

403(b) RETIREMENT SAVINGS PLAN WITH TIAA

General Information	All College employees, with the exception of certain student employees, are eligible to participate in the Plan immediately upon hire and are 100% vested. Set up payroll contributions in either or both: Pre-tax: Money sent to TIAA before taxes come out, lowering your taxable income now — but you pay taxes when you withdraw it in retirement. Roth after-tax: Money sent to TIAA after payroll taxes are taken out — so no tax break now, but withdrawals in retirement are tax-free.
College Match Info	- Employees scheduled to work 20+ hours/week are match-eligible The match is 100% of the first 3% of matched contributions: contribute 3% or more for a full 3% match (prorated below 3%). - Adjunct faculty and student employees don't qualify for the match. - Employees are responsible for tracking contributions and making sure they get the full College match.
Setting up Contributions	Change your elections throughout the year in Oracle: - Click the Benefits icon > click Enroll now button > click Enroll in benefits that matter to you option > Click Enroll or Edit button > make changes (edit pencils) > click the submit button. Guided tutorials: gmhec.org/champlain-college-hcm
Managing Account and Funds	The key for account management is tiaa.org/champlain - Manage investments - Setup and change beneficiaries - Schedule 1:1 consultations - Set up rollovers into your account Prefer to talk to someone? Call TIAA at 800-842-2252



Remember, it is important to keep your beneficiary information up-to-date.

Please be sure to verify or update this information each year using the TIAA website at tiaa.org/champlain. Examples of when you may want to update your beneficiaries are birth, adoption, marriage or divorce.

- **Questions about setting up your retirement payroll contributions?** Contact Benefits at 802-443-5485 or benefits@gmhec.org
- **Questions about managing your funds or using TIAA's website?** Call 800-842-2252
- **Looking for retirement plan education?** Visit tiaa.org/essentials

Important Notices

Please read these notices carefully and keep them where you can find them for future reference. Please refer to your College Health and Welfare Plan Documents for additional required disclosures. Plan Documents and notices may be found at:

champlain.edu/office/people-center/required-notices/

HEALTH INSURANCE MARKETPLACE COVERAGE OPTIONS & YOUR HEALTH COVERAGE

Beginning in 2014, there was a new way to buy health insurance: the Health Insurance Marketplace. To assist you as you evaluate options for you and your family, this notice provides some basic information about the new Marketplace.

WHAT IS THE HEALTH INSURANCE MARKETPLACE?

The Marketplace is designed to help you find health insurance that meets your needs and fits your budget. The Marketplace offers “one-stop shopping” to find and compare private health insurance options in your geographic area.

CAN I SAVE MONEY ON MY HEALTH INSURANCE PREMIUMS IN THE MARKETPLACE?

You may qualify to save money and lower your monthly premium and other out-of-pocket costs, but only if your employer does not offer coverage, or offers coverage that is not considered affordable for you and doesn’t meet certain minimum value standards (discussed below). The savings that you’re eligible for depends on your household income. You may also be eligible for a tax credit that lowers your costs.

DOES EMPLOYER HEALTH COVERAGE AFFECT ELIGIBILITY FOR PREMIUM SAVINGS THROUGH THE MARKETPLACE?

Yes. If you have an offer of health coverage from your employer that is considered affordable for you and meets certain minimum value standards, you will not be eligible for a tax credit, or advance payment of the tax credit, for your Marketplace coverage and may wish to enroll in your employment-based health plan.

However, you may be eligible for a tax credit, and advance payments of the credit that lowers your monthly premium, or a reduction in certain cost-sharing, if your employer does not offer coverage to you at all or does not offer coverage that is considered affordable for you or meet minimum value standards. If your share of the premium cost of all plans offered to you through your employment is more than 9.12% of your annual household income, or if the coverage through your employment does not meet the “minimum value” standard set by the Affordable Care Act, you may be eligible for a tax credit, and advance payment of the credit, if you do not enroll in the employment-based health coverage. For family members of the employee, coverage is considered affordable if the employee’s cost of premiums for the lowest-cost plan that would cover all family members does not exceed 10.22% of the employee’s household income.

NOTE: If you purchase a health plan through the Marketplace instead of accepting health coverage offered through your employment, then you may lose access to whatever the employer contributes to the employment-based coverage. Also, this employer contribution - as well as your employee contribution to employment-based coverage- is generally excluded from income for federal and state income tax purposes. Your payments for coverage through the Marketplace are made on an after-tax basis. In addition, note that if the health coverage offered through your employment does not meet the affordability or minimum value standards, but you accept that coverage anyway, you will not be eligible for a tax credit. You should consider all of these factors in determining whether to purchase a health plan through the Marketplace.

HOW CAN I GET MORE INFORMATION?

For more information about your coverage offered through your employment, please check your health plan’s summary plan description or contact the Benefits Team at benefits@gmhec.org or 802-443-5485.

PAPERWORK REDUCTION ACT STATEMENT

According to the Paperwork Reduction Act of 1995 (Pub. L. 104-13) (PRA), no persons are required to respond to a collection of information unless such collection displays a valid Office of Management and Budget (OMB) control number. The Department notes that a Federal agency cannot conduct or sponsor a collection of information unless it is approved by OMB under the PRA, and displays a currently valid OMB control number, and the public is not required to respond to a collection of information unless it displays a currently valid OMB control number. See 44 U.S.C. 3507. Also, notwithstanding any other provisions of law, no person shall be subject to penalty for failing to comply with a collection of information if the collection of information does not display a currently valid OMB control number. See 44 U.S.C. 3512.

The public reporting burden for this collection of information is estimated to average approximately seven minutes per respondent. Interested parties are encouraged to send comments regarding the burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden, to the U.S. Department of Labor, Employee Benefits Security Administration, Office of Policy and Research, Attention: PRA Clearance Officer, 200 Constitution Avenue, N.W., Room N-5718, Washington, DC 20210 or email ebssa.opr@dol.gov and reference the OMB Control Number 1210-0137.

Important Notices



CHAMPLAIN
COLLEGE

PATIENT PROTECTION DISCLOSURE

Champlain College Health and Welfare Benefit Plan (the Plan) generally allows the designation of a primary care provider. You have the right to designate any primary care provider who participates in our network and who is available to accept you or your family members. For information on how to select a primary care provider, and for a list of the participating primary care providers, contact CIGNA at [cigna.com](https://www.cigna.com).

For children, you may designate a pediatrician as the primary care provider.

You do not need prior authorization from The Plan or from any other person (including a primary care provider) in order to obtain access to obstetrical or gynecological care from a healthcare professional in our network who specializes in obstetrics or gynecology. The healthcare professional, however, may be required to comply with certain procedures, including obtaining prior authorization for certain services, following a pre-approved treatment plan, or procedures for making referrals. For a list of participating healthcare professionals who specialize in obstetrics or gynecology, contact CIGNA at [cigna.com](https://www.cigna.com).

ACCESSING INFORMATION, PLAN DOCUMENTS & REQUIRED NOTICES

You will find all plan documents and notices are posted on the College's benefit website. You may also contact the Benefits Team to request information or a notice.

- **Health & Welfare Plan Documents:**
champlain.edu/office/people-center/employees/benefits/current-annual-benefits
- **Retirement Plan Documents:**
champlain.edu/office/people-center/employees/retirement
- **Required Notices:**
champlain.edu/office/people-center/required-notice

HAVE BENEFITS QUESTIONS?

The Benefits Team is here to help
Monday through Friday from 8:15 a.m. to 5:00 p.m. ET.

Call **802-443-5485**

Email benefits@gmhec.org

Version: 10/13/2026