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PART II ELIGIBILITY AND PARTICIPATION REQUIREMENTS

Eligibility and Participation

An eligible employee with respect to the Plan is any common-law employee of the College who is eligible to participate in and receive benefits under one or more of the Component Benefit Programs, as summarized in Schedule A.

The eligibility and participation requirements may vary depending on the particular Component Benefit Program. You must satisfy the eligibility requirements under a particular Component Benefit Program to receive benefits under that Program. To determine whether you or your family members are eligible to participate in a Component Benefit Program, please read the eligibility information contained in the applicable Component Benefit Program Booklet.

In general, group health plan coverage for a dependent child continues until the last day of the calendar month in which age 26 is reached. Please contact the Plan Administrator at your earliest convenience if you believe that your dependent adult child might qualify for continued coverage under the group health plan based on disability.

Need for Enrollment: Time Limits

In general, eligible employees must complete file a benefit election using the written, telephonic, or electronic means required by the Plan Administrator to enroll themselves and/or their eligible spouses and dependents. New employees must generally enroll within certain time periods after being hired, as described in the Component Benefit Program Booklets. Thereafter, enrollment is generally limited to the annual open enrollment period that occurs before January 1 of each year. The details about pre-tax contributions are described in the Bowdoin College Flexible Benefits Plan.

Special Enrollment Rights

In certain circumstances and with respect to particular Component Benefit Programs, enrollment may occur at times outside the open enrollment period (this is referred to as “special enrollment”), as explained in the Bowdoin College Flexible Benefits Plan .

When Participation Begins

Once you, as an eligible employee, have completed the necessary enrollment paperwork, your coverage under the Plan may begin. Requirements may vary depending on the Component Benefit Program. For information about when coverage begins, please read the eligibility and participation information contained in the Component Benefit Program Booklets.

Termination of Participation

In general, your coverage under this Plan terminates when you terminate employment with the College. Coverage also terminates if you fail to pay your share of the premium, if your hours drop

below the required eligibility threshold, if you submit false claims, and for certain other reasons described in the Component Benefit Program Booklets.

Coverage for your spouse and dependents stops when your coverage stops, if you fail to provide proof of continued eligibility as may be required by the Plan Administrator, and for other reasons specified in the Component Benefit Program Booklets (for example, divorce, , or a dependent's

paid or exceeds the amount payable to you then you may be responsible for refunding the overpayment to the Plan. Consult the Component Benefit Program Booklets for additional information.

Administrative Requirements and Timelines

As described in the Component Benefit Program Booklets, there may be other reasons that a claim for benefits is not paid, or is not paid in full. For example, claims must generally be submitted for payment within a certain period of time, and failure to submit within that time period may result in the claim being denied. In this regard, please consult the Component Benefit Program Booklets.

PART IV PLAN ADMINISTRATION

Plan Operations

Because benefits under the Plan are provided both through insurance contracts and on a self-funded basis, the Plan is administered by the College and the insurance companies.

Plan Administration

The Vice President for Human Resources is the Plan Administrator. The principal duty of the Plan Administrator is to see that the Plan functions according to its terms, and for the exclusive benefit of persons entitled to participate in the Plan. The administrative duties of the Plan Administrator include, but are not limited to, interpreting the Plan, prescribing applicable procedures, determining eligibility for and the amount of benefits, authorizing benefit payments, and gathering information necessary for administering the Plan. The Plan Administrator may delegate any of these administrative duties among one or more persons or entities, provided that such delegation is in writing, expressly identifies the delegate(s), and expressly describes the nature and scope of the delegated responsibility.

The Plan Administrator has delegated its responsibilities for deciding claims for benefits under the Component Benefit Programs to certain insurance companies and third-party administrators who serve as the named fiduciaries (or "claims fiduciaries") for their respective Component Benefit Programs. (See Schedule A for details.) The insurance companies and third-party administrators are responsible for (a) determining eligibility for a benefit and the amount of any benefits payable under the Plan; and (b) providing the claims procedures to be followed and the claims forms to be used by eligible individuals pursuant to the Plan. As claims fiduciaries, the insurance companies and third-party administrators have the discretionary authority to interpret the Plan in order to make benefit determinations. They also have the authority to require eligible individuals to furnish them with such information as they determine necessary for the proper administration of the Plan.

The College will bear its incidental costs of administering the Plan.

Your Questions

If you have any general questions regarding the Plan (including, for example, whether you are eligible to participate in the Plan or a particular Component Benefit Program offered through the Plan), please contact Human Resources.

If you have any question regarding your eligibility for, or the amount of, any benefit payable under the Component Benefit Programs, please contact the appropriate insurance company or third-party administrator identified in Schedule A.

PART V CLAIMS PROCEDURES

Claims for Fully Insured Benefits

For purposes of determining the amount of, and entitlement to, benefits of the Component Benefit Programs provided under insurance or contracts, the respective insurer is the claims fiduciary under the Plan, with the full power to interpret and apply the terms of the Plan as they relate to the benefits provided under the applicable insurance contract.

To obtain benefits from the insurer of a Component Benefit Program, you must follow the claims procedures under the applicable insurance contract, which may require you to complete, sign, and submit a written claim on the insurer's form. (See the Component Benefit Program Booklets for more information.) The insurer will decide your claim in accordance with its reasonable claims procedures, as required by ERISA and other applicable law. If your claim is denied, you may appeal to the insurer for a review of the denied claim. The insurer will decide your appeal in accordance with reasonable claims procedures, as required by ERISA and other applicable law.

If the applicable Component Benefit Program Booklet does

extended to 180 days under certain circumstances.) The notification will be in writing and will

45 days to provide the additional information. The period from which you are notified of the additional required information to the date you respond is not counted as part of the determination period.

A notice that your claim has been denied will be in writing and will include the reasons for the denial, with reference to the specific provisions of the Plan on which the denial was based; a description of any additional information needed to process the claim and an explanation of the claims review procedure; and a discussion of the decision, including an explanation of the basis for disagreeing with or not following the views of health care professionals treating you and

You will receive notice of the benefit determination in writing or electronically as soon as possible, but not later than 72 hours after the claims fiduciary receives all n

How to Appeal a Claim Decision

If you disagree with a claim determination you can contact the claims fiduciary in writing to formally request an appeal. Your appeal request must be submitted to the claims fiduciary within 180 days after you receive the claim denial.

A qualified individual who was not involved in the decision being appealed will be appointed to decide

PART VI PLAN INFORMATION

Your ERISA Rights

Note that the Bowdon College Flexible Benefits Plan and Dependent Care Reimbursement Plan are not covered by ERISA and this Statement of ERISA Rights does not apply to them.

As a participant in the Plan, you are entitled to certain rights and protections under the Employee Retirement Income Security Act of 1974 ("ERISA"). ERISA provides that all plan participants shall be entitled to:

> Examine, without charge, at the Plan Administrator's office and at other specified locations (such as worksites) all documents governing the Plan, including insurance contracts, and a copy of the latest annual report (Form 5500 series), if any, filed by the Plan with the U.S. Department of Labor and available at the Public Disclosure Room of the Employee Benefits Security Administration.
>
> Obtain, upon written request to the Plan Administrator, copies of documents governing the operation of the Plan, including insurance contracts and copies of the latest annual report (Form 5500 series) and updated summary plan description. The Plan Administrator may make a reasonable charge for the copies.
>
> Receive a summary of the Plan's annual financial report, if any is required to be prepared, in which case the Plan Administrator is required by law to furnish each participant with a copy of this summary annual report.
>
> Under certain circumstances, continue health care coverage for yourself, your spouse, or your dependents if there is a loss of coverage under the Plan as a result of a qualifying event. You or your dependents may have to pay for such coverage. Review the Benefit Program Booklets for the rules governing your COBRA continuation coverage rights.

In addition to creating rights for Plan participants, ERISA imposes duties upon the people who are responsible for the operation of the Plan. The people who operate your Plan, called "fiduciaries" of the Plan, have a duty to do so prudently and in the interest of you and other Plan participants and beneficiaries. No one, including your employer or any other person, may fire you or otherwise discriminate against you in any way to prevent you from obtaining a Plan benefit or exercising your rights under ERISA.

If your claim for a welfare benefit is denied or ignored, in whole or in part, you have a right to know why this was done, to obtain copies of documents relating to the decision without charge, and to appeal any denial, all within certain time schedules. Under ERISA, there are steps that you can take to enforce the above rights. For instance, if you request a copy of Plan documents or the latest annual report (Form 5500), if any, from the Plan and do not receive them within 30 days, you may file suit in a federal court. In such a case, the court may require the Plan Administrator to provide the materials and pay you up to $110 per day until you receive the materials, unless the materials were not sent because of reasons beyond the control of the Plan Administrator. If you

have a claim for benefits which is denied or ignored in whole or in part, and if you have exhausted the claims procedures available to you under the Plan (discussed in Part V), you may file suit in a state or federal court. In addition, if you disagree with the Plan Administrator's decision (or lack thereof) concerning the qualified status of a medical child support order, then you may file suit in federal court.

If it should happen that Plan fiduciaries misuse the Plan's money, or if you are discriminated against for asserting your rights, you may seek assistance from the U.S. Department of Labor, or you may file suit in a federal court. The court will decide who should pay court costs and legal fees If you are successful, the court may order the person you have sued to pay these costs and fees If you lose, the court may order you to pay these costs and fees, for example, if it finds your claim is frivolous.

If you have any questions about your Plan, you should contact Human Resources. If you have any questions about this statement or about your rights under ERISA, or if you need assistance in obtaining documents from the Plan Administrator, you should visit the U.S. Department of Labor's Employee Benefits Security Administration (EBSA) website at www.dol.gov/ebsa or call their toll-free number at 1-866-444-3272. You may also obtain certain publications about your rights and responsibilities under ERISA by calling the publications hotline of the Employee Benefits Security Administration.

Plan Amendment and Termination

The College may amend, discontinue, or terminate the Plan or any Component Benefit Program, in whole or in part, at any time or from time to time as it deems necessary or desirable with or without retroactive effect, to the extent permitted by law, by any means permitted under its by-laws.

under Internal Revenue Code Section 129; neither is subject to ERISA.

Separate from this Plan, you may elect to contribute to individual Health Savings Account arrangements

Non-Assignability of Rights

Governing Law

Plan effective as of January 1, 2023.

BOWDOIN COLLEGE

Treasurer

Date:

ATTACHMENTS

SCHEDULE A

BENEFITS

Medical: Open Access Health Plan, Open Access Plus HDHP Option #1, and Open Access Plus HDHP Option #2	
Provider or Program Administrator Contact Information	Cigna PO Box 182223 Chattanooga, TN 37422-7223 Customer Service: 1 (800) 244-6224 (24 hours a day, 365 days a year) www.myCigna.com
Funding Medium	Self-Insured
Claims Fiduciary	Cigna
Eligibility and entry date	All regular full-time and part-time employees who normally work at least 20 hours a week. Immediate upon hire or for a change in status the first of the month on or following the status change.
Dental	
Provider or Program Administrator Contact Information	Northeast Delta Dental One Delta Drive P.O. Box 2002 Concord, New Hampshire 03302-2002 1-800-832-5700 (Mon. Fri., 8:00 AM- 8:00 PM, EST) www.nedelta.co m
Funding Medium	Self-Insured
Claims Fiduciary	Northeast Delta Dental
Eligibility and entry date	All regular full-time and part-time employees who normally work at least 20 hours a week. The first of the month on or following the hire date or the status change.

Eligibility and entry date	[redacted]
Group Long Term Disability, Basic Term Life, Supplemental Dependent Life, Supplemental Term Life, Basic Accidental Death and Dismemberment Plan	
Provider or Program Administrator Contact Information	The Hartford P.O. Box 2999 Hartford, CT 06104-2999 1-888-301-5615
Funding Medium	Fully-Insured

LIST OF ATTACHMENTS

Component Benefit Programs

Bowdoin College Flexible Benefits Plan, including Health Care Reimbursement Plan and Dependent Care Reimbursement Plan (Attachment #1);
Bowdoin College Open Access Plus Health Plan (Attachment #*nBT/F1*p0 6#