



# THE CLAREMONT COLLEGES

## **2009 Employee Benefit Plans**

*Open Enrollment Period*  
*10/27/08 - 11/17/08*

**IMPORTANT REMINDER FROM BENEFITS ADMINISTRATION**

**Please retain benefit information  
until next update is provided.**

## TABLE OF CONTENTS

	<u>Page(s)</u>
Highlights of 2009 Employee Benefits Plan Year .....	1-2
Wellness Programs & Amenities .....	3-7
Medical Insurance Benefits.....	8
• Health Maintenance Organization (HMO) Plans Benefits Summary .....	9-12
• Preferred Provider Organization (PPO) and High Deductible Health Plan (HDHP) Benefits Summary .....	13-16
• BlueCard Non-CA Preferred Provider Organization Plan Benefits Summary.....	17-19
Dental Insurance Benefits.....	20-21
Vision Insurance Benefits .....	22
Basic, Supplemental & Dependent Life Insurance Benefits.....	23
Personal Accident Insurance Plan (AD&D) and Tri-Term Insurance Benefits .....	24
2009 Rate Chart .....	25-26
Flexible Spending Account (FSA) Program .....	27
• Health Care Reimbursement Account (HCRA) .....	27
• Dependent Care Reimbursement Account (DCRA).....	28
• Individual Purchased Insurance .....	28
HIPAA Privacy Notice.....	29-33
Notes .....	34
Office of Benefits Administration.....	35

# Highlights

The Claremont Colleges offers a wide menu of comprehensive benefits for you and your family members which include medical, dental, vision, basic life, supplemental life, personal Accidental Death & Dismemberment (AD&D), Health Care and Dependent Care Flexible Spending Accounts (FSAs), Long Term Care (LTC), and an Employee Assistance Program (EAP).

The Claremont Colleges' Annual Enrollment will take place from **October 27, 2008** through **November 17, 2008**. During open enrollment you have the opportunity to review your current benefit elections and make any necessary changes to meet your needs and the needs of your family. Any changes made in your current elections during open enrollment will be effective January 1, 2009.

You must **enroll online via the Benefits Enrollment Website ([www.cuc.claremont.edu/benefits](http://www.cuc.claremont.edu/benefits))** by the enrollment deadline (11/17/2008) to make any changes to your benefit elections and to designate your life insurance beneficiaries.

Below is a list of benefits offered by The Claremont Colleges. Please review them to make your open enrollment decision.

<b>Medical Plans</b>	The Claremont Colleges offer four medical options.
<b>HMO Plans</b>	Both Kaiser Permanente and Anthem Blue Cross offer an HMO medical option. All health care must be received within the HMO network, unless as a result of an emergency. Both plans require office visit, inpatient hospitalization, prescription and emergency room copay. Please refer to pages 9 - 12 for more information.
<b>PPO Plan</b>	Anthem Blue Cross PPO provides in-network and out-of-network benefits. Provider usage is determined at time of service and benefit levels are based upon whether services are performed by a network or non-network provider. Please refer to pages 13 - 16 for more information.
<b>HDHP Plan</b>	Lumenos HDHP uses the same provider network as the Anthem Blue Cross PPO with enhanced benefits. Lumenos HDHP provides in-network and out-of-network benefits, with deductible of \$1,250/individual and \$2,500/family. Provider usage is determined at time of service and benefit levels are based upon whether services are performed by a network or non-network provider. Please refer to pages 13 - 16 for more information.
<b>Dental Plans</b>	Effective January 1, 2009 the dental carrier is changing from Guardian to Delta Dental. Two dental options will be continued to be offered through Delta Dental - DeltaCare USA DHMO and Delta Dental PPO. The DeltaCare USA DHMO requires services to be received within the DeltaCare network. The Delta Dental PPO provides in-network and out-of-network benefits. Please refer to pages 20 - 21 for more information.
<b>Vision Plan</b>	Two level of vision benefits are offered - Core and Buy-Up plans. Core plan provides coverage for an annual eye exam within VSP network and 20% discount on eyewear. This benefit is provided to all benefit eligible employees at no cost to you. You have the option to enroll you and your family in voluntary Buy-Up plan to add additional coverage for eyewear. Please refer to page 22 for more information.
<b>Basic Life</b>	Basic life insurance is provided to all benefit eligible employees at no cost. Effective January 1, 2009, the benefit will be 1x your basic annual salary (rounded to the next thousand), minimum of \$20,000 to maximum of \$50,000. Please refer to page 23 for more information.
<b>Supplemental Employee and Dependent Life</b>	As an employee, you also have the opportunity to purchase additional life insurance for you, your spouse, domestic partner or child. Additional coverage can be purchased through Anthem Blue Cross or ING Tri-Term. Please refer to pages 23 and 24 for more information.
<b>Voluntary AD&amp;D</b>	Voluntary accidental death and dismemberment insurance is available for you and your family. Coverage is payable as a result of an accidental death or dismemberment. Please refer to page 24 to for more information.
<b>FSA</b>	Flexible Spending Accounts allow you to pay for eligible healthcare or dependent care expenses on a pre-tax basis. In addition, if you or your qualified dependent currently pays premium on an individual insurance plan, this premium can be reimbursed through Individual Purchased Insurance Plan under FSA. Please refer to pages 27 - 28 for more information.
<b>Long Term Care</b>	Voluntary LTC is available to all employee and their family members to protect from the financial burdens often associated with long-term care. Please refer to the Benefits Enrollment Website for more information.
<b>EAP</b>	EAP benefits are provided to you and your family members at no cost to you. Receive free and confidential counseling and referral services. EAP provides assistance with childcare referrals, legal consultations and elder care services. Please refer to the Benefits Enrollment Website for more information.

This is a general information summary only and is not an official plan document. For a detailed description of a specific plan, refer to the plan booklet which may be obtained from Benefits Administration. Use of contractual language has been minimized to make this summary more readable. Final interpretations will be governed by the master contract and membership agreements

# Highlights

For more information, you can contact the carriers directly.

Health Provider	Customer Service Number	Web Site Address
Anthem Blue Cross HMO	(800) 227-3771	www.anthem.com/ca
Anthem Blue Cross PPO	(800) 288-2539	www.anthem.com/ca (in CA) www.anthem.com (outside CA)
Lumenos HDHP	(866) 207-9878	www.anthem.com/ca
Kaiser Permanente	(800) 464-4000	http://my.kp.org/ca/claremont
DeltaCare USA DHMO	(800) 422-4234	www.deltadentalins.com
Delta Dental PPO	(800) 765-6003	www.deltadentalins.com
VSP	(800) 877-7195	www.vsp.com
PayPro	(800) 427-4549 or (909) 656-9273 Ext. 216	www.pagroup.us
United Behavioral Health - Employee Assistance Program	(800) 234-5465	www.pbhi.com
Anthem Blue Cross Life Insurance	(800) 552-2137	www.anthem.com/ca
UNUM – AD&D and LTD	(800) 445-0402	www.unum.com
ING TriTerm Life	(800) 955-7736	N/A
John Hancock – Long Term Care	(800) 482-0022	http://longtermcare.jhancock.com Username: claremont Password: mybenefit

**The Claremont Colleges' Benefit Plans are governed by Internal Revenue Code Section 125. Federal law prohibits any change in your health plan elections during the plan year unless you or your dependent(s) experience a qualifying "life event." A qualifying "life event" is marriage, divorce, legal separation, death, birth or adoption of a dependent, or a change in your spouse's employment status. Therefore, new enrollments, additions, or changes cannot be accepted after the deadline. All health elections made during open enrollment will remain in effect during the 2009 calendar year.**

**Domestic Partners Coverage: The IRS does not recognize domestic partners as legal dependents for purposes of tax reporting. For this reason, The Claremont Colleges must report the value (employer subsidy) of medical and dental benefits. Employee contributions for domestic partner benefits are made after tax. For California registered domestic partners or married domestic partners, deductions are made on pre-tax basis for state withholding. The employer contributions of health and/or dental benefits must be included in the employee's taxable income for federal and state withholding for any state other than California for registered and married domestic partners.**

This is a general information summary only and is not an official plan document. For a detailed description of a specific plan, refer to the plan booklet which may be obtained from Benefits Administration. Use of contractual language has been minimized to make this summary more readable. Final interpretations will be governed by the master contract and membership agreements

# Anthem Blue Cross Wellness Programs & Amenities

The Claremont Colleges recognize the importance of helping you create a healthy lifestyle for you and your family members. The Wellness Programs & Amenities offered by Anthem Blue Cross and Kaiser Permanente give you access to health-related resources and information and give you power to make healthy lifestyle choices. They enhance your core benefits by offering savings on alternative health and wellness products and services.

These programs and services are available to employees and dependents enrolled in an Anthem Blue Cross or Kaiser Permanente medical plan at no additional charge.

## Anthem Blue Cross HMO, PPO or Lumenos HDHP Members:

### 24/7 NurseLine

- Supported by registered nurses, Nurse Line is available 24 hours a day, 7 days a week:
- Personal Health Counseling - When you need medical resources or are unsure whether to call your doctor, call and talk to a registered nurse directly. All calls are confidential.
- HealthLine Audiotape Library
  - Access to hundreds of audiotapes on a wide variety of health topics.
  - At any time during the message, you may speak with a registered nurse for one-on-one consultation.
- Phone number to 24/7 NurseLine is located on the back of your ID card.

### MemberAccess

- Online Member Services Portal - Around the clock access to information.
- Navigation and Login ID:
  - Log onto [www.anthem.com/ca](http://www.anthem.com/ca)
  - Select "Members" under the logo in the upper left-hand corner, then click the "Login" button under the smiling woman's face.
- Find tools like Provider Finder, Print Temporary ID cards, View Benefits, Sign up for Online Claims Notification (EOB), Download Forms and Manage Your Account.

### Future Moms

- Free educational program offered to eligible pregnant members.
- Once member joins, the program member will receive educational materials to help better understand pregnancy and delivery.
- Members will have access to Health Coaches to discuss exercise, medications, diet and nutrition, or any other pregnancy-related concerns.
- For high-risk pregnancies, Health Coaches will contact the members regularly to monitor the pregnancy.
- Please contact (866) 664-5404 to enroll.

This is a general information summary only and is not an official plan document. For a detailed description of a specific plan, refer to the plan booklet which may be obtained from Benefits Administration. Use of contractual language has been minimized to make this summary more readable. Final interpretations will be governed by the master contract and membership agreements.

# Anthem Blue Cross Wellness Programs & Amenities

---

## Healthy Living WebMD

Members can access Healthy Living WebMD through [www.anthem.com/ca](http://www.anthem.com/ca). Following services are available through this program:

- **Healthwise® Knowledgebase**
  - Online library of health-related information.
  - Wise Health Decisions to help prepare members to participate in doctor visits and health care decisions.
  - Interactive guidance for day-to-day management of health conditions through Actionset & Illustrations.
- **Condition Center®**
  - Offer in-depth health assessments for more than 35 health conditions.
- **Personal Health Record**
  - A secure, online location to store and organize health records for members and their families.
  - Keep track of medications and vaccinations with Personal Health Reminders.
- **Health Assessment**
  - Easy to use tool which scores members' health status and recommends behavior improvements and treatment options.
  - Members take personal health assessment and track health progress with Track My Health tool.
- **Secure Message Center/Personal Health News**
  - Members receive health-related, secure e-mails with current news, drug alerts and health tips.
- **LEAP** (Lifetime Exercise Adherence Program)
  - Online fitness management tool. Members receive a fitness level estimate, guidance and modified activity plans and personalized feedback.

## HealthyExtensions

- Alternative health and wellness practitioners to help relieve stress, pain and addictions.
- Offers discounted products and services offered by nationally recognized sources.
- List of providers participating in HealthyExtensions program is available online at [www.bluecrossca.com](http://www.bluecrossca.com). Click on Healthy Living and then select HealthyExtensions.

### Health & Wellness Practitioners

- 10 - 25% discount on massage therapy
- 20 - 25% discount on services from a registered dietitian

### Online Drugstore

- Save 5% on orders at [drugstore.com](http://drugstore.com) and free shipping on order of \$49 or more.
- Visit [drugstore.com](http://drugstore.com)

### Hearing Services

- HearPO - Access to over 3,800 audiology clinics throughout the U.S. Discounts on hearing aids and an additional 40% off on all audiology services and testing. Call (888) HEARING or visit [www.hearpo.cm/hearingspecialoffers/](http://www.hearpo.cm/hearingspecialoffers/)

This is a general information summary only and is not an official plan document. For a detailed description of a specific plan, refer to the plan booklet which may be obtained from Benefits Administration. Use of contractual language has been minimized to make this summary more readable. Final interpretations will be governed by the master contract and membership agreements

# Anthem Blue Cross Wellness Programs & Amenities

---

## HealthyExtensions Continued...

### Vision Savings

- EyeMed Vision Savings
  - Save up to 30% on prescription eyeglasses, sunglasses and accessories.
  - Visit Anthem Blue Cross Web site or contact EyeMed at (866) 693-9372 to find a participating provider.
  - Present your ID card at any participating provider to receive discount.
- TruVision
  - Savings on contacts and LASIK.
  - Visit [www.truvision.com](http://www.truvision.com) or call (877) 766-2020.

### Family & Self

- Safe Beginning
  - Offers 20% discount on an array of childproofing, baby care and home safety products.
- Selfhelpworks
  - Selfhelpworks offers on-line lifestyle management training programs.
  - Enroll through the Anthem Blue Cross Web site at [www.anthem.com/ca](http://www.anthem.com/ca) or by calling (877) 719-9860.
  - Members receive a 30% discount on all programs.
  - LivingEasy - A program for stress management.
  - LivingFree - A program for smokers.
  - LivingLean - Weight and nutrition program.
  - LivingSmart - Managing alcohol.
- Seniorlink
  - 15% discount on Seniorlink's eldercare planning services.
  - Unlimited free access to educational materials on elder care giving web site - Seniorlink Online.
- Dynamic Living
  - Provider of kitchen products, bathroom helpers and unique daily living aids that promote a convenient, comfortable and safe home environment.
  - Save 5% on orders at [Dynamic-Living.com](http://Dynamic-Living.com)

### Fitness & Nutrition

- GlobalFit Discount Fitness Club Network
  - Includes more than 2,000 participating local, regional and national fitness clubs such as Bally Total Fitness, Gold's Gym, World Gym, Powerhouse Gym, and Curves for Women.
  - Members and their families save 25 - 60% on membership fees.
- Weight Watchers Online
  - \$10 off a 3-month subscription to Weight Watchers Online.
  - Go to [www.weightwatchers.com/ca/blucrossca](http://www.weightwatchers.com/ca/blucrossca) to receive discount

This is a general information summary only and is not an official plan document. For a detailed description of a specific plan, refer to the plan booklet which may be obtained from Benefits Administration. Use of contractual language has been minimized to make this summary more readable. Final interpretations will be governed by the master contract and membership agreements

# Anthem Blue Cross Wellness Programs & Amenities

---

## HealthyExtensions Continued...

### Fitness & Nutrition Continued...

- Jenny Craig
  - Receive a free 30-day trial membership, 50% off Jenny Craig's On-Track program or 20% off Jenny Rewards plus a free Pedometer.
  - Call (800) JENNY20 to find a location near you and bring the discount coupon, located online at [www.jennycraig.com/corporatechannel/bcca.aspx](http://www.jennycraig.com/corporatechannel/bcca.aspx).
- Lindora Lean for Life
  - Save 20% on all regularly priced programs and products.
  - Visit [www.lindora.com/bluecross](http://www.lindora.com/bluecross) or call (800) LINDORA.

This is a general information summary only and is not an official plan document. For a detailed description of a specific plan, refer to the plan booklet which may be obtained from Benefits Administration. Use of contractual language has been minimized to make this summary more readable. Final interpretations will be governed by the master contract and membership agreements

# Kaiser Permanente Wellness Programs & Amenities

## Kaiser Permanente HMO Members:

### Health Education Classes

- Approximately 2,500 health classes offered.
- Offer information on self-care skills, caring for others, and making healthier lifestyle choices.
- Here is sample of classes being offered:

Asthma	Prenatal and postnatal care
Cardiovascular disease	Smoking cessation
Overcoming Depression	Stress reduction
Diabetes	Weight management
Chronic conditions	Yoga
- Call Member Services at (800) 464-4000.

### ChooseHealthy (Discount Programs)

As Kaiser Permanente members, you have access to discounts on health products and services. ChooseHealthy is a health web site offering a directory of complementary health care providers, information about complementary health services, and discounts and preferred rates on health and wellness products. Provided by American Specialty Health Network (ASHN) and ChooseHealthy, the program offers discounts on:

- Provider's regular rates on chiropractors, acupuncturists, and massage therapists up to 25% discount off.
- Discount on fitness club memberships. Members receive the preferred rate when registering by showing Kaiser Permanente ID card.
- Discounts offered on herbs, vitamins and supplements.
- Visit [www.choosehealthy.com](http://www.choosehealthy.com) or call (877) 335-2746 to locate a participating provider or for more information.

### Healthy Lifestyle Programs

- Health Assessment
  - Free, online, personalized total health assessment through HealthMedia Succeed.
  - Receive a personal plan to improve member's well-being and quality of life.
- Weight Program
  - HealthMedia Balance gives personalized strategies for reaching ideal weight.
  - HealthMedia Nourish provides customized nutrition plan.
  - Weight Watchers program discount. Call (866) 639-3300.
- Smoking
  - HealthMedia Breathe gives customized strategies to quit smoking.

### 10,000 Steps Program

- Increase physical activity level with goal of walking 10,000 steps.
- Members sign up online.
- Program and the pedometer are offered at a discount program to members.

# Medical Insurance Benefits

---

There are four (4) Medical plans offered by The Claremont Colleges – Anthem Blue Cross HMO, Anthem Blue Cross PPO, Lumenos High Deductible Health Plan, and Kaiser Permanente HMO.

## **Kaiser Permanente HMO**

- A physician is selected from the staff of Kaiser Permanente Medical Care Program. Medical services must be provided by your Kaiser physician except for emergency care or care outside the service area.

## **Anthem Blue Cross HMO**

- You must select a participating Primary Care Physician (PCP) from Anthem Blue Cross' network and services from specialists may need your PCP's referral or authorization.
- Benefits are covered only when services are provided or coordinated by the PCP and authorized by the participating medical group, except for services such as routine and preventive care, well baby visits, OB/GYN care and routine eye exams by PCP.
- You are required to pay copayments for covered benefits as specified in the Schedule of Benefits.

## **Anthem Blue Cross PPO**

- Anthem Blue Cross Prudent Buyer PPO is for CA residents only while the Anthem Blue Cross BlueCard PPO plan is for employees residing outside of CA.
- You are able to access health care directly from the providers of your choice --- in or out of the Anthem Blue Cross PPO network.
- You may be required to pre-certify certain services.

<b>In-Network Providers</b>	<b>Out-of-Network Providers</b>
<ul style="list-style-type: none"> <li>○ Go directly to a participating physician or hospital within the Anthem Blue Cross provider network.</li> <li>○ The participating provider submits claim indicating that the claim is self-referred.</li> <li>○ You are not responsible to pay the difference between the provider's usual charges &amp; the negotiated amount.</li> <li>○ The provider is responsible for pre-certification of certain services.</li> </ul>	<ul style="list-style-type: none"> <li>○ Go directly to a licensed provider or hospital outside the network.</li> <li>○ You must submit claims indicating that it is self-referred.</li> <li>○ You are responsible to pay for any difference between the allowed amount and actual charges, as well as any deductible &amp; coinsurance.</li> <li>○ Mail your claims to: Anthem Blue Cross Claims P.O. Box 60007 Los Angeles, CA 90060-60007</li> </ul>

## **Lumenos High Deductible Health Plan (HDHP) with Health Savings Account:**

- The HDHP works similarly to the PPO plan with in- and out-of-network benefits. If enrolled in the HDHP, you have an option to participate in a Health Savings Account (HSA).
- Health Savings Account (Note: If you are enrolled in Medicare, you are not eligible to participate in an HSA):
  - An HSA is a personal savings account created from pre-tax employee contributions to be used for qualified medical expenses. An HSA can also be used as an investment tool.
  - The maximum annual contribution is \$3,000 per individual and \$5,950 per family. If you are 55 years of age or older, there is a catch-up contribution amount of \$1,000
  - When electing the HSA option online during open enrollment, you need to select from one of the two options: 1) Mellon or 2) Other financial institution.
  - Pre-tax contributions will be deducted from your salary if Mellon is selected as the HSA financial institution.
  - If Mellon is not used, HSA contributions will be on an after-tax basis. If contributions are made on after-tax basis, the contributions can be claimed on your federal income tax return.
  - When participating in the HSA, dual coverage is only permitted if the other medical plan is another HDHP.

This is a general information summary only and is not an official plan document. For a detailed description of a specific plan, refer to the plan booklet which may be obtained from the Benefits Administration. Use of contractual language has been minimized to make this summary more readable. Final interpretations will be governed by the master contract and membership agreements.

# **Health Maintenance Organization (HMO) Plans Benefit Summary**

---

- If you are also enrolled in a Health Care FSA, eligible expenses under the FSA will be reimbursed on limited-scope basis. Limited-scope FSA reimbursements are those expenses not reimbursed under a HSA; such as dental or vision.

This is a general information summary only and is not an official plan document. For a detailed description of a specific plan, refer to the plan booklet which may be obtained from Benefits Administration. Use of contractual language has been minimized to make this summary more readable. Final interpretations will be governed by the master contract and membership agreements

# Health Maintenance Organization (HMO) Plans Benefit Summary

BENEFIT	Kaiser Permanente HMO	Anthem Blue Cross HMO (CaliforniaCare)
<b><i>Deductible- per calendar year</i></b>		
Individual	N/A	N/A
Family	N/A	N/A
<b><i>Maximum Out-Of-Pocket (per calendar year) All benefits are not subject to the out of pocket maximum</i></b>		
Individual	\$1,500	\$1,500
Family	\$3,000	\$4,500
<b><i>Maximum Lifetime Benefit</i></b>		
	Unlimited	Unlimited
<b><i>Inpatient Services</i></b>		
Room & Board (Semi-Private)	\$100 copay per admission	\$50 copay per day up to 3 days; maximum of \$150
Physician Surgeon	100% coverage	100% coverage
Second Opinion	100% coverage	100% coverage
Pre-Admission Testing	100% coverage	100% coverage
Drugs, Medicine, Casts, Dressings, Special Duty Nursing (when prescribed and medically necessary)	100% coverage	100% coverage
X-ray, Laboratory	100% coverage	100% coverage
Physical Therapy	100% coverage	100% coverage
Cost of Administering Blood Transfusions	100% coverage	100% coverage
Whole Blood Plasma	No charge if replaced	100% coverage
Hospice Care	100% coverage	100% coverage limited to \$5,000/member's lifetime
Skilled Nursing Facility	100% coverage limited 100 days per calendar year	100% coverage 100 days/cal yr for medical conditions & severe mental disorders 30 days/cal yr for treatment of other mental & nervous disorders

This is a general information summary only and is not an official plan document. For a detailed description of a specific plan, refer to the plan booklet which may be obtained from the Benefits Administration. Use of contractual language has been minimized to make this summary more readable. Final interpretations will be governed by the master contract and membership agreements.

# Health Maintenance Organization (HMO) Plans Benefit Summary

BENEFIT	Kaiser Permanente HMO	Anthem Blue Cross HMO (CaliforniaCare)
<b>Outpatient Services</b>		
Medical Office Visit	\$15 copay per visit	\$15 copay per visit
Laboratory Tests, X-Rays	100% coverage	100% coverage
Routine Exams	\$15 copay per visit 100% coverage up to 23 months	\$15 copay per visit
Routine Immunization	100% coverage	100% coverage
Outpatient Surgery (at a Plan facility)	\$15 copay	100% coverage
Short-Term Rehabilitation Physical, occupational, or speech therapy	\$15 copay per visit; limited to conditions subject to improvement through short-term therapy, up to a 2 month period per condition	\$15 copay per visit; limited to a 60 day period of care after an illness or injury; additional visits available when approved by the medical group
Chiropractic Care	Not covered	\$15 per visit (referral from PCP required)
Acupuncture	Not covered	\$15 copay per visit
Cardiac/Pulmonary Rehabilitation	\$15 copay per visit	\$15 copay per visit
Home Health Care Medically Necessary Services prescribed by or under direction of a physician that approves early discharge from a hospital	100% coverage limited to 100 2-hour visits/calendar year	\$15 copay per visit limited to 100 visits/calendar year
<b>Emergency Room Care</b>		
In-Area	\$50 copay per visit, waived if admitted directly to the hospital	\$50 copay per visit, waived if admitted
Out-of-Area	\$50 copay per visit. Plan must be notified within 48 hours	\$50 copay per visit, waived if admitted
Ambulance	\$50 per trip	No copay

This is a general information summary only and is not an official plan document. For a detailed description of a specific plan, refer to the plan booklet which may be obtained from Benefits Administration.  
Use of contractual language has been minimized to make this summary more readable. Final interpretations will be governed by the master contract and membership agreements

# Health Maintenance Organization (HMO) Plans Benefit Summary

BENEFIT	Kaiser Permanente HMO	Anthem Blue Cross HMO (CaliforniaCare)
<b>Maternity Care</b>		
Office Visits (for mother)	100% coverage	\$15 copay per visit
Hospital (for mother)	\$100 copay per admission	\$50 copay per day up to 3 days; maximum of \$150
Office Visits (for baby)	100% "Well Baby" visits, up to age 23 months	\$15 copay per visit
<b>Interrupted Pregnancy</b>		
Elective	\$15 copay	\$150 copay
<b>Family Planning - Outpatient</b>		
Tubal ligation	\$15 copay	\$150 copay
Vasectomy	\$15 copay	\$100 copay
Counseling & consultation	\$15 copay	\$15 copay
<b>Medical Equipment</b>		
Durable Medical Equipment (Requires pre-authorization) Rental of wheelchair, hospital bed, etc. Appliances, (casts, braces, etc.) when used in treatment of acute fractures and dislocations	80% coverage, in accordance with DME formulary and prescribed by a Kaiser physician	No copay Limited to \$5,000 per calendar year Includes hearing aids
Prosthetic Devices (artificial limbs, eyes, etc.)	100% coverage, in accordance with DME base formulary and prescribed by a Kaiser Physician	No copay
<b>Prescription Drugs</b>		
Generic Drugs	\$10 copay	\$10 copay
Brand Name Formulary Drugs	\$20 copay	\$20 copay
Brand Name Non-Formulary Drugs	Prescription not to exceed 100 days supply for drugs in the Kaiser Formulary, when written by any dentist or Kaiser physician and filled by any Kaiser pharmacy. Includes Mail Order	\$30 copay
Self-administered injectables, except insulin	*Some injectables covered up to 30 days	30% of RX drug covered expense – self-administered injectable drugs, except insulin
Injected Medication	100% coverage	\$15 copay per visit (administered at doctor's office)

This is a general information summary only and is not an official plan document. For a detailed description of a specific plan, refer to the plan booklet which may be obtained from Benefits Administration. Use of contractual language has been minimized to make this summary more readable. Final interpretations will be governed by the master contract and membership agreements

# Health Maintenance Organization (HMO) Plans Benefit Summary

BENEFIT	Kaiser Permanente HMO	Anthem Blue Cross HMO (California Care)
<b><i>Vision and Dental Care</i></b>		
Eye Exams	\$15 exam copay, \$100 eyewear allowance including coverage for contact lenses (elective and medically necessary) every 24 months	\$15 copay per exam. Vision screening from PCP. Diagnostic & treatment programs must be authorized by PCP.
Dental Care	All dental care and X-rays are excluded, except \$10/\$20 copay per prescription written by any dentist and filled at any Kaiser Permanente pharmacy	All dental care is excluded.
<b><i>Mental health</i></b>		
Outpatient	\$15 copay per visit / individual therapy \$7 copay per visit / group therapy; limited to 20 visits	\$35 copay per visit; limited to one visit/day & 20 visits/12 month period; excludes severe mental disorders
Inpatient	\$100 per admission 30 days per calendar year	\$100 copay per day (pre-authorization required; limited to 30 days/calendar year); excludes severe mental disorders Physician hospital visits - \$35/visit; limited to 1 visit/day & 30 visits/calendar year
<b><i>Substance Abuse</i></b>		
Inpatient	\$100 per admission when necessary for Medical Management of withdrawal symptoms. Same coverage as hospitalization for any other medical conditions. Transitional Residential Recovery Services - \$100 copay per admission	\$100 per day (Acute phase only) Detoxification for alcohol or drug dependence
Outpatient	\$15 copay per visit for individual therapy \$5 copay per visit for group therapy	In-patient Detox Only

This is a general information summary only and is not an official plan document. For a detailed description of a specific plan, refer to the plan booklet which may be obtained from Benefits Administration. Use of contractual language has been minimized to make this summary more readable. Final interpretations will be governed by the master contract and membership agreements

# Anthem Blue Cross PPO and Lumenos HDHP Benefits Summary

BENEFIT	Anthem Blue Cross – PPO		Lumenos HDHP	
	Participating	Non-Participating	Participating	Non-Participating
<b>Calendar Year Deductible</b>				
Individual	\$250	\$750	\$1,250	
Family	\$750	\$2,250	\$2,500 <i>includes insured employee &amp; one or more members of the employee's family; no coverage may be paid for any family member unless this \$2,500 deductible is met</i>	
<b>Maximum Out-Of-Pocket (per calendar year) All benefits are not subject to the out of pocket maximum. Does not include calendar year deductible.</b>				
Individual	\$5,000	\$5,000	\$2,500	\$5,000
Family	\$10,000	\$10,000	\$5,000	\$10,000
<b>Maximum Lifetime Benefit</b>				
	\$2,000,000 per member		\$5,000,000 per member	
<b>Inpatient Services</b>				
Room & Board (Semi-Private) Physician Surgeon Pre-Admission Testing X-ray, Laboratory Physical Therapy Drugs, Medicine, Casts, Dressings	80% coverage after deductible	\$500 additional deductible; 60% coverage after deductible	90% coverage after deductible	70% coverage after deductible
Hospice Care	80% coverage after deductible		90% coverage after deductible	70% coverage after deductible
Skilled Nursing Care (Limited to 100 days/calendar year. Treatment of other mental disorders and chemical dependency limited to 30 days/calendar year.)	80% coverage after deductible	60% coverage after deductible	90% coverage after deductible	70% coverage after deductible

This is a general information summary only and is not an official plan document. For a detailed description of a specific plan, refer to the plan booklet which may be obtained from Benefits Administration. Use of contractual language has been minimized to make this summary more readable. Final interpretations will be governed by the master contract and membership agreements

# Anthem Blue Cross PPO and Lumenos HDHP Benefits Summary

BENEFIT	Anthem Blue Cross – PPO		Lumenos HDHP	
	Participating	Non-Participating	Participating	Non-Participating
<b>Outpatient Services</b>				
Medical Office Visit	\$25 copay per visit, deductible waived	60% after deductible	90% coverage after deductible	70% coverage after deductible
Laboratory Tests, X-Rays	80% coverage after deductible	60% after deductible	90% coverage after deductible	70% coverage after deductible
Well Baby & Well-Child Care Birth through age six Exams Immunizations	\$25 copay 100% covered; deductible waived	60% coverage after deductible	100% coverage; deductible waived	70% coverage after deductible
Routine Exams & Immunization Ages Seven & Older	\$25 copay; limited to \$250/calendar year	Not covered	100% coverage; deductible waived	70% coverage after deductible
Adult Preventive Services <ul style="list-style-type: none"> <li>▪ Mammograms</li> <li>▪ Pap smear</li> <li>▪ Prostate cancer screenings</li> <li>▪ Colorectal cancer screenings</li> </ul>	80% coverage after deductible	60% coverage after deductible	100% coverage; deductible waived	70% coverage after deductible
Outpatient Surgery	80% coverage after deductible	\$500 per admission; 60% coverage after deductible	90% coverage after deductible	70% coverage after deductible; benefit limited to \$350/day
Short-Term Rehabilitation (physical, occupational, & chiropractic care – 24 visits/calendar year; additional visits may be authorized)	80% coverage after deductible	60% coverage after deductible	90% coverage after deductible	70% coverage after deductible; benefit limited to \$25/visit
Speech Therapy (following surgery or when due to an injury or organic disease)	80% coverage after deductible	60% coverage after deductible	90% coverage after deductible	70% coverage after deductible
Acupuncture Limited to 12 visits/calendar year and \$30/visit	80% coverage after deductible	60% coverage after deductible	90% coverage after deductible	70% coverage after deductible
Home Health Care (must be pre-authorized; limited to 100 visits/calendar year; one visit by home health aide equals four hours or less; not covered while receiving hospice care)	80% coverage after deductible	60% coverage after deductible	90% coverage after deductible	70% coverage after deductible

This is a general information summary only and is not an official plan document. For a detailed description of a specific plan, refer to the plan booklet which may be obtained from Benefits Administration. Use of contractual language has been minimized to make this summary more readable. Final interpretations will be governed by the master contract and membership agreements

# Anthem Blue Cross PPO and Lumenos HDHP Benefits Summary

BENEFIT	Anthem Blue Cross – PPO		Lumenos HDHP	
	Participating	Non-Participating	Participating	Non-Participating
<b>Emergency Care</b>				
ER Services & Supplies	\$25 copay	\$25 copay	90% coverage after deductible	90% coverage after deductible
Inpatient Hospital Services & Supplies	100% covered	1 <sup>st</sup> 48 hrs. - 100% covered After 48 hrs. - 60% coverage after deductible (unless person can't be moved safely)	90% coverage after deductible	1 <sup>st</sup> 48 hrs. - 90% coverage after deductible After 48 hrs. - 70% coverage after deductible (unless person can't be moved safely)
Physician Services	100% covered	100% covered	90% coverage after deductible	90% coverage after deductible
Ambulance	80% coverage after deductible	80% coverage after deductible	90% coverage after deductible	90% coverage after deductible
<b>Maternity Care</b>				
Office Visits	80% coverage after deductible	60% coverage after deductible	90% coverage after deductible	70% coverage after deductible
Hospital Visits	80% coverage after deductible	60% coverage after deductible	90% coverage after deductible	70% coverage after deductible
<b>Interrupted Pregnancy</b>				
Elective	80% coverage after deductible	60% coverage after deductible	90% coverage after deductible	70% coverage after deductible
<b>Family Planning</b>				
Tubal ligation	80% coverage after deductible	60% coverage after deductible	90% coverage after deductible	70% coverage after deductible
Vasectomy	80% coverage after deductible	60% coverage after deductible	90% coverage after deductible	70% coverage after deductible
Counseling & Consultation	80% coverage after deductible	60% coverage after deductible	90% coverage after deductible	70% coverage after deductible
<b>Medical Equipment</b>				
Durable Medical Equipment; limited to \$5,000/calendar year. (Requires pre-authorization) Rental of wheelchair, hospital bed, appliances (casts, braces, etc.)	80% coverage after deductible	60% coverage after deductible	90% coverage after deductible	70% coverage after deductible
Prosthetic Devices (artificial limbs, eyes, etc.) – original purchase	80% coverage after deductible	60% coverage after deductible	90% coverage after deductible	70% coverage after deductible

This is a general information summary only and is not an official plan document. For a detailed description of a specific plan, refer to the plan booklet which may be obtained from Benefits Administration. Use of contractual language has been minimized to make this summary more readable. Final interpretations will be governed by the master contract and membership agreements

# Anthem Blue Cross PPO and Lumenos HDHP Benefits Summary

BENEFIT	Anthem Blue Cross – PPO		Lumenos HDHP	
	Participating	Non-Participating	Participating	Non-Participating
<b>Prescription Drugs</b>				
Generic Drugs	\$10 copay	Member pays the copays listed under PPO plus: 50% of the remaining prescription drug covered expense and costs in excess of the maximum amount allowed	90% coverage after deductible	70% coverage after deductible
Brand Name Formulary Drugs	\$20 copay			
Brand Name Non-Formulary Drugs	\$30 copay			
Self-administered injectables, except insulin	30% of prescription drug covered expenses			
<b>Vision and Dental Care</b>				
Eye Exams	Not covered	Not covered	Not covered	Not covered
Dental Care	Not covered	Not covered	Not covered	Not covered
<b>Mental Health</b>				
Facility based care	No copay	60% coverage	90% coverage after deductible;	70% coverage after deductible;
	Pre-authorization required, limited to 30 days/calendar year; limit does not apply to detoxification, excludes severe mental disorders		Pre-authorization required, services limited to \$175/day Excludes severe mental disorders	
Inpatient & Outpatient physician visits for psychotherapy and psychological testing	\$20 copay per visit	50% coverage	90% coverage after deductible	70% coverage after deductible
	Limited to 1 visit/day & 20 visits/calendar year; excludes severe mental disorders		Limited to \$25 per visit; excludes severe mental disorders	
<b>Substance Abuse</b>				
Facility based care	No copay	60% coverage	90% coverage after deductible	70% coverage after deductible
	Pre-authorization required, limited to 30 days/cal. year; limit does not apply to detoxification, excludes severe mental disorders		Pre-authorization required, services limited to \$175/day & 30 days/calendar year; limit does not apply to detoxification, excludes severe mental disorders	
Inpatient & Outpatient physician visits for psychotherapy and psychological testing	\$20 copay per visit	50% coverage	90% coverage after deductible	70% coverage after deductible
	Limited to 1 visit/day & 20 visits/calendar year; excludes severe mental disorders		Services limited to \$25/visit and a combined 50 visits per year par/non-par providers; excludes severe mental disorders	

This is a general information summary only and is not an official plan document. For a detailed description of a specific plan, refer to the plan booklet which may be obtained from Benefits Administration. Use of contractual language has been minimized to make this summary more readable. Final interpretations will be governed by the master contract and membership agreements

# PPO BlueCard Non-CA Plan Benefits Summary

BENEFIT	Anthem Blue Cross – BlueCard Non-CA PPO	
	Participating	Non-Participating
<b><i>Calendar Year Deductible</i></b>		
Individual	\$250	\$750
Family	\$750	\$2,250
<b><i>Out-of-Pocket Maximum (includes calendar year deductible)</i></b>		
Individual	\$5,000	\$5,000
Family	\$10,000	\$10,000
<b><i>Maximum Lifetime Benefit</i></b>		
	\$2,000,000 per member	
<b><i>Inpatient Services</i></b>		
Room & Board (Semi-Private) Physician Surgeon Pre-Admission Testing X-ray, Laboratory Physical Therapy Drugs, Medicine, Casts, Dressings	80% coverage after deductible	\$500 additional deductible; 60% coverage after deductible
Hospice Care (Limited to a combined maximum of \$10,000/lifetime for all inpatient, home hospice & bereavement counseling services; family bereavement counseling limited to four visits, \$25/visit during 12-month period following death)	80% coverage after deductible	
Skilled Nursing Facility (Limited to 100 days/calendar year.)	80% coverage after deductible	60% coverage after deductible

This is a general information summary only and is not an official plan document. For a detailed description of a specific plan, refer to the plan booklet which may be obtained from Benefits Administration. Use of contractual language has been minimized to make this summary more readable. Final interpretations will be governed by the master contract and membership agreements

# PPO BlueCard Non-CA Plan Benefits Summary

BENEFIT	Anthem Blue Cross – BlueCard Non-CA PPO	
	Participating	Participating
<b>Outpatient Services</b>		
Medical Office Visit	\$25 copay per visit; deductible waived	60% coverage after deductible
Laboratory Tests, X-Rays	80% coverage after deductible	60% coverage after deductible
Well Baby & Well-Child Care - Birth through age six Exams Immunization	\$25 copay per visit; deductible waived 100% covered	40% coverage
Routine Exams & Immunizations - Ages seven and older (limited to \$250/calendar year)	\$25 copay per visit; deductible waived	Not covered
Adult Preventive Services <ul style="list-style-type: none"> <li>▪ Mammograms</li> <li>▪ Pap smears</li> <li>▪ Prostate cancer screenings</li> </ul>	80% coverage after deductible	60% coverage after deductible
Outpatient Surgery	80% coverage after deductible	60% coverage after deductible
Physical Therapy, Occupational Therapy, & Chiropractic Services (limited to 24 visits/calendar year; additional visits may be authorized)	80% coverage after deductible	60% coverage after deductible
Speech Therapy (Following injury or organic disease)	80% coverage after deductible	60% coverage after deductible
Acupuncture (limited to \$30/visit & 12 visits/calendar year)	80% coverage after deductible	60% coverage after deductible
Home Health Care (limited to 100 visits/calendar year, one visit by home health aide equals four hours or less)	80% coverage after deductible	80% coverage after deductible
<b>Emergency Room Care</b>		
Outpatient ER room	80% coverage after \$25 deductible; waived if admitted	80% coverage after \$25 deductible; waived if admitted
Inpatient hospital services & supplies	80% coverage after deductible	80% coverage after deductible first 48 hours; 60% coverage after deductible after 48 hours (unless member can not be moved safely)
Ambulance	80% coverage after deductible	80% coverage after deductible

This is a general information summary only and is not an official plan document. For a detailed description of a specific plan, refer to the plan booklet which may be obtained from Benefits Administration. Use of contractual language has been minimized to make this summary more readable. Final interpretations will be governed by the master contract and membership agreements

# PPO BlueCard Non-CA Plan Benefits Summary

BENEFIT	Anthem Blue Cross – BlueCard Non-CA PPO	
	Participating	Participating
<b>Maternity Care</b>		
Office Visits (for mother)	80% coverage after deductible	60% coverage after deductible
Hospital Visits	80% coverage after deductible	60% coverage after deductible
Office Visits (for baby)	80% coverage after deductible	60% coverage after deductible (limited to \$20/exam)
Office Visits (for mother)	80% coverage after deductible	60% coverage after deductible
Durable Medical Equipment (limited to \$5,000/calendar year)	80% coverage after deductible	60% coverage after deductible
Prosthetic Devices (limit for prostheses following a mastectomy or prosthetic devices following a laryngectomy)	80% coverage after deductible	60% coverage after deductible
<b>Prescriptions Drugs</b>		
Generic Drugs	\$10 copay	Member pays the copays listed under PPO plus: 50% of the remaining prescription drug covered expense and costs in excess of the maximum amount allowed
Brand Name Formulary Drugs	\$20 copay	
Brand Name Non-Formulary Drugs	\$30 copay	
Self-administered injectables, except insulin	20% of prescription drug covered expenses	
<b>Vision and Dental Care</b>		
Examinations/Glasses	Not covered	Not covered
Dental Care	Not covered	Not covered
<b>Mental Health</b>		
Facility-based care (preauthorization required; services limited to \$175/day)	80% coverage after deductible	60% coverage after deductible
Inpatient or Outpatient physician visits for psychotherapy and psychological testing (limited to \$25/visit)	80% coverage after deductible	60% coverage after deductible
<b>Substance Abuse</b>		
Facility-based care (preauthorization required; services limited to \$175/day & 30 days/calendar year; 30-day limit does not apply to inpatient detoxification)	80% coverage after deductible	60% coverage after deductible
Inpatient or Outpatient physician visits (limited to \$25/visit & 50 visits/calendar year)	80% coverage after deductible	60% coverage after deductible

This is a general information summary only and is not an official plan document. For a detailed description of a specific plan, refer to the plan booklet which may be obtained from Benefits Administration. Use of contractual language has been minimized to make this summary more readable. Final interpretations will be governed by the master contract and membership agreements

# Dental Insurance Benefits

---

There are two (2) Dental plans offered by The Claremont Colleges – DeltaCare USA DHMO and Delta Dental PPO.

## **DeltaCare USA DHMO**

- You need to select a Primary Care Dentist (PCD) for dental care. Services from specialists require your PCD's referral and authorization from Delta Dental.
- If a PCD is not selected during open enrollment, Delta Dental will select one for you.
- No deductible or annual dollar maximum.
- Orthodontic Treatment in Progress – If you or an eligible member of your family started orthodontic treatment under the previous plan, you may be able to continue that coverage when you switch to DeltaCare USA. Please obtain a copy of Continuous Orthodontic Coverage Form from Benefits Enrollment Web Site or Benefits Administration Office and submit to Delta Dental.

## **Delta Dental PPO**

- Select and access dentist of your choice – in or out of Delta Dental's network.
- In-network deductible is waived for preventive and diagnostic services.
- Calendar year maximum benefit is waived for preventive and diagnostic services for in- and out-of-network.
- Contact Delta Dental for treatment in progress.

This is a general information summary only and is not an official plan document. For a detailed description of a specific plan, refer to the plan booklet which may be obtained from Benefits Administration. Use of contractual language has been minimized to make this summary more readable. Final interpretations will be governed by the master contract and membership agreements

# Dental Insurance Benefits

Benefit	DeltaCare USA DHMO	Delta Dental PPO	
	In-Network	In-Network	Out-of-Network
<b>Dental Office</b>	Choose a primary dentist from the DeltaCare Provider List \$5 office visit copay	Refer to Preferred Provider Organization (PPO) list	Any Premier or non-contracted dentist of your choice.
<b>Calendar Year Deductible</b>	N/A	\$50 Individual \$150 Family Waived for preventive and diagnostic services.	\$50 Individual \$150 Family
<b>Calendar Year Maximum Benefit</b>	Unlimited	\$1,000 per person/year Waived for preventive and diagnostic services.	\$1,000 per person/year Waived for preventive and diagnostic services.
<b>Preventive/Diagnostic</b> Routine Examination (including bitewing X-rays) Cleaning once every 6 months, Fluoride Treatment	\$0 copay	100% No deductible	100% After deductible
<b>General Services (Restorative)</b> Fillings: Amalgam Composite/Resin Simple Extractions	\$0 to \$85 copay (depending on number of surfaces) \$5 copay	80% After deductible	80% After deductible
<b>Major Services*</b> Caps, Crowns, Dentures	Copays as listed in the schedule of covered services and copays	50% After Deductible	50% After Deductible
<b>Orthodontia*</b>		50% up to \$1,500 lifetime maximum benefit; Deductible does not apply	
Adults	\$1,900 copay		
Dependent Children (to age 19)	\$1,700 copay		
Evaluation and Consultation	\$100 copay		
Treatment Plan and Records	\$200 copay		
Retention	\$275 copay		

\* Benefit limitations and exclusions may apply. Detailed plan information is available in your Evidence of Coverage booklets or by contacting Delta Dental.

This is a general information summary only and is not an official plan document. For a detailed description of a specific plan, refer to the plan booklet which may be obtained from Benefits Administration. Use of contractual language has been minimized to make this summary more readable. Final interpretations will be governed by the master contract and membership agreements

# Vision Insurance Benefits

There are two (2) levels of vision coverage available through The Claremont Colleges - Vision Service Plan (VSP) CORE and BUY-UP.

## VSP Core Plan

- The Claremont Colleges is providing for the Core plan at no cost to employees for employee only coverage. Please refer to the Rate Chart on page 25 if you are electing to enroll your benefit eligible dependent(s) to the plan.
- Annual eye exam coverage through VSP network.
- 20% discount on frames and lenses through VSP network within 12 months of the eye exam.

## VSP Buy-Up

- Voluntary vision plan with additional eye wear coverage. Coverage available in and out of VSP network.
- When choosing to a non-VSP provider, contact VSP first. You will pay the provider in full at the appointment and submit the itemized receipts to VSP for partial reimbursement.

Benefit	Core Plan In-Network	Buy-Up Plan	
		In-Network	Out-of-Network Reimbursement
<b>Eye Exam</b>	\$10 copay	\$10 copay	Up to \$43
<b>Frames</b>	20% discount	\$120 allowance + 20% off amount over allowance	Up to \$40
<b>Lenses</b>			
<b>Single Vision</b>	20% discount	100% covered after \$25 copay	Up to \$26
<b>Lined Bifocal</b>			Up to \$43
<b>Lined Trifocal</b>			Up to \$60
<b>Contact Lenses</b>	15% discount	\$120 allowance	Up to \$100
<b>Frequency</b>			
Exam	12 months	12 months	
Frame	Anytime within 12 months of the eye exam,	12 months	

This is a general information summary only and is not an official plan document. For a detailed description of a specific plan, refer to the plan booklet which may be obtained from Benefits Administration. Use of contractual language has been minimized to make this summary more readable. Final interpretations will be governed by the master contract and membership agreements

# **Basic, Supplemental & Dependent Life Insurance Benefits**

---

## **Basic Life Insurance Coverage – Employer Paid**

- 1x your basic annual earning (rounded to the next \$1,000)
- Minimum of \$20,000 up to a maximum of \$50,000.

## **Optional Supplemental Life Insurance Coverage – Employee Paid**

- 1, 2, 3 or 4 times basic annual earnings (rounded to the nearest \$1,000 multiple)
- Guarantee issue: lesser of two (2) times basic annual earnings (BAE) or \$355,000
- Combined maximum life insurance coverage with Basic Life is \$750,000
- Evidence of Insurability (EOI) is required on amounts greater than 2x BAE or \$355,000 or to increase current election after the initial eligibility period.
- Beginning on and after your 65<sup>th</sup> birthday, your coverage amount decreases. Premiums will be based on the reduced coverage amount. Anthem Blue Cross pays a percentage of the amount otherwise payable as follows: age 65 to 70 = 65%, age 70 to 75 = 50% and age 75+ = 30%.

## **Dependent Life – Employee Paid**

Spouse/Domestic Partner (must meet qualifications)

- Minimum of \$10,000 up to a maximum of \$250,000 in increments of \$10,000, not to exceed 50% of employee's basic and supplemental life combined coverage
- Guarantee issue for newly eligible: \$20,000 if employee applies within 31 days of initial eligibility
- EOI is required on amounts greater than \$20,000 or to increase current election after initial eligibility period.

Child(ren) (includes Domestic Partner's children)

- Birth – 6 months = \$100 benefit
- 6 months and over = \$5,000 benefit
- EOI is required for enrollment after the initial eligibility period.

The EOI form can be found on the website – [www.cuc.claremont.edu/benefits](http://www.cuc.claremont.edu/benefits) - or requested from Benefits Administration. Upon completion, the EOI form must be sent to Benefits Administration within 31 days of your election.

This is a general information summary only and is not an official plan document. For a detailed description of a specific plan, refer to the plan booklet which may be obtained from Benefits Administration. Use of contractual language has been minimized to make this summary more readable. Final interpretations will be governed by the master contract and membership agreements

# Personal Accident Insurance Plan (AD&D) and Tri-Term Insurance Benefits

---

- **Personal Accident Insurance Plan (AD&D)** – This is a voluntary insurance plan in which you pay 100% of the premium. This coverage is payable upon your death if due to an accident or payable upon dismemberment within 365 days of the date of the accident. The plan offers individual or family coverage (as deemed under IRS regulations). Generally, you may select any amount of coverage from \$25,000 to \$500,000; provided a selection over \$250,000 does not exceed 10 times your annual salary. Family coverage may also be elected at economical group rates.

The family benefits are paid as follows:

1. At time of loss the family consists of the employee, spouse / domestic partner and dependent child or children:

You ..... 100%  
Your Spouse/Domestic Partner ..... 80%  
Each Child ..... 20%

2. At time of loss the family consists of the employee, spouse / domestic partner but NO dependent child or children:

You ..... 100%  
Your Spouse/Domestic Partner ..... 100%

3. At time of loss the family consists of the employee, children but NO spouse/domestic partner:

You ..... 100%  
Each Child ..... 30%

The maximum benefit payable for each child is \$50,000

The cost of the plan is minimal. (Please refer to the 2009 Rate Chart on page 26.)

- **TriTerm Life Insurance** – TriTerm is a voluntary individual term life insurance plan. Your initial premium is guaranteed for 3 years providing no changes to coverage are requested during that time. You have the option of covering your spouse / registered domestic partner and dependent children under this plan. You are responsible for paying 100% of the premium based on your age and every \$10,000 of coverage. (Contact Benefits Administration for a rate card to determine your premium rates.)

This is a general information summary only and is not an official plan document. For a detailed description of a specific plan, refer to the plan booklet which may be obtained from Benefits Administration. Use of contractual language has been minimized to make this summary more readable. Final interpretations will be governed by the master contract and membership agreements

# 2009 Rate Chart

The monthly payroll deduction rates below are effective January 1, 2009. Payroll deductions are made in the month prior to the month of coverage. For example, the deduction for January 2009 coverage will be taken from your December 2008 paycheck. All payroll deductions for health and dental coverage are taken on a pre-tax basis unless otherwise requested.

## Medical Insurance Plans

	<b>Anthem Blue Cross HMO</b>	<b>Kaiser HMO</b>	<b>Anthem Blue Cross PPO</b>	<b>Lumenos HDHP</b>
Employee Only	32.32	32.68	289.44	36.48
Employee + 1	135.72	137.30	754.78	153.42
Employee + 2 or More	290.56	294.24	1,030.34	329.62

## Dental Insurance Plans

	<b>DeltaCare USA DHMO</b>	<b>Delta Dental PPO</b>
Employee Only	6.68	43.94
Employee + 1	20.04	100.60
Employee + 2 or More	32.24	150.64

## Vision Insurance Plans

	<b>VSP Core Plan</b>	<b>VSP Buy-Up Plan</b>
Employee Only	0.00	8.48
Employee + 1	0.92	18.18
Employee + 2 or More	2.04	29.84

This is a general information summary only and is not an official plan document. For a detailed description of a specific plan, refer to the plan booklet which may be obtained from Benefits Administration. Use of contractual language has been minimized to make this summary more readable. Final interpretations will be governed by the master contract and membership agreements.

# 2009 Rate Chart

## *Basic & Supplemental Life Insurance Benefit Plans*

**Basic Life Insurance (100% employer paid) – 1x Basic Annual Earning; Minimum \$20,000 to Maximum \$50,000**

**Supplemental and Dependent Spouse Life Insurance –(Age Rated - Based on Employee's age)**

Age	Monthly Rate (per \$1,000)	Age	Monthly Rate (per \$1,000)
Under 30	\$0.05	50-54	\$0.40
30-34	\$0.06	55-59	\$0.62
35-39	\$0.08	60-64	\$0.97
40-44	\$0.14	65-69	\$1.74
45-49	\$0.24	70 +	\$3.11
<b>Dependent Child(ren) Life Insurance</b>		<b>\$0.50 per Family</b>	

## *Personal Accident Insurance Plan (AD&D)*

### Premium Schedule

Principal Sum*	Employee Only Monthly Premium	Family Monthly Premium
\$25,000	\$0.50	\$0.98
\$50,000	\$1.00	\$1.95
\$75,000	\$1.50	\$2.93
\$100,000	\$2.00	\$3.90
\$125,000	\$2.50	\$4.88
\$150,000	\$3.00	\$5.85
\$175,000	\$3.50	\$6.83
\$200,000	\$4.00	\$7.80
\$225,000	\$4.50	\$8.78
\$250,000	\$5.00	\$9.75

Principal Sum*	Employee Only Monthly Premium	Family Monthly Premium
\$275,000	\$5.50	\$10.73
\$300,000	\$6.00	\$11.70
\$325,000	\$6.50	\$12.68
\$350,000	\$7.00	\$13.65
\$375,000	\$7.50	\$14.63
\$400,000	\$8.00	\$15.60
\$425,000	\$8.50	\$16.58
\$450,000	\$9.00	\$17.55
\$475,000	\$9.50	\$18.53
\$500,000	\$10.00	\$19.50

\*Primary amounts in excess of \$250,000 may not exceed ten times annual base salary.

\*Principal sum amount cannot be increased after age 70.

**Note:** *This is only a summary of the plan. Please refer to the Plan booklet/certificate for detailed plan provisions.*

This is a general information summary only and is not an official plan document. For a detailed description of a specific plan, refer to the plan booklet which may be obtained from Benefits Administration. Use of contractual language has been minimized to make this summary more readable. Final interpretations will be governed by the master contract and membership agreements

# Flexible Spending Account (FSA) Program

---

**The Flexible Spending Account (FSA) program** allows you to pay for out of pocket Health Care, Dependent Care and Personally Paid Health Insurance Premiums with **pre-tax** dollars. **New participants must designate, at enrollment, the FSA election amount for the coming year. If you are enrolled, your current election amount will continue in the next plan year until changed during open enrollment with the exception of Pomona College participants who are required to re-enroll each year.** This annual amount is deducted from your paychecks in equal installments, on a pre-tax basis, from January through October, and credited to your FSA account(s). Reimbursement will be paid through direct deposit or check by a third party administrator. You do not pay federal, state income or Social Security taxes on FSA expenses.

The annual amount you contribute to your FSA will be deducted from your pay over the first ten months of the year. If you are paid monthly, the annual amount will be divided by 10; if you are paid twice monthly, the annual amount will be divided by 20. This schedule will be modified if you are paid less than 10 months.

**Federal law prohibits** any change in your FSA during the calendar year unless you or your dependent(s) have a qualifying "life event". A qualifying "life event" is marriage, divorce or legal separation, birth or adoption of a dependent, death of a dependent, or a change in your or your spouse's employment status. In addition, the FSA change must be due to and consistent with the "life event" which permits the change. For example, an increase in FSA contribution would be consistent with the adoption of a dependent child; a decrease in contribution may not. If you qualify to change your annual FSA amount during the year and elect to do so, the deduction will be adjusted so that your new full annual amount will be collected by the last paycheck in October.

The FSA Contribution Election Amount(s) may be changed during the annual open enrollment period. However, if a current participant submits no changes, he/she will automatically be enrolled for the new plan year and the new election amount will equal the previous year's election with the exception of Pomona College participants who are required to re-enroll each year.

**CAUTION: When estimating your annual expenses, consider only those that you are reasonably certain to incur. Any amount left in your FSA at the end of the year is forfeited. The account is left open for claims until June 30 of the following calendar year, but expenses must be incurred in the same calendar year in which the payroll deduction occurred.**

## Health Care Reimbursement Account (HCRA)

**Eligible Expenses** include health-related expenses not covered by your health plan(s) or reimbursed from any other source, for you or any of your dependents (as defined by IRS regulations). As you incur eligible expenses, you are reimbursed up to the amount of your annual election. Employees may elect a minimum annual election of \$300 to a maximum amount of \$5,000 per plan year. (Pomona College: Maximum amount of \$8,000 per plan year.)

**IRS Ruling establishes that over-the-counter drugs and medicines can be paid for with pre-tax dollars through you HCRA.** Non-prescription medicines such as antihistamines, pain relievers and cough syrup, may now qualify for reimbursement.

**Health Insurance Premium is not an eligible FSA Health Care expenses.** Payroll deductions for the Colleges' group health plans are made on a pre-tax basis. Therefore, the premiums you pay cannot be reimbursed from your FSA account or deducted on your personal income tax return.

**With a HSA election, the Health Care FSA will reimburse you on a limited-scope basis.** Limited-scope Health Care FSA only reimburses expenses not reimbursed under the HSA; such as dental and vision. Eligible medical expenses will be reimbursed only after the HDHP plan deductible has been satisfied. If you do not elect to participate in a HSA, you may participate in the full scope Health Care FSA. Full scope Health Care FSA includes reimbursement for all medical expenses as defined by IRS regulations.

This is a general information summary only and is not an official plan document. For a detailed description of a specific plan, refer to the plan booklet which may be obtained from Benefits Administration. Use of contractual language has been minimized to make this summary more readable. Final interpretations will be governed by the master contract and membership agreements

# Flexible Spending Account (FSA) Program

---

## Dependent Care Reimbursement Account (DCRA)

**Eligible Expenses** include baby-sitter, companion or day-care expenses **necessary so that you can work**; if you are married, the expenses must be **necessary so that both you and your spouse can work**. As you incur eligible expenses, you are reimbursed for the amount of expenses, up to the balance in your FSA account. Employees may elect a minimum annual election of \$300 to a maximum amount of \$5,000 per plan year (restrictions may apply).

The **maximum age for dependent children (as defined by IRS regulations) is age 13**, unless the dependent is physically or mentally unable to care of himself or herself. The dependent must spend at least eight hours per day in your home. **“Overnight Camp”** expenses are specifically **not eligible**.

Dependent Care is not restricted to “child care”. Expenses you incur to provide companion or day-care expenses to any individual who qualifies as a dependent for IRS purposes can be reimbursed in the FSA program. Generally, any individual who is related to you, your spouse, is unmarried, is a US citizen or resident alien, has a gross income of less than \$2,300 and is dependent upon you for more than half of their total support can qualify as a “dependent” for purposes of this program. Thus, expenses you incur to provide “day-care” for a parent may be eligible expenses under the FSA program. Check with your tax advisor for specific advice.

According to the terms of the Family Support Act of 1988, there are two tax benefits available for dependent care expenses: a tax credit on your tax return, or, income exclusion under an employer-sponsored spending account (FSA). Any expenses reimbursed through an FSA reduce, dollar-for-dollar, the maximum tax credit. **This law restricts you to using one or the other, but not both.** You should consult a tax advisor for an evaluation of your specific circumstances prior to selecting a method for dependent care expense credit.

**Tax Note:** If you are married and file a joint tax return, IRS regulations limit the Dependent Care tax exemption to \$5,000 **per family**. This combined limit applies without regard to where the parents are employed. Either spouse may use all or any part of the \$5,000, but the **combined amount may not exceed \$5,000**. If you are married and file separate returns, the limit is \$2,500 for each spouse.

## Individual Purchased Insurance

This benefit is reimbursement of premium on individually purchased insurance plan(s) for you, spouse, domestic partner, and/or qualified dependents. By contributing to Individual Purchased Insurance Plan, you can be reimbursed for the premium paid in individual insurance plans. Individual insurance plans refer to plans that are not offered through The Claremont Colleges.

# ***Employee Privacy Notice***

---

**THIS NOTICE DESCRIBES HOW MEDICAL INFORMATION ABOUT YOU MAY BE USED AND DISCLOSED AND HOW YOU CAN GET ACCESS TO THIS INFORMATION. PLEASE REVIEW IT CAREFULLY.**

**Background:** The Health Insurance Portability and Accountability Act of 1996 (HIPAA) requires health plans to notify plan participants and beneficiaries about its policies and practices to protect the confidentiality of their health information. This document is intended to satisfy HIPAA's notice requirement with respect to all health information created, received, or maintained by The Claremont Colleges' group health plan (the "Plan"), as sponsored by The Claremont Colleges (the "Company").

The Plan needs to create, receive, and maintain records that contain health information about you to administer the Plan and provide you with health care benefits. This notice describes the Plan's health information privacy policy with respect to your Medical, Prescription Drug, Dental, Vision, and Health Care Flexible Spending Arrangement (FSA) benefits]. The notice tells you the ways the Plan may use and disclose health information about you, describes your rights, and the obligations the Plan has regarding the use and disclosure of your health information. However, it does not address the health information policies or practices of your health care providers.

## ***The Claremont Colleges' Pledge Regarding Health Information Privacy***

The privacy policy and practices of the Plan protects confidential health information that identifies you or could be used to identify you and relates to a physical or mental health condition or the payment of your health care expenses. This individually identifiable health information is known as "protected health information" (PHI). Your PHI will not be used or disclosed without a written authorization from you, except as described in this notice or as otherwise permitted by federal and state health information privacy laws.

## ***Privacy Obligations of the Plan***

The Plan is required by law to:

- make sure that health information that identifies you is kept private;
- give you this notice of the Plan's legal duties and privacy practices with respect to health information about you; and
- follow the terms of the notice that is currently in effect.

## ***How the Plan May Use and Disclose Health Information About You***

The following are the different ways the Plan may use and disclose your PHI:

- **For Treatment.** The Plan may disclose your PHI to a health care provider who renders treatment on your behalf. For example, if you are unable to provide your medical history as the result of an accident, the Plan may advise an emergency room physician about the types of prescription drugs you currently take.

This is a general information summary only and is not an official plan document. For a detailed description of a specific plan, refer to the plan booklet which may be obtained from Benefits Administration. Use of contractual language has been minimized to make this summary more readable. Final interpretations will be governed by the master contract and membership agreements

# Employee Privacy Notice

---

- **For Payment.** The Plan may use and disclose your PHI so claims for health care treatment, services, and supplies you receive from health care providers may be paid according to the Plan's terms. For example, the Plan may receive and maintain information about surgery you received to enable the Plan to process a hospital's claim for reimbursement of surgical expenses incurred on your behalf.
- **For Health Care Operations.** The Plan may use and disclose your PHI to enable it to operate or operate more efficiently or make certain all of the Plan's participants receive their health benefits. For example, the Plan may use your PHI for case management or to perform population-based studies designed to reduce health care costs. In addition, the Plan may use or disclose your PHI to conduct compliance reviews, audits, actuarial studies, and/or for fraud and abuse detection. The Plan may also combine health information about many Plan participants and disclose it to the Company in summary fashion so it can decide what coverages the Plan should provide. The Plan may remove information that identifies you from health information disclosed to the Company so it may be used without the Company learning who the specific participants are.
- **To the Company.** The Plan may disclose your PHI to designated Company personnel so they can carry out their Plan-related administrative functions, including the uses and disclosures described in this notice. Such disclosures will be made only to the Company's Plan Administrator and/or the members of the Company's Benefits Department. These individuals will protect the privacy of your health information and ensure it is used only as described in this notice or as permitted by law. Unless authorized by you in writing, your health information: (1) may not be disclosed by the Plan to any other Company employee or department and (2) will not be used by the Company for any employment-related actions and decisions or in connection with any other employee benefit plan sponsored by the Company.
- **To a Business Associate.** Certain services are provided to the Plan by third party administrators known as "business associates." For example, the Plan may input information about your health care treatment into an electronic claims processing system maintained by the Plan's business associate so your claim may be paid. In so doing, the Plan will disclose your PHI to its business associate so it can perform its claims payment function. However, the Plan will require its business associates, through contract, to appropriately safeguard your health information.
- **Treatment Alternatives.** The Plan may use and disclose your PHI to tell you about possible treatment options or alternatives that may be of interest to you.
- **Health-Related Benefits and Services.** The Plan may use and disclose your PHI to tell you about health-related benefits or services that may be of interest to you.
- **Individual Involved in Your Care or Payment of Your Care.** The Plan may disclose PHI to a close friend or family member involved in or who helps pay for your health care. The Plan may also advise a family member or close friend about your condition, your location (for example, that you are in the hospital), or death.
- **As Required by Law.** The Plan will disclose your PHI when required to do so by federal, state, or local law, including those that require the reporting of certain types of wounds or physical injuries.

This is a general information summary only and is not an official plan document. For a detailed description of a specific plan, refer to the plan booklet which may be obtained from Benefits Administration. Use of contractual language has been minimized to make this summary more readable. Final interpretations will be governed by the master contract and membership agreements

# Employee Privacy Notice

---

## ***Special Use and Disclosure Situations***

The Plan may also use or disclose your PHI under the following circumstances:

- **Lawsuits and Disputes.** If you become involved in a lawsuit or other legal action, the Plan may disclose your PHI in response to a court or administrative order, a subpoena, warrant, discovery request, or other lawful due process.
- **Law Enforcement.** The Plan may release your PHI if asked to do so by a law enforcement official, for example, to identify or locate a suspect, material witness, or missing person or to report a crime, the crime's location or victims, or the identity, description, or location of the person who committed the crime.
- **Workers' Compensation.** The Plan may disclose your PHI to the extent authorized by and to the extent necessary to comply with workers' compensation laws other similar programs.
- **Military and Veterans.** If you are or become a member of the U.S. armed forces, the Plan may release medical information about you as deemed necessary by military command authorities.
- **To Avert Serious Threat to Health or Safety.** The Plan may use and disclose your PHI when necessary to prevent a serious threat to your health and safety, or the health and safety of the public or another person.
- **Public Health Risks.** The Plan may disclose health information about you for public health activities. These activities include preventing or controlling disease, injury or disability; reporting births and deaths; reporting child abuse or neglect; or reporting reactions to medication or problems with medical products or to notify people of recalls of products they have been using.
- **Health Oversight Activities.** The Plan may disclose your PHI to a health oversight agency for audits, investigations, inspections, and licensure necessary for the government to monitor the health care system and government programs.
- **Research.** Under certain circumstances, the Plan may use and disclose your PHI for medical research purposes.
- **National Security, Intelligence Activities, and Protective Services.** The Plan may release your PHI to authorized federal officials: (1) for intelligence, counterintelligence, and other national security activities authorized by law and (2) to enable them to provide protection to the members of the U.S. government or foreign heads of state, or to conduct special investigations.
- **Organ and Tissue Donation.** If you are an organ donor, the Plan may release medical information to organizations that handle organ procurement or organ, eye, or tissue transplantation or to an organ donation bank to facilitate organ or tissue donation and transplantation.
- **Coroners, Medical Examiners, and Funerals Directors.** The Plan may release your PHI to a coroner or medical examiner. This may be necessary, for example, to identify a deceased person or to determine the cause of death. The Plan may also release your PHI to a funeral director, as necessary, to carry out his/her duty.

This is a general information summary only and is not an official plan document. For a detailed description of a specific plan, refer to the plan booklet which may be obtained from Benefits Administration. Use of contractual language has been minimized to make this summary more readable. Final interpretations will be governed by the master contract and membership agreements

# Employee Privacy Notice

---

## **Your Rights Regarding Health Information About You**

Your rights regarding the health information the Plan maintains about you are as follows:

- **Right to Inspect and Copy.** You have the right to inspect and copy your PHI. This includes information about your plan eligibility, claim and appeal records, and billing records, but does not include psychotherapy notes.

To inspect and copy health information maintained by the Plan, submit your request in writing to the Plan Administrator. The Plan may charge a fee for the cost of copying and/or mailing your request. In limited circumstances, the Plan may deny your request to inspect and copy your PHI. Generally, if you are denied access to health information, you may request a review of the denial.

- **Right to Amend.** If you feel that health information the Plan has about you is incorrect or incomplete, you may ask the Plan to amend it. You have the right to request an amendment for as long as the information is kept by or for the Plan.

To request an amendment, send a detailed request in writing to the Plan Administrator. You must provide the reason(s) to support your request. The Plan may deny your request if you ask the Plan to amend health information that was: accurate and complete, not created by the Plan; not part of the health information kept by or for the Plan; or not information that you would be permitted to inspect and copy.

- **Right to an Accounting of Disclosures.** You have the right to request an “accounting of disclosures.” This is a list of disclosures of your PHI that the Plan has made to others, except for those necessary to carry out health care treatment, payment, or operations; disclosures made to you; or in certain other situations.

To request an accounting of disclosures, submit your request in writing to the Plan Administrator. Your request must state a time period, which may not be longer than six years prior to the date the accounting was requested.

- **Right to Request Restrictions.** You have the right to request a restriction on the health information the Plan uses or disclosures about you for treatment, payment, or health care operations. You also have the right to request a limit on the health information the Plan discloses about you to someone who is involved in your care or the payment for your care, like a family member or friend. For example, you could ask that the Plan not use or disclose information about a surgery you had.

To request restrictions, make your request in writing to the Plan Administrator. You must advise us: (1) what information you want to limit; (2) whether you want to limit the Plan’s use, disclosure, or both; and (3) to whom you want the limit(s) to apply.

**Note: The Plan is not required to agree to your request.**

- **Right to Request Confidential Communications.** You have the right to request that the Plan communicate with you about health matters in a certain way or at a certain location. For example, you can ask that the Plan send you explanation of benefits (EOB) forms about your benefit claims to a specified address.

To request confidential communications, make your request in writing to the Plan Administrator. The Plan will make every attempt to accommodate all reasonable requests. Your request must specify how or where you wish to be contacted.

- **Right to a Paper Copy of this Notice.** You have the right to a paper copy of this notice. You may write to the Plan Administrator to request a written copy of this notice at any time.

## **Changes to this Notice**

This is a general information summary only and is not an official plan document. For a detailed description of a specific plan, refer to the plan booklet which may be obtained from the Benefits Administration. Use of contractual language has been minimized to make this summary more readable. Final interpretations will be governed by the master contract and membership agreements.

# ***Employee Privacy Notice***

---

The Plan reserves the right to change this notice at any time and to make the revised or changed notice effective for health information the Plan already has about you, as well as any information the Plan receives in the future. The Plan will post a copy of the current notice in the Company's Benefits Administration office at all times.

## ***Complaints***

If you believe your privacy rights under this policy have been violated, you may file a written complaint with the Plan Administrator at the address listed below. Alternatively, you may complain to the Secretary of the U.S. Department of Health and Human Services, generally, within 180 days of when the act or omission complained of occurred.

**Note:** *You will not be penalized or retaliated against for filing a complaint.*

## ***Other Uses and Disclosures of Health Information***

Other uses and disclosures of health information not covered by this notice or by the laws that apply to the Plan will be made only with your written authorization. If you authorize the Plan to use or disclose your PHI, you may revoke the authorization, in writing, at any time. If you revoke your authorization, the Plan will no longer use or disclose your PHI for the reasons covered by your written authorization; however, the Plan will not reverse any uses or disclosures already made in reliance on your prior authorization.

## ***Contact Information***

If you have any questions about this notice, please contact:

The Claremont Colleges' Plan Administrator c/o  
The Claremont Colleges Office of Benefits Administration  
150 E. Eighth Street  
Claremont, CA 91711-3998

**Notice Effective Date: July 1, 2002**

**-- NOTES --**

This is a general information summary only and is not an official plan document. For a detailed description of a specific plan, refer to the plan booklet which may be obtained from Benefits Administration.  
Use of contractual language has been minimized to make this summary more readable. Final interpretations will be governed by the master contract and membership agreements

# BENEFITS ADMINISTRATION

---

**ELIGIBLE EMPLOYEES:**

*Please contact Benefits Administration for additional information on new enrollment, changes or cancellation of your benefits.*

<b>Claremont Graduate University Keck Graduate Institute Pomona College</b>	<i>Sheryl Wingate, Benefits Supervisor</i>	<i>1-909-607-3195</i>
<b>Claremont University Consortium Harvey Mudd College Rancho Santa Ana Botanic Garden Scripps College</b>	<i>Anna Huerta, Lead Benefits Specialist</i>	<i>1-909-607-9494</i>
<b>Claremont McKenna College Pitzer College</b>	<i>Elva Meraz, Benefits Specialist</i>	<i>1-909-607-3684</i>
<b>COBRA &amp; Retirees</b>	<i>Lizvett Silva, Benefits Systems Specialist</i>	<i>1-909-607-9493</i>

**NOTE:**  
**UNLESS YOU HAVE A QUALIFIED LIFE EVENT,  
BENEFIT ELECTIONS CAN ONLY BE CHANGED DURING OPEN ENROLLMENT.**

This is a general information summary only and is not an official plan document. For a detailed description of a specific plan, refer to the plan booklet which may be obtained from Benefits Administration.  
Use of contractual language has been minimized to make this summary more readable. Final interpretations will be governed by the master contract and membership agreements



ABD – A Wells Fargo Company