



Prescott College



Employee Benefits Guide 2026



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Welcome to Your Benefits

As a Prescott College employee, we value your contribution to our organization. This guide describes your benefit options and coverages provided to you as an employee of Prescott College. This guide will help you and your family understand your benefits better and make an informed decision about your benefits package. Prescott College will continue to provide comprehensive and affordable coverage for all eligible full-time employees.

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Enrollment & Eligibility

All full-time employees who work 30 hours or more are eligible to enroll in Prescott College's benefits. Benefits are available to you and your dependents from the first day following 14 days of continued service. Prescott College allows you to pay your premiums on a pre-tax basis. Due to IRS regulations, once you have made your elections for the plan year, you cannot change your benefits until the next annual open enrollment period unless you experience a qualifying event.

**OPEN
ENROLLMENT
DATES ARE**

**11.01.2025
through
11.30.2025**

Eligible Dependents Include:

- Your legal spouse or domestic partner
- Your children up to age 26
- Children of any age who are disabled

When to Enroll

- After 14 days of continuous service
- During the annual benefit open enrollment period
- Within 30 days of experiencing a Qualifying Event

How to Enroll

- You will use www.prescottcollegebenefits.com to complete your benefit elections if you are a new hire, when experiencing a change mid-year, and/or during the annual open enrollment period.
- Company Key Code: benefits
- New employee or never logged in: Select 'register', input your SSN, DOB, and zip code.



You may be required to provide proof of eligibility for your dependents such as a copy of a birth certificate, marriage certificate, court order, or any other qualifying legal document.



EXAMPLES OF A QUALIFYING EVENT

- Marriage
- Divorce
- Death
- Birth of a child
- Adoption
- Termination
- New Employment
- Judgments or orders
- Qualified Medical Child Support Order (QMCSO)
- The loss of coverage
- Change in Status

Medical Benefits

Prescott College has partnered with Blue Cross Blue Shield to provide you comprehensive and affordable health care options. There are two plan options to choose from: an HSA Savers Plan and a PPO Plan. Before looking at your plan options, lets go over some basic terms to help you choose the best coverage for you and your dependents.



PPO Plan

A PPO Plan has the largest range of providers to choose from. PPO Plans typically have higher premiums, but the plan pays a higher level of benefits only when you see in-network providers.

Deductible

Your deductible is a one-time fee on a calendar year basis that must be met before your health insurance begins to pay. Your deductible is 100% your responsibility.

Coinsurance

This is the percentage of a covered health care expense that you pay, usually after you've met your deductible. For example, if the plan pays 80% of an expense, the other 20% is your coinsurance.

Copay

A fixed amount you pay for a covered health care service, usually when you receive the service.

Out-of-Pocket Maximum

Your out-of-pocket maximum is the most you will pay within a given calendar year. After your out-of-pocket maximum has been met, you are covered at 100%.

Medical Benefits

Here is an overview of your 2026 coverage options offered through Blue Cross Blue Shield. For more details, refer to the benefit summary or visit the portal at carrier www.azblue.com.

Services	BCBS HSA Saver Plan		BCBS PPO \$750 Plan	
	In-Network	Out-of-Network	In-Network	Out-of-Network
Deductible (Single • Family)	\$3,400 • \$6,800	\$5,000 • \$10,000	\$750 • \$1,500	\$2,000 • \$4,000
Coinsurance	10% after deductible	40% after deductible	20% after deductible	40% after deductible
Out-of-Pocket Maximum (Single • Family)	\$4,500 • \$9,000	\$10,000 • \$20,000	\$4,500 • \$9,000	\$10,000 • \$20,000
Office Visits (Primary • Specialist)	10% after deductible	40% after deductible	\$35 • \$55	40% after deductible
Preventive Care	100% covered	40% after deductible	100% covered	40% after deductible
Diagnostic Services Lab & X-Rays Specialty Scans (MRI/PET/CT)	10% after deductible	40% after deductible	Office Visit Copay 20% after deductible	40% after deductible
Inpatient Services	10% after deductible	40% after deductible	20% after deductible	40% after deductible
Outpatient Services	10% after deductible	40% after deductible	20% after deductible	40% after deductible
Urgent Care	10% after deductible	40% after deductible	\$50 copay	40% after deductible
Emergency Room	10% after deductible		\$300 copay	
Prescription Coverage	In Network Benefits			
Prescription Drugs* (Tier 1 • Tier 2 •Tier 3)	10% after deductible	40% after deductible	\$10•\$30•\$50	
Specialty	10% after deductible	Not Covered	\$30•\$60 •\$90•\$120	Not Covered
Mail Order (90-day supply) (Tier 1 • Tier 2 •Tier 3•Tier 4)	10% after deductible	40% after deductible	\$20•\$60•\$100	Not Covered

* Retail Prescription Drug prices are based on a 30-day supply.

Tier 1 (Generic) Tier 2 (Preferred) Tier 3 (Non-preferred) Tier 4 (Non-preferred)



Medical Benefits

Telehealth Benefits – Virtual Care through BCBS

BlueCare Anywhere allows you to make virtual doctor visits from the comfort of your own home. Virtual visits are with a board-certified doctor who are available 24 hours a day, seven days a week. You can speak to a doctor immediately or schedule an appointment based on your availability.

BlueCare Anywhere doctors or therapists can help treat the following conditions and more: allergies, asthma, cold, flu, UTI, anxiety, and depression. BlueCare Anywhere doctors can prescribe medications to be picked up to a pharmacy convenient for you.



Virtual Visits are for non-emergency medical issues and behavioral health needs only.
Please call 9-1-1 if you experience a life-threatening emergency.

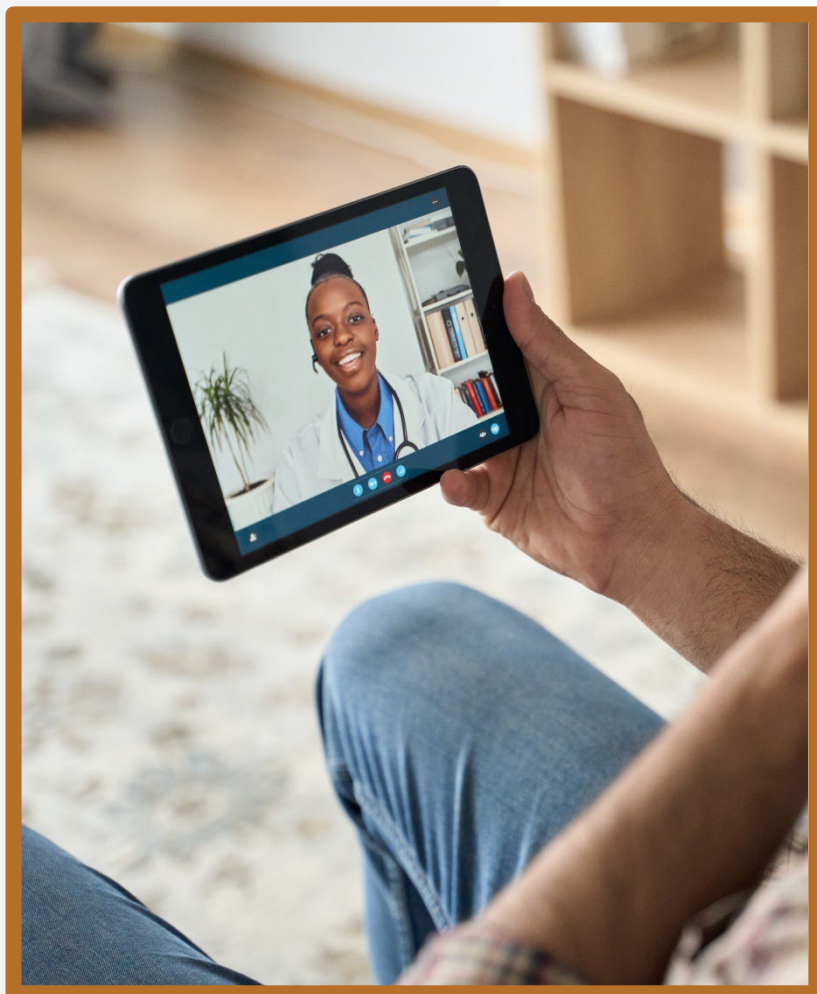
Visit the website

www.BlueCareAnywhereAZ.com

- Choose a doctor
- Video chat with the doctor
- You can also access through www.azblue.com

Mobile app:

- Download the BlueCare Anywhere app from the Apple App Store or the Google Play Store
- Open the app and choose a doctor
- Video chat with the doctor from your mobile device



Health Savings Account

What is a Health Savings Account?

A Health Savings Account (HSA) is an account that is funded with pre-tax dollars by you. These funds can be used to help pay for eligible health care expenses not covered by your insurance plan, including deductible and coinsurance. The account belongs to you, which means you take it and the current balance with you if you change health plans, get a new job, or retire.

What can I use my HSA for?

- Office visits
- Prescription medications
- Surgery, lab work, and radiology
- Dental – including orthodontia
- Vision – including corrective glasses, Lasik and contacts

MAXIMUM CONTRIBUTIONS IN 2026

Individual	\$4,400
Family	\$8,750

Ages 55+ can contribute an additional \$1,000



Key Advantages of an HSA:

1. The HSA provides a way to save for current and future health care expenses – with tax advantages along the way.
2. Your individual HSA contributions can be tax-free up to the IRS annual maximum, which reduce your current taxable income.
3. Earnings on contributions (through interest and investments in the HSA account) can be tax-free.
4. The money withdrawn from your HSA for qualified health care expenses is tax free. It is not subject to the “use it or lose it” rule. The funds remain in the account until withdrawn; there must be a balance in the account to withdraw funds.
5. The account belongs to you; you take it with you if you change jobs, change your health plan, retire, or change employment status without losing the money or the account.
6. The money is yours to keep and spend on qualified health care expenses at any time for you, your spouse, and dependent children; even if they are not enrolled on your medical, dental, or vision plan.

You cannot have an HSA if:

- You are covered by another health plan (including the Prescott College PPO 750 Plan, Medicare, Medicaid, or TRICARE).
- You are claimed as a dependent on someone else’s tax return.
- You or your spouse are enrolled in a Health Care FSA.
- You have received Veteran’s Affairs benefits within the past three months.

Dental Benefits

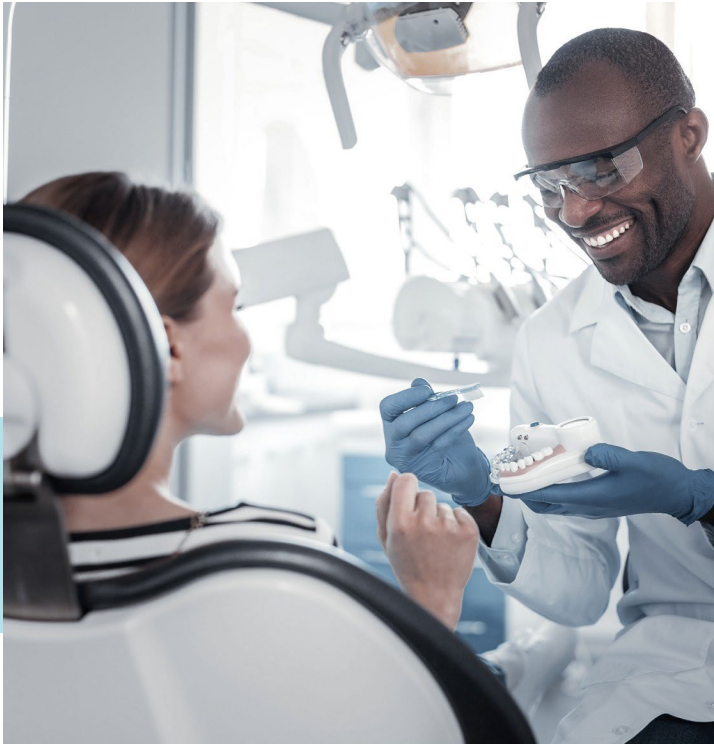
Dental coverage is offered through Principal. Below is an overview of your in-network coverage options for the 2026 plan year. Please refer to the Benefit Summary or visit the carrier portal at www.principal.com.

Services	Low Plan (Orthodontia for Children under 19)		High Plan (Adult & Child Orthodontia Included)	
	In-Network	Out-of-Network	In-Network	Out-of-Network
Deductible (Single • Family)	\$50 • \$150	\$50 • \$150	\$50 • \$150	\$50 • \$150
Annual Maximum Benefit	\$1,500 per person	\$1,500 per person	\$2,000 per person	\$2,000 per person
Preventive Services	100% covered	100% covered	100% covered	100% covered
Basic Services	20% after deductible	20% after deductible	20% after deductible	20% after deductible
Major Services	50% after deductible	50% after deductible	50% after deductible	50% after deductible
Orthodontia Services	50% up to a lifetime maximum of \$1,250	50% up to a lifetime maximum of \$1,250	50% up to a lifetime maximum of \$2,000	50% up to a lifetime maximum of \$2,000





Login to your member portal at www.principal.com to find a provider in your network.



Vision Benefits

Vision coverage is offered with VSP through Principal. Below is an overview of your plan options for the 2026 plan year. Please refer to the Benefit Summary or visit the carrier portal at www.principal.com.

Services	VSP Vision Care	
	In-Network	Out-of-Network
Exam	\$10 copay	Up to \$45
Lenses Single Bifocal Trifocal Lenticular	\$10 copay	\$30 \$50 \$65 \$100
Frames	\$150 allowance + 20% off balance	Up to \$70
Elective Contacts Fit & follow up	Up to \$60 + \$150 allowance	Up to \$105
Medically Necessary Contacts	\$10 copay	Up to \$210
Frequency		
Exam	Once every 12 months	
Lenses	Once every 12 months	
Frames	Once every 12 months	
Contacts	Once every 12 months	



Login to your member portal at www.vsp.com to find a provider in your network.



Flexible Spending Account

What is a Flexible Spending Account?

A Flexible Spending Account (FSA), also known as a reimbursement account, allows you to pay for a variety of out-of-pocket health care and dependent care expenses with pre-tax dollars. The accounts are administered by HR Pro. You will be able to charge all your qualified expenses on one debit card in addition to submitting claims for reimbursement. Prescott College Health Care and Dependent Care Reimbursement Accounts allow you to use tax-free dollars to reimburse yourself for a wide variety of health and dependent care expenses that aren't covered through your other benefit plans.

Health Care FSA

Health care expenses for yourself and your dependents—such as deductibles, coinsurance, and copays—are eligible for reimbursement from your Health Care account.

MAXIMUM CONTRIBUTIONS IN 2026

Health Care	\$3,400
Dependent Care	\$7,500



Rules And Regulations – Plan Carefully

Plan your annual Flexible Spending Account (FSA) contribution amounts carefully; the election you make when you enroll is binding for the entire plan year unless you have a qualifying status change. Additionally, the IRS imposes some rules and restrictions on the way you can use FSAs:

If you incur fewer expenses than you expected to your Health FSA at the end of the plan year (December 31, 2026), you will have a 2.5-month extension period to incur additional eligible expenses. **Any money remaining in the account when the extension period ends on March 15, 2027, is forfeited; this is the “use-it or lose-it” rule.**

You can only make changes to your health care FSA and Dependent Care FSA contribution amounts with a qualified status change. These include, but are not limited to: marriage, divorce, death of a spouse or dependent, change from part-time to full-time, termination of spouse's employment, or unpaid leave of absence.

Dependent Care FSA

Expenses for dependent care services for children under age 13, a disabled spouse, or an incapacitated parent are eligible for reimbursement from your Dependent Care account if you incur them while you and your spouse work or attend school full-time. The annual election maximum amount is \$7,500, or \$3,750 for married individuals filing separately, for the plan year.

Life and AD&D Insurance

Basic Life and AD&D Insurance

Prescott College provides both Basic Life Insurance, and Accidental Death and Dismemberment (AD&D) insurance at no cost to you. These coverages are provided through Principal and are for all full-time employees working a minimum of 30 hours per week. All benefit eligible employees will receive a Basic Life and AD&D benefit as follows:

- Basic Life Benefit Amount: \$15,000
- AD&D Benefit Amount: \$15,000
- benefits reduce by 25% at age 65 with an additional 25% reduction at age 70



Life insurance provides financial security for the people who depend on you. Your beneficiaries will receive a lump sum payment if you pass away. Accidental Death & Dismemberment (AD&D) insurance provides your beneficiaries a lump sum payment if you pass away as a direct result of an injury/accident while employed by Prescott College.

Voluntary Life and AD&D Insurance

As an additional benefit to employees, Prescott College offers employees the opportunity to elect voluntary life insurance for themselves and dependents at discounted group pricing with convenient payroll deductions.

Note: Dependents are eligible for voluntary life only when the employee elects coverage for self. Spouse voluntary life premiums are based upon the spouse's age.

Type of Coverage	Amount	Maximum Amount	Guaranteed Issue*
Employee	Choice of \$10,000 Increments	\$500,000	Under 70: \$140,000 Over 70: \$10,000
Spouse	Choice of \$5,000 Increments	\$200,000	Under 70: \$50,000 Over 70: \$10,000
Child(ren)	Increments of \$5,000 up to a maximum of \$20,000. Dependent children are eligible from age 14 days to 26 years. Dependent children under 14 days old receive a \$1,000 benefit.		



Disability Benefits

Short-Term Disability

Provides income to you in the event that a qualifying disability or sickness causes you to be absent from work.

- 100% employer paid
- **Elimination Period:** 15 days for illness
- **Elimination Period:** 15 days for accident
- **Maximum Benefit:** 11 weeks, employees will receive a benefit of 60% of their weekly pay up to \$1,500 per week.



Long-Term Disability

Intended to protect your income for a long duration after you have depleted short-term disability.

- 100% employer paid
- **Elimination Period:** 90 Days
- **Benefit:** 60% monthly base pay to a monthly maximum amount of \$6,000

New Hires can enroll in the voluntary long term disability plan without providing evidence of insurability. If you enroll in voluntary long-term disability outside of your new hire window, you will need to provide evidence of insurability.



Why does Short- and Long-Term Disability matter?

It is insurance that replaces a portion of your earnings if you are unable to work due to a non-work-related illness or injury. This benefit is designed to replace your income while you are absent from work.

Please review the benefit summaries for any pre-existing condition requirements.



Additional Benefits

Employee Assistance Program (EAP)

Keeping your work and personal life in balance can sometimes be tricky. Stressful situations can affect your health, well-being, and ability to focus on what's important. That's when you can pick up the phone and speak confidentially to a master level consultant who can help.

The Employee Assistance Program (EAP) is arranged through SupportLinc. The EAP offers confidential support to help you meet life's challenges. A simple phone call connects you with a team of experienced professionals ready to assist you with a wide range of personal, family, and work issues. The EAP is available 24 hours a day, 7 days a week and includes face-to-face counseling visits, an unlimited number of phone consultations, assistance with financial and legal matters, and referrals to community resources. (Limitations may apply.) You are automatically enrolled in the plan, and this benefit is provided at no cost to you.

- SupportLinc.com
- Username: Prescott
- Text 'SUPPORT' to 51230
- 888.881.LINC (5462)



Sharecare Wellness Program

This program is only available to the following

- Employees electing one of the BCBS Medical Plans
- Spouse/Partner of employee electing one of the BCBS Medical Plans

Register at azblue.sharecare.com



Naturopathic Benefits

Per Pay Period Cost: \$3.69 per enrolled member

- Reimbursement is 75% per claim
- Subject to a maximum of \$300 annually

Payroll Deductions

The table below shows how much will be deducted from your paycheck for the benefits you elect. These numbers show possible Medical, Dental, and Vision premiums that are deducted per pay period.

Medical

	BCBS HSA Saver Plan	BCBS PPO \$750 Plan
Employee	\$35.08	\$66.51
Employee + Spouse	\$154.41	\$200.16
Employee + Children	\$147.15	\$191.16
Employee + Family	\$246.20	\$314.55

Dental

	PPO Low Plan (\$1,500 Max)	PPO High Plan (\$2,000 Max)
Employee	\$7.65	\$9.66
Employee + Spouse	\$17.89	\$22.56
Employee + Children	\$22.09	\$28.40
Employee + Family	\$32.08	\$41.06

Vision

	VSP Vision Plan
Employee	\$1.74
Employee + Spouse	\$5.52
Employee + Children	\$5.73
Employee + Family	\$9.12

Contact Information

MEDICAL

Blue Cross Blue Shield of Arizona
Group #026426
800.232.2345
www.azblue.com

TELEMEDICINE

BlueCare Anywhere
Group #026426
844.606.1612
www.bluecareanywhereaz.com

DENTAL

Principal
Group #1050118
800.247.4695
www.principal.com

VISION

VSP Vision Care
Group #1050118
800.877.7195
www.vsp.com

LIFE INSURANCE

Principal
Group #1050118
800.245.1522
www.principal.com

DISABILITY INSURANCE

Principal
Group #1050118
800.245.1522
www.principal.com

HSA

HSA Bank
800.357.6246
www.hsabank.com

FSA

HR Pro
800.989.8776
accounts@hrpro.com

EAP

SupportLinc
Username: Prescott
888.881.LINC (5462)
www.supportlinc.com

HUMAN RESOURCES

Susan Krause
Director of Human Resources
928.350.4200
HR@Prescott.edu

BROWN & BROWN

Nicole Seibert
Account Executive
602.664.7051
Nicole.seibert@bbrown.com

Required Notices

Women's Health & Cancer Rights Act

If you have had or are going to have a mastectomy, you may be entitled to certain benefits under the Women's Health and Cancer Rights Act of 1998 (WHCRA). For individuals receiving mastectomy-related benefits, coverage will be provided in a manner determined in consultation with the attending physician and the patient for:

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

These benefits will be provided subject to the same deductibles and coinsurance applicable to other medical and surgical benefits provided under this plan. If you would like more information on WHCRA benefits, call your plan administrator.

Making Changes

When you pay your share on a pre-tax basis, you cannot change your benefits coverage during the year unless you experience a special enrollment event or have a qualifying status change during the year.

Notice: Lifetime Limit No Longer Applies and Enrollment Opportunity

The lifetime limit on the dollar value of benefits under your group health plan no longer applies. Individuals whose coverage ended by reason of reaching a lifetime limit under the plan are eligible to enroll in the plan. Individuals have 30 days from the date of this notice to request enrollment. For more information, please contact the plan administrator at your employer group.

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 are eligible for health coverage from your employer, your State may have a premium assistance program that can help pay for coverage. These States use funds from their Medicaid or CHIP programs to help people who are eligible for these programs, but also have access to health insurance through their employer. If you or your children are not eligible for Medicaid or CHIP, you will not be eligible for these premium assistance programs.

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

Website for Arizona: <http://www.azahcccs.gov/applicants/default.aspx> or phone (in state) 1-877-764-5437

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, you can contact your state Medicaid or CHIP office or dial 1-877-KIDS NOW or you can visit www.insurekidsnow.gov to find out how to apply. If you qualify, you can ask the state if it has a program that might help you pay the premiums for an employer-sponsored plan.

Once it has been determined that you or your dependents are eligible for premium assistance under Medicaid or CHIP, your employer's health plan is required to permit you and your dependents to enroll in the plan—as long as you and your dependents are eligible, but not already enrolled in the employer's plan. 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, you can contact the Department of Labor electronically at www.askebsa.dol.gov or by calling 1-866-444-EBSA (3272).

Required Notices

Notice of Patient Protections

For children, you may designate a pediatrician as the primary care provider.

You do not need prior authorization from your group health plan or issuer or from any other person (including a primary care provider) in order to obtain access to obstetrical or gynecological care from a health care professional in our network who specializes in obstetrics or gynecology. The health care professional, however, may be required to comply with certain procedures, including obtaining prior authorization for certain services, following a pre-approved treatment plan, or procedures for making referrals. For a list of participating health care professionals who specialize in obstetrics or gynecology, contact your plan administrator or issuer.

Summary of Benefits and Coverage

The 2026 Summary of Benefits and Coverage (SBC) is provided to our employees by our medical insurance carrier. The Affordable Care Act (ACA) requires health plans and health insurance issuers to provide applicants and enrollees with a concise document providing simple and consistent information about health plan benefits and coverage. The document, which is called a summary of benefits and coverage (SBC), is intended to help health plan consumers better understand the coverage that they have and to help them make easier comparisons when shopping for new coverage.

Privacy Notice

The Health Insurance Portability and Accountability Act (HIPAA) of 1996 requires health plans to comply with privacy rules. These rules are intended to protect your personal health information (PHI) from being inappropriately disclosed. They also give you additional rights concerning your healthcare information.

Prescott College HIPAA Privacy Notice explains how the group health plan and your employer handles your PHI. You can request a copy of this Notice from the Risk Management Department.

HIPAA Special Enrollment Notice

If you are declining enrollment for yourself or your dependents (including your spouse) because of other health insurance or group health plan coverage, you may be able to enroll yourself and your dependents in this plan if you or your dependents lose eligibility for that other coverage (or if the employer stops contributing towards your or your dependents' other coverage). However, you must request enrollment within 30 days after the other coverage ends (or after the employer stops contributing toward the other coverage).

In addition, if you have a new dependent as a result of marriage, birth, adoption, or placement for adoption, you may be able to enroll your dependents. However, you must request enrollment within 30 days of the event.

Special enrollment rights also may exist in the following circumstances:

- If you or your dependents experience a loss of eligibility for Medicaid or a state Children's Health Insurance Program (CHIP) coverage and you request enrollment within 30 days after that coverage ends; or
- If you or your dependents become eligible for a state premium assistance subsidy through Medicaid or a state CHIP with respect to coverage under this plan and you request enrollment within 30 days after the determination of eligibility for such assistance.
- Note: The 30-day period for requesting enrollment applies only to state CHIP and/or Medicaid. As described above, a 30-day period applies to most special enrollments.

If you have a Qualifying Status change during the year, contact your Employee Benefits Department immediately. Changes become effective on the date of the event.

To request special enrollment or obtain more information, contact your ¹⁷Employee Benefits Department.



This Benefit Guide provides a brief description of plan benefits. For more information on plan benefits, exclusions, and limitations, please refer to the Plan documents or contact the carrier/administrator directly. If any conflict arises between this Guide and any plan provisions, the terms of the actual plan document or other applicable documents will govern in all cases. Benefits are subject to modification at any time.