



Benefits Guide



Your 2026 Benefits

Here's where to find ...

| | |
|--|----|
| Eligibility & Enrollment..... | 3 |
| Medical & Prescription Drug Plans at a Glance..... | 4 |
| Harvard Pilgrim HealthCare (HPHC) Tools..... | 6 |
| MyConnect..... | 7 |
| Know Where to Go..... | 8 |
| Wellness Reimbursement..... | 9 |
| Health Savings Account (HSA)..... | 10 |
| Dental..... | 13 |
| Vision..... | 14 |
| Flexible Spending Account (FSA)..... | 16 |
| Supplemental Health Benefits..... | 18 |
| Life and AD&D Insurance..... | 19 |
| Disability..... | 20 |
| Employee Assistance Program (EAP)..... | 21 |
| 403(b) Retirement Plans..... | 23 |
| Additional Benefits..... | 24 |
| Glossary..... | 25 |
| Prescription Drug Coverage Terms..... | 26 |
| Contacts..... | 27 |

Welcome!

Clark University provides a competitive, valuable benefits program that meets the diverse needs of our employees and their families. This Benefits Guide provides details about the various benefits and programs we offer, so you can choose the benefits that are right for you and get the most out of them all year long.

Review this guide carefully as it summarizes your plan options and offers helpful tips for getting the most value from your benefit plans.

Keep in mind that this guide is not your only resource. Anytime you have questions about benefits or the enrollment process, you can contact a member of our Human Resources team. Although this guide contains an overview of benefits, for complete information about the plans available to you, please see the summary plan description (SPD) provided by your carrier. Plan SPD's can be found on the Clark intranet site.

Eligibility & Enrollment

Employee Eligibility

You are eligible to enroll in Clark's benefits plans if you are a full-time employee working a minimum of 30 hours per week. Benefits end on the day in which you are no longer employed and your eligibility status ends.

As a benefits-eligible employee, you may enroll in benefit plans as a new hire or during the annual open enrollment period. Outside of the annual open enrollment period, you will not be able to add, change or remove benefits unless you have a qualifying life event. For more information, please contact hr@clarku.edu.

If you're enrolling as a new employee, coverage begins on the first of the month coinciding with or following your date of hire. You have 30 days from your date of hire or date of eligibility (or change in eligibility status) to elect your benefits. Coverage is effective retroactively to your eligibility date.

Dependent Eligibility

As you become eligible for benefits, so do your eligible dependents. In general, eligible dependents include:

- Natural, step or legally adopted child(ren)* up to the age of 26, who:
 - Do not need to be full-time students or an eligible dependent on your tax return; Are not required to live with you; and May be married or unmarried
 - Disabled (mentally impaired, physically handicapped or totally disabled) child(ren) age 26 and older. You must periodically provide medical documentation of such disability.
- Spouse to whom you are legally married.
- Domestic Partner

*Coverage terminates the last day of the month in which your child(ren) turns 26 years old. The spouse and/or child(ren) of your dependent child(ren) are not eligible for coverage.

Annual Notices

Please refer to the Showcase Perks portal for your summary plan documents, Medicare Part D, Creditable Coverage Notice and other legal documents.

Reminder

Open enrollment is a good time to review your dependents on file to ensure information is correct. You should also confirm your beneficiary designations for your retirement and life coverages to add/modify coverage on file with Human Resources.



Medical & Prescription Drug Plans at a Glance

Clark University is committed to helping you and your family get and stay healthy by providing you comprehensive medical coverage. We offer you a choice of four medical plan option(s) for 2026. It's up to you to choose the level of coverage that's right for you and your family:

- PPO Plan
- HMO Focus Plan
- HMO Deductible Plan
- High-Deductible Health Plan (HDHP)

If you enroll in a high deductible health plan (HDHP), you have a Health Savings Account (HSA) available, which you can use to save money on a tax-free basis to pay for qualified medical expenses you have now or in the future. The medical plans are similar in the types of services covered. In-network preventive care is covered 100%.

The plans differ in how much you will pay—in your payroll contributions, copayments, coinsurance, and deductibles. You decide when you want to pay for care—out of your paycheck or at the time you receive care. You will receive a higher level of coverage under the plans when you receive in-network care.

Here's a brief overview of the types of plans:

Harvard Pilgrim Health Care PPO Plan

PPO plans offer the most flexibility in choosing healthcare providers. You can see specialists and out-of-network providers without referrals. You have a copay for certain services, such as office visits and prescription drugs where you have no deductible to meet. Amounts you pay toward the deductible, coinsurance and copays apply to the annual out-of-pocket maximum; if you meet the annual out-of-pocket maximum, the plan will pay 100% of costs for the remainder of the plan year.

Harvard Pilgrim Health Care High Deductible Health Plan (HDHP) / HSA Qualified

With an HDHP, you have an annual deductible to meet before you share in the cost of care through coinsurance. Amounts you pay toward the deductible, coinsurance and copays apply to the annual out-of-pocket maximum; if you meet the annual out-of-pocket maximum, the plan will pay 100% of costs for the remainder of the plan year. With an HDHP, you also have access to a Health Savings Account (HSA), to which you can contribute tax-free dollars to pay for qualified medical expenses you have now or in the future.

Harvard Pilgrim Health Care HMO Plan

HMO's emphasize coordinated care through a primary care physician (PCP). HMO's are restricted to in-network access only, as out-of-network services are not covered. They operate similar to a PPO in which you have a copay for certain services, such as office visits and prescription drugs where you have no deductible to meet. On the HMO Focus plan, there is no deductible responsibility. On the HMO Deductible plan, there is \$1,000 (single) or \$2,000 (family) of deductible responsibility. Amounts you pay towards the deductible, coinsurance and copays apply to the annual out-of-pocket maximum; if you meet the annual out-of-pocket maximum, the plan will pay 100% of costs for the remainder of the plan year. To find a PCP or to see if your current provider in the HMO network, visit harvardpilgrim.org/public/find-a-provider

Medical Plan Comparison

| Medical | PPO Plan | | HMO Focus Plan | HMO Deductible Plan | High Deductible Health Plan | |
|---|----------------------------------|----------------------------|----------------------------------|----------------------------------|---|----------------------------------|
| | In-network | Out-of-network | In-network | In-network | In-network | Out-of-network |
| Deductible | | | | | | |
| Employee only | \$0 | \$500 | \$0 | \$1,000 | \$2,000 | \$6,000 |
| Family | | \$1,000 | | \$2,000 | \$4,000 | \$12,000 |
| Out-of-pocket maximum (includes deductible) | | | | | | |
| Employee only | \$2,500 | \$2,500 | \$2,500 | \$5,000 | \$3,000 | \$12,000 |
| Family | \$5,000 | \$5,000 | \$5,000 | \$10,000 | \$6,000 | \$24,000 |
| Coinsurance | 0% | 20% | 0% | 0% | 0% | 30% |
| Outatient Care | | | | | | |
| Emergency room visits | \$150 Copay (Waived if Admitted) | | \$150 Copay (waived if admitted) | \$150 Copay (waived if admitted) | Covered in full after deductible is met | |
| Routine preventive care | Covered in full | 20% Coins after deductible | Covered in full | Covered in full | Covered in full | 30% coinsurance after deductible |
| Office Visits | \$25 Copay | 20% Coins after deductible | \$25 Copay | \$25 Copay | Covered in full after deductible | 30% coinsurance after deductible |
| Chiropractor services | \$25 Copay | 20% Coins after deductible | \$25 Copay | \$25 Copay | Covered in full after deductible | 30% coinsurance after deductible |
| Short term rehabilitation therapy | \$25 Copay | 20% Coins after deductible | \$25 Copay | Covered in full after deductible | Covered in full after deductible | 30% coinsurance after deductible |
| MRIs, CT scans, PET scans | \$75 per procedure | 20% Coins after deductible | \$75 per procedure | \$75 per procedure | Covered in full after deductible | 30% coinsurance after deductible |
| Durable medical equipment / Prosthetics | 20% Coinsurance | 20% Coins after deductible | 20% coinsurance | 20% coinsurance | 50% coinsurance after deductible | |
| Surgery and related anesthesia | \$250 Copay | 20% Coins after deductible | \$250 Copay | Covered in full after deductible | Covered in full after deductible | 30% coinsurance after deductible |
| Inpatient Care (inc. maternity) | | | | | | |
| Hospital care | \$500 per admission | 20% Coins after deductible | \$500 per admission | Covered in full after deductible | Covered in full after deductible | 30% coinsurance after deductible |
| Rehabilitation hospital care | \$500 per admission | 20% Coins after deductible | \$500 per admission | Covered in full after deductible | Covered in full after deductible | 30% coinsurance after deductible |
| Skilled nursing facility care | \$500 per admission | 20% Coins after deductible | \$500 per admission | Covered in full after deductible | Covered in full after deductible | 30% coinsurance after deductible |
| Prescription Drugs (30-Day Supply) | | | | | | |
| Tier 1 - Generic Drugs | \$15 Copay | | \$15 Copay | \$15 Copay | \$15 Copay after deductible | |
| Tier 2 - Preferred Brand | \$30 Copay | | \$30 Copay | \$30 Copay | \$30 Copay after deductible | |
| Tier 3 - Non-Preferred Brand | \$50 Copay | | \$50 Copay | \$50 Copay | \$50 Copay after deductible | |
| Semi-Monthly Rates (24 pay periods) based on 12 month pay cycle | | | | | | |
| Employee | \$311.64 | | \$70.09 | \$123.00 | \$116.82 | |
| Family | \$922.87 | | \$296.23 | \$434.70 | \$406.13 | |

The Medical benefits above are not all the benefits available to you. Please refer to your plan documents for an extensive list of benefits available to you for each plan above. See your plan documents available to you regarding maximum visits for therapy services, rehabilitation services, Chiropractic/Acupuncture services, and Skilled Nursing Facility care. Prescriptions covered in the first 3-tiers can be filled at any in-network pharmacies for up to a 30-day supply. Some medications require prior-authorization. Refer to the summary of benefits and coverage for additional information about 90-day supply costs. If you need more information about prescription drug coverage, visit harvardpilgrim.org/2024Premium3T.



Harvard Pilgrim Health Care (HPHC) Tools

HPHC | [harvardpilgrim.org](https://www.harvardpilgrim.org) | 1.888.333.4742

HPHC Website

On the HPHC website, you can:

- See coverage details (copays, deductibles, out-of-pocket maximums, etc.).
- Review your claims activity and history.
- Print a temporary ID card or order a new ID card.
- See frequently asked questions (FAQs).
- Access registered nurses who are available to provide immediate assistance and advice on medical treatment.

How to Find a Preferred HPHC Provider

The preferred designation identifies doctors in the HPHC network who have achieved top results on HPHC's quality and cost-efficiency measures. To find one of these doctors, please visit [harvardpilgrim.org](https://www.harvardpilgrim.org) or call the number on your ID card.

Estimate my Cost

Log in to your secure account to estimate your out-of-pocket costs and get quality care from a provider that will save you money

Substance Use Treatment Services

Services are available through multiple network providers. Members are supported after inpatient treatment by our internal addiction recovery care management team. For more information, call the phone number on the back of your member ID card or visit: [harvardpilgrim.org/behavioral-health](https://www.harvardpilgrim.org/behavioral-health)

Behavioral Health Programs and Services

- We offer innovative behavioral health programs and services for children, adolescents and adults including:
- Virtual therapy and medication management services available 7 days/week to support your mental health and well-being. Services include stress management, support for anxiety, depression, and more.
- Quick and easy access to specialized providers offering services including advanced neurological therapies for children with autism spectrum disorders and other developmental differences, and outpatient mental health clinics that focus on delivering timely access to high-quality psychiatry and therapy services.
- Find all of your information when you need it at [harvardpilgrim.org](https://www.harvardpilgrim.org). Call 1.888.333.4742 anytime, day or night, 365 days a year, for assistance.

TeleHealth Provided by Doctor on Demand

Set up your account online to access a Doctor on Demand provider 24/7, by phone or mobile app worldwide for everyday care and confidential therapy. Physicians can also order a prescription at your local pharmacy when medically necessary. Please visit [doctorondemand.com/harvard-pilgrim](https://www.doctorondemand.com/harvard-pilgrim) for additional information.

MyConnect

Personalized, convenient support along your health care journey

MyConnect, a Member Advocate service team, is your direct connection with Harvard Pilgrim. Available to you and your family members, whether you have questions about benefits, need help finding care or you're trying to meet your healthy lifestyle goals. You'll have one-on-one support, so the focus is always on your needs.

We can help:

- Explain your plan options during Open Enrollment, so you can choose the plan that's best for you and your family
- Find primary care providers (PCPs) and specialists
- Answer questions about coverage and claims
- Prepare you for medical appointments by checking the status of a pre-authorization or referral, and coordinate your care
- Connect you with our clinical care team of nurses, social workers, lifestyle coaches, pharmacists and care coordinators

Get mobile

With the free MyConnect app, you'll be able to:

- Connect with your Member Advocate team easily, at your convenience
 - Set medication and appointment reminders
 - Get alerts for upcoming or overdue preventive screenings and tests, as well as flu shot reminders
 - Access articles, videos and other health resources
- Get tips and other important messages





Know Where to Go

When to See Your Primary Care Provider (PCP)

For annual checkups and physicals, as well as non-urgent needs such as preventive screenings and immunizations. Your PCP is best suited to coordinate your care - they may also offer virtual health care services for greater convenience.

When to Use Virtual Care, Through Doctor on Demand

You can request a virtual visit with a U.S. based doctor 24/7 for non-emergency conditions such as upper respiratory infections, upset stomach, or skin rash using live video or voice call with your smartphone, tablet or computer. You can also access confidential therapy and build an ongoing relationship with the provider of your choice.

When to Go to a Retail Clinic

Retail clinics, such as CVS MinuteClinic and Walgreens Healthcare Clinic, are a good option when you're experiencing mild symptoms such as an ear infection or skin conditions like poison ivy where you want a health professional to check it out without an appointment.

When to Visit an Urgent Care Center

You can visit an urgent care center without an appointment for situations that need immediate treatment but are not considered life-threatening, such as minor burns or cuts that may require stitches.

When to Visit the Emergency Room

If you think you're having a medical emergency and your life is in danger, call 911 or go the nearest emergency room. Examples include severe chest, abdominal pain, or serious injury.



Wellness Reimbursement

Wellness Reimbursement is available for those that enroll in a HPHC health plan through Clark. Submissions for reimbursement must be incurred through the current plan year (Jan 1st through December 31st, 2026).

What qualifies for reimbursement?

- Full-service health/fitness facilities that have cardiovascular and strength-training equipment qualify, as well as facilities for exercising and improving physical fitness.
- Fitness studios/facilities that offer dance, gymnastics, martial arts, yoga, Pilates, Zumba, aerobic/group classes, indoor cycling/spinning classes, kick-boxing, CrossFit, strength training, tennis, indoor rock climbing and personal training (taught by a certified instructor).
- Virtual fitness subscriptions.
- Fitness equipment used for cardiovascular health and strength training. Excludes fitness apparel and footwear.
- Mindfulness programs include: Calm, Ten Percent Happier, Headspace, The Mindfulness App, Meditation Studio, Insight Timer, and Unwinding Anxiety.
- Membership fees that you pay for seasonal sports including club, town or school athletic teams or leagues.
- Not eligible for reimbursement: fees you pay for group classes or personal training outside of a fitness facility/studio, health club initiation fees or costs that you pay for country clubs, social clubs (such as riding or hiking clubs), spas and road race fees.
- Validation of all facilities and programs are subject to approval by Harvard Pilgrim.

How much can I claim for wellness reimbursements?

When eligible, up to two members on a family plan can be reimbursed for up to \$150 each, for a maximum reimbursement of \$300. Any combination of subscriber, spouse or dependent is eligible for reimbursement. For plans with one covered member, the maximum reimbursement amount is \$150.

For additional information, please contact hr@clarku.edu or submit your request online at harvardpilgrim.org/reimbursement.





Health Savings Account (HSA)

Flores | flores247.com | 1.888.333.4742

When you enroll in the High Deductible Health Plan (HDHP), you are eligible to contribute to a Health Savings Account (HSA) with pre-tax dollars, which saves you money on taxes!

What is an HSA?

An HSA is an account you have when you enroll in a high deductible health plan. You can contribute money to your account through pre-tax deductions from your paycheck and use it to pay for qualified medical expenses you have now or in the future.

What can you use it for?

Use the HSA to pay for qualified medical expenses you have for yourself, your spouse, and dependent children.

What are the advantages of an HSA?

- Contribute pre-tax and post-tax dollars. When you contribute pre-tax dollars, you reduce your taxable income, which means there's less money for the government to tax, so you save money on taxes!
- There is no "use it or lose it" rule. Unused funds roll over from year to year.
- Your HSA stays with you, even if you change employers, change health plans, or retire.
- If you have an HSA somewhere else, you can transfer the balance to your new HSA.
- For as long as your money remains in your account, it earns interest. So, the longer your money stays in your account, the more opportunity it has to grow over time.
- When your account balance reaches \$1,000, you can invest your balance in a variety of investment options.
- **For 2026, the maximum Health Savings contribution limits are \$4,400 (individual coverage) and \$8,750 (family coverage). Individuals age 55 and older can contribute an additional \$1,000 as a catch-up.**



Did You Know?

If you enroll in a high-deductible health plan, you can open an HSA.

With an HSA, you get a triple-tax advantage

You contribute on a pre-tax basis, which reduces your taxable income, so you pay less in taxes; your earnings grow tax-free for as long as they stay in your account; and your withdrawals are tax-free if they are used to pay for qualified medical expenses.

Common eligible expenses include:

Use the funds in your HSA to pay or reimburse yourself for:

- Deductibles, copays and coinsurance
- Eligible prescription drugs
- Vision care, including LASIK laser eye surgery
- Retiree health care expenses if you are age 65 or older
- Dental care, including orthodontia
- Long-term care services and long-term care insurance
- Medicare expenses (but not Medigap)

For a complete list of eligible expenses, refer to IRS Publications 969 and 502 at [irs.gov](https://www.irs.gov).

Clark University will contribute the following dollar amounts per year based on the tier you are enrolled in:

Clark University's HSA contribution:

| | |
|-------------------|---------|
| Employee Only | \$500 |
| Employee + Family | \$1,000 |

- Clark University will front load your HSA in the amount of \$500 (Employee Only) or \$1,000 (Employee + Family) in January 2026
- Clark University's contribution is made when you enroll. If you join the plan mid-year, you will receive a prorated amount from what is listed above based on your remaining pay periods
- If you experience a qualifying life event and change your tier, you will not be able to receive additional employer contributions from Clark. The tier that you enroll in when you create your HSA account through Flores will be a one-time employer contribution that you will receive in 2026.
- As an employee, the amount you elect towards the HSA for 2026 will be received on a bi-weekly basis. Your HSA election and Clark's contribution towards you cannot exceed \$4,400 (Employee Only) and \$8,750 (Employee + Family) for the 2026 plan year.

For More Information

Access the Flores customer website at Flores.com. You can contact Flores at 800.532.3327.



You are eligible to open an HSA if:

- You are covered by an HSA-eligible high deductible health plan (HDHP).
- You are not covered by other health insurance.
- You nor your covered spouse is not enrolled in a non-tax-qualified medical plan, Flexible Spending Account (FSA), or Health Reimbursement Account (HRA).
- Your non-covered spouse is not enrolled in an FSA.
- You are not enrolled in Medicare.
- You are not receiving Social Security benefits.
- You have not received Veterans Administration benefits.
- You are not claimed as a dependent on someone else's tax return.

Non-Medical HSA Withdrawals

Distributions made for any purpose other than health care are subject to income tax and a 20% penalty (waived if you die or become disabled or are age 65 or older).



Dental

BCBS MA | bluecrossma.org | 1.800.262.2583

While you can choose to receive care from any dental provider under the BCBS High and Low PPO plans, when you use an in-network provider, you will generally pay less for care because your share of the cost will be based on negotiated discount fees. With out-of-network dentists, the plan will pay the same percentage, but the reimbursement will be based on out-of-network rates so, you'll pay more for care, and you may be billed for the difference.

| | BCBS PPO (Low Plan) | BCBS PPO (High Plan) |
|---------------------------|---------------------|------------------------|
| Deductible | | |
| Employee only | \$0 | \$0 |
| Family | \$0 | \$0 |
| Annual Maximum | \$1,500 | \$2,000 |
| Diagnostic and Preventive | 100% | 100% |
| Basic Services | 80% | 80% |
| Major Services | 50% | 50% |
| Orthodontia | N/A | 50% |
| Orthodontia Maximum | N/A | \$1,000 |
| Orthodontia Available | N/A | Child Only (to age 19) |

Dental Semi-Monthly Employee Payroll Contributions

Dental Semi-Monthly: Based on 12 month pay cycle

| | BCBS PPO (Low Plan) | BCBS PPO (High Plan) |
|----------|---------------------|----------------------|
| Employee | \$24.66 | \$27.06 |
| Family | \$65.31 | \$71.68 |

- You can elect the BCBS MA dental plan, regardless of whether you are enrolled in the medical or vision plan.
- You will not receive a dental ID card because you typically do not need to present one when visiting your dentist. To print an ID card, log in to bluecrossma.com.
- Out-of-network coverage is only available to members who reside outside of Massachusetts. Please refer to your benefit summary for additional information regarding Out-of-network coverage.
- Out-of-network provider fees over the plan's responsible and customary limits are your responsibility.

Blue Cross Dental Website

View covered services, claim status or your account balance; find a dentist; update your information; and much more at bluecrossma.com.



Vision

VSP | [VSP.com](https://www.vsp.com) | 1.855.492.9028

VSP's vision care benefits include coverage for eye exams, standard lenses and frames, and contact lenses and discounts for laser surgery. The vision plan is built around a network of eye care providers, with better benefits at a lower cost to you when you use providers who belong to the VSP network. When you use an out-of-network provider, you'll pay more for vision services.

| | In-network | Our-of-network |
|--|---|---------------------------|
| Eye exam with dilation as necessary (once per 12 months) | \$10 Copay | Up to \$45 reimbursement |
| Frames (once per 24 months) | \$25 Copay | Up to \$70 reimbursement |
| Standard lenses (once per 12 months) | | |
| Single vision | \$25 Copay | Up to \$30 reimbursement |
| Bifocal | \$25 Copay | Up to \$50 reimbursement |
| Trifocal | \$25 Copay | Up to \$65 reimbursement |
| Lenticular | \$25 Copay | Up to \$100 reimbursement |
| Contact lenses in lieu of glasses | | |
| Medically necessary | \$25 Copay | Up to \$210 reimbursement |
| Elective | \$150 Copay | Up to \$105 reimbursement |
| Allowances | | |
| Frames | \$150 Allowance, then additional 20% off balance. Additional \$50 on feature frame brands** | |
| VSP LightCare (in lieu of prescription wear) | \$150 allowance towards non-prescription blue light filtering glasses or sunglasses. Additional \$50 when selecting featured frame brands** | |

*Elective contacts are covered in full up to the retail allowance of \$150. Exam/Fitting/Evaluation 15% discount and capped at \$60 copay.

Frames are covered in full up to the retail allowance of \$150. **If you choose to purchase a VSP featured frame brand (Bebe, Calvin Klien, Cole Haan, Dragon, Flexon, Longchamp, Nike, and more), you will be given an additional frame balance of \$50 (\$200 total) before your payment responsibility begins. For any amount over your allowance for any frame brand, you will also receive 20% off the outstanding balance.

VSP Savings Pass:

Within 12 months of your exam, receive savings on unlimited additional pairs with 30–45% off prescription glasses and/or 20% off non-prescription sunglasses from a VSP Doctor

How to Find a Provider:

Clark’s VSP plan is under the Choice network. To find a provider, please visit vsp.com/eye-doctor.

Vision Semi-Monthly Employee Payroll Contributions

Semi-Monthly: Based on 12 month pay cycle

| | |
|-----------------------|--------|
| Employee Only | \$3.08 |
| Employee + Spouse | \$4.92 |
| Employee + Child(ren) | \$5.03 |
| Family | \$8.10 |

You can elect the VSP vision plan regardless of whether you are enrolled in the medical or dental plan. **You will not receive a vision ID card.** However, you can print an ID card on VSP.com.





Flexible Spending Account (FSA)

Flores | flores247.com | 1.888.333.4742

Flores offers several types of Flexible Spending Account (FSA), which you can use to pay for eligible expenses on a tax-advantaged basis during the year. With an FSA, you contribute money from your paycheck on a pre-tax basis, which reduces your taxable income, so you save money on taxes. Clark University's FSAs are administered by Flores.

Pre-tax means the dollars you contribute to your FSA are deducted from your pay before Social Security tax, federal income tax and, in most cases, state and local income taxes are taken out. As a result, you reduce your taxable income, which means there's less money to tax and you save money on taxes! Plus, the convenience of automatic payroll deductions makes it easy to participate. Clark University offers these types of FSAs, which can help you save on taxes:

| Type of account | Contribution limit (per the IRS) |
|--------------------|--|
| Health Care FSA | \$3,400 per year per household |
| Dependent Care FSA | \$7,500 per year filed jointly (\$3,750 per year filed individually) |

Health Care FSA

Use your dollars in a Health Care FSA to pay for deductibles, copayments, and other eligible health care expenses not covered by your medical and dental plans, including: Contribution limits (per the IRS): \$3,400 per year per household.

- Eye examinations, glasses and contacts
- Dental insurance co-payments
- Transportation to and from medical provider
- Orthodontic expenses
- Medical supplies

For a complete list of eligible expenses at irs.gov. Funds in the Health Care FSA are available at the beginning of the plan year and can be used to pay for eligible health care expenses you have for yourself, your spouse and dependents, even if you and your family aren't covered by our health plans.

Please note:

- This is a "use-it-or-lose-it" account, which means any funds remaining in the account after the end of the plan year will be forfeited.
- Our plan has a 2 ½ -month grace period to allow you additional time to incur claims and use your FSA funds to pay for these expenses. Claims must be submitted by 3/31/2027.

All services, with the exception of the carry over limit, must be incurred from 1/1/2026 through 12/31/2026.

- Our plan has a carryover feature, which allows up to \$680 of your unused funds to be carried over to the next plan year. These carryover dollars can be used for expenses you have at any point within the new plan year. Any unused amount over \$680 will be forfeited. With the carryover feature, be sure to carefully calculate how much you want to contribute to your account for the coming year, factoring in any amounts that carry over from the current year to the next year.
- To participate in the Health Care FSA, you cannot be enrolled in an HDHP plan—that's because you have an HSA, which is a pre-tax savings vehicle you can use to pay for qualified medical expenses.

Dependent Care FSA

A Dependent Care FSA allows you to use pre-tax dollars to pay for eligible expenses. Eligible dependents include your child up to age 13, disabled spouse, elderly parent, or other dependent who is incapable of self-care due to mental or physical handicap, so you can work (or if you're married, so your spouse can work), look for work, or attend school full time. (Contribution limits (per the IRS): \$7,500 per year filed jointly, \$3,750 per year filed individually.)

Eligible childcare or dependent care facilities include:

- Adult and child day care
- After-school care
- Babysitting (work-related)
- Babysitting by your relative who is not a tax dependent (work-related)
- Nanny or au pair
- Nurseries
- Summer camps
- Elder day care (work-related)
- Services in your home that include dependent care
- Transportation to and from eligible care (provided by your care provider)

Please note:

- Expenses must be incurred by December 31 of the plan year to be considered eligible for reimbursement.
- You have until March 31st of the following year to submit claims for reimbursement.
- You forfeit any funds remaining in your account after the grace period.

Ineligible expenses include:

- Babysitting or day care that is not work-related
- Babysitting by your tax dependent
- Dance lessons, musical instrument lessons, sports activities
- Educational, learning, or study skills services for child(ren)
- Household services (housekeeper, maid, cook, etc.)



Supplemental Health Benefits

The Hartford | [TheHartford.com](https://www.TheHartford.com) | 866.547.4205

Supplemental health insurance through The Hartford can help protect you from significant or unexpected out-of-pocket expenses that aren't covered under your medical plan. Consider your anticipated medical needs along with the cost of the insurance plans available to you. Keep in mind, these plans are intended to supplement, not replace, a medical plan.

Critical Illness Insurance

Critical Illness Insurance supplements major medical coverage by helping you pay the direct and indirect costs associated with a critical illness or event. Conditions covered include cancer, heart attack, stroke, Alzheimer's, kidney failure and paralysis. Benefits are paid tax-free in a lump sum ranging from \$10,000 to \$30,000 to be used at your discretion. Child coverage is included with your employee election, and you can choose to enroll for spouse coverage. New hires can elect up to \$30,000 without providing evidence of insurability (EOI). If you do not enroll when you are first eligible, you will need to provide EOI if you choose to add coverage at a later date.

Accident Insurance

Accident Insurance is designed to supplement major medical coverage by paying specific benefit amounts for expenses resulting from injuries or accidents. Hospitalization, physical therapy, intensive care, transportation, childcare and lodging are some of the out-of-pocket expenses that this policy could cover. Coverage is available for you, your spouse and/or your child(ren).

Hospital Indemnity Insurance

Hospital Indemnity insurance is designed to pay for the costs of a hospital admission that may not be covered by other insurance. The plan covers insureds who are admitted to a hospital or ICU for a covered sickness or injury. The plan gives you cash payments to help you pay for the added expenses that may come while you recover. Even if your medical insurance covers most of your hospitalization, you can still receive payments from your plan for extra expenses while recovering.

Voluntary Life and AD&D Insurance

You have the opportunity to purchase voluntary life and AD&D insurance for yourself, your spouse and/or your dependent children. Your cost for this coverage is based on the amount you elect and your age. You must purchase voluntary life and AD&D insurance for yourself to purchase spouse and/or dependent child(ren) coverage. If you did not enroll in this coverage when you were first eligible, you will be subject to medical underwriting.

| Coverage | Available benefit | Guaranteed amount |
|------------------------------|--|-------------------|
| Employee \$10,000 increments | Lesser of 5x Salary or \$300,000 Max | \$150,000 |
| Spouse \$5,000 increments | \$300,000 (not to exceed 50% of employee election) | \$25,000 |
| Dependent child(ren) | \$10,000 (not to exceed 50% of employee election) | \$10,000 |

Life and AD&D Insurance

Prudential | prudential.com | 800.778.4357

Basic Life and AD&D Insurance

Clark University’s comprehensive benefits package includes financial protection for you and your family in the event of an accident or death. Basic life and AD&D insurance coverage are provided automatically at no cost to you upon employment.

In the event of your death, the life insurance policy provides a benefit to the beneficiary you designate. If your death is the result of an accident or if an accident leaves you with a covered debilitating injury, you are covered under the AD&D insurance for the same amount.

| | |
|--------------------------|---|
| Group term life and AD&D | 100% paid by the employer |
| Employee | 2x Basic Annual Earnings to a Maximum of \$600,000 |
| Benefit Reduction | Reduced to 70% at age 70 Reduced to 50% at age 75+ |

Beneficiary Designation:

You will need to designate a beneficiary for any basic and employee supplemental life insurance coverage. If you name more than one beneficiary be sure to indicate the percentage, you wish each beneficiary to receive. The percentages must total 100%. To enroll or designate a beneficiary, visit the Perks portal for the forms.





Disability

Prudential | prudential.com | 800.778.4357

Disability Coverage

An injury or illness that keeps you out of work for a significant time could have a devastating impact on your income, jeopardizing your ability to cover basic household expenses. To provide employees with more financial stability, below are disability coverage information specific to the MA Paid Family Leave and Long-Term Disability program through Prudential.

Massachusetts Paid Family Leave

| | |
|-------------------------|---|
| Summary | Massachusetts Paid Family Leave |
| Benefit | Up to \$1,230.39 (weekly) for 2026 |
| Elimination Period | Benefits begin on the 8th consecutive calendar day of disability due to accident or illness |
| Maximum Benefit Period* | Medical Leave: 20 weeks Family Leave: 12 weeks |

*The maximum combined period for leave is 26 weeks per benefit year

Long-Term Disability (LTD) Plan

Clark University provides eligible employees with long term disability coverage and pays the full cost of the base policy. Long term disability provides for a portion of your income for an extended period if you are unable to work due to an illness or injury.

| | |
|------------------------|---|
| Summary | Employer Paid Long-Term Disability |
| Eligibility | Full time employees working 30 or more hours per week |
| Benefit | 60% of salary up to \$10,000 per month |
| Elimination Period | 180 Days |
| Maximum Benefit Period | To Social Security Normal Retirement Age |

Coordination of disability benefits

Your benefit may be reduced if you receive disability benefits from retirement, Social Security, workers' compensation, state disability insurance, no-fault benefits or return-to-work earnings. Refer to your certificate of coverage for more details.

Employee Assistance Program (EAP)

Lucet Health | eap.lucethealth.com | 800.624.5544

Whether it's planning for your financial future or beginning to seek mental health resources, your Employee Assistance Program (EAP) is here to help. Available to you and your household members, Lucet's EAP is your first step to resources, counseling and so much more to support your wellbeing.

A no-cost-to-you benefit from your workplace, your EAP can help you or anyone in your household:

- Receive support when you don't feel like yourself
- Get help with responsibilities that are distracting or stressful
- Improve personal relationships
- Receive care after a traumatic event or diagnosis
- Make healthy lifestyle choices
- Improve and inspire daily life
- Be more present and productive at work
- Grow personal and career skills
- With legal advice or questions
- Assistance with budget or financial concerns
- Counseling:

Face-to-face, online, or telephonic counseling is available to you. You have 3 counseling/coaching sessions, per topic, per year available to you.

Life Coaching:

Life coaching services promote self-awareness and help you clarify your visions, values, intentions, and goals. This service builds on strengths that you already must help you set and achieve your goals. With coaching you can:

- Work with your coach to establish and meet goals
- Identify resources to keep you on track

Manage stress, work/life balance, time management, personal challenges and more.

For more information and resources:

Call: 800.624.5544

Go online: eap.lucethealth.com

Legal and Financial Resources

Navigating finances and/or the legal system can be overwhelming and confusing. Luckily, your EAP can help with services like:

- A no-cost-to-you, 30-minute consultation with a certified financial expert or attorney
- Online tools including budget templates, financial calculators, tax preparation documents, will builder, business agreements and other legal documents
- Resources and tip sheets

Work/Life

Work/Life services can help you tackle your to-do list with specialists who can locate providers, get referrals and find resources for you and your household needs.

- Personalized consultation with a highly-trained specialist over the phone or through online chat
- Referrals to local providers and resources
- Tip sheets, checklists and other helpful tools

Work/Life topics include family & caregiving, education, legal & financial, career & work, and health & wellness.

For more information or to schedule a session, call 800.624.5544 or visit eap.lucethealth.com

Your company code: Clark University



403(b) Retirement Plans

TIAA | 800.732.8353 | Fidelity | 800.642.7131

Clark University's 403(b) Retirement Program is designed to help you build long-term financial security through a combination of employee and University contributions to your account.

Employer Contributions

Eligibility Requirements

You become eligible for University Contributions upon:

- Attaining age 21; and
- Completing two (2) years of service, defined as at least 1,000 hours of compensated work in a 12-month period.
 - (Unless there is documented confirmation of two years prior service at another institution)

Your entry date is the first day of the month coinciding with or following the date you meet these requirements.

Excluded Employees

Some employees may not be eligible for University Contributions. For detailed information regarding your eligibility, please reference the plan document on CU Website.

University Contributions

Once eligible, Clark University makes a discretionary biweekly contribution equal to 5% of your total eligible compensation into your 403(b) retirement account if you are contributing 5% of your eligible compensation. Please note that collectively bargained employees may have a different contribution schedule.

Vesting

Plan participants are immediately vested in all University and Employee Contributions.

Employee Contributions 403(b)

Eligible employees are immediately eligible upon hire to participate in the 403(b) plan.

You may contribute up to 100% of your eligible wages (subject to annual IRS limits) through payroll deduction, choosing from:

- Pre-tax contributions – reduce taxable income today; taxes are due when withdrawn.
- Post-tax (Roth) contributions – contributions are made after tax, and qualified withdrawals are tax-free in retirement.

New for 2026: Clark University now offers the Roth (after-tax) option within the 403(b) plan, giving you more flexibility in how you save. You are always 100% vested in your own 403(b) contributions as well as the University's contributions.

Rollovers

You may roll over balances from a prior employer's qualified retirement plan into your Clark University account. To initiate a rollover, contact TIAA or Fidelity using the numbers listed above.

Changing Your Contributions

You may change your 403(b) contribution amount at any time. For assistance, contact the Office of Human Resources at HR@clarku.edu.

For detailed information regarding the complete plan and eligibility, please reference the plan document on CU Website.



Additional Benefits

Spot Pet Insurance

Spot Pet Insurance to help with peace of mind for unexpected pet accidents. Spot helps ensure your pet is covered from head-to-tail for any accidents and injuries that happen along the way.

Spot plans help cover vet bills for the following:

- Vet Exam Fees
- Behavioral Issues
- Dental Illnesses
- Surgery
- Microchip Implantation
- Unexpected Emergencies
- Hereditary Conditions
- Prescriptions Medications
- Diagnostics
- X-rays & Tests
- Cancer & Growths
- and much more..

Spot Pet and Clark work together to get you up to 20% off for these coverages above. Visit spotpet.link/clarku.edu for additional information.

Working Advantage

Being an employee has its perks. Clark University employees are eligible for Working Advantage perks and discounts on items like electronics, appliances, theme parks, hotels, movie tickets, rental cars, gift cards, apparel, cars, flowers, fitness memberships, groceries, special events, and more. Access the Clark University Reward Marketplace at clarkuniversity.savings.workingadvantage.com.

Care.com

Care.com is the world's leading platform for finding high-quality childcare, senior care, special needs care, tutoring, pet care, and housekeeping providers. Visit **care.com** to start your free search.

Care Membership

- Browse caregiver profiles, ratings and review
- Post jobs and interview candidates
- Book and pay for care through the platform

Types of care available to you:

- Child care
- Senior care
- Pet care
- Housekeeping
- Tutoring
- + more!

Visit care.com/business to learn more.

Care LifeMart

We also offer savings on major purchases and everyday essentials. LifeMart offers discounts that you can utilize on the following:

- Travel
- Entertainment
- Child & Senior care
- Wellness
- Home & Auto
- + more!

Visit care.com/lifemart for additional information on how you can utilize this program available to you.

Glossary

COINSURANCE: Your share of the costs of a covered healthcare service, calculated as a percentage (for example, 20%) of the allowed amount for the service. Your coinsurance will begin after you have met your deductible. For example, your medical plan's allowed amount for an office visit is \$100 and you've met your deductible, your coinsurance payment of 20% would be \$20. The medical plan pays the rest of the allowed amount.

COPAY: A fixed dollar amount you pay for a healthcare service. The amount can vary by the type of service. Your copays will not count toward your deductible, but will count toward your out-of-pocket maximum.

DEDUCTIBLE: The amount you owe for covered healthcare services before your plan begins to pay benefits. For example, if your deductible is \$2,800, your plan won't pay anything until you've met your \$2,800 deductible for covered healthcare services that are subject to the deductible. In-network preventive care is not subject to the deductible, as it is covered 100% by the medical plan options.

EMBEDDED DEDUCTIBLE: If you have family medical coverage, your High Deductible Health Plan (HDHP) has an embedded deductible. That means if one family member reaches the individual deductible, they will begin to share in the cost of care through coinsurance—they do not need to reach the family deductible before coinsurance begins. Once the expenses for all other family members reach the family deductible, coinsurance will begin.

EXPLANATION OF BENEFITS (EOB): A statement from the insurance company showing how claims were processed. The EOB tells you what portion of the claim was paid to the healthcare provider and what portion of the payment, if any, you are responsible for.

IN-NETWORK VS. OUT-OF-NETWORK: A network is composed of all contracted providers. Networks request providers to participate in their network, and in return, providers agree to offer discounted services to their patients. If you pick an out-of-network provider, your costs will be higher because you will not receive the discounts the in-network providers offer.

OUT-OF-POCKET MAXIMUM: The out-of-pocket maximum is designed to protect you if you have a catastrophic illness or injury. Your out-of-pocket maximum includes your deductible, coinsurance and copays that come out of your pocket. After you have reached the annual out-of-pocket maximum, the plan pays the remaining covered services at 100%.

PREVENTIVE CARE: Routine healthcare services can minimize the risk of certain illnesses or chronic conditions. Examples of preventive care services include physical exams, mammograms, flu vaccines, prostate tests and smoking cessation.

REASONABLE AND CUSTOMARY: The amount of money a medical plan determines is the normal or acceptable range of charges for a specific health-related service or medical procedure. If your healthcare provider submits higher charges than what the health plan considers reasonable and customary, you may have to pay the difference.

Prescription Drug Coverage Terms

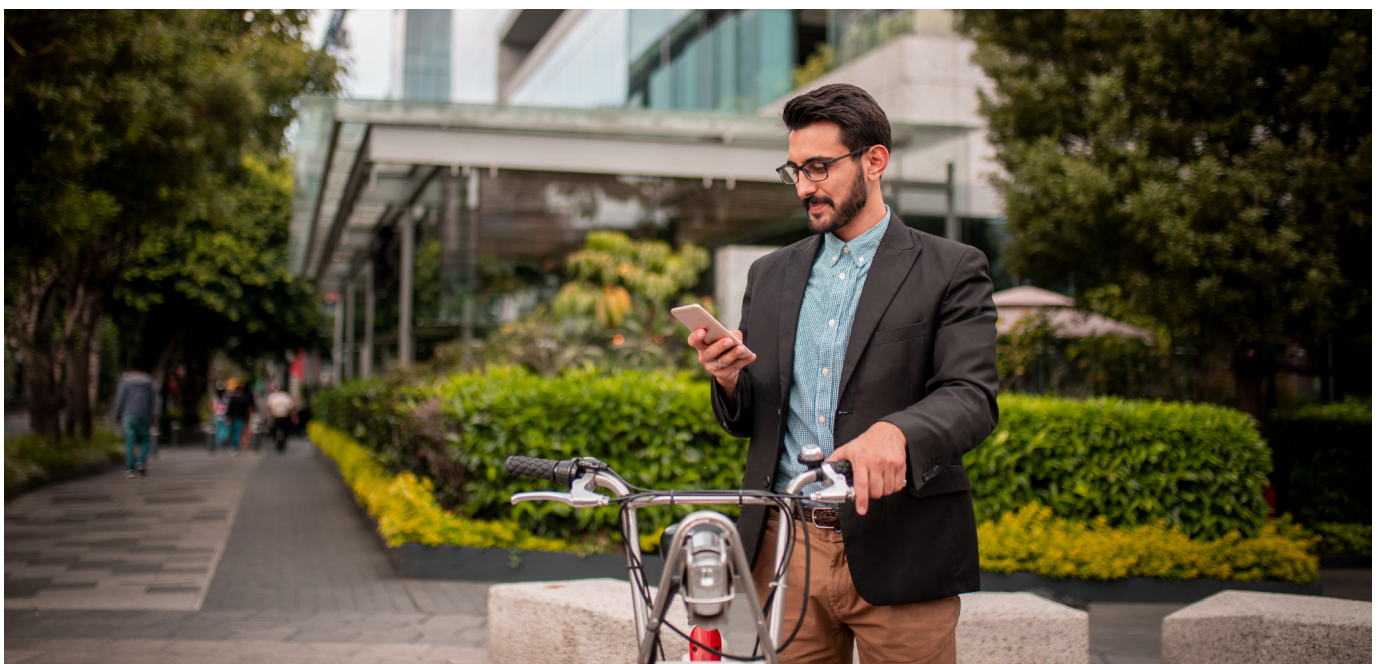
Preventive Medication: Preventive medications are prescription drugs that are used to prevent the occurrence or recurrence of a disease or condition. They are not used to treat an existing illness or injury.

Retail Pharmacies: Retail pharmacies dispense medications and healthcare products to the public. They also offer services, like health screenings, immunizations, and personalized counseling on medication use.

Consider Generic Drugs: An excellent way to control healthcare expenses is to use generic drugs whenever possible. A generic drug has the same active-ingredient formula as a brand-name drug, but usually costs less. The FDA rates these drugs to be as safe and effective as brand-name drugs.

Specialty Pharmacies and Specialty Drugs: A specialty pharmacy solely or largely provides drugs for people living with serious health conditions, requiring complex therapies. Specialty drugs are higher-cost prescription drugs used to treat rare, complex, and chronic conditions such as cancer, diabetes, hemophilia, infertility, hepatitis, kidney disease, rheumatoid or psoriatic arthritis, multiple sclerosis, Crohn's disease, and psoriasis.

Mail-Order Pharmacy: A mail-order pharmacy, also known as an online pharmacy or internet pharmacy, is a pharmacy that sends orders to customers by mail or through an online portal. You'll typically pay less for maintenance drugs filled through a mail-order pharmacy than a retail pharmacy.



Contacts

| | Provider | Website | Phone |
|-----------------------------------|-----------------------------|---|--------------|
| Medical Plan | Harvard Pilgrim Health Care | harvardpilgrim.org | 888.333.4742 |
| Dental | BCBS of MA | bluecrossma.com | 800.358.2227 |
| Vision | Vision Service Plan (VSP) | vsp.com | 800.877.7195 |
| Health Savings Account | Flores | flores.com | 800.532.3327 |
| FSA/DCA | Flores | flores.com | 800.532.3327 |
| Life and Disability | Prudential | prudential.com | 800.532.1718 |
| Long-Term Disability | Prudential | prudential.com | 800.532.1718 |
| Voluntary Life and Disability | The Hartford | thehartford.com/employee-benefits/employees | 888.563.1124 |
| Accident Insurance | The Hartford | thehartford.com/employee-benefits/employees | 866.547.4205 |
| Critical Illness Insurance | The Hartford | thehartford.com/employee-benefits/employees | 866.547.4205 |
| Hospital Indemnity Insurance | The Hartford | thehartford.com/employee-benefits/employees | 866.547.4205 |
| Employee Assistance Program | Lucet EAP | lucethealth.com | 877.887.1797 |
| Pet Insurance | Spot Pet | Spotpet.link/clarku.edu | |
| Business Travel Accident | Chubb | | |
| Caregiving Network | Care.com | care.com | 855.781.1303 |
| Savings and Discount | Benefit Hub | customercare@benefithub.com | 866.664.4621 |
| Retirement and Financial Wellness | Fidelity Investments | | 508.540.4281 |
| Financial Consulting | TIAA | tiaa.org | 800.732.8353 |





The descriptions of the benefits are not guarantees of current or future employment or benefits. If there is any conflict between this guide and the official plan documents, the official documents will govern.

