CATAWBA COLLEGE

EST. 1851

GOOD *goes* FAR.

HUMAN RESOURCES BENEFITS GUIDE

2025-2026

Disclaimer

All terms listed herein are subject to modification or termination by the applicable carrier. Catawba strongly recommends employees review all applicable documentation regarding coverages and the rules and applicability thereof prior to purchase. Catawba will endeavor to notify employees of any change in group policy rules or coverage.

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Your Catawba College Benefits

ELIGIBILITY AND BENEFIT CHANGES

ELIGIBILITY

MEDICAL INSURANCE

The Affordable Care Act (the "ACA") requires all applicable large employers to provide health insurance coverage to their own employees as well as their dependent children up to age 26. The ACA does not require employers to provide health insurance for the spouse of an employee. Effective June 1, 2015, employees' spouses who have access to health insurance coverage through another employer will no longer be eligible for enrollment in Catawba College's group health plan. This eligibility change will allow Catawba College to maintain affordable coverage for its employees, spouses who have no other health coverage choice, and dependent children. Employees who want to cover their eligible spouse under Catawba College's group health plan must complete an Affidavit of Qualifying Dependent Spouse

ANCILLARY PLANS

Available to all full-time employees, their spouses/domestic partners, and dependent children up to age 26.

RETIREMENT

Available for all full-time and part-time employees.

Effective June 1, 2024 employee benefits for new hires will become effective on the first of the month following hire date.

BENEFIT CHANGES

Outside Annual Benefits Enrollment, employees may only make changes to certain elections if you have a qualifying event. Effective dates for benefits changes will be based on the type of qualifying event that has occurred.. You have 30 days to submit your request, make your elections, in the Employee Navigator portal; otherwise, you must wait until the next Annual Benefits Enrollment period to make changes. Qualifying events include:

EVENT	ENTRY RULE
Birth or Adoption	Event Date
Change in Hours	First of the Month
Court Order	Event Date
Death of Dependent	Event Date
Dependent Gains Other Coverage	First of the Month
Dependent Loss of Other Coverage	First of the Month
Dependent Over Eligible Age	First of the Month
Dissolution of Domestic Partnership	First of the Month
Divorce or Legal Separation	First of the Month
Domestic Partnership	Event Date
Employee Gains Other Coverage	First of the Month
Employee Loss of Coverage	First of the Month
Leave of Absence	First of the Month
Legal Guardianship	Event Date
Marriage	Event Date
Midyear Change in Needs	First of the Month
Spouse Open Enrollment	First of the Month

Qualifying Life Events can be initiated in the Employee Navigator portal by logging in and selecting "Change Benefits." You'll be asked to provide the type of event, date of the event, and will select your benefit changes.

MEDICAL

Carrier: BlueCross Blue Shield of North Carolina

GROUP NO 14161806, RX BIN NO 015905

MEDICAL PLAN OPTION 1 – PPO PLAN

PPO PLAN	Employee Rates	BW Rates
Employee Only	122.60	56.58
Employee + Child	264.92	122.27
Employee + Children	325.50	150.23
Employee + Spouse	354.70	163.71
Family	468.30	216.14

Important Questions	Answers	Why this Matters
What is the overall deductible?	In-Network: $1,250 Individual/$3,750 Family. Out-of-Network: $3,750 Individual/$11,250 Family.	Generally, you must pay all of the costs from providers up to the deductible amount before this plan begins to pay. If you have other family members on the plan, each family member must meet their own individual deductible until the total amount of deductible expenses paid by all family members meets the overall family deductible.
Are there services covered before you meet your deductible?	Yes. Preventive care and most services that may require a copay	This plan covers some items and services even if you haven't yet met the deductible amount. But a copayment or coinsurance may apply. For example, this plan covers certain preventive services without cost sharing and before you meet your deductible. See a list of covered preventive services at https://www.healthcare.gov/coverage/preventive-care-benefits/.
Are there other deductibles for specific services?	No.	You don't have to meet deductibles for specific services.
What is the out-of-pocket limit for this plan?	In-Network: $3,000 Individual/$9,000 Family. Out-of-Network: $9,000 Individual/$27,000 Family.	The out-of-pocket limit is the most you could pay in a year for covered services. If you have other family members in this plan, they have to meet their own out-of-pocket limits until the overall family out-of-pocket limit has been met.
What is not included in the out-of-pocket limit?	Premiums, balance-billing charges, health care this plan doesn't cover and penalties for failure to obtain pre-authorization for services.	Even though you pay these expenses, they don't count toward the out–of–pocket limit.
Will you pay less if you use a network provider?	Yes. See www.bluecrossnc.com/FindADoctor or call 1-877-275-9787 for a list of network providers.	This plan uses a provider network. You will pay less if you use a provider in the plan's network. You will pay the most if you use an out-of-network provider, and you might receive a bill from a provider for the difference between the provider's charge and what your plan pays (balance billing). Be aware your network provider might use an out-of-network provider for some services (such as lab work). Check with your provider before you get services.
Do you need a referral to see a specialist	No.	You can see the specialist you choose withouth a referral.

MEDICAL

GROUP NO 14161806, RX BIN NO 015905

MEDICAL PLAN OPTION 1 – PPO PLAN

All copayment and coinsurance costs shown in this chart are after your deductible has been met, if a deductible applies.

Common Medical Event	Services You May Need	What You Will Pay		Limitations, Exceptions & Other Important Information
		Network Provider (You will pay the least	Out-of-Network Provider (You will pay the most)	
If you visit a health care provider's office or clinic	Primary care visit to treat an injury or illness	$25 copayment	30% coinsurance	None
	Specalist visit	$50 copayment	30% coinsurance	None
	Preventative care/screening/ immunizations	No Charge	30% coinsurance	-You may have to pay for services that aren't preventive. Ask your provider if the services needed are preventive. Then check what your plan will pay for.--Limits may apply
If you have a test	Diagnostic text (x-ray, blood work)	20% coinsurance	30% coinsurance	None
	Imaging (CT/PET scans, MRIs)	20% coinsurance	30% coinsurance	- Prior authorization may be required or services will not be covered
If you need drugs to treat your illness or condition More information about prescription drugs coverage is available at www.bluecrossnc.com	Tier 1 Drugs	$4 copayment	$4 copayment	- Prior authorization may be required or services will not be covered - Copayment applies to a 30-day supply - For infertility dosage limits apply - See prescription drug section.
	Tier 2 Drugs	$20 copayment	$20 copayment	
	Tier 3 Drugs	$45 copayment	$45 copayment	
	Tier 4 Drugs	$65 copayment	$65 copayment	
	Tier 5 Drugs	25% coinsurance	25% coinsurance	
If you have outpatient surgery	Facility fee (e.g. ambulatory surgery center)	20% coinsurance	30% coinsurance	None
	Physician/surgeon fees	20% coinsurance	30% coinsurance	None
If you need immediate medical attention	Emergency room care	$300/No IP Admission; $300/With IP Admission	$300/No IP Admission; $300/With IP Admission	None
	Emergency medical transporation	20% coinsurance	20% coinsurance	None
	Urgent Care	$50 copayment	$50 copayment	None
If you have a hospital stay	Facility fee (e.g. hospital room)	20% coinsurance	30% coinsurance	-Prior authorization may be required or services will not be covered
	Physicians/surgeon fees	20% coinsurance	30% coinsurance	None
If you need mental health, behavioral health, or substance abuse services	Outpatient services	$50/office visit; 20% coinsurance/outpatient	30% coinsurance	-Prior authorization may be required or services will not be covered
	Inpatient services	20% coinsurance	30% coinsurance	-Prior authorization may be required or services will not be covered
If you are pregnant	Childbirth/delivery professional services	20% coinsurance	30% coinsurance	None
	Childbirth/delivery facility services	20% coinsurance	30% coinsurance	-Prior authorization may be required or services will not be covered

MEDICAL

Carrier: BlueCross Blue Shield of North Carolina

GROUP NO 14161806, RX BIN NO 015905

MEDICAL PLAN OPTION 2 – HIGH DEDUCTIBLE PLAN WITH HSA (HSA PLAN)

HSA PLAN	MN Employee Rates	BW Rates
Employee Only	$93.43	$43.12
Employee + Child	$195.89	$90.41
Employee + Children	$236.06	$108.95
Employee + Spouse	$255.42	$117.89
Family	$330.74	$152.65

Important Questions	Answers	Why this Matters
What is the overall deductible?	In-Network: $2,500 Individual/$5,000 Family Member/$5,000 Family Total. Out-of-Network: $5,000 Individual/$10,000 Family Member/$10,000 Family Total.	Generally, you must pay all of the costs from providers up to the deductible amount before this plan begins to pay. If you have other family members on the policy, the overall family deductible must be met before the plan begins to pay.
Are there services covered before you meet your deductible?	Yes. Preventive care.	This plan covers some items and services even if you haven't yet met the deductible amount. But a copayment or coinsurance may apply. For example, this plan covers certain preventive services without cost sharing and before you meet your deductible. See a list of covered preventive services at https://www.healthcare.gov/coverage/preventive-care-benefits/.
Are there other deductibles for specific services?	No.	You don't have to meet deductibles for specific services.
What is the out-of-pocket limit for this plan?	In-Network: $5,000 Individual/$7,000 Family Member/$10,000 Family Total. Out-of-Network: $10,000 Individual/$14,000 Family Member/$20,000 Family Total.	The out-of-pocket limit is the most you could pay in a year for covered services. If you have other family members in this plan, the overall family out-of-pocket limit must be met.
What is not included in the out-of-pocket limit?	Premiums, balance-billing charges, health care this plan doesn't cover and penalties for failure to obtain pre-authorization for services.	Even though you pay these expenses, they don't count toward the out–of–pocket limit.
Will you pay less if you use a network provider?	Yes. See www.bluecrossnc.com/FindADoctor or call 1-877-275-9787 for a list of network providers.	This plan uses a provider network. You will pay less if you use a provider in the plan's network. You will pay the most if you use an out-of-network provider, and you might receive a bill from a provider for the difference between the provider's charge and what your plan pays (balance billing). Be aware your network provider might use an out-of-
Do you need a referral to see a specialist	No.	You can see the specialist you choose withouth a referral.

MEDICAL

GROUP NO 14161806, RX BIN NO 015905

MEDICAL PLAN OPTION 2 – HIGH DEDUCTIBLE PLAN WITH HSA (HSA PLAN)

Common Medical Event	Services You May Need	In Network	Out of Network	Limitations, Exceptions, & Other Important Informa
If you visit a health care provider's office or clinic	Primary care visit to treat an injury or illnes	20% coinsurance	50% coinsurance	None
	Specialist visit	20% coinsurance	50% coinsurance	None
	Preventive care/ screening/ immunization	No Charge	30% coinsurance	-You may have to pay for services that aren't preventive. Ask your provider if the services needed are preventive. Then check what your plan will pay for.--Limits may apply
If you have a test	Diagnostic test (x-ray, blood work)	20% coinsurance	50% coinsurance	None
	Imaging (CT/PET scans, MRIs)	20% coinsurance	50% coinsurance	-Prior authorization may be required or services will not be covered
If you need drugs to treat your illness or condition More information about prescription drug coverage is available at www.bluecrossnc.com/rxinfo	Tier 1 Drugs	20% coinsurance after deductible	20% coinsurance after deductible	-Prior authorization may be required or services will not be covered *See Prescription Drug section.
	Tier 2 Drugs	20% coinsurance after deductible	20% coinsurance after deductible	
	Tier 3 Drugs	20% coinsurance after deductible	20% coinsurance after deductible	
	Tier 4 Drugs	20% coinsurance after deductible	20% coinsurance after deductible	
	Tier 5 Drugs	20% coinsurance after deductible	20% coinsurance after deductible	
If you have outpatient surgery	Facility fee (e.g., ambulatory surgery center	20% coinsurance	50% coinsurance	None
	Physician/surgeon fees	20% coinsurance	50% coinsurance	None
If you need immediate medical attention	Emergency room care	20% Coinsurance/No IP Admission; 20% Coinsurance/With IP Admis	20% Coinsurance/No IP Admission; 20% Coinsurance/With IP Admission	None
	Emergency medical transportation	20% coinsurance	50% coinsurance	
	Urgent care	20% coinsurance	50% coinsurance	
If you have a hospital stay	Facility fee (e.g., hospital room)	20% coinsurance	50% coinsurance	-Prior authorization may be required or services will not be covered
	Physician/surgeon fees	20% coinsurance	50% coinsurance	None
If you need mental health, behavioral health, or substance abuse service	Outpatient services	20% coinsurance	50% coinsurance	-Prior authorization may be required or services will not be covered
	Inpatient services	20% coinsurance	50% coinsurance	
If you are pregnant	Office visits	20% coinsurance	50% coinsurance	-*See Family Planning section.
	Childbirth/delivery professional services	20% coinsurance	50% coinsurance	None
	Childbirth/delivery facility services	20% coinsurance	50% coinsurance	-Prior authorization may be required or services will not be covered

MEDICAL

GROUP NO 14161806, RX BIN NO 015905

HEALTHCARE SPENDING ACCOUNT (HSA MEDICAL PLAN) CARRIER: HEALTH EQUITY

HealthCare Spending Account	Employer Contribution
Individual Plan	$1,000
Family Plan	$2,000

WHAT ARE THE ADVANTAGES TO UTILIZING A HEALTHCARE SPENDING ACCOUNT?

- Contributions are not taxed and anyone can contribute on the account holder's behalf.
- Any interest or earnings on the HSA grow tax-free.
- Payments for qualified medical expenses are not taxed.
- HSA funds can be invested.
- There's no use-it-or-lose-it like with a Flexible Spending Account. The money left in the HSA at the end of the plan year rolls over to the next year.
- The money in the account belongs to you, not your employer.
- HSAs are portable if you change jobs or change health coverage.

WHAT CAN I USE MY HSA DOLLARS FOR?

The money can be used to pay your deductibles and coinsurance for qualified medical expenses, including those not covered by the health plan, like dental and vision care. If you use your HSA for non-qualified expenses, the money you withdraw will be subject to income tax and an additional 20 percent penalty. After age 65, the 20 percent penalty is not applicable although the distribution is treated as taxable income. If you are no longer eligible to contribute toward an HSA, you can still receive tax-free distributions to pay or reimburse your qualified medical expenses if you still have money in your account. Expenses incurred before you establish your HSA are not qualified medical expenses. For example, if this is the first year you've had an HSA, you cannot use that money to pay for any expenses incurred in a previous year.

WHAT TO EXPECT AFTER ELECTING THE HSA PLAN:

- Blue Cross NC will load your data and forward it to HealthEquity.
- HealthEquity sets up your HSA account and sends you a "Welcome Kit" with instructions for online activation and steps for setting your account preferences.

WHAT ARE THE CONTRIBUTION LIMITS?

** Limits include Employer Contributions**	2025-2026
HSA Maximum Contribution Limit (Self Only)	$4,300
HSA Maximum Contribution Limit (Family)	$8,550
HSA Catch Up Contribution Limits (Over age 55)	$1,000

MEDICAL

MEDICAL PLAN RESOURCES:

Employees are encouraged to set up their BlueConnect account for access to plan information. The BlueConnect portal allows plan members to:

- View claims and explanations of benefits (EOB)
- See what services are covered by your coverage
- Find a provider or treatment facility
- Manage your plan
- View, print, or download member ID card
- Access and print documents related to your plan

TELADOC

Catawba automatically enrolls participants in the Catawba Health Insurance Plan in the Teladoc telemedicine benefit at $4.05 per month. Teladoc provides you, your spouse/domestic partner, and children with access to a physician through telephone or video consultation.

TELADOC.COM | 1-800-TELADOC

DENTAL

Carrier: Met Life | Network: PDP Plus

METLIFE DOES NOT USE INDIVIDUALIZED BENEFIT CARDS. SUBSCRIBER NUMBER IS THE EMPLOYEE'S SOCIAL SECURITY NUMBER. IF YOUR PROVIDER REQUIRES A DENTAL CARD, YOU CAN ACCESS THIS GENERIC CARD ON YOUR EMPLOYEE NAVIGATOR DASHBOARD.

Once you've enrolled, you may take advantage of online self-service capabilities with MyBenefits.

- Check the status of your claims
- Access MetLife's Oral Health Library
- Locate a participating dentist
- Elect to view your Explanation of Benefits online

To register, just go to **www.metlife.com/mybenefits** and follow the easy registration instructions.

Individuals Covered	Monthly	Bi-Weekly
Employee Only	$38.56	$17.80
Employee + Spouse	$77.14	$35.60
Employee + Child(ren)	$92.51	$42.70
Family	$139.58	$64.42
Employee + Domestic Partner	$77.14	$35.60

Coverage Type	In-Network[1] % of Negotiated Fee[2]	Out-of-Network[1] % of R&C Fee[4]
Type A - Preventative	100%	100%
Type B - Basic Restorative	100%	80%
Type C - Major Restorative	60%	50%
Type D - Othodontia	50%	50%

Deductible	In-Network[1] % of Negotiated Fee[2]	Out-of-Network[1] % of R&C Fee[2]
Individual	$50	$100
Family	$150	$300
Annual Maximum Benefit		
Per Individual	$1500	$1500
Orthodontia Lifetime Maximum - Ortho applies to Child Only	Up to Dependent Age Limit	
	$2500 per Person	$1500 per Person
Dependent Age	Eligible for benefits until the day that he or she turns 26	

1. "In-Network Benefits" refers to benefits provided under this plan for covered dental services that are provided by a participating dentist. "Out-of-Network Benefits" refers to benefits provided under this plan for covered dental services that are not provided by a participating dentist.
2. Negotiated fees refer to the fees that participating dentists have agreed to accept as payment in full for covered services, subject to any copayments, deductibles, cost sharing and benefits maximums. Negotiated fees are subject to change.
3. Applies to Type B and C services only.
4. Out-of-network benefits in the same geographic area for the same or similar services as determined by MetLife (the 'Customary Charge'). For your plan, the Customary Charge is based on the 90th percentile. Services must be necessary in terms of generally accepted dental standards.

DENTAL

Carrier: Met Life | Network: PDP Plus

TYPE A - PREVENTATIVE

- Oral evaluations ..... 1 in any 6 months
- Full Mouth X-rays ..... 1 in 60 months
- Bitewing X-rays (Adult/Child) ..... 1 in 12 months
- Prophylaxis - Cleanings ..... 1 in 6 months
- Topical Fluoride Applications ..... 1 in a year - Children to age 14
- Sealants ..... 1 in 36 months - Children to age 16
- Space Maintainers ..... 1 per lifetime per tooth area - Children up to age 19

TYPE B - BASIC RESTORATIVE

- Amalgam and Composite Fillings ..... 1 in 24 months
- Oral Surgery ..... 1 in 24 months
- Emergency Palliative Treatment ..... 1 in 24 months

TYPE C - MAJOR RESTORATIVE

- Crowns/Inlays/Onlays ..... 1 per tooth in 5 years
- Prefabricated Crowns ..... 1 per tooth in 5 years
- Repairs ..... 1 in 12 months
- Endodiontics Root Canal ..... 1 per tooth in 24 months
- Periodontal Surgery ..... 1 in 36 months per quadrant
- Periodontal Scaling & Root Planing ..... 1 in 24 months per quadrant
- Periodontal Maintenance ..... 2 in 1 year, includes 2 cleanings
- Oral Surgery (Surgical Extractions)
- Other Oral Surgery
- Bridges ..... 1 in 5 years
- Dentures ..... 1 in 5 years
- General Anesthesia
- Consultations ..... 1 in 12 months
- Implant Services ..... 1 service per tooth in 5 years - 1 repair per 5 years

TYPE D - ORTHODONTIA

- Dependent children up to age 26. Age limitations may vary by state. Please see your Plan description for complete details. In the event of a conflict with this summary, the terms of the certificate will govern.
- All dental procedures performed in connection with orthodontic treatment are payable as Orthodontia.
- Benefits for the initial placement will not exceed 20% of the Lifetime Maximum Benefit Amount for Orthodontia. Periodic follow-up visits will be payable on a monthly basis during the scheduled course of the orthodontic treatment. Allowable expenses for the initial placement, periodic follow-up visits and procedures performed in connection with the orthodontic treatment, are all subject to the Orthodontia coinsurance level and Lifetime Maximum Benefit Amount as defined in the Plan Summary.
- Orthodontic benefits end at cancellation of coverage.

Alternate Benefits: Where two or more professionally acceptable dental treatments for a dental condition exist, reimbursement is based on the least costly treatment alternative. If you and your dentist have agreed on a treatment that is more costly than the treatment upon which the plan benefit is based, you will be responsible for any additional payment responsibilty. To avoid any misunderstandings, we suggest you discuss treatment options with your dentist before services are rendered, and obtain a pretreatment estimate of benefits prior to receiving certain high cost services such as crowns, bridges or dentures. You and your dentist will each receive an Explanations of Benefits (EOB) outlining the services provided, your plan's reimnirsement of those services, and your out-of-pocket expense. Actual payments may vary from the pretreatment estimate depending upon annual maxiumums, plan frequency limits, deductibles and other limits applicable at time of payment.

VISION

Carrier: Met Life | Network: Superior Vision

METLIFE DOES NOT USE INDIVIDUALIZED BENEFIT CARDS. SUBSCRIBER NUMBER IS THE EMPLOYEE'S SOCIAL SECURITY NUMBER. IF YOUR PROVIDER REQUIRES A VISION CARD, YOU CAN ACCESS THIS GENERIC CARD ON YOUR EMPLOYEE NAVIGATOR DASHBOARD.

Individuals Covered	Monthly	Bi-Weekly
Employee Only	$7.31	$3.37
Employee + Spouse	$13.88	$6.41
Employee + Child(ren)	$14.60	$6.74
Family	$21.47	$9.91
Employee + Domestic Partner	$13.88	$6.41

IN-NETWORK BENEFITS

There are no claims for you to file when you go to an in-network Superior vision provider. Simply pay any copays or member out of pocket amount (MOOP) and, if applicable, any amount over your frame/ contact allowance at the time of service.

EYE EXAM - ONCE EVERY 12 MONTHS

- Eye health exam, dilation, prescription and refraction for glasses: Covered in full after $10 copay.
- Retinal imaging: Up to a $39 copay on routine retinal screening when performed by a private practice provider.

FRAMES - ONCE EVERY 12 MONTHS

- Allowance: $130 after $10 eyewear copay[1].
- Additional allowance of $25 at select providers. Visit metlife.com/mybenefits to locate participating providers. Look for the dollar sign icon ($).

STANDARD CORRECTIVE LENSES - ONCE EVERY 12 MONTHS

- Single vision, lined bifocal, lined trifocal, lenticular: Covered in full after $10 eyewear copay[1].

STANDARD LENS ENHANCEMENTS[2] - ONCE EVERY 12 MONTHS

- Standard Polycarbonate (child up to age 18)[3]. Covered in full after $10 eyewear copay[1].
- Progressive Standard, Progressive Premium/Custom, Standard Polycarbonate (adult)3, UV coating, Scratch-resistant coatings, Solid or Gradient Tints, Anti-reflective, Photochromic, Blue Light filtering, Digital Single Vision, Polarized, High Index (1.67 / 1.74): Your cost will be limited to a member out of pocket amount (MOOP) that MetLife has negotiated for you. These amounts may be viewed after enrollment at metlife.com/mybenefits.

CONTACT LENSES (INSTEAD OF EYE GLASSES) - ONCE EVERY 12 MONTHS

- Contact fitting and evaluation: Standard Fitting: Covered in full after $25 copay. Specialty Fitting: $50 allowance after $25 copay.
- Elective lenses: $130 allowance.
- Necessary lenses: Covered in full with prior authorization.
- Discounts: Conventional contacts: 20% off the amount that you pay over your allowance and on purchases of additional contact lenses. Disposable contacts: 10% off the amount that you pay over your allowance and on purchases of additional contact lenses.

1. Materials copay applies to lenses and frames only, not contact lenses.
2. The above list highlights some of the most popular enhancements and is not a complete listing.
3. Polycarbonate lenses are covered for dependent children, monocular patients, and patients with prescriptions +/- 6.00 diopters

ANCILLARY COVERAGES

ACCIDENT PLAN

Carrier: Met Life | Network: Superior Vision

ACCIDENT INSURANCE

Benefits that may help cover costs such as those not covered by your medical plan.

Individuals Covered	Monthly Low Plan	Bi-Weekly Low Plan	Weekly High Plan	Bi-Weekly High Plan
Employee Only	$8.91	$4.11	$13.98	$6.45
Employee + Spouse	$15.34	$7.08	$23.51	$10.85
Employee + Child(ren)	$16.18	$7.47	$23.88	$11.02
Family	$22.62	$10.44	$33.42	$15.42
Employee + Domestic Partner	$15.34	$7.08	$23.51	$10.85

With MetLife, you'll have a choice of two plans (called the "Low Plan" and the "High Plan") that provide payments in addition to any other insurance payments you may receive[1]. Here are just some of the covered events/services.

This plan provides protection 24 hours a day - while on or off the job. This plan provides protection for covered events experienced while off the job only.

Benefit Type	Low Plan Benefits	High Plan Benefits
ACCIDENTAL INJURY BENEFITS		
Fracture Benefit*	$200 - $10,000 depending on the fracture and type of repair	$200 - $10,000 depending on the fracture and type of repair
Dislocation Benefit*	$200 - $10,000 depending on the dislocation and type of repair	$200 - $12,000 depending on the dislocation and type of repair
Second or Third Degree Burn Benefit	$100 - $15,000 depending on the degree of burn and the percentage of burnt skin	$150 - $20,000 depending on the degree of burn and the percentage of burnt skin
Concussion Benefit	$500	$750
Coma Benefit	$10,000	$15,000
Laceration Benefit	$75 - $700 depending on the length of the cut and type of repair	$100 - $800 depending on the length of the cut and type of repair
Broken Tooth Benefit	Crown: $300 Filling: $50 Extraction: $150	Crown: $400 Filling: $75 Extraction: $200
Eye Injury Benefit	$400	$500

ANCILLARY COVERAGES

Benefits Continued

Benefit Type	Low Plan Benefits	High Plan Benefits
ACCIDENT - MEDICAL SERVICES & TREATMENT BENEFITS		
Ambulance Benefit	Ground: $400 Air: $1,250	Ground: $500 Air: $2,000
Emergency Care Benefit	$100 - $200 depending on location of care	$125 - $250 depending on location of care
Non-Emergency Initial Care Benefit	$100	$125
Physician Follow-Up Visit Benefit	$100	$125
Therapy Services Benefit (incl. physical therapy)	$50	$65
Medical Testing Benefit	$200	$250
Medical Appliance Benefit	$150 - $1,000 depending on the appliance	$200 - $1,250 depending on the appliance
Transportation Benefit	$400	$500
Pain Management Benefit (for epidural anesthesia)	$100	$150
Prosthetic Device Benefit	One device: $1,000 More than one device: $2,000	One device: $1,250 More than one device: $2,500
Modification Benefit	$1,500	$2,000
Blood/Plasma/Platelets Benefit	$500	$600
Surgicial Repair Benefits	$200 - $2,000 depending on the type of surgery	$250 - $2,500 depending on the type of surgery
Exploratory Surgery Benefit	$200	$300
Other Outpatient Surgery Benefit	$400	$500
HOSPITAL BENEFITS		
Admission Benefit	$1,500 for the day of admission	$2,000 for the day of admission
ICU Supplemental Admission Benefit	$1,500 for the day of admission	$2,000 for the day of admission
Confinement Benefit (paid for up to 365 days per accident)	$300 per day	$400 per day
ICU Supplemental Benefit (paid for up to 15 days per accident)	$300 per day	$400 per day
Inpatient Rehabilitation Benefit (paid for up to 30 days per accident)	$200 per day	$300 per day

ANCILLARY COVERAGES

Benefits Continued

Benefit Type	Low Plan Benefits	High Plan Benefits
ACCIDENTAL DEATH BENEFIT		
Accidental Death Benefit	$50,000 $150,000 for accidental death on common carrier	$75,000 $225,000 for accidental death on common carrier
ACCIDENTAL DISMEMBERMENT, FUNCTIONAL LOSS & PARALYSIS BENEFIT		
Dismemberment/Fuctional Loss	$1,000 - $40,000 depending on the injury	$1,250 - $60,000 depending on the injury
Paralysis	$20,000 - $40,000 depending on the number of limbs	$30,000 - $60,000 depending on the number of limbs
OTHER BENEFITS		
Health Screening Benefit*	$50	$50
Benefit provided for certain screening/ prevention tests	Paid 1 time per calendar year	Paid 1 time per calendar year
Lodging Benefit* - for a companion of a covered person who is hospitalized	$200 per day	$300 per day

Organized Sports Activity Injury Benefit Rider

This coverage includes an Organized Sports Activity Benefit Rider. The rider increases the amount payable under the Certificate for certain benefits by 25% for injuries resulting from an accident that occured while participating as a player in an organized sports activity. The rider sets forth terms, conditions and limitations, including the covered persons to whom the rider applies.

ANCILLARY COVERAGES

CANCER INSURANCE

Carrier: MetLife | Underwritten by Bay Bridge Administrators

Individuals Covered	Monthly	Bi-Weekly
Employee Only	$16.36	$7.55
Employee + Spouse	$33.43	$15.43
Employee + Child(ren)	$22.95	$10.59
Family	$40.02	$18.47
Employee + Domestic Partner	$33.43	$15.43

Available in colloboration with Bay Bridge Adminstrators:
Valuable protection against unexpected costs

Cancer insurance from MetLife is an effective way to enhance the security offered by your benefits package, without increasing your benefits costs. The coverage is designed to provide extra peace of mind and reduce financial stress at a time when employees need to keep their focus on their heath.

- Benefits are paid regardless of what's covered by medical insurance
- Benefits paid directly to the covered employee to spend as they choose
- Guaranteed issue coverage
- No waiting period between different covered conditions
- Benefits payable based on incurred expenses - may be subject to calendar year or lifetime max

Benefits also available for:

- Radiation/Chemotherapy treatment
- Self-administered drugs

ANCILLARY COVERAGES

CRITICAL ILLNESS INSURANCE

Carrier: MetLife | Policy Number?

Age	Employee Monthly Rates per $1,000 of Benefit	Spouse Monthly Rates per $1,000 of Benefit
15-29	$0.56	$0.56
30-39	$0.78	$0.78
40-49	$1.44	$1.44
50-59	$2.62	$2.62
60-69	$4.02	$4.02
70-99	$7.74	$7.74

Child Monthly Rates per $1,000 of Benefit
$0.01

Eligible Individual	Initial Benefit	Requirements
Employee	$5,000, $10,000, $15,000, $20,000, $25,000	Coverage is guaranteed provided you are actively at work[1]
Spouse/Domestic Partner[2]	50% of the Employee's Initial Benefit	Coverage is guaranteed provided the employee is actively at work and the spouse/domestic partner is not subject to a medical restriction as set forth on enrollment form and in the Certificate[1].
Dependent Child(ren)[3]	50% of the Employee's Initial Benefit	Coverage is guaranteed provided the employee is actively at work and the spouse/domestic partner is not subject to a medical restriction as set forth on enrollment form and in the Certificate[1].

Benefit Payment

Your Initial Benefit provides a lump-sum payment upon the first verified diagnosis of a Covered Condition. Your plan pays a Recurrence Benefit for the following Covered Conditions: Heart Attack, Stroke, Coronary Artery Bypass Graft, Full Benefit Cancer and Partial Benefit Cancer. A Recurrence Benefit is only available if an Initial Benefit has been paid for the Covered Condition. There is a Benefit Suspension Period between Recurrences.

Please refer to the table on the next page for the percentage benefit amount for each Covered Condition.

ANCILLARY COVERAGES

CRITICAL ILLNESS INSURANCE

Covered Conditions	Initial Benefit	Recurrence Benefit
Autism Spectrum Disorder Payable for a covered person (adult or child) for a diagnosis of any severity	25% of Benefit Amount	NONE
Benign Brain Tumor	100% of Benefit Amount	100% of Initial Benefit
Cancer Category		
Invasive Cancer	100% of Benefit Amount	100% of Initial Benefit
Non-Invasive Cancer	25% of Benefit Amount	100% of Initial Benefit
Skin Cancer	5% of Benefit Amount, but not less than $250	100% of Initial Benefit, but not less than $250
Coronary Artery Disease Category		
Coronary Artery Bypass Graft (CABG) Where surgery involving either a median stemotomy or minimally invasive procedure is performed	50% of Benefit Amount	100% of Initial Benefit
Coronary Angioplasty (Percutaneous Coronary Intervention)	5% of Benefit Amount	100% of Initial Benefit
Childhood Disease Category		
Cerebral Palsy	100% of Benefit Amount	NONE
Cleft Lip or Cleft Palate	100% of Benefit Amount	NONE
Congenital Heart Disease (for which Surgery has been recommended for treatment)	100% of Benefit Amount	NONE
Cystic Fibrosis	100% of Benefit Amount	NONE
Diabetes (Type 1)	100% of Benefit Amount	NONE
Down Syndrome	100% of Benefit Amount	NONE
Sickle Cell Anemia	100% of Benefit Amount	NONE
Spina Bifidia	100% of Benefit Amount	NONE
Functional Loss Category		
Coma	100% of Benefit Amount	100% of Initial Benefit
Loss of: Ability to Speak; Hearing; or Sight	100% of Benefit Amount	NONE
Paralysis of 2 or more limbs	100% of Benefit Amount	100% of Initial Benefit
Heart Attack Category		
Heart Attack	100% of Benefit Amount	100% of Initial Benefit
Sudden Cardiac Arrest	50% of Benefit Amount	NONE

ANCILLARY COVERAGES

CRITICAL ILLNESS INSURANCE

Covered Conditions	Initial Benefit	Recurrence Benefit
Infectious Disease Category	For a benefit to be payable, the covered person must been treated for the disease in a hospital for 3 consecutive days.	
Bacterial Cerebrospinal Menigitis	25% of Benefit Amount	100% of Initial Benefit
COVID-19	25% of Benefit Amount	100% of Initial Benefit
Diptheria	25% of Benefit Amount	100% of Initial Benefit
Encephalitis	25% of Benefit Amount	100% of Initial Benefit
Legionnaire's Disease	25% of Benefit Amount	100% of Initial Benefit
Malaria	25% of Benefit Amount	100% of Initial Benefit
Necrotizing Fascitis	25% of Benefit Amount	100% of Initial Benefit
Osteomyelitis	25% of Benefit Amount	100% of Initial Benefit
Rabies	25% of Benefit Amount	NONE
Tetanus	25% of Benefit Amount	100% of Initial Benefit
Tuberculosis	25% of Benefit Amount	100% of Initial Benefit
Kidney Failure	100% of Benefit Amount	100% of Initial Benefit
Major Organ Transplant For bone marrow, heart, lung, pancreas, and liver	100% of Benefit Amount	100% of Initial Benefit
Occupational Hepatitis or HIV	100% of Benefit Amount	NONE
Progressive Disease Category		
ALS	100% of Benefit Amount	NONE
Alzheimer's Disease	100% of Benefit Amount	NONE
Multiple Sclerosis	100% of Benefit Amount	NONE
Muscular Dystrophy	100% of Benefit Amount	NONE
Parkinson's Disease (Advanced)	100% of Benefit Amount	NONE
Systemic Lupus Erythematosus (SLE)	100% of Benefit Amount	NONE
Severe Burn	100% of Benefit Amount	100% of Initial Benefit
Stroke Category		
Stroke	100% of Benefit Amount	100% of Initial Benefit
Transient Ischemic Attack	10% of Benefit Amount	100% of Initial Benefit

ANCILLARY COVERAGES

CRITICAL ILLNESS INSURANCE

Major Organ Transplant Benefit*

Payment is 100% of the Initial Benefit Amount. This payment is in addition to your Total Benefit Amount payable for the Covered Conditions listed previously.

Example of Initial & Recurrence Benefit Payments

The example below illustrates an employee who elected an Initial Benefit of $15,000 and has a Total Benefit of 3 times the Initial Benefit Amount of $45,000.

This example is for illustrative purposes only. The MetLife Critial Illness Insurance Policy and Certificate are the governing documents with respect to all matters of insurance, including coverage for specific illnesses. The specifiic facts of each claim must be evaluated in conjunction with the provisions of the applicable Policy and Certificate to determine coverage in each individual case.

Supplemental Benefits Health Screening

MetLife provides coverage for the Supplemental Benefits listed below. This coverage would be in addition to the Total Benefit Amount payable for the previously mentioned Covered Conditions.

Health Screening Benefit

After your coverage has been in effect for thirty days, MetLife will provide an annual benefit of $50 per calendar year for taking one of the eligible screening/prevention measures. MetLife will pay only one health screening benefit per covered person per calendar year.

FLEXIBLE SPENDING ACCOUNTS/ DEPENDENT CARE ACCOUNTS

Carrier: Beniversal FSA

Using a Flexible Spending Account (FSA) is great way to stretch your benefit dollars. You use before-tax dollars in your FSA to reimburse yourself for eligible out-ofpocket medical and dependent care expenses. That means you can enjoy tax savings and increased takehome pay—all with the convenience of a prepaid Card.

WHAT IS AN FSA ACCOUNT?

2025 Contribution Limits (set by IRS)	
Flexible Spending Account (FSA)	$3,300
Dependent Care Account (DCA)	$5,000 - single taxpayers and married couples filing jointly. $2,500 - married couples filing separately

With an FSA, you elect to have your annual contribution deducted from your paycheck each pay period, in equal installments throughout the year, until you reach the yearly maximum you have specified. The amount of your pay that goes into an FSA will not count as taxable income, so you will have immediate tax savings. FSA dollars can be used during the plan year to pay for qualified expenses and services.

- A Healthcare FSA allows reimbursement of qualifying out-of-pocket medical expenses.
- A Dependent Care FSA allows reimbursement of dependent care expenses, such as daycare) incurred by eligible dependents.

With all FSA account types, you'll receive access to a secure, easy-to-use web portal where you can track your account balance, view your claim history and submit requests for reimbursements.

In addition, you'll receive a convenient card to make it easy to pay for eligible services and products not covered by your health insurance. When you use your card, payments are automatically withdrawn from your account. Just swipe and go. It's that easy. Save your receipts! Most expenses can be validated through the card transaction but you may be prompted to provide a copy of the receipt for certain transactions in accordance to IRS regulations. When required, receipts can be easily sent uploaded to either the consumer portal online or, through the mobile app. It's as simple as taking a picture of the receipt using the camera on your mobile device!

WITH AN FSA YOU CAN:

An FSA is a great way to pay for expenses with pre-tax dollars.

- Enjoy significant tax savings with pre-tax deductible contributions and tax-free reimbursements for qualified plan expenses
- Quickly and easily access funds using the prepaid Card at point of sale, or request to have funds directly deposited to your bank account via online or mobile app
- Reduce filing hassles and paperwork by using your prepaid Card
- Enjoy secure access to accounts using a convenient Consumer Portal available 24/7/365
- Manage your FSA "on the go" with an easy-to-use mobile app
- File claims easily online (when required) and let the system determine approval based on eligibility and availability of funds
- Stay up to date on balances and action required with automated email alert and convenient portal and mobile home page messages
- Get one-click answers to benefits questions
- Need orthodontia care, such as braces, or have dental expenses not covered by your insurance
- You provide care for a person of any age whom you claim as a dependent on your federal income tax return and who is mentally or physically incapable of caring for himself or herself

AN EMPLOYEE CANNOT ENROLL IN AN FSA OR DCA IF THEY CHOOSE THE HSA MEDICAL PLAN

FLEXIBLE SPENDING ACCOUNTS/ DEPENDENT CARE ACCOUNTS

Carrier: Beniversal FSA

Flexible Spending Accounts (FSAs) are IRS-approved accounts that allow you to pay for eligible medical and dependent care expenses on a tax-free basis. When you enroll in an employer-sponsored Flexible Spending Account, your contributions are not subject to Federal, FICA and most state taxes. This means you bring home more money in your paycheck.

Catawba College is concerned about your financial security, and we offer benefit plans designed to protect our employees. A flexible spending account (FSA) allows you to set aside a portion of your salary, before taxes, to pay for qualified medical or dependent care expenses. Eligible participants are allowed to rollover up to $640 of unused Medical FSA funds on the 15th of the month following the enf of the Plan Year. The minimum amount that rollover must be greater than $10.

The two most common FSAs are a Medical FSA and Dependent Care FSA. You can have both accounts at the same time, but you must enroll in and fund separate elections for each. For indivduals contributing to a Health Savings Account, you may have the option to select a Limited Purpose FSA instead of the Medical FSA.

MEDICAL FSA
(MEDICAL EXPENSES FOR YOUR FAMILY)

WHAT ARE THESE FUNDS USED FOR?

Funds can be used to pay for eligible medical expenses provided to you, your spouse, or eligible dependents.

WHEN CAN I START USING THE FUNDS IN MY ACCOUNT?

Your full plan year election is available to use on the first day of the plan year.

WHAT IS AN ELIGIBLE EXPENSE?

You can use these funds to pay for expenses that primarly prevent, treat, diagonose or alleviate a physical or mental defect or illness. Common eligible expenses include:

- Copayments, coinsurance, and deductibles
- Dental care (e.g. exams, fillings, crowns)
- Vision care, eyeglasses, contact lenses
- Chiropractic care
- Prescription drugs and over-the-counter drugs and medicines

WHAT ISN'T ALLOWED?

- You cannot use these funds to pay for expenses that are for personal care, cosmetic, or general health purposes.
- You can also not reimburse expenses from any other source (e.g. insurance).
- You cannot have a Medical FSA if you are enrolled in a Health Savings Account (HSA). However, a Limited Purpose FSA may be available.

WHAT HAPPENS TO FUNDS I DON'T USE?

Check your plan highlights for information about how unused funds are treated.

DEPENDENT CARE FSA
(DAY CARE EXPENSES)

WHAT ARE THESE FUNDS USED FOR?

Funds can be used for a qualified person:

- A dependent child under the age of 13 for whom you can claim a tax exemption, or
- A spouse or dependent who is physically or mentally incapable of self-care and for whom you can claim a tax exemption.

WHEN CAN I START USING THE FUNDS IN MY ACCOUNT?

Dependent Care funds become available as they are depoisited from payroll.

WHAT IS AN ELIGIBLE EXPENSE?

Expenses must enable you or your spouse to be gainfully employed, look for work, or attend school full-time. Common eligible expenses include:

- Before & after school care
- In-home dependent care
- Day care in a facility
- Nursey school
- Child care
- Adult care

WHAT ISN'T ALLOWED?

You cannot use these funds to pay for services provided for education, overnight camps, or services provided by the child's parent or other dependents. You also cannot claim federal tax credit for any exepenses reimbursed through your Dependent Care FSA. Consult a tax professional to determine if a Dependent Care FSA or the federal tax credit would be more aventageous.

WHAT HAPPENS TO FUNDS I DON'T USE?

Expenses must be incurred within the plan year. Refer to your plan highlights for deadlines to submit claims.

RETIREMENT

Carrier: TIAA CREF

ELIGIBILITY: All full-time and part-time employees are eligible to contribute to a Catawba College Retirement Plan

MATCHING: Catawba College will match employee contributions 100% up to:

- **5%** for all staff, non-tenure track, and tenure-track faculty
- **7.5%** for employees who have 10 years of service, or are tenured faculty members.

CATAWBA-PAID EMPLOYEE BENEFITS

Carrier: MetLife | Policy Number: 953263

CATAWBA PAID LIFE INSURANCE (BASIC LIFE)

Administered by MetLife Insurance Company

- Equal to your salary, rounded to the next $1.000
- Benefits reduced by 35% at age 65 and by 50% at age 70

CATAWBA PAID SHORT-TERM DISABILITY INSURANCE

Self-Insured by Catawba

- Beginning on the 31st day of disability, Catawba will pay 50% of the normal earnings for a period up to 22 weeks. Maximum payment of $3,000/month

CATAWBA PAID LONG-TERM DISABILITY INSURANCE

Administered by MetLife Insurance Company

- Insurance company pays a benefit of 50% of your regular earnings up to a maximum of $3,000/ month.
- Benefits begin on the 181st day of a covered disability and may be payable to your Normal Social Security Retirement Age

SUPPORT

Carrier: GuidanceNow by ComPsych

CONFIDENTIAL EMOTIONAL SUPPORT

Our highly trained clinicians will listen to your concerns and help you or your family members with any issues, including:

- Anxiety, depression, stress
- Grief, loss and life adjustments
- Relationship/marital conflicts

LEGAL GUIDANCE

Talk to our attorneys for practical assistance with your most pressing legal issues, including:

- Divorce, adoption, family law, wills, trusts and more Need representation? Get a free 30-minute consultation and a 25% reduction in fees.

FINANCIAL RESOURCES

Our financial experts can assist with a wide range of issues.

- Retirement, taxes, mortgages, budgeting and more For additional guidance, we can refer you to a local financial professional and arrange to reimburse you for the cost of an initial one-hour in-person consult.

ONLINE SUPPORT

GuidanceResources® Online is your 24/7 link to vital information, tools and support. Log on for:

- Articles, podcasts, videos, slideshows
- On-demand trainings
- "Ask the Expert" personal responses to your questions

HELP FOR NEW PARENTS

ParentGuidanceSM supports you through the process of becoming a biological or adoptive parent, including:

- Preparing for the baby emotionally and financially
- Finding child care
- Planning for back-to-work and other issues
- Specify your wishes for your property
- Provide funeral and burial instructions
- Choose a guardian for your children

WHAT HAPPENS WHEN I CALL FOR COUNSELING SUPPORT?

When you call, you will speak with a GuidanceConsultantSM, a master's- or PhD-level counselor who will collect some general information about you and will talk with you about your needs. The GuidanceConsultant will provide the name of a counselor who can assist you. You will receive counseling through the EAP up to 3 sessions per issue, per person, per calendar year. You can then set up an appointment to speak with the counselor over the phone or schedule a face-to-face visit.

WHAT COUNSELING SERVICES DOES THE EAP PROVIDE?

The EAP provides free short-term counseling with counselors in your area who can help you with your emotional concerns. If the counselor determines that your issues can be resolved with short-term counseling, you will receive counseling through the EAP. However, if it is determined that the problem cannot be resolved in short-term counseling in the EAP and you will need longer-term treatment, you will be referred to a specialist early on and your insurance coverage will be activated.

TIME OFF

VACATION

All full-time staff employees are eligible for vacation as shown below:

- After 60 days of service — 2 weeks or 80 hours
- After 2 years of service — 4 weeks of 120 hours
- After 5 years of service — 6 weeks or 240 hours

Staff employees who work less than a 12-month schedule are ineligible for vacation.

Summer Fridays - Starting the Friday after graduation through the last Friday of July, employees have each Friday off. Student facing offices are required to stay open to serve current and prospective students and employees working coverage on these days should take different days off during the week.

SICK LEAVE

All full-time staff employees are eligible to accrue up to 30 days of Sick Leave. These days can be taken for employee's sickness or for the sickness of an immediate family member. You will accrue 8 hours per month up to the maximum of 240 hours.

PERSONAL TIME

Full-time employees will also be awarded an additional personal day for their birthday.

HOLIDAYS

Catawba closes on the following eleven (11) paid holidays:

New Year's Day
Martin Luther King, Jr. Day
Good Friday
Easter Monday
Labor Day
Independence Day
Memorial Day
Thanksgiving Day and the Friday after
At least 2 days at Christmas to include Christmas Day

JURY DUTY

Employees are not required to utilize a leave day when called for jury duty, and pay continues in full during this obligation. Catawba requires employees provide the jury duty compensation to the Catawba Business Office.

EDUCATION

TUITION ASSISTANCE

Eligible full-time employees and their eligible dependents are eligible for tuition assistance as follows:

After 1 year of service	25% Tuition Assistance benefits
After 2 years of service	50% Tuition Assistance benefits
After 3 years of service	100% Tuition Assistance benefits

Part-time employees and their eligible dependents are eligible for tuition assistance according to this schedule:

After 3 year of service	25% Tuition Assistance benefits
After 6 years of service	50% Tuition Assistance benefits
After 9 years of service	100% Tuition Assistance benefits

The student enrolled must follow the procedures and guidelines of the Tuition Assistance Benefits policy. Employee children must meet the IRS definition of a dependent. Tuition Exchange Program details are available from the Catawba Financial Aid and Admissions Offices.

CATAWBA PERKS

MISCELLANEOUS BENEFITS

Use of Catawba College facilities without charge including, but not limited to, the Corriher-Linn-Black Library, Abernethy PE Building, and Lerner Wellness Center. Free/reduced tickets to Athletics, Theater, and Music Events. Discounts in the Catawba Bookstore. Unless otherwise excepted or required due the position, one (1) free weekly meal in the Dining Hall (Employee ID Required).

All students, faculty, and staff can access SpectrumU free-of-charge. Content can be watched on iOS or Android mobile devices, as well as on tablets, laptops or desktops. It's also available on Apple TV, Chromecast, and Roku devices — making it the perfect way to stream content without being tied to one location or screen.