

REED COLLEGE

BENEFITS ENROLLMENT GUIDE

2027 BENEFITS PLAN YEAR

REED COLLEGE

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LIVE WELL WITH REED COLLEGE

THE 2027 BENEFITS OPEN ENROLLMENT PERIOD IS HERE!

At Reed College, we value each and every employee. Reed College continues to promote a culture of health and wellness, establishing a work environment that promotes healthy lifestyles, decreases the risk of disease, and enhances your quality of life.

As healthcare costs continue to rise due to inflation and increased government regulation, the cost to provide healthcare coverage has also increased. Additionally, Reed College has seen an increase in the occurrence as well as the severity of claims of healthcare costs. This has been a common scenario across the market as costs increase in an effort to keep pace with healthcare trends. We are conscious of the fact that changing health insurance plans is often difficult for our employees, so whenever possible, we work with our providers to create solutions that will work financially and be less disruptive.

KEY CHANGES & BENEFIT HIGHLIGHTS

- **New for 2027**, Reed College is introducing a **High-Deductible Health Plan (HDHP)** with Kaiser. The plan design includes the IRS-minimum deductibles allowed to qualify as an HDHP
- The Kaiser Traditional plan will continue for 2027 **with no benefit changes**; the current **Dual Choice PPO plan is closing for new enrollments for 2027**. If you are currently enrolled on the Dual Choice PPO plan with Kaiser, you may remain enrolled on this plan *(your enrollment will be grandfathered)*; Both plans will continue to be paired with the Health Reimbursement Account *($250 per member applied to the back end of your deductible)*
- Reed College will also pair the HDHP plan with Kaiser with a **Health Savings Account (HSA)** beginning January 1, 2027, and provide a contribution from the College of **up to $500 per year** for individual coverage, and **up to $1,000 per year** for family coverage (employee enrolled with 1 or more dependents)
- Kaiser is increasing the number of access points to receive care, introducing **Zoom Care** as an in-network provider (also known in this arrangement as a community affiliated provider), **adding 27 locations** in Portland, Vancouver, Salem, and Eugene. *The Vancouver locations are pending regulatory approval in the State of Washington.*
- Beginning January 1, 2027, Reed College will move the current Flexible Spending Accounts and implement the new Health Savings Accounts to **Rocky Mountain Reserve (RMR)**

Reed College will continue in our commitment to review the benefit offerings each year and provide a comprehensive benefits package to its employees for the upcoming year. Please review the benefits contained within this summary for the 2027 benefits plan year.

Sincerely,

Human Resources
Reed College

ELIGIBILITY

Reed College is pleased to announce our 2027 benefits program, which is designed to help you stay healthy, feel secure, and maintain balance in our work and personal lives. Offering a competitive benefits package is just one way we strive to provide our employees with a rewarding workplace. Please read the information provided in this guide carefully. For full details about our plans, we encourage you to review the summary plan descriptions.

ELIGIBILITY

Effective January 1, 2027, you may enroll in Reed College's employee benefits program if you are working at least 30 hours per week.

YOUR ELIGIBLE DEPENDENTS INCLUDE:

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

- Your spouse or domestic partner (same and opposite gender); and/or,
- Dependent "child" up to age 26, regardless of tax-dependent, student, or marital status. *(Child means the employee's natural child or adopted child and any other child as defined in the certificate of coverage).*

WHEN COVERAGE BEGINS:

The effective date for your elections made during the Open Enrollment period is January 1, 2027.

Newly hired employees and dependents will be effective in Reed Colleges benefit programs on the first of the month following date of hire, with exception of eligibility for Long-Term Disability coverage. Employees will be effective in Long-Term Disability after the completion of one year of employment with Reed College. All elections are in effect for the entire plan year and can only be changed during Open Enrollment unless you experience a Qualifying Event.

OPEN ENROLLMENT:

With a 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 the first day of the Plan Year. During Open Enrollment, you can:

- Add, change, or drop coverage
- Add or drop dependents from coverage
- Enroll or re-enroll in dependent or healthcare flexible spending accounts. To continue your FSA benefits, you must re-enroll each plan year.

QUALIFYING EVENTS

You are only able to add or drop coverage during the plan year if you have a federal qualified event. Examples include family status changes such as:

- Change of legal marital status (i.e. marriage, divorce, death of spouse)
- Change in number of dependents (i.e. birth, adoption, death of dependent, ineligibility due to age)
- Change in employment or job status (spouse loses job, etc.)
- Change in eligibility status
- Loss of other coverage

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

Please contact Human Resources to make these changes.

MEDICAL INSURANCE BASICS

AT THE DOCTOR'S OFFICE

It's recommended that you choose an in-network primary care physician (PCP) for your medical coverage. A PCP can be your family practitioner, internist, general medicine, pediatrician, or OB/GYN *(Obstetrician and Gynecologist)*. Each member of your family may have a different primary care physician.

If you are newly enrolled in medical benefits, make an appointment with your PCP, even if you're not sick, once the plan year has begun. This relationship will set the foundation for staying healthy—today and well into the future.

NETWORK PROVIDER SEARCH

Make sure that your provider or facility is in-network. To locate a network provider, log in to **kp.org**, visit **kp.org/locations** and enter your search criteria, or call Member Services.

MEMBER SERVICE PORTAL

Your carrier's member portal is your access to secure, personalized services with interactive health tools built around you, your benefits, and your health. Sign in to your carrier's member portal to access resources such as:

- Finding care
- Managing prescriptions
- Managing claims
- Staying healthy
- Getting coverage and cost details

Visit **kp.org**, and sign in, or download the **Kaiser Permanente** mobile app.

PREVENTIVE CARE

Reed College's medical options cover preventive care services at 100%, as long as your designated preventive care services are received from an in-network provider, in an office-based, outpatient, or urgent care setting. Preventive care is routine health care that includes screenings, checkups and patient counseling to help prevent illnesses, disease or other health problems. There may be some exceptions, so it's important to know what qualities as preventive care and what questions to ask your doctor to avoid extra costs.



Routine physicals (age 18+) or pediatric exams (birth to age 17)



Age & gender appropriate screenings



Blood pressure screening for adults and children



Immunizations for adults and children

WHERE TO GO FOR CARE

				
Virtual Visits Telemedicine	**Primary Care Physician**	**ZoomCare**	**Urgent Care**	**Emergency Room**
$	**$$**	**$$**	**$$$**	**$$$$**
Convenient Treats common, non-urgent health concerns Many available 24/7	Preventive and routine care Treats wide range of health issues Limited Hours	Walk-in care for minor health conditions when PCP is closed or unavailable May be open nights & weekends	Treatment of non-life-threatening injuries or illnesses Generally open nights & weekends	Immediate treatment for serious, life-threatening conditions or call 911
• Bronchitis • Allergies • Eye Infections • Cough • Sore Throat • Flu Symptoms • Stomachache • Insect Bites • Rashes	• Check-Ups • Immunizations • Preventive Services • General Health Management • Management of Chronic Conditions	• Strep Throat • Flu Shot • Some Immunizations • Pregnancy Tests • Minor Cuts • Minor Burns	• Sprains • Strains • Minor Accidents • Minor Falls • Minor Sprains • Minor Fractures • Minor Broken Bones • Minor Cuts • Minor Burns	• Chest Pain • Difficulty Breathing • Major Broken Bones • Head Injuries • Heavy Bleeding • Seizures • Spinal Injuries • Large Open Wounds

KNOWING YOUR OPTIONS BEFORE YOU RECEIVE CARE CAN SAVE YOU TIME AND MONEY. KNOW BEFORE YOU GO!

KNOW YOUR COSTS – MEDICAL / RX / VISION

	Kaiser Core HDHP Medical / Rx / Vision Plan			
	Total Monthly Premium	Reed College Cost Per Month	Employee Cost Per Month	Employee Cost Per Pay
Employee Only	$750.50	$750.50	$0.00	**$0.00**
Employee & Spouse / DP	$1,500.98	$1,275.82	$225.16	**$112.58**
Employee & Child(ren)	$1,350.88	$1,170.76	$180.12	**$90.06**
Employee & Family	$2,251.48	$1,801.18	$450.30	**$225.15**

	Kaiser Traditional Medical / Rx / Vision Plan			
	Total Monthly Premium	Reed College Cost Per Month	Employee Cost Per Month	Employee Cost Per Pay
Employee Only	$933.14	$888.14	$45.00	**$22.50**
Employee & Spouse / DP	$1,866.28	$1,446.36	$419.92	**$209.96**
Employee & Child(ren)	$1,679.66	$1,334.40	$345.26	**$172.63**
Employee & Family	$2,799.42	$2,006.24	$793.18	**$396.59**

	Kaiser Dual Choice PPO Medical / Rx / Vision Plan *(Not Available for New Enrollments)*			
	Total Monthly Premium	Reed College Cost Per Month	Employee Cost Per Month	Employee Cost Per Pay Period
Employee Only	$1,376.40	$888.16	$488.24	**$244.12**
Employee & Spouse / DP	$2,752.78	$1,446.36	$1,306.42	**$653.21**
Employee & Child(ren)	$2,477.50	$1,334.38	$1,143.12	**$571.56**
Employee & Family	$4,129.18	$2,006.26	$2,122.92	**$1,061.46**

KNOW YOUR COSTS – DENTAL

	Willamette EPO Dental Plan			
	Total Monthly Premium	Reed College Cost Per Month	Employee Cost Per Month	Employee Cost Per Pay
Employee Only	$48.50	$48.50	$0.00	**$0.00**
Employee & Spouse/DP	$97.14	$77.68	$19.46	**$9.73**
Employee & Child(ren)	$99.50	$79.10	$20.40	**$10.20**
Employee & Family	$168.94	$120.76	$48.18	**$24.09**

	Kaiser DHMO Dental Plan			
	Total Monthly Premium	Reed College Cost Per Month	Employee Cost Per Month	Employee Cost Per Pay
Employee Only	$67.52	$48.50	$19.02	**$9.51**
Employee & Spouse/DP	$135.04	$77.68	$57.36	**$28.68**
Employee & Child(ren)	$121.54	$79.10	$42.44	**$21.22**
Employee & Family	$202.56	$120.76	$81.80	**$40.90**

	MetLife PPO Dental Plan			
	Total Monthly Premium	Reed College Cost Per Month	Employee Cost Per Month	Employee Cost Per Pay
Employee Only	$68.60	$48.50	$20.10	**$10.05**
Employee & Spouse/DP	$139.66	$77.68	$61.98	**$30.99**
Employee & Child(ren)	$156.64	$79.10	$77.54	**$38.77**
Employee & Family	$195.24	$120.76	$74.48	**$37.24**

MEDICAL PLANS

Reed College will continue to offer medical, prescription, and vision coverage with Kaiser. You will have a choice between two different medical plans to fit your health care needs, the new **Kaiser Core HDHP** paired with a Health Savings Account, and the traditional **Kaiser Traditional** plan. The Kaiser Dual Choice PPO plan is sunsetting, and no new enrollments will be allowed in this plan option. If you are currently enrolled in the Dual Choice PPO plan, and wish to continue in that plan, your current enrollment will be grandfathered in and you can remain on the plan.

The first medical plan option is a high-deductible health plan paired with a Health Savings account (HSA). This year, Reed College is excited to add a Qualified High-Deductible Health Plan (QHDHP) as a medical plan option. It offers lower monthly premiums in exchange for a higher annual deductible, making it a smart choice if you're generally healthy and want to save on paycheck contributions. Enrolling in the QHDHP also makes you eligible for a Health Savings Account (HSA) - a tax-advantaged account you own that lets you set aside pre-tax dollars for medical expenses today or save them tax-free for the future. Check out the plan details outlined later in this guide to see if it's the right fit for you.

The second medical plan option is the Kaiser Traditional plan which is based around the Kaiser network of facilities and community affiliated providers. The chart below is a brief outline of the plan design, but we encourage you to review the plan booklets from Kaiser for a complete list of covered services and plan details. To learn more or find a provider on the Kaiser Traditional plan, please visit **kp.org**, or call Membership Services at **800.813.2000**.

NOTE: *Kaiser Traditional plan members should choose a Primary Care Physician (PCP) to deliver or refer your care. Choose a PCP from within the Kaiser Permanente Plan Network. There is no coverage for health care services delivered by health care providers outside the Kaiser Permanente Network on the Kaiser Traditional plan, except for true emergency conditions.*

The third medical plan option offered with Kaiser, the Dual Choice PPO, is a traditional PPO-style plan which allows members to seek services with Kaiser providers, at PPO contracted providers, and outside of the Kaiser and PPO network. Members will see significant cost savings by staying in-network with Kaiser and PPO providers. **This plan is only available to those currently enrolled. No new enrollments are being accepted for this plan.**

As a Dual Choice member, you have access to all that Kaiser offers, plus the option to seek care from PPO providers outside of Kaiser and providers not contracted with Kaiser (out-of-network). You may visit **kp.org/choiceproducts/nw**, or call Membership Services at **866.616.0047** to find more information about your plan and to find a provider.

Kaiser Dual Choice PPO Plan *(Not Available for New Enrollments)*	
In-Network Kaiser and PPO Providers	**Out-of-Network Non-Participating Providers**
Low to mid-range out-of-pocket costs	**Highest out-of-pocket costs**
Choose a provider from Kaiser Permanente, community affiliated providers, and PPO providers contracted with Kaiser on the First Choice Health Network. You'll receive services at a lower copay when receiving services from Enhanced providers (typically a Kaiser provider).	Choose an out-of-network provider, nationwide. Out-of-network providers include any licensed provider who is not a Kaiser provider, or contracted with the First Choice Health network.

KAISER CORE HIGH-DEDUCTIBLE HEALTH PLAN

The Kaiser Core High-Deductible Health Plan (HDHP) provides all healthcare needs through an exclusive Kaiser network. There is no coverage for outside care (care sought at a non-Kaiser facility or from a community affiliated provider) except for in an emergency. ***Kaiser Medical ID Cards*** – mailed 7 – 10 business days after your enrollment is completed. You can also access your cards electronically via Kaiser Permanente app or at **www.kp.org**.

	Kaiser Core HDHP Plan
	Kaiser / Community Affiliated Providers Only
Calendar Year Deductible*	
Individual / Family	$1,750 / $3,500
Calendar Year Out-of-Pocket Maximum*	
Individual / Family	$3,000 / $6,000
Physician Office Visit	
Primary Care / Naturopathic Office Visits	10% after deductible**
Specialty Care	10% after deductible
Preventive Care	
Adult Periodic Exams	Covered in full (dw)
Well-Child Care	Covered in full (dw)
Diagnostic Services	
Outpatient X-Ray / Labs	10% after deductible
Advanced Imaging	10% after deductible
Urgent Care Facility	10% after deductible
Emergency Room	10% after deductible
Inpatient Facility	10% after deductible
Outpatient Surgical	10% after deductible
Mental Health / Substance Use Disorder Treatment	
Inpatient	10% after deductible
Outpatient	10% after deductible**

(dw) = deductible waived

*On the Core HDHP plan, deductibles and out-of-pocket maximums are aggregated for the entire family, meaning the plan doesn't pay for any individual family member until the family deductible is satisfied, and costs accumulate to the family out-of-pocket maximum

**First 3 visits are a $5 copay after the deductible for any combination of in-person or telemedicine services for primary care, mental health outpatient services, naturopathic medicine, or substance use disorder treatment outpatient services. After the initial 3 visits, for any combination of these services, copays indicated above apply.

KAISER CORE HIGH-DEDUCTIBLE HEALTH PLAN

	Kaiser Core HDHP Plan
	Kaiser / Community Affiliated Providers Only
Alternative Care Services	
Acupuncture *(12 visits PCY)*	$25 copay after deductible
Chiropractic *(20 visits PCY)*	$25 copay after deductible
Massage Therapy *(12 visits PCY)*	$25 copay after deductible
Vision Services	
Vision Exam *(Age 0-18)*	Covered in full after deductible
Vision Exam *(Age 19+)*	10% after deductible
Vision Hardware *(Age 0-18)*	No charge for eyeglass lenses, frames, or contact lenses every 12 months.
Vision Hardware *(Age 19+)*	Allowance of up to $150 for prescription eyeglasses or conventional or disposable prescription contact lenses, including medically necessary contact lenses, every two years.
Retail Pharmacy *(30-Day Supply)*	
	Kaiser Pharmacies
Generic	$20 copay after deductible
Preferred Brand	$40 copay after deductible
Non-Preferred Brand	$60 copay after deductible
Specialty	$250 copay after deductible
Mail Order Pharmacy *(90-Day Supply)*	
	Kaiser Mail Order
Generic	$40 copay after deductible
Preferred Brand	$80 copay after deductible
Non-Preferred Brand	$120 copay after deductible
Specialty	Not Covered

HEALTH SAVINGS ACCOUNT

New this year, all employees enrolled on the Kaiser High-Deductible Health Plan have access to a Health Savings Account (HSA). When you are enrolled in a Qualified High-Deductible Health Plan and meet the eligibility requirements, the IRS allows you to open and contribute to an HSA Account.

WHAT IS A HEALTH SAVINGS ACCOUNT?

A Health Savings Account (HSA) is a tax-advantaged bank account to pay for eligible health care expenses for you and/or your eligible dependents. 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. You also get extra tax advantages with an HSA. The Health Savings Accounts for Reed College will be administered by **Rocky Mountain Reserve (RMR)**.

HSA ELIGIBILITY

In order to open and contribute to an HSA, you must meet these requirements:

- You must be enrolled in a Qualified High-Deductible Health Plan (QHDHP); and,
- You cannot be covered by other non-QHDHP health plan coverage, such as a spouse's PPO plan; and,
- You and/or your spouse cannot be enrolled in a medical Flexible Spending Account (FSA). Enrollment in a Limited Purpose Healthcare FSA is allowed; and,
- You cannot be enrolled in Medicare, Medicaid, or TRICARE; and,
- You are not eligible to be claimed as a dependent on another person's tax return

KEEP YOUR RECEIPTS

The easiest way to use your HSA dollars is by using your HSA debit card at the time you incur an eligible expense.

But keep your receipts for transactions or any reimbursements in the event you are audited!

HSA funds used for non-eligible expenses will be charged a penalty tax (if under age 65) as well as federal income taxes.

You can learn more or manage your HSA at:
rockymountainreserve.com



2027 HSA CONTRIBUTIONS

You can contribute to your Health Savings Account on a pre-tax basis through payroll deductions up to the IRS statutory maximums listed below.

- **Up to $4,500** for individual coverage (including any amounts from your employer – see below)
- **Up to $9,000** for family coverage (including any amounts from your employer – see below)
- Age 55 and over may contribute an **extra $1,000** catch-up contribution
- Reed College is funding your HSA account **up to $500** for individual coverage, and **up to $1,000** for family (employee with 1 or more dependents) coverage

TRIPLE TAX ADVANTAGE

1. **Tax-free Contributions** When you make qualified HSA contributions, any money you put into an HSA is done pre-tax.
2. **Tax-free Growth** Your HSA balance can be saved and invested. Any earnings grow tax-free.
3. **Tax-free Withdrawals** When you take money from you HSA account to pay for eligible medical expenses the money comes out tax-free

USING YOUR HSA FUNDS

Using your RMR HSA debit card is easy and convenient! The payments come directly from your HSA, no need to pay out-of-pocket first. The RMR debit card intelligently allocates funds between your HSA and other accounts (Health Care FSA or Dependent Care FSA, for example). Save Your Receipts! You may be occasionally asked to provide RMR with your receipt, per IRS rules, if the provider or merchant isn't set up for autosubstantiation as qualified medical expenses.

You can also pay out-of-pocket & get reimbursed! Submit reimbursement requests easily right from your phone or computer. Funds can be sent quickly via Direct Deposit, Venmo*, or Paypal*.

**Additional fees apply for instant reimbursement options*

HSA INVESTING

To begin investing, your HSA balance must reach and maintain a minimum balance of **$500**. This allows you to keep a meaningful amount of cash immediately available on your debit card while growing your investments; meaning you can invest any dollar amounts over your $500 balance minimum.

Why Invest? Rocky Mountain Reserve offers two distinct paths to ensure you find the solution that best fits your needs as an investor, a Managed Path with a low annual fee (0.04%) and a Self-Directed Path no annual fees (0%). There are no account closure or transfer fees, giving you the freedom to move your HSA to another provider at any time without penalty.

ACCESSING YOUR ACCOUNT

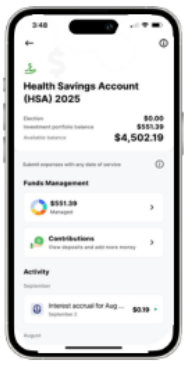
- Navigate in your browser to: **user.rmrbenefits.com/login**
- Select Register
- Enter your Date of Birth and Unique ID *(likely your 9 digit SSN)*
- Fill in or choose your required login & password information
- Verify your email – After registering, you'll receive an emYou must click the verification link in email to fully register your account
- Enter Your Debit Card # – If your account has a debit card yneed to enter the last 4 digits of your cnumber after logging into the portal

WHAT'S COVERED?

Visit **rockymountainreserve.com/whats-covered** to learn more about expenses that are eligible under a Flexible Spending Account.

DOWNLOAD THE MOBILE APP

The **RMR Benefits** mobile app is availabe in the Apple App Store and Google Play Store for Android.



RMR Benefits

4.8

★★★★★

GET IT ON Google Play

Download on the App Store

KAISER TRADITIONAL AND PPO PLANS

The Kaiser Traditional plan provides all healthcare needs through an exclusive Kaiser network. There is no coverage for outside care except for in an emergency. The PPO plan allows you to receive care at Kaiser and non-Kaiser providers. ***Kaiser Medical ID Cards*** – mailed 7 – 10 business days after your enrollment is completed. You can also access your cards electronically via Kaiser Permanente app or at www.kp.org.

	Kaiser Traditional Plan	Kaiser Dual Choice PPO Plan *(Not Available for New Enrollments)*	
	Kaiser / Community Affiliated Providers	In-Network Kaiser and PPO Providers	Out-of-Network Non-Participating Providers
Calendar Year Deductible*			
Individual / Family	$750 / $2,250	$1,000 / $3,000	$3,000 / $9,000
Calendar Year Out-of-Pocket Maximum*			
Individual / Family	$3,250 / $9,750	$5,000 / $15,000	$9,000 / $27,000
Physician Office Visit			
Primary Care / Naturopathic Office Visits	$20 copay (dw)**	$45 copay (dw)** *Enhanced:* $25 copay (dw)**	40% after deductible
Specialty Care	$30 copay (dw)	$55 copay (dw) *Enhanced:* $35 copay (dw)	40% after deductible
Preventive Care			
Adult Periodic Exams	Covered in full (dw)	Covered in full (dw)	40% after deductible
Well-Child Care	Covered in full (dw)	Covered in full (dw)	40% after deductible
Diagnostic Services			
Outpatient X-Ray / Labs	$20 copay (dw)	$25 copay (dw)	40% after deductible
Advanced Imaging	$100 copay (dw)	$100 copay (dw)	40% after deductible
Urgent Care Facility	$40 copay (dw)	$90 copay (dw) *Enhanced:* $45 copay (dw)	40% after deductible
Emergency Room	20% after deductible	20% after deductible	
Inpatient Facility	20% after deductible	20% after deductible	40% after deductible
Outpatient Surgical	20% after deductible	20% after deductible	40% after deductible
Mental Health / Substance Use Disorder Treatment			
Inpatient	20% after deductible	20% after deductible	40% after deductible
Outpatient	$20 copay (dw)**	$45 copay (dw)** *Enhanced:* $25 copay (dw)**	40% after deductible

(dw) = deductible waived

*On the Traditional and Dual Choice PPO plans, the deductibles are embedded, meaning that any individual is only responsible for their own individual deductible and out-of-pocket maximum *(does not aggregate to the family deductible or family out-of-pocket maximum)*

** First 3 visits are a $5 copay (dw) for any combination of in-person or telemedicine services for primary care, mental health outpatient services, naturopathic medicine, or substance use disorder treatment outpatient services. After the initial 3 visits, for any combination of these services, copays indicated above apply.

KAISER TRADITIONAL AND PPO PLANS

	Kaiser Traditional Plan	Kaiser Dual Choice PPO Plan *(Not Available for New Enrollments)*	
	Kaiser / Community Affiliated Providers Only	In-Network Kaiser and PPO Providers	Out-of-Network Non-Participating Providers
Alternative Care Services			
Acupuncture *(12 visits PCY)*	$25 copay (dw)	$25 copay (dw)	40% (dw)
Chiropractic *(20 visits PCY)*	$25 copay (dw)	$25 copay (dw)	40% (dw)
Massage Therapy *(12 visits PCY)*	$25 copay (dw)	$25 copay (dw)	40% (dw)
Vision Services			
Vision Exam *(Age 0-18)*	Covered in full (dw)	Covered in full (dw)	40% after deductible
Vision Exam *(Age 19+)*	$20 copay (dw)	$45 copay (dw)* *Enhanced:* $25 copay (dw)*	40% after deductible
Vision Hardware *(Age 0-18)*	No charge for eyeglass lenses, frames, or contact lenses every 12 months.	No charge for eyeglass lenses, frames, or contact lenses every 12 months.	
Vision Hardware *(Age 19+)*	Allowance of up to $150 for prescription eyeglasses or conventional or disposable prescription contact lenses, including medically necessary contact lenses, every two years.	Initial allowance of up to $150 for prescription eyeglasses or conventional or disposable prescription contact lenses, including medically necessary contact lenses, not more than once in a two year period.	
Retail Pharmacy *(30-Day Supply)*			
	Kaiser Pharmacies	Kaiser Pharmacies	MedImpact Pharmacies
Generic	$20 copay (dw)	$20 copay (dw)	$30 copay (dw)
Preferred Brand	$40 copay (dw)	$40 copay (dw)	$60 copay (dw)
Non-Preferred Brand	$60 copay (dw)	$60 copay (dw)	$90 copay (dw)
Specialty	$250 copay (dw)	$250 copay (dw)	35% (dw)
Mail Order Pharmacy *(90-Day Supply)*			
	Kaiser Mail Order	Kaiser Mail Order	MedImpact Mail Order
Generic	$40 copay (dw)	$40 copay (dw)	*Call CVS Caremark (800) 237-2767*
Preferred Brand	$80 copay (dw)	$80 copay (dw)	
Non-Preferred Brand	$120 copay (dw)	$120 copay (dw)	
Specialty	Not Covered	Not Covered	

(dw) = deductible waived / (PCY) = per calendar year

HEALTH REIMBURSEMENT ACCOUNT (HRA)

All employees and their dependents who enroll in either the Kaiser Traditional or Dual Choice PPO medical plans will also be enrolled in the Health Reimbursement Account (HRA), administered by Kaiser Health Payment Systems, and paid for by Reed College.

The HRA is a reimbursed benefit that Reed College provides to all employees and their eligible dependents enrolled in the Kaiser Traditional or Dual Choice PPO medical plans. When you receive services from Kaiser subject to the deductible on the Traditional or Dual Choice PPO plan, the claim processes with Kaiser automatically, and the available HRA funds are applied to your out-of-pocket costs, up to the maximum HRA benefit. Reed College will fund your HRA up to **$250 per covered member (you and your dependents)** annually, applied on the back end of your deductible responsibility. For example, if your deductible is $750 on the Traditional plan, you would be responsible for the first $500 then Reed College's HRA would pick up and pay the remaining $250 (on the Dual Choice PPO plan, you're responsible for the first $750 of individual deductible, then the $250 HRA covers the last portion of your deductible expense).

	Kaiser Traditional Plan	Kaiser Dual Choice PPO Plan	
	Kaiser Providers / Facilities	In-Network	Out-of-Network
Calendar Year Deductible			
Individual / Family	$750 / $2,250	$1,000 / $3,000	$3,000 / $9,000
HRA Benefit			
Individual / Family	Up to $250 / Up to $750	Up to $250 / Up to $750	Up to $250 / Up to $750
Calendar Year Deductible When Using Your HRA Benefit			
Individual / Family	$500 / $1,500	$750 / $2,250	$2,750 / $8,250

USING YOUR HRA BENEFIT:

Kaiser Traditional Plan: Pay-to-Provider

Services at Kaiser providers and facilities are paid directly from your HRA once you've met your portion of the deductible. Claims for qualified expenses are automatically filed for payment to Kaiser Permanente from the HRA. Members will receive a bill for any nonqualified expenses or charges in excess of their available HRA balance (amounts due as coinsurance after the deductible, up to the out-of-pocket maximum). Contact Kaiser's Health Payment Services Team for more information by phone at: **877.761.3399**, or by email at: **kp@healthaccountservices.com**.

Kaiser Dual Choice PPO Plan: Manual Reimbursement Submission

Members may be asked to make a payment up front for scheduled services, or be invoiced for deductible expenses, when seeking care on the Dual Choice PPO Plan. Because this plan covers services at providers that may not be contracted with Kaiser Permanente, the Plan is unable to automatically process the HRA payment during the claims process. This means that members on this Plan will need to submit their deductible expense (once you've met your individual deductible responsibility) to Kaiser Health Payment Systems.

Members can file a claim for reimbursement from their HRA online at **kp.org/healthpayment**. When filing your claim online, be sure to have necessary claims documentation including the date of service, provider name and location, type of expense, and out-of-pocket cost. A good example of this such documentation is your Explanation of Benefits (EOB) from Kaiser, or a detailed receipt from your provider. You have 90 days from the end of the Plan Year (December 31st) to submit your expenses for reimbursement (no later than March 31st of the following calendar year).

DENTAL PLANS

Reed College will continue to offer dental coverage with Willamette Dental, Kaiser, and MetLife. You will have a choice between **three different dental plans** to fit your dental needs.

The first dental plan option is the Willamette EPO plan designed to provide top-notch proactive dental care with their unique approach. On this plan, your out-of-pocket costs for covered dental services are predictable with low copays and there is no annual maximum benefit!

Remember, if you enroll in the Willamette EPO benefit plan, you will only have coverage at their Willamette facilities. To find a facility near your visit: **locations.willamettedental.com**, or call **855.433.6825.**

The second dental plan is the Kaiser DHMO plan. This plan requires that you go to Kaiser facilities for services and offers continuity of care with your Kaiser medical coverage. Visit **kp.org/dental/nw** or call member services at **800.813.2000** to schedule an appointment at your local Kaiser Dental office.

The third dental plan option offered through MetLife is a PPO dental plan. The MetLife PPO dental plan is designed to provide the dental coverage you need with the features you want. Take advantage of what this plan has to offer without compromising what matters most- including the freedom to visit the dentist of your, and your dependents', choice – an "in-network" dentist or an "out-of-network dentist.

For the best savings, use an in-network dental provider. You can find a dentist by visiting **metlife.com/insurance/dental-insurance** or call member services at **800.942.0854**. If you choose a dentist who does not participate in our dental plan, your out-of-pocket expenses may be more, since you will be responsible for paying any difference between the dentist's fee and the plan's payment for the approved service.

The charts that follow on the next pages provide a brief outline of the plan designs, but we encourage you to review the plan documents for a complete list of covered services and plan details.

WILLAMETTE DENTAL EPO PLAN

Willamette Dental Insurance EPO Dental Plan	
Willamette Dental Providers Only	
Copays	
Office Visit Copay	$10
Specialty Office Visit Copay	$30
Annual Deductible per Person per Calendar Year	
Individual / Family	N/A
Annual Maximum per Person per Calendar Year	
Per Person	N/A
Copay Schedule*	
Diagnostic & Preventive	Covered in Full after Office Visit Copay
Fillings	Covered in Full after Office Visit Copay
Porcelain – Metal Crown	$50 copay
Prosthodontics	$50 - $100 copays
Endodontics & Periodontics	$30 – $90 copays
Oral Surgery	*Routine:* Covered in Full after Office Visit Copay *Surgical Extraction:* $50 copay
Orthodontia	*Pre-Orthodontia Treatment:* $150 copay *Comprehensive Orthodontia Treatment:* $1,200 copay
Dental Implant Surgery	Implant benefit maximum of $1,500 per calendar year

*For a full outline of service based copays, please see the Willamette Dental plan booklet

KAISER DHMO DENTAL PLAN

Kaiser DHMO Dental Plan	
Kaiser Providers Only	
Copays	
Office Visit Copay	N/A
Annual Deductible per Person per Calendar Year	
Individual	$50
Family Maximum	$150
Waived for Preventive ?	Yes
Annual Maximum per Person per Calendar Year	
Per Person	$1,500
Benefit Schedule*	
Preventive Services *Exams, X-Rays, Cleanings, etc.*	Covered in Full (dw)
Basic Services *Fillings, root canals, etc.*	*Minor Restoration:* Covered in Full after deductible *Other Services:* 20% after deductible
Major Services *Crowns, bridges, etc.*	20% after deductible
Orthodontia	
Benefit Percentage	50% up to lifetime maximum of $1,500

(dw) = deductible waived
*For a full outline of covered dental services, please see the Kaiser DHMO plan booklet

METLIFE PPO DENTAL PLAN

MetLife PPO Dental Plan		
	In-Network	**Out-of-Network**
Copays		
Office Visit Copay	N/A	
Annual Deductible per Person per Calendar Year		
Individual	$50	
Family Maximum	$150	
Waived for Preventive Care?	Yes	
Annual Maximum per Person per Calendar Year		
Per Person	$2,000	
Benefit Schedule*		
Preventive Services *Exams, X-Rays, Cleanings, etc.*	Covered in Full (dw)	
Basic Services *Fillings, root canals, etc.*	20% after deductible	
Major Services *Crowns, bridges, etc.*	40% after deductible	
Orthodontia (Adults & Children)		
Benefit Percentage	50% up to lifetime maximum of $1,500	

(dw) = deductible waived

*For a full outline of covered dental services, please see the MetLife PPO plan booklet

FLEXIBLE SPENDING ACCOUNTS (FSA)

The Flexible Spending Account (FSA) plan with **Rocky Mountain Reserve (RMR)** allows you to set aside pre-tax dollars to cover qualified expenses you would normally pay out of your pocket with post-tax dollars. The plan is comprised of a health care spending account and a dependent care spending account. The money you put into your account is not considered taxable income, allowing you to save money by paying less Federal, State and FICA taxes.

HOW AN FSA WORKS:

- Choose a specific amount of money to contribute each pay period, pre-tax, to one or all four different accounts during the year.
- The amount is automatically deducted from your pay at the same level each pay period.
- As you incur eligible expenses, you may use your flexible spending debit card to pay at the point of service OR submit the appropriate paperwork to be reimbursed by the plan. For more information regarding the FSA debit card and other reimbursement options, as well as a more detailed list of eligible expenses, visit the Rocky Mountain Reserve (RMR) website at: **rockymountainreserve.com**

IMPORTANT RULES TO KEEP IN MIND:

- The Flexible Spending Plan Year runs from January 1, 2027, through December 31, 2027.
- You cannot transfer funds from the healthcare FSA to the dependent care FSA, and vice versa.
- IRS regulations require that Flexible Spending Account elections be made each year for the new plan year; only up to **$680*** of your election amounts from prior plan year will be allowed to be rolled over to the new plan year

Note: *IRS Regulations do not allow Domestic Partner claims to be submitted for reimbursement through the Flex plan unless they qualify as tax dependents under Code Section 152.*

HEALTHCARE FLEXIBLE SPENDING ACCOUNT:

The Healthcare FSA allows you to set aside up to **$3,400* in the 2027** tax year, to be deposited into an account to pay for health-related expenses that are not reimbursed from insurance or any other source for employees and qualified dependents.

Some examples of eligible expenses: prescription medicines and office visit copays, hearing aids, orthopedic goods, prosthetic devices, doctors, dentists, orthodontics, osteopaths, optometrists, ophthalmologists, opticians, eyeglasses and over-the-counter supplies and devices.

DEPENDENT CARE FLEXIBLE SPENDING ACCOUNT:

Employees are also eligible to set aside a portion of their salary, **up to $7,500 per household***, to be deposited into a Dependent Care Flexible Spending Account. This account can then be used to pay for eligible dependent care expenses to allow you and your spouse, if you are married, to work, look for work, or attend school full-time.

**As of this publication, the new IRS allowed maximum contributions and carryover balances have not yet been announced; that announcement is expected in late 2026.*

USING YOUR FSA FUNDS

Using your RMR FSA debit card is easy and convenient! The payments come directly from your FSA, no need to pay out-of-pocket first. The RMR debit card intelligently allocates funds between your Health Care and Dependent Care FSA accounts. Save Your Receipts! You may be occasionally asked to provide RMR with your receipt, per IRS rules, if the provider or merchant isn't set up for autosubstantiation as qualified medical expenses.

You can also pay out-of-pocket & get reimbursed! Submit reimbursement requests easily right from your phone or computer. Funds can be sent quickly via Direct Deposit, Venmo*, or Paypal*.

**Additional fees apply for instant reimbursement options*

ACCESSING YOUR ACCOUNT

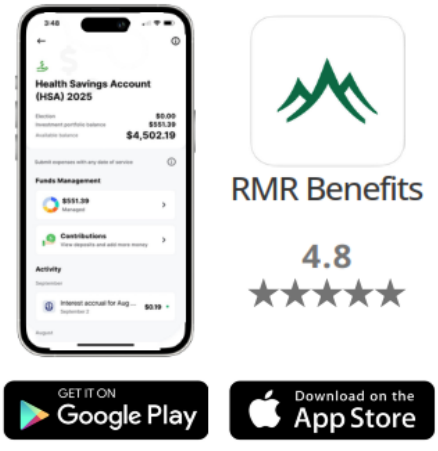
- Navigate in your browser to: **user.rmrbenefits.com/login**
- Select Register
- Enter your Date of Birth and Unique ID *(likely your 9 digit SSN)*
- Fill in or choose your required login & password information
- Verify your email – After registering, you'll receive an emYou must click the verification link in email to fully register your account
- Enter Your Debit Card # – If your account has a debit card yneed to enter the last 4 digits of your cnumber after logging into the portal

WHAT'S COVERED?

Visit **rockymountainreserve.com/whats-covered** to learn more about expenses that are eligible under a Flexible Spending Account.

DOWNLOAD THE MOBILE APP

The **RMR Benefits** mobile app is availabe in the Apple App Store and Google Play Store for Android.



BASIC LIFE / AD&D INSURANCE

Reed College provides Basic Life and Accidental Death & Dismemberment (AD&D) benefits through Standard Insurance Company to eligible employees at ***no additional cost to you***.

Life / AD&D Benefits – Class II
Life / AD&D Benefit Amount
2x annual earnings up to a max of $300,000
Additional Information
Age Reduction **Age 70:** benefits reduce to 65% of original amount **Age 75:** benefits reduce to 50% of original amount **Beneficiary Designation:** Be sure to complete your beneficiary designation. This can be updated at any time throughout the year, as many times as necessary.

VOLUNTARY LIFE / 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 and / or voluntary accidental death and dismemberment (AD&D) coverage. You may enroll in voluntary life and AD&D coverage together, or individually, if you choose. Your requested election, however, could be subject to medical questions and evidence of insurability.

Voluntary Life and Voluntary AD&D Benefits	
Employee	
• Benefit Amount • Overall Maximum • Guarantee Issue Amount	Increments of $10,000 $500,000 $100,000**
Spouse	
• Benefit Amount • Overall Maximum • Guarantee Issue Amount	Increments of $5,000 Lesser of 100% of employee amount or $500,000 $25,000
Child(ren)	
• Benefit Amount • Overall Maximum; Live birth to age 26 • Guarantee Issue	Increments of $2,000 $10,000 Full Benefit Amount
Additional Information	
Accidental Death Benefit	In the event of an accidental death, the benefit may double. Please see booklet for further details.
Dismemberment	In the event of accidental dismemberment, a benefit is provided up to a scheduled amount corresponding to the loss. Please see your booklet for further details.
Age Reduction	**Age 70:** Benefits reduce to 65% of original amount **Age 75:** Benefits reduce to 50% of original amount

BENEFICIARY DESIGNATION

Be sure to complete your beneficiary designation. This can be updated any time throughout the year, as many times as necessary.

GUARANTEE ISSUE – VOLUNTARY LIFE / AD&D

All employees have a one-time opportunity to enroll up to the Guarantee Issue Amount without providing health statements, when initially eligible. However, if you do not enroll for at least $10,000 in coverage, when you are initially eligible for benefits, you will be required to provide evidence of "good health" for any amount elected.

KNOW YOUR COSTS – VOLUNTARY LIFE / AD&D

Voluntary Life Rates per $1,000 in Coverage			
Employee		**Spouse / Domestic Partner**	
0-30	$0.054	**0-30**	$0.102
30-34	$0.064	**30-34**	$0.125
35-39	$0.102	**35-39**	$0.200
40-44	$0.146	**40-44**	$0.347
45-49	$0.259	**45-49**	$0.584
50-54	$0.843	**50-54**	$0.942
55-59	$0.843	**55-59**	$1.312
60-64	$1.188	**60-64**	$1.870
65-69	$1.979	**65-69**	$2.798
70-74	$3.063	**70-74**	$4.668
75+	$8.208	**75+**	$11.413
Employee AD&D Rate	$0.030 per $1,000	**Spouse / DP AD&D Rate**	$0.050 per $1,000
Child Life Rate		$0.250 per $1,000	
Child AD&D Rate		$0.050 per $1,000	

*Employees who smoke have higher premiums for life insurance coverage. See the plan benefit summary from Standard for details and rates. No tobacco user rates apply to spouses, domestic partners, and children.

LONG-TERM DISABILITY (LTD)

Reed College offers long-term income protection through Standard to eligible employees at no additional cost to you in the event you become unable to work due to a non-work-related illness or injury. This benefit covers 60% of your monthly base salary up to $7,500. Benefit payments begin after 180 days of disability. See Certificate of Coverage for benefit duration. Please see the summary plan description for complete plan details.

Long-Term Disability (LTD)	
Benefits	
Benefit Begins	After 180 days of continuous disability from the day your disabling condition occurs
Monthly Benefit	60% of your pre-disability, monthly earnings, up to $7,500
Maximum Benefit Duration	Up to your Social Security Normal Retirement Age (SSNRA)*
Additional Plan Provisions	
Taxation of Benefits	Benefits received by the employee are taxable
Assisted Living Benefit	An additional 20% of the first $12,500 of your pre-disability earnings, but not to exceed $2,500. The Assisted Living Benefit is not reduced by deductible income.
Limited Benefits	Mental illness is a 24-month combined lifetime benefit limitation
Pre-Existing Condition Limitation	3 months prior / 12 months insured

*If disabled prior to age 62; If disabled after age 62, benefits are paid on a schedule, dependent upon the age at time of disability.

EMPLOYEE ASSISTANCE PROGRAM (EAP)

Life does not always go smoothly. All of us experience times when a personal problem or crisis affects the way we function at work or home. Your Employee Assistance Program (EAP) is a problem-solving resource available to you and your household members. A professional counselor will assist you in assessing your situation, finding options, making choices, or locating further help.

New this year, Reed College's Employee Assistance Program benefits will be administered by Standard Insurance, in partnership with Health Advocate. Standard's EAP provides **six (6) face-to-face counseling sessions per issue, per year, at no cost to you.**

It's free...Your employer covers the cost of initial assessment, additional problem-solving sessions, and referral services. If there is a need for further counseling or treatment, your counselor will help you explore various options.

It's confidential...Your EAP has been set up with Standard Insurance / Health Advocate, an outside counseling resource to assure confidentiality. No one at work will know you have chosen to seek help unless you choose to tell them. Nothing concerning your use of EAP will appear in your personnel file.

Standard's EAP services with Health Advocate are free with unlimited telephonic visits and can be reached 24 hours a day at **877.851.1631**, by email at **answers@healthadvocate.com**, or online at **healthadvocate.com/standard6**.

USI BENEFIT RESOURCE CENTER (BRC)

Reed 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. Benefit Specialists are experienced professionals and their primary responsibility is to assist you. The Specialists in the Benefit Resource Center are available Monday through Friday 8am to 5pm Pacific Time, by phone at **866.468.7272**, or via email at **brcwest@usi.com**. If you need assistance outside of regular business hours, please leave a message and one of the Benefit Specialists will promptly return your call or email.

IMPORTANT CONTACT INFORMATION

Benefit	Carrier / Group Number	Phone Number	Website / Email
Core HDHP Medical Plan Traditional Medical Plan	Kaiser *Group #1780*	800.813.2000	www.kp.org
Dual Choice PPO Medical Plan *(Not Available for New Enrollments)*	Kaiser *Group #1780*	866.616.0047	kp.org/choiceproducts/nw
Health Reimbursement Account (HRA)	Kaiser Health Payment Systems *Group #1780*	877.761.3399	**Email:** kp@healthaccountservices.com **Online:** www.kp.org/healthpayment
EPO Dental Plan	Willamette Dental *Group #OR408*	855.433.6825	www.willamettedental.com
DHMO Dental Plan	Kaiser *Group #1780*	800.813.2000	www.kp.org
PPO Dental Plan	MetLife *Group #KM05957643-G*	800.942.0854	www.metlife.com
Health Savings Account (HSA) Flexible Spending Account (FSA)	Rocky Mountain Reserve (RMR) *Group ID: RMRREED*	888.722.1223	**Email:** info@rmrbenefits.com **Online:** www.rockymountainreserve.com
Life / AD&D Voluntary Life Voluntary AD&D	Standard *Group #163531*	800.628.8600	www.standard.com
Long-Term Disability (LTD)	Standard *Group #163531*	800.368.1135	www.standard.com
Employee Assistance Program (EAP)	Standard / Health Advocate *Group #163531*	877.851.1631	**Email:** answers@healthadvocate.com **Online:** healthadvocate.com/standard6
Benefits Questions / Resources	USI Benefit Resource Center	866.468.7272	**Email:** brcwest@usi.com

REED COLLEGE

This brochure summarizes the benefit plans that are available to Reed 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.