

SUFFOLK UNIVERSITY HEALTH AND WELFARE BENEFIT PLAN

Schedule A

Summary of Welfare Benefits

Adjunct Faculty

As of January 1, 2024

Group Medical Coverage Feature

<i>Coverage Options</i>	<i>Welfare Benefit Contract Information</i>	<i>Eligibility requirements</i>	<i>Last Day of Coverage</i>	<i>Monthly Employee Premium Cost</i>	<i>For More Information</i>
Harvard Pilgrim Health Care HMO	072066	First of the month following Date of Hire. Date of Hire if hire date is first of the month. Spouses under age 65 of retirees are eligible on the date the retiree joins the Retiree Health Plan.	Last Day of the Month of Termination	EE: \$387.44 EE+Chi: \$755.38 EE+SP: \$833.00 Family: \$1,031.36	1600 Crown Colony Drive Quincy, MA 02169 1-888-333-4742 www.hphc.org
Harvard Pilgrim Health Care PPO	072067	First of the month following Date of Hire. Date of Hire if hire date is first of the month. Spouses under age 65 of retirees are eligible on the date the retiree joins the Retiree Health Plan.	Last Day of the Month of Termination	EE: \$779.79 EE+Chi: \$1,1520.57 EE+SP: \$1,676.49 Family: \$2,075.73	1600 Crown Colony Drive Quincy, MA 02169 1-888-333-4742 www.hphc.org

Harvard Pilgrim Health Care HDHP PPO	072068	First of the month following Date of Hire. Date of Hire if hire date is first of the month. Spouses under age 65 of retirees are eligible on the date the retiree joins the Retiree Health Plan.	Last Day of the Month of Termination	EE: \$228.76 EE+Ch: \$446.08 EE+SP: \$491.82 Family: \$608.94	1600 Crown Colony Drive Quincy, MA 02169 1-888-333-4742 www.hphc.org
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Group Prescription Drug Coverage Feature

<i>Coverage Options</i>	<i>Welfare Benefit Contract Information</i>	<i>Eligibility requirements</i>	<i>Last Day of Coverage</i>	<i>Monthly Employee Premium Cost</i>	<i>For More Information</i>
Optum RX		First of the month following Date of Hire. Date of Hire if hire date is first of the month.	Last Day of the Month of Termination	Included in the medical cost.	P.O. Box 42000 Hazelwood, MO 63042 1-800-788-4863 www.optumrx.com

Group Dental Coverage Feature

<i>Coverage Options</i>	<i>Welfare Benefit Contract Information</i>	<i>Eligibility requirements</i>	<i>Last Day of Coverage</i>	<i>Monthly Employee Premium Cost</i>	<i>For More Information</i>
Delta Dental PPO	004772	First of the month following Date of Hire. Date of Hire if hire date is first of the month.	Last Day of the Month of Termination	EE: \$23.74 EE+Ch: \$42.43 EE+SP: \$47.11 Family: \$74.42	465 Medford Street Boston, MA 02129 1-800-872-0500 www.deltadentalma.com

Health Savings Account Coverage Feature

<i>Coverage Options</i>	<i>Welfare Benefit Contract Information</i>	<i>Eligibility requirements</i>	<i>Last Day of Coverage</i>	<i>Monthly Employee Premium Cost</i>	<i>For More Information</i>
WEX Health Inc.	None	First of the month following Date of Hire. Date of Hire if hire date is first of the month.	Termination Date	Elected Amount	P.O Box 2926 Fargo, ND 58108 1-833-225-5939 www.wexinc.com

Healthcare Flexible Spending Account Coverage Feature

<i>Coverage Options</i>	<i>Welfare Benefit Contract Information</i>	<i>Eligibility requirements</i>	<i>Last Day of Coverage</i>	<i>Monthly Employee Premium Cost</i>	<i>For More Information</i>
WEX Health Inc.	None	First of the month following Date of Hire. Date of Hire if hire date is first of the month.	Termination Date	Elected Amount	P.O Box 2926 Fargo, ND 58108 1-833-225-5939 www.wexinc.com