



2026

Employee Benefits Guide

January 1, 2026 - December 31, 2026

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Who is eligible for benefits?

You are eligible if you are a full-time employee, which is defined as:

- **Faculty** – regularly scheduled to work at least 35 hours a week
- **Staff** – regularly scheduled to work at least 40 hours a week
- **New Hires** - benefits are effective on the first of the month following date of hire

In addition to enrolling yourself, you may also enroll any eligible dependents. Eligible dependents are defined below:

- **Spouse:** a person to whom you are legally married by ceremony
- **Child(ren):** Your biological, adopted, or legal dependents up to age 26 regardless of student, financial, and marital status; coverage for a dependent child will terminate at the end of the plan year in which the child turns age 26

Change-in-Status Events

The benefits plan year runs January 1 through December 31. Unless you have a qualified change-in-status event that impacts your eligibility and the change is allowed under the terms of the insurance contract or plan document, you cannot make changes to the benefits you elect until the next Open Enrollment period. Some examples of qualified change-in-status events are highlighted below:



Marriage or divorce



Birth, adoption, or death



Change in employment, or employment status for you, your spouse, or your dependent child



Change in coverage under another employer plan, such as a change made during your spouse's Open Enrollment

Benefit changes must be consistent with your qualified change-in-status event. Changes must be submitted to Human Resources within 30 days of the event; documentation supporting the change will be required.



Don't understand what a qualified change-in-status event is?

Scan the QR code or visit www.brainshark.com/hilbgroup/ChangeInStatusEvents to watch a short video.



EMPLOYEE RESOURCES

Plan	Phone Number and Website/Email
Medical Anthem Policy Number: L12139	Phone Number: 1-833-899-7070 Website: www.anthem.com
Health Savings Account HSA Bank	Phone Number: 1-800-357-6246 Website: www.hsabank.com
Voluntary Dental Anthem Policy Number: L12139	Phone Number: 1-844-729-1565 Website: www.anthem.com
Voluntary Vision Anthem Policy Number: L12139	Phone Number: 1-866-723-0515 Website: www.anthem.com
Flexible Spending Accounts Progressive Benefit Solutions (PBS)	Phone Number: 1-888-333-3901 Website: www.pbscard.com
Life and Disability Insurance SunLife Policy Number: 972344	Phone Number: 1-800-247-6875 Website: www.sunlife.com/us
Voluntary Accident, Voluntary Critical Illness & Voluntary Hospital Indemnity SunLife Policy Number: 972345	Phone Number: 1-800-247-6875 Website: www.sunlife.com/us
Voluntary Pet Insurance Total Pet Benefit Wishbone Policy Number: 6587	Total Pet Benefit Phone Number: 1-888-913-7387 Website: www.petbenefits.com Wishbone Phone Number: 1-800-891-2565 Website: https://www.wishboneinsurance.com/goodwinuniversity-universityofbridgeport
Identity Theft Protection Norton Life Lock/Gen Digital Policy Number: 1475806	Phone Number: 1-800-607-9174 Website: www.nortonlifelock.com
Pre-Paid Legal MetLife Legal	Phone Number: 1-800-821-6400 Website: www.metlife.com

Benefit Specialists

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HOW TO ENROLL

Enroll via Employee Navigator

Step 1: Log In

Go to www.employeenavigator.com and click Login



- **Returning users:** Log in with the username and password you selected. Click Reset a forgotten password.
- **First time users:** Click on your Registration Link in the email sent to you by your admin or Register as a new user. Create an account, and create your own username and password.
- Company Identifier: **goodwinuni**

Step 2: Welcome!

After you login click Let's Begin to complete your required tasks.



Step 3: Onboarding (For first time users, if applicable)

Complete any assigned onboarding tasks before enrolling in your benefits. Once you've completed your tasks click Start Enrollment to begin your enrollments.

TIP: If you hit "Dismiss, complete later" you'll be taken to your Home Page. You'll still be able to start enrollments again by clicking "Start Enrollments"



Step 4: Start Enrollments

After clicking Start Enrollment, you'll need to complete some personal & dependent information before moving to your benefit elections.

TIP: Have dependent details handy. To enroll a dependent in coverage you will need their date of birth and Social Security number.



Step 5: Benefit Elections

To enroll dependents in a benefit, click the checkbox next to the dependents name under Who am I enrolling?

Below your dependents you can view your available plans and the cost per pay. To elect a benefit, click Select Plan underneath the plan cost.

Click Save & Continue at the bottom of each screen to save your elections.

If you do not want a benefit, click Don't want this benefit? at the bottom of the screen and select a reason from the drop-down menu.



Step 6: Forms

If you have elected benefits that require a beneficiary designation, Primary Care Physician, or completion of an Evidence of Insurability form, you will be prompted to add in those details.



Step 7: Review & Confirm Elections

Review the benefits you selected on the enrollment summary page to make sure they are correct then click Sign & Agree to complete your enrollment.

You can either print a summary of your elections for your records or login at any point during the year to view your summary online.

TIP: If you miss a step you'll see Enrollment Not Complete in the progress bar with the incomplete steps highlighted. Click on any incomplete steps to complete them.



Step 8: HR Tasks (if applicable)

To complete any required HR tasks, click Start Tasks. If your HR department has not assigned any tasks, you're finished!



ANTHEM MEMBER RESOURCES

How to Locate a Participating In-Network Provider

To locate a participating provider, visit www.anthem.com and click "Find Care" at the top right of the screen. Log in or continue as a guest and fill out the search criteria. Under "Select a plan/network" select Century Preferred for all plans, then select "Continue" to look for an in-network provider.

Download the Anthem's Sydney Mobile App

The Sydney mobile app can help with the below:

- Find a doctor and check your costs
- View claims
- See all your health benefits
- View and use your Anthem digital ID cards
- Use the chat to find answers to your questions



Additional Wellness Programs and Discounts

- Vision, hearing, and dental
- Fitness and health
- Family and home
- Medicine and treatment

[Log in to find discounts available to you.](#)

Help manage your health

- Stay connected to healthy living
- Check your health records
- Visit with a doctor 24/7

The app is available for both Apple and Android phones. Download the free [Sydney Health app](#) for your device.

Access your Anthem Wellbeing Solutions through the Sydney app via the steps below:

1. Download, open, register, and/or sign into the Sydney mobile app.
2. Scroll down to "Programs" from the homepage and choose "View All."
3. Browse the wellness programs included in your plan.

Anthem Wellbeing Solutions

The Wellbeing Solutions program connects you with easy-to-use digital health and wellness tools that can help you stay your best. When you complete any of the activities listed below sponsored by your employer, you will earn rewards to put towards restricted mastercard gift cards for health-related purchases. You choose the activities you'd like to complete to receive the maximum of \$700.

Activity Type	Activities	Amount
Preventive Care	Annual preventive wellness exam	\$20
	Annual cholesterol test	\$5
	Colorectal cancer screening (ages 45 and older)	\$25
	Routine mammogram (women ages 40-74)	\$25
	Annual eye exam	\$20
	Annual flu shot	\$10
Condition Management Programs	ConditionCare: work 1-on-1 with your health coach and earn rewards for participating and completing the program	Up to \$225 (\$90/\$135)
	Building Healthy Families: Support is available through the Sydney SM Health app wherever you are in your family planning process	Up to \$125 (\$30/\$35/\$30/\$30)
	Well-being Coach - Weight Management	\$60
	Well-being Coach - Tobacco Cessation	\$60
Digital & Wellness Activities	Log in to your anthem account	\$5
	Connect a fitness or lifestyle device	\$5
	Complete a health assesment and receive tailored health recommendations	\$20
	Complete action plans around eating healthy, weight management, & physical activity	Up to \$20 (4 per action)
	Track your steps	Up to \$60 (2 per 50,000 steps tracked)
	Complete Well-being Coach digital daily check-ins	Up to \$20 (4 per milestone)
	Update your contact information	\$15

MEDICAL AND PRESCRIPTION PLAN HIGHLIGHTS

Plan Features	Plan 1 - CORE - PPO - \$3,000/30%	Plan 2 - Buy Down - EPO - \$3,000/30%
Annual Deductible	\$3,000 individual \$6,000 family	\$3,000 individual \$6,000 family
Coinsurance	30%	30%
Annual Out-of-Pocket Maximum	\$5,000 individual \$10,000 family	\$5,000 individual \$10,000 family
Preventive Services	No charge	No charge
OFFICE VISITS, LABS, AND TESTING		
PCP/Specialist Office Visits	\$30/\$45 Copay	\$30/\$45 Copay
Diagnostic Test - Lab / X-Ray	No charge	No charge
Imaging (MRI/CT)	\$75 Copay	\$75 Copay
HOSPITAL		
Inpatient/Outpatient	Deductible; then 30%	Deductible; then 30%
URGENT AND EMERGENCY CARE		
Urgent Care Facility	\$75 Copay	\$75 Copay
Hospital Emergency Room	\$150 Copay	\$150 Copay
OUT-OF-NETWORK		
Annual Deductible	\$5,000 Individual \$10,000 Family	N/A
Coinsurance	50%	N/A
Annual Out-of-Pocket Maximum	\$10,000 Individual \$20,000 Family	N/A
PRESCRIPTION DRUGS		
Retail Pharmacy, up to 30-day supply Tier 1 / Tier 2 / Tier 3	\$5 / \$30 / \$60	\$5 / \$30 / \$60
Mail Order, 90-day supply	\$10 / \$60 / \$120	\$10 / \$60 / \$120
BI-WEEKLY RATES	Plan 1 - CORE - PPO - \$3,000/30%	Plan 2 - Buy Down - EPO - \$3,000/30%
Employee	\$121.00	\$97.85
Employee + Spouse	\$393.48	\$343.71
Employee + Child(ren)	\$301.65	\$259.98
Employee + Family	\$518.07	\$455.20

*This chart is intended for comparison purposes only. If there are any discrepancies, the official plan documents will govern.
Out-of-network providers and facilities may balance bill you for any charges in excess of the amount paid by the plan.

SBCs for each plan option, benefit summaries and forms can be found in Employee Navigator.

MEDICAL AND PRESCRIPTION PLAN HIGHLIGHTS

Plan Features	Plan 3 - Buy Up 1 - PPO - \$2,500/20%	Plan 4 - Buy Up 2 - PPO - \$1,500/20%	Plan 5 - PPO - HSA - \$2,500/10%
Annual Deductible	\$2,500 individual \$5,000 family	\$1,500 individual \$3,000 family	\$2,500 individual \$5,000 family
Coinsurance	20%	20%	10%
Annual Out-of-Pocket Maximum	\$5,000 individual \$10,000 family	\$3,000 individual \$6,000 family	\$3,275 individual \$6,550 family
Preventive Services	No charge	No charge	No charge
OFFICE VISITS, LABS, AND TESTING			
PCP/Specialist Office Visits	\$30/\$45 Copay	\$20/\$40 Copay	Deductible; then 10%
Diagnostic Test - Lab / X-Ray	No charge	No charge	Deductible; then 10%
Imaging (MRI/CT)	\$75 Copay	\$75 Copay	Deductible; then 10%
HOSPITAL			
Inpatient/Outpatient	Deductible; then 20%	Deductible; then 20%	Deductible; then 10%
URGENT AND EMERGENCY CARE			
Urgent Care Facility	\$75 Copay	\$75 Copay	Deductible; then 10%
Hospital Emergency Room	\$150 Copay	\$150 Copay	Deductible; then 10%
OUT-OF-NETWORK			
Annual Deductible	\$5,000 Individual \$10,000 Family	\$2,000 Individual \$4,000 Family	\$2,500 Individual \$5,000 Family
Coinsurance	40%	40%	30%
Annual Out-of-Pocket Maximum	\$10,000 Individual \$20,000 Family	\$6,000 Individual \$12,000 Family	\$5,000 Individual \$10,000 Family
PRESCRIPTION DRUGS			
Retail Pharmacy, up to 30-day supply Tier 1 / Tier 2 / Tier 3	\$5 / \$30 / \$60	\$5 / \$30 / \$60	Deductible applies; then copay: \$5 / \$30 / \$60
Mail Order, 90-day supply	\$10 / \$60 / \$120	\$10 / \$60 / \$120	Deductible applies; then copay: \$10 / \$60 / \$120
BI-WEEKLY RATES	Plan 3 - Buy Up 1 - PPO - \$2,500/20%	Plan 4 - Buy Up 2 - PPO - \$1,500/20%	Plan 5 - PPO - HSA - \$2,500/10%
Employee	\$134.89	\$166.86	\$72.53
Employee + Spouse	\$423.34	\$492.07	\$289.27
Employee + Child(ren)	\$326.64	\$384.19	\$214.39
Employee + Family	\$555.19	\$641.52	\$386.83

*This chart is intended for comparison purposes only. If there are any discrepancies, the official plan documents will govern.
Out-of-network providers and facilities may balance bill you for any charges in excess of the amount paid by the plan.

SBCs for each plan option, benefit summaries and forms can be found in Employee Navigator.

VOLUNTARY DENTAL PLAN HIGHLIGHTS



Need to locate a participating, in-network provider?

To locate a participating provider, visit www.anthem.com and click on "Find Care" located at the top right-hand corner. Search as a member by logging in or as a guest by selecting the following criteria from the drop-down menu. Select a plan/network - Dental Complete.

Out-of-Network Reimbursement

Out-of-Network reimbursement is based on the maximum allowable amount.

Members are responsible to pay any charges in excess of this amount.

Please refer to your employer's health plan description for more information.



Voluntary dental coverage is offered through **Anthem**. You can visit any licensed dentist, but your costs are usually lowest with an in-network dentist. The in-network dentists accept reduced fees for covered services; out-of-network dentists may balance bill you the difference between their usual fee and what the plan pays.

The features of your dental plan are highlighted in the table below. Please refer to your plan description for full details.

Plan Features	Plan 1 PPO Low	Plan 2 PPO High
Calendar Year Deductible Amount you must pay per year before the plan begins to pay benefits	\$50 individual \$150 family	\$50 individual \$150 family
Annual Benefit Maximum Maximum amount the plan will pay per year	Plan pays \$1,000 per person	Plan pays \$2,000 per person
Preventive and Diagnostic Services	100% (no deductible)	100% (no deductible)
Basic Services	Deductible, then you pay 20%	Deductible, then you pay 20%
Major Services	Deductible, then you pay 50%	Deductible, then you pay 50%
Orthodontia	50% up to \$1,000 lifetime per member	N/A
Reimbursement	Out-of-Network Reimbursement 90th Percentile	Out-of-Network Reimbursement 90th Percentile

This chart is intended for comparison purposes only. If there are any discrepancies, the plan document will govern.

Bi-Weekly Rates

Tier	Plan 1 PPO Low	Plan 2 PPO High
Employee Only	\$15.98	\$23.74
Employee + Spouse	\$36.41	\$47.23
Employee + Child(ren)	\$31.59	\$46.98
Family	\$50.42	\$74.86

VOLUNTARY VISION PLAN HIGHLIGHTS

Your vision coverage provides a full range of vision care services provided through **Anthem**. You may receive care from any provider you choose, but your benefits are greater when you see a participating provider in the Blue View Vision - Insight Network. If you choose to receive services from an out-of-network provider, you will be required to pay that provider at the time of service and submit a claim form to Anthem for reimbursement.

Plan Features	Blue View Vision	
	In-Network	Out-of-Network Reimbursement
Vision Exam Once every 12 months	\$10 copay	Up to \$45 reimbursement
Eyeglass Frames Once every 24 months	\$130 allowance, then 20% off any balance	Up to \$70 reimbursement
Eyeglass Lenses Once every 12 months Single vision Lined bifocal Lined trifocal Lenticular	\$25 copay \$25 copay \$25 copay \$25 copay	Up to \$30 reimbursement Up to \$50 reimbursement Up to \$65 reimbursement Up to \$100 reimbursement
Contact Lenses Once every 12 months in lieu of eyeglasses Elective conventional (non-disposable); Elective disposable; Non-elective (medically necessary)	\$130 allowance, 15% off any balance \$130 allowance (no additional discount) Covered in full	Up to \$105 reimbursement Up to \$105 reimbursement Up to \$210 reimbursement

This chart is intended for comparison purposes only. If there are any discrepancies, the plan document will govern. Limitations and exclusions may apply.

Bi-Weekly Rates

Tier	Blue View Vision - Insight
Employee Only	\$2.56
Employee + Spouse	\$5.12
Employee + Child(ren)	\$5.15
Family	\$8.22



Need to locate a participating, in-network provider?

To locate a participating provider, visit www.anthem.com and click on "Find Care" located at the top right-hand corner. Search as a member by logging in or as a guest by selecting the following criteria from the drop-down menu. Select Blue View Vision Insight Network to find an in-network provider.



HEALTH SAVINGS ACCOUNT (HSA)

Reasons to love an HSA

- Triple Tax Savings
 - You can contribute to your HSA using tax-free dollars.
 - You can use the money in your HSA to pay for qualified expenses with tax-free money.
 - Money in the account accumulates year over year, and earns interest that is tax-free!
- You decide how and when to use the funds in your account; you can use the funds to pay for your qualified expenses or save them for future health care costs.
- The account may be used to build funds for retirement. Once you reach age 65, you can withdraw the money for non-medical reasons without a penalty.
- Your account is owned by you, which means you take it with you if you leave, resign, or retire from the company.
- Increased earning potential with investments—once your HSA balance reaches a certain amount, you may invest your funds for increased earning potential that is also tax-free.

When you enroll in the Plan 5 - HSA medical plan you have the option to enroll in a Health Savings Account (HSA) through **HSA Bank**.

An HSA can help you save money by allowing you to pay for qualified expenses with tax-free dollars. You can use the funds to pay for qualified expenses, such as medical and prescription drug expenses, as well as dental and vision expenses, for you, your spouse, and all dependents you claim on your tax return or could have claimed except that the individual had gross income in excess of the exemption amount—even if they are not covered under your medical plan!

To contribute to an HSA, you must meet the HSA eligibility criteria below

- You must be covered by a Qualified High Deductible Health Plan (QHDHP), and you cannot be covered by any other medical plan or coverage that is not a QHDHP. This would include being enrolled in your spouse's non-QHDHP plan as secondary coverage, Medicare coverage (Part A or Part B), an executive medical reimbursement plan, or a Health Care FSA (either yours or your spouse's) unless it is a Limited Purpose HealthCare FSA.
- You must not be eligible to be claimed as a dependent on another individual's tax return.
- You must be enrolled in the plan on the first day of the month (otherwise, your eligibility to make contributions to your HSA begins the first day of the following month). If you are eligible as of December 1, under the last month rule you may make the maximum annual HSA contribution for the year regardless of the month you became eligible. Any contributions made under the last month rule will be subject to a testing period during which you must maintain HSA eligibility in the following year in order for the contribution to remain tax favored.



Funding your HSA

The IRS establishes a limit that you can contribute each month you are enrolled in a qualifying health plan. The limits are based on whether your qualifying health plan covers just you (individual) or you and others (family).

The contribution limits set forth by the IRS for 2026 (for a full year of coverage or if the last month rule applies) are below:

2026 Limits	
Individual	\$4,400
Family	\$8,750

Individuals age 55 and over may make an additional "catch-up" contribution of \$1,000 per year. Contributions to the account must stop 6 months prior to being enrolled in Medicare; however, you can still use your HSA funds to pay for eligible medical expenses tax-free.

Please note the limits are based on a calendar year and subject to change each year based on IRS regulations.

If you have money left in your HSA at the end of the year, it will simply roll over and grow over time through the accrual of tax-free interest. What a great way to invest for the future!

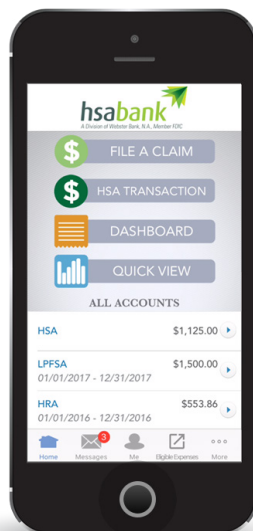
Important Reminders

- To pay for qualified expenses, your HSA must be opened prior to incurring those expenses.
- You may not have any other health insurance coverage, including through your spouse, a Health Care FSA, or Medicare (Part A or Part B).
- If your child is under the age of 26, they may be covered under your medical plan, but your HSA funds can only be used for expenses for that dependent if they are claimed on your tax return or could have claimed except that they had gross income in excess of the exemption amount.

In order to contribute to your HSA, you must first open the account by completing the enrollment form on Employee Navigator or by enrolling on www.HSABank.com.

HSA Bank Mobile App

Download the HSA Bank mobile app for quick access to your account on-the-go!



Using Your HSA

You can use money in your HSA to pay for any qualified medical expense permitted under federal tax law. This includes most medical care and services as well as dental and vision care.

A partial list of allowable expenses is below:

- Prescription drugs or insulin
- Prescribed birth control
- Over-the-counter medications
- Medical equipment, such as a wheelchair, crutches, artificial limbs, and wigs (where prescribed by a physician for mental health or due to hair loss because of disease)
- Treatments and therapies, such as treatment for alcoholism or drug addiction, acupuncture to treat a medical condition, physical therapy, and smoking cessation programs
- Dental and orthodontic care, such as x-rays, braces, or dentures
- Vision care expenses, including eye exams, eyeglasses, and contacts
- Hearing aids
- Assistance for the handicapped, such as a guide dog, braille book, and home or car equipment for a handicapped person's needs
- Mental health institute treatment
- Other fees and services such as hospital services, home care services, laboratory fees, surgical fees, x-rays, and chiropractic fees

Please consult your tax advisor should you require specific tax advice. This list is subject to change.

FLEXIBLE SPENDING ACCOUNTS (FSA)

If you have both an HSA and an FSA, the FSA becomes limited use and can only be used for dental or vision expenses until your in-network deductible is met. You can use the Limited Use FSA for expenses not covered by your medical plan such as menstrual products, hand sanitizer, and over the counter medications.

Do I need to enroll each year?

In order to participate in the FSA, **you must enroll each plan year, with a minimum amount of \$260.** Your annual contribution stays in effect during the entire plan year. The only time you can change your election is during Open Enrollment or if you experience a qualified change-in-status event that impacts your eligibility and the change is allowed under the terms of the insurance contract or plan document.

Will I lose my money if I don't use it in a year?

Any remaining funds over \$680 in a Health Care FSA and any amount left in your Dependent Care FSA at the end of the plan year will be forfeited. You will have 90 days after the end of the plan year to submit claims incurred during that plan year.

Flexible Spending Accounts (FSA) allow you to reduce your taxable income by setting aside pre-tax dollars from each paycheck to pay for eligible out-of-pocket health care and dependent care expenses for you and your family.

There are two types of FSAs: Health Care FSAs and Dependent Care FSAs. You can elect to participate in one or both of these accounts. The FSAs are administered by **Progressive Benefit Solutions (PBS)**.

Health Care FSA

Employees who do not enroll in a Health Savings Account (HSA) have the ability to contribute to a Health Care FSA. Health Care FSAs help you stretch your budget for health care expenses for you and your dependents by allowing you to pay for these expenses using tax-free dollars. You may set aside up to **\$3,400** annually, which is deducted out of your pay throughout the year on a pre-tax basis. Funds can be used to pay for qualified health expenses such as deductibles, medical and prescription copays, dental expenses, and vision expenses. You can use the FSA for expenses for yourself, your spouse, and your dependent children—even if they are not covered under your medical or dental plan!

Your annual contribution amount is credited to your account and is available to you at the beginning of the plan year. As you incur expenses, simply use your debit card to pay for your expenses or submit a claim to be reimbursed.

Over-The-Counter (OTC) Medications

You may use your Health Care FSA to pay for over-the-counter (OTC) medications at a pharmacy, supermarket, or other retail store without a prescription. Insulin, prescription medicines, and some OTC supplies—such as bandages, crutches, blood sugar test kits, contact lens solution, and menstrual products—are also eligible for reimbursement.

Dependent Care FSA

The Dependent Care FSA allows you to pay for eligible dependent care expenses with tax-free dollars. You may set aside up to **\$7,500** annually in pre-tax dollars, or \$3,750 if you are married and file taxes separately from your spouse.

Contributing to a Dependent Care FSA allows you to pay dependent care expenses so that you and your spouse can work, look for work, or attend school full-time. Eligible expenses include daycare (center or individual daycare), before/after school care, summer day camp, and elder care.

Eligible expenses are listed below:

- Care for your dependent child who is under the age of 13 that you can claim as a dependent for tax purposes
- Care for your dependent child who resides with you and who is physically or mentally incapable of caring for him/herself
- Care for your spouse or parent who is physically or mentally incapable of caring for him/herself

When submitting a claim, you can only be reimbursed up to the amount you have contributed to date, less any previous reimbursements. You may only receive reimbursements for services already incurred. An expense is incurred when a service is received, not when a bill is paid. Even though your service provider may require payment at the beginning of the service period, you cannot request reimbursement until after the service is provided.

Eligible Expenses

For a list of eligible expenses, visit www.irs.gov/publications/p502



BASIC LIFE & AD&D INSURANCE & VOLUNTARY LIFE INSURANCE



During your benefits enrollment, don't forget to designate a beneficiary!

Evidence of Insurability (EOI)

Sun Life requires you to show that you are in good health before they will agree to provide certain levels of coverage. This is called Evidence of Insurability (EOI).

- During Open Enrollment, employees and their spouses will be able to enroll/increase coverage up to 1 increments. Anything over this amount will require EOI.
- EOI is required for any amount over the guarantee issue amount—\$300,000 for employee, \$30,000 for spouse.

Coverage that requires EOI will not be in effect until you receive approval from Sun Life.

Basic Life and AD&D Insurance

Life insurance helps protect your family from financial risk and sudden loss of income in the event of your death. Accidental death and dismemberment (AD&D) insurance provides an additional benefit if you lose your life, sight, hearing, speech, or limbs in an accident. Coverage is provided through **Sun Life**.

- Goodwin University and University of Bridgeport provides you with basic life insurance in the amount of 2x your annual salary up to \$200,000.
- If you die as a result of an accident, your beneficiary will receive an additional benefit equal to the basic life insurance. For other covered losses, the amount of the benefit is a percentage of the AD&D insurance coverage amount.
- Evidence of good health is not required.
- Benefits begin to reduce by 50% at age 70.

Voluntary Life Insurance

You may also purchase additional coverage for yourself, your spouse, or your dependent children (up to age 26). Participation is voluntary, and **you pay 100% of the premiums**. Employee coverage is required for spouse and child(ren) to elect coverage. Rates are based on age and the amount of coverage elected, and can be found on Employee Navigator.

Voluntary Employee Life Insurance

- Purchase coverage in \$10,000 increments up to a maximum benefit of \$500,000 (not to exceed five times annual salary)
- Evidence of insurability required if you enroll after initial eligibility or if you elect a benefit greater than \$300,000 (guarantee issue amount)
- Benefits reduce by 50% at age 70

Voluntary Spouse Life Insurance

- Purchase coverage in \$5,000 increments up to a maximum benefit of \$250,000 (not to exceed 50% of employee life insurance amount)
- Evidence of insurability required if you enroll after initial eligibility or if you elect a benefit greater than \$30,000 (guarantee issue amount)
- Coverage terminates at employee's age 70

Voluntary Child(ren) Life Insurance

- Birth to 6 months: \$500
- 6 months to age 26: \$10,000
- Evidence of insurability is not required

DISABILITY INSURANCE

Short-Term Disability (STD)

To protect your income in the event of a short-term disability, Goodwin University and University of Bridgeport provides STD coverage through **Sun Life** at **no cost to you**.

Various states such as CT & MA have their own state mandated paid temporary disability (and family leave) offering workers partial income replacement.

This means based upon your regular weekly earnings, if due to a serious illness you receive a state mandated disability benefit to partially replace your weekly earnings, the Sun Life Short-Term Disability benefit will be an offset to your STD claim.

Additionally, in some states such as Connecticut, the state mandated Paid Family and Medical Leave (PFML) benefits allow for a total of only 12 weeks of paid leave (combined for both PML and PFL). If you were to use this benefit to care for a family member with a serious illness during the year, you would not have the maximum 12 weeks of paid medical leave available if needed for your own illness.

Short-Term Disability	
Maximum Benefit	60% of your weekly base earnings up to a maximum of \$750 per week
Elimination Period	Benefits begin on the 15th day for a non-work-related accident or illness
Maximum Benefit Period	Up to 13 weeks (Dependent upon the nature of the claim)

Long-Term Disability (LTD)

To protect your income in the event of a long-term disability, Goodwin University and University of Bridgeport provides LTD coverage through **Sun Life** at **no cost to you**.

Long-Term Disability	
Maximum Benefit	60% of your monthly salary up to \$10,000
Elimination Period	You must be continuously disabled for 90 days
Benefit Duration	Once you qualify for benefits under this plan, you continue to receive them until the end of the benefit period shown to the right, or until you no longer qualify for benefits, whichever occurs first.
Disability Period	Social Security Normal Retirement Age (SSNRA)
Pre-Existing Conditions	Benefits are not payable for any medical condition in which you received treatment 3 months prior to the effective date of your coverage until you have been covered for at least 12 months.

Age when Disabled	Maximum Benefit Period
Prior to age 60	To age 65
Age 60	60 months
Age 61	48 months
Age 62	42 months
Age 63	36 months
Age 64	30 months
Age 65	24 months
Age 66	21 months
Age 67	18 months
Age 68	15 months
Age 69 and Over	12 months

Maximum Benefit Period - For Sickness, Injury or Pre-Existing Conditions- The Employee's Social Security Normal Retirement Age, or the Maximum Benefit Period shown to the right or whichever is later.

STATE MANDATED DISABILITY & PFML LEAVES

CONNECTICUT: Paid Family & Medical Leave (CT-PFML) as of January 01, 2026

Paid Medical Leave (CT-PML): For a serious off-the-job illness or injury (filed in conjunction with Short-Term Disability)

- Employees working in CT must file a Paid Medical Leave (CT-PML) claim with the state of CT prior to filing a Short-Term Disability Claim through Sun Life. Any CT-PML benefit paid will reduce your Short-Term Disability benefit amount you may be eligible for
- Maximum Benefit Period: 12 weeks per year* (combined with PFL)
*Additional 2 weeks for serious health condition related to pregnancy/childbirth complications
- Elimination Period: None
- Qualifying Leaves: PML: your own serious illness or non-work-related injury and/or PFL: for bonding with a new-born, placement for foster care/adoption, caring for a family member with a serious health condition, addressing certain military family needs, family violence leave
- Percentage of Wages: Claims that begin on or after January 01, 2026, are determined based on the PFML calculation using \$16.94/hr. minimum wage. The base weekly earnings threshold is \$677.60. Claimants earning more than \$677.60/week receive an additional 60% of the base weekly earnings that exceed \$677.60, capped at \$1,016.40 (or 60 times the CT minimum wage)
- Maximum Weekly Benefit: \$1,016.40 per week as of January 01, 2026
- Employee Contributions: 0.5% of your base wages, capped at the annual Social Security wage base
- Job Protection: The CT-PFML leaves are not job-protected, but runs concurrent with FMLA
- To file a CTPFML Claim: https://www.ctpaidleave.org/Claims/how-to-apply?language=en_US

MASSACHUSETTS: Paid Family & Medical Leave (MA-PFML) as of January 01, 2026

Paid Medical Leave (MA-PML): For a serious off-the-job illness or injury (filed in conjunction with Short-Term Disability)

- Employees working in MA must file a Paid Medical Leave (MA-PML) claim with the state of MA prior to filing a Short-Term Disability Claim through SunLife. Any MA-PML benefit paid will reduce your Short-Term Disability benefit amount you may be eligible for
- Maximum Benefit Period/Qualifying Leave: (PFML combined up to 26 weeks) PML: Up to 20 weeks for your own serious illness or non-work-related injury and/or PFL: up to 12 weeks of PFL for bonding with a child within one year of their birth (or placement for foster care/adoption), caring for a family member with a serious health condition, or addressing certain military family needs
- Elimination period: 7 days (unpaid) unless immediately following your own PML claim for birth of a child to transition to bonding leave
- Maximum Weekly Benefit: Amount is based on the average weekly wage, which is adjusted annually. For 2026, the state average weekly wage (SAWW) is \$1,922.48 and the maximum weekly benefit is \$1,230.39
- Weekly Benefit Calculation: 80% of your average weekly wage that is equal to or less than the threshold of 50% of the SAWW. Plus, if your average weekly wage exceeds 50% of the SAWW, an additional 50% of the wages in excess of the threshold
- Employee Contributions: 0.46% of your base wages, capped at the annual Social Security wage base
- Job Protection: Job protected leaves and your benefits must be continued while out on a MAPFML claim (also runs concurrent with FMLA)
- How to file a claim: Go to [Create a PFML account and begin your application](#)

EMPLOYEE ASSISTANCE PROGRAM

Administered by ComPsych GuidanceResources

Sometimes life can feel overwhelming. It doesn't have to. Your **ComPsych GuidanceResources** program provides confidential counseling, expert guidance and valuable resources to help you handle any of life's challenges, big or small.

Services

Confidential Emotional Support

- Anxiety, depression, stress
- Grief, loss and life adjustments
- Relationship/marital conflicts

Work and Lifestyle Support

- Child, elder and pet care
- Moving and relocation
- Shelter and government assistance

Legal Guidance

- Divorce, adoption and family law
- Free consultation and discounted local representation

Financial Resources

- Retirement planning, taxes
- Relocation, mortgages, insurance
- Budgeting, debt, bankruptcy and more

Digital Support

- Connect to counseling, work-life support or other services
- Tap into an array of articles, podcasts, videos, slideshows
- Improve your skills with On-Demand trainings

What happens when I call for counseling support?

When you call, you will speak with a GuidanceConsultant, a master's- or PhD-level counselor who will collect some general information about you and will talk with you about your needs. The GuidanceConsultant will provide the name of a counselor who can assist you. You will receive counseling through the EAP up to 3 sessions per issue, per person, per calendar year. You can then set up an appointment to speak with the counselor over the phone or schedule a face-to-face visit.

What counseling services does the EAP provide?

The EAP provides free short-term counseling with counselors in your area who can help you with your emotional concerns. If the counselor determines that your issues can be resolved with short-term counseling, you will receive counseling through the EAP. However, if it is determined that the problem cannot be resolved in short-term counseling in the EAP and you will need longer-term treatment, you will be referred to a specialist early on and your insurance coverage will be activated.



24/7 Live Assistance:

Call: 1-800-460-4374
TRS: Dial 711



Online: guidanceresources.com
App: GuidanceNow
Web ID: **EAPEssential**

VOLUNTARY ACCIDENT INSURANCE

Administered by Sun Life

The highlights listed below are a summary of the benefits offered. Please see the plan summary on Employee Navigator for further details. **This benefit is 100% employee-paid.**

Injury	Benefit
Diagnostic Exam - Arteriogram, Angiogram, CT, CAT, EKG, EEG, or MRI (1 time per benefit year)	\$300
Diagnostic Exam - X-ray (1 time per covered accident)	\$100
Accident Emergency Treatment, non-emergency room (once per covered accident)	\$100
Physician's Follow-up Treatment office visit (per visit, up to 4 times per covered accident)	\$75
Physical Therapy (per visit up to 6 visits per covered accident)	\$50
Blood, Plasma, or Platelet Transfusion	\$200
Hospital Admission (once per benefit year)	\$2,000
Hospital Confinement (per day up to 365 days per covered accident)	\$250
Intensive Care Unit Admission (once per Benefit Year; payable instead of Hospital Admission benefit if Confined immediately to ICU)	\$4,000
Intensive Care Unit Confinement (per day up to 30 days, payable in addition to any Hospital Confinement benefit)	\$750
Ambulance - Ground / Air	\$500 / \$2,000
Emergency Room Admission	\$150
Miscellaneous Surgery requiring general anesthesia (not covered by any other benefit)	\$750
Open Surgery	\$1,500
Exploratory Surgery or Debridement	\$250

Bi-Weekly Rates

Tier	Accident
Employee Only	\$5.23
Employee + Spouse	\$7.75
Employee + Child(ren)	\$7.04
Family	\$9.57

VOLUNTARY CRITICAL ILLNESS INSURANCE

Administered by Sun Life

- Critical Illness Insurance provides cash benefits if you, or a covered family member is diagnosed with a critical illness or event.
- Benefits are paid in addition to what is covered under your health insurance
- There are no waiting periods or overall plan maximums
- Includes Health Advocate: Services include access to a Personal Health Advocate who can assist you in managing healthcare services for you and your family
- **This benefit is 100% employee-paid**

Tier	Guaranteed Issue Amount
Employee	\$30,000
Spouse	\$30,000
Child(ren)	\$15,000

Core Plan Benefits			
Heart Attack	100%	End Stage Renal failure	100%
Arterial/vascular disease	25%	Invasive cancer	100%
Stroke	100%	Non-invasive cancer	25%
Major organ failure	100%	Skin Cancer (paid once per lifetime)	5%

Additional Childhood Conditions			
Cerebral Palsy	100%	Muscular Dystrophy	100%
Cleft Lip/Cleft Palate	100%	Spina Bifida	100%
Cystic Fibrosis	100%	Type 1 Diabetes Mellitus	100%
Downs Syndrome	100%		

This is not a complete list; Rates, additional limitations and exclusions may be found in the policy and may vary by state on Employee Navigator.

Additional Information

- Wellness Benefit Rider: Your Sun Life Critical Illness Protection Plan includes a wellness benefit that helps pay for preventative and other health screenings. You could earn up to \$50 per year.

When would I need the Recurrence Benefit?

- Sometimes people are diagnosed with the same condition twice. If this happens to Sun Life we'll pay you an additional benefit (the amount of which is noted in your Certificate).
- Only the conditions marked (R) in the plan summary are eligible for the Recurrence Benefit. (Please see the plan summary located in Employee Navigator for further review).
- Once a Recurrence Benefit has been paid, no additional benefit will be paid for that specified disease.

Limitations and exclusions:

This critical illness policy will not cover losses caused by or as a result of:

- Suicide, attempted suicide, or any intentionally self-inflicted injury, while sane or insane;
- Committing or attempting to commit a felony; war or any act of war, declared or undeclared; participation in a riot, insurrection or rebellion of any kind.;
- A critical illness that recurs within a timeframe defined by the policy
- A new condition diagnosed within a timeframe defined by the policy

VOLUNTARY HOSPITAL INDEMNITY INSURANCE

Administered by Sun Life

If you or a covered family member have a hospital visit due to an accident or injury, the Hospital Indemnity plan provides a lump sum cash benefit to help you take care of unexpected expenses – like deductibles or childcare to everyday bills. **This benefit is 100% employee-paid.**

Hospital Indemnity Benefits	
Hospital Admission <i>Within 30 days of the Accident</i>	\$1,500
Intensive Care Admission <i>Within 30 days of the Accident</i>	\$1,500
Hospital Confinement <i>Within 30 days of the accident; up to 365 days</i>	\$200 per day
Intensive Care Unit Confinement <i>Within 30 days of the Accident; up to 365 days</i>	\$200 per day
Transportation <i>This benefit pays when you have to travel over 100 miles for a covered hospital stay, up to 1 day</i>	\$500 per day

Bi-Weekly Rates

Tier	Hospital Indemnity
Employee Only	\$7.68
Employee + Spouse	\$15.19
Employee + Child(ren)	\$13.41
Family	\$22.41

Limitations and exclusions

This hospital indemnity policy will not cover losses caused by or as a result of:

- Suicide, attempted suicide, or any intentionally self-inflicted injury, voluntary intake or use by any means of any drugs, poison, gas, or fumes, except when: prescribed or administered by a physician; and taken in accordance with the physician's instructions; committing or attempting to commit a felony; war or any act of war, declared or undeclared; participation in a riot, insurrection, or rebellion of any kind; driving a vehicle while intoxicated, as defined by the jurisdiction where the accident occurred; cosmetic surgery; bungee cord jumping, hang gliding, sail gliding, parasailing, parakiting, kitesurfing, base jumping, or any similar activities; or a loss sustained while residing outside the United States, U.S. Territories, Canada, or Mexico for more than 12 months
- Benefits provided by the policy may be excluded or limited while the insured is incarcerated in any type penal or detention facility.

This is not a complete list; additional limitations and exclusions may be found in the policy located on Employee Navigator.

VOLUNTARY PET INSURANCE

Total Pet Plan Pet Insurance

PetPlus

Discounted Pet Products, Prescriptions and Preventatives: Receive members-only pricing (up to 50% off) on products you're already buying for your pets. Products include prescriptions, preventatives, food, treats, toys and more! Shipping is always free and same-day pickup is available for most human-grade prescriptions. View available products and pricing at www.petplusbenefit.com.

Shop Online

Log in to your account on PetCareRx.com

- Shop for your pet's favorite products
- Savings are automatically applied at checkout and shipping is always free
- PetPlus will confirm prescriptions with your vet on your behalf

Pick-up In Store

- Ask your vet for a written prescription for your pet's medication
- Present your pet's prescription and PetPlus Rx card at any network pharmacy
- The pharmacist will fill your pet's prescription and PetPlus will charge your credit card on file at the listed member rate

Pet Assure

Veterinary Discount Plan: Pet Assure is a veterinary discount plan that can be used as an alternative or addition to pet health insurance. Members save 25% at participating veterinarians on all in-house medical services, no exclusions. Even pre-existing conditions are covered!

How It Works

- Schedule an appointment with a participating Pet Assure veterinarian
- At the time of your appointment, present your ID card to the front desk
- The vet gives you an instant discount on all in-house medical services

AskVet

24/7 Telehealth: Access real-time support with AskVet's 24/7 Pet Telehealth, even when your vet office is closed! US-based veterinarians are available to provide unlimited support on your pet's health, wellness, behavior and more.

How It Works

- Log in to your account and start a chat with an AskVet veterinarian
- Get all of your pet-related questions answered by a live US-based veterinarian

ThePetTag

Lost Pet Recovery Service: One in three pets will go missing in its lifetime and without proper ID, 90% never return home. Increase the chances of your cat or dog returning home safe and sound with ThePetTag.

Bi-Weekly Rate	
1 Pet	Two or More Pets
\$5.42	\$8.54

How It Works

- Add your pets to your account and ThePetTag will send them a durable ID tag
- Attach the ID tag onto your pet's collar and ensure your contact info is up-to-date
- If your pet is found, the finder can scan the tag with their phone to access your contact info

Coverage is portable! To do so contact Pet Benefit Solutions or login at www.petbenefits.com to select your plan and request to continue your coverage.

Wishbone Pet Insurance

Wishbone offers high-value, easy-to-use pet health insurance at exclusive employee benefit rates. Get reimbursed for vet bills that resulted from an accident or illness with your pet. Coverage includes diagnostics and testing, unexpected surgery, hospitalization, emergency care, hereditary and congenital conditions, and more.

With Wishbone, you get:

- 90% reimbursement on accidents and illnesses
- A low \$250 annual deductible
- Fast claims processing
- Visit any licensed veterinarian
- Easy-to-use member account
- And so much more!

Plus, choose from two tiers of optional routine care add-ons to maximize your savings on everyday pet care.

Submit a claim from your account online. Claims are processed within five business days, and you'll receive fast reimbursement payouts via check or direct deposit. Wishbone includes a durable ID tag with lost pet recovery service and 24/7 pet telehealth support for each insured pet.

Fetch a quote and enroll today at <https://www.wishboneinsurance.com/goodwinuniversity-universityofbridgeport>

Wishbone Disclosure:

Wishbone Pet Insurance is a program managed by Odie Pet Insurance Marketing, Inc. and underwritten by Clear Blue Insurance Group. Please visit www.getodie.com for more information. Policies do not cover pre-existing conditions. Waiting periods, annual deductible, co-insurance, benefit limits and exclusions may apply. For full terms, visit Terms and Conditions. Products, discounts, and rates may vary and are subject to change.

VOLUNTARY IDENTITY THEFT PROTECTION

Administered by Norton Lifelock

Cyber protection coverage for ID Theft, Device Security, Parental Control, and Online Privacy. **This benefit is 100% employee-paid.**



Benefit Plans

	BENEFIT ESSENTIAL	BENEFIT PREMIER
LIFELOCK IDENTITY THEFT PROTECTION	●	●
	●	●
	●	●
	●	●
	●	●
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	●	●
NORTON DEVICE SECURITY	Up to \$1 Million each	Up to \$1 Million each
	One-Bureau [†]	One-Bureau [†]
	One-Bureau [†]	Three-Bureau [†]
	One-Bureau [†] Monthly	On Demand – One Bureau Daily/ Three-Bureau [†] Annual
	Up to 3 devices (Family gets 6 devices)	Up to 5 devices (Family gets 10 devices)
	●	●
	●	●
	●	●
	●	●
	10 GB	50 GB
ONLINE PRIVACY	●	●
	●	●
	●	●
	●	●

Bi-Weekly Rates

Benefit Essential

Employee Only: \$3.69

Employee & Family: \$7.38

Benefit Premier

Employee Only: \$5.30

Employee & Family: \$10.14

VOLUNTARY PRE-PAID LEGAL PLAN

Administered by MetLife

This benefit is 100% employee-paid.

Plan Features and Rates

The legal plan provides full coverage of attorney fees for the most common personal legal matters with no additional out-of-pocket cost to employees.¹

Money Matters	• Debt Collection Defense • Identity Theft Defense • LifeStages Identity Restoration Services²	• Negotiations with Creditors • Personal Bankruptcy • Promissory Notes	• Tax Audit Representation • Tax Collection Defense
Home & Real Estate	• Boundary & Title Disputes • Deeds • Eviction Defense • Foreclosure	• Mortgages • Property Tax Assessments • Refinancing & Home Equity Loan • Sale or Purchase of Home	• Security Deposit Assistance • Tenant Negotiations • Zoning Applications
Estate Planning	• Codicils • Complex Wills • Healthcare Proxies	• Living Wills • Powers of Attorney (Healthcare, Financial, Childcare, Immigration)	• Revocable & Irrevocable Trusts • Simple Wills
Family & Personal	• Adoption • Affidavits • Conservatorship • Demand Letters • Garnishment Defense • Guardianship	• Immigration Assistance • Juvenile Court Defense, Including Criminal Matters • Name Change • Parental Responsibility Matters • Personal Properties Issues	• Prenuptial Agreement • Protection from Domestic Violence • Review of ANY Personal Legal Document • School Hearings
Civil Lawsuits	• Administrative Hearings • Civil Litigation Defense	• Disputes Over Consumer Goods & Services • Incompetency Defense	• Pet Liabilities • Small Claims Assistance
Elder-care Issues	• Consultation & Document Review for Issues Related to Your Parents: • Deeds • Leases	• Medicaid • Medicare • Notes • Nursing Home Agreements	• Powers of Attorney • Prescription Plans • Wills
Traffic & Other Matters	• Defense of Traffic Tickets³ • Driving Privileges Restoration	• Habeas Corpus • License Suspension Due to DUI	• Repossession

Your Bi-Weekly cost is \$9.12 (pricing covers employee and family)

Additional features:	Telephone advice, office consultations, demand letters and document review on an unlimited number of personal legal matters.
	Reduced fees for personal injury, probate and estate administration matters, provided by network attorneys.
	Access to a digital estate planning solution for wills, living wills, power of attorney and living trusts.
As a part of our standard plan, we also offer:	A three-year rate guarantee.
	Reporting: Usage reports, analysis and evaluation of the reports.

If you are a legal plan member, you can quickly register on the site, www.metlife.com, to view coverage for the legal plan offered by your employer or call our Client Service Center at 1-800-821-6400.



INSURANCE | BENEFITS | HR SOLUTIONS

This guide provides a summary of the benefits available. The company reserves the right to modify, amend, suspend, or terminate any plan at any time, and for any reason without prior notification. The plans described in this guide are governed by insurance contracts and plan documents, which are available for examination upon request. Should there be a discrepancy between this guide and the provisions of the insurance contracts or plan documents, the provisions of the insurance contracts or plan documents will govern.

Benefits are not a guarantee of employment.