

MACALESTER
2027 Benefits Guide



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MACALESTER

A Message from Macalester College

At Macalester College we recognize our ultimate success depends on our talented and dedicated workforce. Our goal is to provide a comprehensive program of competitive benefits to attract and retain the best employees available.

Through our benefits programs we strive to support the needs of our employees and their dependents by providing a benefit package that is easy to understand, easy to access and affordable for all our employees. This benefit guide will help you choose the plans and levels of coverage that are right for you.

What's New In 2027?

This guide includes the benefits and enrollment material offered at Macalester College for the plan year beginning January 1, 2027. We encourage you to take the time to explore your benefits options. At Macalester, we value our employees and are committed to providing a comprehensive and competitive benefits package. Below are the changes you will see in this year's benefit package.

Health Plan Changes

- Increase in the health plan premiums.

Dental Plan Changes

- Increase in the dental plan premiums.

Vision Plan Changes

- Increase in the vision plan premiums.

Health Savings Account (HSA) Changes

- The HSA contribution limits in 2027 are as follows:
    - Single: $4,500
    - Family: $9,000

Flexible Spending Account (FSA) Changes

- You can set aside up to $3,500 in pre-tax dollars in the Healthcare and Limited Healthcare FSA.
- You can carryover over up to $700 into the next plan year.

Retirement Plan Changes – 2027 limits have not been released by the IRS

- The retirement limits for 2027 are as follows:
    - Employees under age 50: $ (standard limit)
    - Employees 50 - 59 and 64+: $
    - Employees 60 - 63: $
- Employees aged 50+ with social security wages $+ in 2026 are required to make any catch-up contributions (contribution above the standard limit) to a Roth (after-tax) account, rather than on a pre-tax basis.

Eligibility

Eligible Employees:

You may enroll in Macalester College's Employee Benefits Program if you are an employee with a 50% FTE or higher.

Eligible Dependents:

If you are eligible for our benefits, then your eligible dependents are as well. In general, eligible dependents include your legal spouse/domestic partner and children up to age 26. If your child is mentally or physically disabled, coverage may continue beyond age 26 once proof of the ongoing disability is provided.

Children may include natural, adopted, stepchildren and children obtained through court- appointed legal guardianship.

When Coverage Begins:

Newly benefit eligible employees will be effective on the first of the month following their date of hire. All elections are in effect for the entire plan year and can only be changed during Open Enrollment unless you experience a qualified life event.

Open Enrollment:

With few exceptions, Open Enrollment is the only time of year when you can make changes to your benefits plan. All elections and changes take effect on January 1, 2027. During Open Enrollment, you can:

- Add, change, or drop coverage
- Add, or drop dependents from coverage

Qualified Life Event

A qualified life event is a change in your personal life that may impact your eligibility or dependent's eligibility for benefits. Examples of a qualified life event include:

- Change of legal marital status (e.g., marriage, divorce, death of spouse, legal separation)
- Change in number of dependents (e.g., birth, adoption, death of dependent, ineligibility due to age)
- Change in employment or job status (e.g., spouse loses job)

If such a change occurs, you must make the changes to your benefits **within 30 days of the event date.** Documentation will be required to verify your change of status. Failure to request a change of status within 30 days of the event may result in your having to wait until the next open enrollment period to make your change. Please contact HR to make these changes.



Health Insurance

We offer two health plans to all benefit-eligible employees through HealthPartners. Below you will find a side-by-side comparison of the plans offered. Please refer to the summary plan description for complete plan details.

	HDHP/HSA PLAN OPTION #1	PPO PLAN OPTION #2
	In-Network Benefits	In-Network Benefits
Annual Deductible		
Individual	$3,500	$500
Family	$7,000	$1,000
Maximum Out-of-Pocket		
Individual	$3,500	$3,500
Family	$7,000	$7,000
Preventive Care		
Adult Preventive Exams (routine exams, cancer screens, eye and hearing exams, immunizations, prenatal and postnatal care)	100%; no deductible	100%; no copay or deductible
Well-child Care	100%; no deductible	100%; no copay or deductible
Office Visit		
Primary Care (including mental health and sustance abuse)	100% after deductible	$30 copay
Specialty Care (chiropractic, physical/speech/cccupational therapy, dermatology)	100% after deductible	$50 copay
Urgent Care	100% after deductible	$50 copay
Convenience Care *(Minute Clinic)*	100% after deductible	$10 copay
Hospital Services		
Outpatient Hospital	100% after deductible	80% after deductible
Inpatient Hospital	100% after deductible	80% after deductible
Mental Health / Substance Abusee		
Outpatient	100% after deductible	80% after deductible
Inutpatient	100% after deductible	80% after deductible
Other Services		
Emergency Care	100% after deductible	$100 copay
Ambulance	100% after deductible	80% after deductible
Retail Pharmacy (30 Day Supply) or Mail Order (90 day supply)		
Generic	100% after deductible, retail or mail order	$15 copay retail / $45 copay mail order
Formulary Brand	100% after deductible, retail or mail order	$40 copay retail / $120 copay mail order
Non-Formulary Generic or Brand	100% after deductible retail; no mail order	Not Covered
Preferred Specialty	100% after deductible; no mail ordrer	80%; max of $300 per script; no mail order
Out-of-Network Benefits		
Out-of-Network Benefits	$14,000/single, $28,000/family deductible, then services are covered at 100% after deductible. $14,000 single / $28,000 out-of-pocket maximum. Other restrictions apply	$2,000/single, $4,000/family deductible, then services are covered at 60% after deductible. $14,000 single / $28,000 out-of-pocket maximum. Other restrictions apply.

SUMMARY OF BENEFITS COVERAGE

Refer to your summary of benefit coverage (SBC) for a more detail explanation about your health plan benefits, including mail order prescriptions and out-of-network benefits.

HealthPartners®

Health Plan Premiums

Macalester College will continue to contribute to the health plan premiums on your behalf. Macalester will continue to fund 80% of employee-only coverage and 70% of dependent coverage for health insurance. The employee and employer premiums below are shown monthly.

Monthly Employee Contributions

0.75 FTE and above	High Deductible		PPO	
Tier Level	**Employee Cost**	**Mac Cost**	**Employee Cost**	**Mac Cost**
Employee Only	$176.04	$704.18	$265.72	$1,062.90
Employee + Child(ren)	$393.44	$918.04	$599.06	$1,397.81
Employee + Spouse/Domestic Partner	$610.86	$1,425.34	$932.40	$2,175.60
Employee + Family	$772.84	$1,803.29	$1,181.12	$2,755.96
0.50 – 0.74 FTE	**High Deductible**		**PPO**	
Tier Level	**Employee Cost**	**Mac Cost**	**Employee Cost**	**Mac Cost**
Employee Only	$352.09	$528.13	$531.45	$797.17
Employee + Child(ren)	$655.74	$655.74	$998.44	$998.44
Employee + Spouse/Domestic Partner	$1,018.10	$1,018.10	$1,554.00	$1,554.00
Employee + Family	$1,288.07	$1,288.07	$1,968.54	$1,968.54

FINDING A NETWORK PROVIDER

Remember you pay less when you seek care within the network. To find an **Open Access** network provider:

- Visit **www.healthpartners.com/openaccess**
- Log into your HealthPartners account or myHP mobile app
- Call the number on the back of your ID card

Macalester College

Optum

Health Savings Account (HSA)

When you are enrolled in a qualified High-Deductible Health Plan (HDHP) and meet the eligibility requirements, the IRS allows you to open and contribute to a Health Savings Account (HSA). Macalester's HSAs are administered by Optum.

What is a Health Savings Account (HSA)?

An HSA is a tax-sheltered bank account that you own to pay for eligible health care expenses for you and/or your eligible dependents for current or future healthcare expenses. The HSA is yours to keep, even if you change jobs or medical plans. There is no "use it or lose it" rule; your balance carries over year to year. Plus, you get extra tax advantages with an HSA because:

- Money you deposit into an HSA is exempt from federal and state income taxes
- Interest in your account grows tax free; and
- You don't pay income taxes on withdrawals used to pay for eligible health expenses. (If you withdraw funds for non-eligible expenses, taxes and penalties apply).
- You also have a choice of investment options which earn competitive interest rates, so your unused funds may grow over time.

Are you eligible to open a Health Savings Account (HSA)?

Although everyone is able to enroll in the qualified High-Deductible Health Plan, not everyone is eligible to open and contribute to an HSA. If you do not meet these requirements, you cannot open an HSA.

- You must be enrolled in a qualified High-Deductible Health Plan (HDHP)
- You must not be covered by another non-HDHP health plan, such as a spouse's PPO plan or a traditional healthcare FSA.
- You are not enrolled in Medicare.
- You are not claimed as a dependent on another person's tax return.
- You are not in the TRICARE or TRICARE for Life military benefits program or have not received VA benefits within the past three months.

2027 HSA Contributions

You are able to contribute to your HSA on a pre-tax basis through payroll deductions up to the IRS statutory maximums. The IRS has established the following maximum HSA contributions for 2027. In addition to the matched contribution, you may elect to contribute additional funds up to the IRS maximum. ***The maximums are employee and employer contributions combined.***

- $4,500 Individual
- $9,000 Family

If you are age 55 and over, you may contribute an extra $1,000 catch up contribution.

Macalester College contributes to your HSA. Amounts are shown on a monthly basis.

75% FTE and above - Full Time	
Tier	**Mac Contribution**
Employee Only	$140.00
Employee + Child(ren)	$280.00
Employee + Spouse/Domestic Partner	$280.00
Employee + Family	$280.00

50% - 74% FTE - Part Time	
Tier	**Mac Contribution**
Employee Only	$100.00
Employee + Child(ren)	$200.00
Employee + Spouse/Domestic Partner	$200.00
Employee + Family	$200.00

Participants will receive IRS forms 5498 and 1099 to aid in tax preparation. The participant is responsible for documenting that all withdrawals have been used for qualified medical expenses and they will be liable for state and federal taxes if the expenses were not qualified medical expenses.

What is Nice Healthcare

Nice Healthcare is a primary care clinic that offers you and your family **unlimited virtual and in-home visits with clinicians**.

Who Can Use Nice?

All of Nice's services, primary care, mental health, physical therapy, and prescriptions are available if you are enrolled in one of Macalester's health plans. Your spouse/domestic partner and children up to age 26 can also use Nice even if they're not enrolled in a health plan through Macalester. You are automatically enrolled if you are eligible.

The Clinic That Comes to You

Same-Day Chat and Video Visits

Diagnosis, prescriptions, treatment plans, care guidance, referrals, and more – care when you need it from anywhere you happen to be.

In-Home Visits

Need a blood draw, a rapid test, a physical exam, or any other in-person need? Nice will come to you with 35 free labs and physical tests!

Full-Service Prescriptions

Nice integrates with nearly every pharmacy in the country and provides white glove support to make your prescription experience simple. Plus, Nice provides 550+ medications for free.

Virtual Physical Therapy

You'll get access to licensed physical therapists who are trained to diagnose and treat virtually, allowing you to get better without the hassle of endless in-person visits.

Virtual Mental Health Therapy

Nice mental health therapists focus on prevention, helping you to self-manage your mild to moderate mental health needs. Don't wait to start feeling better!

In-Home X-rays and EKGs

Nice can send a mobile imaging technician right to your home to conduct x-rays, EKGs.



The Clinic That Comes to You

We offer our clinician services in parts of Arizona, Colorado, Idaho, Iowa, Minnesota, Nebraska, New Mexico, Nevada, Oregon, Utah, Washington, and Wisconsin.

Virtual care visits are available in any state Nice is licensed. Home visits are available in select areas within each state. See their current service area here:
Locations — Nice Healthcare

Online Visit Hours

Mon – Fri	8am – 7pm CT
Sat – Sun	9am – 12pm CT

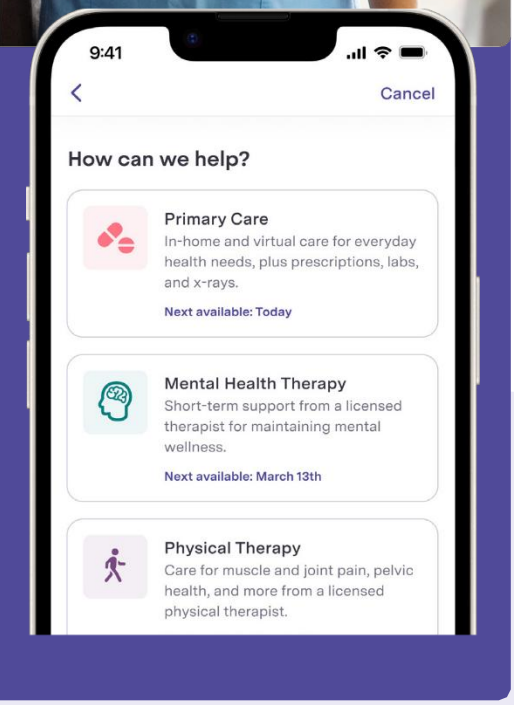
Home Visit Hours

Mon – Fri	9am – 5pm

When to Use Nice®

EVERYDAY CARE WHENEVER YOU NEED IT





Routine Checkups

Annual Wellness Exam - Sports Physicals - Child Checkups

Chronic Care

High Blood Pressure - High Cholesterol - Thyroid Conditions - Diabetes

Sick Care

Cold/Flu - Strep Throat - Sinus & Ear Infection - UTIs - Pink Eye - Rashes

Short-Term Mental Health

Anxiety - Depression - Grief & Loss

Virtual Physical Therapy

Back Pain - Neck Pain - Injury Recovery

Imaging

X-Rays - EKGs

35+ Labs

Blood Work - A1c

All this care and more!

Download the app to get started.

Health Care Resources

Here are some of the many services available for those on Macalester's health insurance.

HealthPartners®

Visit **www.healthpartners.com**

- Find providers
- Find lowest cost prescription drugs
- Order ID cards
- Review benefits
- Get answers to FAQs
- Find out if procedures require prior approval
- Access health improvement resources
- Find discounts on eyewear, fitness equipment, Weight Watchers, swim lessons, and more
- Create your own personal health record

nice

Download the Nice Healthcare mobile app or visit **www.nice.healthcare/schedule**

- *Save time* because you do not have to go anywhere to receive care. All visits are either via video or chat or they will come to you if needed.
- *Save money* because each visit is at no cost
- Same day appointments
- 550+ prescriptions at no cost
- Treatment for colds, flu, rashes, UTI, sprains, high blood pressure, high cholesterol, asthma, depression and more.
- If labs or X-rays are needed, Nice will come to you
- Virtual Mental Health and Physical Therapy included at no cost

Care Line Service: Receive advice 24 hours a day from registered nurses by calling **(800) 551-0859**.

BabyLine Service: Receive advice for expectant and new parents up to 6 weeks after the birth, available 24 hours, **(800) 845-9297**.

Behavioral Health Navigators: Talk to a trained representative to find a behavior health professional when you have questions about mental health and chemical dependency networks, health benefits and services. Call **(952) 883-5811** or **(888) 638-8787** for help.

Nurse Navigators: Assists with health care, benefits, choosing a treatment option and more. Call Member Services at **(952) 883-5000** to speak with a Nurse Navigator.

Pharmacy Navigators: Help with understanding your pharmacy benefits including cost savings and prior authorization. Call member services at **(952) 883-5000** to speak with a Pharmacy Navigator.

Nice Healthcare: Provided to everyone enrolled in Macalester's health plan. Offering chat, video, and home (if needed) primary care visits. Download the Nice Healthcare mobile app or go to Nice's website, **www.nice.healthcare/schedule** to get started.

virtuwell: 24/7 online clinic which is a great option for simple medical conditions like a cold and flu, ear pain, and sinus infections. You'll take a quick online assessment that checks your history and receives a treatment plan via e-mail. Visit **www.virtuwell.com** for low-cost, timely healthcare.

Convenience Clinics: Visit various convenience clinics, including MinuteClinic, to obtain health care for many common illnesses and vaccinations. The convenience care benefit applies to these services. Clinics are in some metro area Cub Foods, CVS, and Target stores. To find one near you, visit **www.healthpartners.com**.

Macalester College

Macalester College is committed to supporting the overall health and well-being of employees and their families. It is our hope to reward healthy behaviors such as building a relationship with your primary care physician, getting timely preventive care check-ups, completing health assessments and other wellness activities.

All Faculty and Staff

Free Wellness Coaching: All employees and spouse/domestic partners, regardless of whether you have HealthPartners insurance, are encouraged to take advantage of the opportunity to work with Kelly Fang as your own personal Wellness Coach. Get support with quitting smoking, losing weight, eating better, moving more, stressing less, reducing back pain, or lowering your blood pressure and cholesterol. To schedule an in-person or video coaching appointment, email Kelly at **kfang@macalester.edu** or call **(651) 696-6963**.

Campus Wellness Activities: The Wellness and Health at Macalester (WHAM) committee sponsors a wide variety of programming including fitness classes, workshops, and other events or activities. Classes and events include personal training, yoga, boot camp, mindfulness, circuit training, yearly flu shots and more. For more information on programs go to **www.macalester.edu/wham**.

FREE Health Club: Visit our on-campus athletics facility, the Leonard Center, to swim, run, lift weights, or even play ping pong. Full-time Macalester faculty/staff of the college are also eligible to sponsor one (1) guest membership to the Leonard Center free of charge.

Macalester Health Insurance Participants

Wellness Incentive: To support and encourage employees and their families to focus on healthy behaviors and lifestyles, we offer a wellness incentive. Covered spouses/domestic partners continue to be eligible to participate in our wellness program and be rewarded!

Health Assessment + **Two eligible well-being activities** = **$150**

Employees will receive a $150 Visa reward card for completing the health assessment and two eligible well-being activities between January 2, 2027, and October 31, 2027. Employees with a spouse/domestic partner on their plan, must each complete the criteria to earn their own $150 Visa reward card. If your covered spouse/domestic partner chooses not to participate, you can still earn your $150 reward. **Retain your gift card each year. It will be reloaded and not replaced each year the wellness incentive is completed.** The rewards earned in 2027 will expire on June 30, 2028. **Cards can be replaced with a $3.00 fee.**

Annual preventive care visits are one of the eligible activities. You will automatically receive credit approximately 2 months after your visit (Note: Only preventive care visits completed between September 1, 2026, and August 31, 2027, will qualify, to allow time for processing).

Beginning on January 2, 2027, log-in to **www.healthpartners.com/wellbeing** to take your health assessment, choose your activities and track your progress. For questions or login assistance call HealthPartners at **(952) 883-7800**.

Free Digital Well-being Activities: Our health plan participants have access to a variety of digital well-being activities through HealthPartners, such as: Go for Fruits & Veggies, Healthy Thinking, Choose to Lose, Tackle Stress, Sugar Smart, and Wellbeats. You can also use online trackers to record your daily steps, stress, or sleep, all from your mobile device. To find a program that fits your goals, log on to **www.healthpartners.com/wellbeing**.

Flexible Spending Accounts

The Flexible Spending Account (FSA) plan with Chard Snyder, a WEX company, 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 full healthcare spending account, a limited healthcare 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.
- The amount is automatically deducted from your pay at the same amount 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. You can carry over up to $700 per plan year in the healthcare FSA or limited healthcare FSA. Any amount over $700 will be forfeited. There is no carryover for the Dependent Care FSA. If you do not use the full amount in your Dependent Care 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. Re-enrollment is required each year.

Plan	Healthcare FSA	Limited Healthcare FSA	Dependent Care FSA (Daycare)
Who Is Eligible	For employees enrolled in the non-HSA medical plan.	For employees enrolled in the HSA-qualified medical plan.	For all benefit eligible employees
Amount Put In	Contribute up to $3,500 per year.	Contribute up to $3,500 per year.	Contribute up to $7,500 per plan year, or $3,750 if married and filing separate tax returns.
Who Is Covered	You, your spouse, and dependent children, even if not covered on your medical plan.	You, your spouse, and dependent children, even if not covered on your medical plan.	Dependent children under age 13 or any dependent claimed on federal income taxes who is incapable of self-care.
Eligible Expenses	Medical, dental or vision expenses.	Dental and vision expenses only.	Daycare and after-school programs for dependents up to age 13 or daycare for a tax dependent of any age. Care must be necessary for you and your spouse to work or attend school full-time.
Spend By	Carryover up to $700 to the next plan year. Unused funds over this amount will be forfeited.	Carryover up to $700 to the next plan year. Unused funds over this amount will be forfeited.	Any unused funds in your account after December 31st will be forfeited under the IRS "use-it-or-lose-it" rules.

Dental Insurance

We offer two dental plans to all benefit-eligible employees through Delta Dental Plan of Minnesota. Below you will find a side-by-side comparison of the plans offered. Please refer to the summary plan description for complete plan details.

	Option #1: Preventive Dental		
	Delta Dental PPO	Delta Dental Premier	Out-of-Network
Annual Deductible	$0	$0	$0
Annual Maximum Benefit	Unlimited	Unlimited	Unlimited
Preventive & Diagnostic (exams, cleanings, x-rays, sealants, fluoride treatmetns, space maintainers)	100%	100%	100%

	Option #2: Comprehensive Dental		
	Delta Dental PPO	Delta Dental Premier	Out of Network
Annual Deductible			
Individual	$0	$25	$50
Family	$0	$75	$150
Waived for Preventive Care?	Yes	Yes	Yes
Annual Maximum			
Per Person	$2,000	$1,500	$1,000
Covered Services			
Preventive & Diagnostic (exams, cleanings, x-rays, sealants, fluoride treatments, space maintainers)	100%	100%	100%
Basic Services (silver fillings on back teeth & white fillings on front teeth, emergency treatment for relief of pain) White fillings on back teeth	100% 80%	80% 50%	50% 50%
Endodontics, Periodontics, Oral Surgery (gum disease treatment, root canal, extractions)	75%	50%	50%
Major (crowns, bridges, dentures, implants)	50%	50%	Not covered
Orthodontia *adult and child(ren) coverage*			
Benefit Percentage	50%; no deductible	50%; no deductible	Not covered
Lifetime Maximum, per person	$1,000	$1,000	$0

Monthly Employee Contributions

	Preventive		Comprehensive	
Tier Level	**Employee Cost**	**Mac Cost**	**Employee Cost**	**Mac Cost**
Employee Only	$5.16	$20.62	$24.66	$24.66
Employee + 1	$14.78	$34.49	$60.48	$40.32
Employee + 2+	$24.86	$58.00	$100.80	$67.20

FINDING A NETWORK PROVIDER

- Go to **www.deltadentalmn.org/find-a-dentist,** search **Delta Dental PPO** and **Delta Dental Premier**
- Download Delta Dental mobile app
- Call the number on the back of your ID card
- When an out-of-network provider is chosen, you may be subject to balance billing (the difference between what your provider charges and what Delta Dental will reimburse).

Vision Insurance

We offer a vision plan to all benefit-eligible employees through VSP. Below you will find a summary of benefits. Please refer to the summary plan description for complete plan details including out-of-network benefits.

	Vision
Service Frequency	
Routine Exam	1 every calendar year
Lenses *Either lenses for glasses or contact lenses*	1 pair every calendar year (glasses) or 1 allowance every calendar year (contacts)
Frames	1 pair every other calendar year
Contact Lens Fitting & Evaluation	1 every calendar year
Copay	
Routine Exam	$10 copay
Vision Materials	
Materials Copay	$25 copay
Lenses Lens Enhancements	$25 copay for single, lined bifocal, lined trifocal, impact resistant for dependent children $0 copay standard progressive, $95-$175 copay for premium and custom
Contacts Covered instead of lenses for glasses Fitting and Evaluation	No copay. $150 allowance plus 20% off over balance Medically necessary contacts may be covered at a higher benefit level No more than $60 copay
Frames	$150 allowance for most frames, $170 allowance for featured frames plus 20% off over balance $80 Costco frame allowance

Monthly Employee Contributions

Voluntary Vision Plan	
Employee Only	$8.55
Employee + 1	$12.39
Employee + 2+	$22.22

FINDING A NETWORK PROVIDER

- You'll find a listing of doctors at **www.vsp.com**, search **VSP Choice Network**
- Download the VSP mobile app
- Call VSP Member Services at **(800) 877-7195**

Go to **www.vsp.com/offers** for extra savings.

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Life and AD&D

Macalester 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. Benefits decrease at age 70 and 75.

Payroll taxes will be deducted for any amount over $50,000.

Life and AD&D	
Employee	
Benefit Amount	1 x base salary up to $500,000

Important Reminder! Be sure to assign a beneficiary or living trust to ensure your assets are distributed according to your wishes.

Employee Voluntary Life and AD&D Insurance

In addition to the employer paid Basic Life and AD&D coverage, you have the option to purchase additional voluntary life insurance through New York Life. Your election could be subject to medical questions.

Voluntary Life and AD&D	
Employee	
Benefit Amount	Increments of $10,000, up to $600,000
Guaranteed Issue *	$250,000

For information about specific rates, please contact New York Life at **1(800) 225-5695**.

Dependent Voluntary Life Insurance

Macalester College offers Dependent Life insurance to eligible employees through New York Life. This voluntary life insurance is paid for by the employee. Coverage for a spouse, domestic partner and any number of dependent children is a low flat rate of **$4.50** per month.

Dependent Life	
Your Spouse/ Domestic Partner	
Benefit Maximum	$25,000
Guaranteed Issue*	$25,000
Your Child (Birth to Age 26)	
Benefit Maximum	$10,000
Guaranteed Issue*	$10,000

*** No Evidence of Insurability (EOI) is required for elections at or under the guaranteed issue amount of $250,000. Elections above $250,000 will require employees to complete an EOI and underwriting approval from New York Life.**

Long-Term Disability Insurance

Macalester College provides long-term income protection through New York Life in the event you become unable to work due to a non-work-related illness or injury. This coverage is 100% employer paid. Please see the certificate of coverage for benefit duration and complete plan details.

BENEFIT AMOUNT
60% of your monthly base salary (66.67% for members of Local 70's collective bargaining units) up to $10,000/month.

ELIMINATION PERIOD
Benefits begin after a 90-day elimination period.

Short-Term Disability Insurance

Macalester offers voluntary, employee-paid short-term disability (STD) insurance through New York Life to help replace income during qualifying off-the-job illnesses or injuries. With Minnesota Paid Leave providing benefits for qualifying medical leaves, employees should consider how the state program may affect their need for STD coverage. You may receive both benefits at the same time, but STD payments will be adjusted so the combined benefits do not exceed the STD benefit amount. Please review the certificate of coverage for plan details.

BENEFIT AMOUNT
60% of your weekly base salary in increments of $10 up to $2,000 per week

BENEFIT CHOICES

- **Choice 1**: Benefits begin on day 8 after an injury or sickness. Maximum benefit period is 12 weeks.
- **Choice 2**: Benefits begin on day 15 after an injury or sickness. Maximum benefit period is 11 weeks.
- **Choice 3**: Benefits begin on day 30 after an injury or sickness. Maximum benefit period is 9 weeks.

Voluntary Short-Term Disability Rates and Example Calculation:

Plan Options:	Choice 1	Choice 2	Choice 3
Coverage	60%	60%	60%
Injury Start Date	8 days	15 days	30 days
Sickness Start Date	8 days	15 days	30 days
Max Benefit Period	12 weeks	11 weeks	9 weeks
Your Age	**Rate**	**Rate**	**Rate**
0-24	$0.0316	$0.0222	$0.0084
25-29	$0.0334	$0.0250	$0.0120
30-34	$0.0276	$0.0207	$0.0094
35-39	$0.0205	$0.0158	$0.0069
40-44	$0.0148	$0.0118	$0.0052
45-49	$0.0158	$0.0128	$0.0057
50-54	$0.0191	$0.0155	$0.0069
55-59	$0.0246	$0.0196	$0.0088
60-64	$0.0296	$0.0232	$0.0104
65+	$0.0316	$0.0264	$0.0120

Calculate Monthly Cost (Age 42; Choice 2)		
Steps	**Example**	**Your Calculation**
Enter Annual Pay	**$74,520**	
Divide by 52 Weeks	/ 52	/ 52
	$1,433.08	
Multiply by 60%	X 0.60	X 0.60
	$859.85	
Multiply by Rate for Choice & Age	X $0.0118	X $_____
Example Monthly Cost	**$10.15**	

New York Life Value Adds

In addition to Life Insurance and Disability Insurance with New York Life, eligible employees also gain access to the following value-added benefits and resources at no additional cost. More information on these programs can be found by contacting Human Resources.

Program	Description	Contact Information
Employee Assistance & Wellness Support	This program offers counseling, legal and financial counseling, work-life assistance, well-being coaching, family care services, and crisis intervention services to covered employees and their household family members.	**Phone:** (800) 344-9752 **Website:** www.guidanceresources.com Web ID: NYLGBS
Legal & Estate Support	Our Legal and Estate Support program provides consultative experts to meet the needs of your business and employees. • Unlimited financial and legal consultations • Enhanced digital resources and single point of contact, including one portal and phone number for services • Reporting of utilization and analytics	**Phone:** (800) 344-9752 **Website:** www.guidanceresources.com Web ID: NYLGBS
Survivor Assurance	This program provides support for beneficiaries when they need it the most with a NYL GBS Survivor Assurance Account, Financial Legal, Estate Support, and Employee Assistance & Wellness Support.	**Phone:** (800) 344-9752 **Website:** www.guidanceresources.com Web ID: NYLGBS
Secure Travel	Provides pre-trip planning, assistance while traveling, and unlimited medical evacuation and repatriation benefits when traveling 100 miles or more from home.	**Phone:** 1(347) 708-1824
Health Care Support	Health Care Support helps employees navigate health benefits, answer clinical questions, resolve claims and billing issues, and make educated decisions for themselves and their family members.	**Phone:** (800) 336-2150

Identity Theft Protection

Macalester College offers a voluntary identity protection plan called IDShield that is paid by the employee.

Millions of people experience identity theft every year, but it only takes a few steps to protect yourself. Identity theft can be an easy problem to ignore, until you experience it yourself. IDShield is administered by LegalShield through its exclusive relationship with Kroll, the global leader in risk mitigation and response solutions. IDShield provides a team of dedicated licensed private investigators to restore your identity should it ever become compromised. For information, visit **www.shieldbenefits.com/macalester**.

Included in the coverage:

- Comprehensive monitoring of personal information
- Source monitoring
- Identity restoration
- Privacy and security monitoring
- Unlimited consultation
- 24/7 emergency assistance
- Live member support
- Monthly credit score tracker
- Password manager
- Identity, credit, and sex offender alerts

Identity Protection Plan Monthly Premium	
Employee	$8.95
Family	$16.95

Legal Plan

Macalester College offers a voluntary legal plan administered by MetLife Legal Plans. The cost of the Legal Plan is **$18.00 per month** and this plan is fully paid for by the employee.

The Legal Plan offers employees unlimited telephone advice and office consultations on personal legal matters. A wide variety of legal services are fully covered, including civil litigation defense, debt matters, identity theft defense, purchase/sale/refinancing of your home, traffic ticket defense, wills, living wills, powers of attorney, trusts, and much more. For information, call (800) 821- 6400 or visit **members.legalplans.com**. *Certain exclusions apply.



Retirement Plans

We encourage you to begin planning for your future by participating in Macalester's Retirement Plan. This plan will provide an opportunity for financial growth throughout your employment with Macalester. We offer a 403(b) plan for faculty & staff invested through Teacher's Insurance and Annuity Association (TIAA). Initial contributions are default funded into a target date retirement fund utilizing the participants date of birth to align with the corresponding target date retirement fund. Once enrolled, participants can change allocations if desired to a variety of available mutual funds and annuities.

Macalester Retirement Contribution

Once you meet the eligibility requirements, Macalester will begin contributing 10% of your regular base salary with immediate vesting on the first day of the month of the following quarter (January 1, April 1, July 1, or October 1). All Macalester contributions are on a pre-tax basis. Participants do not have access to retirement funds while actively employed by the College unless the participant is at least age 59 ½.

Eligibility:

- Employees appointed to work 1,000 or more hours of service per year (exclusive of members of collective bargaining units)

Waiting Period:

- Must have completed one year of eligible service at Macalester College
- Waived for any eligible employee who was employed by another eligible college or university or 501(c)(3) employer where the institution contributed to that employee's retirement plan, within six months prior to being employed by Macalester College

Transferability:

- Participants can change fund allocations at any time, subject to certain limitations
- With TIAA's transfer policy, a participant may only transfer 10% per year for 10 years from their TIAA accumulations for all employer contributions made in their "traditional fund" options
- Transfers can take place only once per calendar year

Employee Retirement Contributions

All employees may begin contributing to their retirement account on a pre-tax or a post-tax basis starting the first day of any month or immediately upon beginning employment at Macalester College. There is no waiting period for employees to begin contributing. Choices regarding available funds and their allocation are the same as Macalester's contribution to retirement.

2027 Annual Employee Contribution Limits – 2027 limits have not been released by the IRS



- $- Standard Limit
- $- Age 50-59 and 64+Limit
- $- Age 60-63 Limit

Ages 50+ with social security wages $1in 2026 are required to make catch-up contributions to a Roth (after-tax) account, rather than on a pre-tax basis.

Macalester College

Time Off Benefits

Macalester College offers staff members with 50% FTE and above and appointments of greater than six months' paid vacation, sick, and holiday time off benefits, prorated per FTE. For non-exempt employees, accruals are based on actual hours worked.

Vacation Time

Vacation time is accrued at the rate of .0924 per compensated hour. For non-exempt staff, the accrual rate will cap at 77.50 hours worked in a pay period. You are able to carry over up to 24 months of accruals and cannot exceed 372 hours in any given month (prorated by FTE). Table below is reflective of a 100% FTE.

Vacation Time Accumulation			
	Hours Accrued per pay period	**Annual Days Accrued**	**Max Carryover Hours**
Bi-Weekly paid Staff	7.16	24	372
Bi-Weekly paid Public Safety	7.39	24	384
Monthly paid staff	15.50	24	372

***Note**: CBU employees should refer to the collective bargaining agreement for time off benefit policies*

Sick Time

Sick time is accrued at the rate of 0.0462 per compensated hour and may be carried over from year to year. Table below is reflective of a 100% FTE.

Sick Time Accumulation		
	Hours Accrued per pay period	**Annual Days Accrued**
Bi-Weekly paid Staff	3.58	12
Bi-Weekly paid Public Safety	3.70	12
Monthly paid staff	7.75	12

Observed Holiday Time

Macalester observes 10 holidays each year plus 1 floating holiday, and Macalester will be closed for winter break between December 26 – December 31.

Paid Parental Leave - Staff

Macalester staff members with an FTE of 50% or greater are eligible for a 12-week fully-paid parental leave (prorated per FTE). The benefits are available immediately upon hire.

Paid Parental Leave - Faculty

Full-time faculty members with a FTE of 75% -100% in their second year of appointment or later at Macalester College are eligible for the equivalent to a two (2) course release at full salary; tenure track faculty are eligible beginning in the first year of appointment. Part-time faculty members with an FTE of 50% - 74% and above are eligible for a pro-rated paid parental leave benefit equivalent to a one (1) course release. Generally, the two (2) course release coincides with an entire semester leave whereby the faculty member would teach three (3) courses on the alternate semester of the academic year. Leave must be taken during the semester in which the birth or adoption occurs or in the semester immediately following if the birth occurs during winter or summer break. Salary will be reduced by the equivalent of a 17% FTE if the time away corresponds with a three (3) course semester and alternative arrangements are not made/available to fulfill the responsibilities associated with the third course on the alternate semester of the academic year.

Minnesota Paid Leave (MNPL)

The Minnesota Paid Leave program is a state-run insurance program that offers job protection and partial wage replacement to eligible employees. The program covers two separate types of leave: medical leave, for an employee's own serious health condition, and family leave, for reasons such as caring for a family member; bonding with a new child; responding to safety concerns such as domestic violence, sexual assault, or stalking; and addressing certain needs arising from a family member's military service. Employees may be eligible to take up to 12 weeks of Medical Leave for their own serious health condition and up to 12 weeks of Family Leave to care for a loved one, bond with a new child, your own safety, or for certain military-related needs. If an employee qualifies for both types of leave, they can use a combined total of up to 20 weeks in one benefit year.

Employee Assistance Program (EAP)

With the Employee Assistance & Work/Life Support Program, you can get support for everyday issues and life challenges. The Employee Assistance & Work/Life Support Program is here to connect you with real people who can help you find real solutions to life's challenges.

These services are all confidential and available at no additional cost to you and anyone living in your household.

Learn more about EAP at **www.Cigna.com/realsupport**.

Emotional Health

Get 1-3 sessions per issue per year with a dedicated, licensed counselor at no cost to you. Start by calling or using live chat to get a referral. Through face-to-face or virtual sessions, get support on a range of topics, such as:

- Relationships and parenting
- Behavioral health and substance use
- Stress management

Confidential phone consultations are available to you and anyone living in your household at no cost. Work with a licensed EAP clinician for 20–30 minutes per phone session. There are no limits to how often you can call for various concerns; you can expect up to two phone sessions per issue.

Home Life Referrals

Get assistance with referrals to community resources and services.

- Senior Care: Learn about solutions related to caring for an aging loved one.
- Child Care: We'll help you find a place, program, or person that's right for your family.
- Adoption: Learn more about your options and the agencies that can help.
- Children with Special Needs: Let us help you better understand and care for your unique family needs.
- Education Guidance: We'll help you make the best decisions for your family for college searches and more.
- Pet Care: From veterinarians to dog walkers, we'll help you ensure your pets are well taken care of.
- Convenience Services: Shorten your to-do list with referrals for home maintenance, relocation, dining and more.

EAP National Wellness Seminars: Take part in monthly seminars year-round on topics that apply to real-life concerns. Watch live or on demand from a computer, smartphone or tablet at **www.Cigna.com/EAPWebCasts**.

Behavioral Awareness Series: We offer free monthly behavioral health awareness seminars on autism, eating disorders, substance use and children's behavioral health issues. For more information, visit **www.cigna.com/knowledge-center/hw/medical-topics/mental-and-behavioral-health-center1028**.

Suicide Awareness and Prevention: Find crisis resources and information at **www.cigna.com/SuicidePrevention**.

Manage Stress: To access mindfulness exercises and discover stress management techniques, explore our Managing Stress Toolkit at **www.cigna.com/knowledge-center/stress-management-toolkit**.

Coping with Disasters: It can be difficult to manage the impact of disasters such as flooding, hurricanes, wildfires, or the tragedy of violence affecting your community. For online resources to help you and household members cope, visit the Disaster Resource Center at **www.Cigna.com/DisasterResourceCenter**.

Employee Assistance & Work/Life Support Program 24/7

CONNECT ANYTIME

Call (**877) 622-4327**
TTY/TDD users call 711
Connect through **myCigna.com**
Employer ID: macalester
(for initial registration)

SAVI Student Loan Management

With SAVI, the path to reducing your monthly student loan payment and working toward loan forgiveness has just gotten easier. You and your family members have access to a robust solution that helps you find the best federal repayment and forgiveness programs for your financial situation.

Brought to you through TIAA, and powered by SAVI, this tool helps strengthen your financial footing in the short- term and positions you for student loan forgiveness.

By utilizing SAVI, it will help cap your payments based on your income and family size, free up funds to direct towards other financial goals, and remove complexities of forgiveness and puts the process on autopilot.

Visit **TIAA.org/Macalester/student** to calculate your savings.

Dependent Tuition Assistance

The Dependent Tuition Assistance Program (DTAP) is available for full-time faculty and staff employees, exclusive of members of collective bargaining units, who have completed one calendar year of service at Macalester College. Part-time employees are eligible for prorated benefits based on FTE after 10 years of service.

DTAP provides tuition assistance for dependent children and where eligible, spouses and domestic partners, at various local and regional colleges and universities that are affiliated with the ACTC or ACM. Qualifying dependent children and spouses and domestic partners may be eligible for assistance through the program that may pay 75% to 100% of the current tuition at participating schools.

529 College Savings Plan

The 529 College Savings Plan is an easy way to help save money to pay for a designated beneficiary's college and graduate education costs. The plan is an individual investment account with TIAA or Vanguard that offers tax incentives to save for higher education and training. Funds can be used at a variety of institutions, including four-year public and private colleges and universities, community colleges, trade schools, and even some international schools. After-tax contributions will be deposited in the 529 College Savings Plan account regularly through an automatic deduction from your bank account. As long as the money withdrawn from the 529 College Savings Plan account is used for qualified education expenses, you will not owe state or federal taxes on the investment earnings in the account. Contact **(877) 338-4646** with questions or visit **www.mnsaves.org**.

Long-Term Care Insurance

Macalester offers faculty and staff members with 0.50 FTE and above Long-Term Care Insurance underwritten by LifeSecure Insurance Company. Long term care is the assistance a person may need with the basic activities of daily living – eating, bathing, dressing, transferring, toileting, and continence. It can also include supervision needed to protect a person's health and safety. The need for long term care may develop from things such as an accident, illness, stroke, advanced age, or other chronic condition such as Alzheimer's, dementia, or Parkinson's disease. Long term care consists mainly of personal care rather than medical care, which is typically covered by a health plan.

For more information about the coverage options available to you and your spouse/partner, premium rates, or for assistance with running a quote or applying for coverage, please call Macalester College's dedicated Long-Term Care consultant, Rex Kohl, at: **(612) 719-1707** or **rex.kohl@usi.com.** You can also visit **yourlifesecure.com/** for more information. Macalester College Group #: **02513V.**

USI Benefit Resource Center

Have Questions? Need Help?

Macalester College is excited to offer access to the USI Benefit Resource Center (BRC), which is designed to provide you with a responsive, consistent, hands-on approach to benefit inquiries. Benefit Specialists are available to research and solve elevated claims, unresolved eligibility problems, and any other benefit issues with which you might need assistance. The Benefit Specialists are experienced professionals, and their primary responsibility is to assist you.

The specialists in the Benefit Resource Center are available Monday - Friday 8:00am to 5:00pm at **(855) 874-0742** or via email at **BRCCentral@usi.com**. If you need assistance outside of regular business hours, please leave a message and one of the Benefit Specialists will return your call or e-mail message by the end of the following business day.



Email:
BRCCentral@usi.com
Phone: **(855) 874-0742**

Monday - Friday
8:00am to 5:00pm

Contact Information

Carrier Customer Service

BENEFIT PLAN	CARRIER	PHONE NUMBER	WEBSITE
Medical	HealthPartners	(952) 883-5000	www.healthpartners.com
Health Savings Account (HSA)	Optum Financial	(866) 234-8913	www.optum.com
Nice Healthcare	Nice Healthcare	Online only	www.nice.healthcare
Dental	Delta Dental of Minnesota	(800) 448-3815	www.deltadentalmn.org
Vision	Vision Service Plan	(800) 877-7195	www.vsp.com
Life and AD&D Voluntary Life and AD&D Short Term Disability (STD) Long Term Disability (LTD) Minnesota Paid Leave (MNPL)	New York Life Insurance	(888) 842-4462 or (866) 562-8421 (español), 7:00 am – 7:00 pm CST	
Flexible Spending Account (FSA)	Chard Snyder, a WEX company	(888) 318-7472	www.chard-snyder.com
Employee Assistance Program (EAP)	Cigna	(877) 622-4327	www.mycigna.com Employer ID: macalester
Legal	MetLife Legal Plans	(800) 821-6400	members.legalplans.com
Identity Protection	IDShield	1-888-494-8519	www.shieldbenefits.com/macalester
Retirement	TIAA	(800) 842-2776	www.tiaa.org
Long-Term Care	LifeSecure	(866) 582-7702	yourlifesecure.com/ LifeSecure Group: 00887V
COBRA	WEX Health	(866) 451-3399	www.chard-snyder.com

This benefits guide summarizes the benefit plans that are available to Macalester 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.

Required Notifications

Important Legal Notices Affecting Your Health Plan Coverage

THE WOMEN'S HEALTH CANCER RIGHTS ACT OF 1998 (WHCRA)

If you have had or are going to have a mastectomy, you may be entitled to certain benefits under the Women's Health and Cancer Rights Act of 1998 (WHCRA). For individuals receiving mastectomy-related benefits, coverage will be provided in a manner determined in consultation with the attending physician and the patient, for:

- All stages of reconstruction of the breast on which the mastectomy was performed;
- Surgery and reconstruction of the other breast to produce a symmetrical appearance;
- Prostheses; and
- Treatment of physical complications of the mastectomy, including lymphedema.

These benefits will be provided subject to the same deductibles and coinsurance applicable to other medical and surgical benefits provided under this plan.

NEWBORNS ACT DISCLOSURE − FEDERAL

Group health plans and health insurance issuers generally may not, under Federal law, restrict benefits for any hospital length of stay in connection with childbirth for the mother or newborn child to less than 48 hours following a vaginal delivery, or less than 96 hours following a cesarean section. However, Federal law generally does not prohibit the mother's or newborn's attending provider, after consulting with the mother, from discharging the mother or her newborn earlier than 48 hours (or 96 hours as applicable). In any case, plans and issuers may not, under Federal law, require that a provider obtain authorization from the plan or the insurance issuer for prescribing a length of stay not in excess of 48 hours (or 96 hours).

NOTICE OF SPECIAL ENROLLMENT RIGHTS

If you are declining enrollment for yourself or your dependents (including your spouse) because of other health insurance or group health plan coverage, you may be able to enroll yourself and your dependents in this plan if you or your dependents lose eligibility for that other coverage (or if the employer stops contributing toward your or your dependents' other coverage). However, you must request enrollment within 30 days after your or your dependents' other coverage ends (or after the employer stops contributing toward the other coverage).

In addition, if you have a new dependent as a result of marriage, birth, adoption, or placement for adoption, you may be able to enroll yourself and your dependents. However, you must request enrollment within 30 days after the marriage, birth, adoption, or placement for adoption.

Further, if you decline enrollment for yourself or eligible dependents (including your spouse) while Medicaid coverage or coverage under a State CHIP program is in effect, you may be able to enroll yourself and your dependents in this plan if:

- coverage is lost under Medicaid or a State CHIP program; or
- you or your dependents become eligible for a premium assistance subsidy from the State.

In either case, you must request enrollment within 60 days from the loss of coverage or the date you become eligible for premium assistance.

To request special enrollment or obtain more information, contact the person listed at the end of this summary.

STATEMENT OF ERISA RIGHTS

As a participant in the Plan you are entitled to certain rights and protections under the Employee Retirement Income Security Act of 1974 ("ERISA"). ERISA provides that all participants shall be entitled to:

Receive Information about Your Plan and Benefits

- Examine, without charge, at the Plan Administrator's office and at other specified locations, the Plan and Plan documents, including the insurance contract and copies of all documents filed by the Plan with the U.S. Department of Labor, if any, such as annual reports and Plan descriptions.
- Obtain copies of the Plan documents and other Plan information upon written request to the Plan Administrator. The Plan Administrator may make a reasonable charge for the copies.
- Receive a summary of the Plan's annual financial report, if required to be furnished under ERISA. The Plan Administrator is required by law to furnish each participant with a copy of this summary annual report, if any.

Continue Group Health Plan Coverage

If applicable, you may continue health care coverage for yourself, spouse, or dependents if there is a loss of coverage under the plan as a result of a qualifying event. You and your dependents may have to pay for such coverage. Review the summary plan description and the documents governing the Plan for the rules on COBRA continuation of coverage rights.

Prudent Actions by Plan Fiduciaries

In addition to creating rights for participants, ERISA imposes duties upon the people who are responsible for the operation of the Plan. These people, called "fiduciaries" of the Plan, have a duty to operate the Plan prudently and in the interest of you and other Plan participants.

No one, including the Company or any other person, may fire you or discriminate against you in any way to prevent you from obtaining welfare benefits or exercising your rights under ERISA.

Enforce your Rights

If your claim for a welfare benefit is denied in whole or in part, you must receive a written explanation of the reason for the denial. You have a right to have the Plan reviewed and reconsider your claim.

Under ERISA, there are steps you can take to enforce these rights. For instance, if you request materials from the Plan Administrator and do not receive them within 30 days, you may file suit in federal court. In such a case, the court may require the Plan Administrator to provide the materials and pay you up to $110 per day, until you receive the materials, unless the materials were not sent due to reasons beyond the control of the Plan Administrator. If you have a claim for benefits which is denied or ignored, in whole or in part, and you have exhausted the available claims procedures under the Plan, you may file suit in a state or federal court. If it should happen that Plan fiduciaries misuse the Plan's money, or if you are discriminated against for asserting your rights, you may seek assistance from the U.S. Department of Labor, or you may file suit in a federal court. The court will decide who should pay court costs and legal fees. If you are successful, the court may order the person you have sued to pay these costs and fees. If you lose (for example, if the court finds your claim is frivolous) the court may order you to pay these costs and fees.

Assistance with your Questions

If you have any questions about your Plan, this statement, or your rights under ERISA, you should contact the nearest office of the Employee Benefits and Security Administration, U.S. Department of Labor, listed in your telephone directory or the Division of Technical Assistance and Inquiries, Employee Benefits and Security Administration, U.S. Department of Labor, 200 Constitution Avenue N.W., Washington, D.C. 20210.

CONTACT INFORMATION

Questions regarding any of this information can be directed to:
Human Resources
1600 Grand Avenue
Saint Paul, Minnesota United States 551051801
HR@macalester.edu

THIS NOTICE DESCRIBES HOW MEDICAL INFORMATION ABOUT YOU MAY BE USED AND DISCLOSED AND HOW YOU CAN GET ACCESS TO THIS INFORMATION. **PLEASE REVIEW IT CAREFULLY.**

Your Information. Your Rights. Our Responsibilities.

Recipients of the notice are encouraged to read the entire notice.
Contact information for questions or complaints is available at the end of the notice.

Your Rights

You have the right to:

- Get a copy of your health and claims records
- Correct your health and claims records
- Request confidential communication
- Ask us to limit the information we share
- Get a list of those with whom we've shared your information
- Get a copy of this privacy notice
- Choose someone to act for you
- File a complaint if you believe your privacy rights have been violated

Your Choices

You have some choices in the way that we use and share information as we:

- Answer coverage questions from your family and friends
- Provide disaster relief
- Market our services and sell your information

Our Uses and Disclosures

We may use and share your information as we:

- Help manage the health care treatment you receive
- Run our organization
- Pay for your health services
- Administer your health plan
- Help with public health and safety issues
- Do research
- Comply with the law
- Respond to organ and tissue donation requests and work with a medical examiner or funeral director

- Address workers' compensation, law enforcement, and other government requests
- Respond to lawsuits and legal actions

To the extent that we have your substance use disorder patient records, subject to 42 CFR part 2, we will not share that information for investigations or legal proceedings against you without (1) your written consent or (2) a court order and a subpoena.

Your Rights

When it comes to your health information, you have certain rights.

This section explains your rights and some of our responsibilities to help you.

Get a copy of health and claims records

- You can ask to see or get a copy of your health and claims records and other health information we have about you. Ask us how to do this.
- We will provide a copy or a summary of your health and claims records, usually within 30 days of your request. We may charge a reasonable, cost-based fee.

Ask us to correct health and claims records

- You can ask us to correct your health and claims records if you think they are incorrect or incomplete. Ask us how to do this.
- We may say "no" to your request, but we'll tell you why in writing, usually within 60 days.

Request confidential communications

- You can ask us to contact you in a specific way (for example, home, office, or mobile phone) or to send mail to a different address.
- We will consider all reasonable requests, and must say "yes" if you tell us you would be in danger if we do not.

Ask us to limit what we use or share

- You can ask us not to use or share certain health information for treatment, payment, or our operations.
- We are not required to agree to your request, and we may say "no," for example, if it could affect your care. If we agree to your request, we may still share this information in the event that you need emergency treatment.

Get a list of those with whom we've shared information

- You can ask for a list (accounting) of the times we've shared your health information for up to six years prior to the date you ask, who we shared it with, and why.
- We will include all the disclosures except for those about treatment, payment, and health care operations, and certain other disclosures (such as any you asked us to make). We'll provide one accounting a year for free but will charge a reasonable, cost-based fee if you ask for another one within 12 months.

Get a copy of this privacy notice

Macalester College

- You can ask for a paper copy of this notice at any time, even if you have agreed to receive the notice electronically. We will provide you with a paper copy promptly.

Choose someone to act for you

- If someone has authority to act as your personal representative, such as if someone has your medical power of attorney or if someone is your legal guardian, that person can exercise your rights and make choices about your health information.
- We will make sure the person has this authority and can act for you before we take any action.

File a complaint if you feel your rights are violated

- You can complain if you feel we have violated your rights by contacting us using the information at the end of this notice.
- You can file a complaint with the U.S. Department of Health and Human Services Office for Civil Rights by sending a letter to 200 Independence Avenue, S.W., Washington, D.C. 20201, calling 1-877-696-6775, or visiting www.hhs.gov/hipaa/filing-a-complaint/index.html**.**
- We will not retaliate against you for filing a complaint.

Your Choices

For certain health information, you can tell us your choices about what we share.

If you have a clear preference for how we share your information in the situations described below, talk to us. Tell us what you want us to do, and we will follow your instructions.

In these cases, you have both the right and choice to tell us to:

- Share information with your family, close friends, or others involved in payment for your care
- Share information in a disaster relief situation

If you are not able to tell us your preference, for example if you are unconscious, we may go ahead and share your information if we believe it is in your best interest. We may also share your information when needed to lessen a serious and imminent threat to health or safety.

In these cases, we never share your information unless you give us written permission:

- Marketing purposes
- Sale of your information

Our Uses and Disclosures

How do we typically use or share your health information?

We typically use or share your health information in the following ways.

Help manage the health care treatment you receive

We can use your health information and share it with professionals who are treating you.

Example: A doctor sends us information about your diagnosis and treatment plan so we can arrange additional services.

Pay for your health services

We can use and disclose your health information as we pay for your health services.

Example: We share information about you with your dental plan to coordinate payment for your dental work.

Administer your plan

We may disclose your health information to your health plan sponsor for plan administration.

Example: Your company contracts with us to provide a health plan, and we provide your company with certain statistics to explain the premiums we charge.

Run our organization

- We can use and disclose your information to run our organization and contact you when necessary.
- We are not allowed to use genetic information to decide whether we will give you coverage and the price of that coverage. This does not apply to long-term care plans.

Example: We use health information about you to develop better services for you.

How else can we use or share your health information?

We are allowed or required to share your information in other ways – usually in ways that contribute to the public good, such as public health and research. We have to meet many conditions in the law before we can share your information for these purposes. And in all cases, if we have substance use disorder patient records about you, subject to 42 CFR part 2, we cannot use or share information in those records in civil, criminal, administrative, or legislative investigations or proceedings against you without (1) your consent or (2) a court order and a subpoena. For more information see: www.hhs.gov/hipaa/for-individuals/guidance-materials-for-consumers/index.html.

Help with public health and safety issues

We can share health information about you for certain situations such as:

- Preventing disease
- Helping with product recalls
- Reporting adverse reactions to medications
- Reporting suspected abuse, neglect, or domestic violence
- Preventing or reducing a serious threat to anyone's health or safety

Do research

We can use or share your information for health research.

Comply with the law

We will share information about you if state or federal laws require it, including with the Department of Health and Human Services if it wants to see that we're complying with federal privacy law.

Respond to organ and tissue donation requests and work with a medical examiner or funeral director

- We can share health information about you with organ procurement organizations.

Macalester College

- We can share health information with a coroner, medical examiner, or funeral director when an individual dies.

Address workers' compensation, law enforcement, and other government requests

We can use or share health information about you:

- For workers' compensation claims
- For law enforcement purposes or with a law enforcement official
- With health oversight agencies for activities authorized by law
- For special government functions such as military, national security, and presidential protective services

Respond to lawsuits and legal actions

We can share health information about you in response to a court or administrative order, or in response to a subpoena.

Our Responsibilities

- We are required by law to maintain the privacy and security of your protected health information.
- We will let you know promptly if a breach occurs that may have compromised the privacy or security of your information.
- We must follow the duties and privacy practices described in this notice and give you a copy of it.
- We will not use or share your information other than as described here unless you tell us we can in writing. If you tell us we can, you may change your mind at any time. Let us know in writing if you change your mind.

For more information see: www.hhs.gov/ocr/privacy/hipaa/understanding/consumers/noticepp.html.

Changes to the Terms of this Notice

We can change the terms of this notice, and the changes will apply to all information we have about you. The new notice will be available upon request, on our web site (if applicable), and we will mail a copy to you.

Other Instructions for Notice

- Effective Date: January 1, 2027
- Human Resources, email HR@macalester.edu

MODEL INDIVIDUAL CREDITABLE COVERAGE DISCLOSURE NOTICE LANGUAGE FOR USE ON OR AFTER APRIL 1, 2011

Important Notice from Macalester College About Your Prescription Drug Coverage and Medicare

Please read this notice carefully and keep it where you can find it. This notice has information about your current prescription drug coverage with Macalester College and about your options under Medicare's prescription drug coverage. This information can help you decide whether or not you want to join a Medicare drug plan. If you are considering joining, you should compare your current coverage, including which drugs are covered at what cost, with the coverage and costs of the plans offering Medicare prescription drug coverage in your area. Information about where you can get help to make decisions about your prescription drug coverage is at the end of this notice.

There are two important things you need to know about your current coverage and Medicare's prescription drug coverage:

1. Medicare prescription drug coverage became available in 2006 to everyone with Medicare. You can get this coverage if you join a Medicare Prescription Drug Plan or join a Medicare Advantage Plan (like an HMO or PPO) that offers prescription drug coverage. All Medicare drug plans provide at least a standard level of coverage set by Medicare. Some plans may also offer more coverage for a higher monthly premium.
2. Macalester College has determined that the prescription drug coverage offered by HealthPartners for the plan year 2026 is, on average for all plan participants, expected to pay out as much as standard Medicare prescription drug coverage pays and is therefore considered **Creditable Coverage**. Because your existing coverage is Creditable Coverage, you can keep this coverage and not pay a higher premium (a penalty) if you later decide to join a Medicare drug plan.

When Can You Join A Medicare Drug Plan?

You can join a Medicare drug plan when you first become eligible for Medicare and each year from October 15th to December 7th. However, if you lose your current creditable prescription drug coverage, through no fault of your own, you will also be eligible for a two (2) month Special Enrollment Period (SEP) to join a Medicare drug plan.

What Happens To Your Current Coverage If You Decide to Join A Medicare Drug Plan?

If you decide to join a Medicare drug plan, the following options may apply:

- You may stay in the current medical plan with HealthPartners and not enroll in the Medicare prescription drug coverage at this time. You may be able to enroll in the Medicare prescription drug program at a later date without penalty either:
    - During the Medicare prescription drug annual enrollment period, or
    - If you lose HealthPartners creditable coverage.
- You may stay in the current medical plan with HealthPartners and also enroll in a Medicare prescription drug plan. The current medical plan with HealthPartners will be the primary payer for prescription drugs and Medicare Part D will become the secondary payer.
- You may decline coverage in the current medical plan with HealthPartners and enroll in Medicare as your only payer for all medical and prescription drug expenses. If you do not enroll in the current medical plan with HealthPartners, you are not able to receive coverage through the plan unless and until you are eligible to reenroll in the plan at the next open enrollment period or due to a status change under the cafeteria plan or special enrollment event.

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When Will You Pay A Higher Premium (Penalty) To Join A Medicare Drug Plan?

You should also know that if you drop or lose your current coverage with Macalester College and don't join a Medicare drug plan within 63 continuous days after your current coverage ends, you may pay a higher premium (a penalty) to join a Medicare drug plan later. If you go 63 continuous days or longer without creditable prescription drug coverage, your monthly premium may go up by at least 1% of the Medicare base beneficiary premium per month for every month that you did not have that coverage. For example, if you go nineteen months without creditable coverage, your premium may consistently be at least 19% higher than the Medicare base beneficiary premium. You may have to pay this higher premium (a penalty) as long as you have Medicare prescription drug coverage. In addition, you may have to wait until the following October to join.

For More Information About This Notice Or Your Current Prescription Drug Coverage…

Contact the person listed below for further information.
NOTE: You'll get this notice each year. You will also get it before the next period you can join a Medicare drug plan, and if this coverage through Macalester College changes. You also may request a copy of this notice at any time.

For More Information About Your Options Under Medicare Prescription Drug Coverage…

More detailed information about Medicare plans that offer prescription drug coverage is in the "Medicare & You" handbook. You'll get a copy of the handbook in the mail every year from Medicare. You may also be contacted directly by Medicare drug plans.
For more information about Medicare prescription drug coverage:

- Visit www.medicare.gov
- Call your State Health Insurance Assistance Program (see the inside back cover of your copy of the "Medicare & You" handbook for their telephone number) for personalized help
- Call 1-800-MEDICARE (1-800-633-4227). TTY users should call 1-877-486-2048.

If you have limited income and resources, extra help paying for Medicare prescription drug coverage is available. For information about this extra help, visit Social Security on the web at www.socialsecurity.gov, or call them at 1-800-772-1213 (TTY 1-800-325-0778).

Remember: Keep this Creditable Coverage notice. If you decide to join one of the Medicare drug plans, you may be required to provide a copy of this notice when you join to show whether or not you have maintained creditable coverage and, therefore, whether or not you are required to pay a higher premium (a penalty).

Date:	January 1, 2027
Name of Entity/Sender:	Macalester College
Contact--Position/Office:	Human Resources
Address:	1600 Grand Avenue, Saint Paul, Minnesota United States 55105
Phone Number:	651-696-6689

Premium Assistance Under Medicaid and the Children's Health Insurance Program (CHIP)

If you or your children are eligible for Medicaid or CHIP and you're eligible for health coverage from your employer, your state may have a premium assistance program that can help pay for coverage, using funds from their Medicaid or CHIP programs. If you or your children aren't eligible for Medicaid or CHIP, you won't be eligible for these premium assistance programs, but you may be able to buy individual insurance coverage through the Health Insurance Marketplace. For more information, visit **www.healthcare.gov**.

If you or your dependents are already enrolled in Medicaid or CHIP and you live in a State listed below, contact your State Medicaid or CHIP office to find out if premium assistance is available.

If you or your dependents are NOT currently enrolled in Medicaid or CHIP, and you think you or any of your dependents might be eligible for either of these programs, contact your State Medicaid or CHIP office or dial **1-877-KIDS NOW** or **www.insurekidsnow.gov** to find out how to apply. If you qualify, ask your state if it has a program that might help you pay the premiums for an employer-sponsored plan.

If you or your dependents are eligible for premium assistance under Medicaid or CHIP, as well as eligible under your employer plan, your employer must allow you to enroll in your employer plan if you aren't already enrolled. This is called a "special enrollment" opportunity, and **you must request coverage within 60 days of being determined eligible for premium assistance**. If you have questions about enrolling in your employer plan, contact the Department of Labor at **www.askebsa.dol.gov** or call **1-866-444-EBSA (3272)**.

If you live in one of the following states, you may be eligible for assistance paying your employer health plan premiums. The following list of states is current as of July 31, 2026. Contact your State for more information on eligibility –

ALABAMA – Medicaid	ALASKA – Medicaid
Website: http://myalhipp.com/ Phone: 1-855-692-5447	The AK Health Insurance Premium Payment Program Website: http://myakhipp.com/ Phone: 1-866-251-4861 Email: CustomerService@MyAKHIPP.com Medicaid Eligibility: https://health.alaska.gov/dpa/Pages/default.aspx
ARKANSAS – Medicaid	**CALIFORNIA – Medicaid**
Website: http://myarhipp.com/ Phone: 1-855-MyARHIPP (855-692-7447)	Health Insurance Premium Payment (HIPP) Program Website: https://www.dhcs.ca.gov/services/health-insurance-premium-payment-program-cost-avoidance/ Phone: 916-445-8322 Fax: 916-440-5676 Email: hipp@dhcs.ca.gov

COLORADO – Health First Colorado (Colorado's Medicaid Program) & Child Health Plan Plus (CHP+)	FLORIDA – Medicaid
Health First Colorado Website: https://www.healthfirstcolorado.com/ Health First Colorado Member Contact Center: 1-800-221-3943/State Relay 711 CHP+: https://hcpf.colorado.gov/child-health-plan-plus CHP+ Customer Service: 1-800-359-1991/State Relay 711 Health Insurance Buy-In Program (HIBI): https://www.mycohibi.com/ HIBI Customer Service: 1-855-692-6442	Website: https://www.flmedicaidtplrecovery.com/flmedicaidtplrecovery.com/hipp/index.html Phone: 1-877-357-3268
GEORGIA – Medicaid	**ILLINOIS - Medicaid**
GA HIPP Website: https://medicaid.georgia.gov/health-insurance-premium-payment-program-hipp Phone: 678-564-1162, Press 1 GA CHIPRA Website: https://medicaid.georgia.gov/programs/third-party-liability/childrens-health-insurance-program-reauthorization-act-2009-chipra Phone: 678-564-1162, Press 2	Illinois Medicaid Premium Assistance Information Medicaid application website: https://abe.illinois.gov HIPP Hotline Number: 217-524-8268 HIPP Email: hfs.boc.hipp@illinois.gov
INDIANA – Medicaid	**IOWA – Medicaid and CHIP (Hawki)**
Health Insurance Premium Payment Program All other Medicaid Website: https://www.in.gov/medicaid/ http://www.in.gov/fssa/dfr/ Family and Social Services Administration Phone: 1-800-403-0864 Member Services Phone: 1-800-457-4584	Medicaid Website: Iowa Medicaid | Health & Human Services Medicaid Phone: 1-800-338-8366 Hawki Website: Hawki - Healthy and Well Kids in Iowa | Health & Human Services Hawki Phone: 1-800-257-8563 HIPP Website: Health Insurance Premium Payment (HIPP) | Health & Human Services (iowa.gov) HIPP Phone: 1-888-346-9562
KANSAS – Medicaid	**KENTUCKY – Medicaid**
Website: https://www.kancare.ks.gov/ Phone: 1-800-792-4884 HIPP Phone: 1-800-967-4660	Kentucky Integrated Health Insurance Premium Payment Program (KI-HIPP) Website: https://chfs.ky.gov/agencies/dms/member/Pages/kihipp.aspx Phone: 1-855-459-6328 Email: KIHIPP.PROGRAM@ky.gov KCHIP Website: https://kynect.ky.gov Phone: 1-877-524-4718 Kentucky Medicaid Website: https://chfs.ky.gov/agencies/dms

LOUISIANA – Medicaid	MAINE – Medicaid
Louisiana Medicaid Website: https://www.ldh.la.gov/healthy-louisiana Medicaid Customer Service Line: 1-888-342-6207 Louisiana Medicaid email: healthy@la.gov Louisiana Health Insurance Premium Program (LaHIPP) Website: https://www.ldh.la.gov/lahipp LaHIPP phone: 1-877-697-6703 LaHIPP email: La.HIPP@la.gov LaHIPP fax: 1-888-716-9787 LaHIPP mailing address: 100 Crescent Centre Parkway, Suite 1000 Tucker, GA 30084	Enrollment Website: https://www.mymaineconnection.gov/benefits/s/?language=en_US Phone: 1-800-442-6003 TTY: Maine relay 711 Private Health Insurance Premium Webpage: https://www.maine.gov/dhhs/ofi/applications-forms Phone: 1-800-977-6740 TTY: Maine relay 711
MASSACHUSETTS – Medicaid and CHIP	**MINNESOTA – Medicaid**
Website: https://www.mass.gov/masshealth/pa Phone: 1-800-862-4840 TTY: 711 Email: masspremassistance@accenture.com	Website: https://mn.gov/dhs/health-care-coverage/ Phone: 1-800-657-3672
MISSOURI – Medicaid	**MONTANA – Medicaid**
Website: http://www.dss.mo.gov/mhd/participants/pages/hipp.htm Phone: 573-751-2005	Website: http://dphhs.mt.gov/MontanaHealthcarePrograms/HIPP Phone: 1-800-694-3084 Email: HHSHIPPProgram@mt.gov
NEBRASKA – Medicaid	**NEVADA – Medicaid**
Website: http://accessnebraska.ne.gov Phone: 1-855-632-7633 Lincoln: 402-473-7000 Omaha: 402-595-1178	Medicaid Website: http://dhcfp.nv.gov Medicaid Phone: 1-800-992-0900
NEW HAMPSHIRE – Medicaid	**NEW JERSEY – Medicaid and CHIP**
Website: https://www.dhhs.nh.gov/programs-services/medicaid/health-insurance-premium-program Phone: 603-271-5218 Toll free number for the HIPP program: 1-800-852-3345, ext. 15218 Email: DHHS.ThirdPartyLiabi@dhhs.nh.gov	Medicaid Website: https://www.nj.gov/humanservices/dmahs/clients/medicaid/ Phone: 1-800-356-1561 CHIP Premium Assistance Phone: 609-631-2392 CHIP Website: http://www.njfamilycare.org/index.html CHIP Phone: 1-800-701-0710 (TTY: 711)
NEW YORK – Medicaid	**NORTH CAROLINA – Medicaid**
Website: https://www.health.ny.gov/health_care/medicaid/ Phone: 1-800-541-2831	Website: https://medicaid.ncdhhs.gov/ Phone: 919-855-4100

NORTH DAKOTA – Medicaid	OKLAHOMA – Medicaid and CHIP
Website: https://www.hhs.nd.gov/healthcare Phone: 1-844-854-4825	Website: http://www.insureoklahoma.org Phone: 1-888-365-3742
OREGON – Medicaid	**PENNSYLVANIA – Medicaid and CHIP**
Website: http://healthcare.oregon.gov/Pages/index.aspx Phone: 1-800-699-9075	Website: https://www.pa.gov/en/services/dhs/apply-for-medicaid-health-insurance-premium-payment-program-hipp.html Phone: 1-800-692-7462 CHIP Website: Children's Health Insurance Program (CHIP) (pa.gov) CHIP Phone: 1-800-986-KIDS (5437)
RHODE ISLAND – Medicaid and CHIP	**SOUTH CAROLINA – Medicaid**
Website: http://www.eohhs.ri.gov/ Phone: 1-855-697-4347, or 401-462-0311 (Direct RIte Share Line)	Website: https://www.scdhhs.gov Phone: 1-888-549-0820
SOUTH DAKOTA - Medicaid	**TEXAS – Medicaid**
Website: http://dss.sd.gov Phone: 1-888-828-0059	Website: Health Insurance Premium Payment (HIPP) Program | Texas Health and Human Services Phone: 1-800-440-0493
UTAH – Medicaid and CHIP	**VERMONT– Medicaid**
Utah's Premium Partnership for Health Insurance (UPP) Website: https://medicaid.utah.gov/upp/ Email: upp@utah.gov Phone: 1-888-222-2542 Adult Expansion Website: https://medicaid.utah.gov/expansion/ Utah Medicaid Buyout Program Website: https://medicaid.utah.gov/buyout-program/ CHIP Website: https://chip.utah.gov/	Website: Health Insurance Premium Payment (HIPP) Program | Department of Vermont Health Access Phone: 1-800-250-8427
VIRGINIA – Medicaid and CHIP	**WASHINGTON – Medicaid**
Website: https://coverva.dmas.virginia.gov/learn/premium-assistance/famis-select https://coverva.dmas.virginia.gov/learn/premium-assistance/health-insurance-premium-payment-hipp-programs Medicaid/CHIP Phone: 1-800-432-5924	Website: https://www.hca.wa.gov/ Phone: 1-800-562-3022

WEST VIRGINIA – Medicaid and CHIP	WISCONSIN – Medicaid and CHIP
Website: https://dhhr.wv.gov/bms/ http://mywvhipp.com/ Medicaid Phone: 304-558-1700 CHIP Toll-free phone: 1-855-MyWVHIPP (1-855-699-8447)	Website: https://www.dhs.wisconsin.gov/badgercareplus/p-10095.htm Phone: 1-800-362-3002
WYOMING – Medicaid	
Website: https://health.wyo.gov/healthcarefin/medicaid/programs-and-eligibility/ Phone: 1-800-251-1269	

To see if any other states have added a premium assistance program since July 31, 2026, or for more information on special enrollment rights, contact either:

U.S. Department of Labor
Employee Benefits Security Administration
www.dol.gov/agencies/ebsa
1-866-444-EBSA (3272)

U.S. Department of Health and Human Services
Centers for Medicare & Medicaid Services
www.cms.hhs.gov
1-877-267-2323, Menu Option 4, Ext. 61565

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 ebsa.opr@dol.gov and reference the OMB Control Number 1210-0137.

OMB Control Number 1210-0137 (expires 5/31/2029)

Health Insurance Marketplace Coverage Options and Your Health Coverage

Form Approved
OMB No. 1210-0149
(expires 12-31-2026)

PART A: General Information

Even if you are offered health coverage through your employment, you may have other coverage options through the Health Insurance Marketplace ("Marketplace"). To assist you as you evaluate options for you and your family, this notice provides some basic information about the Health Insurance Marketplace and health coverage offered through your employment.

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 Employment-Based 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%[1] 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 9.12% of the employee's household income.[2]

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 these factors in determining whether to purchase a health plan through the Marketplace.

When Can I Enroll in Health Insurance Coverage through the Marketplace?

You can enroll in a Marketplace health insurance plan during the annual Marketplace Open Enrollment Period. Open Enrollment varies by state but generally starts November 1 and continues through at least December 15.

[1] Indexed annually; see https://www.irs.gov/pub/irs-drop/rp-22-34.pdf for 2023.
[2] An employer-sponsored or other employment-based health plan meets the "minimum value standard" if the plan's share of the total allowed benefit costs covered by the plan is no less than 60 percent of such costs. For purposes of eligibility for the premium tax credit, to meet the "minimum value standard," the health plan must also provide substantial coverage of both inpatient hospital services and physician services.

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Outside the annual Open Enrollment Period, you can sign up for health insurance if you qualify for a Special Enrollment Period. In general, you qualify for a Special Enrollment Period if you've had certain qualifying life events, such as getting married, having a baby, adopting a child, or losing eligibility for other health coverage. Depending on your Special Enrollment Period type, you may have 60 days before or 60 days following the qualifying life event to enroll in a Marketplace plan.

There is also a Marketplace Special Enrollment Period for individuals and their families who lose eligibility for Medicaid or Children's Health Insurance Program (CHIP) coverage on or after March 31, 2023, through July 31, 2024. Since the onset of the nationwide COVID-19 public health emergency, state Medicaid and CHIP agencies generally have not terminated the enrollment of any Medicaid or CHIP beneficiary who was enrolled on or after March 18, 2020, through March 31, 2023. As state Medicaid and CHIP agencies resume regular eligibility and enrollment practices, many individuals may no longer be eligible for Medicaid or CHIP coverage starting as early as March 31, 2023. The U.S. Department of Health and Human Services is offering a temporary Marketplace Special Enrollment period to allow these individuals to enroll in Marketplace coverage.

Marketplace-eligible individuals who live in states served by HealthCare.gov and either- submit a new application or update an existing application on HealthCare.gov between March 31, 2023, and July 31, 2024, and attest to a termination date of Medicaid or CHIP coverage within the same time period, are eligible for a 60-day Special Enrollment Period. That means that if you lose Medicaid or CHIP coverage between March 31, 2023, and July 31, 2024, you may be able to enroll in Marketplace coverage within 60 days of when you lost Medicaid or CHIP coverage. In addition, if you or your family members are enrolled in Medicaid or CHIP coverage, it is important to make sure that your contact information is up to date to make sure you get any information about changes to your eligibility. To learn more, visit HealthCare.gov or call the Marketplace Call Center at 1-800-318-2596. TTY users can call 1-855-889-4325.

What about Alternatives to Marketplace Health Insurance Coverage?

If you or your family are eligible for coverage in an employment-based health plan (such as an employer-sponsored health plan), you or your family may also be eligible for a Special Enrollment Period to enroll in that health plan in certain circumstances, including if you or your dependents were enrolled in Medicaid or CHIP coverage and lost that coverage. Generally, you have 60 days after the loss of Medicaid or CHIP coverage to enroll in an employment-based health plan, but if you and your family lost eligibility for Medicaid or CHIP coverage between March 31, 2023, and July 10, 2023, you can request this special enrollment in the employment-based health plan through September 8, 2023. Confirm the deadline with your employer or your employment-based health plan.

Alternatively, you can enroll in Medicaid or CHIP coverage at any time by filling out an application through the Marketplace or applying directly through your state Medicaid agency. Visit https://www.healthcare.gov/medicaid-chip/getting-medicaid-chip/ for more details.

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:

Date:	January 1, 2027
Name of Entity/Sender:	Macalester College
Contact--Position/Office:	Human Resources
Address:	1600 Grand Avenue, Saint Paul, Minnesota United States 55105
Phone Number:	651-696-6689

The Marketplace can help you evaluate your coverage options, including your eligibility for coverage through the Marketplace and its cost. Please visit HealthCare.gov for more information, including an online application for health insurance coverage and contact information for a Health Insurance Marketplace in your area.

PART B: Information About Health Coverage Offered by Your Employer

This section contains information about any health coverage offered by your employer. If you decide to complete an application for coverage in the Marketplace, you will be asked to provide this information. This information is numbered to correspond to the Marketplace application.

3. Employer name Macalester College	4. Employer Identification Number (EIN) 41-0693962	
5. Employer address 1600 Grand Avenue	6. Employer phone number 651-696-6689	
7. City St. Paul	8. State MN	9. ZIP code 55105
10. Who can we contact about employee health coverage at this job? Randi Hartman		
11. Phone number (if different from above) 651-696-6689	12. Email address rhartman@macalester.edu	

Here is some basic information about health coverage offered by this employer:

- As your employer, we offer a health plan to:
  - ☐ All employees. Eligible employees are:
  - ☒ Some employees. Eligible employees are:

    Those with an FTE of .50 or greater
- With respect to dependents:
  - ☒ We do offer coverage. Eligible dependents are:

    An employee's spouse/domestic partner as well as dependent children up to age 26.
  - ☐ We do not offer coverage.

☒ If checked, this coverage meets the minimum value standard, and the cost of this coverage to you is intended to be affordable, based on employee wages.

** Even if your employer intends your coverage to be affordable, you may still be eligible for a premium discount through the Marketplace. The Marketplace will use your household income, along with other

factors, to determine whether you may be eligible for a premium discount. If, for example, your wages vary from week to week (perhaps you are an hourly employee or you work on a commission basis), if you are newly employed mid-year, or if you have other income losses, you may still qualify for a premium discount.

If you decide to shop for coverage in the Marketplace, **HealthCare.gov** will guide you through the process. Here's the employer information you'll enter when you visit **HealthCare.gov** to find out if you can get a tax credit to lower your monthly premiums.