

NOTICE OF SUMMARY MATERIAL MODIFICATION

Dear Participant and Beneficiaries,

This summary of material modification ("**SMM**") describes changes to Vermont Law & Graduate School Medical Insurance ("**Plan**") and supplements the Summary Plan Description ("**SPD**") for the Plan. The effective date of each of these changes is indicated below. You should read this SMM very carefully and retain this document with your copy of the SPD for future reference.

If this summary has been delivered to you by electronic means, you have the right to receive a written summary and may request a copy of this on a written paper document at no charge by contacting the plan administrator.

Benefit Plan Impacted: Medical Insurance

Reason for SMM

- Changes that increase premiums, deductibles, coinsurance, copayments

Effective Date of Material Modification: 01/01/2023

Summary of Changes:

Medical premiums changed.

Additional Information:

Refer to your Summary Plan Description (SPD) for details of your benefit plans. If you have questions regarding this modification, contact the Plan Administrator at:

Vermont Law & Graduate School.

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General Plan Information:

Plan Name: Vermont Law & Graduate School's Health & Welfare Benefit Plan

Plan Number: 510

Plan Sponsor/Plan Administrator: Vermont Law & Graduate School



2023 Vermont Law School Contributions



Medical Contributions				
Under \$60,000	EE Per Pay	EE Per Month	ER Monthly	Total Premium
Employee Only	\$29.82	\$64.61	\$736.99	\$801.60
Employee + One	\$56.66	\$122.76	\$1,399.39	\$1,522.15
Employee + Family	\$80.51	\$174.45	\$1,988.57	\$2,163.02
\$60,000 - Under \$100,000	EE Per Pay	EE Per Month	ER Monthly	Total Premium
Employee Only	\$41.74	\$90.45	\$711.15	\$801.60
Employee + One	\$79.32	\$171.86	\$1,350.29	\$1,522.15
Employee + Family	\$112.72	\$244.22	\$1,918.80	\$2,163.02
\$100,000 and Up	EE Per Pay	EE Per Month	ER Monthly	Total Premium
Employee Only	\$65.50	\$142.13	\$659.47	\$801.60
Employee + One	\$124.65	\$270.07	\$1,252.08	\$1,522.15
Employee + Family	\$177.13	\$383.78	\$1,779.24	\$2,163.02

Vision Contributions				
	EE Per Pay	EE Per Month	ER Monthly	Total Premium
Employee	\$4.80	\$10.40	\$0.00	\$10.40
Two-Person	\$6.96	\$15.08	\$0.00	\$15.08
Family	\$12.48	\$27.04	\$0.00	\$27.04

Basic Life	
\$1.13 per \$1,000	

Accidental Death & Dismemberment	
\$.01 per \$1,000	

Short Term Disability	
\$.39 per \$10 of weekly benefit	

Long Term Disability	
\$.18 per \$100 of covered payroll	

Voluntary Accident		
	Bi-Weekly	Monthly
Employee	\$6.50	\$14.09
Employee + Spouse	\$10.25	\$22.21
Employee + Child	\$12.82	\$27.78
Employee, Spouse + Child	\$16.92	\$36.66

Voluntary Critical Illness				
Issue Age	Employee & Children		Spouse	
	Non-Tobacco	Tobacco	Non-Tobacco	Tobacco
Monthly Rate per \$1,000				
Less than age 25	\$0.43	\$0.46	\$0.36	\$0.41
25-29	\$0.52	\$0.57	\$0.42	\$0.50
30-34	\$0.67	\$0.77	\$0.55	\$0.71
35-39	\$0.89	\$1.07	\$0.76	\$1.08
40-44	\$1.27	\$1.62	\$1.16	\$1.81
45-49	\$1.74	\$2.45	\$1.78	\$3.06
50-54	\$2.28	\$3.62	\$2.63	\$4.81
55-59	\$3.00	\$5.25	\$3.73	\$7.21
60-64	\$4.20	\$7.97	\$5.37	\$10.99
65-69	\$5.61	\$11.45	\$7.22	\$15.66
70-74	\$7.88	\$15.43	\$10.14	\$21.33
75-79	\$10.83	\$18.76	\$13.47	\$25.40
80-99	\$13.88	\$22.53	\$16.82	\$30.05
Voluntary Critical Illness Wellness Benefit				
Monthly Rate per \$25				
Employee and Child	\$0.80			
Spouse	\$0.80			

Dental Contributions - Low				
	EE Per Pay	EE Per Month	ER Monthly	Total Premium
Employee	\$0.00	\$0.00	\$32.43	\$32.43
Two-Person	\$12.44	\$26.96	\$32.43	\$59.39
Family	\$33.06	\$71.63	\$32.43	\$104.06

Dental Contributions - High				
	EE Per Pay	EE Per Month	ER Monthly	Total Premium
Employee	\$4.70	\$10.18	\$32.43	\$42.61
Two-Person	\$21.06	\$45.62	\$32.43	\$78.05
Family	\$47.97	\$103.94	\$32.43	\$136.37

Voluntary Life			
Age	Employee per \$1,000	Spouse per \$1,000	Child per \$1,000
	Monthly Premiums		
0-24	\$0.050	\$0.057	\$0.397
25-29	\$0.055	\$0.062	
30-34	\$0.074	\$0.083	
35-39	\$0.109	\$0.119	
40-44	\$0.167	\$0.180	
45-49	\$0.260	\$0.280	
50-54	\$0.383	\$0.416	
55-59	\$0.549	\$0.614	
60-64	\$0.706	\$0.851	
65-69	\$1.004	\$1.212	
70-74	\$1.899	\$2.292	
75-99	\$5.870	\$7.086	

Voluntary Accidental Death & Dismemberment	
	Monthly Premiums
Employee	\$0.029 per \$1,000
Spouse	\$0.030 per \$1,000
Child	\$0.033 per \$1,000