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Benefits Enrollment Decision Guide

Benefits For Every Season

Nurture your personal growth and overall well-being

Brown University Human Resources

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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 2026

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

Overview

WHAT YOU NEED TO KNOW FOR OPEN ENROLLMENT

Open Enrollment begins Monday, Nov. 2 and lasts through Monday, Nov. 23, 2026.

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

When you log in to Workday beginning Nov. 2, 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.

Please note:

There is a brief Workday maintenance period every Friday night.

There are supplemental resources in addition to this Decision Guide.

Please visit the Benefits and Wellness section of the University Human Resources website, brown.edu/benefits, which 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:
 - **Wednesday, Nov. 4**, 9 a.m. to 1 p.m. — Stephen Robert ’62 Campus Center, Petteruti Lounge
 - **Tuesday, Nov. 17**, 10 a.m. to 2 p.m. — South Street Landing, fourth-floor reception
 - **Wednesday, Nov. 18**, 9 a.m. to 4 p.m. — Page-Robinson Hall, Room 212

The 2026 Benefits Fair will be held in person at Alumnae Hall on **Tuesday, Nov. 10** from 8 a.m. to 1 p.m. During this event, you can meet with vendors, ask questions about your benefits and receive giveaways.



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WHAT'S NEW IN 2027?

2027 Medical Plan Design Adjustments

To address rising expenses while continuing to offer strong, competitive coverage, Brown is introducing minor copay adjustments for 2027:

- **Specialist Copays:** A \$10 increase to specialist visit copays under the Premier PPO and Core PPO plans.
- **Prescription Drugs:** A \$10 increase to Tier 3 prescription drug copays across all medical plans.

2027 Employee Contributions and Working Rates

Contribution adjustments across Brown's plans are designed to provide clear options for every household, with specific monthly employee increases varying by salary tier and coverage tier:

- **Premier PPO Plan:** (+11%) Employee monthly contribution increases will range from \$4.93 to \$103.09.
- **Core PPO Plan:** (+6%) Employee monthly contribution increases will range from \$2.46 to \$51.35.
- **Consumer-Directed Health Plan/CDHP:** (+6%) Employee monthly contribution increases will range from \$2.00 to \$24.80.
- **Delta Dental Comprehensive and Plus Plans:** (+ 2.8%) For the Comprehensive plan, monthly rate increases will range from \$0.52 to \$2.39. The Plus plan increases will range from \$0.78 to \$3.46.

Employees covered under collective bargaining agreements should consult their specific CBA guidelines regarding 2027 contribution rates and copays.

New Health Savings 2027 Contribution Limits

The limit on HSA contributions will increase to \$4,500 for individuals and \$9,000 for family coverage. The limit includes both employee and employer contributions.

New and Enhanced Voluntary Benefits for 2027

We are pleased to expand our voluntary benefit options in 2027 to offer additional financial security:

- **Hospital Indemnity Insurance:** Introduced through Lincoln Financial Group, this voluntary, employee-paid benefit pays fixed-dollar cash benefits in the event of a hospital admission, building upon our existing accident and critical illness offerings.
- **Health Assessment Enhancement:** Critical illness insurance will now include a \$50 health assessment benefit (HAB). Together with the \$50 HABs offered through accident and hospital indemnity insurance, employees can earn up to \$150 per year for completing covered wellness activities, with additional opportunities available for insured family members.



- **Spousal Life Insurance Enhancements:** During this Open Enrollment period, employees can increase spouse voluntary life guaranteed issue coverage from \$30,000 to \$40,000 without evidence of insurability (EOI).*
- **Special Voluntary Life Insurance Enrollment:** Employees may elect one additional increment of optional life insurance without providing EOI.*

**Elections above these limits and previously denied coverage will require EOI.*

Plan Integrity and Dependent Eligibility Audit

To ensure Brown's benefit plans remain cost-effective, fair and sustainable for all participants, University Human Resources will be conducting a dependent eligibility audit in early 2027. This process ensures that only individuals who meet plan eligibility criteria are covered. Eligible dependents include:

- Legal spouse
- Dependent children (biological children, legally adopted children, stepchildren and legal dependents up to age 26)
- Disabled dependent children age 26 or older who are incapable of self-support due to a physical or mental disability



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.

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?
Medical 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.
	Less than 50% time	YES	You pay the full cost of coverage.
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	Eligibility determined by the vendor, Unum	YES	You pay the full cost of coverage at Brown's group rates.
Accident Insurance, Critical Illness and Hospital Indemnity	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 Nov. 2 through Nov. 23, 2026, will become effective Jan. 1, 2027.

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

- **Medical, 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, 2027, your coverage will be effective April 1, 2027.)

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, 2027, will have a coverage effective date of April 1, 2027.)

- **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.

- **Accident Insurance, Critical Illness and Hospital Indemnity Plans**

Accident insurance, critical illness and hospital indemnity 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 (FLMA) or the Rhode Island Parental and Family Medical Leave Act (RIPFMLA)
- 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 adoption/birth of a child, you may change your health coverage level. You cannot, however, change the health 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.

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.

WHEN 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.



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):

- BCBSRI Core PPO plan
- BCBSRI Premier PPO plan
- BCBSRI 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 2027 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 12](#) for information on creditable coverage when enrolling in Medicare.



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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.



CONSUMER-DIRECTED HEALTH PLAN (CDHP) WITH HEALTH SAVINGS ACCOUNT

The CDHP 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 2027, including Brown's contribution, is \$4,500 for individuals and \$9,000 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.

Please note:

Enrollment in the CDHP 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.



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Mid-Year Enrollment and Pro-Rated Contributions

If you enroll in an HSA-qualified high-deductible health plan (HDHP) during the year, you may contribute to an HSA for each month you are eligible. You must be covered by the HDHP on the first day of the month and meet all other HSA eligibility requirements.

Your contribution limit is based on the number of eligible months. Employee contributions, employer contributions and contributions from other sources all count toward the same annual limit. Review your payroll election to ensure total contributions do not exceed your allowable limit.

HSA payroll deductions may be increased, decreased or stopped prospectively during the year.

Last-Month Rule

If you are HSA-eligible on Dec. 1, you may contribute up to the full annual HSA limit for your coverage tier, even if you were not eligible for the entire year.

To use this rule, you must remain HSA-eligible through Dec. 31 of the following year. If you lose eligibility during this testing period, the additional contribution allowed under the last-month rule must be included in income and may be subject to an additional 10% tax.

Important: Enrolling in Medicare during the testing period may cause you to fail the last-month rule.

HSA Eligibility After Age 65

Reaching age 65 does not automatically end HSA eligibility. You may continue contributing if you remain covered by an HSA-qualified HDHP and meet all other requirements.

However, you cannot make or receive HSA contributions for any month in which you are enrolled in Medicare, including Part A, Part B, Medicare Advantage or Part D. Contributions must stop when Medicare coverage begins.

You may continue using your existing HSA after enrolling in Medicare. HSA funds may be used tax-free for qualified medical expenses and generally for Medicare Parts A, B and D premiums and Medicare Advantage premiums. Medigap premiums are not qualified medical expenses. After age 65, nonqualified withdrawals are generally taxable but are not subject to the additional 20% penalty.

If You Delay Medicare Enrollment

If you are not enrolled in any part of Medicare and remain covered by an HSA-qualified HDHP, you may continue contributing to your HSA.

Be aware that Medicare Part A may be retroactive — often up to six months after applying for Medicare or Social Security. Starting Social Security can also trigger Medicare Part A enrollment. Review your Medicare effective date and consider stopping HSA contributions at least six months before applying if retroactive coverage may apply.



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	
	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	\$45 copay	20%	\$40 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/\$60		\$10/\$30/\$60		\$10/\$30/\$60 after deductible	

Important Facts To Consider Before Electing High-Deductible Coverage

If you are considering the CDHP 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 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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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 Plans 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 designated account on a pre-tax basis. These funds may be used to reimburse eligible out-of-pocket health care and dependent care expenses incurred throughout the year, after submitting the required claims and supporting documentation.

Employees who participate in the Consumer-Directed Health Plan (CDHP) have access to a health savings account (HSA) and therefore are not eligible to participate in the health care FSA.

HEALTH CARE FSA

A health care FSA allows you to set aside pre-tax dollars to pay for certain eligible health and dental expenses that are not covered or reimbursed by insurance, such as copayments, deductibles, and eligible expenses like eyeglasses.

In your health care FSA, you may contribute a minimum of \$240, up to the applicable IRS annual limit. 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 typically elects family comprehensive dental coverage, which costs about \$948 per year. However, Tim expects his family's dental needs will be routine and estimates that their eligible expenses will total about \$500 for the year.

If his estimate is accurate, Tim may find it advantageous to waive dental coverage and instead elect a health care FSA contribution of \$550 or \$575.

By electing slightly more than his estimated expenses, Tim can maintain some flexibility while still limiting his risk under the "use it or lose it" rule (see next page). Once enrolled, equal contributions towards his FSA account (totaling his annual election) will be deducted on a pre-tax basis from each of Tim's paychecks. Tim can then use the funds in his health care FSA account to reimburse himself for eligible expenses incurred by him and his family throughout the year.

Please note:

In order to take advantage of the tax savings offered by these two flexible spending accounts, you must re-enroll each year. Even if you want to contribute the same amount as the previous year to either or both accounts, you have to enroll again. If you do not make an enrollment election within 31 calendar days of your date of hire or during Open Enrollment, you cannot participate. You must wait until the next Open Enrollment period to make your election(s) for the upcoming calendar year.



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DEPENDENT CARE FSA

The dependent care FSA allows you to pay for dependent care expenses for children under the age of 13 or for 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 between \$240 and the IRS maximum each year. Contributions must be made in consecutive months, beginning with your first paycheck of the year. You may change your annual contribution amount during the year, within the limits above, if you have a qualifying event.

THE FSA TAX ADVANTAGE

Because your FSA contributions will be deducted from your pay on a pre-tax basis, your taxable income will be reduced, which means you may OR will pay less in income taxes. When you are reimbursed for eligible expenses, the reimbursements are generally not taxed, which makes the salary dollars you put into your accounts tax-free.

FEDERAL REGULATIONS GOVERNING SPENDING ACCOUNTS

Because of the tax advantages 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 each FSA only to reimburse expenses for which the account was established. In other words, you can use the healthcare FSA only for 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 incurred through March 15, 2027.

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

- Reimbursements you receive from your FSAs generally do not have to be reported as taxable income. However, if you receive reimbursement for an expense through an FSA, you generally cannot also claim that expense as a deduction on your tax return.

Please note:

Expenses claimed under your dependent care FSA must be for the care of your eligible dependents. Expenses related to education, overnight camps, or enrichment programs (e.g., music or computer camps) may be partially or entirely 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. Any change you make must be consistent with the qualifying event, and 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 questions:

- How much did you and your family spend on unreimbursed health and dental care expenses during the past few years?
- Do you anticipate any eligible healthcare expenses for you and your family 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 attend school full time?
- Does your spouse contribute to a dependent care account through their employer? If so, your contributions to a dependent care account may be limited because there is a federal maximum of \$7,500 per year per family.



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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.

Monthly Cost of Employee Voluntary Life Insurance

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

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

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.

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 \$40,000, 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:

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

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).



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Accident Insurance, Critical Illness and Hospital Indemnity Plans

Brown offers the opportunity to purchase accident insurance, critical illness and hospital indemnity 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 [Accident Insurance, Critical Illness and Hospital Indemnity 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
- 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.



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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	2027 Employee Contribution (Monthly) Per \$1,000 Coverage Non-Tobacco User	2027 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



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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 Insurance

As an employee, you can take advantage of Brown's accident 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	2027 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



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HOSPITAL INDEMNITY INSURANCE

Starting in 2027, Brown University is expanding its voluntary benefit options to include hospital indemnity insurance administered through Lincoln Financial Group. Hospital indemnity insurance is a voluntary, employee-paid supplemental coverage that pays a fixed-dollar cash benefit directly to you whenever you or a covered family member has a qualifying hospital admission or inpatient stay.

Benefit Feature	Description
Direct Cash Payments	Receive fixed cash payouts directly, regardless of other health insurance coverage or medical expenses incurred.
Admission and Inpatient Stays	Benefits trigger upon covered hospital admissions, as well as intensive care unit (ICU) and neonatal intensive care unit (NICU) stays.
Complementary Protection	Seamlessly integrates alongside Brown’s existing voluntary accident and critical illness insurance plans.
No Usage Restrictions	Benefit payouts are paid directly to the employee and can be used for any out-of-pocket medical or personal household expenses.

Coverage Level	2027 Employee Contribution (Monthly)
Employee Only	\$19.65
Employee and Spouse	\$41.97
Employee and Child(ren)	\$29.84
Employee and Family	\$54.33

Earn Health Assessment Benefits

As part of Brown’s voluntary benefits portfolio, employees enrolled in hospital indemnity insurance, critical illness, and accident insurance can earn financial wellness rewards simply by completing routine health screenings and wellness activities.

- **\$50 Benefit Per Plan:** Completing a routine covered wellness activity or health assessment earns a **\$50 annual cash reward** for each plan in which you are enrolled (hospital indemnity insurance, critical illness, and accident insurance). Up to \$150 total value if enrolled in all three plans. Insured family members also have additional reward opportunities.



Commuter Choice Spending Accounts

Brown offers commuter choice spending accounts to help employees save on taxes for certain eligible commuting expenses. If you use public transportation other than RIPTA to travel to and from work, or 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 commute by train to Providence, you may be able to pay for a portion of your train pass with pre-tax dollars. If you also want to 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.

- **Parking account:** Allows you to use pre-tax dollars to pay for eligible work-related parking expenses. Eligible expenses are costs you incur to park at or near your worksite or at a facility you use to commute to work. Parking expenses paid through a payroll deduction to park in a Brown lot are not eligible, because those deductions are already made on a pre-tax basis. Therefore, you may not participate in the commuter choice spending account during any month in which you have a payroll deduction for parking at Brown. To review the maximum monthly contribution allowed, visit the [Commuter Choice Spending Account page](#).
- **Transit account:** Allows you to use pre-tax dollars to pay for eligible mass transit expenses incurred by you to travel to and from work. Examples include train and bus service other than RIPTA, as well as transit in a qualified commuter vehicle (e.g., vanpool). Brown University faculty and staff may use RIPTA service free of charge, so RIPTA expenses are not eligible under this program. Visit the [Commuter Choice Spending Account page](#) on the benefits website to review the maximum monthly contribution allowed.



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ENROLLMENT AND USING YOUR ACCOUNT

- Participation in the commuter choice spending account is through 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. After your pre-tax contributions are deducted from your paycheck and sent to Sentinel Benefits (currently at the end of each month), you may use your Sentinel Benefits debit card to pay for eligible parking or transit expenses.
- 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.



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

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
- 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.



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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.

** To comply with IRS regulations, Brown University must report the value of certain subsidized benefits as taxable income. If you complete the 2026 Wellness Rewards program (deadline: Dec. 31, 2026) and elect the Nelson Fitness Center Membership for February 2027, its fair market value (\$359) will be treated as imputed income. You will not be charged \$359 for the membership, but the taxes on that \$359 value will be withheld from your February 2027 pay.*

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 2027 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.



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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:

BayCoast Mortgage

Daniel Long
Phone: 508-235-9536
Cell: 774-301-1897
dlong@baycoastbank.com
[BayCoast Mortgage](#)

Citizens Bank

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

PRMG (Paramount Residential Mortgage Group)

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

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.



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AUTOMOBILE AND HOMEOWNERS INSURANCE

Eligible employees may take advantage of a group discount on automobile and/or homeowners insurance through a partnership with Liberty Mutual.

Liberty Mutual offers employees access to special savings on quality auto and home insurance.¹

This program includes valuable benefits such as:

- A multi-policy discount
- Personal property replacement coverage²
- 24-hour claims assistance

To receive a no-obligation quote, contact Brown's designated sales representative below or visit the [Liberty Mutual website](#).

Christopher Chappell

401-824-1114

Email: christopher.chappell@libertymutual.com

Please reference client #101616.

¹Discounts 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.

²Optional coverage

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.



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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 Brown & Brown, at 877-321-4427 or idi-brown@bbrown.com.

This vendor provides options for these policies as a voluntary and fully employee-paid benefit to Brown employees. While the University has selected Brown & Brown 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 the 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 \$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. 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](https://www.metlife.com/getpetquote) or call 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.

** 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.*



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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
- 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.

** 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.*

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.



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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:

Log into your Spring Health account

Navigate to "Explore"

Select "WorkLife Resources"

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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- **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.



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.



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Premium Assistance Under Medicaid and the Children's Health Insurance Program (CHIP)

If you or your children are eligible for Medicaid or CHIP and you're eligible for health coverage from your employer, your state may have a premium assistance program that can help pay for coverage, using funds from their Medicaid or CHIP programs. If you or your children aren't eligible for Medicaid or CHIP, you won't be eligible for these premium assistance programs but you may be able to buy individual insurance coverage through the Health Insurance Marketplace. For more information, visit healthcare.gov.

If you or your dependents are already enrolled in Medicaid or CHIP and you live in a State listed below, contact your state Medicaid or CHIP office to find out if premium assistance is available.

If you or your dependents are NOT currently enrolled in Medicaid or CHIP, and you think you or any of your dependents might be eligible for either of these programs, contact your State Medicaid or CHIP office or dial 1-877-KIDS NOW or insurekidsnow.gov to find out how to apply. If you qualify, ask your state if it has a program that might help you pay the premiums for an employer-sponsored plan.

If you or your dependents are eligible for premium assistance under Medicaid or CHIP, as well as eligible under your employer plan, your employer must allow you to enroll in your employer plan if you aren't already enrolled. This is called a "special enrollment" opportunity, and you must request coverage within 60 days of being determined eligible for premium assistance. If you have questions about enrolling in your employer plan, contact the Department of Labor at askebsa.dol.gov or call 1-866-444-EBSA (3272).



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If you live in one of the following states, you may be eligible for assistance paying your employer health plan premiums. The following list of states is current as of July 31, 2026.
Contact your state for more information on eligibility.

ALABAMA - Medicaid	ALASKA - Medicaid
<p>Website: myalhipp.com Phone: 1-855-692-5447</p>	<p>The AK Health Insurance Premium Payment Program Website: myakhipp.com Phone: 1-866-251-4861 Email: CustomerService@MyAKHIPP.com Medicaid Eligibility: health.alaska.gov/dpa/Pages/default.aspx</p>
ARKANSAS - Medicaid	CALIFORNIA - Medicaid
<p>Website: myarhipp.com Phone: 1-855-MyARHIPP (855-692-7447)</p>	<p>Health Insurance Premium Payment (HIPP) Program Website: dhcs.ca.gov/hipp Phone: 916-445-8322 Fax: 916-440-5676 Email: hipp@dhcs.ca.gov</p>
COLORADO - Health First Colorado (Colorado's Medicaid Program) & Child Health Plan Plus (CHP+)	FLORIDA - Medicaid
<p>Health First Colorado Website: healthfirstcolorado.com Health First Colorado Member Contact Center: 1-800-221-3943/State Relay 711 CHP+: hcpf.colorado.gov/child-health-plan-plus CHP+ Customer Service: 1-800-359-1991/State Relay 711 Health Insurance Buy-In Program(HIBI): mycohibi.com HIBI Customer Service: 1-855-692-6442</p>	<p>Website: flmedicaidtplrecovery.com/flmedicaidtplrecovery.com/hipp/index.html Phone: 1-877-357-3268</p>
GEORGIA - Medicaid	ILLINOIS - Medicaid
<p>GA HIPP Website: medicaid.georgia.gov/health-insurance-premium-payment-program-hipp Phone: 678-564-1162, Press 1 GA CHIPRA Website: medicaid.georgia.gov/programs/third-party-liability/childrens-health-insurance-program-reauthorization-act-2009-chipra Phone: 678-564-1162, Press 2</p>	<p>Illinois Medicaid Premium Assistance Information Medicaid application website: abe.illinois.gov HIPP Hotline Number: 217-524-8268 HIPP Email: hfs.boc.hipp@illinois.gov</p>
INDIANA - Medicaid	IOWA - Medicaid and CHIP (Hawki)
<p>Health Insurance Premium Payment Program All other Medicaid Website: in.gov/medicaid in.gov/fssa/dfr Family and Social Services Administration Phone: 1-800-403-0864 Member Services Phone: 1-800-457-4584</p>	<p>Medicaid Website: Iowa Medicaid Health & Human Services Medicaid Phone: 1-800-338-8366 Hawki Website: Hawki - Healthy and Well Kids in Iowa Health & Human Services Hawki Phone: 1-800-257-8563 HIPP Website: Health Insurance Premium Payment (HIPP) Health & Human Services (iowa.gov) HIPP Phone: 1-888-346-9562</p>

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KANSAS - Medicaid	KENTUCKY - Medicaid
<p>Website: kancare.ks.gov Phone: 1-800-792-4884 HIPP Phone: 1-800-967-4660</p>	<p>Kentucky Integrated Health Insurance Premium Payment Program (KI-HIPP) Website: chfs.ky.gov/agencies/dms/member/Pages/kihipp.aspx Phone: 1-855-459-6328 Email: KIHIPP.PROGRAM@ky.gov KCHIP Website: kynect.ky.gov Phone: 1-877-524-4718 Kentucky Medicaid Website: chfs.ky.gov/agencies/dms</p>
LOUISIANA - Medicaid	MAINE - Medicaid
<p>Louisiana Medicaid Website: ldh.la.gov/healthy-louisiana Medicaid Customer Service Line: 1-888-342-6207 Louisiana Medicaid email: healthy@la.gov Louisiana Health Insurance Program (LaHIPP) Website: ldh.la.gov/lahipp LaHIPP phone: 1-877-697-6703 LaHIPP email: La.HIPP@la.gov LaHIPP fax: 1-888-716-9787 LaHIPP mailing address: 100 Crescent Centre Parkway, Suite 1000 Tucker, GA 30084</p>	<p>Enrollment Website: mymaineconnection.gov/benefits/s/?language=en_US Phone: 1-800-442-6003 TTY: Maine relay 711 Private Health Insurance Premium Webpage: maine.gov/dhhs/ofi/applications-forms Phone: 1-800-977-6740 TTY: Maine relay 711</p>
MASSACHUSETTS - Medicaid and CHIP	MINNESOTA - Medicaid
<p>Website: mass.gov/masshealth/pa Phone: 1-800-862-4840 TTY: 711 Email: masspremassistance@accenture.com</p>	<p>Website: mn.gov/dhs/health-care-coverage Phone: 1-800-657-3672</p>
MISSOURI - Medicaid	MONTANA - Medicaid
<p>Website: dss.mo.gov/mhd/participants/pages/hipp.htm Phone: 573-751-2005</p>	<p>Website: dphhs.mt.gov/MontanaHealthcarePrograms/HIPP Phone: 1-800-694-3084 Email: HSHIPPProgram@mt.gov</p>
NEBRASKA - Medicaid	NEVADA - Medicaid
<p>Website: dhhs.ne.gov/pages/accessnebraska.aspx Phone: 1-855-632-7633 Lincoln: 402-473-7000 Omaha: 402-595-1178</p>	<p>Medicaid Website: dhcftp.nv.gov Medicaid Phone: 1-800-992-0900</p>
NEW HAMPSHIRE - Medicaid	NEW JERSEY - Medicaid and CHIP
<p>Website: dhhs.nh.gov/programs-services/medicaid/health-insurance-premium-program Phone: 603-271-5218 Toll free number for the HIPP program: 1-800-852-3345, ext. 15218 Email: DHHS.ThirdPartyLiabi@dhhs.nh.gov</p>	<p>Medicaid Website: nj.gov/humanservices/dmahs/clients/medicaid Phone: 1-800-356-1561 CHIP Premium Assistance Phone: 609-631-2392 CHIP Website: njfamilycare.org/index.html CHIP Phone: 1-800-701-0710 (TTY: 711)</p>
NEW YORK - Medicaid	NORTH CAROLINA - Medicaid
<p>Website: health.ny.gov/health_care/medicaid Phone: 1-800-541-2831</p>	<p>Website: medicaid.ncdhhs.gov Phone: 919-855-4100</p>

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NORTH DAKOTA - Medicaid Website: hhs.nd.gov/healthcare Phone: 1-844-854-4825	OKLAHOMA - Medicaid and CHIP Website: insureoklahoma.org Phone: 1-888-365-3742
OREGON - Medicaid Website: healthcare.oregon.gov/Pages/index.aspx Phone: 1-800-699-9075	PENNSYLVANIA - Medicaid and CHIP Website: pa.gov/en/services/dhs/apply-for-medicaid-health-insurance-premium-payment-program-hipp.html Phone: 1-800-692-7462 CHIP Website: Children's Health Insurance Program (CHIP) (pa.gov) CHIP Phone: 1-800-986-KIDS (5437)
RHODE ISLAND - Medicaid and CHIP Website: eohhs.ri.gov Phone: 1-855-697-4347, or 401-462-0311 (Direct RlTe Share Line)	SOUTH CAROLINA - Medicaid Website: scdhhs.gov Phone: 1-888-549-0820
SOUTH DAKOTA - Medicaid Website: dss.sd.gov Phone: 1-888-828-0059	TEXAS - Medicaid Website: Health Insurance Premium Payment (HIPP) Program Texas Health and Human Services Phone: 1-800-440-0493
UTAH - Medicaid and CHIP Utah's Premium Partnership for Health Insurance (UPP) Website: medicaid.utah.gov/upp Email: upp@utah.gov Phone: 1-888-222-2542 Adult Expansion Website: medicaid.utah.gov/expansion Utah Medicaid Buyout Program Website: medicaid.utah.gov/buyout-program CHIP Website: chip.utah.gov	VERMONT- Medicaid Website: Health Insurance Premium Payment (HIPP) Program Department of Vermont Health Access Phone: 1-800-250-8427
VIRGINIA - Medicaid and CHIP Website: coverva.dmas.virginia.gov/learn/premium-assistance/famis-select coverva.dmas.virginia.gov/learn/premium-assistance/health-insurance-premium-payment-hipp-programs Medicaid/CHIP Phone: 1-800-432-5924	WASHINGTON - Medicaid Website: hca.wa.gov Phone: 1-800-562-3022
WEST VIRGINIA - Medicaid and CHIP Website: bms.wv.gov/mywvhipp.com Medicaid Phone: 304-558-1700 CHIP Toll-free phone: 1-855-MyWVHIPP (1-855-699-8447)	WISCONSIN - Medicaid and CHIP Website: dhs.wisconsin.gov/badgercareplus/p-10095.htm Phone: 1-800-362-3002
WYOMING - Medicaid Website: health.wyo.gov/healthcarefin/medicaid/programs-and-eligibility Phone: 1-800-251-1269	

To see if any other states have added a premium assistance program since July 31, 2026, or for more information on special enrollment rights, contact either:

U.S. Department of Labor Services
Employee Benefits Security Administration
dol.gov/agencies/ebsa
1-866-444-EBSA (3272)

U.S. Department of Health and Human
Centers for Medicare & Medicaid Services
cms.hhs.gov
1-877-267-2323, Menu Option 4, Ext. 61565

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Women's Health and Cancer Rights Act

The Women's Health and Cancer Rights Act of 1998 (WHCRA) provides protections for individuals who elect breast reconstruction after a mastectomy. Under WHCRA, group health plans offering mastectomy coverage must provide coverage for certain services relating to the mastectomy, in a manner determined in consultation with the attending physician and the patient.

The required coverage includes:

- All stages of reconstruction of the breast on which the mastectomy was performed;
- Surgery and reconstruction of the other breast to produce a symmetrical appearance;
- Prostheses; and
- Treatment of physical complications of the mastectomy, including lymphedema.

Under WHCRA, mastectomy benefits may be subject to annual deductibles and coinsurance consistent with those established for other benefits under the plan or coverage.



Summary of Material Modifications

Changes to Fertility Benefits Under the Brown University Health Plan

Effective Date: April 1, 2026

This notice serves as a Summary of Material Modifications (SMM) to the Brown University Health Plan.

What's Changing?

Beginning April 1, 2026, eligible members enrolled in the Plan will have access to expanded fertility-related benefits.

Coverage criteria for infertility benefits under the Plan are set forth in the Blue Cross Blue Shield of Rhode Island Medical Coverage Policy for Infertility Benefits, available at bcbsri.com/providers/medicalpolicies/revision/1316 [bcbsri.com]

Expanded Coverage for Fertility Treatment

- Fertility testing and diagnostic evaluations
- IUI and ICI
- IVF, including SET, MET, and Reciprocal IVF
- ICSI, MESA, TESE, and TESA

Fertility Preservation Benefits

Coverage includes cryopreservation, storage, monitoring, shipping, and thawing of eligible reproductive materials, including elective fertility preservation subject to plan limits.

Donor Egg and Donor Sperm Coverage

Certain donor egg and donor sperm services and related reproductive services are covered when requirements are met.

Storage and Shipping Benefits

Coverage includes eligible storage and shipping of reproductive materials, subject to plan limits and reimbursement maximums.

Important Information

All services remain subject to eligibility, medical necessity where applicable, prior authorization requirements, network rules, and applicable cost sharing.



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Section 14 | MATERIAL MODIFICATIONS

ERISA and Plan Document Disclosure

This Summary of Material Modifications describes important changes to the Plan. It should be read together with the Summary Plan Description (SPD) and other Plan materials. Except as specifically described in this notice, all other Plan provisions remain unchanged.

The Plan Administrator reserves the right to amend, modify, suspend, or terminate the Plan, in whole or in part, at any time, subject to applicable law and the terms of the Plan.

If there is any inconsistency between this Summary of Material Modifications and the official Plan documents, insurance contracts, administrative services agreements, or applicable governing documents, the official Plan documents will control.

Questions regarding this notice should be directed to the Plan Administrator or Human Resources Department.



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Changes to Out-of-Network Mental Health and Substance Use Disorder Benefits Under the Brown University Health Plan

Effective Date: July 1, 2026

This notice serves as a Summary of Material Modifications (SMM) to the Brown University Health Plan. The Plan is updating the reimbursement methodology used to determine eligible expenses for out-of-network mental health and substance use disorder services.

What's Changing?

Effective July 1, 2026 the Plan will modify how eligible expenses are calculated for covered out-of-network mental health and substance use disorder services.

New Out-of-Network Reimbursement Methodology

For covered out-of-network mental health and substance use disorder services, eligible expenses will be determined using a revised reimbursement methodology.

Services with a Medicare Fee Schedule Amount

Eligible expenses will be determined based on 125% of the applicable Medicare Fee Schedule amount for the covered service. The Plan's reimbursement and any applicable member cost-sharing will be calculated using this amount rather than the provider's billed charges.

Services Without a Medicare Fee Schedule Amount

For covered claims containing procedure codes that do not have an established Medicare Fee Schedule amount, 60% of the provider's billed charges will be recognized as the eligible expense. The Plan's reimbursement and applicable member cost-sharing will be based on this amount.

What This Means for You

The amount an out-of-network provider bills may be higher than the Plan's recognized eligible expense. Members may be responsible for applicable deductibles, coinsurance, copayments, and amounts that exceed the Plan-recognized eligible expense where permitted by law.

No Changes to Covered Services

This change affects only the methodology used to determine eligible expenses for out-of-network mental health and substance use disorder claims and does not change covered services or in-network benefits.

Questions

If you have questions regarding this change, please contact the Benefits Department or Plan Administrator.



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Section 14 | MATERIAL MODIFICATIONS

ERISA and Plan Document Disclosure

This Summary of Material Modifications describes important changes to the Brown University Health Plan. It should be read together with the Summary Plan Description (SPD) and other Plan materials. Except as specifically described in this notice, all other Plan provisions remain unchanged.

The Plan Administrator reserves the right to amend, modify, suspend, or terminate the Plan, in whole or in part, at any time, subject to applicable law and the terms of the Plan.

If there is any inconsistency between this Summary of Material Modifications and the official Plan documents, insurance contracts, administrative services agreements, or other governing plan documents, the official Plan documents will control.

Nothing in this notice should be interpreted as creating a guarantee of coverage. All benefits are subject to eligibility requirements and the terms and conditions of the Plan as in effect at the time services are received.

Questions regarding this notice should be directed to the Plan Administrator or Human Resources Department.



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Brown University's Benefits Vendors

BayCoast Mortgage	508-235-9536 774-301-1897	dlong@baycoastbank.com
Blue Cross Blue Shield of RI	855-704-5366	myhealthtoolkitri.com
Bright Horizons Family Solutions Username: Brown Password: backup8	877-BH-CARES	clients.brighthorizons.com/brown
Brown & Brown	877-321-4427	idi-brown@bbrown.com
Citizens Bank	339-235-0310	jay.goldrick@citizensbank.com
Delta Dental of RI Group # 7054-0001 Comp. 7054-0002 Plus	401-752-6100	deltadentalri.com
Liberty Mutual Insurance Company	800-284-1078 (RI & MA residents) 800-225-8281 (Residents of all other states)	libertymutual.com
PRMG (Paramount Residential Mortgage Group)	774-224-8189	mfegley@hhcp.org
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	
VSP Vision Service Plan	800-877-7195	vsp.com