

**SUFFOLK UNIVERSITY HEALTH AND WELFARE BENEFIT PLAN**

**Schedule A**

**Summary of Welfare Benefits**

**Part-Time Employees**

**As of January 1, 2026**

**Group Medical Coverage Feature**

<i>Coverage Options</i>	<i>Welfare Benefit Contract Information</i>	<i>Eligibility requirements</i>	<i>Last Day of Coverage</i>	<i>Monthly Employee Premium Cost</i>	<i>For More Information</i>
<b>Harvard Pilgrim Health Care HDHP HMO</b>	072066	First of the month following Date of Hire. Date of Hire if hire date is first of the month. Spouses under age 65 of retirees are eligible on the date the retiree joins the Retiree Health Plan.	Last Day of the Month of Termination	EE: \$285.46 EE+Chi: \$556.98 EE+SP: \$614.20 Family: \$760.48	<b>1600 Crown Colony Drive Quincy, MA 02169 1-888-333-4742 www.hphc.org</b>
<b>Harvard Pilgrim Health Care HDHP PPO</b>	072068	First of the month following Date of Hire. Date of Hire if hire date is first of the month. Spouses under age 65 of retirees are eligible on the date the retiree joins the Retiree Health Plan.	Last Day of the Month of Termination	EE: \$336.22 EE+Ch: \$655.90 EE+SP: \$723.16 Family: \$895.38	<b>1600 Crown Colony Drive Quincy, MA 02169 1-888-333-4742 www.hphc.org</b>

**Group Prescription Drug Coverage Feature**

<i>Coverage Options</i>	<i>Welfare Benefit Contract Information</i>	<i>Eligibility requirements</i>	<i>Last Day of Coverage</i>	<i>Monthly Employee Premium Cost</i>	<i>For More Information</i>
<b>Optum RX</b>		First of the month following Date of Hire. Date of Hire if hire date is first of the month.	Last Day of the Month of Termination	Included in the medical cost.	<b>P.O. Box 42000 Hazelwood, MO 63042 1-800-788-4863 www.optumrx.com</b>

**Group Dental Coverage Feature**

<i>Coverage Options</i>	<i>Welfare Benefit Contract Information</i>	<i>Eligibility requirements</i>	<i>Last Day of Coverage</i>	<i>Monthly Employee Premium Cost</i>	<i>For More Information</i>
<b>Delta Dental PPO</b>	004772	First of the month following Date of Hire. Date of Hire if hire date is first of the month.	Last Day of the Month of Termination	EE: \$25.04 EE+Ch: \$44.76 EE+SP: \$49.70 Family: \$78.48	<b>465 Medford Street Boston, MA 02129 1-800-872-0500 www.deltadentalma.com</b>

**Group Vision Coverage Feature**

<i>Coverage Options</i>	<i>Welfare Benefit Contract Information</i>	<i>Eligibility requirements</i>	<i>Last Day of Coverage</i>	<i>Monthly Employee Premium Cost</i>	<i>For More Information</i>
<b>EyeMed</b>		First of the month following Date of Hire. Date of Hire if hire date is first of the month.	Termination Date	EE: \$9.26 EE+Ch: \$15.12 EE+SP: \$14.82 Family: \$24.38	<b>4000 Luxottica Place Mason, OH 45040 1-866-804-0982 www.eyemed.com</b>

**Group Life/ AD&D Coverage Feature**

<i>Coverage Options</i>	<i>Welfare Benefit Contract Information</i>	<i>Eligibility requirements</i>	<i>Last Day of Coverage</i>	<i>Monthly Employee Premium Cost</i>	<i>For More Information</i>
Sun Life Assurance Company of Canada Basic Life/AD&D Insurance	966323-001	First of the month following Date of Hire. Date of Hire if hire date is first of the month.	Termination Date	No Employee Cost	1 Sun Life Executive Park Wellesley Hills, MA 02481 1-800-247-6875 <a href="http://www.sunlife.com/us">www.sunlife.com/us</a>

**Group LTD Coverage Feature**

<i>Coverage Options</i>	<i>Welfare Benefit Contract Information</i>	<i>Eligibility requirements</i>	<i>Last Day of Coverage</i>	<i>Monthly Employee Premium Cost</i>	<i>For More Information</i>
Sun Life Assurance Company of Canada Long Term Disability	966323-001	First of the month following 12 months of service from date of hire	Termination Date	No Employee Cost	1 Sun Life Executive Park Wellesley Hills, MA 02481 1-800-247-6875 <a href="http://www.sunlife.com/us">www.sunlife.com/us</a>

**Voluntary Life Coverage Feature**

<i>Coverage Options</i>	<i>Welfare Benefit Contract Information</i>	<i>Eligibility requirements</i>	<i>Last Day of Coverage</i>	<i>Monthly Employee Premium Cost</i>	<i>For More Information</i>
Sun Life Assurance Company of Canada Voluntary Life Insurance	966323-002	First of the month following Date of Hire. Date of Hire if hire date is first of the month.	Termination Date	Cost is based on coverage amount elected and age at time of election	1 Sun Life Executive Park Wellesley Hills, MA 02481 1-800-247-6875 <a href="http://www.sunlife.com/us">www.sunlife.com/us</a>

**Accident Insurance**

<i>Coverage Options</i>	<i>Welfare Benefit Contract Information</i>	<i>Eligibility requirements</i>	<i>Last Day of Coverage</i>	<i>Monthly Employee Premium Cost</i>	<i>For More Information</i>
<b>Sun Life Assurance Company of Canada Accident Insurance</b>	968325-002	First of the month following Date of Hire. Date of Hire if hire date is first of the month.	Termination Date	EE: \$5.92 EE+Ch: \$11.58 EE+SP: \$9.56 Family: \$15.20	<b>1 Sun Life Executive Park Wellesley Hills, MA 02481 1-800-247-6875 www.sunlife.com/us</b>

**Critical Illness Insurance**

<i>Coverage Options</i>	<i>Welfare Benefit Contract Information</i>	<i>Eligibility requirements</i>	<i>Last Day of Coverage</i>	<i>Monthly Employee Premium Cost</i>	<i>For More Information</i>
<b>Sun Life Assurance Company of Canada Critical Illness Insurance</b>	968325-002	First of the month following Date of Hire. Date of Hire if hire date is first of the month.	Termination Date	Cost is based on coverage amount elected, if employee is a smoker or non-smoker, and employee age at time of election	<b>1 Sun Life Executive Park Wellesley Hills, MA 02481 1-800-247-6875 www.sunlife.com/us</b>

**Health Savings Account Coverage Feature**

<i>Coverage Options</i>	<i>Welfare Benefit Contract Information</i>	<i>Eligibility requirements</i>	<i>Last Day of Coverage</i>	<i>Monthly Employee Premium Cost</i>	<i>For More Information</i>
<b>WEX Health Inc.</b>	None	First of the month following Date of Hire. Date of Hire if hire date is first of the month.	Termination Date	Elected Amount	<b>P.O Box 2926 Fargo, ND 58108 1-833-225-5939 www.wexinc.com</b>

**Healthcare Flexible Spending Account Coverage Feature**

<i>Coverage Options</i>	<i>Welfare Benefit Contract Information</i>	<i>Eligibility requirements</i>	<i>Last Day of Coverage</i>	<i>Monthly Employee Premium Cost</i>	<i>For More Information</i>
<b>WEX Health Inc.</b>	None	First of the month following Date of Hire. Date of Hire if hire date is first of the month.	Termination Date	Elected Amount	<b>P.O Box 2926 Fargo, ND 58108 1-833-225-5939 www.wexinc.com</b>

**Employee Assistance Program**

<i>Coverage Options</i>	<i>Welfare Benefit Contract Information</i>	<i>Eligibility requirements</i>	<i>Last Day of Coverage</i>	<i>Monthly Employee Premium Cost</i>	<i>For More Information</i>
<b>KGA, Inc.</b>	None	Date of Hire	Last Day of the Month of Termination	No Employee Cost	<b>144 Turnpike Road Suite 140 Southborough, MA 01772 1-800-648-9557 www.kgreer.com</b>