BENEFIT PROGRAM

OPEN ENROLLMENT
NOV 11TH - DEC 6TH

PRESCOTT COLLEGE
HUMAN RESOURCES OFFICE
PHONE: 928.350.4200
FAX: 928.776.5103
EMAIL: HR@PRESCOTT.EDU
"You are our most valued asset"

JOHN FLICKER | PRESIDENT

That’s why at Prescott College we are committed to providing a comprehensive employee benefit program that helps our employees remain healthy, feel secure and maintain a work/life balance. We understand that affordable, competitive benefits are essential and we appreciate your conscientious consumer choices as you access the healthcare system. Each of those individual choices affect all of us collectively as we work to sustain the affordability and competitive advantage of our benefit program each year.

As employee benefit costs continue to rise, we are always in search of the best benefit plan value for our employees. This year, our health insurance will remain with Blue Cross Blue Shield of Arizona. We will continue the dental, vision, life, and disability with Principal Financial and we have improved other program options to provide the best value option.

At this time Prescott College is announcing the annual open enrollment period for all benefit-eligible employees. During open enrollment you may elect coverage changes for you, and/or dependents for all coverage options that become effective January 1, 2020.

Thank you for your service.

SUMMARY OF BENEFITS

- Medical
- Dental
- Vision
- Voluntary & Group Life Insurance
- Disability Benefits
- Employee Assistance Program
- Flexible Spending Account (FSA)
- Wellness Program
ELIGIBILITY
The Prescott College Benefit Program is available to all full time employees who work 30 hours or more weekly.

New employees become eligible on the 1st of the month following 60 days of full time employment.

ANNUAL ELECTIONS
NOV 11TH-DEC 6TH
The 2020 open enrollment period will be held between November 11th through December 6th. At this time you may make changes to your benefit elections that will take place on January 1st 2020. Watch for email notification of information, deadlines and your personal open enrollment portal.

DEPENDENTS
You may also enroll your dependents in the medical, dental, vision, and voluntary term life insurance. Eligible dependents include:
- Legal Spouse
- Domestic Partner
- Children up to age 26

EXAMPLES OF QUALIFYING LIFE EVENTS

01. MARRIAGE/DIVORCE
   Legal separation

02. BIRTH OF CHILD
   Adoption, child reaches legal age

03. LOSS OF SPOUSE’S INSURANCE
   End of Cobra

Contact Human Resources Office within 30 days of event if you think you may have a qualifying life event change,
## MEDICAL PLANS

<table>
<thead>
<tr>
<th>Plan ID</th>
<th>Coverage</th>
</tr>
</thead>
<tbody>
<tr>
<td>Saver HS A 2850 / 100 PPO</td>
<td></td>
</tr>
<tr>
<td>PPO 1000 / 80</td>
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</table>

<table>
<thead>
<tr>
<th>Plan Name</th>
<th>Coverage</th>
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</thead>
<tbody>
<tr>
<td>Prescott College Saver</td>
<td>Prescott College PPO 1000</td>
</tr>
<tr>
<td></td>
<td>$35 / $55; Ded Waived</td>
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<tr>
<td></td>
<td>$0 Co-Pay; Ded Waived</td>
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<table>
<thead>
<tr>
<th>Preventive Care</th>
<th>Coverage</th>
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</thead>
<tbody>
<tr>
<td>Ded, then no charge</td>
<td></td>
</tr>
<tr>
<td>$0 Co-Pay; Ded Waived</td>
<td></td>
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<table>
<thead>
<tr>
<th>Pediatric Dental / Vision</th>
<th>Coverage</th>
</tr>
</thead>
<tbody>
<tr>
<td>Not Covered</td>
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<tr>
<td>Not Covered</td>
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<table>
<thead>
<tr>
<th>Prescription</th>
<th>Coverage</th>
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</thead>
<tbody>
<tr>
<td>T1: Ded, then no charge</td>
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<tr>
<td>T2: Ded, then no charge</td>
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<tr>
<td>T3: Ded, then no charge</td>
<td></td>
</tr>
<tr>
<td>T4: Ded, then no charge</td>
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</table>

<table>
<thead>
<tr>
<th>Diagnostic Tests (x-ray, blood work)</th>
<th>Coverage</th>
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<tbody>
<tr>
<td>Ded, then no charge</td>
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<tr>
<td>T1: $10 Copay; Ded Waived</td>
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<tr>
<td>T2: $30 Copay; Ded Waived</td>
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<tr>
<td>T3: $50 Copay; Ded Waived</td>
<td></td>
</tr>
<tr>
<td>T4: $30-$120 Copay; Ded Waived</td>
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<table>
<thead>
<tr>
<th>Imaging (CT/PET Scans, MRIs)</th>
<th>Coverage</th>
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</thead>
<tbody>
<tr>
<td>Ded, then no charge</td>
<td></td>
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<tr>
<td>20% Coinsurance; Ded Waived</td>
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<table>
<thead>
<tr>
<th>Urgent Care</th>
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<tr>
<td>Ded, then no charge</td>
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<tr>
<td>$50 Copay; Ded Waived</td>
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<table>
<thead>
<tr>
<th>Emergency Room</th>
<th>Coverage</th>
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</thead>
<tbody>
<tr>
<td>Ded, then no charge</td>
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</tr>
<tr>
<td>$100 Access Fee per Member/Facility/Day; then 20% Coinsurance</td>
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<table>
<thead>
<tr>
<th>Individual Deductible</th>
<th>Coverage</th>
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<tbody>
<tr>
<td>$2,850</td>
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<tr>
<td>$1,000</td>
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<table>
<thead>
<tr>
<th>Family Deductible</th>
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<tbody>
<tr>
<td>$5,700</td>
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<td>$2,000</td>
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<table>
<thead>
<tr>
<th>Co-Insurance (in/Out After Ded)</th>
<th>Coverage</th>
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<tbody>
<tr>
<td>100% / 60%</td>
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<tr>
<td>80% / 60%</td>
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<table>
<thead>
<tr>
<th>Individual Out of Pocket Max (Ded Inc)</th>
<th>Coverage</th>
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<tbody>
<tr>
<td>$2,850</td>
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<tr>
<td>$5,500</td>
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<table>
<thead>
<tr>
<th>Family Out of Pocket Max (Ded Inc)</th>
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<tr>
<td>$5,700</td>
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<td>$7,500</td>
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<table>
<thead>
<tr>
<th>Website Link for Available Providers</th>
<th>Coverage</th>
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<tbody>
<tr>
<td><a href="http://www.acblue.com">www.acblue.com</a></td>
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<tr>
<td><a href="http://www.acblue.com">www.acblue.com</a></td>
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### MEDICAL PLAN 1 – H S A Saver Plan 2850/100 - Blue Cross Blue Shield (Pre-Tax Deduction)

<table>
<thead>
<tr>
<th>H S A Saver 2850/100</th>
<th>Coverage</th>
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<tbody>
<tr>
<td>EE</td>
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</tr>
<tr>
<td>EE + SP</td>
<td></td>
</tr>
<tr>
<td>EE + CH</td>
<td></td>
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<tr>
<td>EE + FAM</td>
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<table>
<thead>
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<td>$41.54</td>
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<td>$172.92</td>
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<td>$163.00</td>
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<td>$298.37</td>
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<table>
<thead>
<tr>
<th>Wellness Rates: Approval required via BioIQ Testing</th>
<th>Coverage</th>
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<tbody>
<tr>
<td>$29.08</td>
<td></td>
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<tr>
<td>$148.00</td>
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<td>$138.08</td>
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<td>$273.45</td>
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### MEDICAL PLAN 2 – PPO 1000/80 - Blue Cross Blue Shield (Pre-Tax Deduction)

<table>
<thead>
<tr>
<th>PPO 1000/80</th>
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</thead>
<tbody>
<tr>
<td>EE</td>
<td></td>
</tr>
<tr>
<td>EE + SP</td>
<td></td>
</tr>
<tr>
<td>EE + CH</td>
<td></td>
</tr>
<tr>
<td>EE + FAM</td>
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</table>

<table>
<thead>
<tr>
<th>Employee Pay Check Payroll Deduction</th>
<th>Coverage</th>
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<tbody>
<tr>
<td>$129.23</td>
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<tr>
<td>$293.04</td>
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<tr>
<td>$280.81</td>
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<tr>
<td>$449.51</td>
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<table>
<thead>
<tr>
<th>Wellness Rates: Approval required via BioIQ Testing</th>
<th>Coverage</th>
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<tr>
<td>$116.77</td>
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<tr>
<td>$268.12</td>
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<tr>
<td>$255.88</td>
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<tr>
<td>$424.59</td>
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</table>

### NATUROPATHIC BENEFITS

- Naturopathic Docs
- Acupuncture
- Reiki Treatment
- Massage
- Supplements
- Gym Memberships

Per pay period cost: $3.69 per member
Reimbursement is at 75% per claim, max $300 annually.

*NOTE: This may be subject to withholding tax.

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65% of enrolled employees utilize this benefit.

This pamphlet is brief summary for employees purposes only, it is not a complete disclosure of benefits, benefit restrictions or contract provisions. All services are subject to deductible and coinsurance unless otherwise indicated. Out-of-network benefits may include additional charges plus the deductible and the coinsurance for some services. Please refer to the insurance carrier's contract for specific details. In case of discrepancies, the insurance carrier's contract will prevail.
Voluntary Dental

Annual Maximum Benefit
- $1,500
- Child Orthodontia - $1,250 Lifetime Maximum
- Includes Rollover Amount of $750 per year*

Deductibles
- Individual: $50 per member per calendar year (waived for preventive services)
- Family: $150

Coinsurance
- Preventive & Diagnostic 100%
- Minor Restoration 80%
- Endo / Perio / Oral Surgery 50%
- Major 50%

Dental

Voluntary Vision

One Exam every 12 months
- $10 Copay

Lenses every 12 months
- $25 Copay
- Includes single vision, lines bifocal, lined trifocal and lenticular lenses. (Polycarbonate lenses for dependent children under 18)

Frames every 24 months
- $150 allowance for a wide selection of frames
- Plus 20% off for amounts over allowance

Elective Contacts
- Up to $60 Copay for standard and premium elective contact lens exam (fitting & evaluation).
- $150 allowance for elective contacts.

Voluntary Term Life

<table>
<thead>
<tr>
<th>Age</th>
<th>Employee</th>
<th>Spouse</th>
</tr>
</thead>
<tbody>
<tr>
<td>29 &amp; under</td>
<td>$0.088</td>
<td>$0.088</td>
</tr>
<tr>
<td>30 – 34</td>
<td>$0.098</td>
<td>$0.098</td>
</tr>
<tr>
<td>35 – 39</td>
<td>$0.128</td>
<td>$0.128</td>
</tr>
<tr>
<td>40 – 44</td>
<td>$0.168</td>
<td>$0.168</td>
</tr>
<tr>
<td>45 – 49</td>
<td>$0.238</td>
<td>$0.238</td>
</tr>
<tr>
<td>50 – 54</td>
<td>$0.358</td>
<td>$0.358</td>
</tr>
<tr>
<td>55 – 59</td>
<td>$0.568</td>
<td>$0.568</td>
</tr>
<tr>
<td>60 – 64</td>
<td>$0.748</td>
<td>$0.748</td>
</tr>
<tr>
<td>65 – 69</td>
<td>$1.258</td>
<td>$1.258</td>
</tr>
<tr>
<td>70 &amp; over</td>
<td>$2.218</td>
<td>$2.218</td>
</tr>
</tbody>
</table>

$15,000 in Group Life Insurance

Prescott College provides full-time employees with a flat $15,000 of Group Life and accidental death and dismemberment (AD&D) insurance through Principal Financial group.

You also have the option to purchase coverage amounts in addition to this limit.

Voluntary Term Life: Proof of Good Health is required if you are electing coverage over $140,000 for employee, $50,000 for spouse at the time the employee is first eligible; as well as any increase in any coverage amount during open enrollment.
FLEXIBLE SPENDING ACCOUNT (FSA)

This benefit allows Prescott College to deduct pre-tax dollars that you have elected from your paycheck and set it aside for eligible medical, dental and vision expenses.

The 2020 annual maximum is projected to be $2,750.

The annual dollar amount you elect is divided by the number of payrolls in the plan year and is deducted in equal amounts from your paycheck.

*The FSA Acct cannot be combined with the BCBS Saver 2850 Plan.*

GROUP DISABILITY BENEFITS

In the event you become disabled from a non-work related injury or sickness, disability benefits are provided as a source of income.

**Employer Paid Coverages for All Eligible Employees (30+ Hours)**

- **SHORT-TERM DISABILITY** - Principal Financial Group
  - Weekly Benefit: 60% of predisability earnings;
  - Maximum Benefit Duration: 11 Weeks

- **LONG-TERM DISABILITY** - Principal Financial Group
  - Elimination Period: 90 Days;
  - Monthly Benefit: 60% of predisability earnings

HEALTH SAVINGS ACCOUNT (HSA)

An HSA is an account funded by you to help you save for medical expenses. You must elect the HSA-Qualified High Deductible plan.

Tax Savings - HSA provides Triple Tax Savings:

1. Tax deductions when you contribute to your account
2. Tax-free earning through investment
3. Tax-free withdrawals for qualified medical expenses

No "use it or lose it" rules!

2020 Max Contribution to HSA

- Individual - $3,550
- Family - $7,100
- Catch up - $1,000 (age 55 or over)
Prescott College 403(b) Plan

Universal Availability Notice

THE OPPORTUNITY
You with the opportunity to save for retirement by participating in the Prescott College 403(b) TDA plan. Please take a moment to review the plan brochure or website www.tiaa-cref.org before enrolling.

PARTICIPATION
All employees of Prescott College, either enrolled or wish to be enrolled, who receive compensation reportable on an IRS form W-2 are eligible to participate with pre-tax contributions by completing a Salary Reduction Agreement (“SRA”) online at www.tiaa-cref.org, or by submitting a completed SRA form, which can be found on the TIAFF-CREF website, or from the Human Resource Department at 220 Grove Ave Prescott AZ, 86301, or calling (928) 350-4200.

CONTRIBUTION
The 2020 projected contribution limit is $19,500. This amount is subject to change annually. If you have at least 15 years of service at Prescott College or you are at least 50 years of age or older, you may also be able to make additional catch-up contributions.

EMPLOYEE ASSISTANCE PROGRAM (EAP)

- Face-to-Face Counseling
- Legal Assistance
- Financial Coaching
- ID Theft Resolution
- Telephonic Coaching
- Dependent Care and Daily Living Resources
- Other Web Resources
- Crisis Consultation

For full list and details of benefits visit www.MagellanAscend.com or call 800.523.5668
WELLNESS PROGRAM
IT PAYS TO BE FIT
LIVING WELL EMPLOYEE KICKSTART

WHY PARTICIPATE?

BENEFITS

- Up to 30% discount on Medical Health Plan Premium *(amount varies)*
- Fitness Club - Initial Membership Free for eligible local gyms.
- Reduced Monthly Membership Rate of $29.00
- Reimbursement for purchase of Diet and Nutrition books
- Entry Fee Paid for eligible 5k/10k/1/2 marathon and walks.
- Up to 50% reimbursement of fitness equipment including FitBits, Juicers, Camelbaks and more! *(max limit $100)*

HOW TO QUALIFY

1-2-DONE!

1. Obtain Bio metric numbers from your doctor or Attend Free on-campus Biometric screening annually! *(ask HR for dates)*
2. Visit AZblue.com/HealthyBlue and complete personal assessment

Done!
INCLUDED BENEFITS

BlueCare Anywhere
Any Day, Any Time

Healthcare

**MEDICAL**
Prescott College 2850 Saver Plan Cost: Deductible, then no charge
Prescott College PPO 1000 Plan Cost: $10 Copay
Physicians provide care and prescription support for a range of common illnesses and injuries.

- Colds
- Flu
- Fever
- Cough
- Bronchitis
- Rash
- Abdominal pain
- Sinus infection
- Sore throat
- Diarrhea
- Vomiting
- Pink eye
- Ear infection
- Gastroenteritis
- Sprains
- Strains

**COUNSELING**
Prescott College 2850 Saver Plan Cost: Deductible, then no charge
Prescott College PPO 1000 Plan Cost: $20 Copay
Certified psychologists or counselors treat issues affecting emotional, psychological and social well-being.

- Anxiety
- Stress management
- OCD
- Panic attacks
- Social anxiety
- LGBTQ counseling
- PTSD trauma
- Insomnia
- Depression
- Bereavement/grief
- Complex counseling
- Life transitions

**PSYCHIATRY**
Prescott College 2850 Saver Plan Cost: Deductible, then no charge
Prescott College PPO 1000 Plan Cost: $20 Copay
Board-certified psychiatrists provide assessments, evaluations, treatment and prescription support.

- Anorexia
- Bulimia
- Insomnia
- Social anxiety
- Anxiety disorders
- Cognitive disorder
- OCD
- PTSD
- Bipolar disorder
- Depression
- Panic attacks
- General anxiety

OPTUMRx
Get started with medication home delivery

**How it works.**

1. Order a up to a three-month supply of your maintenance medication — ones you take regularly — by mail, phone or online.

2. OptumRx fills your order, mails it to you then lets you know when to expect your delivery.

3. Your medication arrives within 7 to 10 days of placing the order.

**Choose from four easy ways:**

- **Online.** Log in to azblue.com/member. Click on Plan Benefits, and select Mail Order under Pharmacy Benefits.

- **Phone.** Call the Pharmacy Benefits number on the back of your member ID card. For hearing impaired, TTY 711.

- **Mail.** Complete the attached order form and mail it to OptumRx, P.O. Box 509075, San Diego, CA 92150.

- **ePrescribe.** Or your doctor can send an electronic prescription to OptumRx.
CONTACT INFORMATION

MEDICAL

Blue Cross Blue Shield  |  602.864.4400
Policy Number: 26426  |  800.232.2345
www.AZBlue.com

BlueCare Anywhere
www. BlueCareanywhereAZ.com

HSA Bank  |  800.357.6246
www.HSABank.com

HRPro (FSA)  |  800.989.8776

DENTAL, LIFE & DISABILITY

Dental  |  800.247.4695
Disability/Life  |  800.245.1522
Policy Number: 1050118
www.principal.com

VISION

VSP Choice  |  800.877.7195
Policy Number: 1050118
www.vsp.com
Prescott College 2019!

The future – you can’t predict it. But you can protect it. That’s what makes Aflac different from health insurance. It’s insurance for daily living.

While major medical pays for doctors and hospitals, Aflac is insurance that pays cash benefits directly to you. It provides predetermined benefits that are paid regardless of any other insurance you have. And it fits most budgets – rates don’t go up when you file a claim. Learn how we’ve got you covered under our wing.

Your company is offering the following supplemental insurance options:

- Accident
- Cancer/Specified Disease
- Specified Health Event
- And More!

Lori Hall
Independent Aflac Agent
208-819-7308
Lori_hall@us.aflac.com
The analysis of the benefit plan is a summary.
Please refer to the policy certificates for a full list of coverage exclusions.
The rates and benefits in this proposal are based upon underwriting factors which include, but are not limited to,
the census provided, the effective date shown, the status of the employees/dependents (i.e. actively at work,
COBRA, FMLA), final enrollment, etc. If any of the aforementioned changes prior to the proposed effective date,
the final provisions, including rates for these plans may vary or result in the proposed plan to be withdrawn.
If you select to change carriers, any existing plans with other carriers should not be canceled until advised by
Brown & Brown of Prescott.
This proposal may not be a complete listing of all available benefit options.
Different benefit levels may be available.
This presentation is the proprietary work product of Brown & Brown of Prescott and is not authorized for further
use or distribution.
All insurance carriers have their own operating procedures.
A change in carrier could affect certain benefits and coverage.
Brown & Brown of Prescott representatives are available to explain any items presented. It is assumed that the
recipients of this proposal will seek an explanation of any items that may be in question.
Brown & Brown of Prescott representatives may from time to time provide guidance of federal and state health
care reform legislation. Such guidance is based on good-faith interpretation of laws and regulations currently in
effect, and is not intended to be a substitute for legal advice. Employers should contact their own legal counsel
for advice regarding legal requirements.
The network provider/facility lists obtained via paper directories or carrier websites may contain providers and
facilities that are no longer participating in the insurance carriers’ networks. We cannot be responsible for any
changes to the provider/facility listings that are not reflected. To ensure that a specific provider or facility is still
participating in the provider’s preferred network, we recommend contacting the provider/facility directly.
Failure to adhere to provisions of the Affordable Care Act (such as pay-or-play, employer reporting
requirements, benefit mandates etc) may result in significant fees and penalties to the employer. For a more
comprehensive explanation of what fees and penalties may apply to you, you may contact your Brown & Brown
of Prescott.
You are required to comply with Health Care reform’s Summary of Benefits & Coverage (SBC) distribution
guidelines, which include requirements for SBC distribution at the plan renewal date. If an employee must
enroll to continue coverage, the SBC must be provided when open enrollment material are distributed. If
enrollment material are not distributed, employees must receive an SBC by the first day they are eligible
to enroll. For insured plans, if coverage continues automatically for the next year, the SBC must be provided at
least 30 days before the beginning of the new plan year. If the policy is not issued by that date, the SBC must
be provided within seven business days once the information is available. Please refer to the department of
Health & Human Services’ (HHS) official guidance for complete details regarding renewal and other SBC
distribution guidelines.
New Health Insurance Marketplace Coverage Options and Your Health Coverage

PART A: General Information

When key parts of the health care law take effect in 2014, there will be a new way to buy health insurance: the Health Insurance Marketplace. To assist you as you evaluate options for you and your family, this notice provides some basic information about the new Marketplace and employment-based health coverage offered by your employer.

What is the Health Insurance Marketplace?
The Marketplace is designed to help you find health insurance that meets your needs and fits your budget. The Marketplace offers “one-stop shopping” to find and compare private health insurance options. You may also be eligible for a new kind of tax credit that lowers your monthly premium right away. Open enrollment for health insurance coverage through the Marketplace begins in October 2013 for coverage starting as early as January 1, 2014.

Can I Save money on my Health Insurance Premiums in the Marketplace?
You may qualify to save money and lower your monthly premium, but only if your employer does not offer coverage, or offers coverage that doesn’t meet certain standards. The savings on your premium that you’re eligible for depends on your household income.

Does Employer Health Coverage Affect Eligibility for Premium Savings through the Marketplace?
Yes. If you have an offer of health coverage from your employer that meets certain standards, you will not be eligible for a tax credit through the Marketplace and may wish to enroll in your employer’s health plan. However, you may be eligible for a tax credit that lowers your monthly premium, or a reduction in certain cost-sharing if your employer does not offer coverage to you at all or does not offer coverage that meets certain standards. If the cost of a plan from your employer that would cover you (and not any other members of your family) is more than 9.5% of your household income for the year, or if the coverage your employer provides does not meet the “minimum value” standard set by the Affordable Care Act, you may be eligible for a tax credit.¹

Note: If you purchase a health plan through the Marketplace instead of accepting health coverage offered by your employer, then you may lose the employer contribution (if any) to the employer-offered coverage. Also, this employer contribution—as well as your employee contribution to employer-offered coverage— is often excluded from income for Federal and State income tax purposes. Your payments for coverage through the Marketplace are made on an after-tax basis.

How Can I Get More Information?
For more information about your coverage offered by your employer, please check your summary plan description or contact Prescott College HR Office.

The Marketplace can help you evaluate your coverage options, including your eligibility for coverage through the Marketplace and its cost. Please visit HealthCare.gov for more information, including an online application for health insurance coverage and contact information for a Health Insurance Marketplace in your area.

¹ An employer-sponsored health plan meets the “minimum value standard” if the plan’s share of the total allowed benefit costs covered by the plan is no less than 60 percent of such costs.
PART B: Information About Health Coverage Offered by Your Employer

This section contains information about any health coverage offered by your employer. If you decide to complete an application for coverage in the Marketplace, you will be asked to provide this information. This information is numbered to correspond to the Marketplace application.

<table>
<thead>
<tr>
<th>3. Employer name</th>
<th>4. Employer Identification Number (EIN)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Prescott College</td>
<td>86-0294012</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>5. Employer address</th>
<th>6. Employer phone number</th>
</tr>
</thead>
<tbody>
<tr>
<td>220 Grove Avenue</td>
<td>928-350-4202</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>7. City</th>
<th>8. State</th>
<th>9. ZIP code</th>
</tr>
</thead>
<tbody>
<tr>
<td>Prescott</td>
<td>AZ</td>
<td>89301</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>10. Who can we contact about employee health coverage at this job?</th>
</tr>
</thead>
<tbody>
<tr>
<td>Susan Krause</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>11. Phone number (if different from above)</th>
<th>12. Email address</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td><a href="mailto:susan.krause@prescott.edu">susan.krause@prescott.edu</a></td>
</tr>
</tbody>
</table>

Here is some basic information about health coverage offered by this employer:

- As your employer, we offer a health plan to:
  - [ ] All employees. Eligible employees are:

    - [ ] Some employees. Eligible employees are:

      Full time employees working a minimum of 30 hours a week.

- With respect to dependents:
  - [ ] We do offer coverage. Eligible dependents are:

    Legal spouses, domestic partners and dependent children to the age of 26

  - [ ] We do not offer coverage.

  - [ ] If checked, this coverage meets the minimum value standard, and the cost of this coverage to you is intended to be affordable, based on employee wages.

** Even if your employer intends your coverage to be affordable, you may still be eligible for a premium discount through the Marketplace. The Marketplace will use your household income, along with other factors, to determine whether you may be eligible for a premium discount. If, for example, your wages vary from week to week (perhaps you are an hourly employee or you work on a commission basis), if you are newly employed mid-year, or if you have other income losses, you may still qualify for a premium discount.

If you decide to shop for coverage in the Marketplace, HealthCare.gov will guide you through the process. Here’s the employer information you’ll enter when you visit HealthCare.gov to find out if you can get a tax credit to lower your monthly premiums.