2026 BENEFITS

Welcome to Open Enrollment

Ursinus COLLEGE

It's that time of year!
Use this guide to get ready for enrollment. Review benefits, get plan recommendations, and compare coverage—all in one place. Bookmark it so you don't lose it!

Take Action

Select the benefits that fit your needs for the new plan year.

Open Enrollment Happens Once a Year

If you're considering switching health plans, adding or removing a dependent, or exploring new coverage options, now's the time to take action.

What You Need to Know:

Passive Enrollment for Most Plans

This year's Open Enrollment is *passive* for the majority of plans. That means if you don't want to make any changes, most of your existing elections will automatically carry over into the new plan year.

Exceptions – Action Required:

You *must* log in to the Oracle system to make an active election if you plan to enroll in any of the following:

- Healthcare Flexible Spending Account (FSA)
- Dependent Day Care Account (DCA)
- Health Savings Account (HSA)

Please note: FSA, DCA, and HSA account enrollments **do not roll over** from year to year. A new election is required annually during Open Enrollment.

- **HSA Accounts**: If you wish to contribute to an HSA for the upcoming plan year, you will be required to enter in a monthly HSA contribution amount in Oracle.

No Changes? No Problem.

If you're not making changes to your:

- Medical
- Dental
- Vision
- Voluntary Life Insurance
- Supplemental Health Benefits

...then you don't need to do anything. These benefits will automatically roll over into the next plan year as currently elected.

Who Needs to Take Action?
You'll need to log into Oracle during the Open Enrollment window if you want to:

- Change your current coverage
- Add or remove dependents
- Enroll in a new plan
- Waive coverage for the upcoming year

If no action is taken, your current elections (with the exception of FSA, DCA, and HSA) will remain in place for the new plan year.

Open Enrollment Start:
June 11, 2026

Open Enrollment Close:
June 21, 2026

What's changing and what's staying the same?

For the upcoming plan year beginning July 1, 2026, please note the following:

Changes:

- The **Meritain Medical Plan designs and employee contributions** will be changing due to increased costs from the industry and increased claims expenses.
    - **Spousal Coverage**: You may cover your spouse or domestic partner under the medical plan; however, an additional cost may apply based on their access to other coverage. If your spouse or domestic partner has access to medical coverage through their employer and still enrolls under your plan, a $100 monthly surcharge will be added. If your spouse or domestic partner does not have access to employer coverage, no surcharge will apply. When enrolling a spouse or domestic partner in coverage, employees must indicate the applicable spousal surcharge selection. Those who select the option to waive the surcharge will be required to complete a spousal affidavit with HR outside of the enrollment system. The reduced (non-surcharge) rate will only be applied once the affidavit has been submitted and approved.
    - **Prescription Drug Update**: Beginning July 1, 2026, medications used for weight loss, including GLP-1s, will not be covered under the plan when prescribed only for weight loss. These medications may only be covered if prescribed to treat diabetes and if approved through the plan's prior authorization process.
- The **Health Reimbursement Account (HRA)** structure will be changing under the Bronze and Silver Plans.
    - The Bronze and Silver Plan HRAs will activate after you satisfy the first $2,500 (single coverage) or $5,000 (family coverage) towards the in-network deductible.
    - The HRA will then subsidize the following amounts by plan:
        - Bronze: $2,000 (single) or $4,000 (family)
        - Silver: $500 (single) or $1,000 (family)
- Effective July 1, 2026, employer contributions to the **Health Savings Account (HSA)** will be discontinued. Employees who are enrolled in an HSA-eligible plan may continue to make their own pre-tax contributions in accordance with IRS limits.

No Changes:

- MetLife Dental Plan designs and contributions
- VBA Vision Plan Designs
    - Base VBA Vision Plan is automatically included in your medical enrollment.
- The employee contributions for the Buy-Up Vision Plan will remain the same.
- Mutual of Omaha Life/AD&D, Long Term Disability, Voluntary Life/AD&D, and EAP
- Supplemental Health policies will remain available under a new name: RenSecureHealth (formerly Ansel)

How to Prepare

Review your current benefits to help you determine what changes you might need. Access your current benefits information in your benefits portal. Ask yourself:

- Do my current benefits meet my needs?
- Have there been changes to my health or family situation?
- Am I paying for benefits I don't use?

Enroll Online

Instructions to help you enroll are at the end of this guide, along with benefit resources if you have questions or need support. To start your enrollment, log in to the Oracle system.

If you have questions related to the Oracle enrollment system, please contact your Human Resources team via email at benefits@ursinus.edu.

ORACLE

Oracle Log In

Our Benefits

We offer benefits that support you in every aspect of life.

Thank you for all that you do!

Health & Wellness Benefits

Health Insurance	Meritain Health an aetna company
Telemedicine	Teladoc HEALTH
Tax-Free Spending & Savings Accounts	HG THE HARRISON GROUP, INC
Dental	MetLife
Vision	vba
EAP	Mutual of Omaha

Financial Security Benefits

Life and AD&D Options	Mutual of Omaha
Long Term Disability	Mutual of Omaha

Additional Benefits

Supplemental Health	RenSecureHealth
Retirement 403b	TIAA
Retiree Health	emeriti RETIREMENT HEALTH

Eligibility

What you need to know before you enroll in benefits.

Review Your Options

You may enroll in, change, or drop any of the following benefits:

- Medical Insurance
- Tax-free Accounts
- Dental Insurance
- Vision Insurance
- Supplemental Health Coverage
- Supplemental Life Insurance

Benefits provided by the company **at no cost**:

- Employee Assistance Program (EAP)
- Basic Life Insurance
- Short Term Disability
- Long Term Disability

Enrollment Opportunities

Eligibility

Full-time employees who work 30 hours per week or more are eligible for all benefits.
Employees who begin their employment on the 1st of the month immediately qualify for benefits on that day. Employees who begin after the 1st of the month will qualify for benefits on the 1st of the following month.

Eligible dependents include:

- Your legally married spouse or domestic partner
  - Note: You may cover your spouse or domestic partner under the medical plan; however, an additional cost may apply based on their access to other coverage. If your spouse or domestic partner has access to medical coverage through their employer and still enrolls in this plan, a $100 monthly surcharge will be added. If your spouse or domestic partner does not have access to employer coverage, no surcharge will apply. You will be asked to confirm your spouse's coverage status during enrollment.
- Your children or children of your domestic partner up to the end of the calendar year in which they turn age 26, regardless of employment, marital, student, or financial dependency status
- Your children of any age who are disabled and incapable of self-support

Enrollment Timing

You have three opportunities to enroll in or make changes to your benefits:

- Within 31 days of your date of hire
- During the annual Open Enrollment period
- Within 31 days of a Qualified Life Event

Your selections will stay in place until the next open enrollment, unless you report a Qualified Life Event.

Qualified Life Events

A Qualified Life Event allows you to change your benefits outside of Open Enrollment. These events include:

- Getting married or divorced
- Having a baby or adopting a child
- Losing health coverage
- Gaining or losing eligibility for Medicaid, Medicare, or CHIP
- Moving to an area where coverage isn't available
- Changing your work status

If you experience a qualified life event, contact HR as soon as possible. You only have **31 days** from the date of your event to make changes.

When Coverage Starts

The plan year starts **July 1, 2026** and ends **June 30, 2027**. New hire benefits begin after you complete enrollment and take effect the 1st of the month following or coinciding with your date of hire (if hire date is on the 1st of the month).

When Coverage Ends

For most benefits, coverage will end on the last day of the month in which your regular work schedule is reduced to fewer than 30 hours per week, your employment ends, or you stop paying your share of coverage.

Your dependent's coverage ends when your coverage ends or on the last day of the calendar year in which they turn age 26 and no longer meet eligibility requirements. Some benefits may terminate immediately on the date of the event.

Health Insurance

Health plans that fit your lifestyle.

You and your family can select from a variety of health plans, each offering unique coverage and benefits to suit different needs.

Spousal Coverage Update: Effective July 1, 2026, you may cover your spouse or domestic partner under the medical plan; however, an additional cost may apply based on their access to other coverage.

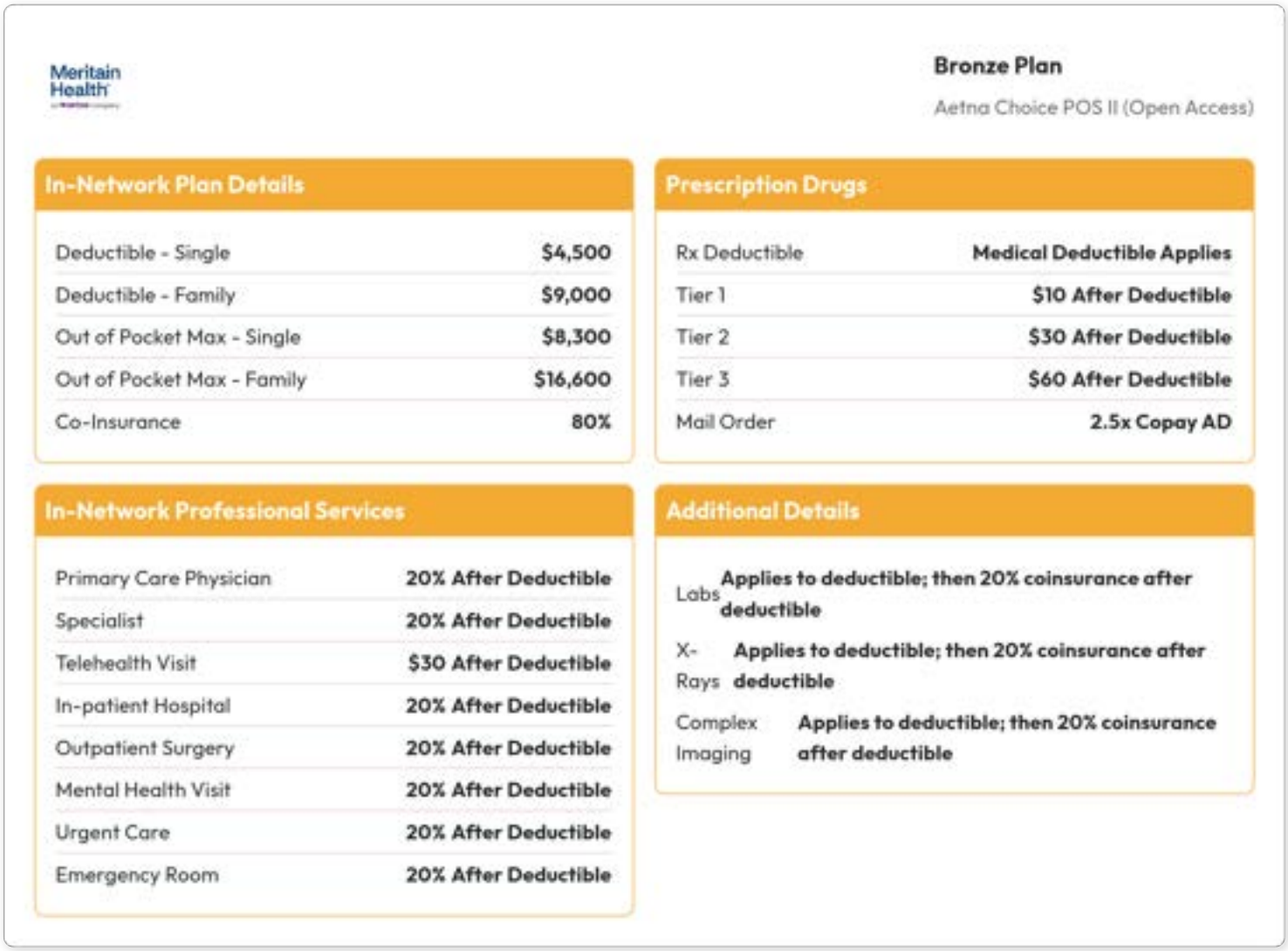
- If your spouse or domestic partner has access to medical coverage through their employer and still enrolls in this plan, a $100 monthly surcharge will be added.
- If your spouse or domestic partner does not have access to employer coverage, no surcharge will apply.
- When enrolling a spouse or domestic partner in coverage, employees must indicate the applicable spousal surcharge selection. Those who select the option to waive the surcharge will be required to complete a spousal affidavit with HR outside of the enrollment system. The reduced (non-surcharge) rate will only be applied once the affidavit has been submitted and approved.

Prescription Drug Update: Beginning July 1, 2026, medications used for weight loss, including GLP-1s, will not be covered under the plan when prescribed only for weight loss. These medications may only be covered if prescribed to treat diabetes and if approved through the plan's prior authorization process.

Option 1: Bronze Plan

The Bronze HDHP Plan offers the lowest premiums with a higher deductible before the plan starts to pay. You'll receive the greatest benefits with in-network doctors and hospitals; however, you may choose to use out-of-network providers for a reduced benefit subject to separate out-of-network deductibles.

- Health Reimbursement Account (HRA) is included
- Health Savings Account (HSA) is available
- No referrals needed



Plan Option 1: Bronze Plan

Per Month Costs

Coverage Tier	Monthly Rates *No spousal surcharge*	Spousal Surcharge* *Applicable if your spouse or partner has access to medical coverage through their employer*
Employee	**$44.67** /mo	**N/A; $44.67** /mo
+Spouse	**$377.31** /mo	**$477.31*** /mo
+Child(ren)	**$307.77** /mo	**N/A; $307.77** /mo
Family	**$535.52** /mo	**$635.52*** /mo

Option 2: Silver Plan

The Silver HDHP Plans offers higher premiums with a lower deductible until the plan begins to pay. You'll receive the greatest benefits with in-network doctors and hospitals; however, you may choose to use out-of-network providers for a reduced benefit subject to separate out-of-network deductibles.

- Health Reimbursement Account (HRA) is included
- Health Savings Account (HSA) is available
- No referrals needed

Meritain Health

Silver Plan

Aetna Choice POS II (Open Access)

In-Network Plan Details

Deductible - Single	$3,000
Deductible - Family	$6,000
Out of Pocket Max - Single	$8,300
Out of Pocket Max - Family	$16,600
Co-Insurance	80%

Prescription Drugs

Rx Deductible	Medical Deductible Applies
Tier 1	$10 After Deductible
Tier 2	$30 After Deductible
Tier 3	$60 After Deductible
Mail Order	2.5x Copay AD

In-Network Professional Services

Primary Care Physician	20% After Deductible
Specialist	20% After Deductible
Telehealth Visit	$30 After Deductible
In-patient Hospital	20% After Deductible
Outpatient Surgery	20% After Deductible
Mental Health Visit	20% After Deductible
Urgent Care	20% After Deductible
Emergency Room	20% After Deductible

Additional Details

Labs	Applies to deductible; then 20% coinsurance after deductible
X-Rays	Applies to deductible; then 20% coinsurance after deductible
Complex Imaging	Applies to deductible; then 20% coinsurance after deductible

Plan Option 2: Silver Plan

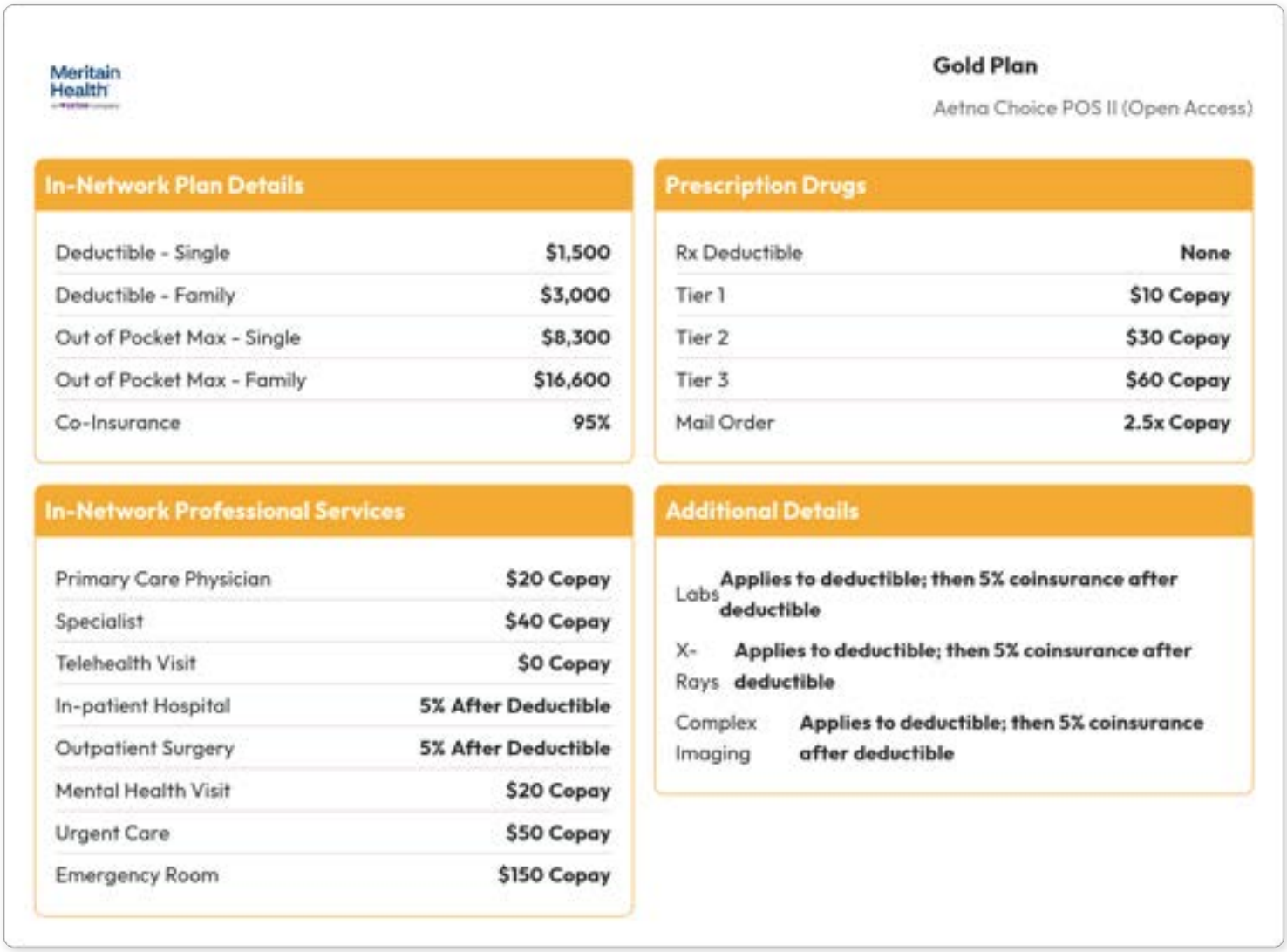
Per Month Costs

Coverage Tier	**Monthly Rates** *No spousal surcharge*	**Spousal Surcharge*** *Applicable if your spouse or partner has access to medical coverage through their employer*
Employee	**$107.46** /mo	**N/A; $107.46** /mo
+Spouse	**$546.88** /mo	**$646.88*** /mo
+Child(ren)	**$465.49** /mo	**N/A; $465.49** /mo
Family	**$755.91** /mo	**$855.91*** /mo

Option 3: Gold Plan

The Gold PPO Plan has the highest premium cost with the lowest deductible and out of pocket cost for medical care. You'll receive the greatest benefits with in-network doctors and hospitals; however, you may choose to use out-of-network providers for a reduced benefit subject to separate out-of-network deductibles.

- FSA is available
- No referrals needed



Meritain Health

Gold Plan

Aetna Choice POS II (Open Access)

In-Network Plan Details

Deductible - Single	**$1,500**
Deductible - Family	**$3,000**
Out of Pocket Max - Single	**$8,300**
Out of Pocket Max - Family	**$16,600**
Co-Insurance	**95%**

Prescription Drugs

Rx Deductible	**None**
Tier 1	**$10 Copay**
Tier 2	**$30 Copay**
Tier 3	**$60 Copay**
Mail Order	**2.5x Copay**

In-Network Professional Services

Primary Care Physician	**$20 Copay**
Specialist	**$40 Copay**
Telehealth Visit	**$0 Copay**
In-patient Hospital	**5% After Deductible**
Outpatient Surgery	**5% After Deductible**
Mental Health Visit	**$20 Copay**
Urgent Care	**$50 Copay**
Emergency Room	**$150 Copay**

Additional Details

Labs	**Applies to deductible; then 5% coinsurance after deductible**
X-Rays	**Applies to deductible; then 5% coinsurance after deductible**
Complex Imaging	**Applies to deductible; then 5% coinsurance after deductible**

Plan Option 3: Gold Plan

Per Month Costs

Coverage Tier	Monthly Rates *No spousal surcharge*	Spousal Surcharge* *Applicable if your spouse or partner has access to medical coverage through their employer*
Employee	**$328.34** /mo	**N/A; $328.34** /mo
+Spouse	**$827.07** /mo	**$927.07*** /mo
+Child(ren)	**$559.98** /mo	**N/A; $559.98** /mo
Family	**$1,432.13** /mo	**$1,532.13*** /mo

Find a Doctor

Visit in-network providers and facilities to take advantage of discounted rates and maximize your benefits.

Search for network providers
Aetna Choice POS II (Open Access)

Digital Tools & Member Resources

Your member account is a powerful tool for managing every aspect of your health plan. Need to check on a claim, pay a bill, or talk to a representative? Access these services and more on your member portal.

Don't forget to register your member account after your coverage takes effect!

- See what's covered
- Find nearby in-network providers
- Request member ID cards
- Track claims, costs, and more

Register Account

Embedded In Your Medical Plan

Take advantage of these programs that promote a healthier lifestyle.

Telemedicine

Get convenient access to healthcare from the comfort of your home. Connect with healthcare providers via phone, video call, or mobile app, making it easier than ever to talk with a doctor and less expensive than an in-person visit. Teladoc provides access to general medical visits (available 24/7), tele-behavioral health visits, and tele-dermatology visits.

CVS Minute Clinic

MinuteClinic makes it easy for you to get the care you need, when and where you need it. And now you can access all eligible services, including general medical MinuteClinic Virtual Care visits at any in-network MinuteClinic at little to no cost to you, depending on your medical plan selection.

Discount Program

Find discounts on products and services that promote better health and well-being. These discounts can help you prioritize your health without breaking the bank.

Document
LifeMart Discount Program

Rx Home Delivery

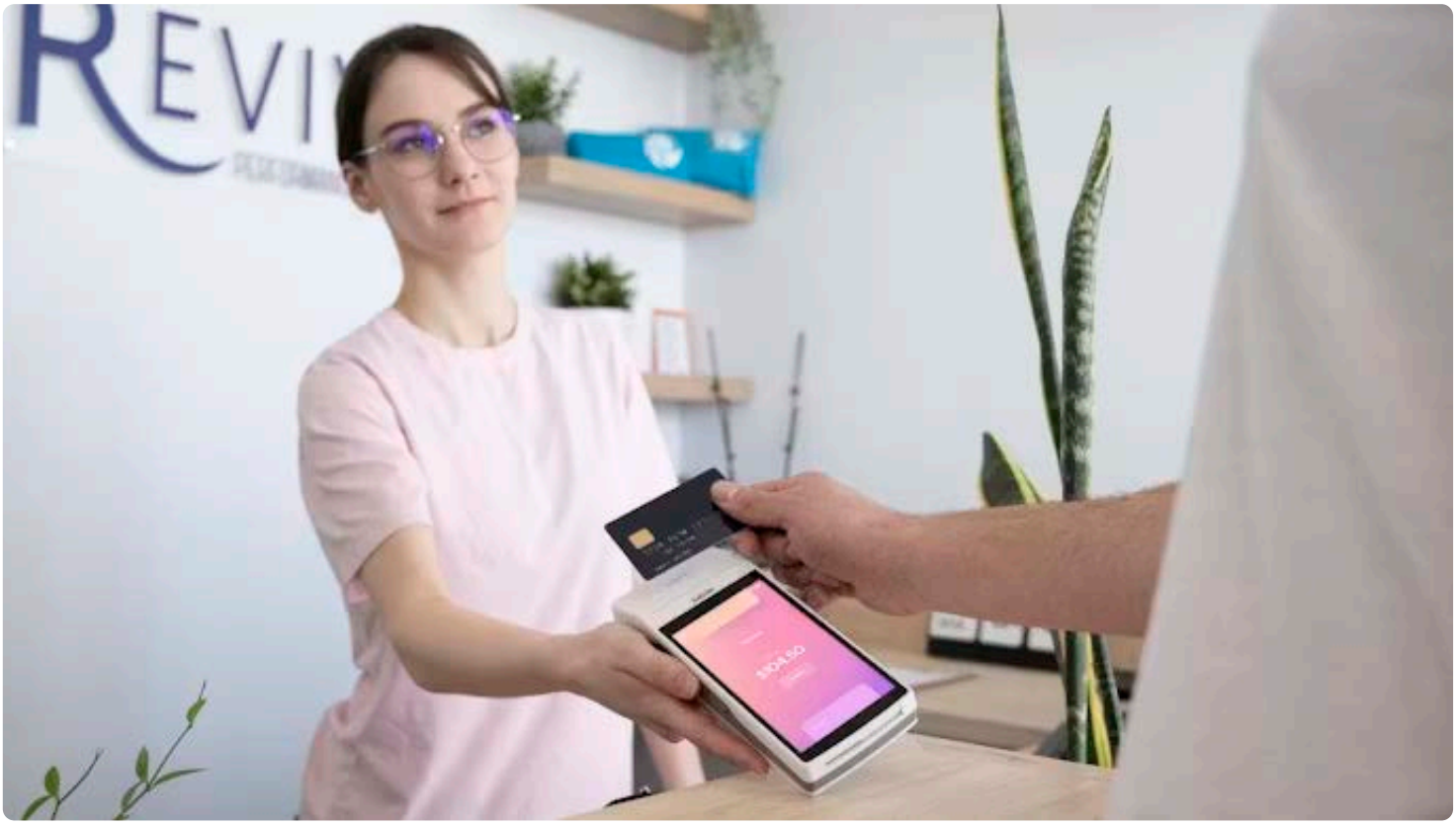
If you take prescribed medication on a regular basis, you could save on copays with a 90-day supply, delivered right to your door. Standard shipping is free and you could even set up automatic refills and renewals.

Document
CVS Caremark Information

Free Health Care Dollars

Using Your HRA Benefit: Bronze & Silver Plan Enrollees

A Health Reimbursement Arrangement (HRA) is an employer-funded benefit program that reimburses employees enrolled under the Bronze or Silver medical plan for eligible in-network deductible expenses after you meet the first portion of the deductible.



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How It Works

Your employer funds your HRA with a set amount each year. These funds are provided at no cost to you. The HRA will reimburse expenses applied towards your In-Network Deductible under either the Bronze or Silver Plan. You will be responsible for the *FIRST* portion of your deductible and then the HRA will reimburse you up to a specific amount. When you have an eligible expense, you'll submit an activation form to the HRA administrator to activate your HRA.

- You cannot withdraw funds to pay expenses
- You must incur the expense and then have it reimbursed
- Reimbursement at the time of service is only available with an HRA debit card

To activate the HRA, you must send the Activation Form and a copy of your Meritain Explanation of Benefits (EOB) showing that you have reached the first portion of your deductible. You will receive a smart card that works for the HRA. You can also file claims online by visiting the Harrison Group portal.

If you are terminated or leave the company, your HRA funds will be returned to your employer. You do not take them with you.

Bronze Plan HRA Details

If you enroll under the Bronze Plan, you will be responsible to satisfy the **first** portion of your deductible as outlined below. Once you have satisfied that amount, you should complete the HRA activation form to activate your HRA for the remainder of the deductible up to the below amounts.

- **Single Coverage**: You will be responsible for the ***FIRST $2,500*** of your deductible. Once you have satisfied the first $2,500 of your deductible, the HRA will reimburse you up to the amounts below.
- **Dependent/Family Coverage**: You will be responsible for the ***FIRST $5,000*** of your deductible. Once you have satisfied the first $5,000 of your deductible, the HRA will reimburse you up to the amounts below.

Bronze HRA Funding Levels for Second Portion of Deductible

Your HRA will be funded up to the following amount each plan year after you have satisfied the first $2,500 (single) or $5,000 (family).

Employee Only	**$2,000** /yr
Employee + Spouse	**$4,000** /yr
Employee + Children	**$4,000** /yr
Family	**$4,000** /yr

Silver Plan HRA Details

If you enroll under the Silver Plan, you will be responsible to satisfy the **first** portion of your deductible as outlined below. Once you have satisfied that amount, you should complete the HRA activation form to activate your HRA for the remainder of the deductible up to the below amounts.

- **Single Coverage**: You will be responsible for the ***FIRST $2,500*** of your deductible. Once you have satisfied the first $2,500 of your deductible, the HRA will reimburse you up to the amounts below.
- **Dependent/Family Coverage**: You will be responsible for the ***FIRST $5,000*** of your deductible. Once you have satisfied the first $5,000 of your deductible, the HRA will reimburse you up to the amounts below.

Silver HRA Funding Levels for Second Portion of Deductible

Your HRA will be funded up to the following amount each plan year after you have satisfied the first $2,500 (single) or $5,000 (family).

Employee Only	**$500** /yr
Employee + Spouse	**$1,000** /yr
Employee + Children	**$1,000** /yr
Family	**$1,000** /yr

HRA Benefit Summary and Claim Form

To view the full HRA benefit summary and claim form, click on the documents included below.

Document
Ursinus College HRA Plan Summary 26-27.docx

Document
HRA Claim Form Ursinus College 26-27.docx

What Can Be Reimbursed?

Eligible Expenses are Medical and Prescription Drug expenses that you and/or your covered family members incur which are covered by our group medical plan's in-network deductible, after you satisfy the first portion of your deductible.

The Harrison Group Portal

Tax-Free Accounts

Keep more money in your pocket.

Unlock valuable tax benefits and save for your healthcare needs with a Flexible Spending Account (FSA) or Health Savings Account (HSA)!

Take Action for Open Enrollment:
Review your current contributions to determine how much savings you may need for the upcoming plan year.

- Consider changes in your health or your family's health
- Evaluate your current coverage or explore options better suited to your needs
- Select your total contribution for the new plan year

Account Options

Health Care FSA

An employer-owned savings account that allows you to set aside pre-tax dollars for a variety of medical expenses, including deductibles, copays, and coinsurance for doctor visits, surgeries, and X-rays. They also cover dental and vision expenses.

- You are eligible for the Health Care FSA if you are enrolled into the Gold Medical Plan or if you have opted out of medical coverage and are not covered by a Qualified HDHP with an HSA.

Dependent Care FSA

An employer-owned savings account that allows you to set aside pre-tax dollars for eligible expenses like daycare and caregiving services. Expenses must be for a **dependent child under age 13** or a dependent adult (like a parent or spouse) who can't care for themselves.

HSA (HDHP Required)

In order to be eligible for an HSA, you must be enrolled into a HDHP. A personal health savings account that allows you to set aside pre-tax dollars for a variety of medical expenses, including deductibles, copays, and coinsurance for doctor visits, surgeries, and X-rays. They also cover dental and vision expenses.

- You must be enrolled under either the Bronze or Silver Medical Plan.

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FSA Contribution Limits

The maximum contribution limits for each plan are outlined below.

Health Care FSA:

- You can save up to $3,400 in pre-tax dollars!

Dependent Care FSA:

- You can save up to $7,500 in pre-tax dollars!

$3,750 if you are married filing a separate tax return

How Your FSA Works

Eligibility

- You are eligible for the Health Care FSA if you are enrolled into the Gold Medical Plan or if you have opted out of medical coverage and are **not** covered by a Qualified HDHP with an HSA
- You are eligible for the Dependent Day Care account if you have an eligible dependent for the account
- FSAs are owned by the company

Contributions

- Medical FSA allows immediate access to the entire election on day one; you will be payroll deducted throughout the year
- Dependent Day Care Account is funded on a per-pay basis; the amount available for reimbursement is limited to the amount that has been contributed to date
- Adjusted at open enrollment only

Tax Benefits

- Reduces taxable income
- Not investable

Purchases

- Pay with your FSA debit card
- Pay out of pocket and submit a claim for reimbursement online

Year End / Termination

- Health Care FSA and Dependent Care FSA funds have a 2.5 month spending grace period to spend down your balances after the close of the plan year
- Any remaining funds in these accounts after the 2.5 month spending grace period will be forfeited due to "use-it-or-lose-it" rules for FSA
- Remaining funds are forfeited if you leave the company

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HSA Contribution Limits for 2026

These amounts are the IRS maximum HSA contribution limits set by the IRS. Remember to stay within the limit to avoid tax penalties. Age 55 and older can make 'catch-up' contributions of up to an additional $1,000.

- Individuals can save up to $4,400 in pre-tax dollars!
- Families can save up to $8,750 in pre-tax dollars!

HSA Contributions

Effective July 1, 2026, employer contributions to the Health Savings Account (HSA) will be discontinued. Employees who are enrolled in an HSA-eligible plan may continue to make their own contributions in accordance with IRS limits.

How Your HSA Works

Eligibility

- Must enroll in a HDHP medical plan, either the **Bronze** or **Silver** Meritain plan options
- Cannot be covered by any other medical plan including Medicare, Medicaid, or CHIP
- Cannot be claimed as a dependent on someone else's tax return
- Owned by you

Tax Benefits

- Reduces taxable income
- Grows tax-free
- Investable

Contributions

- Effective July 1, 2026, the College will no longer contribute towards the HSA.
- You have the option to contribute pre-tax dollars up to the IRS maximum allowed
- Available after deposited
- Option to adjust on a per month basis

Purchases

- Pay with your HSA debit card
- Pay out of pocket and submit a claim for reimbursement online

Year End / Termination

- Funds rollover once the plan year ends
- Keep all funds if you leave the company

The Harrison Group Website

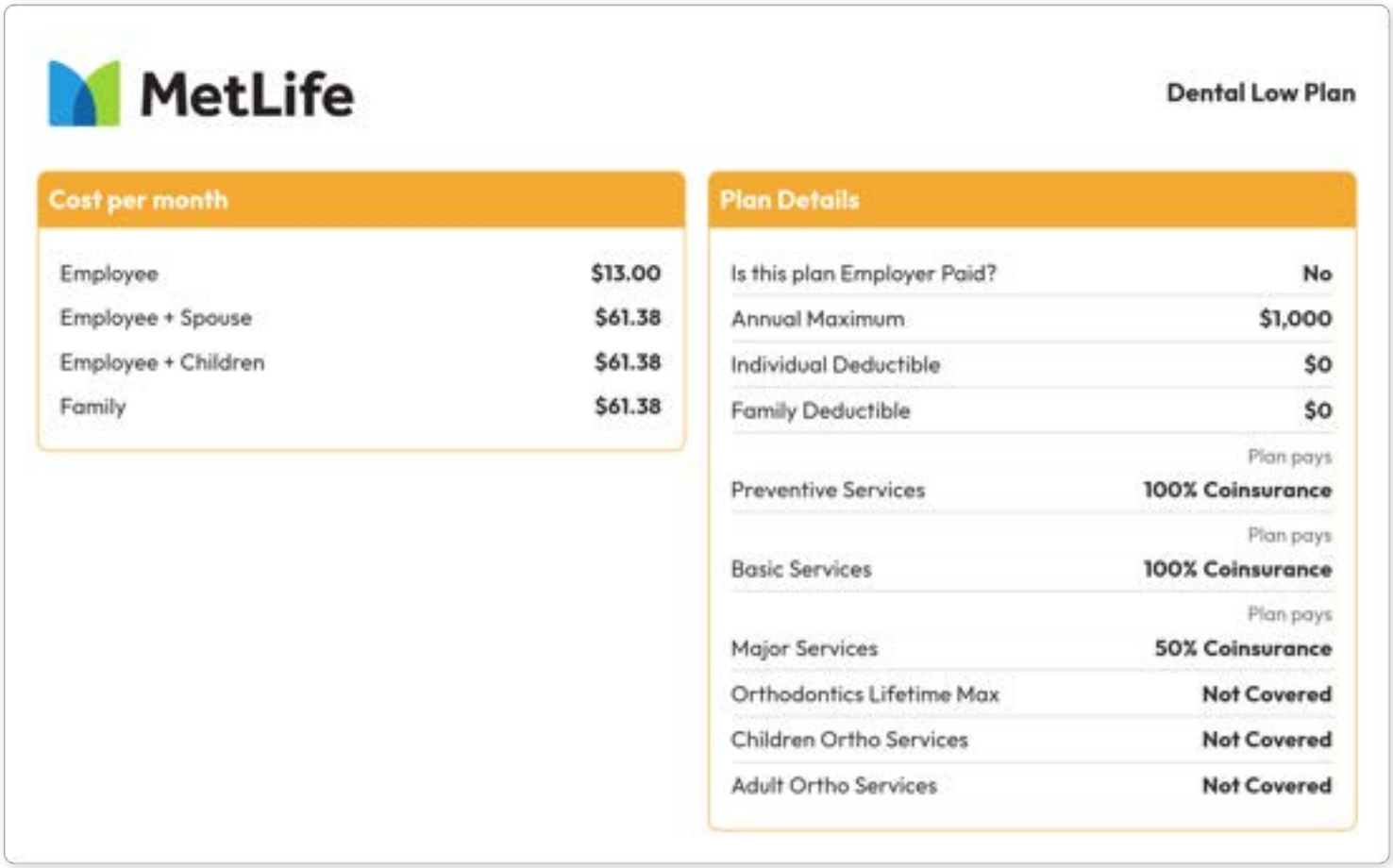
Keep your smile healthy.

Get coverage for cleanings, check-ups, and more. Since dental insurance prioritizes prevention, many of these services are covered at 100%.

Option 1: Dental Low Plan

The Low Dental Plan offers both in-network and out-of-network coverage. You can view the in-network benefits below.

- **Note**: If you use an out-of-network provider, out of network benefits are based on the *Maximum Allowable Charge (MAC).* The insurance carrier will pay the out of network dentist the same rate they pay an in-network dentist, which may result in a balance-bill.



MetLife

Dental Low Plan

Cost per month	
Employee	$13.00
Employee + Spouse	$61.38
Employee + Children	$61.38
Family	$61.38

Plan Details	
Is this plan Employer Paid?	No
Annual Maximum	$1,000
Individual Deductible	$0
Family Deductible	$0
Preventive Services	Plan pays 100% Coinsurance
Basic Services	Plan pays 100% Coinsurance
Major Services	Plan pays 50% Coinsurance
Orthodontics Lifetime Max	Not Covered
Children Ortho Services	Not Covered
Adult Ortho Services	Not Covered

Option 2 – Dental High Plan

The High Dental Plan offers both in-network and out-of-network coverage. You can view the in-network benefits below.

- **Note**: If you use an out-of-network provider, out of network benefits are based on the *Usual, Customary, and Reasonable (UCR)* charge, which is based on what 80% of dentists in a geographical area bill for the service. You can be balance billed for the difference when visiting an out of network provider.

MetLife

Dental High Plan

Cost per month	
Employee	$32.31
Employee + Spouse	$117.90
Employee + Children	$117.90
Family	$117.90

Plan Details	
Employer Paid	No
Annual Maximum	$2,000
Individual Deductible	$0
Family Deductible	$0
Preventive Services	Plan pays 100% Coinsurance
Basic Services	Plan pays 100% Coinsurance
Major Services	Plan pays 50% Coinsurance
Orthodontics Lifetime Max	$2,500
	Orthodontia is covered at 50% to a lifetime maximum benefit of $2,500
Children	Yes
	Ortho Benefit Available
Adults	Yes
	Ortho Benefit Available

Find a Dentist

Visit in-network dentists to maximize the discounts available to you. Both the Low and High Dental Plans use the **PDP Plus** plan network. You can visit the link below and select the **PDP Plus** network from the drop down box to find in-network dentists located near you.

Search for network providers

Register your account

Once you are enrolled, you can register online with MetLife to do the following:

- Find a dentist
- Get estimates for most procedures
- View your plan summary
- View your claims
- Access and save your ID card

MetLife Portal

Vision Insurance

Keep your vision sharp.

You'll have coverage for exams, glasses, and contacts. Plus you may even qualify for additional vision discounts!

Base Vision Plan: Tied to Medical Plan Enrollment

Please note that you must be enrolled into a Meritain Medical Plan in order to have the Base Vision Plan. The cost for the Base Plan is automatically included in your medical plan premium. If you enroll into medical coverage, you will be automatically enrolled in the Base Vision Plan at the same dependent tier.

vba

Base Vision Plan- Tied to Medical Plan Enrollment

Plan Details	
Eye Exams 24 months	$25
Lenses Benefits 24 months	$25
Contact Lenses 24 months	$100 Allowance
Frames 24 months	$100 Allowance

Plan Highlights & Details

Out of Network Benefits

There are different reimbursements for services if you use an out-of-network provider. You will need to file the claim with VBA to reimbursed.

Contact Lenses

Benefits may only be used for contact lenses when selected in lieu of eyeglasses (spectacle lenses and frames). You may use either the spectacle lenses OR contact lenses benefit within a benefit period.

The Base Vision Plan is tied to medical enrollment so if you enroll into a Meritain medical plan, you will automatically be enrolled into the Base Vision Plan with same coverage level.

Buy-Up Vision Plan: Voluntary

If you waive medical coverage or if you wish to elect the Buy-Up Voluntary Vision Plan in place of the Base Vision Plan, you have the option to do so.

vba

Buy-Up Vision Plan- Voluntary

Cost	
Employee	$4.82
Employee + Spouse	$9.17
Employee + Children	$9.41
Family	$12.55

Plan Highlights & Details

Out of Network Benefits
There are different reimbursements for services if you use an out-of-network provider. You will need to file the claim with VBA to reimbursed.

Contact Lenses
Benefits may only be used for contact lenses when selected in lieu of eyeglasses (spectacle lenses and frames). You may use either the spectacle lenses OR contact lenses benefit within a benefit period.

Plan Details	
Eye Exams 12 months	$25
Lenses Benefits 12 months	$25
Contact Lenses 12 months	$130 Allowance
Frames 24 months	$130 Allowance

If you waive medical coverage or if you wish to elect the Buy-Up Vision Plan in place of the Base Plan, you have the option to do so.

Find an Optometrist

Visit in-network providers to maximize the discounts available to you.

Search for network providers

Register your account

Once you are enrolled, you can register online with VBA to have access to the following:

- Find in-network vision providers
- View claims
- Locate additional discounts and savings opportunities
- Review your plan summary

VBA Portal

Supplemental Health Benefits

Benefits that Go Beyond Traditional Health Insurance

Supplemental health policies work on top of other health insurance and pay cash benefits you can use towards medical bills or anything else you need. Supplemental health insurance pays cash benefits if you're diagnosed with any of 13,000 covered conditions.

How It Works

Injuries and illnesses come in different shapes and sizes. Some conditions are less serious than others, while some are dangerous or life-threatening. **That's why RenSecureHealth (formerly Ansel) was designed as a single plan with three benefit categories that cover a broad spectrum.**

The categories include: *Moderate*, *Severe*, and *Catastrophic*. Covered conditions fall into one of these categories. Each one has a set payout and all three categories are included in your plan.

Moderate	Severe	Catastrophic

Injuries or illnesses that likely require a short visit to the ER or urgent care	Serious conditions that require more intensive medical treatment and attention	Life-threatening conditions that require immediate medical intervention
Examples: *simple fractures, lacerations, kidney stones, and dehydration*	**Examples:** *appendicitis, compound fractures, pulmonary embolism, and torn ACL*	**Examples:** *malignant lung cancer, heart attack, stroke, and major organ failure*

To learn more about this coverage through RenSecureHealth, review the below document that includes sample covered conditions.

Document
RenSecureHealth Overview and Sample Covered Conditions

What are the plan reimbursement levels?

The below shows you the reimbursements available. If you or an insured dependent is diagnosed with a covered condition, the payout will equal the amount in the benefit category in which the covered condition falls.

- For example, if you elect the Enhanced Plan, any covered condition in the Severe Benefit category will pay a $1,000 benefit.

Value Plan	Enhanced Plan	Premier Plan
• **Moderate: $200** • **Severe: $500** • **Catastrophic: $1,000**	• **Moderate: $300** • **Severe: $1,000** • **Catastrophic: $2,000**	• **Moderate: $500** • **Severe: $1,500** • **Catastrophic: $3,000**

Who pays this premium?

If you elect to enroll into coverage, Ursinus College contributes towards the cost of the premium for you. This employer contribution helps to lower the premium rates you pay for the policy. Note that premiums are age-banded and dependent upon who you are covering under your policy. Please refer to the table below to view the specific monthly pricing by age and tier.

Value

Moderate: $200
Severe: $500
Catastrophic: $1,000

Monthly costs:

	EE	EE+SP	EE+CH	FAM
< 25	$0.28	$5.56	$4.50	$10.84
25-29	$1.58	$8.16	$6.85	$14.74
30-34	$4.14	$13.28	$11.45	$22.42
35-39	$6.70	$18.39	$16.05	$30.09
40-44	$10.55	$26.09	$22.98	$41.64
45-49	$14.60	$34.20	$30.28	$53.80
50-54	$20.96	$46.92	$41.73	$72.88
55-59	$27.85	$60.70	$54.13	$93.55
60-64	$36.90	$78.81	$70.43	$120.71
65-69	$50.02	$105.03	$94.03	$160.05
70+	$36.28	$75.55	$67.50	$116.83

Enhanced

Moderate: $300
Severe: $1,000
Catastrophic: $2,000

Monthly costs:

	EE	EE+SP	EE+CH	FAM
< 25	$4.36	$13.71	$11.84	$23.07
25-29	$6.76	$18.62	$16.17	$30.28
30-34	$11.51	$28.01	$24.71	$44.52
35-39	$16.32	$37.65	$33.38	$58.97
40-44	$23.62	$52.25	$46.52	$80.87
45-49	$31.40	$67.80	$60.52	$104.20
50-54	$43.54	$92.08	$82.37	$140.62
55-59	$56.65	$118.29	$105.96	$179.94
60-64	$73.93	$162.85	$137.07	$231.78
65-69	$98.87	$202.75	$181.97	$306.62
70+	$71.26	$147.53	$132.28	$223.79

Premier

Moderate: $500
Severe: $1,500
Catastrophic: $3,000

Monthly costs:

	EE	EE+SP	EE+CH	FAM
< 25	$9.64	$24.27	$21.34	$38.91
25-29	$13.34	$31.68	$28.01	$50.02
30-34	$20.65	$46.29	$41.16	$71.94
35-39	$28.02	$61.04	$54.44	$94.06
40-44	$39.17	$83.34	$74.51	$127.51
45-49	$51.00	$107.00	$95.80	$163.00
50-54	$69.50	$144.00	$129.10	$218.50
55-59	$89.50	$183.99	$165.09	$278.49
60-64	$116.83	$236.66	$212.49	$357.49
65-69	$153.89	$312.78	$281.00	$471.67
70+	$111.64	$228.08	$204.77	$344.62

To review the full benefit summary, along with the premium costs, review the full benefit summary document included below.

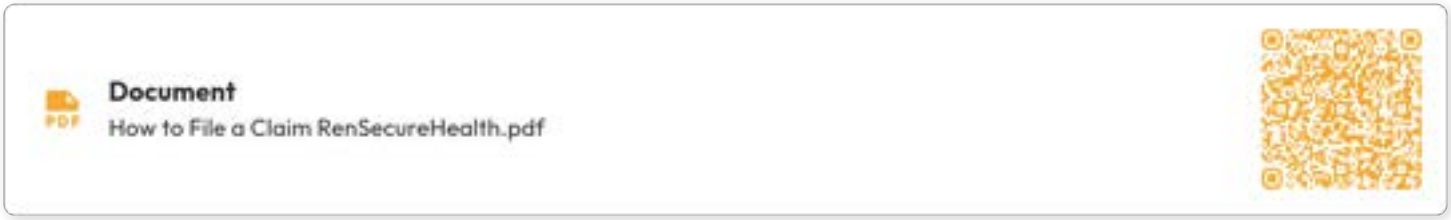
Document
Ursinus College Supplemental Health Benefit Summary.pdf

How to File a Claim

RenSecureHealth provides easy claims submission via their mobile app or online member portal. Your member portal simplifies the entire process, ensuring that you receive the benefits you're entitled to without any hassle.

- Online claims submission in minutes - 4 simple questions
- Upload photos of readily available claim evidence
- No EOB or bills are required
- Payments issued via PayPal, Venmo, or direct deposit

Review the document below on how to file claims and view the RenSecureHealth portal.



RenSecureHealth

Employee Assistance Program

Your wellbeing matters, we can help you get the support you need.

You and your immediate family members have access to confidential help 24 hours a day, 7 days a week.

Mutual of Omaha

How It Works

The EAP offers expert counseling services and a wealth of resources to help you through your situation. This confidential service provides a safe and supportive environment for you to discuss a variety of issues and concerns, such as:

- Mental health
- Emotional well-being
- Family & relationships
- Healthy lifestyles
- Work & life transitions
- Legal & financial matters

EAP Services

Phone Access with an EAP Professional	**Available 24 hours a day, 7 days a week**
Counseling Options	**Up to 3 face-to-face or video telehealth sessions per year**
Referrals	**Available as needed**
Stress Management	**Resources and techniques to cope with stress and improve overall well-being**
Work Life Balance	**Resources to help manage your time and achieve a healthy balance**

Legal / Financial Assistance	**A counseling session may be substituted for one financial consultation or one legal consultation.**
Mental Health Support	**Resources to help with depression, anxiety, and substance abuse**

Get Started

The EAP portal has everything you need to thrive personally and professionally. If you need immediate support, the emergency assistance line is available 24/7 for confidential help and guidance.

EAP Website

1-800-316-2796
+1 (800) 316-2796

Life insurance is a crucial part of any financial plan.

If you become ill or pass away unexpectedly, a life insurance policy could help cover costs like medical, funeral, and cost of living expenses for surviving family members.

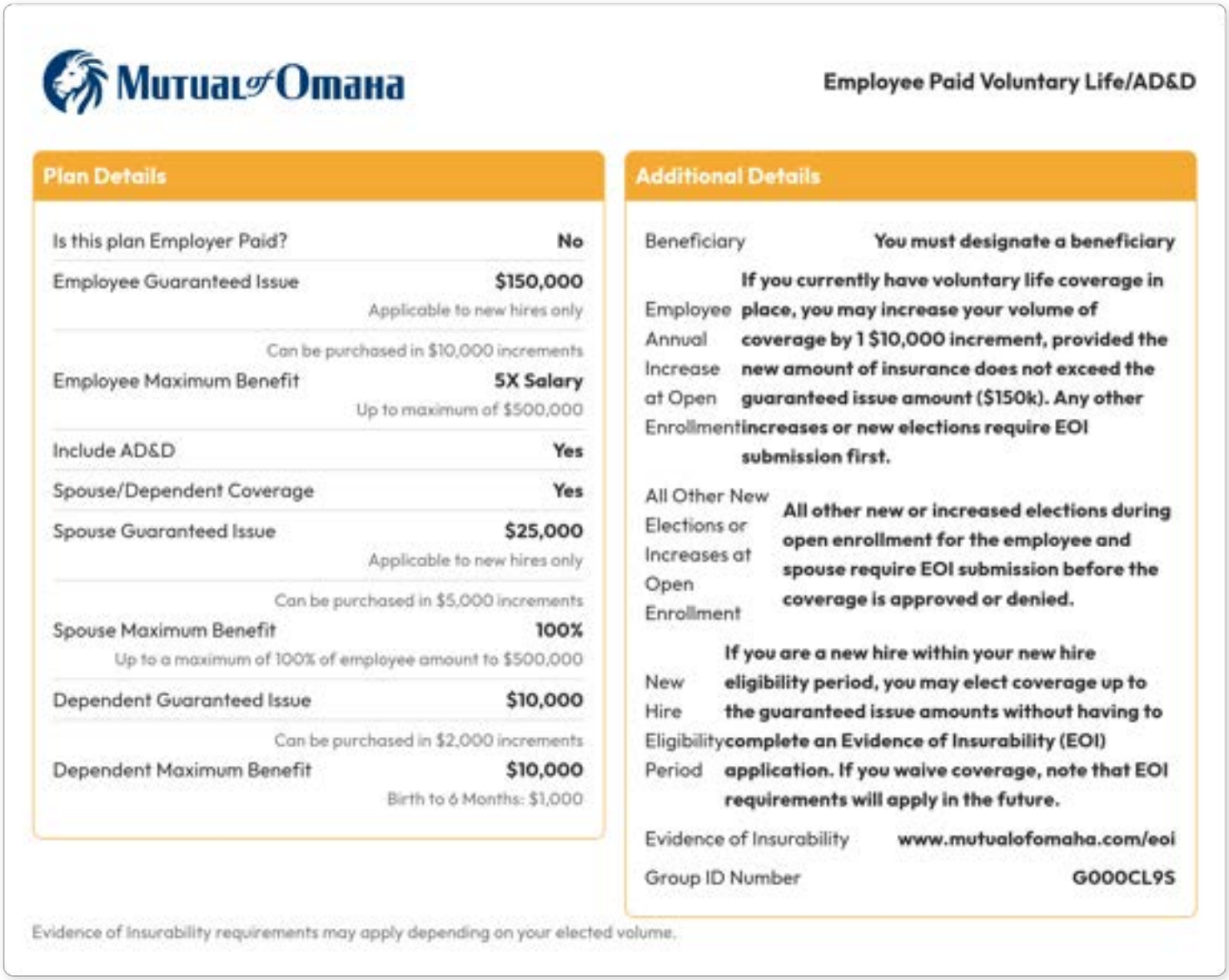
Group Life and AD&D Insurance

We provide basic life insurance for all eligible employees, so your family is protected in case the unexpected happens.

Supplemental Life and AD&D Insurance

You can choose to buy extra life insurance coverage for yourself, as well as coverage for your spouse and dependent children. Note that you must elect employee supplemental life insurance in order to elect coverage for a spouse or dependent child.

Plan costs will be available at enrollment!



Mutual of Omaha

Employee Paid Voluntary Life/AD&D

Plan Details

Is this plan Employer Paid?	**No**
Employee Guaranteed Issue	**$150,000** Applicable to new hires only
	Can be purchased in $10,000 increments
Employee Maximum Benefit	**5X Salary** Up to maximum of $500,000
Include AD&D	**Yes**
Spouse/Dependent Coverage	**Yes**
Spouse Guaranteed Issue	**$25,000** Applicable to new hires only
	Can be purchased in $5,000 increments
Spouse Maximum Benefit	**100%** Up to a maximum of 100% of employee amount to $500,000
Dependent Guaranteed Issue	**$10,000**
	Can be purchased in $2,000 increments
Dependent Maximum Benefit	**$10,000** Birth to 6 Months: $1,000

Additional Details

Beneficiary	**You must designate a beneficiary**
Employee Annual Increase at Open Enrollment	**If you currently have voluntary life coverage in place, you may increase your volume of coverage by 1 $10,000 increment, provided the new amount of insurance does not exceed the guaranteed issue amount ($150k). Any other increases or new elections require EOI submission first.**
All Other New Elections or Increases at Open Enrollment	**All other new or increased elections during open enrollment for the employee and spouse require EOI submission before the coverage is approved or denied.**
New Hire Eligibility Period	**If you are a new hire within your new hire eligibility period, you may elect coverage up to the guaranteed issue amounts without having to complete an Evidence of Insurability (EOI) application. If you waive coverage, note that EOI requirements will apply in the future.**
Evidence of Insurability	**www.mutualofomaha.com/eoi**
Group ID Number	**G000CL9S**

Evidence of Insurability requirements may apply depending on your elected volume.

Evidence of Insurability (EOI)

Open Enrollment:

- **Annual Increase Option for Current Enrolled Employees:** If you currently have employee voluntary life coverage in place, you may increase your volume of coverage by one $10,000 increment during the annual open enrollment period, provided the new amount of insurance does not exceed the guaranteed issue amount ($150,000), without having to complete an Evidence of Insurability (EOI) form.
    - ***Note**: This increase provision only applies to employees, not spouses.*
- **New Elections & Other Increases**: All other new elections or increases during open enrollment require EOI submission before the coverage is approved or denied.

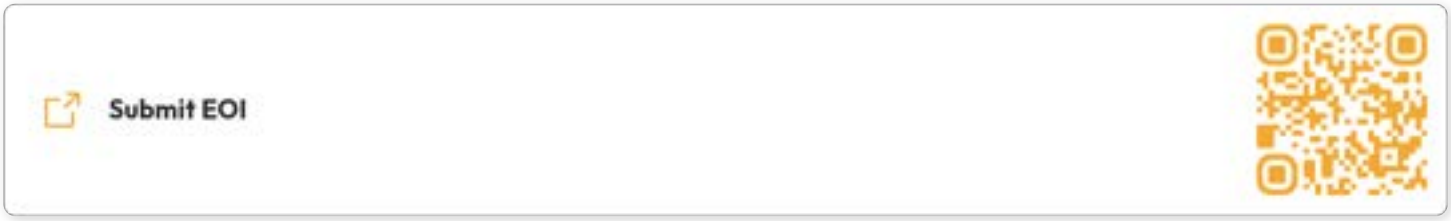
New Hires:

During your initial new hire eligibility period, you can elect coverage up to the guaranteed issue amounts without having to complete an EOI. If you or your spouse are electing coverage above the guaranteed issue amounts, you'll need to answer a few medical questions to Mutual of Omaha for review. Once your EOI application is reviewed, the coverage can be approved or denied and you will be notified by mail.

Online EOI Submissions:

You will be required to enter the below group ID number when you submit EOI.

- **Group ID Number**: G000CL9S



Focus on recovery without the added stress of financial uncertainty.

Disability plans offer paycheck protection by replacing a percentage of your income if you can't work due to a disabling illness or injury.

Short Term Disability (STD)

For all full-time employees who need to be away from work for medical reasons (including parental) for more than 5 days but less than 90 days.

The below policy is in effect July 1, 2026. For benefit information through June 30, 2026, please contact benefits@ursinus.edu

Eligibility

- Regular, full-time Ursinus employees eligible for benefits must: Have been employed with Ursinus for at least twelve (12) months; and
- Be a full-time faculty or full-time staff member employed by Ursinus.

Medical Leaves of Absence Overview

PURPOSE: This practice statement describes the provisions for employees who take a leave of absence from work for medical reasons. It describes the compensation levels for those on leave and the provisions for returning to employment with the College.

SCOPE: The practice applies to all full-time employees of Ursinus College. Part-time or temporary employees are not eligible for this program.

PRACTICE: Certain medical circumstances, such as illness and injury may require an absence from work for an extended time. The College provides or insures a specified compensation level for persons during a medical leave of absence. The College will also hold positions available for an employee returning from a medical leave of absence if the total time of the medical leave does not exceed 90 days.

The College requires medical certification from a physician before either short- term medical leave or long-term disability benefits are provided. All employees must have medical certification from a physician to return to work, and any work restrictions must be specified by the treating physician. If an employee is able to return to work but with the need for accommodations, then the employee must meet with the supervisor and/or personnel officer to discuss the accommodations and the needs of the position. If the College is unable to accommodate the restrictions, several options may be available, including long-term disability, termination of employment/unemployment compensation and extension of the leave as unpaid. The College may require a confirmation by a physician it chooses at any point in the medical leave process.

Medical leave is intended only to assist employees who have certified medical conditions that prevent them from working for an extended period, at least in excess of 5 days.

Medical leave will begin on the first day of the injury or illness. Workers' compensation rather than medical leave practices apply to work-related injury or illness. This benefit has a one week elimination period, which is 7 calendar days from the onset of injury or illness.

Employees who return from a medical leave are not eligible to receive pay for another medical leave until they have completed one year of continuous service from the date they return to work.Medical leave time will be considered a period of employment for the purpose of calculating length of service.The Human Resources Office administers the procedures for medical leave.

Parental Leave Policy

Paid parental leave is to enable the employee to physically recover from the birth and/or to care for and bond with a newborn or a newly adopted child.

The below policy is in effect July 1, 2026. For benefit information through June 30, 2026, please contact benefits@ursinus.edu

Ursinus has the exclusive right to interpret or modify this policy.

Eligibility

- Regular, full-time Ursinus employees eligible for benefits must: Have been employed with Ursinus for at least twelve (12) months; and
- Be a full-time faculty or full-time staff member employed by Ursinus.

If both parents are employees of Ursinus at the time of the birth or adoption of the child, both parents are eligible for the paid parental leave.

In addition, employees must meet one of the following criteria within the last twelve (12) months:

- Have given birth to a child;
- Be the spouse/domestic partner of a woman who has given birth to a child;
- Be the biological parent, or spouse/domestic partner of the biological parent, of the child; or
- Have adopted a child who is 17 years old or younger. This provision does not apply to the adoption of a stepchild by a stepparent or the placement of a foster child.

For purposes of this policy, domestic partners are defined as set forth in the College's policy regarding benefits for domestic partners: https://www.ursinus.edu/live/files/3820-affidavit-of-domestic-partnership-for-benefits.

Employees must use the paid parental leave for the purpose of physically recovering from the birth of a child and/or caring for or bonding with the newborn or newly adopted child.

Amount, Timeframe, and Duration

Eligible employees may receive up to fifteen (15) weeks of paid leave per birth or adoption of a child. In addition, in no case may an employee receive more than fifteen (15) weeks of paid parental leave in a rolling twelve (12) month period. The occurrence of a multiple birth or adoption (e.g., the birth of twins or adoption of siblings) does not increase the maximum amount of leave granted for that event.

Approved paid parental leave may be taken at any time during the twelve (12) month period immediately following the birth or adoption of a child. Paid parental leave may not be used or extended beyond the twelve (12) month time frame. Paid parental leave cannot be used on an intermittent basis, absent extraordinary circumstances.

Upon termination of the individual's employment at Ursinus, he or she will not be paid for any unused paid parental leave for which he or she was eligible.

	Elimination Period (available PTO will be applied)	Short-Term Disability at 100% Pay	Parental Leave at 100% Pay
Birth Mother	1 week	8 weeks	6 weeks
Spouse/Partner			6 weeks
Adoption			6 weeks
Primary Caregiver			6 weeks
Secondary Caregiver			6 weeks
Concurrent with FMLA?	Yes	Yes	Yes

Long Term Disability (LTD)

You'll receive monthly payments, up to a percentage of your salary, if you cannot work for an extended period due to a covered illness or injury.

Save for Retirement and Reach Your Financial Goals

Enjoy tax-deferred savings to build your retirement nest egg. When you contribute, you can enjoy tax benefits, maximizing your retirement savings potential.

403(b) Retirement Plan	Details
Defined Contribution Plan	This program is mandatory for all full-time employees, age 18 or older, who have satisfied the new hire waiting period. Full-time employees are those employed on a regular basis who are hired to work a full daily schedule each week (35 hours or more). You are eligible for this plan once you have satisfied the initial 6-month waiting period after your date of hire. Once the waiting period has been satisfied, the eligible employee contributes a minimum of 4% of his/her base salary and the College contributes 4% of the same salary base.

Tax-Deferred Annuity Plan	All employees of the college (full-time and part-time) may participate in a tax deferral arrangement authorized in Section 403(b). Available through our tax-deferred annuity plan, Voluntary Retirement Contracts provide the opportunity for all employees to make contributions to a retirement plan on a pre-tax basis through TIAA-CREF. There is neither a minimum age requirement nor any waiting period to join. The College makes no contribution to this plan. Contributions made to the Retirement Contract Plus Plans are not a substitute for participation in the regular defined contribution retirement plan when one qualifies for that Plan.
Roth Contribution Option	Roth Accounts are an additional option. In your retirement plan, your pretax contributions accumulate tax deferred, and withdrawals are taxable. With the "designated Roth" option, your after-tax Roth contributions also accumulate tax deferred, but may be taken tax free in a qualified distribution.
Contributions for 2026 Calendar Year	The voluntary individual maximum permitted by law is $24,500. Catch-Up Contributions: For employees who have attained age 50 or over anytime during the calendar year of this agreement, may elect to contribute up to an additional $8,000.

Connect with TIAA

For more information, connect with TIAA by visiting the website or calling.

TIAA Phone
+1 (800) 842-2252

TIAA Website

TIAA

Emeriti Program

Emeriti Health Solutions is a consortium of colleges and universities organized to address retiree health care needs.

Emeriti Program	Details
Emeriti	The Emeriti program was developed for the purpose of accumulating funds during the working years to be used for health insurance or health care expenses after retirement. The funds are deposited into a Voluntary Employee Benefits Association (VEBA) account which is serviced by OneBridge.

How It Works	Emeriti assists with paying for any qualifying out of pocket medical expenses, tax-free. This is a mandatory program where employees, aged 40 and over, will automatically be enrolled. A $50 dollar/month Pre-tax deduction will appear in their paycheck as a contribution towards their VEBA account. In addition, the college will match the employee's contribution 100%, making a total contribution of $100 per month in the employee's VEBA account. Ursinus will cease deductions under the following circumstances: (1) the date the institution has made 25 years of contributions to your account, (2) the date you cease employment, and (3) the date of passing during employment.

Connect with Emeriti

For more information, connect with Emeriti by visiting the website or calling.

Call Emeriti
+1 (866) 363-7484

Emeriti Website

emeriti
RETIREMENT HEALTH

Questions about your coverage?

We have some great resources available to answer your questions and point you in the right direction.

Exude Client Care

If you have questions about your benefits, you have a dedicated Client Care Specialist from Exude: Angie Sotomayor! You can contact Angie with any benefit-related questions or inquiries at anytime during the year.

EXUDE

asotomayor@exudeinc.com
asotomayor@exudeinc.com

215-422-4790
(215) 422-4790

Schedule a 1x1 Benefits Consultation

Document
Exude Client Care Specialist- Angie Sotomayor.pdf

Open Website

Medical

To review coverage, view and print ID cards, find a network provider, and talk with a representative:

Meritain Health®
an aetna company

1-800-925-2275
+1 (800) 925-2275

www.meritain.com

HRA / HSA / FSA

To review contributions and account balances, file for reimbursement, and talk with a representative:

THE HARRISON GROUP, INC.

610-853-9075
(610) 853-9075

www.theharrisongrouponline.com

Dental

To review coverage, view and print ID cards, find a network provider, and talk with a representative:

1-800-942-0854
+1 (800) 942-0854

www.metlife.com

Vision

To review coverage, view and print ID cards, find a network provider, and talk with a representative:

1-800-432-4966
+1 (800) 432-4966

www.vbaplans.com

Basic / Supplemental Life

To review coverage, file an insurance claim, and talk with a representative:

1-800-655-5142
+1 (800) 655-5142

www.mutualofomaha.com

Long Term Disability

To review coverage, file an insurance claim, and talk with a representative:

1-800-655-5142
+1 (800) 655-5142

www.mutualofomaha.com

Employee Assistance Program

To connect with our Employee Assistance Program, please see the below contact information.

Mutual of Omaha

1-800-316-2796
+1 (800) 316-2796

www.mutualofomaha.com/eap

Supplemental Health

To connect with RenSecureHealth regarding the supplemental health policies, please see the below contact information.

RenSecureHealth

1-888-612-1172
+1 (888) 612-1172

rensecurehealth.joinansel.com/member

Retirement 403b

To connect with TIAA on your retirement 403(b), please see the below contact information.

TIAA

1-800-842-2252
+1 (800) 842-2252

www.tiaa-cref.org/Ursinus

Retiree Health

To connect with the Emeriti Retirement Health Program, please see the below contact information.

emeriti
RETIREMENT HEALTH

1-866-EMERITI
+1 (866) 363-1424

www.emeritihealth.org

Enroll online in your benefits portal.

Log in today to access and manage your benefits, enroll in coverage, view plan details, and update personal information.

ORACLE

Enroll Now

Don't Miss the Deadline

Enroll as soon as possible to secure your coverage. Remember, unless you experience a Qualifying Life Event, you'll have to wait until the next annual open enrollment period for another chance to newly enroll or change your benefit selections.

New Hire Deadline: first of the month following or coinciding with your date of hire
Open Enrollment Deadline: June 21, 2026

Questions About This Guide

Feel free to review this guide as much as you need. We are here to help! If you have questions, you can contact us directly.

EXUDE

Angie Sotomayor
Sr Client Care Specialist

215-422-4790
(215) 422-4790

asotomayor@exudeinc.com
asotomayor@exudeinc.com

Open Website

Questions About the Oracle Enrollment System

If you have questions related to the Oracle enrollment system, please contact your Human Resources team at benefits@ursinus.edu.

Ursinus COLLEGE

Human Resources

benefits@ursinus.edu
benefits@ursinus.edu