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Benefits Enrollment Decision Guide

Lights, Camera, Benefits Action!

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BROWN



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This Decision Guide is a summary for informational purposes only and does not constitute a legal contract. In cases where discrepancies occur, the Plan Document or other relevant plan materials will be the ruling and binding instrument. Brown University reserves the right to amend or terminate any of the plans described in this booklet at any time and for any reason. Further, there may be certain coverage limitations or features based on carrier contract and/or Brown policy. Brown University is not bound to provide coverage in excess of what is considered by the plan administrator to be reasonable and/or prudent for the plan.

November 2025

Brown University is an Equal Employment Opportunity/Affirmative Action employer.

Overview

WHAT YOU NEED TO KNOW FOR OPEN ENROLLMENT

Open Enrollment begins Monday, October 27 and lasts through Monday, November 24, 2025.

MANDATORY ACTION REQUIRED FOR 2026 BENEFITS

All Brown employees electing medical coverage will need to actively enroll during the annual Open Enrollment period. If you are currently enrolled in Brown's medical coverage and you do not make an active election for 2026 coverage, you will be defaulted into the new BCBSRI Core PPO medical plan. Plan details are on the University Human Resources [website](#).

Enroll online through Workday! Access the Workday app on your phone or tablet for even greater convenience.

When you log in to Workday beginning October 27, you will see a task in your inbox named "Change Benefits-Open Enrollment." A series of screens will take you through the benefit plans for which you are eligible. There are links to this guide and other resources throughout.

When you're finished choosing benefits, you will sign electronically and submit your election. You can log back in to Workday and change your election anytime until the end of the Open Enrollment period.

There are resources in addition to this Decision Guide.

You are encouraged to review your benefits at least once a year, and Open Enrollment provides a great opportunity to do so. The Workday screens and this Decision Guide are only two of several resources to inform and educate you about your benefits.

The Benefits and Wellness section of the University Human Resources website, brown.edu/benefits, provides information about all employee benefits, including summaries of each [medical plan](#) and information about 403(b) retirement plans.

Members of the Benefits team are available to help you navigate through the choices in Workday:

- Schedule a 15-minute, [virtual one-on-one appointment](#) (available daily between 9 a.m. and 3:45 p.m. through the Open Enrollment period).
- Drop by an in-person help session at either Page-Robinson Hall, Room 212, or South Street Landing, Fourth Floor HR Service Center, on the following dates:
 - Tuesday, November 4, 9 a.m. to 4 p.m.
 - Tuesday, November 18, 9 a.m. to 4 p.m.

This year's Benefits Fair will be held in person at Sayles Hall on November 5 from 8 a.m. to 1 p.m. During this event, you can meet with vendors, have all of your benefit questions answered and enjoy giveaways.

Please note:

There is a brief Workday maintenance period every Friday night.



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WHAT'S NEW IN 2026?

All of Brown's medical plans will be through Blue Cross Blue Shield of Rhode Island (BCBSRI). There will be three choices:

- BCBSRI Core PPO Plan
- BCBSRI Premier PPO Plan
- BCBSRI Consumer-Directed Health Plan (CDHP)

New Health Savings Account Vendor and 2026 Contribution Limits

Effective January 1, 2026, Sentinel Group will administer the health savings account (HSA) for those participating in the CDHP.

The limit on individual HSA contributions will increase to \$4,400, and, for family coverage, it will be \$8,750. The limit includes both employee and employer contributions. The deductible for 2026 will increase to \$2,000 per individual and \$4,000 per family.

Dental Plan Changes

Enhancements to the dental plan will include two adult fluoride treatments per year with no change to premiums.

Dependent Care Flexible Spending Account Limit Increase

The dependent care flexible spending account limit will increase to \$7,500.

Changes to Life Insurance

The spousal life insurance coverage limit will increase from \$50,000 to \$250,000. Coverage can be elected in increments of \$10,000.

The child life insurance limit will increase from \$4,000 to \$10,000. The cost will increase from \$.36 per month to \$1.00 per month. The age at which children may remain on their parents' life insurance coverage will increase from 23 to 26 years old.

New Voluntary Legal Plan

Brown University is pleased to introduce a new voluntary legal plan through MetLife. This benefit offers a comprehensive range of personal legal services, including estate planning, debt collection, immigration services and more. When you enroll, you and your legal dependents have access to legal assistance for some of the most frequently needed personal legal matters — with no waiting periods, no deductibles and no claim forms when using a network attorney for a covered matter.



Brown Gives

Employees can participate in Brown Gives to support United Way of Rhode Island during Open Enrollment. Faculty and staff can donate monthly amounts of \$10, \$25, \$50, \$75 or \$100 through payroll deductions throughout the calendar year.

FRIENDLY REMINDERS

A Note to New Hires/Newly Eligible Employees

If you are a new hire at Brown, you have 31 calendar days from your hire date to complete your benefits enrollment in Workday. If you are newly eligible for certain benefits such as health and dental insurance because of a job change, you have 31 calendar days from the effective date of the change to enroll.

Personify Health Wellness Portal and Wellness Rewards

Wellness at Brown is Brown University's employee wellness program, which has partnered with Personify Health to offer a comprehensive wellbeing platform. The Personify Health Wellness Portal is your central online resource for this program. It offers health trackers, activity challenges, online yoga and meditation exercises, and much more to support your overall well-being. This portal is also where you will manage and submit your Wellness Rewards. Wellness Rewards is a voluntary incentive program designed to help you learn more about your personal health, motivate you to maintain or improve your overall well-being, and earn rewards for completing wellness-related tasks. To qualify for an incentive payment, you must accrue at least \$150 in Wellness Rewards. Visit the [Wellness Rewards page](#) to learn more.

Note to Flexible Spending Participants

In order to take advantage of the tax savings offered by flexible spending accounts, you must re-enroll each year. Even if you would like to contribute the same amount as the previous year, you must make an election during Open Enrollment.

WHO CAN PARTICIPATE?

You may be eligible to participate in some or all of the plans described in this guide if you are a member of the regular faculty or staff or a collective bargaining unit.

Some faculty and academic appointments (i.e., visiting and adjunct faculty, teaching associates and postdoctoral fellows) may not be eligible for all of the benefits in this guide.

Your annual regular work schedule and other factors determine the benefits for which you are eligible and whether the University contributes toward your coverage, as shown in the table on the next page.

Please note:

The rate you pay for benefits is determined by your job type, compensation and the level of coverage you enroll in. If your compensation changes during the year, your benefit premium may change.



Section 1 | OVERVIEW

| BENEFITS PROGRAM AT BROWN | | | |
|---|-----------------------------------|---------------------|--|
| Plan | Your Annual Regular Work Schedule | Can You Participate | Who Pays? |
| Health Insurance | 50% time or more | YES | Brown and you share the cost of coverage. |
| | Less than 50% time | YES | You pay the full cost of coverage at Brown's group rates. |
| Dental Insurance | 50% time or more | YES | Brown and you share the cost of coverage. |
| | Less than 50% time | YES | You pay the full cost of coverage at Brown's group rates. |
| Vision Insurance | 50% time or more | YES | You pay the full cost of coverage at Brown's group rates. |
| | Less than 50% time | YES | You pay the full cost of coverage at Brown's group rates. |
| Voluntary Life Insurance | 1,300 hours a year or more | YES | You pay the full cost of coverage at Brown's group rates. |
| | Less than 1,300 hours a year | NO | Not applicable |
| Flexible Spending Accounts | 50% time or more | YES | You pay the full cost through pre-tax contributions. |
| | Less than 50% time | NO | Not applicable |
| Commuter Choice Spending Account | 50% time or more | YES | You pay the full cost of coverage at Brown's group rates. |
| | Less than 50% time | NO | Not applicable |
| Long-Term Disability Insurance | 1,300 hours a year or more | YES | Brown pays the full cost of coverage. |
| | Less than 1,300 hours a year | NO | Not applicable |
| Wellness Rewards | 50% time or more | YES | Not applicable |
| | Less than 50% time | NO | Not applicable |
| Mortgage Assistance | All employees on regular payroll | YES | You pay the full cost less any group discount. |
| Automobile and Homeowners Insurance | All employees on regular payroll | YES | You pay the full cost less any group discount. |
| Backup Care | All employees on regular payroll | YES | You pay a copayment based on the care received. |
| Employee Assistance Program | All employees on regular payroll | YES | Brown pays the full cost of coverage. |
| Voluntary Legal Insurance | 1,300 hours a year or more | YES | You pay the full cost of coverage less any group discount. |
| | Less than 1,300 hours a year | NO | Not applicable |
| Supplemental Disability Insurance | All employees on regular payroll | YES | You pay the full cost of coverage at Brown's group rates. |
| Critical Illness and Accident Insurance | 1,300 hours a year or more | YES | You pay the full cost of coverage at Brown's group rates. |
| | Less than 1,300 hours a year | NO | Not applicable |
| Pet Insurance | All employees on regular payroll | YES | You pay the full cost less any group discount. |
| Savi Student Debt Solution | All employees on regular payroll | YES | You pay the full cost of coverage. |

There are certain faculty groups and bargaining units to whom this chart may not apply. Eligibility for dependents and/or certain family members varies by plan. When you log into Workday to enroll, you will see the plans and costs for your eligibility group.

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Who Else Can Be Covered?

If you are eligible for Brown University benefits, you may elect health insurance, dental insurance, vision insurance and voluntary life insurance for the following eligible dependents:

- Your current legal spouse
- Your child who is not yet 26 years old (The term “child” includes your biological child, adopted child or stepchild. It also includes a child for whom you are a legal guardian under the laws of the state in which the child resides. Your child need not live with you or be a student or unmarried in order to be covered. Coverage ends at the end of the month in which the child attains age 26.)
- Your unmarried child under age 26 who is subject to a Qualified Medical Child Support Order
- Your unmarried dependent of any age who falls under one of the previously listed categories and, due to a mental or physical disability, is unable to earn a living (The dependent must have been covered under the plan prior to turning 26, and must be wholly dependent upon the employee for support and maintenance.)

Please note:

Brown University requires documentation of the dependent’s relationship to the employee. This includes a copy of the dependent’s Social Security card, birth or marriage certificate. The University will remove from coverage and may recover claims and premium costs associated with any individual who is found to be ineligible under the terms of the plan(s).

Cost and Payment Methods

In most cases, you and the University share the cost of health and dental coverage. Your portion of the cost is shown in Workday when you enroll. The frequency that contributions for coverage are withheld from your paycheck depends on how often you are paid.

| If You Are Paid | Deductions Are Made |
|-----------------|---------------------|
| Monthly | Once a month |
| Biweekly | Twice a month |
| Weekly | Four times a month |

Depending upon certain eligibility criteria, such as your employee group, compensated work schedule, visa status, etc., your contribution to the cost of your health and dental coverage will generally be deducted from your paycheck on a pre-tax basis. Pre-tax contributions lower the amount of pay on which you are taxed and therefore usually lower the taxes you pay.



WHEN COVERAGE BECOMES EFFECTIVE

Elections made during the Open Enrollment period from October 27 through November 24, 2025, will become effective January 1, 2026.

For new employees, the date coverage becomes effective depends on the plan:

- **Health, Dental and Vision Insurance**

If you are hired on the first day of the month, coverage becomes effective on the first day of that month. (For example, if your hire date is April 1, 2026, your coverage will be effective April 1, 2026.)

If you are hired after the first day of the month, coverage becomes effective on the first day of the month following your date of hire. (For example, a hire date of March 2, 2026, will have a coverage effective date of April 1, 2026.)

- **Basic Life and AD&D**

Basic life insurance and accidental death and dismemberment (AD&D) coverage is effective on the first of the month following your hire date.

- **Voluntary Life Insurance**

Voluntary life insurance coverage is effective on the first of the month following your date of hire or, if subject to medical review, approval by the carrier.

- **Flexible Spending Accounts (FSAs)**

Flexible spending accounts are effective on the first of the month following your hire date. You must enroll within 31 calendar days from your date of hire in order to participate for an effective date of the first of the following month. Employees enrolling mid-year can elect up to the maximum annual contribution amount; pre-tax deductions will be prorated among the remaining months of the calendar year.

- **Critical Illness and Accident Insurance Plans**

Critical illness and accident insurance coverage is effective on the first of the month following your date of hire.

- **Voluntary Legal Plan**

Enrollment in the voluntary legal plan is effective on the first of the month following your date of hire

- **Commuter Choice Spending Accounts**

You may start/stop/change your commuter choice spending accounts election at any time during the year by initiating a benefit event in Workday. However, you may only contribute the maximum allowable monthly amount going forward.

- **Long-Term Disability Insurance**

You are initially eligible for long-term disability insurance after working for one uninterrupted year. Please refer to [Section 9](#) of this guide for additional information.

Please note:

If you participated in a dependent care spending account of another employer during the same tax year before coming to Brown, your maximum combined contribution at both employers must not exceed a total of \$7,500.



CHANGING COVERAGE DURING THE YEAR

Qualifying Events

The next opportunity you have to change carriers or your level of coverage is during the next year's Open Enrollment period. However, there are situations in which you can change your level of health, dental and/or vision coverage during the year. These are called *qualifying events*, and include:

- marriage or divorce of employee;
- birth, adoption or death, or acquiring new dependent;
- the beginning or ending of your spouse's employment;
- a change from full-time to part-time employment or vice versa for you or your spouse;
- losing other coverage because you or your dependent have exhausted COBRA coverage under another group plan or lost eligibility for the other plan, or if employer contributions under the other plan cease;
- when an employed family member changes a health and/or dental election in a plan sponsored by their employer;
- when compliance with certain family relations orders or decrees (e.g., a Qualified Medical Child Support Order) is legally required;
- when there is a change in employment status for you, your spouse or your covered dependent, including a strike or lockout, or commencement or return from unpaid leave under the federal Family and Medical Leave Act (FMLA) or the Rhode Island Parental and Family Medical Leave Act (RIPFMLA); or
- when you or any of your covered dependents become entitled to, or lose, Medicare or Medicaid coverage (If you lose Medicaid coverage, you have 60 days following the loss of Medicaid to elect Brown's coverage.). Loss of coverage under a plan purchased through a health insurance exchange is not a qualifying event.

Acceptable Changes

In most cases, you may increase, decrease or cancel your elected Brown benefits. **In all cases, the election change you make must be made on account of, and consistent with, the status change resulting from your qualifying event and with proper supporting documentation.**

For example, upon the birth of your first child during the year, you may change your health coverage level from individual or employee plus spouse or family coverage. You cannot, however, change the health carrier or plan with which you are enrolled. If you get married, you may add your spouse to your existing coverage. You may not, however, elect medical and/or dental coverage for yourself if you were not already enrolled (unless you can show a loss of other group coverage at the same time).

Brown University is not bound to provide coverage in excess of what is considered by the plan administrator to be reasonable and/or prudent for the plan.

Remember:

You must elect to change benefits in Workday and with supporting documentation within 31 calendar days of the occurrence of a qualifying event to be eligible to make changes to your current benefits choices.

For example:

You and your spouse both have individual coverage through your respective employers. Your spouse's Open Enrollment period has a coverage effective date of July 1, and they elect a two-person plan to cover you both. You can drop your Brown coverage, effective June 30, to join your spouse's plan.



Special Enrollment Period

The Health Insurance Portability and Accountability Act of 1996 (HIPAA) requires group health and/or dental plans to offer a special 31-day enrollment period for employees and dependents who previously declined coverage without having to wait for the plan's next Open Enrollment period, subject to certain conditions. You and your eligible dependents may enroll in Brown University's group health and/or dental plan if you lose other coverage because you exhaust COBRA coverage under another group plan, if you lose eligibility for the other plan, or if employer contributions for the other plan end. You must notify the Benefits Office in writing and with supporting documentation within 31 calendar days of your loss of other coverage in order to be eligible for the special enrollment period.

Please note that the HIPAA regulations allow you and your dependent to enroll, even if it is only your dependent who lost coverage.

WHEN BROWN EMPLOYMENT ENDS

If you terminate employment with the University or if you should become otherwise ineligible for health, dental or vision insurance coverage for reasons other than gross misconduct, you may be able to continue your benefits through COBRA.

When you leave Brown, you may port or convert your basic, voluntary and dependent life insurance. Critical illness and accident insurance plans are fully portable. Please contact the Benefits Office for additional information.

Your group long-term disability coverage ends on the date you are no longer an active benefits-eligible employee at Brown University.

Please note:

If you are canceling your dependent's health and/or dental coverage during Open Enrollment, you must notify the Benefits Office if you would like to request COBRA coverage on their behalf.



Health Coverage

YOUR MEDICAL PLAN OPTIONS

Most employees at Brown have a choice of three plans, all offered through Blue Cross Blue Shield of Rhode Island (BCBSRI):

- Core PPO plan
- Premier PPO plan
- Consumer-Directed Health Plan (CDHP)

The Core and Premier plans are preferred provider organization (PPO) plans. The CDHP is a high-deductible health plan with a health savings account (HSA) option. For all plans, you can seek medical care in-network or out-of-network, but your coverage is higher in-network. Prescription drug coverage under the plans is provided by OptumRx, a separate pharmacy benefit manager.

The [summary of benefits and coverage](#) for each health plan can be found on the University Human Resources website, under 2026 Medical Plans. There is a separate summary for each plan that includes examples of the coverage provided and what the plan will pay. You may also request a copy by calling 401-863-2141 if you do not have internet access.

Each of Brown University's medical plans has a network of participating health care providers, hospitals and laboratories. Each allows members to use non-participating providers as well. There are no exclusions for pre-existing conditions.

See [Section 11](#) for information on creditable coverage when enrolling in Medicare.



PPO PLANS

The Core PPO plan and Premier PPO plan provide comprehensive coverage.

In-Network

It may be to your advantage to choose the services of an in-network provider as frequently as possible, because with in-network providers:

- your copayments are generally lower for most services and supplies;
- you don't have to file claim forms; and
- you aren't required to pay for expenses and then wait for reimbursement.
- For the Core PPO plan, the in-network per person deductible is \$750 with a \$1,500 family deductible.
- For the Premier PPO plan, the in-network per person deductible is \$250 with a \$500 family deductible.

The most you pay out of pocket for covered expenses is \$3,500 (\$7,000 for family coverage).

Out-of-Network

Both PPO plans also have an option that allows you to select any doctor or hospital. When you use an out-of-network provider, certain provisions apply:

- You will have to pay before the plan will pay benefits. The out-of-network per person deductible in the Core plan is \$1,500, with a \$3,000 family deductible. The out-of-network per person deductible in the Premier plan is \$500 with a \$1,000 family deductible.
- After you meet your deductible, each plan generally reimburses your expenses at 80% of allowable charges. Please note, however, that your out-of-network health care provider may balance-bill you for the difference between the provider's charge and the allowable charge.
- Out-of-network expenses above the \$3,500 for individual and \$7,000 for family out-of-pocket maximum are reimbursed according to the terms of the respective Summary Plan Description.



CDHP PLAN

The CDHP plan also provides comprehensive coverage. With this plan:

- You will pay a deductible of \$2,000 per person, \$4,000 per family each year. All services that are not preventive services are subject to this deductible.
- After you meet the deductible, the plan will pay 90% for most in-network services and 70% for out-of-network services.
- After your share of the cost reaches the out-of-pocket maximum of \$3,500 per person, \$7,000 per family, in a year, the plan will pay 100% of remaining covered services in the plan year (which is a calendar year). This plan does not have a separate maximum for pharmacy expenses.
- You may be required to obtain approval before receiving certain services from network doctors and hospitals. Without this approval, you will be responsible for the entire cost of care.

Health Savings Account (HSA)

If you elect the CDHP and you are in a benefit-eligible position and your benefit full-time equivalent is 50% or greater, Brown University will contribute \$500 per individual, and \$1,000 per family, to an HSA. New enrollments beginning mid-year will receive a prorated amount. An HSA is a bank account for the purpose of paying health care expenses such as deductibles and copayments. Contributions to an HSA are tax-free, earnings on the accumulations are tax-free, and withdrawals are tax-free as long as they are used to reimburse eligible expenses. HSAs are similar to flexible spending accounts (FSAs), but with a critical difference: there is no use-it-or-lose-it rule, so contributions may accumulate and do not have to be used for expenses incurred in the same year. Thus, if you have an HSA you may use the funds in it after you leave Brown, including in retirement. The account belongs to you, not the University.

To enroll in the HSA, you must be enrolled in the high-deductible health plan (CDHP). You may not be enrolled in Medicare, including Medicare Part A, nor in any other medical plan such as a spouse's plan. You also may not participate in a health care FSA while enrolled in Brown's plan.

You can make pre-tax contributions to your HSA through payroll deduction and change the amount of those contributions at any time during the plan year. The maximum amount that may be contributed in 2026, including Brown's contribution, is \$4,400 for individuals and \$8,750 for families. (If you are age 55 or older, you can make an additional \$1,000 catch-up contribution.)

Sentinel Group is the HSA administrator for Brown. Because the HSA is an individual bank account, there is a separate application process to open the account. Once your account is open, you will receive a debit card and instructions for making withdrawals if you currently are enrolled in the CDHP, you have an HSA through OptumBank. Please be on the lookout for further communication on how to move your account to Sentinel Group for 2026.

Please note:

Enrollment in the CDHP plan for employees with a benefit FTE of 50% or greater requires opening up an HSA with Sentinel Group so that the Brown contributions and voluntary contributions may be deposited.

Section 2 | HEALTH COVERAGE

COMPARING THE PLANS

The chart below provides an overview of the different features among the Core PPO, Premier PPO and Consumer-Directed Health Plan (CDHP).

| Plan Features: | Core PPO plan | | Premier PPO plan | | CDHP plan | |
|--------------------------|-----------------|-----------------|---------------------|-----------------|---------------------------------|-----------------|
| | In-Network | Out-Of-Network | In-Network | Out-of-Network | In-Network | Out-of-Network |
| Deductible | \$750/1,500 | \$1,500/\$3,000 | \$250/\$500 | \$500/\$1,000 | \$2,000/\$4,000 | \$2,000/\$4,000 |
| Out-of-Pocket Maximum | \$3,500/\$7,000 | \$3,500/\$7,000 | \$3,500/\$7,000 | \$3,500/\$7,000 | \$3,500/\$7,000 | \$3,500/\$7,000 |
| Brown's HSA Contribution | N/A | | N/A | | \$500/\$1,000 | |
| Preventive Care | 100% covered | | 100% covered | | 100% covered | |
| Coinsurance | 10% | 20% | 0% | 20% | 10% | 30% |
| PCP Visit | \$25 copay | 20% | \$20 copay | 20% | 10% | 30% |
| Specialist Visit | \$35 copay | 20% | \$30 copay | 20% | 10% | 30% |
| Emergency Room | \$150 copay | \$150 copay | \$150 copay | \$150 copay | 10% | 10% |
| Inpatient Hospital | 10% | 20% | 0% after deductible | 20% | 10% | 30% |
| Outpatient Surgery | 10% | 20% | 0% after deductible | 20% | 10% | 30% |
| Pharmacy | \$10/\$30/\$50 | | \$10/\$30/\$50 | | \$10/\$30/\$50 after deductible | |

Important Facts To Consider Before Electing High-Deductible Coverage

If you are considering the CDHP plan coverage for you, your spouse and/or your eligible dependent children, you should be prepared to personally — or through your HSA — finance any costs (e.g., deductible[s], out-of-pocket maximum[s] and additional uncovered expenses) that may arise during the course of the plan year. Please consider the following:

- Depending upon the in-network service(s) you receive, the plan will contribute toward the cost only after you have satisfied your in-network deductible of \$2,000 for individual coverage or \$4,000 for dependent coverage. Once the in-network deductible is met, the plan will pay 90% of the allowed charges.
- For out-of-network expenses, you must satisfy a separate out-of-network deductible of \$2,000 for individual coverage or \$4,000 for dependent or family coverage. Once the out-of-network deductible is met, the plan will pay 70% of the allowed charges. You may be balance-billed for any amounts above the plan allowance.
- In the case of the dependent or family coverage, the family deductible must be met before the plan begins to cover expenses. This means if only one person incurs expenses, that person must meet the family deductible, not just the individual deductible.



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Section 2 | HEALTH COVERAGE

Please remember that you should have sufficient financial resources in place before you elect a high-deductible health plan. In addition, you should be willing to assume an active role in purchasing health care services, as you will be responsible for authorizing payments from your HSA to cover deductibles and copayments.

THINGS TO THINK ABOUT

Making the health coverage choice that's best for your personal circumstances requires some serious thought. You will probably want to think about each of the following issues:

- Do you have other health coverage available? If you do, how do the other plan's benefits and costs compare to the benefits and costs under Brown's plans? This could include coverage available through a health insurance exchange in your state.
- How often do you and/or your dependents visit the doctor or any other health care providers?
- How often do you and/or your dependents need prescription drugs?
- Are you financially able to pay for costly medical services out of pocket (e.g., costs generally associated with hospitalization or with chronic illness)?
- Under Brown's tiered approach to employee contributions for faculty and staff, if your salary is in an upper tier the monthly cost to you for the CDHP plan may be significantly lower. You could elect to deposit the difference in cost in a HSA to fund your deductible if you elect this plan.



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Dental Coverage

The dental coverage, offered by Delta Dental of Rhode Island, is a managed care dental plan similar to a preferred provider organization (PPO) health plan. Delta USA has a network of dentists in every state throughout the United States that you may use, regardless of the state in which you live for the majority of the year.

HOW THE NETWORK WORKS

The Delta Dental PPO Plus Premier network providers have an agreement to charge patients with Delta Dental coverage less than they charge other patients who aren't participants in Delta Dental. When you go to an in-network dentist for care, you and the dentist decide on the treatment you require, the dentist completes all claim forms, and Delta Dental pays the dentist directly. Delta Dental sends you an explanation of benefits showing the services that were billed, the amount that Delta Dental paid and any participant deductibles and/or copayments.

With Delta Dental, as with Brown's medical care plans, you always have the option of receiving care from out-of-network providers. However, out-of-network providers do *not* have an agreement with Delta Dental to reduce their charges or to file claim forms. So, when you visit an out-of-network provider, you will usually pay more for dental care and you may have to file your own claim form.

HOW THE REIMBURSEMENT WORKS

Your reimbursement will be highest when you use in-network providers and lowest when you use out-of-network providers. In brief, the following subsections explain how your Delta Dental reimbursement works.

In-Network Providers

The Delta Dental PPO Plus Premier in-network providers have agreed to accept discounted fees for services they provide to network participants. Therefore, when you visit a network provider you are not responsible for any billing above and beyond the total discounted fee allowed. As a result, after you meet your annual deductible, any balance you are required to pay for basic and/or major restorative services will be lower than the amount you may be required to pay if you use an out-of-network provider.

Out-of-Network Providers

It is important to remember that out-of-network providers do not have an agreement to accept discounted fees. Therefore, the out-of-network provider's initial charge for services and supplies will usually be higher than an in-network provider's charge. You are required to make up the difference between the out-of-network provider's full charge and Delta Dental's payment.

Please note:

The dental insurance plan has two options: Comprehensive and Plus. The Plus option offers enhanced benefits for periodontal surgery and services, orthodontia coverage for both employees and dependents and special coverage for implants. Both options provide coverage according to the evidence-based dentistry approach.

For eligible full-time employees who elect dental coverage, the University contributes one-half the cost of the monthly individual premium for the Comprehensive option, regardless of the level of coverage or the plan option elected. For part-time employees who work between 50% and 66% time, the University contributes one-quarter of the cost of the monthly individual premium for the Comprehensive option. For employees who work less than 50% time, there is no University contribution.



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Section 3 | DENTAL COVERAGE

THE MAXIMUM CARRY-OVER PROVISION

Both the Plus and Comprehensive options offer an annual maximum carry-over provision, allowing participants in the dental plan to “carry over” up to \$350* of unused portions of the annual maximum to the following plan year. To qualify for the carry-over benefit, a participant must be enrolled for a full calendar year and have had a preventive care visit during the year, and the total claims activity cannot exceed the paid claims threshold.

Orthodontic benefits are excluded from this program. Below is an example of maximum carry-over benefits for a member enrolled in a \$1,750 annual maximum plan:

| Annual Maximum | Claim Threshold | Annual Carry-Over | Carry-Over Bonus* | Carry-Over Limit |
|----------------|-----------------|-------------------|-------------------|------------------|
| \$1,750 | \$500 | \$250 | \$100 | \$1,750 |

**Bonus is available for members who receive services exclusively from a participating dentist. The above chart depicts an employee who has a \$1,750 annual maximum dental plan. Having received at least one preventive visit during the year, this employee is eligible to carry over \$250 to the following year. Because the employee received treatment from a participating dentist, they are eligible for a carry-over bonus of \$100.*

For detailed information about the coverage provided under each option, please refer to the Delta Dental benefit highlights available on Brown’s [Dental Plan webpage](#).

THINGS TO THINK ABOUT

You may want to consider the following before making your dental coverage election:

- How often do you and your family require dental treatment? Does it make more financial sense for you to pay the monthly premium for dental coverage or to use your health care FSA to reimburse dental expenses?
- Do you (or your family) have high dental expenses, including individuals who need orthodontic treatment?
- Do you have other dental coverage available, such as through your spouse’s employer-sponsored plan? If you do, how do the monthly cost, deductibles and benefits of the two plans compare?
- Is dental coverage worthwhile for you if you don’t take advantage of in-network providers?



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Section 3 | DENTAL COVERAGE

Dental Plan Options Comparison

| Plan Features | Comprehensive Option | Plus Option |
|--|---|--|
| Annual Maximum | \$1,750 per member per calendar year for eligible expenses | \$3,000 per member per year for eligible expenses |
| Benefit Annual Deductible | \$50 per person, up to a \$150 family maximum, on an annual basis before the plan pays benefits for basic/minor and major restorative services (please refer to plan features below) | Same as Comprehensive option |
| Lifetime Cap | Unlimited | Same as Comprehensive option |
| Preventive Care | 100% coverage with no deductible requirement, when care is provided by a participating provider for annual exams, cleanings, x-rays, fluoride and sealants for children under age 16 | Same as Comprehensive option |
| Basic/Minor Restorative Care (Deductible applies) | 80% coverage when care is provided by a participating provider for fillings, extractions and denture repair 80% coverage for composite (white) fillings for all teeth | Same as Comprehensive option plus... <ul style="list-style-type: none"> • 80% coverage for periodontal surgery • 80% coverage for enhanced periodontal services such as bone grafts and guided tissue regeneration |
| Major Restorative Care (Deductible applies) | 50% coverage when care is provided by a participating provider for crowns, prosthodontics and periodontics 50% coverage for surgical placement of endosteal implants as well as guided tissue regeneration and bone replacement grafts | <ul style="list-style-type: none"> • Periodontal coverage for surgery and other services is enhanced to 80% (see above: Basic/Minor Restorative Care) • 50% coverage for orthodontia with separate lifetime maximum of \$2,500 per person • 50% coverage for implants with separate lifetime maximum of \$3,500 |
| Other | 50% coverage for occlusal guards | 80% coverage for occlusal guards |



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Vision Coverage

Vision Coverage, offered through VSP's Choice Plan, offers a network of providers as well as discounts at high-quality retail chains. The plan includes well vision exams, contact lens fitting exams and savings on lenses, frames and contact lenses. If you elect to participate, you will pay the full cost of coverage at Brown's group rates, through payroll deductions that are generally pre-tax.

The monthly cost of VSP Vision Coverage is \$7.38 for employee-only coverage, \$14.81 for two-person coverage, and \$23.81 for family coverage. You must generally enroll for the entire calendar year, and may only change your coverage level if you have a qualifying event.

There are also discounts on additional glasses and sunglasses if purchased from a VSP provider within 12 months of your last well vision exam.

For more information, including details on the network of providers, please visit vsp.com.

Please note:

There is no ID card and membership may be confirmed at vsp.com.

| Benefit | Description | Copay | Frequency |
|--------------------------------------|---|---|---------------------------|
| Well Vision Exam | Focuses on your eyes and overall wellness | \$0 | Every calendar year |
| Prescription Frame | <ul style="list-style-type: none"> \$200 off a wide selection of frames 20% off amount over your allowance \$200 allowance at Walmart/Costco | \$25, then included in cost | Every other calendar year |
| Prescription Lenses | Single-vision, lined bifocal and trifocal lenses; polycarbonate lenses for children | Included in cost | Every calendar year |
| Lens Options | NOTE: Copays are in addition to materials copay 1. Standard progressive lens 2. Premium progressive lens 3. Custom progressive lens | 1. \$0 2. \$95-\$105 3. \$150-\$175 | Every calendar year |
| Contacts (instead of glasses) | Average 20-25% off other options; \$200 allowance for contacts (copay does not apply); contact lens exam | Up to \$60 for exam | Every calendar year |
| Diabetic Eyecare | Ask your VSP doctor for details | \$25 | As needed |

Flexible Spending Accounts

Brown offers its eligible employees two tax-saving flexible spending accounts (FSAs): the health care FSA and the dependent care FSA. Both allow you to set aside a portion of your salary from each paycheck into a special account. This money is not taxed and may be used to reimburse you for the eligible out-of-pocket medical and dependent care expenses you incur throughout the year, after submitting the appropriate claims and supporting documents.

Employees who participate in the Consumer-Directed Health Plan (CDHP) have health savings accounts (HSA) and are not eligible for health care FSAs.

Please remember that in order to take advantage of the tax savings offered by these two flexible spending accounts, you have to re-enroll each year. Even if you want to contribute the same amount as the year before for either or both plans, you must enroll again.

If you do not make an enrollment election within 31 calendar days of your date of hire or during the Open Enrollment period, you cannot participate; you will have to wait until the next Open Enrollment period to make your election(s) for the upcoming calendar year.

HEALTH CARE FSA

A health care FSA allows you to pay for certain health and dental expenses (such as copayments, deductibles and non-reimbursable expenses like eyeglasses) that are not covered by insurance.

In your health care FSA, you may set aside a minimum of \$240 up to the IRS maximum per year. Contributions to your health care FSA must be made in consecutive months starting with your first paycheck of the year. Once elected, the amount you set aside may not be changed.

For example:

Tim usually elects family comprehensive dental coverage, which would cost about \$948. However, because Tim expects his family's dental needs will be routine and cost about \$500 — and assuming his estimates are on track — it may be to his advantage to waive dental coverage and instead open a health care FSA for \$550 or \$575. He underestimates his goal amount to reduce risk under the “use it or lose it” rule (see next page). After enrolling, equal contributions to his account (totaling his goal) will be made on a pre-tax basis from each of his paychecks, creating a fund from which he can be reimbursed for his family's eligible expenses as they occur throughout the year.



DEPENDENT CARE FSA

The dependent care FSA allows you to pay for dependent care expenses for children under the age of 13 or an older dependent who is physically and/or mentally incapable of self-care. To be eligible for reimbursement, the expense must be incurred so that you and your spouse can work, look for work or continue to attend school as a full-time student.

Under this plan you may set aside from \$240 to up to the IRS maximum per year. Contributions must be made in consecutive months starting with your first paycheck of the year. You may change your yearly goal amount during the year, within the above limits, if you have a qualifying event.

THE FSA TAX ADVANTAGE

Because your FSA contributions will be taken from your pay on a pre-tax basis, your taxable salary will be lower and you will pay less in income taxes. When you are reimbursed for eligible expenses, the reimbursement is not taxed, which makes the salary dollars you put into your accounts tax-free.

FEDERAL REGULATIONS GOVERNING SPENDING ACCOUNTS

Because of the tax advantages the FSAs provide, the federal government has imposed certain rules and limitations on them.

- Once you make your FSA election for a calendar year, you cannot change it until the next Open Enrollment, except as noted.
- You may use the FSAs to reimburse only those expenses for which the account was set up. In other words, you can use the healthcare FSA only to reimburse eligible health and dental care expenses and the dependent care FSA only for qualified dependent care expenses. You may not transfer funds from one account to the other.
- There is a 2.5-month grace period that allows you to use any 2026 FSA dollars remaining in your account for eligible expenses you incur through March 15, 2027.

REMEMBER: You must submit both health and dependent care claims by June 30, 2027 in order to be reimbursed for eligible expenses covered by your calendar year 2026 account(s). After that, you forfeit any balance remaining in your account(s) from calendar year 2026. In other words, you “use it or lose it.”

- Reimbursements you receive from your FSAs do not have to be claimed as income for tax purposes. However, if you fund these expenses through your reimbursement accounts, you are not permitted to deduct them on your tax return.

Please note:

Expenses claimed under your dependent care FSA must be for the care of your eligible dependents. Costs incurred for education, overnight camp or enrichment programs (e.g., music or computer camp) may be either partially or completely ineligible for reimbursement. Consult IRS Publication 503 or your personal tax advisor if you have any questions about eligible expenses.

Please note:

You may change the amount of your dependent care FSA election during the calendar year if you experience a qualifying event. Please note that the change you make must be consistent with the qualifying event. Certain restrictions apply. For more details, contact the Benefits Office.

THINGS TO THINK ABOUT

Because of the government restrictions on FSAs, it is important that you plan your contributions carefully. You may want to consider the following issues:

- How much did you and your family spend on unreimbursed health and dental care expenses during the past few years?
- Do you know of any eligible health care expenses that you and your family will have this year that won't be covered under any health care plans?
- How much did you pay for child care during the past few years so that you and your spouse could work, look for work or remain a full-time student?
- Does your spouse contribute to a dependent care account at work? If so, your contributions to a dependent care account may be limited since there is a federal maximum of \$7,500 per year per family.



Voluntary Life Insurance

The University provides you with group term basic life insurance and accidental death and dismemberment (AD&D) coverage at no cost to you. In addition, you have the opportunity to purchase additional group term voluntary life insurance coverage at reasonable group rates.

BASIC LIFE AND AD&D INSURANCE

Brown pays the full cost of basic life and AD&D insurance for eligible employees. Your basic life insurance coverage is an amount equal to your annual base salary, up to a maximum coverage amount of \$50,000. If your salary is not an even multiple of \$1,000, your basic life insurance coverage is rounded up to the next higher multiple of \$1,000.

For example, if your salary is \$39,750, your basic life insurance coverage amount is \$40,000 — the next higher multiple of \$1,000.

Some faculty, staff and bargaining unit employees may have a different benefit calculation method. Please refer to your Summary Plan Description for details.

VOLUNTARY LIFE INSURANCE FOR EMPLOYEES

The University provides you with the opportunity to purchase additional voluntary life insurance for yourself in amounts equal to one to six times your annual salary, up to a maximum coverage amount of \$950,000. (The total maximum amount of life insurance for basic and voluntary life insurance combined is \$1,000,000.) If your salary is not an even multiple of \$1,000, your voluntary life insurance coverage is rounded up to the next higher multiple of \$1,000. If your salary increases, your voluntary life insurance coverage amount and deductions will automatically increase.

EVIDENCE OF INSURABILITY

You must submit an evidence of insurability form to the life insurance carrier for approval before your voluntary life insurance coverage will become effective if any of the following situations apply to you:

- You have been hospitalized within the past 90 days.
- You are eligible for voluntary employee life insurance for the first time, including as a newly hired employee, and your election results in a coverage amount greater than \$500,000.
- You were previously eligible for voluntary life insurance but are now electing it for the first time.
- You are increasing the level of voluntary life insurance coverage you currently have.

You may fill out the form online at [MyLincolnPortal](#). The company code is Brown.

Please note:

Deductions for voluntary life insurance are always taken from your paycheck post-tax.

Exception:

Starting at age 65, your employee basic life insurance coverage is reduced by a fixed percentage every five years until you reach age 80.



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Cost

The monthly cost of your employee voluntary life insurance depends on your age and the coverage amount you elect, as shown in the following chart.

| Your Age as of Your Last Birthday | Monthly Rate for Each \$1,000 of Employee Coverage |
|--------------------------------------|---|
| Under 40 | \$0.032 |
| 40–44 | \$0.059 |
| 45–49 | \$0.090 |
| 50–54 | \$0.147 |
| 55–59 | \$0.231 |
| 60–64 | \$0.364 |
| 65–69 | \$0.579 |
| 70–79 | \$0.878 |
| 80+ | \$1.066 |

Please note:

Employee voluntary group term life insurance is fully portable. This means that, if you should terminate employment at Brown University, you may elect to continue your voluntary — including spouse and child coverage — at group rates. While the amount of coverage will remain at the pre-termination level, your rate for voluntary life insurance may change if your birthday moves you to the next higher age bracket.

For example:

Helen is 30 with an annual base salary of \$38,900. She elects two times her base salary, for a coverage amount of \$78,000 (\$38,900 rounded up to the next higher \$1,000 and then multiplied by two). The chart shows that Helen’s rate is \$.032 for each \$1,000 of coverage. For \$78,000 of voluntary life insurance coverage, Helen’s monthly premium is \$2.50, as calculated below:

\$.032 times 78 (thousand of coverage) = \$2.50 per month



VOLUNTARY LIFE INSURANCE FOR SPOUSES

If you elect and are approved for voluntary life insurance for yourself, the University provides you with the opportunity to purchase additional voluntary life insurance for your spouse. You may purchase up to \$250,000 of group term life insurance in increments of \$10,000 for your spouse, provided that the amount of coverage is not more than the amount of your own life insurance coverage through Brown (basic and employee voluntary coverage combined) and your spouse is under 70 years of age.

Please note that the amount you pay for this insurance will be based on your age and not on the age of your spouse. If your age increases, the deduction amount for your spouse's coverage may increase as well.

Evidence of Insurability

If you are electing an amount of coverage for your spouse that exceeds \$30,000, your spouse must submit a completed evidence of insurability form to the life insurance carrier for approval before voluntary life insurance coverage will become effective.

Please note:

If you are a Brown University employee covered under Brown's group life insurance plan, you are not eligible to be covered as a dependent under a spouse or parent who is also a Brown employee covered under the group life insurance plan.

Monthly Cost of Voluntary Life Insurance for Spouses

| Your Age as of Your Last Birthday | Monthly Rate for Each \$1,000 of Employee Coverage |
|-----------------------------------|--|
| Under 30 | \$0.027 |
| 30-34 | \$0.041 |
| 35-39 | \$0.048 |
| 40-44 | \$0.061 |
| 45-49 | \$0.088 |
| 50-54 | \$0.149 |
| 55-59 | \$0.250 |
| 60-64 | \$0.426 |
| 65-69 | \$0.716 |
| 70+ | \$1.168 |

For example:

Beth, who is 54, decides to purchase \$30,000 of voluntary group term life insurance through Brown University for her spouse, Mike. The chart shows that Beth's monthly rate is \$0.149 for each \$1,000 of spousal coverage. For \$30,000 of coverage for Mike, Beth's monthly premium is \$4.47, calculated as follows:

$$\$0.149 \times 30 \text{ (thousand of coverage)} = \$4.47 \text{ per month}$$



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VOLUNTARY LIFE INSURANCE FOR DEPENDENT CHILDREN

If you elect and are approved for voluntary life insurance for yourself, the University provides you with the opportunity to purchase additional voluntary life insurance for your dependent children up until age 26.

You may purchase \$10,000 of voluntary group term life insurance for each of your eligible children. Your monthly cost will be \$1.00, regardless of the number of children you are insuring.

THINGS TO THINK ABOUT

The need for life insurance coverage can be different for everyone and depends largely on your personal circumstances. Ask yourself the following questions before you make your voluntary life insurance elections:

- How much does your family need each month to meet expenses?
- How much of that amount does your salary cover?
- How much of your spouse's salary covers family expenses?
- Do you have young children or other dependents who would need to be provided for in case of your death?
- What other life insurance policies do you have?
- What other sources of income are available to your family in the event of your death?

ACCELERATED DEATH BENEFIT

Brown provides an accelerated death benefit under its basic and voluntary life insurance programs. This feature allows employees faced with a life-threatening illness to receive up to 50% of the face value of their life insurance while they are alive, up to a maximum employee benefit of \$500,000.

To be eligible for the accelerated death benefit, the illness in question must be certified by a physician and, in the physician's judgment, life expectancy must be less than 12 months.

An 8% administrative fee is charged for this benefit. Accelerated death benefits are considered taxable income.

Please note:

To be eligible for coverage, a spouse or dependent child(ren) must be able to perform normal duties (i.e., not be confined at home under the care of a doctor due to sickness or injury, or not be receiving nor entitled to receive any disability income from any source due to any sickness or injury).



Critical Illness and Accident Illness Insurance Plans

Brown offers the opportunity to purchase critical illness insurance and accident illness insurance. You can only enroll in this benefit during Open Enrollment or as a new hire. You will be able to pay for the insurance at group rates through a payroll deduction. The elected amount of coverage for dependents must be equal to or below the elected employee coverage amount.

CRITICAL ILLNESS INSURANCE FOR EMPLOYEES

You may enroll in critical illness insurance with guaranteed coverage amounts of \$10,000, \$20,000 or \$30,000.

Please visit the [Critical Illness and Accident Illness Insurance page](#) to find more information about pre-existing conditions and benefit exclusions.

Critical illness insurance:

- provides cash benefits if you or a covered family member is diagnosed with a critical illness or event;
- offers benefits that are paid in addition to what is covered under your health insurance;
- features group rates for employees;
- includes access to a personal health advocate who can assist you in managing health care services for you and your entire family; and
- does not require waiting periods or overall plan maximums.

CRITICAL ILLNESS INSURANCE FOR SPOUSE

You can secure critical illness insurance for your spouse when you secure coverage for yourself. Guaranteed coverage amounts are \$10,000 and \$20,000. Coverage for your spouse must be equal to or less than employee critical illness insurance.



Cost

The monthly cost of your critical illness insurance depends on your age, tobacco usage and elected coverage amount as shown in the following chart.

| Monthly Cost of Critical Illness Insurance | | |
|--|--|--|
| Age Band | 2026 Employee Contribution (Monthly) Per \$1,000 Coverage Non-Tobacco User | 2026 Employee Contribution (Monthly) Per \$1,000 Coverage Tobacco User |
| 17-24 | \$0.135 | \$0.154 |
| 25-29 | \$0.216 | \$0.258 |
| 30-34 | \$0.317 | \$0.401 |
| 35-39 | \$0.483 | \$0.662 |
| 40-44 | \$0.804 | \$1.242 |
| 45-49 | \$1.319 | \$2.305 |
| 50-54 | \$1.924 | \$3.640 |
| 55-59 | \$2.637 | \$5.328 |
| 60-64 | \$3.789 | \$8.131 |
| 65-69 | \$5.397 | \$12.112 |
| 70-74 | \$10.359 | \$20.259 |
| 75-79 | \$10.359 | \$20.259 |
| 80-84 | \$10.359 | \$20.259 |
| 85+ | \$10.359 | \$20.259 |

For example:

Dave is 47 and a non-tobacco user. He is enrolling in a coverage amount of \$30,000. This chart shows Dave’s rate is \$1.139 per \$1,000 of coverage. For \$30,000 of critical illness insurance, Dave’s monthly premium is \$34.17, as calculated below:

$\$1.139 \times 30$ (thousand of coverage) = \$34.17



Critical Illness Insurance for Children

You can secure critical illness insurance for your child when you secure coverage for yourself. Guaranteed coverage amounts are \$10,000 and \$20,000. The cost for child critical illness insurance per \$1,000 is \$0.274. Coverage for your child must be equal to or less than employee critical illness insurance.

Accident Illness Insurance

As an employee, you can take advantage of Brown’s accident illness insurance plan. Plus, you can add dependents to the plan for just a little more. The accident illness insurance plan:

- provides cash benefits if you or a covered family member are accidentally injured;
- features group rates for employees; and
- focuses on family safety and accident prevention.

| Coverage Level | 2026 Employee Contribution (Monthly) | |
|-------------------------|--------------------------------------|-----------|
| | Medium Plan | High Plan |
| Employee Only | \$ 9.990 | \$ 15.920 |
| Employee and Spouse | \$ 17.040 | \$ 26.850 |
| Employee and Child(ren) | \$ 19.150 | \$ 29.610 |
| Employee and Family | \$ 25.980 | \$40.250 |



Commuter Choice Spending Accounts

Brown offers commuter choice spending accounts to help employees save taxes on certain commuting costs. If you use public transportation that is not RIPTA to travel to and from work, or you pay to park in a commercial parking lot that is not maintained by the University, a commuter choice spending account may help you save taxes. For example, if you live in Massachusetts and travel by train to Providence, you may be able to pay for part of your train pass pre-tax. If you pay to park in a commuter lot at the train station, that expense is eligible as well.

HOW THE PROGRAM WORKS

There are two types of commuter choice spending accounts: parking and transit.

- The parking account allows you to use pre-tax dollars to pay for work-related parking expenses. Eligible expenses are costs incurred by you to park at or near your worksite or the facility you use to commute to work. Eligible expenses under this program do not include your payroll deduction to park in a Brown lot, since that is already pre-tax. In fact, in any month in which you have a deduction to park at Brown, you may not participate in the commuter choice spending account. On the benefits website, please select Additional Voluntary Benefits, then [Commuter Choice Spending Account](#), to review the maximum monthly contribution allowed.
- The transit account allows you to use pre-tax dollars to pay for mass transit costs incurred by you to travel to and from work. Examples are train, non-RIPTA bus and transit in a qualified commuter vehicle (e.g., vanpool). Brown University faculty and staff may use RIPTA service free, so it is not eligible. Visit the [Commuter Choice Spending Account page](#) to review the maximum monthly contribution allowed.

Participation in the commuter choice spending account is by payroll deduction. You may enroll during Open Enrollment or at the beginning of any month. You may also discontinue your participation at the end of any month, subject to payroll deadlines. The commuter choice spending account is administered by Sentinel Benefits. Once the pre-tax contributions to your account are deducted and sent to Sentinel Benefits (currently at the end of each month), you may use your Sentinel Benefits debit card to purchase parking or transit services. The two types of accounts cannot be used interchangeably. You cannot use your parking account to pay for transit or vice versa.

IRS Regulations Govern this Program.

The commuter choice spending account is intended to cover “qualified parking” and “qualified transportation” as defined in Section 132 of the Internal Revenue Code. Brown will administer the program, including the limits, in accordance with IRS regulations.



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Long-Term Disability Insurance

Long-term disability insurance is designed to provide eligible employees with replacement income in the event that they are not able to perform usual job functions as a result of injury or illness. Disability status must be certified by a physician and approved by Brown University's long-term disability insurance carrier.

ELIGIBILITY

You are initially eligible for long-term disability coverage after working at least 1,300 hours for one uninterrupted year. In order to remain eligible after this initial waiting period, you will need to continue to work at least 1,300 hours per year.

It may be possible to waive the initial one-year waiting period if you are newly hired and were covered by the long-term disability insurance plan of your former employer. If you were covered within three months of the date that your initial waiting period begins and you would like to have your waiting period waived, you must submit appropriate documentation of your coverage within 31 days of your date of hire to the University from your former employer on company letterhead (please see below).

SAMPLE DOCUMENTATION

Date

University Human Resources – Benefits – Box 1879
Brown University
Providence, Rhode Island 02912

To whom it may concern:

Please be advised that (*your name*) was covered under (*former employer's name*)'s long-term disability plan through (*date coverage ended*). (*Former employer's name*)'s long-term disability plan provides income benefits during total disability up until age 65 or Social Security normal retirement age.

Please feel free to call me at (*phone number*) if you have any questions or require additional information.

Sincerely,

Name
Title



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ELIMINATION PERIOD

Your benefits will begin after an elimination period of 180 consecutive days. (Please note that the plan provides for a limited interruption of up to 30 days during your first 180 days of total disability.)

BENEFITS

Once your disability claim is certified by your physician and approved by the insurance carrier, you are eligible to receive a monthly benefit of 60% of your base salary, up to a monthly maximum of \$7,500. The monthly minimum benefit is \$100.

The amount of your disability benefits may be reduced or offset by other income (e.g., Social Security benefits, retirement distributions, etc.) you may be receiving at the same time.

Brown University's long-term disability coverage includes special provisions for:

- cost of living adjustments;
- retirement contribution continuation; and
- disability management.

IF YOU WOULD LIKE ADDITIONAL INFORMATION

If you would like additional information, please consult your Brown University long-term disability insurance Summary Plan Description or email benefits_office@brown.edu.

Definition:

The Elimination Period is the time period (i.e., the number of consecutive days) you must wait from the onset of disability until benefits become payable under the plan.



Other Benefits

Additional benefits are available from vendors experienced in dealing with the unique needs of University faculty and staff. To assist you with your personal planning, Brown's vendors are present at the Benefits Fair in the fall. Please note that, where applicable, these benefits are fully employee-paid. For additional information, please contact vendors directly at the phone numbers or email addresses listed in this guide.

WELLNESS AT BROWN

Brown's faculty/staff health promotion activities and programs are coordinated in conjunction with the Health Promotion Committee and Wellness Champions, groups comprising wellness advocates from the University's diverse constituencies. Brown's award-winning health and wellness programs are offered throughout the year to all active Brown employees, regardless of their health insurance status, as part of the University's initiative to provide resources, motivation and support for all employees to lead healthier lives. Health and well-being experts including registered dietitians, clinicians, physicians, certified specialists and financial consultants deliver tailored programs in a variety of formats to help employees stay informed and lead their best lives.

Wellness Rewards

Wellness Rewards is a voluntary wellness incentive program designed to help you learn more about your personal health, motivate you to maintain or improve your overall well-being, and enable you to earn a taxable incentive payment of \$150-\$250, a membership to the Nelson Fitness Center, or a program fee voucher (value \$300) that can be used toward a mindfulness-based stress reduction or mindfulness-based cognitive therapy course offered by the School of Professional Studies.

Personify Health Wellness Portal

The Personify wellness portal is a comprehensive online well-being resource. The portal offers health trackers, activity challenges, online yoga and meditation and more. The portal is also where you will manage and submit your 2026 Wellness Rewards.

Confidentiality

No personally identifiable information collected from Brown employees by benefit providers will ever be shared with Brown. The information you provide to the program coordinators will always remain confidential. Once it is collected, data will be aggregated for the sole purpose of creating future programs.



MORTGAGE ASSISTANCE

The mortgage assistance benefit program has been established to assist eligible Brown employees who are exploring options to purchase or refinance a first or second home. The companies below have agreed to provide special programs and discounts for Brown employees and to provide exceptional loan service and consultation. For example, the vendors' preferred mortgage programs offer discounted interest rates, lower closing costs and pre-approvals. Please note that you will deal directly with the program vendors.

For additional information:

Citizens Bank

Jay Goldrick
NMLS# 408627
339-235-0310
jay.goldrick@citizensbank.com
[Citizens Bank](#)

Helping Hands Community Partners

Maggie Fegley
NMLS# 1779900
774-224-8189
mfgley@hhcp.org
[hhcp.org](#)

These vendors have indicated that they are willing to offer certain benefits to employees of Brown University. The vendor is included in the Benefits Enrollment Decision Guide to facilitate your access to its information. Brown University does not endorse or sponsor any of the provider's products. This is a voluntary, fully employee-paid benefit subject to the terms of agreement between you and the vendor, and subject to its requirements and/or restrictions. Employees may be required to show their Brown ID Card to obtain access to any benefit(s) offered.



AUTOMOBILE AND HOMEOWNERS INSURANCE

Liberty Mutual Insurance provides eligible Brown employees with a discounted rate on auto and/or home insurance. In addition to the discounted rate, employees can obtain discounts based on driving record and car and home safety features and for insuring more than one line of business. Employees enrolled in the program also receive knowledgeable support, immediate claims assistance and the latest information to help keep you and your family safe.

Additional products and services include:

- an educator endorsement on the auto policy, which provides employees of Brown University, at no additional cost, a waiver of deductible if your vehicle is damaged or vandalized on school property or while using it for school-related events or from a collision while driving for school business;
- a child identification kit to store identifying information in the event there is an emergency affecting your child; and
- educational tools for teen and senior driving.

Liberty Mutual's offices are located throughout the country. For more information on the discount program or the additional products and services, please contact your local office for more information.

For Rhode Island, Massachusetts and Connecticut residents, the sales representatives is:

Christopher Chappell

401-824-1114

Email: christopher.chappell@libertymutual.com

100 Midway Rd., Suite 3

Cranston, RI 02920

Local: 401-946-8600

Toll-Free: 800-284-1078

For residents of all other states call: 800-225-8281 or visit Liberty Mutual on the web at libertymutual.com/brownuniversity.

Did You Know?

Along with Liberty Mutual homeowners insurance, you can purchase identity fraud coverage for \$25/year that provides up to \$15,000 of coverage per occurrence or up to \$30,000 per policy period. For additional information, please contact Liberty Mutual.*

*\$30 in CT. This is a flat charge of \$25 no matter when the coverage is added and will not be returned pro-rate if coverage is canceled or removed on a date other than the policy effective date.

* Discounts and savings are available where state laws and regulations allow, and may vary by state. Certain discounts apply to specific coverages only. To the extent permitted by law, applicants are individually underwritten; not all applicants may qualify.

SUPPLEMENTAL INDIVIDUAL DISABILITY INSURANCE

Participants in Brown's group long-term disability plan have the opportunity to purchase individual disability insurance to supplement the group benefit. The program is administered by Risk Strategies, at 877-321-4427 or idi-brown@risk-strategies.com.

This vendor provides options for these policies as a voluntary and fully employee-paid benefit to Brown employees. While the University has selected Unum Risk Strategies as its referral source for this benefit, employees may elect to use these vendors or any other similar programs available through public offerings. Employees should consider their individual family and financial situations before making a determination if such insurance is right for them.

BACKUP CARE

The University has contracted with Bright Horizons Family Solutions to provide backup care services to employees, enabling them to make the necessary care arrangements for their loved ones without having to take time away from work.

Bright Horizons has developed strategic alliances with the most reputable, high-quality, in-home health care agencies, nanny agencies and licensed childcare centers. These partnerships form the foundation of a network with unparalleled depth and breadth.

How Does It Work?

The backup care benefit is designed to help employees get to work with confidence, knowing that their loved ones are in skilled hands. Using this program, employees can make arrangements to meet both planned and unplanned care needs. Employees have 24/7 access to experienced backup care specialists, who will find and schedule licensed, qualified care on employees' behalf when they or their usual provider cannot be there.

Under the terms of this benefit, each eligible employee will be able to make arrangements for backup care up to 15 days per a 12-month calendar year. The University covers most of the cost for the backup care services. View program parameters, copay costs and other information on the [Backup Care](#) page of Human Resources website. Upon scheduling backup care, employees will be asked to provide a payment method for required copayments.

Employees should register before they need to request service to ensure the program is available should an emergency arise. There is no cost for registration. To register online or by phone, please contact Bright Horizons directly as listed below. Employees will be required to provide their Brown ID number to complete their registration.

Bright Horizons Family Solutions
clients.brighthorizons.com/brown
Phone: 877-BH-CARES (242-2737)
Username: Brown
Password: backup



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Backup Care Taxation

To ensure compliance with current IRS standards and practices, Brown may withhold and report taxes on certain dependent care benefits received, which are subsidized by Brown University. If the total of an employee's backup care subsidies received in a calendar year (or the total of their subsidies plus their annual dependent care FSA election) exceeds the 2026 \$7,500 tax-free limit allowed by the IRS, amounts over \$7,500 will be considered imputed (taxable) income.

METLIFE LEGAL PLAN

Brown University is pleased to introduce a new voluntary legal plan through MetLife, offering a comprehensive range of personal legal services. When you enroll, you and your legal dependents will have access to legal assistance for some of the most frequently needed personal legal matters — with no waiting periods, no deductibles and no claim forms when using a network attorney for a covered matter, including:

- money matters like debt collection and negotiation with creditors;
- home and real estate issues;
- estate planning and wills;
- family issues like adoptions and immigration assistance;
- civil lawsuits;
- traffic violations;
- and more!

You must remain enrolled in this plan for a minimum of one year.

PET INSURANCE

Brown University has partnered with MetLife* to offer employees special savings on pet insurance for dogs and cats. Pet insurance helps to reimburse individuals for covered veterinary expenses for their furry family members.

To get a quote or enroll, visit metlife.com/getpetquote or call 1 800 GET-MET8.

This vendor has indicated that it is willing to offer certain benefits to employees of Brown University and is included on this website to facilitate your access to its information. Brown University does not endorse or sponsor any of the provider's products. This is a voluntary, fully employee paid benefit subject to the terms of agreement between you and the vendor, and subject to its requirements and/or restrictions. Employees may be required to show their Brown ID Card to obtain access to any benefit(s) offered.



SAVI STUDENT DEBT SOLUTION

Brown and TIAA are pleased to offer Savi Student Debt Solution, a program to assist employees and their families with managing student debt.

This program not only helps employees and their families strengthen their financial footing in the short term but also can help them navigate the student loan forgiveness process. Savi can help you to find ways to:

- reduce your student loan payment based on your income and family size to free up funds that you can direct toward other financial goals; and
- simplify the student loan forgiveness process.

Service Options

There are two service tiers available to borrowers:

- Use Savi's free, no-commitment calculator to assess your student loan situation and receive guidance on the best options available.
- For an annual fee of \$60*, you can enroll in Savi's Essential service. Savi will administer the program's ongoing paperwork requirements including annual re-enrollment, employer certifications and filing for Public Service Loan Forgiveness (PSLF) credits with the U.S. Department of Education. This service helps borrowers avoid common and not-so-common errors and stay in compliance with exacting rules.

Eligibility

Employees do not need to be participating with TIAA to use Savi.

Get Started!

To get started, visit TIAA.org/brown/student today to calculate your savings.

Please note:

Savi and your employer are independent entities. Savi and TIAA are independent entities. A portion of any fee charged by Savi is shared with TIAA to offset marketing costs for the program. In addition, TIAA has a minority ownership interest in Savi. TIAA makes no representations regarding the accuracy or completeness of any information provided by Savi. TIAA does not provide tax or legal advice. Please contact your personal tax or legal adviser.



SPRING HEALTH

Counseling, coaching and support services are administered by Spring Health, Brown's Employee Assistance Program (EAP).

Available Services

- **Free therapy.** Get up to 10 therapy sessions per year for you and your legal dependents, at no cost to you. See a therapist in less than two days.
- **Personalized care.** Take a short, online assessment to get a personalized care plan based on your current needs and long-term goals.
- **Dedicated support.** Connect with your Care Navigator at any time. Care Navigators are licensed mental health professionals who can help you find the right therapist, schedule appointments, provide guidance and check in with you along the way.
- **Diverse providers.** Find a therapist you can relate to. Search by condition, specialty, gender, race, language and more.
- **Wellness exercises.** Get on-demand access to a digital library of self-guided exercises designed to improve your mental well-being.
- **Coaching.** Connect with a professional coach to help you set and achieve tangible goals, build new skills and develop healthier habits.
- **Work-life services.** Talk to experts and find resources for legal assistance, financial services, child and elder care, travel and more. [Explore work-life resources](#). (work-life code: brownu)

Accessing Services

Access counseling, coaching and mental health support:

Call: 855-629-0554

Visit: brownu.springhealth.com

Direct access to legal, financial and other work-life services:

Call: 844-773-1425

(work-life code: brownu)

Eligibility

Regular or fixed-term employees and their legal dependents age 6+.* Benefits end on termination of employment, but are included under COBRA after termination.

*Employees seeking assistance for family members younger than age 6 can work with Spring Health's Referral Concierge to find support.



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Notice of Privacy Practices

This notice describes how medical information about you may be used and disclosed and how you can get access to this information. Please review this information carefully.

The Brown University Health and Welfare Benefit Plan (the “Plan”) is committed to protecting the privacy of health information maintained both by the Plan itself and by outside vendors who perform services for the Plan, such as the Plan’s third-party administrator.

Under federal laws including the privacy and security rules of the Health Insurance Portability and Accountability Act of 1996 (“HIPAA”) and federal regulations governing the privacy of records related to substance use disorder treatment known as Part 2, the Plan is required to take reasonable steps to ensure the privacy of your personally identifiable health information and to inform you about:

- How the Plan may use or disclose your protected health information (“PHI”);
- The Plan’s duties under HIPAA and Part 2;
- Your right to file a complaint with the Plan and to the Secretary of the U.S. Department of Health and Human Services; and
- The person or office to contact for further information about the Plan’s privacy practices.

Section 1. Use and Disclosure of Your Plan Information

The Plan is required by law to maintain the privacy of your PHI and any information covered under Part 2 and is committed to doing so.

PHI includes information that may identify who you are, such as unique numbers and geographic information. It also includes information about payment for your health care, such as your enrollment in the Plan, information about your health condition, such as diseases you may have, and information about health services you have or may receive, such as an operation.

The Plan will generally obtain your written authorization before using your health information or sharing it with others outside the Plan. Generally, the Plan is permitted to use and disclose your health information without your written authorization for routine treatment, payment, or health care operations related to the Plan, such as:

- **Payment:** The Plan may use and disclose your health information to administer payments for treatment covered under the Plan. For example, your information may be shared with your health care provider and the Plan’s third-party administrator in connection with paying for your health care treatment. However, to the extent the Plan relies upon the services of a third-party administrator, the Plan will enter into a written agreement with that administrator protecting the privacy of your health information.



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Section 11 | REQUIRED NOTICES

- **Health Care Operations:** The Plan may use and disclose your health information for general administration of the Plan and to conduct normal business operations. Examples of business operations include enrolling you in a health plan, underwriting, premium rating and other activities related to Plan coverage; conducting quality assessment and improvement activities; conducting or arranging for legal and audit services; and other management functions including claims administration. Note that the Genetic Information Nondiscrimination Act prohibits using PHI that is genetic information for underwriting purposes.

EXCEPTIONS. The Plan also may use or disclose your PHI where required or permitted by law. HIPAA generally permits the Plan to use or disclose PHI for the following purposes:

- where required by law;
- for public health activities;
- to report child or domestic abuse;
- for governmental oversight activities;
- pursuant to judicial or administrative proceedings;
- for certain law enforcement purposes;
- for a coroner, medical examiner, or funeral director to obtain information about a deceased individual;
- for organ, eye, or tissue donation purposes;
- for certain government-approved research activities;
- to avert a serious threat to an individual's or the public's health or safety;
- for certain government functions, such as related to military service or national security; or
- to comply with Workers' Compensation laws;
- to a family member or close friend that you have identified and who is directly involved in your care or payment for your care; or
- to notify a family member of other individual involved in your care of your location, general condition, or death or to a public or private entity authorized by law or its charter to assist in disaster relief efforts to make such notifications.

MARKETING/SALE OF PHI / PSYCHOTHERAPY NOTES. The Plan will obtain your written authorization to use or disclose PHI for marketing purposes where the Plan receives financial remuneration, for the sale of PHI, or with respect to psychotherapy notes, except for limited health care operations purposes.

SUBSTANCE USE DISORDER TREATMENT RECORDS. Substance use disorder treatment records received from programs subject to Part 2, or testimony relaying the content of such records, shall not be used or disclosed in civil, criminal, administrative, or legislative proceedings against you unless you provide written consent or the Plan receives a court order accompanied by a subpoena or other legal requirement compelling disclosure and you are provided notice and an opportunity to be heard.

AUTHORIZATION. For any other uses and disclosures of your PHI, the Plan will obtain your written authorization. You may revoke this authorization in writing at any time, provided the Plan has not yet taken action in reliance on your authorization.



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Section 2. Your Rights

You have several rights with respect to your PHI, which are described below. Please call the privacy contact listed below if you have questions about your rights.

- You have the right to request restrictions on how your PHI may be used or disclosed. The Plan generally is not required to agree to your requested restriction, except in limited circumstances.
- You have the right to receive your PHI confidentially, such as at a location other than your home, if you state in writing that disclosing the information through normal means could endanger you.
- You have the right to inspect and copy your PHI that is maintained by the Plan in a designated record set or to request an electronic copy. The Plan may charge a reasonable, cost-based fee for such copies. You have the right to request an amendment to your PHI that the Plan maintains in a designated record set. The Plan may deny your request for an amendment if it believes your information is accurate and complete, or if the information was created by a party other than the Plan.
- You have a right to request an accounting of disclosures the Plan has made of your PHI for the six years prior to your request, except for disclosures you have authorized or disclosures for routine treatment, payment, or health care operations of the Plan.
- The right to receive a paper or electronic copy of this notice at any time by contacting the Brown University Benefits Office at 401-863-2141.

Section 3. The Plan's Duties

The Plan is required by law to maintain the privacy of your PHI and to provide you with a notice of its legal duties and privacy practices. The Plan is required to abide by the terms of this notice. The Plan is required to notify you if there is a breach of your unsecured PHI. The Plan reserves the right to change the terms of its notice and to make the new notice provisions effective for all protected health information that it maintains. If there is a material change to any provisions of this notice, the Plan will distribute a revised privacy notice.

STRICTER PRIVACY LAWS. Under the HIPAA privacy and security rules, the Plan is required to comply with any other applicable laws, including Part 2 and State laws, that also are applicable and are not contrary to HIPAA (for example, where state laws or substance use disorder privacy laws may be stricter).

Section 4. Miscellaneous

Further Information. If you have questions and would like additional information, you may contact the Brown University Benefits Office at 401-863-2141.

Complaints. Federal law requires the Plan to maintain the privacy of your Plan records as set forth in this notice. If you believe your privacy rights have been violated, you can file a complaint with the Brown University Benefits Office at 401-863-2141. You may also file complaints with the Secretary of the Department of Health and Human Services or with the third-party administrator for your particular plan. No one will retaliate or take action against you for filing a complaint.



Brown University's Benefits Vendors

| | | |
|--|--|--|
| Blue Cross Blue Shield of RI Group # 71-60542-00 | 855-704-5366 | myhealthtoolkitri.com |
| Bright Horizons Family Solutions Username: Brown Password: backup8 | 877-BH-CARES | clients.brighthorizons.com/brown |
| Citizens Bank Username: Brown Password: backup8 | 339-235-0310 | jay.goldrick@citizensbank.com |
| Delta Dental of RI Group # 7054-0001 Comp. 7054-0002 Plus | 401-752-6100 | deltadentalri.com |
| Helping Hands Community Partners Group # 7054-0001 Comp. 7054-0002 Plus | 774-224-8189 | mfegley@hhcp.org |
| Liberty Mutual Insurance Company | 800-284-1078 (RI & MA residents) 800-225-8281 (Residents of all other states) | libertymutual.com |
| Risk Strategies | 877-321-4427 | idi-brown@risk-strategies.com |



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Section 12 | VENDORS

| | | |
|--|--|---|
| Lincoln Financial | Please contact University Human Resources for information about the group life and disability carrier. | |
| MetLife Pet Insurance | 800-GET-MET8 | metlife.com/getpetquote |
| MetLife Legal Insurance | 800-821-6400 | members.legalplans.com |
| OptumRx Group # PURBROWN | 866-441-2422 | optumrx.com |
| Savi | | tiaa.org/brown/student |
| Sentinel Group | 888-762-6088 | sentinelgroup.com |
| Spring Health (counseling, coaching and mental health) | 855-629-0554 | |
| Spring Health (legal, financial and work-life services) | 844-773-1425 | |
| VSP Vision Service Plan | 800-877-7195 | vsp.com |



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