OBERLIN
COLLEGE & CONSERVATORY

Department of Human Resources
Service Building, Room 205
173 West Lorain Street, Oberlin, OH 44074
oberlin.edu/human-resources
440-775-8430

Retiree Open Enrollment period : October 15 – December 7, 2025

👉 **No action is needed** if you do not wish to make any changes—your existing benefits will continue into 2026. However, we **strongly encourage everyone to review this letter** to learn about any updates. No action is needed if you are not making changes.

Where to review resources, forms, and annual reports online at Oberlin's Open Enrollment page: 👉 https://www.oberlin.edu/human-resources/open-enrollment

What's changing in 2026? Medical and Prescription **premium will increase** by 10%. Rates are listed below.

RAMP Schedule
January 1, 2026 - December 31, 2026

Age at the time of Retirement	Single Coverage Under 65	Single Coverage Over 65	Family Coverage	Family Coverage	Family Coverage
52	$ 965	$ 185	$ 2,059	$ 1,196	$ 370
53	$ 906	$ 185	$ 1,938	$ 1,121	$ 370
54	$ 848	$ 185	$ 1,813	$ 1,049	$ 370
55	$ 789	$ 185	$ 1,690	$ 976	$ 370
56	$ 733	$ 185	$ 1,566	$ 903	$ 370
57	$ 674	$ 185	$ 1,443	$ 828	$ 370
58	$ 617	$ 185	$ 1,319	$ 757	$ 370
59	$ 559	$ 185	$ 1,194	$ 683	$ 370
60	$ 516	$ 185	$ 956	$ 608	$ 370
61	$ 444	$ 185	$ 947	$ 537	$ 370
62 or older	$ 385	$ 185	$ 824	$ 462	$ 370

* Family coverage is the employee + spouse + any dependent children

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Surviving Spouse of a Retiree – **premium will increase** by 10%.

The rate for the first year after the retiree has passed will be retiree rate.

The rate after one (1) year of Retiree's passing will be:

- Single under age 65 = $965
- Single Age 65 or older = $185
- Family = $2059

MedMutual Advantage PPO plan (Medicare eligible retiree and spouse)
No plan design changes.

Deductible	This plan has a deductible for some hospital and medical services: ▪ In-network and out-of-network: $500 annually
Maximum Out-of-Pocket Responsibility (Does not include Part D prescription drugs. Please refer to page six of this document.)	You pay no more than: ▪ In-network and out-of-network: $3,000 annually Includes copays and other costs for medical services for the year. If you reach the limit on out-of-pocket costs, you keep getting covered hospital and medical services, and we will pay the full cost for the rest of the year.
Inpatient Hospital Care (Services may require prior authorization.)	▪ In-network and out-of-network: 15% coinsurance per day applied days 1 and after (after deductible is met)
Outpatient Hospital Services (Services may require prior authorization.)	▪ In-network and out-of-network: 15% coinsurance
Ambulatory Surgical Center (Services may require prior authorization.)	▪ In-network and out-of-network: 15% coinsurance
Doctor's Office Visits (Services may require prior authorization.)	You have the option to get these services through an in-person visit or by telehealth. If you choose to get one of these services by telehealth, you must use a provider who offers the service by telehealth. **Primary care provider (PCP) visit:** ▪ In-network and out-of-network: 15% coinsurance **Specialist visit:** ▪ In-network and out-of-network: 15% coinsurance There is no coinsurance, copay or deductible for the Welcome to Medicare physical or annual wellness visit when performed at an in-network provider.

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Preventive Care	In-network and out-of-network: $0 copay Our plan covers many preventive services, including: ▪ Abdominal aortic aneurysm screening ▪ Alcohol misuse screening and counseling ▪ Annual wellness visit ▪ Bone mass measurement ▪ Breast cancer screening (mammogram) ▪ Cardiovascular disease testing ▪ Cervical and vaginal cancer screening ▪ Colorectal cancer screening ▪ Depression screening ▪ Diabetes screening ▪ HIV screening ▪ Immunizations, including flu shots, COVID-19, hepatitis B and pneumonia shots ▪ Lung cancer screening ▪ Medical nutrition therapy services ▪ Medicare Diabetes Prevention Program (MDPP) ▪ Obesity screening and therapy ▪ Prostate cancer screening exam ▪ Sexually transmitted infections screening and counseling ▪ Smoking and tobacco use cessation counseling ▪ Welcome to Medicare preventive visit (one-time) Other preventive services are available. There are some covered services that have a cost.
Emergency Care	$120 copay for each covered emergency room visit. If you are admitted to the hospital within 24 hours, you do not have to pay the $120 copay. You may get covered emergency medical care whenever you need it, anywhere in the world, up to $50,000 per calendar year.
Urgently Needed Services	$30 copay for each covered urgent care center visit. An urgently needed service is a non-emergency, unforeseen medical illness, injury or condition that requires immediate medical care. You may get covered emergency medical care/ urgently needed services whenever you need it, anywhere in the world, up to $50,000 per calendar year.
Diagnostic Services, Labs and Imaging (Services may require prior authorization.)	**Diagnostic medical tests:** ▪ In-network and out-of-network: 15% coinsurance **Diagnostic radiological services** (CT/MRI/PET scans): ▪ In-network and out-of-network: 15% coinsurance for each covered service **Lab services:** ▪ In-network and out-of-network: 15% coinsurance **Outpatient X-rays:** ▪ In-network and out-of-network: 15% coinsurance **Therapeutic radiology services** (such as radiation therapy for cancer): ▪ In-network and out-of-network: 15% coinsurance (after deductible is met)
Hearing Services	**Original Medicare-covered hearing exams:** ▪ In-network and out-of-network: 15% coinsurance (after deductible is met)

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Our MedMutual Advantage PPO continues to include **Part B & Part D drug coverage.**

Prescription Drug Benefits (Part B)	
Medicare Part B Drugs (Part B drugs may require prior authorization and may be subject to step therapy requirements).	Some drugs are covered by Medicare Part B and some are covered by Medicare Part D. Part B drugs do not count toward your Part D out-of-pocket costs. If you receive a Part B drug at the pharmacy, you are responsible for 100% of the cost of the drug until you meet your medical deductible on page two. Once you meet your medical deductible, you will be responsible for paying up to 15% coinsurance until you reach your medical maximum out-of-pocket amount. From there, you will pay nothing. **For chemotherapy and other drugs covered by Medicare Part B:** ▪ In-network and out-of-network: Up to 15% coinsurance (after deductible is met) **For Part B Insulin:** ▪ In-network and out-of-network: You will pay no more than a $35 copay for a one-month supply of insulin. The in-network and out-of-network deductibles do not apply to insulin delivered through an insulin pump. To view a list of Part B drugs that may be subject to Step Therapy, visit MedMutual.com/MAGroup and enter group number, 590467.

Outpatient Prescription Drugs (Part D)		
Deductible	This plan does not have a Part D prescription drug deductible.	
Initial Coverage	During the Initial Coverage Stage, the plan pays its share of the cost of your covered prescription drugs, and you pay your share. Your share of the cost will vary depending on the drug and where you fill your prescription. You pay the following until your total out-of-pocket yearly drug costs reach $2,100. You may get your drugs at any network retail or mail order pharmacy.	
	Retail Pharmacy Cost Sharing	
	Tier 1 (preferred generic drugs)	
	One-month supply: Three-month supply:	$10 copay $30 copay
	Tier 2 (generic drugs)	
	One-month supply: Three-month supply:	$10 copay $30 copay
	Tier 3 (preferred brand and generic drugs)	
	One-month supply: Three-month supply:	$50 copay $150 copay
	Tier 4 (non-preferred drugs)	
	One-month supply: Three-month supply:	$75 copay $225 copay
	Tier 5 (specialty tier drugs)	
	One-month supply: Three-month supply:	$100 copay Not covered
	Tier 6 (select care drugs)	
	One-month supply: Three-month supply:	$10 copay $30 copay

Outpatient Prescription Drugs (Part D)		
Deductible	This plan does not have a Part D prescription drug deductible.	
Initial Coverage	During the Initial Coverage Stage, the plan pays its share of the cost of your covered prescription drugs, and you pay your share. Your share of the cost will vary depending on the drug and where you fill your prescription. You pay the following until your total out-of-pocket yearly drug costs reach $2,000. You may get your drugs at any network retail or mail-order pharmacy.	
	Retail Pharmacy Cost Sharing	
	Tier 1 (preferred generic drugs)	
	One-month supply: Three-month supply:	$10 copay $30 copay
	Tier 2 (generic drugs)	
	One-month supply: Three-month supply:	$10 copay $30 copay
	Tier 3 (preferred brand and generic drugs)	
	One-month supply: Three-month supply:	$50 copay $150 copay
	Tier 4 (non-preferred drugs)	
	One-month supply: Three-month supply:	$75 copay $225 copay
	Tier 5 (specialty tier drugs)	
	One-month supply: Three-month supply:	$100 copay Not covered

Outpatient Prescription Drugs (Part D)		
Initial Coverage (continued)	**Mail-Order Cost Sharing**	
	Tier 1 (preferred generic drugs)	
	One-month supply: Three-month supply:	$20 copay $20 copay
	Tier 2 (generic drugs)	
	One-month supply: Three-month supply:	$20 copay $20 copay
	Tier 3 (preferred brand and generic drugs)	
	One-month supply: Three-month supply:	$100 copay $100 copay
	Tier 4 (non-preferred drugs)	
	One-month supply: Three-month supply:	$150 copay $150 copay
	Tier 5 (specialty tier drugs)	
	One-month supply: Three-month supply:	$100 copay Not covered
	You won't pay more than $35 for a one-month supply of each covered insulin product regardless of the cost-sharing tier. If you reside in a long-term care facility, you pay the same as at a network retail pharmacy. In most cases, your prescriptions are covered only if they are filled at the plan's network pharmacies.	
Catastrophic Coverage	When you (or those paying on your behalf) have spent a total of $2,000 in out-of-pocket costs within the calendar year, you will move from the Initial Coverage Stage to the Catastrophic Coverage Stage. During the Catastrophic Coverage Stage, you pay nothing for your covered Part D drugs.	

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Consumer Driven Health Plan (CDHP) with Health Reimbursement Account

Under age 65

DEDUCTIBLES	IN-NETWORK		OUT-OF-NETWORK	
Your *deductible* is the amount you owe for covered health care services before your health plan begins to pay. The deductible may not apply to all services.	Single Employee	$2,000	Single Employee	$4,000
	Employee + Spouse Employee + Child (ren)	$3,000	Employee + Spouse Employee + Child (ren)	$6,000
	Family	$4,000	Family	$8,000

PREVENTIVE CARE	IN-NETWORK	OUT-OF-NETWORK
Preventive care is routine health care that includes screenings, check-ups, and patient counseling to prevent illnesses, disease, or other health problems.	Covered at 100% with no deductible	Not covered

MEDICAL COINSURANCE	IN-NETWORK	OUT-OF-NETWORK
Coinsurance describes the share of the costs of a covered health care service after reaching the deductible, calculated as a percent of the allowed amount for the service.	80% plan 20% employee	60% plan 40% employee

PRESCRIPTION DRUG COST	Preventive Drugs Maintenance Drugs Generics or Name Brand	Most Other Generics Brand Drugs	Drugs subject to the Deductible Amount
Under the CDHP, prescription drugs are paid for with *coinsurance*, a percentage amount you pay for a covered health care service.	Free	80% plan 20% employee	Yes After deductible, 80%/20% coinsurance applies.

OUT-OF-POCKET MAXIMUMS	IN-NETWORK		OUT-OF-NETWORK	
The most you pay during a policy period before your health plan starts to pay 100% for covered health benefits. This limit must include deductibles, coinsurance, or similar charges.	Single Employee	$4,000	Single Employee	$8,000
	Employee + Spouse Employee + Child (ren)	$6,000	Employee + Spouse Employee + Child (ren)	$12,000
	Family	$8,000	Family	$16,000

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The Health Reimbursement Account (HRA) that comes with the CDHP plan.

- Oberlin College will contribute the following amounts into an HRA account in January 2026.
    - Amounts are based on how you are being billed for coverage.
        - Retiree only $2,000
        - Retiree + Child (ren) $1,500
        - Retiree + Spouse $1,500
        - Family (retiree + spouse + child(ren) $2,000
- No action is required on your part to get a contribution from the college.
- You may continue to use the same debit card for your account.
- You will not be taxed on these amounts.
- Unused HRA funds will roll over year-to-year.
- When you become eligible for Medicare or dis-enroll from the CDHP plan, the HRA funds are forfeited.

Superior Dental Care - No changes to the premium or plan design.

2026 rates	Network Only Plan	Core Plan	Enhanced Plan
Single	$23.18	$27.16	$33.78
Employee + Spouse or Child	$46.37	$54.43	$67.47
Family	$83.44	$99.33	$123.12

Vision – EyeMed – Premium will increase 4%. No plan design changes.

	2026 rates	**2025 rates**
Single	$7.34	$7.06
Employee + Spouse or Child	$14.68	$14.12
Family	$20.20	$19.42

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Retiree Healthcare Stipend - in lieu of medical and prescription coverage.

- To participate, you **must** meet the following criteria: **1**. You are age 62 or older; **and 2.** You are not eligible or enrolled in other employer – sponsored health coverage; and **3.** You are current on your Oberlin College premium payments.
- Once the Healthcare Stipend option is elected, your choice will be locked in, and you will not be able to come back onto the college medical and prescription plan.
- There are no changes to the amounts of the HRA stipend.
- If you have funds left in your account at the end of the year, **up to 10% of the initial amount** will carry over into the next calendar year.
- The College pays the administrative costs associates with the HRA that will be administered by Medical Mutual.

1	Retiree on Medicare	2,100	Spouse on Medicare	1,050	**$3,150**
2	Retiree on Medicare	2,100	Spouse pre-Medicare	2,300	**$4,400**
3	Retiree on Medicare	2,100	No spouse	-	**$2,100**
4	Retiree pre-Medicare	4,600	Spouse on Medicare	1,050	**$5,650**
5	Retiree pre-Medicare	4,600	Spouse pre-Medicare	2,300	**$6,900**
6	Retiree pre-Medicare	4,600	No spouse	-	**$4,600**
7	Retiree has died	-	Spouse on Medicare	1,050	**$1,050**
8	Retiree has died	-	Spouse pre-Medicare	2,300	**$2,300**

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Forms and Resources - No action is needed if you are not making changes.

- Medical and Prescription Coverage - A choice to enroll in or cancel medical and prescription coverage.
  - MedMutual Medicare Advantage Plan with prescription coverage. Those enrolled in Medicare Part A and Part B.
  - CDHP with HRA plan. Those who have not enrolled in Medicare.
- Healthcare Stipend Option - In lieu of medical and prescription coverage.
- Deferral Option Summary - RAMP Retirees have the option to defer healthcare coverage before reaching the age of 62 and have the opportunity to re-enroll in retiree health and prescription coverage upon reaching age 62.
- Voluntary Dental – A choice to enroll in, cancel or change dental plan.
- Voluntary Vision – A choice to enroll in or cancel vision coverage.

How to make changes?

- No action is needed if you are not making changes.
- Enclosed are forms you may complete and send to HR.
- Email is preferred and may be sent to benefits@oberlin.edu

Retiree Benefits Enrollment Form – This form will replace what is currently on file.

- If you want the HRA stipend for 2026, complete this form and send it to HR.
- If you dis-enroll from our Medicare Advantage Plan, please contact our office.

Cancellation Form – To cancel coverage or remove someone off your plan.

RAMP Deferral Form – For Retirees under age 62 (only).

Stipend Option Summary – The Healthcare HRA stipend in lieu of coverage information.

FAQ Health Reimbursement Arrangement (HRA) – How to manage your HRA account.

IMPORTANT NOTE: The policies summarized here are subject to change. The College reserves the right to amend, modify, or withdraw in its sole discretion any provision contained herein.

Department of Human Resources – Office of Benefits Administration
Email : benefits@oberlin.edu **Phone** (440) 775-8430 **Fax** (440) 775-8438

OBERLIN COLLEGE

Retiree Benefits Enrollment Form

**If you elect the retiree stipend, a Health Reimbursement Account will be opened for you by Medical Mutual. If you decline medical and take stipend your choice is permanent.

EMPLOYEE INFORMATION – Please Print Clearly

Last Name	First Name	MI

T number (include all 0's)

Retiree

Surviving Spouse

Address and Phone Number

OTHER INSURANCE

Are you covered by Medicare? _____ YES _____ NO
Part A Effective Date _____ Part B Effective Date _____
Medicare Beneficiary Identifier (MBI) # _____
Is your Spouse covered by Medicare?
Part A Effective Date _____ Part B Effective Date _____
Medicare Beneficiary Identifier (MBI) # _____

COVERAGE ELECTION INFORMATION

Last Name (if different from above)	First Name	OC Medicare Advantage Plan	RAMP (< 65) CDHP - HRA	**HRA Stipend	Vision	Superior Dental Core Plan	Superior Dental Enhanced Plan	Superior Dental Network Only	Social Security Number	Gender	Date of Birth	DECLINE COVERAGE
Self												
Spouse												
Child												
Child												
Child												

OPT OUT NOTIFICATION-

Your Election to enroll in a MedMutual Advantage PPO plan as your retiree health benefit plan enrollment in will automatically cancel your enrollment in a different Medicare Advantage plan. If you wish to opt out and not be enrolled in our plan, you have until your effective date, to contact Medical Mutual Member Services at (800) 982-3117, TTY 711, 8 a.m. to 8 p.m. seven days a week from October 1 to March 31 (except Thanksgiving and Christmas), and 8 a.m. to 8 p.m. Monday through Friday and 9 a.m. to 1 p.m. Saturdays from April 1 through September 30 (except holidays).

You will need to keep Medicare Parts A and B as MedMutual Advantage is a Medicare Advantage Plan. You can be in only one Medicare Advantage Plan at a time. It is your responsibility to inform Medical Mutual of any prescription drug coverage that you have or may get in the future.

What happens if I don't join the MedMutual Advantage plan offered?
You aren't required to be enrolled in this plan. You can also decide to join a different Medicare plan. Call 1-800-MEDICARE for help in learning how. However, if you decide not to be enrolled, you will not have another plan option available through Oberlin College. To opt out and request not to be enrolled by this process, please call the Medical Mutual Member Serivces at (800) 982-3117, TTY 711, 8 a.m. to 8 p.m. seven days a week from October 1 to March 31 (except Thanksgiving and Christmas), and 8 a.m. to 8 p.m. Monday through Friday and 9 a.m. to 1 p.m. Saturdays from April 1 through September 30 (except holidays).

What if I want to leave the MedMutual Advantage plan offered?
You may leave this plan only at certain times of the year, or under certain special circumstances, by sending a request to Medical Mutual. If you choose to leave the MedMutual Advantage plan at any time, you will not have the option to enroll again in the future.

AUTHORIZATION

The terms of the Health Plan have been explained to me, and I have complete understanding of my rights and responsibilities under the Plan. I hereby authorize Oberlin College to bill me for the collection of premium required for
participation in the Plan. I hereby authorize my licensed physician, practitioner, hospital, clinic, medical- related facility, insurance company, employer, or other organization that has any records or knowledge of personal information, medical history, physical condition, or treatment of me or my dependent(s) to release this
information to our third party administrator or their authorized representatives. I understand that any willful misrepresentation of facts on this enrollment form will be grounds for termination of benefits as well as Insurance Fraud. I hereby certify that the foregoing information is true and correct to the best of my knowledge.

Employee Signature _____ Date _____

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Retiree Cancellation Form

Name: _____ **T#**_____

List the name(s) of the qualified dependent(s) whose coverage you are removing from your vision and dental plan below.

Check each plan you want changed. First and Last Name(s)	Dental	Vision					
	☐	☐					
	☐	☐					
	☐	☐					
	☐	☐					
	☐	☐					

NOTE: RETIREE'S/SURVIVING SPOUSE OF RETIREE: If you are enrolled in the MedMutual Medicare Advantage Plan with prescription coverage, and you are declining coverage, please complete the Retiree Enrollment/Opt Out Form. This form is intended for Vision and Dental only.

First and Last Name:_____**Phone Number:** _____

Signature:_____ **Date:** _____

Effective Date:_____

Email form to: benefits@oberlin.edu **Phone (440) 775-8430** **Fax: (440) 775-8683**

US Mail: 173 W. Lorain Street Suite 205 Oberlin, OH 44074 **Campus Mail: Service Building Human Resources**

ENROLLMENT INFORMATION
Oberlin College
Contract Period: 1/1/2026 through 12/31/2026

SUPERIOR SMILES START WITH SUPERIOR DENTAL CARE

Dental coverage through SDC offers financial protection for maintaining oral health ***and*** helps care for general health in the process. Regular oral exams, like those covered by your SDC plan, prevent and detect dental problems before they turn into something serious. A simple routine dental check-up could even save your life, as major health problems can first show symptoms in the mouth. Your employer has selected a **SUPERIOR** dental plan for you to elect – please see the plan details below. Sign up today for your new **SUPERIOR** dental coverage…and let SDC keep you ***smiling for a lifetime!***

	Network Only Plan #1180		Core Plan #565		Enhanced Plan #1453	
	In Network	Out of Network	In Network	Out of Network	In Network	Out of Network
Preventive *oral exams, x-rays, cleanings, fluoride treatments for children, emergency treatment, space maintainers*	100%	N/A	100%	100%	100%	100%
Basic *fillings, root canal therapy, oral surgery, extractions, repairs & recementation, sealants for children, periodontal treatment*	50%	N/A	90%	90%	90%	90%
Major *crowns, onlays, bridges, dentures*	50%	N/A	N/A	N/A	30%	30%
Contract Maximum *per member, per contract period; applies to Preventive, Basic & Major services*	$1,000.00	N/A	$1,000.00	$1,000.00	$2,000.00	$2,000.00
Orthodontia *Network Only Plan has no age limit*	50%	N/A	N/A	N/A	50%	50%
Orthodontia Maximum *lifetime maximum applies to Orthodontic services*	$1,000.00	N/A	N/A	N/A	$1,250.00	$1,250.00
Deductible *applies to Basic & Major services and follows the contract period*	None	None	$25/$75	$25/$75	$50/$150	$50/$150
Copay *applies to Preventive exams*	N/A	N/A	N/A	N/A	N/A	N/A
Network Access	No Balance Billing	Balance Billing Possible	No Balance Billing	Balance Billing Possible	No Balance Billing	Balance Billing Possible

Any out of network service may be subject to a "balance bill" for any amount that the dentist's charge exceeds SDC's then current allowable amount for an eligible service. *To review the complete List of Covered Services, refer to SDC's Evidence of Coverage or the Schedule of Benefits associated with the plan number above.*

Monthly Rates	Network Only Plan	Core Plan	Enhanced Plan
Employee	$23.18	$27.16	$33.78
Employee + Spouse/ Child	$46.37	$54.43	$67.47
Family	$83.44	$99.33	$123.12

Rates listed are valid only for the plans above and for the contract period listed above.

PROTECT YOUR SMILE…AND YOUR MONEY!

SDC's dental plans focus on preventive services like cleanings and exams that can help you avoid major dental procedures and save you money. Without SDC dental coverage, the cost of an emergency dental procedure that wasn't detected and treated early can easily reach thousands of dollars. Additionally, SDC will provide a **Free Second Opinion** by a participating dentist for extensive treatment plans. This is provided at no cost and without utilizing any portion of the individual's Contract Maximum. This benefit is required to be coordinated, in advance, through SDC's Dentist and Member Services team.

NEARLY 650,000 NETWORK ACCESS POINTS ACROSS THE COUNTRY

NO WAITING PERIODS | NO BALANCE BILLING *(in network)* **| NO CLAIM FORMS** *(in network)* **| NO MISSING TOOTH EXCLUSION**

Notice: Any person obligated for any part of a pre-payment may cancel such agreement within 72-hours after having signed the agreement or offer to enroll. Cancellation occurs when written notice of cancellation is given to SDC or its agents or other representatives.

Warning: If you or your family members are covered by more than one healthcare plan, you may not be able to collect benefits from both plans. Each plan may require you to follow its rules or use specific doctors and hospitals, and it may be impossible to comply with both plans at the same time. Before you enroll in this plan, read all of the rules very carefully and compare them with the rules of any other plan that covers you or your family.

6683 Centerville Business Parkway, Centerville, Ohio 45459 | Local 937.438.0283 | Toll-Free 800.762.3159 | Fax 937.438.0288
superiordental.com | Facebook | Twitter | Pinterest

MMO EyeMed
Access Plan H, Fixed Fee Voluntary Option
Oberlin College

Version 7
10/2025

Vision Care Services	Member Cost In-Network	Out-of-Network Reimbursement*
Exam with Dilation as Necessary	$10 Copay	$45
Retinal Imaging Benefit	Up to $39	N/A
Exam Options: **Standard Contact Lens Fit and Follow-Up:** **Premium Contact Lens Fit and Follow-Up:**	Up to $55 10% off Retail Price	N/A
Frames: Any available frame at provider location	$0 Copay; $120 Allowance, 20% off balance over $120	$66
Standard Plastic Lenses Single Vision Bifocal Trifocal Lenticular Standard Progressive Lens Premium Progressive Lens	 $20 Copay $20 Copay $20 Copay $20 Copay $85 Copay $85 Copay, 80% of Charge less $120 Allowance	 $32 $55 $65 $80 $55 $55
Lens Options: UV Treatment Tint (Solid and Gradient) Standard Plastic Scratch Coating Standard Polycarbonate - Adults Standard Polycarbonate - Kids under 19 Standard Anti-Reflective Coating Polarized and Other Ad-ons	 $15 $15 $15 $40 $40 $45 20% off Retail Price	N/A
Contact Lenses *(Contact lens allowance includes materials only)* Conventional Disposable Medically Necessary	$0 Copay; $110 allowance, 15% off balance over $110$0 Copay; $110 allowance, plus balance over $110 $0 Copay, Paid-in-Full	$98 $98 $210
Laser Vision Correction Lasik or PRK from U.S. Laser Network	15% off Retail Price or 5% off promotional price	N/A
Amplifon Hearing Health Care	Hearing Health Care from Amplifon Hearing Health Care Network Members receive a 40% discount off hearing exams and a low price guarantee on hearing aids.	N/A
Additional Pairs Benefit:	Members also receive a 40% discount off complete pair eyeglass purchases and a 15% discount off conventional contact lenses once the funded benefit has been used.	N/A
Frequency: Examination Lenses or Contact Lenses Frame	Once every 12 months	N/A

Monthly Cost	Employee	$7.34
	Employee plus 1 dependent	$14.68
	Family	$20.20

* Member Reimbursement Out-of-Network will be the lesser of the listed amount or the member's actual cost from the out-of-network provider. In certain states members may be required to pay the full retail rate and not the negotiated discount rate with certain participating providers. Please see EyeMed's on-line provider locator to determine which participating providers have agreed to the discounted rate

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RETIREE HEALTHCARE STIPEND OPTION SUMMARY

For Open Enrollment 2025, Oberlin College will continue to offer qualifying retirees the choice of electing either our existing post-retirement health plan **or** a medical plan "Stipend" to be paid into a retiree Health Reimbursement Account (HRA).

Please note: The selection you make is permanent! Retirees may no longer switch between options in future years.

WHY CONSIDER A STIPEND? By electing the Stipend (HRA) option, retirees will waive the existing health plan (including prescription coverage) and have the ability to purchase other healthcare coverage from another healthcare provider. Thus, retirees may opt for a less expensive healthcare option that better fits individual needs than our one-size-fits-all arrangement, or they may opt for a more extensive benefit that may cost more in total.

The HRA may be used to pay for qualified healthcare expenses. A debit card will be mailed to you, allowing you to access the amount set aside. To access your HRA account information log in or register for a My Health Plan account.

ELIGIBILITY REQUIREMENTS: To participate, you must meet the following criteria: 1. You are age 62 or older; and 2. You are not eligible or enrolled in other employer-sponsored health coverage; and 3. You are current on your Oberlin College premium payments.

OPEN ENROLLMENT: This option is only available during Open Enrollment.

Tier					**Stipend**
1	Retiree on Medicare	2,100	Spouse on Medicare	1,050	**$3,150**
2	Retiree on Medicare	2,100	Spouse pre-Medicare	2,300	**$4,400**
3	Retiree on Medicare	2,100	No spouse	-	**$2,100**
4	Retiree pre-Medicare	4,600	Spouse on Medicare	1,050	**$5,650**
5	Retiree pre-Medicare	4,600	Spouse pre-Medicare	2,300	**$6,900**
6	Retiree pre-Medicare	4,600	No spouse	-	**$4,600**
7	Retiree has died	-	Spouse on Medicare	1,050	**$1,050**
8	Retiree has died	-	Spouse pre-Medicare	2,300	**$2,300**

Note: The College will pay for the administrative costs associated with the healthcare reimbursement accounts that will be administered by Medical Mutual.

If you have money left in your account at the end of the year - up to 10% of the initial amount will carry over to the next calendar year.

Medical Mutual Health Reimbursement Arrangement (HRA)

Medical Mutual Debit Card FAQ

What is the Medical Mutual HRA debit card?

The Medical Mutual HRA debit card is a special-purpose Mastercard® that gives you an easy, automatic way to pay for your qualified HRA plan expenses. The Medical Mutual HRA debit card lets you electronically access the amount set aside in your HRA.

How does the Medical Mutual HRA debit card work?

It works like a pre-paid debit card, with the value of your HRA stored on it. The Medical Mutual HRA debit card has the Medical Mutual name and logo on the front of the card. Simply use your Medical Mutual HRA debit card for qualified plan expenses where Mastercard debit cards are accepted. The amount of the qualified purchase will be automatically deducted from your account and electronically transferred to the provider/merchant for immediate payment.

Please follow these steps to access your HRA funds:

- **For prescriptions (if applicable):** Please swipe your Medical Mutual HRA debit card at the time of purchase.
- **For other qualified expenses**: Please do not make payment at the time of visit. Please wait for your Medical Mutual Explanation of Benefits and the provider bill to view the adjusted amount. Then you can pay the adjusted amount directly to the provider using your HRA debit card.

Is this just like other Mastercard credit cards?

No. The Medical Mutual HRA debit card is a special-purpose Mastercard that can be used only for qualified expenses. It cannot be used, for instance, at gas stations or restaurants. You will not receive a monthly bill or be charged interest.

How many Medical Mutual HRA debit cards will I receive?

You will receive one Medical Mutual HRA debit card. If you would like additional cards for other family members, please contact Customer Care at the number on the back of your debit card.

Do I need a new Medical Mutual HRA debit card each year?

No. The Medical Mutual HRA debit card is good for three years. A new card will be issued upon expiration of your current card as long as you continue to remain eligible in a qualified Medical Mutual plan

What if the Medical Mutual HRA debit card is lost or stolen?

Call Customer Care at (800) 384-0859 to report a lost or stolen debit card. Customer Care will deactivate the lost or stolen card(s) and issue replacement card(s).

MEDICAL MUTUAL®

Medical Mutual Health Reimbursement Arrangement (HRA)

Medical Mutual Debit Card FAQ continued

How do I activate the Medical Mutual HRA debit card?

Your Medical Mutual HRA debit card will be activated upon first use. You do not need to call to activate your card. Sign the back of your card before using it.

Where may I use the Medical Mutual HRA debit card?

The Medical Mutual HRA debit card can be used to pay for eligible HRA plan expenses at qualified providers or merchants that accept Mastercard debit cards. You may use your card for eligible purchases at freestanding retail and mail-order pharmacies if applicable, based on your plan.

Are there places the Medical Mutual HRA debit card won't be accepted?

Yes. The card will not be accepted at merchants/locations that do not offer or provide eligible goods or services, such as department stores hardware stores, restaurants, bookstores, gas stations and home improvement stores.

If asked, should I select "Debit" or "Credit"?

The Medical Mutual HRA debit card is considered a prepaid card. Because there is no prepaid selection available, please select Credit. You may need to provide the three digit security code on the back of the card to complete the transaction.

Please note: You will not receive your PIN number with your card. You can get your PIN number by signing into your account at MedMutual.com/member or by calling the phone number on the back of your debit card. A customer service rep will tell you how to locate your PIN number.

Your card cannot be used at an ATM to withdraw cash.

Do I need to save all of my receipts from purchases made with the Medical Mutual HRA debit card?

Yes. You should always save itemized receipts for purchases made with the Medical Mutual HRA debit card. We have implemented automated processes to help verify your debit card transactions, however, you may be asked to submit receipts to verify that your expenses comply with IRS guidelines. Each receipt must show the merchant/provider name, the service received or the item purchased and the date and the amount of the purchase.

What if I lose my receipts or I accidentally swipe the Medical Mutual HRA debit card for something that's not eligible?

Usually the service provider can recreate an account history and provide a replacement receipt. In the event that a receipt cannot be located, recreated, or if the expense is ineligible for reimbursement, you can send a check or money order to Medical Mutual for the amount so it can be credited back into your HRA.

May I use the Medical Mutual HRA debit card if I receive a statement with a balance due?

Yes. However, a balance-due invoice is not enough documentation to satisfy the IRS substantiation requirements for an eligible claim. Therefore, you will be asked to submit fully itemized receipts or EOBs and any other required documentation to substantiate the charge.

MEDICAL MUTUAL®

Medical Mutual Health Reimbursement Arrangement (HRA)

Medical Mutual Debit Card FAQ continued

How do I know how much is in my account?

Visit My Health Plan, Medical Mutual's secure member website, at MedMutual.com/member or call the phone number on the back of your card to obtain your current balance.

To access your HRA account information online:

1. Go to MedMutual.com/member.
2. Log in or register for a My Health Plan account.
3. Click My Spending Accounts under the Claims & Balances tab.
4. Accept the Terms and click Submit.

To check your account balance, log into your account by following Steps 1-4 as noted above, and view the Your Accounts section on the Personal Dashboard page.

What if I have an expense that is more than the amount in my account?

When incurring an expense that is greater than the amount remaining in your account, you may be able to split the cost at the register. Check with the merchant. For example, you may tell the clerk to use the Medical Mutual HRA debit card for the exact amount left in the account, and then pay the remaining balance separately.

Why is my card being declined at the point of sale?

The most common reasons why a card may be declined at the point of sale are:

- There are insufficient funds left in your HRA to cover the expense.
- Non-qualified expenses have been included at the point-of-sale. Retry the transaction with the qualified expense only.
- The merchant is encountering problems with their credit/debit card system.

Am I responsible for charges on lost or stolen cards?

If Customer Care is notified within two business days, you will not be responsible for any charges. If the notification is after two business days, you may be responsible for the first $50, or up to the full amount that was lost, stolen or transferred.

What if I have questions about the Medical Mutual HRA debit card?

Call Medical Mutual Customer Care at the phone number on the back of your card.

How will I know to submit receipts to verify a charge?

You will receive a letter or notification from Medical Mutual if there is a need to submit a receipt. All receipts should be saved per IRS regulations.

What if I fail to submit receipts to verify a charge?

If receipts are not submitted as requested to verify a charge made with the Medical Mutual HRA debit card, then your card may be suspended until receipts are received. You may be required to repay the amount charged if you cannot substantiate the charge. You will be advised that your card has been suspended, if a receipt is not received and approved. Submitting a receipt or repaying the amount in question reactivates the card.

MEDICAL MUTUAL®

OBERLIN COLLEGE & CONSERVATORY

Open Enrollment 2026

Healthcare Deferral option for RAMP Retirees

WHAT IS IT?

During Open Enrollment, RAMP Retirees will have the opportunity to take advantage of a retiree healthcare option that provides flexibility and possibly saves you money! Qualifying RAMP retirees are not required to remain "on the RAMP" continuously, to be eligible for our post-62 retiree healthcare benefits.

A RAMP retiree who declines RAMP coverage will be provided the opportunity to elect post-retirement healthcare coverage upon reaching age 62. Your premiums will be based on your age at the time of retirement.

I DON'T HAVE OTHER OPTIONS - CAN I STAY ON THE RAMP PLAN?

If paying your existing RAMP premiums continues to be your best healthcare option, then there is nothing else that you need to do other than continuing to pay your RAMP premiums.

I HAVE A NEW JOB, OR MY SPOUSE CAN COVER ME – HOW DO I TAKE ADVANTAGE?

Please complete a RAMP Deferral Form indicating that you no longer require access to our RAMP program and return the form to Human Resources. We will terminate your monthly billing as of December 31, 2025. When you reach age 62 you will be able to access our post 62 retiree healthcare benefits.

I HAVE OTHER HEALTHCARE COVERAGE NOW, BUT THEN IT ENDS BEFORE AGE 62

You can still take advantage of this choice option. When you lose the other coverage, you would need to contact the Department of Human Resources to document the loss of the other coverage. Human Resources will then reinstate you onto the RAMP at your proper RAMP premium level.

Oberlin College Retiree Medical RAMP 2026 Deferral Form

Retiree First & Last Name:

_____

T Number (include all 0's) _____

Name(s)	Medical RAMP Deferral	Current Age	Office Use Only

I understand that by signing below, I am declining RAMP retiree health and prescription insurance coverage for myself and any eligible dependents effective January 1, 2026.

I am responsible for paying premiums for coverage through December 31, 2025.

I acknowledge that I will have the opportunity to re-enroll in retiree health and prescription insurance coverage with RAMP or Retiree Coverage upon reaching age 62.

Retiree Signature: _____ **Date:** _____

Effective Date _____