

Kenyon

2025 Open Enrollment Guide

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This brochure summarizes the benefit plans that are available to Kenyon College eligible employees and their dependents. Official plan documents, policies and certificates of insurance contain the details, conditions, maximum benefit levels and restrictions on benefits. These documents govern your benefits program. If there is any conflict, the official documents prevail. These documents are available upon request through the Human Resources Department. Information provided in this brochure is not a guarantee of benefits

A Message to Our Employees

The Benefits Open Enrollment Period Is Here!

As healthcare costs continue to rise due to inflation and increased government regulation, the cost to provide healthcare coverage has also increased. Additionally, Kenyon College has seen an increase in the occurrence as well as the severity of claims of healthcare costs. This has been a common scenario across the market as costs increase in an effort to keep pace with healthcare trends. Kenyon College is committed to providing a comprehensive benefits package to its employees for the following year and has made the following changes to its 2025 offerings.

2025 Benefit Plan Highlights

The Employee Payroll Contributions have been updated for medical, dental, and vision effective July 1st, 2025. There are no changes to the plan designs for medical, dental or vision coverage.

Benefits for You & Your Family

Kenyon College is pleased to announce our 2025 benefits program, which is designed to help you stay healthy, feel secure, and maintain a work/life balance. Offering a competitive benefits package is just one way we strive to provide our employees with a rewarding workplace. Please read the information provided in this guide carefully. For full details about our plans, please refer to the summary plan descriptions. Listed below are the Kenyon College benefits available during open enrollment:

- Medical
- Dental
- Vision
- Life and AD&D
- Voluntary Life
- Long Term Disability
- FSA Plan



When and How Do I Enroll?

Open enrollment will be conducted **May 1st, 2025 – June 1st, 2025.**

When is My Coverage Effective?

The effective date for your benefits is 07/01/2025

Who is Eligible?

employees working at least and their eligible dependents may participate in the Kenyon College benefits program.

Generally, for the Kenyon College benefits program, dependents are defined as:

- Your spouse and domestic partner
- Dependent “child” up to age 26 .(Child means the employee’s natural child or adopted child and any other child as defined in the certificate of coverage)

Changing Coverage During the Year

You can change your coverage during the year when you experience a qualified change in status, such as marriage, divorce, birth, adoption, placement for adoption, or loss of coverage. The change must be reported to the Human Resources Department within 30 days of the event. The change must be consistent with the event.

For example, if your dependent child no longer meets eligibility requirements, you can drop coverage only for that dependent.

Medical Insurance

Kenyon College will continue to offer medical coverage. The chart on the following page is a brief outline of the plan. Please refer to the summary plan description for complete plan details.

Medical Benefits Overview

Kenyon College will continue to offer medical coverage. The chart below is a brief outline of the plan. Please refer to the summary plan description for complete plan details.

Benefit Coverage	UMR (TPA) PPO Premium Plan 7670-00-411216		UMR (TPA) PPO Basic Plan 7670-00-411216	
	In-Network Benefits	Out-of-Network Benefits	In-Network Benefits	Out-of-Network Benefits
Annual Deductible				
Individual	\$200	\$1,000	\$500	\$750
Family	\$400	\$2,000	\$1,000	\$1,500
Coinsurance	10%	30%	70%	50%
Maximum Out-of-Pocket*				
Individual	\$500	\$1,000	\$3,500	\$5,500
Family	\$1,000	\$2,000	\$7,000	\$11,000
Physician Office Visit				
Primary Care	\$10 copay per visit	30% after deductible	\$20 copay per visit	50% after deductible
Specialty Care	\$10 copay per visit	30% after deductible	\$20 copay per visit	50% after deductible
Preventive Care				
Adult Well Exams	100%	\$15 copay per visit then 30%	100%	\$20 copay per visit then 50% coinsurance
Well-Child Care	100%	\$15 copay per visit then 30%	100%	\$20 copay per visit then 50% coinsurance
Diagnostic Services				
X-ray and Lab Tests	\$10 copay per visit; deductible waived office setting; 10% coinsurance outpatient setting	30% coinsurance	\$20 copay per visit; deductible waived office setting; 30% coinsurance outpatient setting	50% coinsurance
Complex Radiology	\$10 copay per visit; deductible waived office setting; 10% coinsurance outpatient setting	30% coinsurance	\$20 copay per visit; deductible waived office setting; 30% coinsurance outpatient setting	50% coinsurance
Urgent Care Facility	\$10 copay per visit	30% coinsurance	30% coinsurance	50% coinsurance
Emergency Room Facility Charges*	10% coinsurance	10% coinsurance	30% coinsurance; deductible waived	30% coinsurance; deductible waived
Inpatient Facility Charges	10% coinsurance	30% coinsurance	30% coinsurance	30% coinsurance after deductible true emergency 50% coinsurance after deductible non-true emergency
Physician/surgeon fees	10% coinsurance	30% coinsurance	30% coinsurance	30% coinsurance after deductible true emergency; 50% coinsurance after deductible non-true emergency
Mental Health				
Inpatient	10% coinsurance	30% coinsurance	30% coinsurance	30% coinsurance true emergency 50% coinsurance non-true emergency
Outpatient	\$10 copay per visit; deductible waived office visits; 10% coinsurance other outpatient services	30% coinsurance	\$20 copay per visit; deductible waived office visits; 30% coinsurance other outpatient services	50% coinsurance
Substance Abuse				
Inpatient	10% coinsurance	30% coinsurance	30% coinsurance	30% coinsurance true emergency 50% coinsurance non-true emergency

Benefit Coverage	UMR (TPA) PPO Premier Plan 7670-00-411216		UMR (TPA) PPO Basic Plan 7670-00-411216	
	In-Network Benefits	Out-of-Network Benefits	In-Network Benefits	Out-of-Network Benefits
Outpatient	\$10 copay per visit; deductible waived office visits; 10% coinsurance other outpatient services	30% coinsurance	\$20 copay per visit; Deductible Waived Office visits; 30% coinsurance other outpatient services	50% coinsurance
Other Services				
Chiropractic	90% coinsurance <small>Medical Necessity will be reviewed after 25 visit. Medical Necessity review is based on chiropractic designation and procedure code</small>	70% coinsurance	30% coinsurance <small>Medical Necessity will be reviewed after 25 visits. Medical Necessity Review is based on chiropractic designation and procedure code</small>	50% coinsurance
Retail Pharmacy (30 Day Supply)				
Tier 1 (Generic and some brand name)	\$5 copay	If you use a Non-Network Pharmacy, you are responsible for payment upfront.	10% copay with a \$10 minimum up to a \$150 maximum benefit per prescription	If you use a Non-Network Pharmacy, you are responsible for payment upfront.
Tier 2 (preferred brand-name and some generic)	\$15 copay	You may be reimbursed based on the lowest contracted amount, minus any applicable deductible or copayment amount.	20% Copay with a \$25 Minimum up to a \$150 Maximum per prescription	You may be reimbursed based on the lowest contracted amount, minus any applicable deductible or copayment amount.
Tier 3 (nonpreferred brand-name and nonpreferred generic)	\$15 copay		30% Copay with a \$50 Minimum up to a \$250 Maximum per prescription \$100 Copay per prescription (mail order)	
Tier 4 (specialty drugs) 30 day supply	Tier 1: \$5 Tier 2: \$15 Tier 3: \$15		10% Copay with a \$10 Minimum up to a \$150 Maximum benefit per prescription (Tier 1); 20% Copay with a \$25 Minimum up to a \$150 Maximum per prescription (Tier 2); 30% Copay with a \$50 Minimum up to a \$250 Maximum per prescription (Tier 3)	
Mail Order Pharmacy (31-90 Day Supply)				
Tier 1 (Generic and some brand name)	\$10 copay per prescription	If you use a Non-Network Pharmacy, you are responsible for payment upfront. You may be	\$20 copay per prescription	If you use a Non-Network Pharmacy, you are responsible for payment upfront. You may be
Tier 2 (preferred brand-name and some generic)	\$30 copay per prescription	reimbursed based on the lowest contracted amount, minus any applicable deductible or copayment amount.	\$50 Copay per prescription	reimbursed based on the lowest contracted amount, minus any applicable deductible or copayment amount.
Tier 3 (nonpreferred brand-name and nonpreferred generic)	\$15 copay per prescription		\$100 Copay per prescription	
Tier 4 (specialty drugs) (30 day supply)	Tier 1: \$5 Tier 2: \$15 Tier 3: \$15		10% Copay with a \$10 Minimum up to a \$150 Maximum benefit per prescription (Tier 1); 20% Copay with a \$25 Minimum up to a \$150 Maximum per prescription (Tier 2); 30% Copay with a \$50 Minimum up to a \$250 Maximum per prescription (Tier 3)	

Employee Contributions (Monthly)	
Premium - Salary < \$39,999	
Employee	\$122.00
Employee & 1 Dep	\$269.00
Employee & 2+ Deps	\$363.00
Premium - \$40,000 - \$59,999	
Employee	\$155.00
Employee & 1 Dep	\$341.00
Employee & 2+ Deps	\$461.00
Premium - \$60,000 - \$79,999	
Employee	\$178.00
Employee & 1 Dep	\$393.00
Employee & 2+ Deps	\$531.00
Premium - \$80,000 - \$109,999	
Employee	\$235.00
Employee & 1 Dep	\$517.00
Employee & 2+ Deps	\$698.00
Premium - \$110,000 - \$139,999	
Employee	\$300.00
Employee & 1 Dep	\$662.00
Employee & 2+ Deps	\$894.00
Premium - \$140,000 +	
Employee	\$376.00
Employee & 1 Dep	\$827.00
Employee & 2+ Deps	\$1,118.00
Basic - Salary < \$39,999	
Employee	\$64.00
Employee & 1 Dep	\$140.00
Employee & 2+ Deps	\$192.00
Basic - \$40,000 - \$59,999	
Employee	\$77.00
Employee & 1 Dep	\$169.00
Employee & 2+ Deps	\$232.00
Basic - \$60,000 - \$79,999	
Employee	\$113.00
Employee & 1 Dep	\$250.00

Employee & 2+ Deps	\$342.00
Basic - \$80,000 - \$109,999	
Employee	\$167.00
Employee & 1 Dep	\$366.00
Employee & 2+ Deps	\$504.00
Basic - \$110,000 - \$139,999	
Employee	\$207.00
Employee & 1 Dep	\$455.00
Employee & 2+ Deps	\$625.00
Basic - \$140,000 +	
Employee	\$248.00
Employee & 1 Dep	\$543.00
Employee & 2+ Deps	\$746.00

Dental Insurance

Kenyon College will continue to offer a dental program. The chart below is a brief outline of the plan. Please refer to the summary plan description for complete plan details.

Benefit Coverage	Delta Dental Insurance Company Dental PPO Plan B 2491 0000	
	In-Network Benefits	Out-of-Network Benefits
Annual Deductible		
Individual	\$50	\$50
Family	\$150	\$150
Waived for Preventive Care?	Yes	Yes
Annual Maximum		
Per Person / Family	\$1,500	\$1,500
Preventive	100%	100%
Basic	90%	90%
Major	60%	60%
Orthodontia		
Benefit Percentage	50%	50%
Adults (and Covered Full-Time Students, if Eligible)	Not covered	Not covered
Dependent Child(ren)	Covered	Covered
Lifetime Maximum	\$1,000	\$1,000
Benefit Waiting Periods	N/A	N/A

Employee Contributions (Monthly)	
Dental PPO	
Employee	\$14.00
Employee & 1 Dep	\$32.00
Employee & 2+ Deps	\$45.00

Vision Insurance

Kenyon College provides Vision Insurance.

	Vision Service Plan
Copay	
Routine Exams (Annual)	\$10 copay
Vision Materials	
Materials Copay	\$20 copay
Lenses	Benefit varies by type of lens. Covered every 12 months
Contacts Covered in lieu of frames. Medically necessary contacts may be covered at a higher benefit level	Elective contacts covered \$180 allowance; up to \$60 copay for fitting every 12 months
Frames	Covered at \$20 copay \$225 allowance every 12 months

Employee Contributions (Monthly)	
Vision	
Employee	\$7.00
Employee & 1 Dep	\$12.00
Employee & 2+ Deps	\$19.00

Life and Accidental Death & Dismemberment Insurance

Kenyon College provides Basic Life and AD&D benefits to eligible employees. The Life insurance benefit will be paid to your designated beneficiary in the event of death while covered under the plan. The AD&D benefit will be paid in the event of a loss of life or limb by accident while covered under the plan.

Standard Insurance Company Life and AD&D	
You	
Benefit Maximum	Class I: \$500,000; Class II: Class II: \$250,000; Class III: \$60,000
Guaranteed Issue	Class I: \$400,000; Class II: Full Benefit; Class III: Full Benefit

The above benefits will begin to decrease at age 65.

Voluntary Life Offerings

In addition to the employer paid Basic Life and AD&D coverage, you have the option to purchase additional voluntary life insurance to cover any gaps in your existing coverage that may be a result of age reduction schedules, cost of living, existing financial obligations, etc. Your election, however, could be subject to medical questions and evidence of insurability.

Voluntary Life Insurance

You may purchase additional Life insurance with Standard Insurance Company if you want more coverage. Your contributions will depend on your age and the amount of coverage you elect.

Long Term Disability Coverage

Kenyon College offers long-term income protection through Standard Insurance Company in the event you become unable to work due to a non-work-related illness or injury. This benefit covers 60% of the first \$21,272 of your monthly base salary up to \$12,763. Benefit payments begin after 180 days of disability. See Certificate of Coverage for benefit duration. Please see the summary plan description for complete plan details.

Flexible Spending Accounts

The Flexible Spending Account (FSA) plan with UMR (TPA) allows you to set aside pre-tax dollars to cover qualified expenses you would normally pay out of your pocket with post-tax dollars. The plan is comprised of a health care spending account and a dependent care account. You pay no federal or state income taxes on the money you place in an FSA.

How an FSA works:

- Choose a specific amount of money to contribute each pay period, pre-tax, to one or both accounts during the year.
- The amount is automatically deducted from your pay at the same level each pay period.
- As you incur eligible expenses, you may use your flexible spending debit card to pay at the point of service **OR** submit the appropriate paperwork to be reimbursed by the plan.

Important rules to keep in mind:

- The IRS has a strict “use it or lose it” rule. If you do not use the full amount in your FSA, you will lose any remaining funds.
- Once you enroll in the FSA, you cannot change your contribution amount during the year unless you experience a qualifying life event.
- You cannot transfer funds from one FSA to another.

Please plan your FSA contributions carefully, as any funds not used by the end of the year will be forfeited. Re-enrollment is required each year.

MAXIMUM ANNUAL ELECTION	
Health Care FSA	\$3,300
Dependent Care FSA	\$5,000

Telemedicine

Teladoc is the Second and largest provider of telehealth medical consultants in the United States, giving you 24/7/365 access to quality medical care through phone and video consults (where available).

Here are some frequently asked questions regarding Teladoc:

What kind of medical care does Teladoc provide?

When requesting a consult, you can choose between general medical, behavioral health or dermatology.

Does Teladoc replace my doctor?

No! Teladoc does not replace your primary care physician. Teladoc should be used when you need immediate care for non-emergent medical issues. It is an affordable, convenient alternative to urgent care and ER visits.

How do I request a consult to talk to a doctor?

Visit the Teladoc website (www.teladoc.com), log into your account and click "Request a Consult". You can also call Teladoc to request a consult by phone (1-800-Teladoc)

How do I set up my Teladoc account?

Setting up your account is a quick and easy process online. Visit the Teladoc website and click "Set Up Account". Follow the online instructions.

How frequently can I call Teladoc?

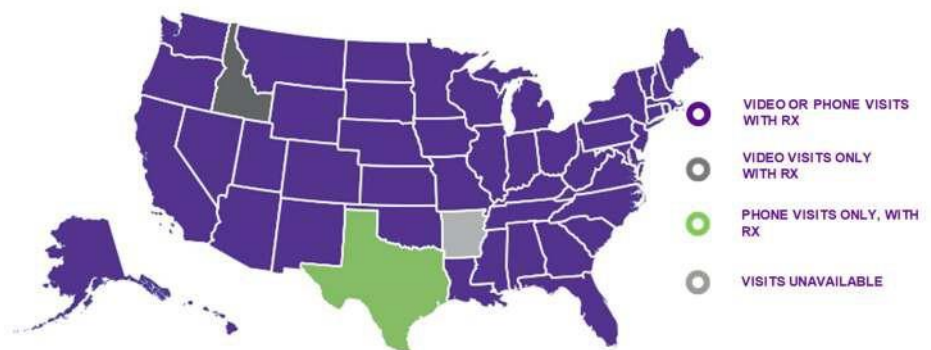
You are able to contact Teladoc up to 3 times within 90 days for the same medical condition. On the fourth inquiry for the same condition, you will be re-directed to your Primary Care Physician to determine if you have a chronic condition that needs additional treatment. You are able to contact Teladoc up to a maximum of 10 times within a one-year period per covered individual.

Can Teladoc doctors write a prescription?

Yes, Teladoc doctors can prescribe short-term medications for a wide range of conditions when medically appropriate. Teladoc doctors do NOT prescribe substances controlled by the DEA, non-therapeutic and/or certain other drugs, which may be harmful because of potential abuse.

Who are Teladoc doctors?

Teladoc doctors are U.S. board certified in Internal Medicine, Family Practice or Pediatrics. They average 15 years of experience, are licensed in your state, and incorporate Teladoc into their day-to-day practice to provide people with convenient access to quality medical care.



Contacts

Additional information regarding benefit plans can be found on <https://www.kenyon.edu/offices-and-services/office-of-human-resources/benefits/>. Please contact Human Resources, HR@kenyon.edu, to complete any changes to your benefits that are not related to your initial or annual enrollment.

Carrier Customer Service

BENEFITS PLAN	CARRIER	PHONE NUMBER	WEBSITE
Medical PPO	UMR (TPA)	1-800-826-9781	www.UMR.com
Dental PPO	Delta Dental Insurance Company	1-800-524-0149	www.deltadentaloh.com
Vision	Vision Service Plan	1-800-877-7195	www.VSP.com
Life and AD&D	Standard Insurance Company	1-800-628-8600	www.standard.com
Voluntary Life	Standard Insurance Company	1-800-628-8600	www.standard.com
Long Term Disability (LTD)	Standard Insurance Company	1-800-368-1135	www.standard.com
Section 125	UMR (TPA)	1-800-826-9781	www.UMR.com



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