COE COLLEGE

2027 RETIREE BENEFITS SUMMARY

Health, Dental and Vision Insurance Continuation for Retirees

January 1, 2027 – December 31, 2027

RETIREE ELIGIBILITY

Continue Coe College group health and/or dental coverage at your own expense if you meet all requirements:

- Age 57 or older
- At least 10 years of service
- At least 10 consecutive years of continuous coverage under the Coe College group health and/or dental plans immediately before retirement

SPOUSE ELIGIBILITY

Spouses may continue coverage at their own expense if they had family-plan coverage for 10 consecutive years immediately before the retiree's retirement.

Retirees and eligible spouses pay the full premium. Confirm retiree premiums and payment arrangements with Coe College.

MEDICAL: Wellmark

800-524-9242 | www.wellmark.com

With Wellmark, you get access to one of the largest networks in the United States. To ensure the best coverage, verify your doctor is in-network. Go to www.wellmark.com. Click Find A Provider and search your health plan. *members are required to designate a Primary Care Provider (PCP). While members may choose to see other providers, they will generally pay a higher copayment when services are received from a provider other than their designated PCP.

IN-NETWORK BENEFITS	BLUE CHOICE POS*	ALLIANCE SELECT HDHP
Annual Deductible Single / Family	$1,500 / $3,000	$3,500 / $6,000
Coinsurance	15% after deductible	15% after deductible
Out of Pocket Maximum	$3,000 / $6,000	$6,000 / $12,000
Preventive Care	100% covered in-network	100% covered in-network
Telemedicine / Designated PCP / Non-Designated PCP / Specialist / Urgent Care	$15 / $25 / $40 / $40 / $40	15% coinsurance after deductible
Emergency Room	15% coinsurance after deductible	15% coinsurance after deductible
Inpatient / Outpatient	15% coinsurance after deductible	15% coinsurance after deductible
Prescription Drug Deductible Single/Family	$50/$100 (waived for Tier 1)	Deductible Applies
Prescription Drug Copay Tier 1/ Tier 2/ Tier 3/ Generic Specialty/ Preferred Specialty/ non-preferred Specialty	$10 / $25 / $50 / $75 / $125 / $200	$10 / $25 / $50 / $75 / $125 / $200
RETIREE PREMIUMS		
Retiree	$660.43	$579.23
Retiree + 1	$1,259.43	$1,104.58
Family	$2,007.69	$1,760.85
Premium responsibility	Retiree pays full cost	Retiree pays full cost

DENTAL

800-544-0718 | www.deltadentalia.com

IN-NETWORK BENEFITS	PPO PLUS PREMIER
Annual Deductible (Single / Family)	$25 / $75
Calendar Year Benefit Maximum With To-Go Carryover	$2,000
Preventive Care	100% Covered
Basic Procedures (Endodontic, Periodontic, Restorations)	20% after deductible
Major Procedures (Prosthetics, Implants)	50% after deductible
Orthodontic Services (Up to Age 19)	50% $1,500 lifetime maximum

	Retiree	+ 1	Family
PREMIUM	$50.04	$102.26	$195.65

VISION

888-544-0718 | www.deltadentalia.com

IN-NETWORK BENEFITS	VISION
Eye Exam	$10 copay 1 time / 12 months
Lenses Single/Bi-Focal/Tri-Focal	$25 copay 1 time / 12 months
Frames	80% discount after $200 allowance 1 time / 24 months
Contact Lens (instead of Glasses)	85% discount after $200 allowance 1 time / 12 months

	Retiree	+ 1	Family
PREMIUM	$7.04	$13.40	$18.78

VISION ELIGIBILITY

The supplied continuation policy specifies health and dental eligibility. Confirm vision continuation eligibility and premiums with Coe College.

WHEN RETIREE OR SPOUSE COVERAGE ENDS

For each retiree and spouse, coverage ends at the earliest of these events:

- The required premium is not paid by the due date.
- The covered person reaches age 65.
- The covered person qualifies for Medicare, Medicaid or any other state - or federally sponsored medical care plan.
- The plan terminates, or no policy remains in effect to provide its insurance benefits.

DEPENDENT COVERAGE

Dependent coverage ends when retiree or spouse coverage ends, whichever occurs later. It may end earlier if the dependent no longer qualifies under the family medical plan.

COBRA REPLACEMENT

This health insurance continuation replaces COBRA benefits for eligible retirees and/or spouses and dependents.

For plan documents, visit coecollegebenefits.com.

QUESTIONS? CONTACT TRUEADVOCATE

888-655-9980 | 5:30am – 3:00pm PT

trueadvocate@truenorthcompanies.com

Our team can assist with:

- Benefit coverage questions
- Ordering an ID card
- Claim questions and research
- Filing a claim
- Finding a provider
- Choosing a plan that works for you

In support with our partners at TrueNorth, we are happy to provide you with support for all of your benefit-related needs.

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