

# HEALTH@HOME MAGAZINE

Filled with career information and resources  
for you!

## Optum EAP:

Learn how your  
EAP can help you  
tackle whatever life  
sends your way.

## Anthem:

Discover Sydney  
from Anthem; your  
personal health  
guide!

## Kaiser:

Find out more  
about The  
Active&Fit Direct  
Program offered  
through Kaiser.

## THE CLAREMONT COLLEGES



FOUNDED 1887



FOUNDED 1925



FOUNDED 1926



FOUNDED 1946



FOUNDED 1955



FOUNDED 1963



FOUNDED 1997

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# eat breathe dream fitness™

The Active&Fit Direct™ program allows you to choose from 10,000+ participating fitness centers nationwide for \$25 a month (plus a \$25 enrollment fee and applicable taxes).

## The program offers:

- Online directory maps and locator for fitness centers (available on any device)
- The option to switch fitness centers to make sure you find the right fit
- A free guest pass to try out a fitness center before enrolling (where available)
- Online fitness tracking from a wide variety of popular wearable fitness devices, apps, and exercise equipment

Learn more: [kp.org/choosehealthy](https://kp.org/choosehealthy)





# More care options while away from home

No matter where life takes you or your family, Kaiser Permanente has you covered. If something unexpected happens while away from home, it's easier than ever to get care.



## Care at your fingertips, anytime

Use your kp.org account or the Kaiser Permanente app to get access to:

- A licensed care provider you can speak with 24/7 for medical advice
- Care by phone<sup>1</sup>, video<sup>1</sup>, or e-visit. No cost for most plans.<sup>2</sup>
- Email your doctor's office for answers to routine health questions



## Urgent Care from MinuteClinic and Concentra

You can visit a MinuteClinic (in select CVS and Target stores) or a Concentra urgent care center with or without an appointment. You'll pay your standard copay or coinsurance – no matter where they are.<sup>3</sup>



## Emergency or urgent care, anywhere in the world

We cover emergency care anywhere in the world. We also cover urgent care when you're outside of the service area. You can go to the nearest hospital or urgent care facility. Afterward, file a claim with us for reimbursement.<sup>4</sup>

## Support while away from home

Need help or want to learn if additional coverage may be advised? We're here to answer any questions you may have along the way.

- Call the Away from Home Travel Line at **951-268-3900<sup>5</sup>**
- Visit **kp.org/travel**

## Kaiser Permanente, MinuteClinic, and Concentra locations



**1.** When appropriate and available. If you travel out of state, phone appointments and video visits may not be available due to state laws that may prevent doctors from providing care across state lines. Laws differ by state. **2.** If you have an HSA-qualified deductible plan, you may need to pay the full charges for scheduled phone appointments and video visits until you reach your deductible. Once you reach your deductible, you won't pay anything for scheduled phone appointments and video visits. **3.** Some exceptions apply. If you're a Medicare member or in a state that has Kaiser Permanente providers, you or your dependent will be asked to pay upfront for services and will need to file a claim for reimbursement. **4.** If you believe you have an emergency medical condition, call 911 or go to the nearest hospital. For the complete definition of an emergency medical condition, please refer to your *Evidence of Coverage* or other coverage documents. **5.** This number can be dialed inside and outside the United States. Before the phone number, dial "001" for landlines and "+1" for mobile lines if you're outside the country. Long-distance charges may apply, and we can't accept collect calls. The phone line is closed on major holidays (New Year's Day, Easter, Memorial Day, July Fourth, Labor Day, Thanksgiving, and Christmas). It closes early the day before a holiday at 10 p.m. Pacific time, and it reopens the day after a holiday at 4 a.m. PT.

Kaiser Permanente health plans around the country: Kaiser Foundation Health Plan, Inc., in Northern and Southern California and Hawaii • Kaiser Foundation Health Plan of Colorado • Kaiser Foundation Health Plan of Georgia, Inc., Nine Piedmont Road NE, Atlanta, GA 30305, 404-364-7000 • Kaiser Foundation Health Plan of the Mid-Atlantic States, Inc., in Maryland, Virginia, and Washington, D.C., 2101 E. Jefferson St., Rockville, MD 20852 • Kaiser Foundation Health Plan of the Northwest, 500 NE Multnomah St., Suite 100, Portland, OR 97232 • Kaiser Foundation Health Plan of Washington or Kaiser Foundation Health Plan of Washington Options, Inc., 1300 SW 27th St., Renton, WA 98057

Learn more at [kp.org/travel](https://kp.org/travel)





# Get care from the comfort of home

We know the coronavirus is a major concern for everyone, but rest assured you can continue to get the high-quality care you depend on for all your health needs. For primary care, specialty care, and mental health services, connect with your care team from the safety and comfort of your home.



## E-visit

Fill out a short questionnaire about your symptoms online and get personalized self-care advice from a Kaiser Permanente clinician.



## Phone appointment

Schedule an appointment to talk with a Kaiser Permanente clinician over the phone – just like an in-person visit.<sup>1,2</sup>



## Email

Message your doctor's office with nonurgent questions anytime through your kp.org account.<sup>1</sup>



## Video visit

Meet face-to-face with a doctor by video for the same high-quality care as an in-person visit.<sup>1,2</sup>



## Mail-order pharmacy

Get prescriptions sent straight to your door with our mail-order delivery service.<sup>3</sup>

1. Where appropriate and available. 2. If you travel out of state, phone appointments and video visits may not be available due to state laws that may prevent doctors from providing care across state lines. Laws differ by state. 3. Some prescriptions are not available through the mail-order pharmacy. For certain drugs, you can get prescription refills mailed to you through our Kaiser Permanente mail-order pharmacy. You should receive them within 10 business days.

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## Ready to make an appointment?

### Go online:

Sign in to **kp.org** or use the Kaiser Permanente app. If you're a member in Colorado or Washington, you can also chat online with a doctor through your kp.org account.

### Call us 24/7:

Find your location information below.

### California

- Northern California: **650-358-7015** (TTY 711)
- Southern California: **1-833-574-2273** (TTY 711)

### Colorado

- Denver/Boulder: **303-338-4545** (TTY 711)
- Mountain/Northern Colorado: **970-207-7171** (TTY 711)
- Southern Colorado: **1-800-218-1059** (TTY 711)

### Georgia

**404-365-0966** (TTY 711)

### Hawaii

- Oahu: **808-432-2000** (TTY 711)
- Maui: **808-243-6000** (TTY 711)
- Hawaii Island: **808-334-4400** (TTY 711)
- Kauai: **808-246-5600** (TTY 711)

### Maryland/Virginia/Washington, D.C.

**1-800-777-7904** (TTY 711)

### Oregon/SW Washington

- Portland: **503-813-2000** (TTY 711)
- All other areas: **1-800-813-2000** (TTY 711)

### Washington



**1-800-297-6877** (TTY 711)

# Getting started with video visits

With just a few simple steps, you'll be ready to see your Kaiser Permanente doctor – without the trip to the doctor's office.

After scheduling your video visit,<sup>1</sup> you can get set up right away. This will help you avoid any issues on the day of your appointment.<sup>2</sup>

If you haven't already registered on **kp.org**, please do so at **kp.org/registernow**. You can also register through the Kaiser Permanente mobile app.

	 <b>Mobile device</b> front-facing camera	 <b>Computer</b> camera, speaker, and microphone
Internet connection	A full signal (4 or more bars) or high-speed Wi-Fi connection	A strong wired or wireless connection to high-speed internet
<b>Set up your device</b> Make sure you have the right supporting software so you can attend a video visit at your desk or on the go.	Download the Kaiser Permanente app (iOS, such as iPhone®, iPad®, iPod touch®, or Android™ smartphone or tablet). <sup>3</sup> Do not use a mobile browser.	We recommend using Safari® for Mac®, or Internet Explorer for Windows PC. Then visit <b>kp.org/videovisit</b> and follow the instructions to see if your computer and browser meet the requirements.
<b>Join your appointment<sup>4</sup></b> You can join the video visit up to 15 minutes before your scheduled appointment time. If your doctor is running late, we'll contact you to reschedule.	Open the Kaiser Permanente app and sign on. <ul style="list-style-type: none"><li>• Select the "Appointments" tab, and find your scheduled video appointment.</li><li>• Under "Appointment Details," select "Join Now."</li><li>• Wait for your doctor to join the appointment.</li></ul>	Sign on to <b>kp.org</b> . <ul style="list-style-type: none"><li>• Go to the Appointment Center and select the "Upcoming Appointments" tab.</li><li>• Click the "Join Appointment" button, located next to your scheduled video appointment.</li><li>• Wait for your doctor to join the appointment.</li></ul>



**Need technical help?** Call **1-844-800-0820**, Monday through Friday, 5 a.m. to 5 p.m.

<sup>1</sup>When appropriate and available.

<sup>2</sup>Video visits are not required to see your Kaiser Permanente doctor. You can schedule an in-person visit instead, if you prefer.

<sup>3</sup>iOS is a trademark or registered trademark of Cisco in the U.S. and other countries and is used under license. iPhone, iPad, iPod touch, Mac, and Safari are trademarks of Apple, Inc., registered in the U.S. and other countries. Android is a trademark of Google LLC.



<sup>4</sup>Recording any video visit session with your doctor is not permitted.

# Cómo empezar con las consultas por video

Con solo seguir unos sencillos pasos, estará listo para ver a su médico sin tener que ir hasta su consultorio.

Después de programar su consulta por video,<sup>1</sup> puede prepararse de inmediato. Esto le ayudará a evitar cualquier problema el día de su cita.<sup>2</sup>

Si aún no se ha registrado en [kp.org/espanol](http://kp.org/espanol), hágalo en [kp.org/registreseahora](http://kp.org/registreseahora). También puede registrarse por medio de la aplicación móvil de Kaiser Permanente.

	 <b>Dispositivo móvil</b> con cámara frontal	 <b>Computadora</b> con cámara, bocina y micrófono
Conexión a Internet	Una señal potente (4 o más barras) o una conexión Wi-Fi de alta velocidad	Una conexión alámbrica o inalámbrica a Internet de alta velocidad
Configure su dispositivo	Descargue la aplicación de Kaiser Permanente (para iOS, como iPhone®, iPad®, iPod touch®, o Android™ para teléfonos inteligentes o tabletas). <sup>3</sup> No utilice el navegador del dispositivo móvil.	Recomendamos que use Safari® para Mac® o Internet Explorer para Windows PC. Luego visite <a href="http://kp.org/videovisit">kp.org/videovisit</a> (haga clic en "Español") y siga las instrucciones para ver si su computadora y navegador cumplen los requisitos.
Entre a su cita <sup>4</sup>	Abra la aplicación de Kaiser Permanente e inicie sesión. <ul style="list-style-type: none"><li>• Seleccione la pestaña "Appointments" (Citas) y encuentre su cita por video programada.</li><li>• En la opción "Appointment Details" (Detalles de la Cita), seleccione "Join Now" (Entrar Ahora).</li><li>• Espere a que su médico entre a la cita.</li></ul>	Ingresa a <a href="http://kp.org/espanol">kp.org/espanol</a> . <ul style="list-style-type: none"><li>• Seleccione la opción "Appointment Center" (Centro de Citas) y después vaya a la pestaña "Upcoming Appointments" (Próximas Citas).</li><li>• Haga clic en el botón "Join Appointment" (Entrar a la Cita), ubicado junto a su cita por video programada.</li><li>• Espere a que su médico entre a la cita.</li></ul>



¿Necesita ayuda técnica? Llame al 1-844-800-0820, de lunes a viernes, de 5 a. m. a 5 p. m.

<sup>1</sup>Cuando corresponda y estén disponibles.

<sup>2</sup>No es obligatorio que realice una consulta por video antes de ver a su médico de Kaiser Permanente. Puede programar una consulta personal en su lugar, si así lo prefiere.

<sup>3</sup>iOS es una marca comercial o una marca registrada de Cisco en Estados Unidos y en otros países, y se usa con licencia. iPhone, iPad, iPod touch, Mac y Safari son marcas comerciales de Apple, Inc., registradas en Estados Unidos y en otros países. Android es una marca comercial de Google LLC.

<sup>4</sup>No está permitido grabar las sesiones de consulta por video con su médico.



## Caring for the whole you

At Kaiser Permanente, mental health care goes hand in hand with all the care we provide.

### ☒ Primary care

As a member, you can talk to your primary care doctor about any mental health issues, anytime. They'll also do mental health and substance use screenings and help you with next steps if you need support.

### ☒ Specialty care

If you're already getting care through a specialty or emergency department, your care team can connect you to the right resources. No referral is needed to make an appointment with a mental health care professional.

### Many ways to get care

Whether you need help with depression, stress, or addiction issues, you can connect with a mental health professional when and where it works for you.



In person



24/7 advice  
by phone



Phone  
appointment<sup>1</sup>



Email



Video visit<sup>1</sup>



E-visit

No matter how you reach out, you'll get support from a care team that can view your medical history and connect you to the right care.

*(continues on back)*

## Connect to care that's right for you

Everyone's mental health and wellness journey is different. We're here to help you connect to the right kind of care based on your unique needs and goals.



### Common conditions

We provide assessment and treatment for common conditions, including but not limited to anxiety and stress, addiction, depression, personality and eating disorders, sleep problems, and more.

Learn more at [kp.org/mentalhealth/conditions](https://kp.org/mentalhealth/conditions)



### Support and resources

You can count on us to help support you with a wide range of treatment options including inpatient and outpatient services, recovery and social support, classes, webinars, and more.<sup>2</sup>

Learn more at [kp.org/mentalhealth/resources](https://kp.org/mentalhealth/resources)



### Connected care

Your entire Kaiser Permanente care team is connected to each other, and to you, through your electronic health record. So, it's easy for our doctors to consult with one another about your care. Our team includes many health professionals to support you:

- Addiction medicine specialists
- Behavioral medicine specialists
- Case managers
- Licensed clinical social workers
- Licensed marriage and family therapists
- Psychiatrists
- Psychologists
- Primary and specialty care doctors

## Self-care and wellness resources at your fingertips

As a member, you'll have access to many tools including self-care apps at no cost, wellness coaching, and classes.<sup>2</sup> These apps can help you with stress, sleep, depression, and more.<sup>3</sup>



Ease your mind with **Calm**, the #1 app for meditation, relaxation, and sleep.



Try personalized programs from **myStrength** to help manage depression, stress, anxiety, and more.<sup>4</sup>

1. When appropriate and available. 2. Some classes may require a fee. 3. The services are not covered under your health plan benefits and are not subject to the terms set forth in your *Evidence of Coverage* or other plan documents. These services may be discontinued at any time without notice. 4. myStrength® is a trademark of Livongo Health, Inc., a wholly owned subsidiary of Teladoc Health, Inc.

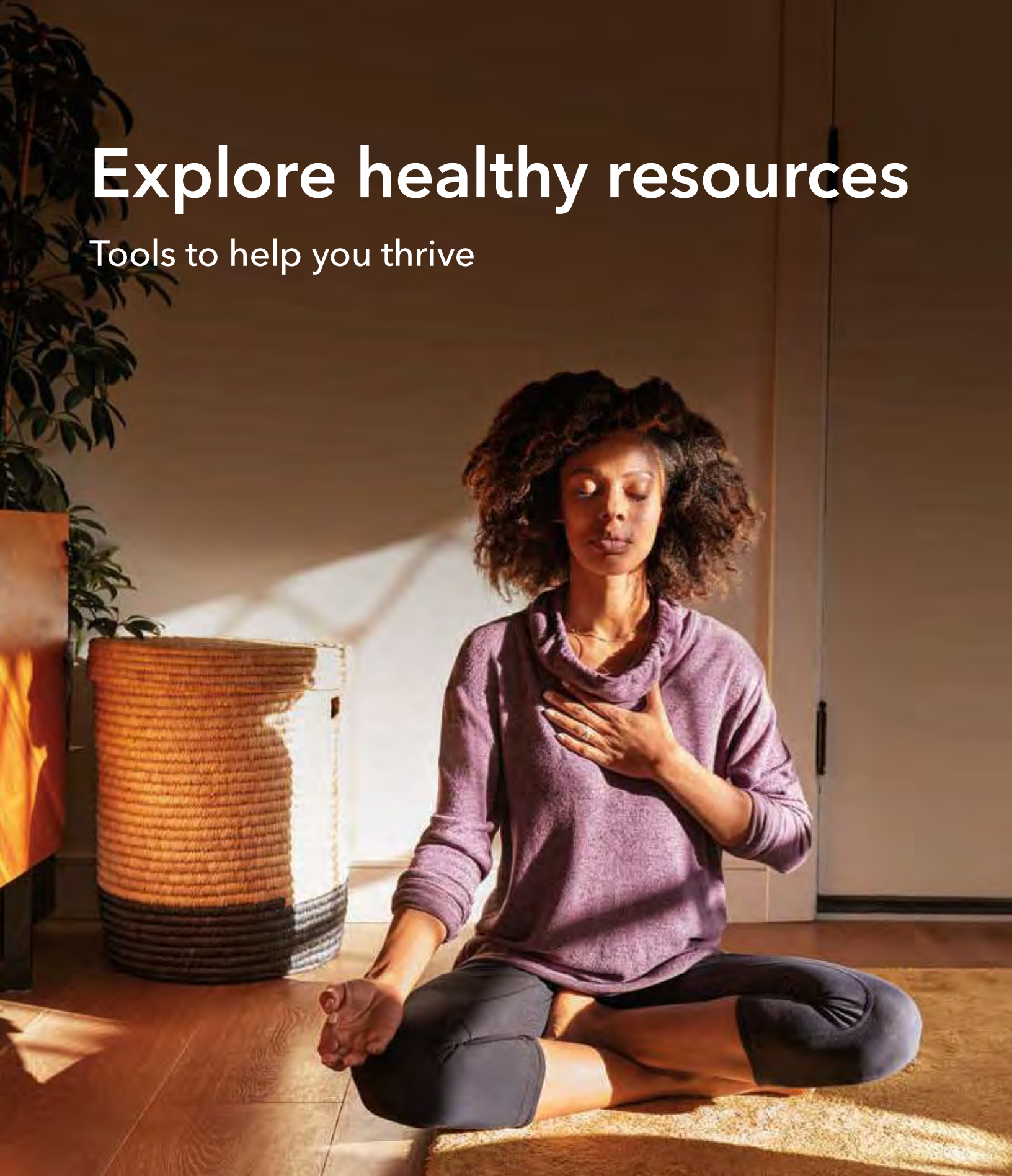
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Learn more at [kp.org/mentalhealth](https://kp.org/mentalhealth)



# Explore healthy resources

Tools to help you thrive





# Manage your care online

See how easy it is to stay on top of your care. When you register at **kp.org**, you get the most out of your membership – and can manage your health anytime, anywhere.<sup>1</sup>



## Take charge of your care

Your connection to great health and great care is only a click away on **kp.org**. When you register for an online account, you can access many time-saving tools and tips for healthy living. Visit **kp.org** anytime, anywhere, to:

- View most lab test results
- Refill most prescriptions
- Choose your doctor based on what's important to you, and change anytime
- Email your Kaiser Permanente doctor's office with nonurgent questions
- Schedule and cancel routine appointments
- Print vaccination records for school, sports, and camp
- Manage a family member's health<sup>2</sup>



## Register now – it's easy

You can register online at **kp.org** or on the Kaiser Permanente mobile app. Just follow the sign-on instructions. You'll need your health/medical record number, which you can find on your Kaiser Permanente ID card.

**kp.org/register**

**kp.org/registreseahora** (en español)



## Download the Kaiser Permanente app

You can also use the Kaiser Permanente mobile app to register for an online account, message your doctor's office with nonurgent questions, find doctors and locations, view upcoming appointments, and more.

**kp.org/mobile**

**kp.org/movil** (en español)



## Making the switch to great care is easy

Are you new to Kaiser Permanente? Thinking about joining? It's simple to get started with your new plan – and we're here to walk you through it. Get started with Kaiser Permanente at **kp.org/easyswitch**.

1. These features are available when you get care from Kaiser Permanente facilities. 2. Online features change when children reach age 12. Teens are entitled to additional privacy protection under state laws. When your child turns 12 years old, you will still be able to manage care for your teen, with modified access to certain features. 3. This value-added service is an extra service provided by entities other than Kaiser Foundation Health Plan of the Mid-Atlantic States, Inc. (KFHP-MAS), and is neither offered nor guaranteed under any KFHP-MAS contract. This entity may change or discontinue offering this service at any time. KFHP-MAS disclaims any liability for the service provided by this entity. 4. Please note that the ChooseHealthy program is not insurance. You should check any insurance benefits you have before using this discount program, as those benefits may result in lower costs to you than using this discount program. The ChooseHealthy program provides for discounts from participating specialty health care providers. You are obligated to pay for all services from those providers, but will receive a discount from those participating providers for services included in the program. The ChooseHealthy program also provides access to the Active&Fit Direct program, which provides discounted access to fitness centers. The ChooseHealthy program does not make any payments directly to those participating providers or to the Active&Fit Direct program. The ChooseHealthy program has no liability for providing or guaranteeing services and assumes no liability for the quality of services rendered. Discounts on products and services available through the ChooseHealthy program are subject to change; please consult the website for current availability.

# Get wellness support

Take advantage of these convenient perks – from personal health coaching to reduced rates on alternative medical therapies.



## Live healthier with helpful resources<sup>3</sup>

With our wellness resources, you'll get tools, tips, and information to help you create positive changes in your life. Our complimentary resources can help you:

- Lose weight
- Eat healthier
- Quit smoking
- Reduce stress
- Manage ongoing conditions like diabetes or depression

**[kp.org/health-wellness](https://kp.org/health-wellness)**

**[kp.org/salud-bienestar](https://kp.org/salud-bienestar)** (en español)



## Connect to a wellness coach

If you need more support, we offer Wellness Coaching by Phone at no cost. You'll work one-on-one with your personal coach to make a plan to help you reach your health goals.

**[kp.org/wellnesscoach](https://kp.org/wellnesscoach)**



## Join health classes

With all kinds of health classes and support groups offered at our facilities, there's something for everyone. Classes vary at each location, and some may require a fee.

**[kp.org/classes](https://kp.org/classes)**

**[kp.org/clases](https://kp.org/clases)** (en español)



## Enjoy reduced rates

Get reduced rates on a variety of health-related products and services through The ChooseHealthy® program.<sup>4</sup> These include:

- Active&Fit Direct – members pay \$25 per month (plus a one-time \$25 enrollment fee) for access to a national network of more than 10,000 fitness centers
- Up to 25% off a contracted provider's regular rates for:
  - Acupuncture
  - Chiropractic care
  - Massage therapy

**[kp.org/choosehealthy](https://kp.org/choosehealthy)**



## Take time for self-care

Manage stress, improve your mood, sleep better, and more with the help of wellness apps, available at no cost to adult members.

**[kp.org/selfcareapps](https://kp.org/selfcareapps)**

Colorado state law requires that an access plan be available that describes Kaiser Foundation Health Plan of Colorado's network of provider services. To obtain a copy, please call Member Services or visit [kp.org](https://kp.org).

Services covered under your health plan are provided and/or arranged by Kaiser Permanente health plans around the country: Kaiser Foundation Health Plan, Inc., in Northern and Southern California and Hawaii • Kaiser Foundation Health Plan of Colorado • Kaiser Foundation Health Plan of Georgia, Inc., Nine Piedmont Center, 3495 Piedmont Road NE, Atlanta, GA 30305, 404-364-7000 • Kaiser Foundation Health Plan of the Mid-Atlantic States, Inc., in Maryland, Virginia, and Washington, D.C., 2101 E. Jefferson St., Rockville, MD 20852 • Kaiser Foundation Health Plan of the Northwest, 500 NE Multnomah St., Suite 100, Portland, OR 97232 • Kaiser Foundation Health Plan of Washington or Kaiser Foundation Health Plan of Washington Options, Inc., 1300 SW 27th St., Renton, WA 98057

# Learn more about your health

More information is just a click away. Use these interactive tools and reference guides to find answers to your health questions and help you make decisions about your care.

<b>Drug encyclopedia</b>	Look up detailed descriptions of thousands of drugs, including possible side effects. <a href="https://kp.org/medications">kp.org/medications</a>   <a href="https://kp.org/medicamentos">kp.org/medicamentos</a> (en español)
<b>Health encyclopedia</b>	Explore more than 40,000 pages of in-depth information on health conditions, related symptoms, and treatment options. <a href="https://kp.org/health">kp.org/health</a>   <a href="https://kp.org/salud">kp.org/salud</a> (en español)
<b>Health guides</b>	Stay informed on popular health subjects or discover something new through our healthy living guides, available in English and Spanish. <a href="https://kp.org/livehealthy">kp.org/livehealthy</a>   <a href="https://kp.org/vidasaludable">kp.org/vidasaludable</a> (en español)
<b>Interactive tools and calculators</b>	Take an interactive quiz or enter your information into one of our calculators to learn more about your health. <a href="https://kp.org/calculators">kp.org/calculators</a>
<b>Medical test directory</b>	Learn more about your options for common tests and procedures, along with their risks and benefits. <a href="https://kp.org/healthdecisions">kp.org/healthdecisions</a>
<b>Natural Medicines Comprehensive Database®</b>	Find answers to your questions about dietary supplements, vitamins, minerals, and other natural products. <a href="https://kp.org/naturalmedicines">kp.org/naturalmedicines</a>   <a href="https://kp.org/medicinasnaturales">kp.org/medicinasnaturales</a> (en español)
<b>Recipes</b>	Get inspired to prepare delicious, healthy dishes. Browse recipes by category – like vegetarian dishes, soups, or desserts – or by what’s in season. <a href="https://kp.org/foodforhealth">kp.org/foodforhealth</a>
<b>Symptom checker</b>	Use our interactive visual aid to gauge your symptoms. Click on the body part that’s troubling you and learn what to do next. <a href="https://kp.org/symptoms">kp.org/symptoms</a>   <a href="https://kp.org/sintomas">kp.org/sintomas</a> (en español)
<b>Videos and podcasts</b>	Look, listen, and learn about your health and well-being. Watch videos or download health-related, guided meditation podcasts. <a href="https://kp.org/video">kp.org/video</a>   <a href="https://kp.org/audio">kp.org/audio</a>



# Feeling overwhelmed? Tap into the power of self-care.

Adult members can download 2 popular apps at [kp.org/selfcareapps](https://kp.org/selfcareapps)

These apps can help you build resilience, set goals, and take meaningful steps toward becoming healthier and happier. Choose the areas you want to focus on – including managing depression, reducing stress, improving sleep, and more.

- ✓ Evidence-based and proven effective
- ✓ Hand-picked by Kaiser Permanente physicians
- ✓ Confidential and easy to use



**Calm**

Calm is an app for daily use that uses meditation and mindfulness to help lower stress, reduce anxiety, and improve sleep quality. With guided meditations, programs taught by world-renowned experts, sleep stories narrated by celebrities, mindful movement videos, and more, Calm offers something for everyone.



**myStrength**

myStrength offers personalized programs with interactive activities, daily health trackers to monitor and maintain your progress, in-the-moment coping tools, and more. It's designed to help you set goals and work toward them in ways that work for you – by making positive changes that support your mental, emotional, and overall well-being.

myStrength® is a trademark of Livongo Health, Inc., a wholly owned subsidiary of Teladoc Health, Inc.

Get the apps at [kp.org/selfcareapps](https://kp.org/selfcareapps).

The services described above are not covered under your health plan benefits and are not subject to the terms set forth in your *Evidence of Coverage* or other plan documents. These services may be discontinued at any time without notice.

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# Save money with discounts at [anthem.com/ca](https://anthem.com/ca)

As an Anthem member, you qualify for discounts on products and services that help promote better health and well-being.\* These discounts are available through SpecialOffers to help you save money while taking care of your health.

## Vision, hearing and dental

**Glasses.com™ and 1-800-CONTACTS®** — Shop for the latest brand-name frames at a fraction of the cost for similar frames at other retailers. You are also entitled to an additional \$20 off orders of \$100 or more, free shipping and free returns.

**EyeMed** — Take 30% off a new pair of glasses, 20% off non-prescription sunglasses and 20% off all eyewear accessories.

**Premier LASIK** — Save \$800 on LASIK when you choose any “featured” Premier LASIK Network provider. Save 15% with all other in-network providers.

**TruVision** — Save up to 40% on LASIK eye surgery at more than 1,000 locations.

**Nations Hearing** — Receive hearing screenings and in-home service at no additional cost. All hearing aids start at \$599 each.

**Hearing Care Solutions** — Digital instruments start at \$500, and a hearing exam is free. Hearing Care Solutions has 3,100 locations and eight manufacturers, and offers a three-year warranty, batteries for two years and unlimited visits for one year.

**Amplifon** — Take 25% off, plus an extra \$50 off one hearing aid; \$125 off two.

**ProClear™ Aligners** — Take \$1,200 off a set of custom aligners. You can improve your smile without metal braces and time-consuming dental visits. Your order is 50% off and comes with a free whitening kit.



## Fitness and health

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**Active&Fit Direct™** — Active&Fit Direct allows you to choose from more than 11,000 participating fitness centers nationwide for \$25 a month (plus a \$25 enrollment fee and applicable taxes). Offered through American Specialty Health Fitness, Inc.

**FitBit** — Work toward your fitness goals with Fitbit trackers and smartwatches that go with your lifestyle and budget. Save up to 22% on select Fitbit devices.

**Garmin** — Take 20% off select Garmin wellness devices.

**Jenny Craig®** — Join this weight loss program for free. Jenny Craig provides you with everything you need, making it easier to reach your goals. You can save \$200 in food, in addition to free coaching, with minimum purchase. Save an extra 5% off your full menu purchase. Details apply.

**ChooseHealthy®** — Discounts are available on acupuncture, chiropractic, massage, podiatry, physical therapy and nutritional services. You also have discounts on fitness equipment, wearable trackers and health products, such as vitamins and nutrition bars.

**GlobalFit** — Discounts apply on gym memberships, fitness equipment, coaching and other services.

## Family and home

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**23andMe** — Take \$40 off each Health + Ancestry kit. Save 20% on a 23andMe kit and learn about your wellness, ancestry and more.

**Safe Beginnings®** — Babyproof your home while saving 15% on everything from safety gates to outlet covers.

**Nationwide Pet Insurance** — Receive an automatic 5% discount when you enroll through your company or organization. Save up to 15% when you enroll multiple pets.

**ASPCA Pet Insurance** — Take 5% off pet insurance. You can choose from three levels of care, including flexible deductibles and custom reimbursements.

**WINFertility®** — Save up to 40% on infertility treatment. WINFertility helps make quality treatment affordable.

**LifeMart®** — Take advantage of great deals on beauty and skin care, diet plans, fitness club memberships and plans, personal care, spa services and yoga classes, sports gear and vision care.

## Medicine and treatment

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**SelfHelpWorks** — Choose one of the online Living programs and save 15% on coaching to help you lose weight, stop smoking, manage stress or diabetes, restore sound sleep or face an alcohol problem.

**Brevena** — Enjoy a 41% discount on BREVENA® skin care creams and balms for smooth, rejuvenated skin from face to foot.

**Puritan's Pride®** — Choose from a large selection of discounted vitamins, minerals and supplements from Puritan's Pride.

**Allergy Control Products and National Allergy Supply** — Save up to 25% on select doctor-recommended products such as allergy-friendly bedding, air purifiers and filters, asthma products and more. Orders over \$59 ship for free by ground within the contiguous U.S.

To find the discounts available to you, log in to [anthem.com/ca](https://www.anthem.com/ca), choose **Care** and select **Discounts**.

**Your SpecialOffers discounts are part of our effort to support your personal health journey. Taking care of your health can be easier with the savings offered through your health plan.**

**\* All discounts are subject to change without notice.**

Anthem Blue Cross is the trade name of Blue Cross of California. Anthem Blue Cross and Anthem Blue Cross Life and Health Insurance Company are independent licensees of the Blue Cross Association. Anthem is a registered trademark of Anthem Insurance Companies, Inc.



# Say hi to Sydney

Anthem's new app is simple, smart — and all about you

With Sydney, you can find everything you need to know about your Anthem benefits — personalized and all in one place. Sydney makes it easier to get things done, so you can spend more time focused on your health.

**Get started with Sydney**  
Download the app today!



## Simple

Ready for you to use quickly, easily, seamlessly — with one-click access to benefits info, Member Services, wellness resources and more.

## Smart

Sydney acts like a personal health guide, answering your questions and connecting you to the right resources at the right time. And you can use the chatbot to get answers quickly.

## Personal

Get alerts, reminders and tips directly from Sydney. Get doctor suggestions based on your needs. The more you use it, the more Sydney can help you stay healthy and save money.

### With just one click, you can:

- Find care and check costs
- Check all benefits
- See claims
- Get answers even faster with our chatbot
- View and use digital ID cards

### Already using one of our apps?

It's easy to make the switch. Simply download the Sydney app and log in with your Anthem username and password.

# With you every step of the way

Emotional Well-being Resources offer help when you need it

Your emotional health is an important part of your overall health. With Emotional Well-being Resources, administered by Learn to Live, you can receive support to help you live your happiest, healthiest life.

Built on the proven principles of Cognitive Behavioral Therapy (CBT), our digital tools are available anywhere, anytime. They can help you identify thoughts and behavior patterns that affect your emotional well-being – and work through them. You'll learn effective ways to manage stress, depression, anxiety, substance use, and sleep issues.

**Change your mind. Change your life.™**

Take a quick assessment to find the program that's right for you. To access our Emotional Well-being Resources:

Log in to [anthem.com/ca](https://anthem.com/ca), go to **My Health Dashboard**, choose **Programs**, and select **Emotional Well-being Resources**.

Effective: 1/1/22

## A wealth of resources at your fingertips



### Personalized, one-on-one coaching

Team up with an experienced coach who can provide support and encouragement by email, text, or phone.



### Build a support team

Add friends or family members as "Teammates." They can help you stay motivated and accountable while you work through programs.



### Practice mindfulness on the go

Receive weekly text messages filled with positivity, quick tips, and exercises to improve your mood.



### Live and on-demand webinars

Learn how to improve mental well-being with useful tips and advice from experts.



Learn to Live, Inc. is an independent company offering online tools and programs for behavioral health support. Learn to Live is an education program and should not be considered medical treatment.

Anthem Blue Cross is the trade name of Blue Cross of California. Anthem Blue Cross and Anthem Blue Cross Life and Health Insurance Company are independent licensees of the Blue Cross Association. Anthem is a registered trademark of Anthem Insurance Companies, Inc.

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# LiveHealth Online Psychology

Have a video visit with a psychologist or licensed therapist in just a few days

## LiveHealth Online Psychology — quick, easy and private

If you're feeling stressed or anxious or you're just having a tough time, it's okay to ask for help. And with LiveHealth Online Psychology, talking to someone is easier and more convenient than ever. You can have a video visit with a psychologist or licensed therapist from your home, or wherever you have internet access. Curl up on the couch or find a quiet spot on the porch. Just download the free LiveHealth Online mobile app or visit

**livehealthonline.com** on a computer with a webcam, to get started. It's free to sign up, and video visits are completely private and confidential. Most of the time, you can have a video visit with a psychologist or therapist in seven days or less.\* This may be faster than waiting for an office visit.

## Make an appointment that's convenient for you

1. Visit **livehealthonline.com** or use the mobile app to create an account or log in.
2. Select **LiveHealth Online Psychology** for a video visit.
3. Choose from a list of available psychologists and licensed therapists.
4. Set up a day and time for your visit.

Or you can schedule an appointment by calling **1-844-784-8409** from 7 a.m. to 11 p.m. ET or PT.

## Your first visit

After you schedule your appointment, LiveHealth Online will send you an appointment confirmation. Visits usually last about 45 minutes and you'll see your cost for the session before it even starts.

## LiveHealth Online Psychology can help with conditions like:

- Stress
- Anxiety
- Depression
- Relationship or family issues
- Grief
- Panic attacks
- Stress from coping with an illness
- Substance abuse

Keep in mind that psychologists and therapists using LiveHealth Online do not prescribe medications.

# Answering your questions about LiveHealth Online Psychology

## Q. How much does a video visit with LiveHealth Online cost?

A: Depending on your benefits, the cost may be similar to what you'd pay for an office visit. You can pay your share of the visit by using a Visa, MasterCard, Discover or American Express credit or debit card. You'll see what you owe before you start a visit. Any cost is automatically charged to your card. Your cost will be the same whether your appointment is on a weekday, weekend, evening or holiday.

## Q. How do I know if a LiveHealth Online Psychology therapist or psychologist is in my health plan?

A: When you log in to your LiveHealth Online account, the doctors you see are all part of the Anthem Blue Cross network. Select your state to see the most up-to-date list.

## Q. How do I set up a follow-up appointment?

A: At the end of your first visit you can schedule a follow-up with your therapist or psychologist, if both of you feel it's needed. To see a different therapist or psychologist, just go back to the provider list and set up an appointment.

## Q. Do children under 18 need to have their own account to use LiveHealth Online Psychology?

A: Parents and guardians can include children on their LiveHealth Online account. To schedule a video visit for a child, just log in to your account and choose **LiveHealth Online Psychology for Teens**. Then select who the visit is for before scheduling an appointment.

## Don't see your question here?

That's okay! We're ready to get you the answers you need.



Send an email to  
[customersupport@livehealthonline.com](mailto:customersupport@livehealthonline.com).



Call us at 1-888-548-3432.

Online counseling is not appropriate for all kinds of problems. If you are in crisis or have suicidal thoughts, it's important that you seek help immediately. Please call 1-800-273-8255 (National Suicide Prevention Lifeline) or 911 and ask for help. If your issue is an emergency, call 911 or go to your nearest emergency room. LiveHealth Online does not offer emergency services.

\* Appointments subject to availability of a therapist.

LiveHealth Online is the trade name of Health Management Corporation, a separate company, providing telehealth services on behalf of Anthem Blue Cross.

Anthem Blue Cross is the trade name of Blue Cross of California. Anthem Blue Cross and Anthem Blue Cross Life and Health Insurance Company are independent licensees of the Blue Cross Association. Anthem is a registered trademark of Anthem Insurance Companies, Inc.

# QUESTIONS? WE'VE GOT ANSWERS.

## Cigna Dental Care (DHMO) plan

### Q: How does the Cigna Dental Care® (DHMO) plan differ from DPPO?

**A:** With the Cigna Dental Care plan:

- ▶ You must choose a network general dentist (NGD) who will manage your overall dental care. You won't be covered if you go to a dentist who's not in our network.<sup>2</sup>
- ▶ There are no deductibles. You don't have to reach an out-of-pocket cost before your insurance starts.
- ▶ There are no calendar year/lifetime maximums. Your coverage isn't limited by a dollar amount.
- ▶ There are no claim forms. No forms to file when using network dentists and no waiting periods for coverage.
- ▶ Referrals are required for some specialty care services. Exceptions are pediatric dentists for children under age 13 and orthodontists.<sup>3</sup>
- ▶ Your share of out-of-pocket costs is clearly listed on your Patient Charge Schedule (PCS). Only covered procedures are listed.

### Q: How does the Cigna Dental Care plan work?

**A:** When you enroll, you will choose an NGD. You can choose a different NGD for each covered family member. Next, you get a PCS mailed to your home. Your PCS lists the dental procedures covered by the plan. It also shows your part of the dental charges - depending on your plan, either:

- ▶ Fixed amount (copay) or
- ▶ Percentage (coinsurance)

These copays/coinsurance apply only when you get care from dentists in our Cigna Dental Care Access network.

If a dental procedure is not listed on your PCS, it's not covered. You will have to pay the dentist's normal fees. You must use a dentist in the Cigna Dental Care Access network for services to be covered. If you see a dentist outside the Cigna Dental Care Access network, your care won't be covered (unless it's an emergency).<sup>2</sup>

If you have questions, you can take your PCS with you to dental appointments. Use it to discuss treatment options and costs with your dentist.

**Together, all the way.®**



Offered by Cigna Health and Life Insurance Company or its affiliates.



### **Q: How do I choose a dentist when I sign up for the plan?**

**A:** Finding a dentist is easy.

- › Go to **Cigna.com** before you sign up.
- › Visit **myCigna** – online or through the app – after you enroll.
- › Call customer service 24/7/365 at **800.Cigna24 (800.244.6224)**. We'll help you find a network dentist near you. Or you can follow the phone prompts to use our automated Dental Office Locator.

**Remember to always pick an NGD who's within 25 miles of your location to ensure adequate access.**

### **Q: Can I change my NGD later on?**

**A:** You can change your network dentist at any time. Changes must be made by the 15th day of the month for the change to take effect on the first of the following month.

### **Q: I'm new to the Cigna Dental Care plan. Can I keep my current dentist?**

**A:** That depends. Is your current dentist in the Cigna Dental Care Access network? If so, you can choose him/her as your NGD. You can look online at **Cigna.com** before you enroll to find out. Or, ask your dental office directly. Cigna's online directory may show that your dental office is not taking new patients. If your office says they are, contact customer service. Call **800.Cigna24 (800.244.6224)** for help 24/7/365.

### **Q: Do I need a referral to visit a dental specialist?**

**A:** Yes. If you need specialty care your general dentist doesn't perform, your NGD will refer you to an in-network specialist and handle the paperwork. Referrals are needed for all specialists, except pediatric dentists for children under age 13 and orthodontists (if your plan includes orthodontic benefits).

### **Q: Do I need to show my ID card at the dentist's office?**

**A:** No. ID cards are not needed to use the plan. When you make your appointment, tell the dental office that you have Cigna Dental Care. The dental office can call us to verify coverage, if needed. You can also call **800.Cigna24 (800.244.6224)** 24/7/365 if you need help. While you do not need an ID card to receive care you can print one from **myCigna.com** anytime after you enroll.

### **Q: When do I have to pay the dentist?**

**A:** That depends on the financial arrangement between you and your network dentist. You should talk about cost and payment with your dentist before you get care. Most dentists will work with their patients to arrange payment plans.

### **Q: Are braces covered?**

**A:** Braces may be covered, depending on your plan. The plan documents in your enrollment kit will explain if your plan includes orthodontic coverage.

If you or your family member started orthodontic treatment before joining Cigna Dental Care, this is called "orthodontics in progress." And if your plan covers orthodontics, you may qualify for coverage. Call customer service to learn more.

### **Q: What if I have a dental emergency and can't see my Cigna Dental Care network dentist?**

**A: Emergency services.** If you're away from home or not able to contact your NGD, you may get emergency care from any licensed dentist. This is for unexpected but necessary services only. Emergency services are limited to:

- › Relieving severe pain
- › Controlling excessive bleeding
- › Eliminating serious and sudden (acute) infection

Routine restorative procedures or definitive treatment (root canal) are not considered emergency care. You should return to your NGD for these procedures.

**Emergency care away from home.** For covered emergency services, you're responsible for the copays/coinsurance listed on your PCS. After your appointment, you can request payment from Cigna. You can ask for the difference between the fee and your normal copay/coinsurance up to a total of \$50 per incident. (This amount may vary by state.) To make a request, send the dentist's itemized bill to Cigna Dental. Contact customer service for help.

**Emergency care after hours.** See your PCS for the copay/coinsurance for emergency care received after regularly scheduled hours. This cost will be in addition to other copays/coinsurance that may apply.

## Q: What if I'm in the middle of dental treatment when my new Cigna Dental Care plan starts?

**A:** Typically, these in-progress procedures aren't covered under the Cigna Dental Care plan.<sup>4</sup>

- › Root canal treatment
- › Dentures
- › Crown and bridge treatment

You should finish these procedures under your prior insurance plan. Depending on your plan, other types of treatment in progress may not be covered, such as implant supported prosthesis (including crowns, bridges and dentures). However, many Cigna Dental Care plans do give coverage for orthodontics in progress. Refer to your plan's exclusions and limitations for more details.



Have more questions? We're here to help 24/7/365. Call us at **800.Cigna24 (800.244.6224)** or the number on the back of your ID card.



1. "Cigna Dental Care" is a brand name used to refer to product designs that may differ by state of residence of enrollee including, but not limited to, prepaid plans, managed care plans (including Dental HMO plans), and plans with open access features. The Cigna Dental Care plan may not be available in all states.
2. A benefit is paid for covered out-of-network emergency dental care. Certain states mandate coverage for dental care received out-of-network. For example, in Minnesota, the plan will pay 50% of the value of your network benefit for covered out-of-network services. In Oklahoma, the plan will pay the same amount it pays network dentists for covered out-of-network services. You are responsible for any charges not covered by the plan. Other states may have similar mandates. Refer to your plan documents for cost and coverage details.
3. Coverage for treatment by a pediatric dentist ends on your child's 13th birthday. Effective on your child's 13th birthday, dental services generally must be obtained from an NGD. Check your plan materials to see if your plan includes coverage for orthodontia.
4. **California and Texas residents:** Treatment for conditions already in progress on the effective date of your coverage are not excluded if otherwise covered under your PCS.

All group dental plans and insurance policies have exclusions and limitations. For costs and details about the services covered under your plan, review your enrollment materials. Dentists who participate in Cigna's network are independent contractors solely responsible for the treatment provided and are not agents of Cigna.

Product availability may vary by location and plan type and is subject to change. All group dental insurance policies and dental benefit plans contain exclusions and limitations. For costs and details of coverage, review your plan documents or contact a Cigna representative.

All Cigna products and services are provided exclusively by or through operating subsidiaries of Cigna Corporation. Cigna Dental Care (DHMO) plans are insured by Cigna Dental Health Plan of Arizona, Inc., Cigna Dental Health of California, Inc., Cigna Dental Health of Colorado, Inc., Cigna Dental Health of Delaware, Inc., Cigna Dental Health of Florida, Inc., **a Prepaid Limited Health Services Organization licensed under Chapter 636, Florida Statutes**, Cigna Dental Health of Kansas, Inc. (KS & NE), Cigna Dental Health of Kentucky, Inc. (KY & IL), Cigna Dental Health of Maryland, Inc., Cigna Dental Health of Missouri, Inc., Cigna Dental Health of New Jersey, Inc., Cigna Dental Health of North Carolina, Inc., Cigna Dental Health of Ohio, Inc., Cigna Dental Health of Pennsylvania, Inc., Cigna Dental Health of Texas, Inc., and Cigna Dental Health of Virginia, Inc. In other states, Cigna Dental Care plans are insured by Cigna Health and Life Insurance Company (CHLIC) or Cigna HealthCare of Connecticut, Inc., and administered by Cigna Dental Health, Inc. Policy forms: OK – POL115, OR – HP-POL121 04-10, TN – HP-POL134/HC-CER17V1 et al. (CHLIC). The Cigna name, logo, and other Cigna marks are owned by Cigna Intellectual Property, Inc.



# YOUR QUESTIONS ANSWERED



## Cigna Dental PPO

### **Q:** Can I go to any dentist?

**A:** **Yes.** You will typically spend less when you visit a Cigna network dentist because Cigna has negotiated discounted rates with these dentists. When you stay in the network you'll save as long as the procedure is listed on the dentist's discount schedule.\* These savings apply even if you reach your plan maximum. If you go out-of-network, you will not receive Cigna network discounts and the dentist may bill you for the difference between the payment they receive from Cigna and their usual fees.

### **Q:** Do I choose a dentist when I sign up for the plan?

**A:** **No, you choose a dentist when you are ready to make an appointment.** You can go to any licensed dentist at any time. You do not need a referral to see a specialist. You can find a network dentist or specialist online at **Cigna.com** before you sign up, or go to your personalized website at **myCigna.com** after you sign up. You can also call customer service at **800.Cigna24 (800.244.6224)** and we will help you find a network dentist in your area.

### **Q:** Do I pay up front and submit a claim or will the dentist submit claims for me?

**A:** **In most instances, if you are using an in-network dentist, they will submit claims on your behalf and will bill you for any deductible or coinsurance payment that you owe.** If you use an out-of-network dentist, you may need to file your own claims after payment.

### **Q:** What information is available to help me choose a dentist?

**A:** As you choose your network dentist or specialist, you have several important factors to consider. Such as cost, experience and location. The **myCigna** directory helps you find a dentist by providing helpful digital tools, such as:

- › **Brighter Score®.**<sup>†</sup> Use this scoring method to compare dentists. The score is based on things like affordability, patient experience and professional history.
- › **Dental office reviews and comparisons.**<sup>†</sup> Find detailed information to compare dental offices. View dentist profiles with photos and videos. Read verified patient reviews. Write your own review after your appointment.
- › **Enhanced search and transparent pricing.** Search for a dentist by service. Information is personalized for your specific plan. Shows price with coinsurance and deductibles.

<sup>†</sup> Brighter features may vary by dentist. These and other dentist directory features are for educational purposes only and should not be the sole basis for decision-making. They are not a guarantee of the quality of care that will be delivered to individual customers. Customers are encouraged to consider all relevant factors and to speak with their treating dentist when choosing where to receive dental care.



**Q: Can you explain the deductible, maximum and percentages listed on my enrollment materials?**

**A: The deductible** is the amount you need to pay for covered services before your benefits begin. You will pay for your dental treatment until you reach that amount. Then, you and your plan begin to share a percentage of your covered dental costs, known as coinsurance. **The percentage** shown on your plan materials is the percentage the plan pays for the listed procedures, and then you pay the difference.\*\*

**The maximum** is the most your plan will pay for your dental claims during the plan year. Once you reach that maximum, your plan will no longer pay a percentage of your costs for the rest of that plan year. Even after you reach the maximum, however, dentists in the network may continue to offer you discounted fees for the services on their schedules.\*



**Once you enroll, register on myCigna.com and get access to:**

- › Plan information
- › Network directory of dentists
- › Oral health assessments and quizzes
- › Out-of-pocket dental cost estimates
- › ID card information
- › Claim information



\* Discounts on non-covered services may not be available in all states.

\*\* You may need to satisfy a waiting period before your plan will begin to pay its portion of covered charges. Review your plan materials for the details of your specific plan.

All group dental plans and insurance policies have exclusions and limitations. For costs and details about the services covered under your plan, review your enrollment materials. Dentists who participate in Cigna's network are independent contractors solely responsible for the treatment provided to their patients. They are not agents of Cigna.

All Cigna products and services are provided exclusively by or through operating subsidiaries of Cigna Corporation, including Cigna Health and Life Insurance Company (CHLIC), Connecticut General Life Insurance Company (CGLIC), and Cigna Dental Health, Inc. and its subsidiaries. Cigna Dental PPO plans are underwritten or administered by CHLIC or CGLIC, with network management services provided by Cigna Dental Health, Inc. and certain of its subsidiaries. In Texas, the insured dental plan is known as Cigna Dental Choice and this plan uses the national Cigna DPPO network. Policy forms: OK – HP-POL99 (CHLIC), GM6000 ELI288 et al (CGLIC); TN – HP-POL69/HC-CER2V1 et al (CHLIC). The Cigna name, logo, and other Cigna marks are owned by Cigna Intellectual Property, Inc. Brighter Score is a trademark of Brighter, Inc. a Cigna Company.



Help us help you keep your PayFlex Card® active

## Let's work together

There may be times when PayFlex® will ask you to send documentation for a card purchase. That's because the Internal Revenue Service (IRS) requires us to verify that all card purchases are eligible. So if you get a request, make sure to respond. Keeping us in the loop helps ensure that you can continue to use the PayFlex Card, your account debit card.

### PayFlex may need documentation if:

1. The amount doesn't match the established copay under your health care plan
2. The description from the merchant doesn't list a type of expense
3. The card was used for an amount that was "estimated" or "pending"

### How will I know if PayFlex needs documentation?

You can find out if we need documentation from you on your PayFlex member website. Or we'll send you a Request for Documentation notice by email or mail, depending on your account settings.

### Sign up for PayFlex debit card alerts

If you sign up to receive email notifications, we can let you know right away when we need documentation from you. Just log in to your PayFlex member website and click **Account Settings** at the top of your screen. Then select **Account notifications**.

### Things to keep in mind

- Save all your Explanations of Benefits (EOB) statements from your insurance carrier. And keep your itemized statements and detailed receipts for your card purchases handy.
- If you don't respond to our requests, your card may be suspended. So be sure to send in the requested documentation or payment.
- After PayFlex receives and processes your documentation, your card will be active again.
- **If your card is suspended**, no worries. You can still get reimbursed for eligible expenses. Just pay for an eligible expense with another form of payment. Then submit a claim.

### Quick tip

Don't use your debit card at the time of your visit, unless you're paying a copay. Wait until your health care provider sends you a statement or EOB showing the amount you owe. That way, you can avoid requests for more documentation.

# Responding to a Request for Documentation

## What type of documentation can I submit?

The best type of documentation to send us is the EOB — one EOB for each expense. Also, make sure it shows the “final” amount you owe. We can’t accept an “estimated” or “pending” amount due.

## If you don't have your EOB, you:

- May be able to download it from your health plan's website.
- Can send us a detailed receipt. Your receipt must show:
  - The name of the provider or facility that treated you
  - Your name or the name of the patient
  - The date of service
  - The type of service
  - The “final” amount you owe

## How do I submit my documentation?

Once your documentation is good to go, you have a few ways to submit it to us.

1. **PayFlex website:** You can log in and submit your documentation right from your PayFlex member website. Select your account. Then, click **Verify card purchases**. Next, select the **Unverified Card Purchases** tab.
2. **PayFlex Mobile® app:** Log in to the PayFlex Mobile app. To get started, check out your alerts.
3. **Fax:** Fax your documentation to PayFlex. Just don't mark up the document with a highlighter. It makes the fax hard for us to read.
4. **Mail:** Mail your documentation to PayFlex.

## What if I don't have documentation or used my card in error?

You have two ways to correct your account. You can:

1. **Send us an EOB or detailed receipt for a different eligible expense to offset the expense(s) in question**
  - The eligible expense has to be from the same plan year.
  - We must receive the EOB or detailed receipt by the claim filing deadline of that plan year.
  - You can't have already been reimbursed for this expense.
  - You can't seek reimbursement for this expense elsewhere.
  - You, your spouse or eligible dependent must have incurred the eligible expense.
2. **Pay back your account**
  - Send us a check or money order for the exact amount in question. Make payable to PayFlex.
  - Mail to PayFlex.

## We're here to help

Questions? Just log in to your PayFlex member website and click **Help & Support**.

PayFlex Systems USA, Inc.

This material is for informational and educational purposes only. It does not contain legal or tax advice. You should contact your legal counsel or your tax adviser if you have any questions or if you need additional information. Information is believed to be accurate as of the production date; however, it is subject to change. PayFlex cannot and shall not provide any payment or service in violation of any United States (U.S.) economic or trade sanctions. For more information about PayFlex, go to **payflex.com**.

Note: Standard text messaging and other rates from your wireless carrier still apply.

PayFlex Mobile® is a registered trademark of PayFlex Systems USA, Inc.

PayFlex Card® is a registered trademark of PayFlex Systems USA, Inc.

# PAYFLEX®

The PayFlex Card®, your account debit card

## Swipe your way to smart savings



### Pay with ease

The PayFlex Card helps make it simple for you to pay for your eligible expenses.

### Frequently asked questions

#### How does the card work?

When you receive your PayFlex Card in the mail, just call the number on the card to activate it. Then, you'll get your personal identification number (PIN).

To use your card, simply swipe and select either debit or credit. After you swipe the card, our system automatically confirms if you have enough funds available.

Keep in mind that some merchants may ask you to select debit. This means you'll need to enter your PIN to complete the transaction.

- If your spouse or dependent also has a PayFlex Card, they will use the same PIN you use.
- You can call Card Services for help if you forget your PIN or want to change your PIN.

#### Where can I use the card?

You can use your card at qualified merchants where Mastercard® is accepted and where merchants can process health care cards. Merchants include doctors' and dental offices, hospitals, pharmacies, and hearing and vision care centers. You can also use your card at some discount and grocery stores.

#### What can I pay for with my card?

You can use the card to pay for eligible expenses allowed under your plan. These generally include:

- Deductibles, copays and coinsurance
- Prescriptions and certain over-the-counter (OTC) items
- Dental and vision costs

To view the list of common eligible expense items, visit **PayFlex.com**.

**Note:** Some cards can be used only for specific expenses. Check your plan details to confirm before using your card.

#### What if I don't use my card to pay for an expense?

You can pay for an eligible expense with cash, a check or a personal credit card. You can then use features online or through the PayFlex Mobile® app to pay yourself back.

## Quick tips

**Order additional cards for your family** — If you're a new member, you'll automatically receive one card. You can order additional cards online for your spouse or dependent(s) at no cost.

**Save your receipts** — If you receive a Request for Documentation letter or see an alert message on your account, it means we need you to verify a card purchase.

**Access your account balance** — Log in to your PayFlex® member website to view your available balance.

**Check your card's expiration date** — Your card is valid for five years, as long as you're an active member. Before your card expires, you'll receive a new card in the mail.

**Replace lost or stolen cards** — Please call us right away at **1-888-879-9280 (TTY: 711)** to report a lost or stolen card.

### Request for Documentation

There may be times when we need documentation from you to verify your card was used to pay for an eligible item or service

To help stay up to date on your card transactions, log in to your PayFlex member website to sign up for debit card notifications through email, web alert or both

### How to respond to a Request for Documentation

If we ask for more information on a debit card purchase, send us the Explanation of Benefits (EOB) statement for the card purchase. You can upload your documentation to the PayFlex site, send it through the PayFlex Mobile app, or fax or mail it to us.

If you don't have an EOB, you have three other options:

1. Send us the itemized receipt for the card purchase.
  2. Substitute another expense for the one in question
  3. Pay back your account in the amount in question.
- Send a personal check or money order directly to PayFlex.

**Note: If you don't respond to the request, your card may be suspended until you either send in the requested documentation or pay back the account.**

### Got questions?

Visit **payflex.com** or call us directly at **1-844-729-3539 (TTY: 711)**. We're here to help Monday - Friday 7a.m. - 7p.m. CT, and Saturday 9a.m. - 2p.m. CT.

## Activate your identity theft protection benefits for no additional charge

All PayFlex Card holders have access to the Mastercard® ID Theft Protection™ solution to help detect and resolve identity theft. Sign up for free today at **MastercardUS.IDProtectionOnline.com**.

For more information, call Mastercard ID Theft Protection Customer Support at **1-866-805-7848**.

PayFlex Systems USA, Inc.

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PayFlex Card® is a registered trademark of PayFlex Systems USA, Inc.

Mastercard® is a registered trademark of Mastercard International Incorporated.

# PAYFLEX®



# The PayFlex® Dependent Care FSA

Want to reduce your taxable income and increase your take home pay? Enroll in a Dependent Care Flexible Spending Account (FSA) and start saving money on eligible child and adult day care expenses.

## Great reasons to enroll in a dependent care FSA

- Contribute pretax dollars from your paycheck, up to the Internal Revenue Service (IRS) limit of **\$5,000**.\*
- Funds are for your dependent(s) age 12 or younger. Or a spouse or dependent incapable of self-care.
- Pay for eligible child and adult care expenses, such as:
  - Day care
  - Before and after school care
  - Preschool and nursery school
  - Summer day camp



## Pay the PayFlex way

PayFlex makes it easy to pay for your eligible expenses.

- **Pay yourself back:** Pay for eligible expenses with cash, check or your personal credit card. Then submit a claim to pay yourself back. You can even have your claim payment deposited directly into your checking or savings account.
- **Pay your provider:** Use PayFlex's online feature (if offered) to pay your provider directly from your account.

**Quick tip:** Save your itemized statements and detailed receipts of your expenses, as well as your Explanation of Benefits from your insurance carrier.

\* These limits are subject to change, and some employers may set a lower limit. Please check your plan details for how much you can contribute.

## Things to keep in mind

- View the IRS contribution limits and a list of common eligible expense items on the PayFlex member website.
- FSAs have a use-it-or-lose-it rule. This means you'll lose any unused funds at the end of the plan year.
  - The run out period gives you extra time to submit claims to pay yourself back.
  - If your plan has a grace period, you'll have additional days to use your funds.
- You can change your contribution if you have a change in status.\* Such as marital and employment status, number of tax dependents, etc.
- To use your dependent care funds, you must be working. If you're married, your spouse must either be working, looking for work, a full-time student or incapable of self-care.
- You can change your contribution if:
  - There is a change in your provider
  - There is a change in the cost for a provider

## It's a simple tap with the PayFlex Mobile® app

- Manage your account and view alerts
- Snap a photo of your receipts to submit claims
- View common eligible expense items, and more

**Note:** Standard text messaging and other rates from your wireless carrier may apply when using the PayFlex Mobile app.

## Questions?

Log in to your PayFlex member website and click **Help & Support**.

\*You must apply for a change in your election through your employer. See your employer's Summary Plan Description for specific details about your plan.

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Note: Standard text messaging and other rates from your wireless carrier still apply.

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### The simple way to save for out-of-pocket expenses

#### What's an FSA?

It's an account that you contribute money into from your paycheck, before taxes are taken out. You'll save money when you use it to pay for eligible health and dependent care expenses.

#### Health care FSA

Contribute up to your plan's limit in pretax dollars from your paycheck. Your full contribution is available to use at the start of the plan year to pay for eligible health care expenses, such as:

- Copays, coinsurance and deductibles
- Dental and vision expenses
- Prescription medicine and over-the-counter items

Plus, you'll enjoy extra savings on eligible over-the-counter health care items through CVS Pharmacy® online. This gives you more purchasing power.

#### Dependent Care FSA

You can contribute up to your plan's limit. Funds are for your dependent(s) age 12 or younger or a spouse or dependent incapable of self-care. This FSA pays for eligible child and adult care expenses, such as day care, preschool and nursery school, in-home aid and more.

#### Pay yourself back

Pay for eligible expenses with cash, a check or your personal credit card. Then withdraw funds from your FSA to pay yourself back and have your payment deposited.

#### Pay your provider

You may pay your provider directly from your account.

#### Pay with your PayFlex Card®

When you use it, your expense is automatically paid from your account.



#### Keep it simple with the PayFlex Mobile® app

- Manage your account and view alerts.
- Snap a photo of your receipts to submit claims.
- Use our barcode scanner to verify eligible items in-store.



**Note:** Standard text messaging rates and other rates from your wireless carrier may apply when using the PayFlex Mobile app.

## Handy FSA reminders and tips

- Save all of your itemized statements and detailed receipts.
- View the IRS contribution limits and a list of common eligible expense items on **PayFlex.com**
- You can change your contribution if you have a change in status,\* such as your marital or employment status, your number of tax dependents, etc.
- FSAs have a use-it-or-lose-it rule, which means if you don't use your funds by the end of the plan year, you'll lose them. After your plan year ends, you have a certain time period during which you need to submit your claims. Check your plan details to understand these dates.
- For Dependent Care FSAs, you must be working or looking for work to use your dependent care funds. If you're married, your spouse must either be working, looking for work or a full-time student.

## Want to learn more?

**Just visit [PayFlex.com](https://www.payflex.com) or call us at 1-844-729-3539 (TTY: 711).**

**We're here to help** Monday through Friday, 7 AM to 7 PM CT,  
and Saturday, 9 AM to 2 PM CT.

\*You must apply for a change in your election through your employer. See your employer's Summary Plan Description for specific details about your plan.

**PayFlex Systems USA, Inc. is an affiliate of Aetna Life Insurance Company (Aetna). Aetna and CVS Pharmacy® are part of the CVS Health® family of companies.**

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Standard text messaging and other rates from your wireless carrier still apply. PayFlex Mobile® is a registered trademark of PayFlex Systems USA, Inc.

PayFlex Card® is a registered trademark of PayFlex Systems USA, Inc.



## Save money when paying dental and vision costs

Want to reduce your taxable income and increase your take-home pay? Just enroll in an LPFSA and start saving money on dental and vision expenses for you, your spouse and your tax dependents.

### Great reasons to enroll in an LPFSA

- Contribute up to the Internal Revenue Service (IRS) limit in pretax dollars from your paycheck.
- Your full contribution is available at the start of the plan year.
- It works great with a health savings account (HSA), because it can help you save your HSA dollars for future expenses.
- Eligible expenses may include:
  - Dental and orthodontic care, like fillings, X-rays and braces
  - Vision care, including eyeglasses, contact lenses and LASIK eye surgery

**Important note: Some plans are designed with pre- and post-deductible phases. This means that before you meet your health plan deductible, funds are used for vision and dental expenses. Then, once you meet your health plan deductible, you can use funds to pay for all eligible health care expenses. Please confirm your plan details with your employer.**

### Pay the PayFlex way

PayFlex makes it easy to pay for your eligible expenses. You can:

- **Use the PayFlex Card®, your account debit card:** When you use the PayFlex Card, your expense is automatically paid from your account.
- **Pay yourself back:** Pay for eligible expenses with cash, a check or your personal credit card. Then submit a claim to PayFlex to pay yourself back. You can even have your payment deposited directly into your checking or savings account.
- **Pay your provider:** Use the PayFlex® online feature to pay your provider directly from your account.



### The PayFlex Mobile® app makes it simple

- Manage your account and view alerts.
- Snap a photo of your receipts to submit claims.
- View common eligible expense items, and more.

Note: Some PayFlex cards are used only for certain expense items. Check your plan details to confirm.

\*Some employers may set a lower limit. Please check your plan details for how much you can contribute.

## Keep these things in mind

- View the IRS contribution limits and a list of common eligible expense items on the PayFlex member website.
- Flexible spending accounts (FSAs) have a use-it-or-lose-it rule. This means you'll lose any unused funds at the end of the plan year.
  - The run-out period gives you extra time to submit claims to pay yourself back.
  - If your plan has a grace period,\* you'll have additional days to use your funds.
  - If offered, you may be able to carry over up to a certain amount to the next plan year. Check your plan details to confirm.
- You can update your contribution if you have a change in status.\*\* For example:
  - Legal marital status
  - Number of tax dependents
  - Employment status
  - Dependent coverage (for example, reached age limit, gain or loss of student status, or marriage)

\*If your plan allows you to carry over unused health care FSA funds, the grace period doesn't apply.

\*\*You must apply for a change in your election through your employer. See your employer's Summary Plan Description for specific details about your plan.

## Quick tip:

When using your funds, don't forget to save your itemized statements and detailed receipts.

## Got questions?

Just visit **payflex.com** or call us directly at **1-844-729-3539 (TTY: 711)**.  
We're here to help Monday - Friday 7a.m. - 7p.m. CT, and Saturday 9a.m. - 2p.m. CT.

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# PAYFLEX®

## PayFlex Mobile app

### Plan, save and pay on the go

With our free PayFlex Mobile app, you can easily access your account information in the palm of your hand.

#### Simply “tap” to:

- Check your account balance and view account activity
- View your account alerts
- Access the Eligible Expense Scanner to verify if an item is an eligible health care expense
- Review a list of common eligible expense items
- Pay your providers directly from your account
- Take pictures of receipts and pay yourself back for eligible expenses

#### What’s new with the PayFlex Mobile app?

- PayFlex’s Eligible Expense Scanner makes it easy for you to scan an item barcode to determine if it’s an eligible health care expense.
- Enhanced security and complimentary fraud protection.

#### How do I get the PayFlex Mobile app? And is there a fee to use it?

- You can download the app from your mobile device’s app store.
- The app is supported by the following devices:
  - **iOS version** 10 or above on iPhone® 5S, iPad Air®, iPad Mini® 2 or newer models
  - **Android version** 4.4 (Kitkat) or above on phones or tablets
- There’s no fee to download the app. Anyone with a PayFlex account can use it for free.

#### Can I submit a claim using the app?

Yes, you can submit a claim through the app if you want to reimburse yourself for an expense.

- After you log in, select **Manage Funds** to get started.
- When sending documents with your claim, simply take a picture and upload it through the app.

#### How do I access the Eligible Expense Scanner?

After you log in to the app, you can find it on the home page or tap HELP to access the Eligible Expense Scanner.



\*Please check your plan details if offered.

PAYFLEX®

### How do I get started with the app?

It's easy. Just use the same username and password you use for the PayFlex member website. If you haven't set up your online account with PayFlex, go to **payflex.com** to get started.

### What if I have trouble signing in?

Tap on **Trouble logging in?** on the log in page.

### Is the app secure?

Yes. Here are a few of the ways we make your security our priority:

- Log in with Secure Touch ID or Face ID.
- Get protected access to your account information.
- Use the same secure username and password you use on our site.

## Download the PayFlex app today for free.



## Questions?

Log in to your PayFlex member website and click **Contact Us** under **Help & Support**. Here you can also **Live Chat** with us.

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### Term Life Insurance

can provide money for your family if you die or are diagnosed with a terminal illness.

All Members, excluding College Presidents in active employment in the United States with the Employer

### How does it work?

You choose the amount of coverage that's right for you, and you keep coverage for a set period of time, or "term." If you die during that term, the money can help your family pay for basic living expenses, final arrangements, tuition and more.

### Association of Independent CA Colleges & Universities provides the following Term Life coverage for you:

<b>You:</b>	Your employer is paying for base Life coverage of 1 times your annual earnings to a maximum of \$50,000.
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### Why is this coverage so valuable?

If you previously purchased coverage, you can increase it up to \$355,000 to meet your growing needs — with no medical underwriting.

### Additional coverage available to purchase:

If you are actively at work at least 20 hours per week, you may apply for additional coverage for:

<b>You:</b>	You can purchase additional Life coverage from \$20,000 to \$1,000,000 in \$10,000 increments, up to 1, 2, 3, or 4 times your earnings. If you previously purchased coverage, you can increase it up to \$355,000, with no medical underwriting. If you previously declined coverage, you may have to answer some health questions. The total amount of coverage between the base and additional amounts may not exceed \$1,050,000.
<b>Your spouse:</b>	You can purchase additional Life coverage for your spouse from \$10,000 to \$250,000 in increments of \$10,000. You must purchase coverage for yourself in order to purchase coverage for your spouse. Spouse coverage must not exceed 100% of the coverage amount you purchase for yourself. Your spouse can get up to \$50,000 with no medical underwriting, if eligible (see delayed effective date).
<b>Your children:</b>	Get up to \$15,000 of coverage in \$1,000 increments if eligible (see delayed effective date). One policy covers all of your children until their 26th birthday. The maximum benefit for children live birth to 6 months is \$1,000.



## Term Life Insurance

### How much coverage can I get?

#### Calculate your costs

1. Enter the coverage amount you want.
2. Divide by the amount shown.
3. Multiply by the rate. Use the rate table (at right) to find the rate based on age.

(Choose the age you will be when your coverage becomes effective. See your plan administrator for your plan effective date. To determine your spouse rate, choose the age the spouse will be when coverage becomes effective. See your plan administrator for your plan effective date.)

4. Enter your cost.

	1	2	3	4
Employee	\$_____,000	÷ \$1,000 = \$_____	X \$_____	= \$_____
Spouse	\$_____,000	÷ \$1,000 = \$_____	X \$_____	= \$_____
Child	\$_____,000	÷ \$1,000 = \$_____	X \$_____	= \$_____
Total cost				

Employee monthly rate		Spouse monthly rate	Child monthly rate
Age	Per \$1,000 of coverage Cost	Per \$1,000 of coverage Cost	\$0.070 per \$1,000 of coverage
15-24	\$0.023	\$0.023	
25-29	\$0.023	\$0.023	
30-34	\$0.028	\$0.028	
35-39	\$0.041	\$0.041	
40-44	\$0.069	\$0.069	
45-49	\$0.103	\$0.103	
50-54	\$0.158	\$0.158	
55-59	\$0.282	\$0.282	
60-64	\$0.434	\$0.434	
65-69	\$0.874	\$0.874	
70-74	\$1.418	\$1.418	
75+	\$1.418	\$1.418	

Billed amount may vary slightly.

If you apply for coverage above the guaranteed issue amount, you may be subject to medical underwriting which may affect your ability to get the larger coverage amount. In order to purchase coverage for your dependents, you must buy coverage for yourself. Coverage amounts cannot exceed 100% of your coverage amounts.

## Term Life Insurance

**A ‘Living’ Benefit** — If you are diagnosed with a terminal illness with less than 12 months to live, you can request 75% of your life insurance benefit (up to \$500,000) while you are still living. This amount will be taken out of the death benefit, and may be taxable. **These benefit payments may adversely affect the recipient’s eligibility for Medicaid or other government benefits or entitlements, and may be taxable.** Recipients should consult their tax attorney or advisor before utilizing living benefit payments.

**Waiver of premium** — Your cost may be waived if you are totally disabled for a period of time.

**Portability** — You may be able to keep coverage if you leave the company, retire or change the number of hours you work.

Employees or dependents who have a sickness or injury having a material effect on life expectancy at the time their group coverage ends are not eligible for portability.

### Exclusions and limitations

#### Actively at work

Eligible employees must be actively at work to apply for coverage. Being actively at work means on the day the employee applies for coverage, the individual must be working at one of his/her company’s business locations; or the individual must be working at a location where he/she is required to represent the company. If applying for coverage on a day that is not a scheduled workday, the employee will be considered actively at work as of his/her last scheduled workday. Employees are not considered actively at work if they are on a leave of absence or lay off.

An unmarried handicapped dependent child who becomes handicapped prior to the child’s attainment age of 26 may be eligible for benefits. Please see your plan administrator for details on eligibility.

Employees must be U.S. citizens or legally authorized to work in the U.S. to receive coverage. Employees must be actively employed in the United States with the Employer to receive coverage. Employees must be insured under the plan for spouses and dependents to be eligible for coverage.

#### Exclusions and limitations

Life insurance benefits will not be paid for deaths caused by suicide occurring within 24 months after the effective date of coverage. The same applies for increased or additional benefits.

#### Delayed effective date of coverage

Insurance coverage will be delayed if you are not an active employee because of an injury, sickness, temporary layoff, or leave of absence on the date that insurance would otherwise become effective.

Delayed Effective Date: if your spouse or child has a serious injury, sickness, or disorder, or is confined, their coverage may not take effect. Payment of premium does not guarantee coverage. Please refer to your policy contract or see your plan administrator for an explanation of the delayed effective date provision that applies to your plan.

#### Base Coverage Age Reduction

Coverage amounts for base Life for you will reduce to:

- 65% of the original amount when you reach age 65
- 50% of the original amount when you reach age 70
- 30% of the original amount when you reach age 75

Coverage may not be increased after a reduction.

#### Additional Coverage Age Reduction

Coverage amounts for additional Life for you will reduce to:

- 65% of the original amount when you reach age 65
- 50% of the original amount when you reach age 70
- 30% of the original amount when you reach age 75

Coverage may not be increased after a reduction.

#### Termination of coverage

Your coverage and your dependents’ coverage under the policy ends on the earliest of:

- The date the policy or plan is cancelled
- The date you no longer are in an eligible group
- The date your eligible group is no longer covered
- The last day of the period for which you made any required contributions
- The last day you are actively employed (unless coverage is continued due to a covered layoff, leave of absence, injury or sickness), as described in the certificate of coverage

In addition, coverage for any one dependent will end on the earliest of:

- The date your coverage under a plan ends
- The date your dependent ceases to be an eligible dependent
- For a spouse, the date of a divorce or annulment
- For dependents, the date of your death

Unum will provide coverage for a payable claim that occurs while you and your dependents are covered under the policy or plan.

This information is not intended to be a complete description of the insurance coverage available. The policy or its provisions may vary or be unavailable in some states. The policy has exclusions and limitations which may affect any benefits payable. For complete details of coverage and availability, please refer to Policy Form C.FP-1 et al or contact your Unum representative.

Life Planning Financial & Legal Resources services, provided by HealthAdvocate, are available with select Unum insurance offerings. Terms and availability of service are subject to change. Service provider does not provide legal advice; please consult your attorney for guidance. Services are not valid after coverage terminates. Please contact your Unum representative for details.

Unum complies with state civil union and domestic partner laws when applicable.

Underwritten by: Unum Life Insurance Company of America, Portland, Maine

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## Term Life Insurance

can provide money for your family if you die or are diagnosed with a terminal illness.

College Presidents in active employment in the United States with the Employer

### How does it work?

You choose the amount of coverage that's right for you, and you keep coverage for a set period of time, or "term." If you die during that term, the money can help your family pay for basic living expenses, final arrangements, tuition and more.

### Association of Independent CA Colleges & Universities provides the following Term Life coverage for you:

<b>You:</b>	Your employer is paying for base Life coverage of \$50,000.
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### Why is this coverage so valuable?

If you previously purchased coverage, you can increase it up to \$355,000 to meet your growing needs — with no medical underwriting.

### Additional coverage available to purchase:

If you are actively at work at least 20 hours per week, you may apply for additional coverage for:

<b>You:</b>	You can purchase additional Life coverage from \$10,000 to \$1,000,000 in \$10,000 increments, up to 1, 2, 3 or 4 times your earnings. If you previously purchased coverage, you can increase it up to \$355,000, with no medical underwriting. If you previously declined coverage, you may have to answer some health questions. The total amount of coverage between the base and additional amounts may not exceed \$1,050,000.
<b>Your spouse:</b>	You can purchase additional Life coverage for your spouse from \$10,000 to \$250,000 in increments of \$10,000. You must purchase coverage for yourself in order to purchase coverage for your spouse. Spouse coverage must not exceed 100% of the coverage amount you purchase for yourself. Your spouse can get up to \$50,000 with no medical underwriting, if eligible (see delayed effective date).
<b>Your children:</b>	Get up to \$15,000 of coverage in \$1,000 increments if eligible (see delayed effective date). One policy covers all of your children until their 26th birthday. The maximum benefit for children live birth to 6 months is \$1,000.

## Term Life Insurance

### How much coverage can I get?

#### Calculate your costs

1. Enter the coverage amount you want.
2. Divide by the amount shown.
3. Multiply by the rate. Use the rate table (at right) to find the rate based on age.

(Choose the age you will be when your coverage becomes effective. See your plan administrator for your plan effective date. To determine your spouse rate, choose the age the employee will be when coverage becomes effective. See your plan administrator for your plan effective date.)

4. Enter your cost.

	1	2	3	4
Employee	\$_____,000	÷ \$1,000 = \$_____	X \$_____	= \$_____
Spouse	\$_____,000	÷ \$1,000 = \$_____	X \$_____	= \$_____
Child	\$_____,000	÷ \$1,000 = \$_____	X \$_____	= \$_____
Total cost				

Employee monthly rate		Spouse monthly rate	Child monthly rate
Age	Per \$1,000 of coverage Cost	Per \$1,000 of coverage Cost	\$0.070 per \$1,000 of coverage
15-24	\$0.023	\$0.023	
25-29	\$0.023	\$0.023	
30-34	\$0.028	\$0.028	
35-39	\$0.041	\$0.041	
40-44	\$0.069	\$0.069	
45-49	\$0.103	\$0.103	
50-54	\$0.158	\$0.158	
55-59	\$0.282	\$0.282	
60-64	\$0.434	\$0.434	
65-69	\$0.874	\$0.874	
70-74	\$1.418	\$1.418	
75+	\$1.418	\$1.418	

Billed amount may vary slightly.

If you apply for coverage above the guaranteed issue amount, you may be subject to medical underwriting which may affect your ability to get the larger coverage amount. In order to purchase coverage for your dependents, you must buy coverage for yourself. Coverage amounts cannot exceed 100% of your coverage amounts.

## Term Life Insurance

**A ‘Living’ Benefit** — If you are diagnosed with a terminal illness with less than 12 months to live, you can request 75% of your life insurance benefit (up to \$500,000) while you are still living. This amount will be taken out of the death benefit, and may be taxable. **These benefit payments may adversely affect the recipient’s eligibility for Medicaid or other government benefits or entitlements, and may be taxable.** Recipients should consult their tax attorney or advisor before utilizing living benefit payments.

**Waiver of premium** — Your cost may be waived if you are totally disabled for a period of time.

**Portability** — You may be able to keep coverage if you leave the company, retire or change the number of hours you work.

Employees or dependents who have a sickness or injury having a material effect on life expectancy at the time their group coverage ends are not eligible for portability.

### Exclusions and limitations

#### Actively at work

Eligible employees must be actively at work to apply for coverage. Being actively at work means on the day the employee applies for coverage, the individual must be working at one of his/her company’s business locations; or the individual must be working at a location where he/she is required to represent the company. If applying for coverage on a day that is not a scheduled workday, the employee will be considered actively at work as of his/her last scheduled workday. Employees are not considered actively at work if they are on a leave of absence or lay off.

An unmarried handicapped dependent child who becomes handicapped prior to the child’s attainment age of 26 may be eligible for benefits. Please see your plan administrator for details on eligibility.

Employees must be U.S. citizens or legally authorized to work in the U.S. to receive coverage. Employees must be actively employed in the United States with the Employer to receive coverage. Employees must be insured under the plan for spouses and dependents to be eligible for coverage.

#### Exclusions and limitations

Life insurance benefits will not be paid for deaths caused by suicide occurring within 24 months after the effective date of coverage. The same applies for increased or additional benefits.

#### Delayed effective date of coverage

Insurance coverage will be delayed if you are not an active employee because of an injury, sickness, temporary layoff, or leave of absence on the date that insurance would otherwise become effective.

Delayed Effective Date: if your spouse or child has a serious injury, sickness, or disorder, or is confined, their coverage may not take effect. Payment of premium does not guarantee coverage. Please refer to your policy contract or see your plan administrator for an explanation of the delayed effective date provision that applies to your plan.

#### Base Coverage Age Reduction

Coverage amounts for base Life for you will reduce to:

- 65% of the original amount when you reach age 65
- 50% of the original amount when you reach age 70
- 30% of the original amount when you reach age 75

Coverage may not be increased after a reduction.

#### Additional Coverage Age Reduction

Coverage amounts for additional Life for you will reduce to:

- 65% of the original amount when you reach age 65
- 50% of the original amount when you reach age 70
- 30% of the original amount when you reach age 75

Coverage may not be increased after a reduction.

#### Termination of coverage

Your coverage and your dependents’ coverage under the policy ends on the earliest of:

- The date the policy or plan is cancelled
- The date you no longer are in an eligible group
- The date your eligible group is no longer covered
- The last day of the period for which you made any required contributions
- The last day you are actively employed (unless coverage is continued due to a covered layoff, leave of absence, injury or sickness), as described in the certificate of coverage

In addition, coverage for any one dependent will end on the earliest of:

- The date your coverage under a plan ends
- The date your dependent ceases to be an eligible dependent
- For a spouse, the date of a divorce or annulment
- For dependents, the date of your death

Unum will provide coverage for a payable claim that occurs while you and your dependents are covered under the policy or plan.

This information is not intended to be a complete description of the insurance coverage available. The policy or its provisions may vary or be unavailable in some states. The policy has exclusions and limitations which may affect any benefits payable. For complete details of coverage and availability, please refer to Policy Form C.FP-1 et al or contact your Unum representative.

Life Planning Financial & Legal Resources services, provided by HealthAdvocate, are available with select Unum insurance offerings. Terms and availability of service are subject to change. Service provider does not provide legal advice; please consult your attorney for guidance. Services are not valid after coverage terminates. Please contact your Unum representative for details.

Unum complies with state civil union and domestic partner laws when applicable.

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**Long Term Disability Insurance**  
can replace part of your income if a disability keeps you out of work for a long period of time.

All Full-Time Employees of The Claremont Colleges, Inc. excluding employees of Rancho Santa Ana Botanic Garden

## How does it work?

This employer-paid coverage pays a monthly benefit if you have a covered illness or injury and you can't work for a few months — or even longer.

You're generally considered disabled if you're unable to do important parts of your job — and your income suffers as a result.

## Why is this coverage so valuable?

Your employer is paying the cost of this coverage. You can use the money however you choose. It can help you pay for your rent or mortgage, groceries, out-of-pocket medical expenses and more.

## How much coverage can I get?

<b>You*</b>	<p>You are eligible for coverage if you are an active employee in the United States working a minimum of 30 hours per week.</p> <p><b>Coverage amounts</b> Cover 66.6667% of your monthly income, up to a maximum payment of \$15,000. *See the Legal Disclosures for more information.</p>
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The monthly benefit may be reduced or offset by other sources of income. The IRS may require you to pay taxes on certain benefit payments. See your tax advisor for details.

**!** Claremont University is paying the cost of this coverage. Coverage is guaranteed so you don't have to answer medical questions.

## Elimination period (EP)

Your elimination period is 180 days. This is the number of days that must pass after a covered accident or illness before you can begin to receive benefits.

## Benefit duration (BD)

This is the maximum length of time you can receive benefits while you're disabled. You can receive benefits to age 65.

## What's covered?

This insurance may cover a variety of conditions and injuries. Here are Unum's top reasons for long term disability claims:<sup>1</sup>

- Cancer
- Back disorders
- Injuries
- Cardiovascular
- Joint disorders

This plan does not cover pre-existing conditions. See the disclosure section to learn more.

## What else is included?

### Survivor benefit

If you die while you've been disabled and receiving benefits for at least 180 days, your family could get a benefit equal to 3 months of your gross disability payment.

### Waiver of premium

If you're disabled and receiving benefit payments, Unum waives your cost until you return to work.

<sup>1</sup> Unum internal data, 2018. Note: Causes are listed in ranked order.

## Long Term Disability Insurance

### Exclusions and limitations

#### Active employee

You are considered in active employment, if on the day you apply for coverage, you are being paid regularly by Claremont University for the required minimum hours each week and you are performing the material and substantial duties of your regular occupation.

#### Delayed effective date of coverage

Insurance coverage will be delayed if you are not an active employee because of an injury, sickness, temporary layoff, or leave of absence on the date that insurance would otherwise become effective.

#### Benefit Duration (BD)

The duration of your benefit payments is based on your age when your disability occurs. Your Long Term Disability benefits are payable while you continue to meet the definition of disability. Please refer to your plan document for the duration of benefits under this policy.

#### Definition of disability

For the first 24 months, you are considered totally disabled when, as a result of sickness or injury, you are unable to perform with reasonable continuity the substantial and material acts necessary to pursue your usual occupation in the usual and customary way.

After benefits have been paid for 24 months of disability, you are considered totally disabled when, as a result of sickness or injury, you are not able to engage with reasonable continuity in any occupation in which you could reasonably be expected to perform satisfactorily in light of your age, education, training, experience, station in life, and physical and mental capacity.

You are considered partially disabled when you are not totally disabled and while actually working in your usual occupation, as a result of sickness or injury you are unable to earn 80% or more of your indexed monthly pre-disability earnings.

After benefits have been paid for 24 months you are considered partially disabled when you are not totally disabled and while actually working in an occupation, as a result of sickness or injury you are unable to engage with reasonable continuity in that or in any other occupation in which you could reasonably be expected to perform satisfactorily in light of your age, education, training, experience, station in life, and physical and mental capacity. You must be under the regular care of a physician in order to be considered disabled.

The loss of a professional or occupational license or certification does not, in itself, constitute disability.

“Substantial and material acts” means the important tasks, functions and operations that are generally required by employers from those engaged in your usual occupation and that cannot be reasonably omitted or modified.

‘Usual occupation’ means the substantial and material acts you are routinely performing for your employer when your disability begins.

#### Pre-existing conditions

You have an excluded pre-existing condition if:

- You received medical treatment, care, or services for a diagnosed condition, or took prescribed medication for that diagnosed condition, in the 3 months immediately prior to your effective date of coverage; and
- The disability caused or substantially contributed to by the condition begins in the first 12 months after your effective date of coverage.

#### Deductible sources of income

Your disability benefit may be reduced by deductible sources of income and any earnings you have while disabled. Deductible sources of income may include such items as disability income or other amounts you receive or are entitled to receive under workers’ compensation or similar occupational benefit laws; state compulsory benefit laws; automobile liability and no fault insurance; legal judgments and settlements; certain retirement plans; salary continuation or sick leave plans, if applicable; other group or association disability programs or insurance; and amounts you or your family receive or are entitled to receive from Social Security or similar governmental programs.

Here’s an example of how the benefit may be reduced by deductible sources of income:

Monthly pre-disability earnings:	\$3,000
Long term disability benefit percentage:	x 60%
Unreduced maximum benefit:	\$1,800
Less Social Security disability benefit per month:	-\$900
Less state disability income benefit per month:	-\$300
Monthly long term disability benefit:	\$600

#### Exclusions and limitations

Your plan does not cover any disabilities caused by or resulting from:

- Intentionally self-inflicted injuries;
- Active participation in a riot;
- War, declared or undeclared or any act of war;
- Commission of a felony for which you have been convicted;
- Pre-existing conditions (See the disclosure section to learn more).

The loss of a professional or occupational license or certification does not, in itself, constitute disability.

The lifetime cumulative maximum benefit for all disabilities due to mental illness is 24 months. Only 24 months of benefits will be paid for any combination of such disabilities even if the disabilities are not continuous and/or are not related. Payments can continue beyond 24 months only if you are confined to a hospital or institution as a result of the disability.

#### Termination of coverage

Your coverage under the policy ends on the earliest of the following:

- The date the policy or plan is cancelled
- The date you no longer are in an eligible group
- The date your eligible group is no longer covered
- The last day of the period for which you made any required contributions
- The last day you are in active employment except as provided under the covered layoff or leave of absence provision.

Unum will provide coverage for a payable claim that occurs while you are covered under the policy or plan.

Social Security advocacy services are provided by GENEX Services, Inc. or The Advocator Group, LLC. Referral to one of our advocacy partners is determined by Unum.

The work-life balance employee assistance program, provided by HealthAdvocate, is available with select Unum insurance offerings. Terms and availability of service are subject to change. Service provider does not provide legal advice; please consult your attorney for guidance. Services are not valid after coverage terminates. Please contact your Unum representative for details.

This information is not intended to be a complete description of the insurance coverage available. The policy or its provisions may vary or be unavailable in some states. The policy has exclusions and limitations which may affect any benefits payable. For complete details of coverage and availability, please refer to Policy Form C.FP-1 et al. or contact your Unum representative.

Underwritten by:

Unum Life Insurance Company of America, Portland, Maine

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**Long Term Disability Insurance**  
can replace part of your income if a disability keeps you out of work for a long period of time.

All Full-Time employees of The Claremont Colleges, Inc. who are employees of Rancho Santa Ana Botanic Garden

### How does it work?

This coverage pays a monthly benefit if you have a covered illness or injury and you can't work for a few months — or even longer.

You're generally considered disabled if you're unable to do important parts of your job — and your income suffers as a result.

### Why is this coverage so valuable?

You can use the money however you choose. It can help you pay for your rent or mortgage, groceries, out-of-pocket medical expenses and more.

### What's covered?

This insurance may cover a variety of conditions and injuries. Here are Unum's top reasons for long term disability claims:<sup>1</sup>

- Cancer
- Back disorders
- Injuries
- Cardiovascular
- Joint disorders

This plan does not cover pre-existing conditions. See the disclosure section to learn more.

### What else is included?

#### Survivor benefit

If you die while you've been disabled and receiving benefits for at least 180 days, your family could get a benefit equal to 3 months of your gross disability payment.

#### Waiver of premium

If you're disabled and receiving benefit payments, Unum waives your cost until you return to work.

### Consider your monthly expenses



Food \$\_\_\_\_\_



Transportation  
(gas, car payments, repairs) \_\_\_\_\_



Child care/elder care \_\_\_\_\_



Mortgage/rent \_\_\_\_\_



Utilities  
(electric, water, cable, phone) \_\_\_\_\_



Medical costs  
(co-pays, medications) \_\_\_\_\_



Insurance  
(health, life, car, home) \_\_\_\_\_

Total monthly expenses \$\_\_\_\_\_

<sup>1</sup> Unum internal data, 2018. Note: Causes are listed in ranked order.

## Long Term Disability Insurance

### How much coverage can I get?

<b>You*</b>	<p>You are eligible for coverage if you are an active employee in the United States working a minimum of 30 hours per week.</p> <p><b>Coverage amounts</b></p> <p>Cover 66.6667% of your monthly income, up to a maximum payment of \$15,000.</p> <p>*See the Legal Disclosures for more information.</p>
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The monthly benefit may be reduced or offset by other sources of income. The IRS may require you to pay taxes on certain benefit payments. See your tax advisor for details.

- ! If you didn't get coverage when you were first eligible, you'll have to answer medical questions now. If you're newly eligible, you are guaranteed coverage now with no medical questions. If you already have coverage, you can increase it up to the maximum available with no medical questions. New coverage may be subject to pre-existing condition limitations.

### Elimination period (EP)

Your elimination period is 180 days. This is the number of days that must pass after a covered accident or illness before you can begin to receive benefits.

### Benefit duration (BD)

This is the maximum length of time you can receive benefits while you're disabled. You can receive benefits to age 65.

### Calculate your benefit

Disability worksheet				
Calculate your monthly disability benefit.				
\$ _____ Your annual earnings	÷ 12 = \$ _____ Your monthly earnings	x 66.6667% (Max % of income covered)	=	\$ _____ Max monthly benefit available (if the amount exceeds the plan max of \$15,000, enter \$15,000).

Since our founding in 1848, Unum has been a leader in the employee benefits business.

Innovation, integrity and an unwavering commitment to our customers has helped us become a global leader in financial protection benefits.

## Long Term Disability Insurance

### Exclusions and limitations

#### Active employee

You are considered in active employment, if on the day you apply for coverage, you are being paid regularly by Claremont University for the required minimum hours each week and you are performing the material and substantial duties of your regular occupation.

#### Delayed effective date of coverage

Insurance coverage will be delayed if you are not an active employee because of an injury, sickness, temporary layoff, or leave of absence on the date that insurance would otherwise become effective.

#### Benefit Duration (BD)

The duration of your benefit payments is based on your age when your disability occurs. Your Long Term Disability benefits are payable while you continue to meet the definition of disability. Please refer to your plan document for the duration of benefits under this policy.

#### Definition of disability

For the first 24 months, you are considered totally disabled when, as a result of sickness or injury, you are unable to perform with reasonable continuity the substantial and material acts necessary to pursue your usual occupation in the usual and customary way.

After benefits have been paid for 24 months of disability, you are considered totally disabled when, as a result of sickness or injury, you are not able to engage with reasonable continuity in any occupation in which you could reasonably be expected to perform satisfactorily in light of your age, education, training, experience, station in life, and physical and mental capacity.

You are considered partially disabled when you are not totally disabled and while actually working in your usual occupation, as a result of sickness or injury you are unable to earn 80% or more of your indexed monthly pre-disability earnings.

After benefits have been paid for 24 months you are considered partially disabled when you are not totally disabled and while actually working in an occupation, as a result of sickness or injury you are unable to engage with reasonable continuity in that or in any other occupation in which you could reasonably be expected to perform satisfactorily in light of your age, education, training, experience, station in life, and physical and mental capacity. You must be under the regular care of a physician in order to be considered disabled.

The loss of a professional or occupational license or certification does not, in itself, constitute disability.

“Substantial and material acts” means the important tasks, functions and operations that are generally required by employers from those engaged in your usual occupation and that cannot be reasonably omitted or modified.

‘Usual occupation’ means the substantial and material acts you are routinely performing for your employer when your disability begins.

#### Pre-existing conditions

You have an excluded pre-existing condition if:

- You received medical treatment, care, or services for a diagnosed condition, or took prescribed medication for that diagnosed condition, in the 3 months immediately prior to your effective date of coverage; and
- The disability caused or substantially contributed to by the condition begins in the first 12 months after your effective date of coverage.

#### Deductible sources of income

Your disability benefit may be reduced by deductible sources of income and any earnings you have while disabled. Deductible sources of income may include such items as disability income or other amounts you receive or are entitled to receive under workers’ compensation or similar occupational benefit laws; state compulsory benefit laws; automobile liability and no fault insurance; legal judgments and settlements; certain retirement plans; salary continuation or sick leave plans, if applicable; other group or association disability programs or insurance; and amounts you or your family receive or are entitled to receive from Social Security or similar governmental programs.

Here’s an example of how the benefit may be reduced by deductible sources of income:

Monthly pre-disability earnings:	\$3,000
Long term disability benefit percentage:	x 60%
Unreduced maximum benefit:	\$1,800
Less Social Security disability benefit per month:	-\$900
Less state disability income benefit per month:	-\$300
Monthly long term disability benefit:	\$600

#### Exclusions and limitations

Your plan does not cover any disabilities caused by or resulting from:

- Intentionally self-inflicted injuries;
- Active participation in a riot;
- War, declared or undeclared or any act of war;
- Commission of a felony for which you have been convicted;
- Pre-existing conditions (See the disclosure section to learn more).

The loss of a professional or occupational license or certification does not, in itself, constitute disability.

The lifetime cumulative maximum benefit for all disabilities due to mental illness is 24 months. Only 24 months of benefits will be paid for any combination of such disabilities even if the disabilities are not continuous and/or are not related. Payments can continue beyond 24 months only if you are confined to a hospital or institution as a result of the disability.

#### Termination of coverage

Your coverage under the policy ends on the earliest of the following:

- The date the policy or plan is cancelled
- The date you no longer are in an eligible group
- The date your eligible group is no longer covered
- The last day of the period for which you made any required contributions
- The last day you are in active employment except as provided under the covered layoff or leave of absence provision.

Unum will provide coverage for a payable claim that occurs while you are covered under the policy or plan.

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The Claremont Colleges, Inc.

Retired College Presidents

# Term Life Insurance



## How does it work?

You keep coverage for a set period of time, or “term.” If you die during that term, the money can help your family pay for basic living expenses, final arrangements, tuition and more.

## What else is included?

### A “Living” Benefit

If you are diagnosed with a terminal illness with less than 12 months to live, you can request 75% of your life insurance benefit (up to \$10,000) while you are still living. This amount will be taken out of the death benefit and may be taxable.

### Waiver of premium

Your cost may be waived if you are totally disabled for a period of time.

## Who can get Term Life coverage?

You:

You can receive a benefit amount of \$10,000.  
You can get up to \$10,000 with no medical underwriting.

**Exclusions and limitations**

Life insurance benefits will not be paid for deaths that are caused by suicide occurring within 24 months after the effective date of coverage or the date that increases to existing coverage becomes effective. This exclusion standardly applies to all medically written amounts and contributory amounts that are funded by the employee including shared funding plans.

**Delayed effective date of coverage**

Employee: Insurance coverage will be delayed if you are not in active employment because of an injury, sickness, temporary layoff, or leave of absence on the date that insurance would otherwise become effective.

**Termination of coverage**

Your coverage under the policy ends on the earliest of:

- The date the policy or plan is cancelled
- The date you no longer are in an eligible group
- The date your eligible group is no longer covered
- The last day of the period for which you made any required contributions
- The last day you are actively employed (unless coverage is continued due to a covered layoff, leave of absence, injury or sickness), as described in the certificate of coverage

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The Claremont Colleges, Inc.

Retired Members, excluding Retired College Presidents

# Term Life Insurance



## How does it work?

You keep coverage for a set period of time, or “term.” If you die during that term, the money can help your family pay for basic living expenses, final arrangements, tuition and more.

## What else is included?

### A “Living” Benefit

If you are diagnosed with a terminal illness with less than 12 months to live, you can request 75% of your life insurance benefit (up to \$5,000) while you are still living. This amount will be taken out of the death benefit and may be taxable.

### Waiver of premium

Your cost may be waived if you are totally disabled for a period of time.

## Who can get Term Life coverage?

You:

You can receive a benefit amount of \$5,000. You can get up to \$5,000 with no medical underwriting.

**Exclusions and limitations**

Life insurance benefits will not be paid for deaths that are caused by suicide occurring within 24 months after the effective date of coverage or the date that increases to existing coverage becomes effective. This exclusion standardly applies to all medically written amounts and contributory amounts that are funded by the employee including shared funding plans.

**Delayed effective date of coverage**

Employee: Insurance coverage will be delayed if you are not in active employment because of an injury, sickness, temporary layoff, or leave of absence on the date that insurance would otherwise become effective.

**Termination of coverage**

Your coverage under the policy ends on the earliest of:

- The date the policy or plan is cancelled
- The date you no longer are in an eligible group
- The date your eligible group is no longer covered
- The last day of the period for which you made any required contributions
- The last day you are actively employed (unless coverage is continued due to a covered layoff, leave of absence, injury or sickness), as described in the certificate of coverage

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## Why buy Group Voluntary Accident insurance?<sup>1</sup>



Unintentional injuries are the fifth leading cause of death over-all and first among people in the age groups from 1 to 44.



On average, 15 unintentional injury related deaths and about 4,520 medically consulted injuries occur every hour during the year.



49% of employees have less than \$1,000 to pay for unexpected out-of-pocket medical expenses and over half of employees would have to borrow from their credit cards or retirement plans.



41% of existing health insurance plan members feel they do not have enough coverage for serious injury or illness.

Individual lifestyles and family dynamics pose different financial consequences when unexpected accidents disrupt lives. Having the right accident insurance protection in the event of a severe accidental injury or even death can be critical. Voluntary Accident (“VAD&D”) can help cover expenses associated with major on- and off-the-job accidental injuries and protect your savings should the unforeseen happen.

- Pays high limit benefits for accidental death and covered injuries — regardless of any other insurance.
- Provides high limit coverage for catastrophic injuries — for increased financial security.

During open enrollment, employees have the opportunity to increase their overall insurance protection with low-cost, high-limit accidental death and dismemberment coverage that covers you 24 hours a day, on or off the job.

(A general description of the benefits is provided on the following pages.)

### Voluntary AD&D Monthly Costs

Zurich AD&D	Benefit	Cost
Employee Only	A Minimum of \$25,000 to a Maximum of \$500,000 in Increments of \$25,000	\$.019/\$1,000
Employee & Dependents	Percentage of Employee Benefit	\$.037/\$1,000

#### Sources

<sup>1</sup> National Safety Council Injury Facts 2015 Edition; Health Care Cost Institute, Health Care Cost and Utilization Report: 2011 (2012); “2014 Member Health Plan Study;”

J.D. Power, March 10, 2014; [www.commonwealthfund.org/~media/files/publications/fund-report/20](http://www.commonwealthfund.org/~media/files/publications/fund-report/20) ;

[13/apr/1681\\_collins\\_insuring\\_future\\_biennial\\_survey\\_2012\\_final.pdf](http://13/apr/1681_collins_insuring_future_biennial_survey_2012_final.pdf) ; [www.ebri.org/pdf/surveys/rcs/2012/ebri\\_ib\\_03-2012\\_no369\\_rcs.pdf](http://www.ebri.org/pdf/surveys/rcs/2012/ebri_ib_03-2012_no369_rcs.pdf);

[www.pnhp.org/new\\_bankruptcy\\_study/Bankruptcy-2009.pdf](http://www.pnhp.org/new_bankruptcy_study/Bankruptcy-2009.pdf) ; Health Care Cost Institute, Health Care Cost and Utilization Report: 2011 (2012)



# The Claremont Colleges, Inc. Voluntary Accident Insurance

GTU 5091313

This Fact Sheet describes the Voluntary Accidental Death and Dismemberment Plan available to an active eligible employee and a benefits-based part-time employee. All provisions in this summary are effective January 1, 2021. Employees who meet the eligibility requirements listed below are eligible to enroll in the plan.

If you have an accident that results in a loss of life, loss of a limb(s), sight, speech, hearing, loss of use of certain limbs within 365 days of the accident, Zurich American Insurance Company, may pay certain benefit amounts to you or your designated beneficiary. If the accident results in more than one of these losses, only the loss with the largest benefit will be payable.

The benefits described are subject to certain exclusions and limitations as described in the Policy and the Certificate of Insurance. For detailed plan information, including the plan certificate and a Zurich Travel Assist brochure, please see your benefits administrator.

## Eligibility

All active full-time employees working at least 30 hours per week and benefits-based part-time employees working at least 20 hours per week, domiciled in the United States.

## Benefit Amount

You may purchase a benefit from a minimum of \$25,000 to a maximum of \$500,000 in increments of \$25,000. However, amounts applied for in excess of \$250,000 must not exceed ten (10) times your **Base Annual Earnings\***.

\* **Base Annual Earnings** means your base annual pay excluding overtime, bonuses, commissions and special compensation.

## Eligibility of Your Dependents

- **Your Dependent Child(ren)** are eligible to become covered persons if you are an Insured.
- **Your Spouse or Domestic Partner** are eligible to become covered persons if you are an Insured. Such Spouse or Domestic Partner must be under age 70.

A legally married Spouse or Domestic Partner will not be eligible for coverage as a Dependent if he or she is also an Insured under the policy. If you and your legally married Spouse or Domestic Partner, legally separated Spouse or Domestic Partner, or former Spouse or Domestic Partner are both Insureds under the policy, only one may select a Plan covering their mutual Dependents.

## Benefit Amounts for Your Dependents

The benefit amount for your covered dependents will be a percentage of your benefit amount, as follows:

Plan Selected	% Spouse/Domestic Partner	% Child(ren)
Spouse/Domestic Partner only:	100%	0%
Dependent Child(ren) only:	0%	30%
Spouse/Domestic Partner and Dependent Child(ren)	80%	20%

Maximum benefit amount of \$50,000 for covered dependent child(ren).

## Reduction of Benefits at Age 70

At age 70, the benefit amount will be reduced based on the covered person's previous benefit amount per the following schedule:

Age at Date of Loss	Percent of Benefit Amount
70-74	65%
75-79	45%
80-84	30%
85 & Over	15%

## 24 Hour Accident Protection, Business & Pleasure, Excluding Corporate Owned or Leased Aircraft, H-1

This plan offers protection on a worldwide basis, 24 hours a day, 365 days a year against certain injuries resulting from a covered accident in the course of business or pleasure, including accidents on or off the job, in or away from the home, commuting, traveling by train, airplane, automobile, or other public and private conveyances. Subject to certain limitations (see exclusions/limitations).

## Exposure and Disappearance Coverage

If the conveyance in which a covered person is riding disappears, is wrecked, or sinks, and he or she is not found within 365 days of the event, we will presume that the covered person lost his or her life as a result of injury. If travel in such conveyance was covered under the terms of the policy, we will pay the covered person's benefit amount, subject to all policy terms. If the covered person is exposed to weather because of an accident and this results in a loss of life, we will pay his or her benefit amount, subject to all policy terms and conditions.

# The Claremont Colleges, Inc. Voluntary Accident Insurance

GTU 5091313

## Coverages and Benefits Provided

### Accidental Death and Accidental Dismemberment and Covered Loss of Use Benefit

If you or your covered spouse/domestic partner have a covered accident that results in any of the following losses within 365 days of the date of the covered accident, we may pay certain benefit amounts shown to you or your designated beneficiary. If the covered accident results in more than one of these losses, only the loss with the largest benefit will be payable. The amounts are based on the benefit amount shown in the schedule.

Loss of:	Benefit Amount
Life.....	100% of benefit amount
Both hands or both feet.....	100% of benefit amount
One hand and one foot.....	100% of benefit amount
One hand or one foot plus the sight of one eye .....	100% of benefit amount
Sight of both eyes .....	100% of benefit amount
Speech and Hearing in both ears.....	100% of benefit amount
Speech or Hearing in both ears.....	50% of benefit amount
One hand, one foot, or sight of one eye .....	50% of benefit amount
Thumb and index finger of the same hand.....	25% of benefit amount

Plegia:	Benefit Amount
Quadriplegia (total paralysis of all four Limbs) .....	100% of benefit amount
Paraplegia (total paralysis of both lower Limbs).....	75% of benefit amount
Hemiplegia (total paralysis of upper and lower Limbs .....	50% of benefit amount
on one side of the body)	

Benefit or Coverage	Percentage of Principal Sum	Maximum Benefit Amount:
(*) are for the Insured employee only.		

Continuation of Insurance Benefit..... Up to 365 days for your covered dependents  
from date of loss at no additional cost

Day Care Benefit.....3% .....\$3,000  
If, at the time of the Accident there are no dependent child(ren) who qualify for this benefit, we will  
pay an additional \$2,000 to your designated beneficiary.

Higher Education Benefit .....5% .....\$5,000  
If, at the time of the Accident there are no dependent child(ren) who qualify for this benefit, we will  
pay an additional \$2,000 to your designated beneficiary.

Seat Belt Benefit..... 10% .....\$10,000

Spouse/Domestic Partner Retraining Benefit\* .....Actual Cost or \$5,000

Surviving Spouse/Domestic Partner Benefit\* .....2% .....Payable up to 9 months

### Conversion Privilege

Maximum benefit of \$250,000 or subject to the limitations permitted by state law.

### To File a Claim

Contact Zurich American Insurance Company at 1-866-841-4771 for a claim form. Complete the form and send it to the Claims Department, Zurich American Insurance Company, P.O. Box 968041, Schaumburg, IL 60196-8041 within 90 days of the loss. Refer to Plan Number GTU 5091313.

### Leave of Absence Provision

If you have received approval for a benefits eligible leave of absence, layoff or sabbatical from the policyholder in accordance with the policyholder's written policy, your insurance under the policy will continue, provided the required premiums are paid. This extension of coverage is subject to all of the termination provisions of the policy with the exception of you ceasing to be eligible for insurance.

# The Claremont Colleges, Inc. Voluntary Accident Insurance

GTU 5091313

## General Exclusions

A loss shall not be a covered loss if it is caused by, contributed to, or resulted from:

1. suicide or any attempt at suicide or intentionally self-inflicted Injury or any attempt at intentionally self-inflicted injury;
2. war or any act of war, whether declared or undeclared;
3. involvement in any type of active military service;
4. illness or disease, regardless of how contracted; medical or surgical treatment of illness or disease; or complications following the surgical treatment of illness or disease; except for Accidental ingestion of contaminated foods;
5. participation in the commission or attempted commission of any felony or an assault;
6. being intoxicated while operating a motor vehicle.
  - a. A covered person will be conclusively presumed to be intoxicated if the level of alcohol in his or her blood exceeds the amount at which a person is presumed, under the law of the locale in which the accident occurred, to be intoxicated, if operating a motor vehicle.
  - b. an autopsy report from a licensed medical examiner, law enforcement officer reports, or similar items will be considered proof of the covered person's intoxication.
7. being under the influence of any prescription drug, narcotic, or hallucinogen, unless such prescription drug, narcotic, or hallucinogen was prescribed by a physician and taken in accordance with the prescribed dosage;
8. travel or flight in any aircraft except to the extent stated in the Coverage Section of the policy.

## Hazard Exclusions

The following exclusions pertain to Hazard H-1.

Coverage is not provided:

- A. If you are the pilot, operator, member of the crew or cabin attendant of any aircraft.
- B. Unless we have previously consented in writing to the use, coverage is not provided for any loss, caused by, contributed to, resulting from riding in or on, boarding, or getting off:
  1. any aircraft other than those expressly stated in this Coverage;
  2. any aircraft owned or controlled by, or under lease to the policyholder;
  3. any aircraft owned or controlled by, or under lease to an insured or a member of an Insured's family or household;
  4. any aircraft operated by the policyholder or one of the policyholder's employees including members of an employee's family or household;
  5. any aircraft while it is being used for one or more of the following specialized aviation activities: acrobatic or stunt flying, aerial photography, banner towing, bird or fowl herding, crop dusting, crop seeding, crop spraying, endurance tests, exploration, fire fighting, flight on a rocket-propelled or rocket launched aircraft, flight which requires a special permit or waiver from the authority having jurisdiction over civil aviation, even though granted, hunting, pipe line inspection, power line inspection, racing, skywriting, or test or experimental purpose;
  6. any conveyance used for tests or experimental purposes, or in a race or speed test.

## General Limitations

**Limitation on Multiple Covered Losses.** If a covered person suffers more than one loss as a result of the same accident, we will pay only one benefit, the largest benefit.

**Limitation on Multiple Benefits.** If a covered person can recover benefits under more than one of the following benefits: Accidental Death Benefit, Accidental Dismemberment and Plegia Benefit, as a result of the same accident, the most we will pay for these benefits in total is the Covered Person's benefit amount.

**Limitation on Multiple Hazards.** If a covered person suffers a covered loss that is covered under more than one Hazard, we will pay only one benefit, the largest benefit.

This document provides a general description of the primary features and characteristics of this insurance program solely for informational purposes and does not revise or amend the underlying policy underwritten by Zurich American Insurance Company (NAIC #16535 domiciled in New York), 1299 Zurich Way, Schaumburg, IL 60196-1056. Please refer to your individual policy for a detailed description of the insurance coverage, including the exclusions, limitations, restrictions, and termination, Policy Form GTU 5091313. In the event of a discrepancy between this document and your policy, the terms of your policy shall apply. All benefits are subject to the terms and conditions of your policy.

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# How to file a benefits claim



For certificate or policy holders of Accident Insurance, Critical Illness Insurance, or Hospital Indemnity Coverage.

Group Policy Name:  
The Claremont Colleges

Group Policy Number:  
0071223-0

## Online submission via the Voya Claims Center



**Step 1: Visit the online Claims Center at**  
<https://presents.voya.com/EBRC/Claremont> and click on “File A Claim”.



**Step 2: Complete the questionnaire.**

This generates a custom claim form package for you.

- If you are filing a Wellness Benefit claim, this process is completed online during this questionnaire. No claim form is necessary. Simply submit your claim at the end of the questionnaire.
- You may be eligible for a formless claim submission, depending on the Supplemental Health coverage you have. Please follow the prompts on the claim center site for more information.



**Step 3: Download your claim form package, if applicable.**



**Step 4: Complete the form package, if applicable, or go to Step 5.**

Have each form completed by the appropriate party, as outlined in the claim form package.



**Step 5: Gather additional documents.**

Collect any additional supporting documents, as instructed on the claim form “for you”.



**Step 6: Submit.**

Using your preferred submission method, submit your completed and signed forms, as well as any supporting documents.

- To submit your claim **online** via a secure upload, visit [voya.com/claims](https://voya.com/claims) and click on Step 2, “Submit Your Forms”.
- To **mail** your submission, see the top of your custom claims form package.

### Questions about the claim process?

For **Accident, Critical Illness, or Hospital Confinement Indemnity Insurance claims**, call **1-877-236-7564**.

Insurance products are issued by ReliaStar Life Insurance Company (Minneapolis, MN), a member of the Voya® family of companies. Voya Employee Benefits is a division of ReliaStar Life Insurance Company. Product availability and specific provisions may vary by state and employer's plan.

Hatch Associates Consultants, Inc., Group #0072400-9, Date Prepared: 09/23/2021

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175254-0815



# Accident Insurance

## Enrollment at a glance

### For the employees of: The Claremont Colleges

#### What is Accident Insurance?

Accident Insurance pays you benefits for specific injuries and events resulting from a covered accident that occurs, on or after your coverage effective date. The benefit amount depends on the type of injury and care received. You have the option to elect Accident Insurance to meet your needs. Accident Insurance is a limited benefit policy. It is not health insurance and does not satisfy the requirement of minimum essential coverage under the Affordable Care Act.

Features of Accident Insurance include:

- **Guaranteed issue:** No medical questions or tests are required for coverage.
- **Flexible:** You can use the benefit payments for any purpose you like.
- **Portable:** If you leave your current employer [or retire], you can take your coverage with you.

#### How can Accident Insurance help?

Below are a few examples of how your Accident Insurance benefits could be used:

- Medical expenses, such as deductibles and copays
- Home healthcare costs
- Lost income due to lost time at work
- Everyday expenses like utilities and groceries

#### Who is eligible for Accident Insurance?

- **You**—All active employees working 20+ hours per week.
- **Your spouse\***—If you have coverage on yourself, you may enroll your spouse, as long as your spouse is not covered under your employer's plan as an employee. Your spouse will be covered for the same Accident benefits as you are.
- **Your children\*\***—If you have coverage on yourself, your natural children, stepchildren, adopted children or children for whom you are a legal guardian; are eligible to be covered under your employer's plan, up to the age of 26. Your children will be covered for the same Accident benefits as you are and one premium amount covers all of your eligible children. If both you and your spouse are covered under this policy as an employee; then only one, but not both, may cover the same children for Accident Insurance. If the parent who is covering the children stops being insured as an employee, then the other parent may apply for children's coverage.

\*The use of "spouse" in this document means a person insured as a spouse as described in the applicable rider. This may include domestic partners or civil union partners as defined by the employer's plan. Please contact your employer for more information.

\*\*The definition of "child" may vary by state. Please contact your employer for more information.

#### When is my coverage effective?

##### Annual Enrollment

Your coverage becomes effective on January 1<sup>st</sup>, following the election of coverage. Coverage for your spouse and/or children becomes effective on the same date as your coverage, if elected.

For new hires, after the initial enrollment period, please refer to the certificate of insurance to learn when your coverage will become effective.

#### What accident benefits are available?

The following list is a summary of the benefits provided by Accident Insurance. You may be required to seek care for your injury within a set amount of time. Note that there may be some variations by state. For a list of standard exclusions and limitations, go to the end of this document. For a complete description of your available benefits, exclusions and limitations, see your certificate of insurance and any riders.



Event	Low	High
<b>Accident hospital care</b>		
<b>Surgery</b> open abdominal, thoracic	\$800	\$1,200
<b>Surgery</b> exploratory or without repair	\$125	\$175
<b>Blood, plasma, platelets</b>	\$400	\$600
<b>Hospital admission</b>	\$1,000	\$1,250
<b>Hospital confinement</b> per day, up to 365 days	\$300	\$375
<b>Critical care unit confinement</b> per day, up to 15 days	\$475	\$600
<b>Rehabilitation facility confinement</b> per day, up to 90 days	\$125	\$200
<b>Coma</b> duration of 14 or more days	\$11,500	\$17,000
<b>Transportation</b> per trip, up to three per accident	\$500	\$750
<b>Lodging</b> per day, up to 30 days	\$120	\$180
<b>Family care</b> per child per day, up to 45 days	\$15	\$25
<b>Accident care</b>		
<b>Initial doctor visit</b>	\$60	\$90
<b>Urgent care facility treatment</b>	\$150	\$225
<b>Emergency room treatment</b>	\$150	\$225
<b>Ground ambulance</b>	\$240	\$360
<b>Air ambulance</b>	\$1,000	\$1,500
<b>Follow-up doctor treatment</b>	\$60	\$90
<b>Chiropractic treatment</b> up to six per accident	\$30	\$45
<b>Medical equipment</b>	\$40	\$120
<b>Physical or occupational therapy</b> up to six per accident	\$30	\$45
<b>Speech therapy</b> up to six per accident	\$30	\$45
<b>Prosthetic device</b> (one)	\$500	\$750
<b>Prosthetic device</b> (two or more)	\$800	\$1,200
<b>Major diagnostic exam</b>	\$80	\$240
<b>X-ray</b>	\$30	\$45
<b>Common injuries</b>		
<b>Burns</b> second degree, at least 36% of the body	\$1,000	\$1,250
<b>Burns</b> third degree, at least 9 but less than 35 square inches of the body	\$4,500	\$7,500
<b>Burns</b> third degree, 35 or more square inches of the body	\$10,000	\$15,000
<b>Skin grafts</b>	25% of the burn benefit	25% of the burn benefit
<b>Emergency dental work</b>	\$250 crown, \$60 extraction	\$350 crown, \$90 extraction
<b>Eye injury</b> removal of foreign object	\$60	\$100
<b>Eye injury</b> surgery	\$225	\$350
<b>Torn knee cartilage</b> surgery with no repair or if cartilage is shaved	\$150	\$225
<b>Torn knee cartilage</b> surgical repair	\$500	\$800
<b>Laceration</b> <sup>1</sup> treated no sutures	\$20	\$30
<b>Laceration</b> <sup>1</sup> sutures up to 2"	\$40	\$60
<b>Laceration</b> <sup>1</sup> sutures 2" – 6"	\$160	\$240
<b>Laceration</b> <sup>1</sup> sutures over 6"	\$320	\$480
<b>Ruptured disk</b> surgical repair	\$500	\$800
<b>Tendon/ligament/rotator cuff</b> exploratory arthroscopic surgery with no repair	\$275	\$425
<b>Tendon/ligament/rotator cuff</b> one, surgical repair	\$550	\$825
<b>Tendon/ligament/rotator cuff</b> two or more, surgical repair	\$800	\$1,225
<b>Concussion</b>	\$150	\$225

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<b>Paralysis - paraplegia</b>	\$10,750	\$16,000
<b>Paralysis - quadriplegia</b>	\$16,000	\$24,000
<b>Dislocations</b>	<b>Closed/open reduction<sup>2</sup></b>	<b>Closed/open reduction<sup>2</sup></b>
<b>Hip joint</b>	\$2,550/\$5,100	\$3,850/\$7,700
<b>Knee</b>	\$1,600/\$3,200	\$2,400/\$4,800
<b>Ankle or foot bone(s)</b> other than toes	\$1,000/\$2,000	\$1,500/\$3,000
<b>Shoulder</b>	\$1,000/\$2,000	\$1,600/\$3,200
<b>Elbow</b>	\$750/\$1,500	\$1,100/\$2,200
<b>Wrist</b>	\$750/\$1,500	\$1,100/\$2,200
<b>Finger/toe</b>	\$175/\$350	\$275/\$550
<b>Hand bone(s)</b> other than fingers	\$750/\$1,500	\$1,100/\$2,200
<b>Lower jaw</b>	\$750/\$1,500	\$1,100/\$2,200
<b>Collarbone</b>	\$750/\$1,500	\$1,100/\$2,200
<b>Partial dislocations</b>	25% of the closed reduction amount	25% of the closed reduction amount
<b>Fractures</b>	<b>Closed/open reduction<sup>3</sup></b>	<b>Closed/open reduction<sup>3</sup></b>
<b>Hip</b>	\$2,000/\$4,000	\$3,000/\$6,000
<b>Leg</b>	\$1,500/\$3,000	\$2,500/\$5,000
<b>Ankle</b>	\$1,200/\$2,400	\$1,800/\$3,600
<b>Kneecap</b>	\$1,200/\$2,400	\$1,800/\$3,600
<b>Foot</b> excluding toes, heel	\$1,200/\$2,400	\$1,800/\$3,600
<b>Upper arm</b>	\$1,400/\$2,800	\$2,100/\$4,200
<b>Forearm, hand, wrist</b> except fingers	\$1,200/\$2,400	\$1,800/\$3,600
<b>Finger, toe</b>	\$160/\$320	\$240/\$480
<b>Vertebral body</b>	\$2,240/\$4,480	\$3,360/\$6,720
<b>Vertebral processes</b>	\$960/\$1,920	\$1,440/\$2,880
<b>Pelvis</b> except coccyx	\$2,250/\$4,500	\$3,200/\$6,400
<b>Coccyx</b>	\$200/\$400	\$400/\$800
<b>Bones of face</b> except nose	\$800/\$1,600	\$1,200/\$2,400
<b>Nose</b>	\$400/\$800	\$600/\$1,200
<b>Upper jaw</b>	\$1,000/\$2,000	\$1,500/\$3,000
<b>Lower jaw</b>	\$960/\$1,920	\$1,440/\$2,880
<b>Collarbone</b>	\$960/\$1,920	\$1,440/\$2,880
<b>Rib or ribs</b>	\$300/\$600	\$400/\$800
<b>Skull – simple</b> except bones of face	\$1,000/\$2,000	\$1,400/\$2,800
<b>Skull – depressed</b> except bones of face	\$2,000/\$4,000	\$3,000/\$6,000
<b>Sternum</b>	\$240/\$480	\$360/\$720
<b>Shoulder blade</b>	\$1,200/\$2,400	\$1,800/\$3,600
<b>Chip fractures</b>	25% of the closed reduction amount	25% of the closed reduction amount

<sup>1</sup> Laceration benefits are a total of all lacerations per accident.

<sup>2</sup> Closed reduction of dislocation = Non-surgical reduction of a completely separated joint. Open reduction of dislocation = Surgical reduction of a completely separated joint.

<sup>3</sup> Closed reduction of fracture = Non-surgical. Open reduction of fracture = Surgical.

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## What does my Accident Insurance include?

The benefits listed below are included with your Accident Insurance coverage. For a list of standard exclusions and limitations, please refer to the end of this document. For a complete description of your available benefits, exclusions and limitations, see your certificate of insurance and any riders.

- **Sports Accident Benefit:** If your accident occurs while participating in an organized sporting activity as defined in the certificate; the accident hospital care, accident care or common injuries benefit will be increased by 25%; to a maximum additional benefit of \$1,000.

## Are there additional non-insurance services available?

- **Voya Travel Assistance:** When traveling more than 100 miles from home, Voya Travel Assistance offers enhanced security for your leisure and business trips. You and your dependents can take advantage of four types of services: pre-trip information, emergency personal services, medical assistance services and emergency transportation services.

*Voya Travel Assistance services are provided by Europ Assistance USA, Bethesda, MD.*

## How much does Accident Insurance cost?

All employees pay the same rate, no matter their age. See the chart below for the premium amounts. Rates shown are guaranteed until January 1, 2023. The cost provided below includes Accident Insurance premium and a fee for Voya Travel Assistance.

Monthly Rates - Low Plan			
Employee	Employee and Spouse	Employee and Children	Family
\$7.97	\$13.28	\$15.72	\$21.03
Monthly Rates - High Plan			
Employee	Employee and Spouse	Employee and Children	Family
\$11.52	\$19.20	\$22.73	\$30.41
Bi-Weekly Rates (26 Pay Periods) - Low Plan			
Employee	Employee and Spouse	Employee and Children	Family
\$3.68	\$6.13	\$7.26	\$9.71
Bi-Weekly Rates (26 Pay Periods) - High Plan			
Employee	Employee and Spouse	Employee and Children	Family
\$5.32	\$8.86	\$10.49	\$14.04

Semi-Monthly Rates (24 Pay Periods) - Low Plan			
Employee	Employee and Spouse	Employee and Children	Family
\$3.99	\$6.64	\$7.86	\$10.52

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Semi-Monthly Rates (24 Pay Periods) - High Plan			
Employee	Employee and Spouse	Employee and Children	Family
\$5.76	\$9.60	\$11.37	\$15.21

### Exclusions and Limitations\*

Exclusions for the Certificate, Spouse Accident Insurance, and Children's Accident Insurance are listed below. (These may vary by state.)

Benefits are not payable for any loss caused in whole or directly by any of the following\*:

- Participation or attempt to participate in a felony or illegal activity.
- An accident while the covered person is operating a motorized vehicle while intoxicated. Intoxication means the covered person's blood alcohol content meets or exceeds the legal presumption of intoxication under the laws of the state where the accident occurred.
- Suicide, attempted suicide or any intentionally self-inflicted injury, while sane or insane.
- War or any act of war, whether declared or undeclared, other than acts of terrorism.
- Loss sustained while on active duty as a member of the armed forces of any nation. We will refund, upon written notice of such service, any premium which has been accepted for any period not covered as a result of this exclusion.
- Alcoholism, drug abuse, or misuse of alcohol or taking of drugs, other than under the direction of a doctor.
- Riding in or driving any motor-driven vehicle in a race, stunt show or speed test.
- Operating, or training to operate, or service as a crew member of, or jumping, parachuting or falling from, any aircraft or hot air balloon, including those which are not motor-driven. Flying as a fare-paying passenger is not excluded.
- Engaging in hang-gliding, bungee jumping, parachuting, sail gliding, parasailing, parakiting, kite surfing or any similar activities.
- Practicing for, or participating in, any semi-professional or professional competitive athletic contests for which any type of compensation or remuneration is received.
- Any sickness or declining process caused by a sickness.



## Questions?

For more information, please contact:

Voya Employee Benefits Customer Service at (877) 236-7564.

To learn more, go to: <https://presents.voya.com/EBRC/Claremont>

This is a summary of benefits only. A complete description of benefits, limitations, exclusions and termination of coverage will be provided in the certificate of insurance and riders. All coverage is subject to the terms and conditions of the group policy. If there is any discrepancy between this document and the group policy documents, the policy documents will govern. To keep coverage in force, premiums are payable up to the date of coverage termination. Accident Insurance is underwritten by ReliaStar Life Insurance Company (Minneapolis, MN), a member of the Voya® family of companies. Policy Form #RL-ACC3-POL-16; Certificate Form #RL-ACC3-CERT-16; and Rider Forms: Spouse Accident Rider Form #RL-ACC3-SPR-16, Children's Accident Rider Form #RL-ACC3-CHR-16. Form numbers, provisions and availability may vary by state.

EB0917-44956-0919

The Claremont Colleges, Group #71223-0, Date Prepared: 09/25/2019

177546-09302018

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# Hospital Confinement Indemnity Insurance

## Enrollment at a glance

### For the employees of: The Claremont Colleges

#### What is Hospital Confinement Indemnity Insurance?

Hospital Confinement Indemnity Insurance pays a daily benefit if you have a covered stay in a hospital\*, critical care unit or rehabilitation facility. The benefit amount is determined by the type of facility and the number of days you stay. You have the option to elect Hospital Confinement Indemnity Insurance to meet your needs. Hospital Confinement Indemnity Insurance is a limited benefit policy. It is not health insurance and does not satisfy the requirement of minimum essential coverage under the Affordable Care Act.

Features of Hospital Confinement Indemnity Insurance include:

- **Guaranteed issue:** No medical questions or tests are required for coverage.
- **Flexible:** You can use the benefit payments for any purpose you like.
- **Portable:** If you leave your current employer or retire, you can take the policy with you and select from a variety of payment plans.

\*A hospital does not include an institution or part of an institution used as: a hospice care unit; a convalescent home; a rest or nursing facility; a free-standing surgical center; a rehabilitative center; an extended care facility; a skilled nursing facility; or a facility primarily affording custodial, educational care, or care or treatment for persons suffering from mental diseases or disorders, or care for the aged, or drug or alcohol addiction. "Critical care unit" and "rehabilitative facility" are specifically defined in this policy. See the certificate for details.

#### How can Hospital Confinement Indemnity Insurance help?

Below are a few examples of how your Hospital Confinement Indemnity Insurance benefit could be used (coverage amounts may vary):

- Medical expenses, such as deductibles and copays
- Travel, food and lodging expenses for family members
- Child care
- Everyday expenses like utilities and groceries

#### Who is eligible for Hospital Confinement Indemnity Insurance?

- **You**—all active employees working 20+ hours per week.
- **Your spouse\***— Coverage is available only if employee coverage is elected. Your spouse will have the same Hospital Confinement Indemnity benefits as you do.
- **Your children\*\***— to age 26. Coverage is available only if employee coverage is elected. Your children are covered for the same Hospital Confinement Indemnity benefits as you are. One premium amount covers all of your eligible children. If both you and your spouse are covered under the policy as an employee, then only one, but not both, may cover the same children for Hospital Confinement Indemnity Insurance. If the parent who is covering the children stops being insured as an employee then the other parent may apply for children's coverage.

\*The use of "spouse" in this document means a person insured as a spouse as described in the certificate of insurance or rider. This may include domestic partners or civil union partners as defined by the group policy. Please contact your employer for more information.

\*\*The definition of "child" may vary by state. Please contact your employer for more information.

#### What Hospital Confinement Indemnity Insurance benefits are available?

The following list is a summary of the benefits provided by Hospital Confinement Indemnity Insurance. For a list of standard exclusions and limitations, go to the end of this document. For a complete description of your available benefits, exclusions and limitations, see your certificate of insurance and any riders.

- You have the option to purchase a daily benefit amount of \$100 or \$200.
- The benefit amounts paid depend on the type of facility and the number of days of confinement. Any combination of confinement benefits payable will not exceed a total of 30 days during a period of confinement(s).

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- **Initial Confinement Benefit:** This provides an additional payment of 10x the daily benefit amount after confinement in a hospital, critical care unit, and/or rehabilitation facility. This benefit is limited to a maximum of four Initial Confinement Benefits per calendar year for all covered persons, but no more than one for each covered person.
- **Hospital—**The benefit payment is 1x the daily benefit amount, up to 30 days per confinement.
- **Critical care unit (CCU)—**The benefit payment is 2x the daily benefit amount, up to 15 days per confinement.
- **Rehabilitation facility—**The benefit payment is one-half of the daily benefit amount, up to 30 days per confinement.

### How much does Hospital Confinement Indemnity Insurance cost?

All employees pay the same rate, no matter their age. See the chart below for the premium amounts. Rates shown are guaranteed until January 1, 2023.

Low Plan Rates				
Coverage Type	Daily Benefit	Monthly Rate	Bi-weekly Rate	Semi-monthly Rate
Employee	\$100	\$18.91	\$8.73	\$9.46
Employee + Spouse	\$100	\$39.62	\$18.29	\$19.81
Employee + Children	\$100	\$28.56	\$13.18	\$14.28
Employee + Family	\$100	\$49.27	\$22.74	\$24.64

High Plan Rates				
Coverage Type	Daily Benefit	Monthly Rate	Bi-weekly Rate	Semi-monthly Rate
Employee	\$200	\$37.82	\$17.46	\$18.91
Employee + Spouse	\$200	\$79.24	\$36.57	\$39.62
Employee + Children	\$200	\$57.13	\$26.37	\$28.57
Employee + Family	\$200	\$98.55	\$45.48	\$49.28

### When is my coverage effective?

The effective date of coverage is the date you are eligible to begin filing claims. The confinement must start on or after the coverage effective date.

#### Annual Enrollment

Your coverage becomes effective on January 1<sup>st</sup>, following the election of coverage. Coverage for your spouse and/or children becomes effective on the same date as your coverage.

For new hires, after the initial enrollment period, please refer to the certificate of insurance to learn when your coverage will become effective.

## Exclusions and limitations

Exclusions for the certificate, Initial Confinement Benefit, Spouse Hospital Confinement Indemnity Insurance and Children's Hospital Confinement Indemnity Insurance are listed below. (These may vary by state.) Benefits are not payable for any loss caused in whole or directly by any of the following\*:

- Participation or attempt to participate in a felony or illegal activity.
- Operation of a motorized vehicle while intoxicated.
- Suicide, attempted suicide or any intentionally self-inflicted injury, while sane or insane.
- War or any act of war, whether declared or undeclared, other than acts of terrorism.
- Loss that occurs while on full-time active duty as a member of the armed forces of any nation. We will refund, upon written notice of such service, any premium which has been accepted for any period not covered as a result of this exclusion.
- Alcoholism, drug abuse, or misuse of alcohol or taking of drugs, other than under the direction of a doctor.
- Elective surgery, except when required for appropriate care as a result of the covered person's injury or sickness.\*\*
- Riding in or driving any motor-driven vehicle in a race, stunt show or speed test.
- Operating, or training to operate, or service as a crew member of, or jumping, parachuting or falling from, any aircraft or hot air balloon, including those which are not motor-driven. Flying as a fare-paying passenger is not excluded.
- Engaging in hang-gliding, bungee jumping, parachuting, sail gliding, parasailing, parakiting, kite surfing or any similar activities.
- Practicing for, or participating in, any semiprofessional or professional competitive athletic contests for which any type of compensation or remuneration is received.

\*See the certificate and any riders for a complete list of available benefits, along with applicable provisions, exclusions and limitations.

\*\*Not applicable to Accident Benefit.



For more information, please contact:

Voya Employee Benefits Customer Service at (877) 236-7564.  
To learn more, go to: <https://presents.voya.com/EBRC/Claremont>

This is a summary of benefits only. A complete description of benefits, limitations, exclusions and termination of coverage will be provided in the certificate of insurance and riders. All coverage is subject to the terms and conditions of the group policy. If there is any discrepancy between this document and the group policy documents, the policy documents will govern. To keep coverage in force, premiums are payable up to the date of coverage termination. Hospital Confinement Indemnity Insurance is underwritten by ReliaStar Life Insurance Company (Minneapolis, MN), a member of the Voya® family of companies. Policy Form #RL-HI-POL-12; Certificate Form #RL-HI-CERT-12; and Rider Forms: Spouse Hospital Confinement Indemnity Rider Form #RL-HI-SPR-12; Children's Hospital Confinement Indemnity Rider Form #RL-HI-CHR-12; and Initial Confinement Benefit Rider Form #RL-HI-ICN-12. Form numbers, provisions and availability may vary by state.

EB0801-43901-0819

The Claremont Colleges, Group #71223-0, Date Prepared: 09/25/2019

177570-08/15/2018

ReliaStar Life Insurance Company, a member of the Voya® family of companies

# Critical Illness Insurance

## Enrollment at a glance

### For the employees of: The Claremont Colleges

#### What is Critical Illness Insurance?

Critical Illness Insurance pays a lump-sum benefit if you are diagnosed with a covered illness or condition on or after your coverage effective date. You have the option to elect Critical Illness Insurance. Critical Illness Insurance is a limited benefit policy. It is not health insurance and does not satisfy the requirement of minimum essential coverage under the Affordable Care Act.

Features of Critical Illness Insurance include:

- **Guaranteed Issue:** No medical questions or tests are required for coverage.
- **Flexible:** You can use the benefit payments for any purpose you like.
- **Portable:** If you leave your current employer or retire, you can take your coverage with you.

#### Who is eligible for Critical Illness Insurance and what are the coverage amounts?

- **You**—all active employees working 20+ hours per week. You may elect a Critical Illness benefit amount of \$15,000 or \$30,000.
- **Your spouse\***— Coverage is available only if employee coverage is elected. You may elect a spouse Critical Illness benefit amount of \$7,500 or \$15,000. You may elect a spouse Critical Illness benefit amount at 50% of your benefit amount.
- **Your children\*\***— birth to age 26. Coverage is available only if employee coverage is elected. You may elect a children's Critical Illness benefit amount of \$5,000 or \$10,000.

\* The use of "spouse" in this document means a person insured as a spouse as described in the certificate of insurance or rider. This may include domestic partners or civil union partners as defined by the group policy. Please contact your employer for more information.

\*\* The definition of "child" may vary by state. Please contact your employer for more information.

#### When is my coverage effective?

The coverage effective date is the date you are eligible to begin filing claims. The diagnosis of the covered condition must occur on or after the coverage effective date.

#### Annual Enrollment

Your coverage becomes effective on January 1<sup>st</sup>, following the election of coverage. Coverage for your spouse and/or children becomes effective on the same date as your coverage, if elected.

For new hires, after the initial enrollment period, please refer to the certificate of insurance to learn when your coverage will become effective.

## What benefits are available?

Critical Illness Insurance provides a benefit payment upon the diagnosis of an illness or condition shown below. Covered illnesses/conditions are broken out into groups called “modules.” Benefits are payable at 100% of the Critical Illness benefit amount unless otherwise stated. For a complete description of benefits, exclusions and limitations, refer to your certificate of insurance and riders.

### Base Module

- Heart attack\*
- Cancer (invasive)
- Stroke
- Major organ transplant\*\*
- Coronary artery bypass (25% of critical illness benefit amount)
- Cancer (Non-invasive) (25% of critical illness benefit amount)

\* A sudden cardiac arrest is not in itself considered a heart attack.

\*\* Major organ transplant means the irreversible failure of your heart, lung, pancreas, entire kidney or liver, or any combination thereof, determined by a physician specialized in care of the involved organ.

### Enhanced Cancer Module

- Benign brain tumor
- Skin cancer (10% of critical illness benefit)
- Bone marrow transplant (25% of critical illness benefit)
- Stem cell transplant (25% of critical illness benefit)

### Quality of Life Module

- Permanent paralysis
- Coma

In addition, the module below applies to your insured children:

### Additional Child Diseases Module

(This module applies to your insured children only, and is in addition to the other modules available.)

- Cerebral palsy
- Congenital birth defects
- Cystic fibrosis
- Down syndrome
- Gaucher disease, type II or III
- Infantile Tay-Sachs
- Niemann-Pick disease
- Pompe disease
- Type IV glycogen storage disease

## What additional benefits does my Critical Illness Insurance include?

The benefits listed below are also included with your Critical Illness coverage.

- **Wellness Benefit:** This provides an annual benefit payment if you complete a health screening test.
  - Your annual benefit amount is \$50 for completing a health screening test.
  - Your spouse's annual benefit amount is \$50 for completing a health screening test.
  - The annual benefit amount for each child is \$25 with an annual maximum of \$100 for all children.

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## How many times can I receive a benefit payment?

Each benefit payable will be no more than 100% of the Critical Illness benefit amount. The maximum amount payable during the insured person's lifetime is called the total maximum benefit. You may be eligible to receive benefit payments for multiple conditions, up to the total maximum benefit amount. Each diagnosis must be a different diagnosis. The total maximum benefit amount equals two times the Critical Illness benefit amount for each covered condition. Once the total maximum benefit for a covered condition has been paid, no further benefits are payable for that same covered condition.

Please refer to your certificate of insurance and riders for more information.

## What do you mean by different diagnosis?

To be eligible for a benefit payment, the diagnosis must be a "different diagnosis" than any previously diagnosed illness or condition. This can mean any of the following:

- An insured person has a diagnosis of a covered critical illness that is **different from a previously diagnosed illness or condition**.
- An insured person receives **a subsequent diagnosis of a covered critical illness that is for the same illness or condition\* as a critical illness for which benefits were payable under the critical illness insurance policy**. The subsequent diagnosis must occur more than 12 months after the date of the previous diagnosis.

\*Including a cancer that has spread to a different area of the body

## How much does Critical Illness Insurance cost?

See the chart(s) below for your cost. Rates shown are guaranteed until January 1, 2023.

Monthly Low UNI-TOBACCO: 4-Tier Rating					Monthly High UNI-TOBACCO: 4-Tier Rating				
Employee: \$15,000 Spouse: \$7,500 Child(ren): \$5,000					Employee: \$30,000 Spouse: \$15,000 Child(ren): \$10,000				
Includes Wellness Benefit Rider					Includes Wellness Benefit Rider				
Attained Age	EE only	EE+SP	EE+CH	Family	Attained Age	EE only	EE+SP	EE+CH	Family
Under 25	\$6.10	\$10.25	\$8.05	\$12.20	Under 25	\$10.90	\$17.90	\$14.80	\$21.80
25 - 29	\$6.10	\$10.25	\$8.05	\$12.20	25 - 29	\$10.90	\$17.90	\$14.80	\$21.80
30 - 34	\$7.15	\$11.90	\$9.10	\$13.85	30 - 34	\$13.00	\$21.20	\$16.90	\$25.10
35 - 39	\$7.15	\$11.90	\$9.10	\$13.85	35 - 39	\$13.00	\$21.20	\$16.90	\$25.10
40 - 44	\$14.20	\$22.78	\$16.15	\$24.73	40 - 44	\$27.10	\$42.95	\$31.00	\$46.85
45 - 49	\$14.20	\$22.78	\$16.15	\$24.73	45 - 49	\$27.10	\$42.95	\$31.00	\$46.85
50 - 54	\$28.75	\$46.25	\$30.70	\$48.20	50 - 54	\$56.20	\$89.90	\$60.10	\$93.80
55 - 59	\$28.75	\$46.25	\$30.70	\$48.20	55 - 59	\$56.20	\$89.90	\$60.10	\$93.80
60 - 64	\$43.00	\$68.23	\$44.95	\$70.18	60 - 64	\$84.70	\$133.85	\$88.60	\$137.75
65 - 69	\$52.90	\$85.10	\$54.85	\$87.05	65 - 69	\$104.50	\$167.60	\$108.40	\$171.50
70 +	\$78.25	\$119.45	\$80.20	\$121.40	70 +	\$155.20	\$236.30	\$159.10	\$240.20

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Bi-Weekly Low UNI-TOBACCO: 4-Tier Rating				
Employee: \$15,000 Spouse: \$7,500 Child(ren): \$5,000				
Includes Wellness Benefit Rider				
Attained Age	EE only	EE+SP	EE+CH	Family
Under 25	\$2.82	\$4.74	\$3.72	\$5.64
25 - 29	\$2.82	\$4.74	\$3.72	\$5.64
30 - 34	\$3.30	\$5.49	\$4.20	\$6.39
35 - 39	\$3.30	\$5.49	\$4.20	\$6.39
40 - 44	\$6.55	\$10.51	\$7.45	\$11.41
45 - 49	\$6.55	\$10.51	\$7.45	\$11.41
50 - 54	\$13.27	\$21.35	\$14.17	\$22.25
55 - 59	\$13.27	\$21.35	\$14.17	\$22.25
60 - 64	\$19.85	\$31.49	\$20.75	\$32.39
65 - 69	\$24.42	\$39.28	\$25.32	\$40.18
70 +	\$36.12	\$55.14	\$37.02	\$56.04

Bi-Weekly High UNI-TOBACCO: 4-Tier Rating				
Employee: \$30,000 Spouse: \$15,000 Child(ren): \$10,000				
Includes Wellness Benefit Rider				
Attained Age	EE only	EE+SP	EE+CH	Family
Under 25	\$5.03	\$8.26	\$6.83	\$10.06
25 - 29	\$5.03	\$8.26	\$6.83	\$10.06
30 - 34	\$6.00	\$9.78	\$7.80	\$11.58
35 - 39	\$6.00	\$9.78	\$7.80	\$11.58
40 - 44	\$12.51	\$19.83	\$14.31	\$21.63
45 - 49	\$12.51	\$19.83	\$14.31	\$21.63
50 - 54	\$25.94	\$41.49	\$27.74	\$43.29
55 - 59	\$25.94	\$41.49	\$27.74	\$43.29
60 - 64	\$39.09	\$61.77	\$40.89	\$63.57
65 - 69	\$48.23	\$77.35	\$50.03	\$79.15
70 +	\$71.63	\$109.06	\$73.43	\$110.86

Semi-Monthly Low UNI-TOBACCO: 4-Tier Rating				
Employee: \$15,000 Spouse: \$7,500 Child(ren): \$5,000				
Includes Wellness Benefit Rider				
Attained Age	EE only	EE+SP	EE+CH	Family
Under 25	\$3.05	\$5.13	\$4.03	\$6.11
25 - 29	\$3.05	\$5.13	\$4.03	\$6.11
30 - 34	\$3.58	\$5.96	\$4.56	\$6.94
35 - 39	\$3.58	\$5.96	\$4.56	\$6.94
40 - 44	\$7.10	\$11.39	\$8.08	\$12.37
45 - 49	\$7.10	\$11.39	\$8.08	\$12.37
50 - 54	\$14.38	\$23.13	\$15.36	\$24.11
55 - 59	\$14.38	\$23.13	\$15.36	\$24.11
60 - 64	\$21.50	\$34.11	\$22.48	\$35.09
65 - 69	\$26.45	\$42.55	\$27.43	\$43.53
70 +	\$39.13	\$59.73	\$40.11	\$60.71

Semi-Monthly High UNI-TOBACCO: 4-Tier Rating				
Employee: \$30,000 Spouse: \$15,000 Child(ren): \$10,000				
Includes Wellness Benefit Rider				
Attained Age	EE only	EE+SP	EE+CH	Family
Under 25	\$5.45	\$8.95	\$7.40	\$10.90
25 - 29	\$5.45	\$8.95	\$7.40	\$10.90
30 - 34	\$6.50	\$10.60	\$8.45	\$12.55
35 - 39	\$6.50	\$10.60	\$8.45	\$12.55
40 - 44	\$13.55	\$21.48	\$15.50	\$23.43
45 - 49	\$13.55	\$21.48	\$15.50	\$23.43
50 - 54	\$28.10	\$44.95	\$30.05	\$46.90
55 - 59	\$28.10	\$44.95	\$30.05	\$46.90
60 - 64	\$42.35	\$66.93	\$44.30	\$68.88
65 - 69	\$52.25	\$83.80	\$54.20	\$85.75
70 +	\$77.60	\$118.15	\$79.55	\$120.10



For more information, please contact:

Voya Employee Benefits Customer Service at (877) 236-7564.

To learn more, go to: <https://presents.voya.com/EBRC/Claremont>

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This is a summary of benefits only. A complete description of benefits, limitations, exclusions and termination of coverage will be provided in the certificate of insurance and riders. All coverage is subject to the terms and conditions of the group policy. If there is any discrepancy between this document and the group policy documents, the policy documents will govern. To keep coverage in force, premiums are payable up to the date of coverage termination. Critical Illness Insurance is underwritten by ReliaStar Life Insurance Company (Minneapolis, MN), a member of the Voya® family of companies. Policy form #RL-CI4-POL-16; Certificate form #RL-CI4-CERT-16; Spouse Critical Illness Rider form #RL-CI4-SPR-16; Children's Critical Illness Rider form #RL-CI4-CHR-16; Wellness Benefit Rider form #RL-CI4-WELL-16. Form numbers, provisions and availability may vary by state.

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The Claremont Colleges, Group #71223-0, Date Prepared: 09/30/2019

200555-08152018

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# Wellness Benefit

## At a glance



For employees of The Claremont Colleges enrolled in Critical Illness Insurance.

### What is the Wellness Benefit?

The Wellness Benefit is a rider that is included with your Critical Illness Insurance coverage. It provides an annual benefit payment if you complete a health screening test on or after your coverage effective date, whether or not there is any out-of-pocket cost to you. You only need to complete one health screening test. Note that you may only receive a benefit payment once per year, even if you complete multiple health screening tests. If your spouse/domestic partner and/or children are covered for Critical Illness Insurance, they are also covered for this benefit.

### How can the Wellness Benefit help?

Regular health screenings increase the chance of a positive outcome when serious illnesses are detected early. The Wellness Benefit encourages you to get regular health screenings. The benefit payment you receive for your health screening test can be used to help pay for the cost of the test or however you like.

### What types of health screening tests are eligible?

Health screening tests include but are not limited to:

- Blood test for triglycerides
- Pap smear or thin prep pap test
- Flexible sigmoidoscopy
- CEA (blood test for colon cancer)
- Bone marrow testing
- Serum cholesterol test for HDL & LDL levels
- Hemoccult stool analysis
- Molecular or antigen test (Coronavirus)
- Serum Protein Electrophoresis (myeloma)
- Breast ultrasound, sonogram, MRI
- Chest x-ray
- Mammography
- Colonoscopy
- CA 15-3 (breast cancer)
- Stress test on bicycle or treadmill
- Immunizations
- Fasting blood glucose test
- Thermography
- PSA (prostate cancer)
- Hearing test
- Routine eye exam
- Routine dental exam
- Well child/preventative exams through age 18
- Biometric screenings
- Electrocardiogram (EKG)
- Annual Physical Exam – adults
- CA 125 (ovarian cancer)
- Tests for sexually transmitted infections (STIs)
- Ultrasound screening for abdominal aortic aneurysms
- Hemoglobin A1C (HbA1c)
- Bone density screening

### How much does it cost?

The Wellness Benefit is automatically included with your Critical Illness Insurance coverage at no additional cost to you.

### What is my Wellness Benefit amount?

#### For Critical Illness Insurance

The annual benefit for you and your covered spouse is \$50 each for completing a health screening test. The annual benefit for any covered child is \$50 up to a maximum of \$100 for all children per calendar year.

ReliaStar Life Insurance Company (Minneapolis, MN), a member of the Voya® family of companies

## How do I file a claim?

You can quickly and easily file your Wellness Benefit claim online.

1. Go to [Voya.com/claims](http://Voya.com/claims).
2. Scroll down to the "Have a Wellness Benefit Claim?" section and click the "Submit your claim" button.
3. Check all products that apply – Critical Illness.
4. Click "Continue" and follow the screen prompts. Once all questions are answered, click "Submit".

Your Group Name is: The Claremont Colleges

Your Group Number is: 0071223-0

Our Compass insurance products pay a fixed benefit amount upon the occurrence of specified events that occur on or after the insured person's coverage effective date. They are not health insurance and do not satisfy the requirement of minimum essential coverage under the Affordable Care Act.

This is a summary of benefits only. A complete description of benefits, limitations, exclusions, and termination of coverage will be provided in the certificate of insurance and riders. All coverage is subject to the terms of the group policy. If there is any discrepancy between this document and the group policy documents, the policy documents will govern.

Insurance products are issued and underwritten by ReliaStar Life Insurance Company (Minneapolis, MN), a member of the Voya® family of companies. Critical Illness Insurance Policy form # RL-CI4-POL-16; Certificate form # RL-CI4-CERT-16; Wellness Benefit Rider form # RL-CI4-WELL-16. Form numbers, provisions and availability may vary by state.

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Connecting to care is easier than ever on **liveandworkwell.com**. It's available around the clock, from the convenience of your desk or the comfort of your home. You'll find 24/7 confidential access to professional care, self-help programs and resources to help you deal with life's stresses such as depression or anxiety, childcare or eldercare, legal or financial concerns.

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# Seguro legal de ARAG



The Claremont Colleges

## ¿Qué cubre el seguro legal?

Un plan de seguro legal UltimateAdvisor de ARAG® **cubre una amplia gama de necesidades legales**, como los ejemplos que se muestran a continuación (y muchos más) para ayudarle a abordar los problemas legales de la vida.

### Protección al consumidor

- ✓ reparación de automóviles
- ✓ compra o venta de automóviles
- ✓ fraudes al consumidor
- ✓ protección al consumidor relacionada con bienes o servicios
- ✓ reparaciones del hogar
- ✓ litigios sobre bienes personales
- ✓ corte de reclamos menores

### Asuntos penales

- ✓ asuntos relacionados con menores
- ✓ responsabilidad de los padres

### Asuntos relacionados con deudas

- ✓ cobro de deudas
- ✓ embargos
- ✓ bancarrota personal
- ✓ deudas por préstamos estudiantiles

### Asuntos de tránsito

- ✓ suspensión o revocación de la licencia
- ✓ infracciones de tránsito

### Asuntos fiscales

- ✓ auditorías fiscales del Servicio de Impuestos Internos (Internal Revenue Service, IRS)
- ✓ recaudación de impuestos por parte del IRS

### Asuntos familiares

- ✓ adopciones
- ✓ tutelas o custodias
- ✓ cambios de nombre
- ✓ asuntos relacionados con mascotas
- ✓ divorcios

### Servicios para arrendatarios

- ✓ contratos y contratos de arrendamiento
- ✓ desalojos
- ✓ depósitos de garantía
- ✓ litigios con un arrendador

### Propiedad de bienes inmuebles y casa

- ✓ compra de una casa
- ✓ escrituras
- ✓ ejecuciones hipotecarias
- ✓ asuntos de contratistas
- ✓ controversias con vecinos
- ✓ pagarés
- ✓ litigios de bienes inmuebles
- ✓ venta de una casa

### Testamentos y planificación patrimonial

- ✓ poderes notariales
- ✓ fideicomisos
- ✓ testamentos

## ¿Cuánto cuesta?

UltimateAdvisor®

Familia: \$18.25 mensual



*¿Qué es un seguro legal?*

**La cobertura legal no es solo para asuntos graves;** también es para sus necesidades cotidianas. El seguro legal le ayuda a tratar situaciones comunes, como la elaboración de testamentos, la transferencia de una propiedad o la compra de una casa.

*¡Necesito más información!* →



Consulte la lista completa de lo que cubre su plan en:

**ARAGlegal.com/myinfo**

Código de acceso: **18437ccs**

**¡Hablemos! Comuníquese con ARAG al 800-247-4184**

## ¿Por qué debería adquirir un seguro legal?



Al acudir con un abogado de la red, sus honorarios estarán **pagados al 100 %** en la mayoría de los asuntos cubiertos.



**Ahorre miles de dólares en promedio** por cada asunto legal, al evitar los costosos honorarios legales.\*



Evítese la molestia de encontrar un abogado local por su cuenta: acceda a más de **15,000 abogados con un promedio de más de 20 años de experiencia**, en la red de ARAG.



Resuelva sus problemas legales cubiertos con un abogado de la red que está a solo **una llamada telefónica de distancia para brindarle asistencia y representación legal**.



Use DIY Docs® para crear una variedad de **documentos con validez legal**, incluidas las plantillas específicas para cada estado.

## ¿Cómo funciona el seguro legal?

- 1 **Llame al 800-247-4184** cuando tenga un asunto legal.
- 2 **Atención a Clientes lo guiará a través de sus opciones** y le ayudará a comunicarse con los abogados de la red.
- 3 **Comuníquese con su abogado de la red** por teléfono o en persona para empezar a resolver su asunto legal.

### Reseñas de miembros del plan

"El seguro legal de ARAG me ayudó mucho, me quitó todo el estrés del proceso y me proporcionó un excelente abogado. Estoy muy feliz por acudir a ARAG y lo estoy recomendando a todas las personas que conozco que puedan beneficiarse de sus servicios"

– Nestor, Los Ángeles, CA



*¿En qué puede ayudarle un seguro legal?*

La mayoría de nosotros no estamos preparados para lo inesperado, como las circunstancias ocasionadas por el brote del coronavirus.

El seguro legal brinda un beneficio que puede usar para planificar cualquier situación: los momentos esperados e inesperados de su vida. Conéctese para consultar una lista completa de las coberturas y saber de qué manera puede protegerlo un plan legal.

**ARAGlegal.com/myinfo**  
**Código de acceso: 18437ccs**

## Cobertura de diversidad e inclusión

ARAG se adapta constantemente para que podamos cubrir las necesidades de todos. Usted necesita beneficios que vayan más allá de simples diferencias de edad, género o ingresos, y nuestro seguro legal proporciona coberturas inclusivas que aplican a cualquier grupo distinto.

Cuando se inscribe, su plan incluye servicios como acuerdo de unión libre, servicios funerarios, cambio de identidad de género, autorización para visitas hospitalarias y más. Todo esto con tarifas de abogados de la red que se pagan por completo, al 100%, con la membresía.

\*El costo promedio para los empleados sin seguro legal se basa en la cantidad promedio de horas de trabajo de los abogados en los reclamos de ARAG producidos en 2018 o 2019, y que se pagaron antes del 31 de diciembre de 2020, multiplicado por \$368 por hora. La tarifa promedio por hora de los honorarios que cobra un abogado de Estados Unidos que tiene de 11 a 15 años de experiencia es de \$368, de acuerdo con "The Survey of Law Firm Economics: 2018 Edition"

Se aplican limitaciones y exclusiones. Dependiendo de la legislación estatal, el seguro legal de ARAG puede considerarse un producto de seguros o un producto de servicios.

Los productos relacionados con los seguros están suscritos por ARAG Insurance Company of Des Moines, Iowa.

Los productos relacionados con los servicios son proporcionados por ARAG Services, LLC.

Este material es únicamente para fines ilustrativos y no es un contrato. Para conocer los términos, los beneficios o las exclusiones, llame a nuestro número de teléfono sin costo.

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# Legal Insurance from ARAG

The Claremont Colleges

## What does legal insurance cover?

An UltimateAdvisor legal insurance plan from ARAG® **covers a wide range of legal needs** like the examples shown below — and many more — to help you address life's legal situations.

### Consumer Protection

- ✓ Auto repair
- ✓ Buy or sell a car
- ✓ Consumer fraud
- ✓ Consumer protection for goods or services
- ✓ Home improvement
- ✓ Personal property disputes
- ✓ Small claims court

### Criminal Matters

- ✓ Juvenile
- ✓ Parental responsibility

### Debt-Related Matters

- ✓ Debt collection
- ✓ Garnishments
- ✓ Personal bankruptcy
- ✓ Student loan debt

### Driving Matters

- ✓ License suspension/revocation
- ✓ Traffic tickets

### Tax Issues

- ✓ IRS tax audit
- ✓ IRS tax collection

### Family

- ✓ Adoption
- ✓ Guardianship/conservatorship
- ✓ Name change
- ✓ Pet-related matters
- ✓ Divorce

### Services for Tenants

- ✓ Contracts/lease agreements
- ✓ Eviction
- ✓ Security deposit
- ✓ Disputes with a landlord

### Real Estate & Home Ownership

- ✓ Buying a home
- ✓ Deeds
- ✓ Foreclosure
- ✓ Contractor issues
- ✓ Neighbor disputes
- ✓ Promissory notes
- ✓ Real estate disputes
- ✓ Selling a home

### Wills & Estate Planning

- ✓ Powers of attorney
- ✓ Trusts
- ✓ Wills

## What does it cost?

**UltimateAdvisor®**

Family: \$18.25 monthly



## What is legal insurance?

**Legal coverage isn't just for the serious issues,** it's for your everyday needs, too. Legal insurance helps you address common situations like creating wills, transferring property, or buying a home.

*More details please! →*



See the complete list of what your plan covers at:

**ARAGlegal.com/myinfo** Access Code: **18437ccs**

**Let's Talk! Call ARAG at 800-247-4184**

## Why should you get legal insurance?



Work with a network attorney and attorney fees are **100% paid-in-full** for most covered matters.



**Save thousands of dollars on average**, for each legal matter by avoiding costly legal fees.\*



Avoid the hassle of finding a local attorney on your own – access more than **15,000 attorneys** in ARAG's network who **average 20+ years of experience**.



Address your covered legal situations with a network attorney who is only a **phone call away for legal help and representation**.



Use DIY Docs® to create a variety of **legally valid documents**, including state-specific templates.

## How does legal insurance work?

- 1 Call 800-247-4184** when you have a legal matter.
- 2 Customer Care will walk you through your options** and help you get connected to network attorneys.
- 3 Meet with your network attorney** over the phone or in person to begin resolving your legal issue.

### Reviews from plan members

"ARAG legal insurance has helped me so much – it's taken all the stress out of the process and has provided me with an excellent lawyer. I am so happy I went with ARAG and I have been recommending it to everyone I know that may benefit from their services."

– Nestor Los Angeles, CA



## How can legal work for you?

Most of us aren't prepared for the unexpected — like the circumstances caused by the coronavirus outbreak.

Legal insurance provides a benefit you can use to plan for it all — the expected and unexpected times in your life. Go online to view a complete list of coverages and see how a legal plan can protect you.

**ARAGlegal.com/myinfo**  
**Access code: 18437ccs**

## Diversity & Inclusion Coverage

ARAG is constantly adapting so we can meet the needs of all employees. You need benefits that go beyond simple age, gender or income differences – and our legal insurance provides inclusive coverages that apply to any diverse group.

When you enroll, your plan includes services like domestic partnership agreement, funeral directive, gender identifier change, hospital visitation authorization and more –all with network attorney fees that are 100% paid in full for most covered matters.

\*Average cost to employee without legal insurance is based on the average number of attorney hours for ARAG claims incurred in 2018 or 2019 and paid by December 31, 2020, multiplied by \$368 per hour. \$368 is the average hourly rate for a U.S. attorney with 11 to 15 years experience according to "The Survey of Law Firm Economics: 2018 Edition."

Limitations and exclusions apply. Depending upon a state's regulations, ARAG's legal insurance plan may be considered an insurance product or a service product. Insurance products are underwritten by ARAG Insurance Company of Des Moines, Iowa. Service products are provided by ARAG Services, LLC. This material is for illustrative purposes only and is not a contract. For terms, benefits or exclusions, contact us.

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# ARAG Legal App

Providing members a convenient place to turn when they need legal help.



Legal Insurance



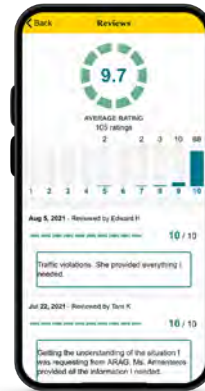
## Start a case:

Answer a few questions to help us confirm coverage and provide you a list of local network attorneys who can help with your case.



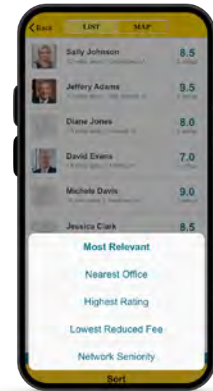
## Find an attorney:

Enter your location and a legal matter to view profile information for local network attorneys. You can also search by an attorney's last name.



## View attorney ratings and reviews:



See what other plan members have to say about their experience working with a network attorney.



## Sort attorney search:

These include ratings and reviews, office location, network seniority and reduced fee rate.

## Additional Features Include:

- **Face ID/Touch ID:** Ability to use Face ID or Touch ID provides secure access to your account.  
- **Mobile ID:** Members can access their digital ARAG legal insurance identification details wherever they are and whenever they need it.
- **Get Help:** Call or email an ARAG Customer Care specialist directly from the app to get help with coverage or claim questions.



Questions? Call 800-247-4184 for more information.

Limitations and exclusions apply. Depending upon a state's regulations, ARAG's legal insurance plan may be considered an insurance product or a service product. Insurance products are underwritten by ARAG Insurance Company of Des Moines, Iowa. Service products are provided by ARAG Services, LLC. This material is for illustrative purposes only and is not a contract. For terms, benefits or exclusions, contact us.






# stay connected, stay protected

Since so much of daily life is now spent online, it's more important than ever to stay connected. But more sharing online means more of your personal data may be at risk. In fact, 1 in 6 Americans were impacted by an identity crime in 2020.<sup>1</sup>

Identity theft can happen to anyone. That's why your company is offering you Allstate Identity Protection as a benefit. So you can be prepared and help protect your identity and finances from a growing range of threats.

**For 90 years, Allstate has been protecting what matters most. Prepare for what's next with:**

-  Financial account and credit monitoring
-  24/7 alerts and fraud recovery
-  Up to \$1 million identity theft expense coverage<sup>†</sup>

**Allstate**  
IDENTITY PROTECTION

**Sign up during  
open enrollment**

Questions? 1.800.789.2720

## Plans and pricing

### Allstate Identity Protection **Pro**

\$7.95 / employee / month

\$13.95 / family / month

1: 2021 Identity Fraud Study, Javelin Strategy & Research





# with Allstate Identity Protection Pro you'll be able to



Check your Identity Health Status



View and manage alerts in real time



Monitor your TransUnion credit score and report for fraud



Receive alerts for cash withdrawals, balance transfers, and large purchases



Get reimbursed in the event of fraud with our \$1 million identity theft expense reimbursement†



Protect yourself and your family (everyone that's "under your roof and wallet"), plus get senior family coverage for parents, in-laws, and grandparents over the age of 65\*

\*For family plans only

Terms and conditions apply. Certain features require additional activation and will not be available until a later date. Product may be updated or modified prior to availability.

†Identity theft insurance covering expense and stolen funds reimbursement is underwritten by American Bankers Insurance Company of Florida, an Assurant company. The description herein is a summary intended for informational purposes only and does not include all terms, conditions and exclusions of the policies described. Please refer to the actual policies for terms, conditions, and exclusions of coverage. Coverage may not be available in all jurisdictions.

Allstate Identity Protection is offered and serviced by InfoArmor, Inc., a subsidiary of The Allstate Corporation.

## It's easy to get started

1

### Choose your plan

You're protected from your effective date.

2

### Activate key features

Explore additional features in our easy-to-use portal.

3

### Live your best life online

We've got you covered with 24/7 alerts.

**Allstate**  
IDENTITY PROTECTION

# AUTO AND HOME INSURANCE TO FIT YOUR UNIQUE NEEDS.



## Claremont Colleges Employees: Take advantage of special savings today!

Farmers GroupSelect offers discounts and benefits, such as:

- Special savings just for being an employee of Claremont Colleges. **Others have saved an average of 22%.\***
- Automatic payment options
- Good driving rewards
- Multi-vehicle savings
- 24/7 superior service

**Call today for free quotes: 800-438-6381**  
**Provide your discount code: EPZ**

\*Savings based on the average nationwide annual savings in 2021 reported by new customers who called the Farmers GroupSelect<sup>SM</sup> employee and affinity member call center, switched their insurance to a Farmers<sup>®</sup> branded insurance policy issued through the Farmers GroupSelect employee or affinity member program, and realized savings. Potential savings vary by customer and may vary by state and product. Statistics do not reflect sales of products sold on Agent360<sup>SM</sup>.

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# Pet insurance from Nationwide<sup>®</sup>

With two budget-friendly options, there's never been a better time to protect your pet.



## Our popular My Pet Protection<sup>®</sup> pet insurance plans now feature more choices and more flexibility

- ✓ **Get cash back on eligible vet bills:** Choose your reimbursement level of 50% or 70%<sup>1</sup>
- ✓ **Available exclusively for employees:** Plans with preferred pricing only offered through your company
- ✓ **Use any vet, anywhere:** No networks, no pre-approvals

## Choose your level of coverage with My Pet Protection<sup>®</sup>



### How to use your pet insurance plan

- 1 Visit any vet,  
anywhere.
- 2 Submit  
claim.
- 3 Get reimbursed  
for eligible  
expenses.

Get a quote at <https://www.petinsurance.com/claremont>

<sup>1</sup>Some exclusions may apply. Certain coverages may be subject to pre-existing exclusion. See policy documents for a complete list of exclusions. Reimbursement options may not be available in all states.

Products underwritten by Veterinary Pet Insurance Company (CA), Columbus, OH; National Casualty Company (all other states), Columbus, OH. Agency of Record: DVM Insurance Agency. All are subsidiaries of Nationwide Mutual Insurance Company. Nationwide, the Nationwide N and Eagle, and Nationwide is on your side are service marks of Nationwide Mutual Insurance Company. ©2021 Nationwide. 21GRP8437



# Nationwide® pet insurance

## My Pet Protection® plan summary

Nationwide pet insurance helps you cover veterinary expenses so you can provide your pets with the best care possible **without worrying about the cost.**



### My Pet Protection coverage highlights

We offer a choice of reimbursement options so you can find coverage that fits your budget. All plans have a \$250 annual deductible and \$7,500 maximum annual benefit. Coverage includes\*:

- Accidents
- Illnesses
- Hereditary and congenital conditions
- Cancer
- Dental diseases
- Behavioral treatments
- Rx therapeutic diets and supplements
- And more

Plus, every My Pet Protection policy includes these additional benefits to maximize your value:

- Lost pet advertising and reward expense
- Emergency boarding
- Loss due to theft
- Mortality benefit



### Included with every policy



- 24/7 access to veterinary experts (\$110 value)
- Available via phone, chat and email
- Unlimited help for everything from general pet questions to identifying urgent care needs



- Save time and money by filling pet prescriptions at participating in-store retail pharmacies across the U.S.
- Rx claims submitted directly to Nationwide
- More than 4,700 pharmacy locations



### Additional highlights

- Exclusive product for employer groups only
- Preferred pricing for employees
- Multiple-pet discounts
- Guaranteed issuance

Get a fast, no-obligation quote today.

<https://www.petinsurance.com/claremont> • 877-738-7874

\*Some exclusions may apply. Certain coverages may be excluded due to pre-existing conditions. See policy documents for a complete list of exclusions.

Products underwritten by Veterinary Pet Insurance Company (CA), Columbus, OH; National Casualty Company (all other states), Columbus, OH. Agency of Record: DVM Insurance Agency. All are subsidiaries of Nationwide Mutual Insurance Company. Subject to underwriting guidelines, review and approval. Products and discounts not available to all persons in all states. Insurance terms, definitions and explanations are intended for informational purposes only and do not in any way replace or modify the definitions and information contained in individual insurance contracts, policies or declaration pages, which are controlling. Nationwide, the Nationwide N and Eagle, **vethelpline**, and Nationwide is on your side are service marks of Nationwide Mutual Insurance Company. ©2021 Nationwide. 21PMC8302E\_GRP\_REV



**Nationwide®**



# Avian & Exotic Pet Plan

Available only from Nationwide®



## Affordable medical coverage for your bird or exotic pet.

Choose 50% or 70% reimbursement. Coverage includes medical treatments and surgeries for accidents, illnesses and diseases, including cancer.\*

### This plan covers:



<b>Amphibians</b>	<b>Iguanas</b>
<b>Birds</b>	<b>Lizards</b>
<b>Chameleons</b>	<b>Mice</b>
<b>Chinchillas</b>	<b>Rats</b>
<b>Ferrets</b>	<b>Rabbits</b>
<b>Geckos</b>	<b>Snakes</b>
<b>Gerbils</b>	<b>Tortoises</b>
<b>Guinea pigs</b>	<b>Turtles</b>
<b>Hamsters</b>	

For more information, call **877-738-7874**

\*Some exclusions may apply. Certain coverages may be subject to pre-existing exclusion. See policy documents for a complete list of exclusions. Plans may not be available in all states. Policy eligibility may vary. Some species of avian and exotic pets are not eligible for coverage. Plans feature a \$250 annual deductible and have a maximum annual benefit of \$7,500.

Products underwritten by Veterinary Pet Insurance Company (CA), Columbus, OH; National Casualty Company (all other states), Columbus, OH. Agency of Record: DVM Insurance Agency. All are subsidiaries of Nationwide Mutual Insurance Company. Subject to underwriting guidelines, review and approval. Products and discounts not available to all persons in all states. Insurance terms, definitions and explanations are intended for informational purposes only and do not in any way replace or modify the definitions and information contained in individual insurance contracts, policies or declaration pages, which are controlling. Nationwide, the Nationwide N and Eagle, and Nationwide is on your side are service marks of Nationwide Mutual Insurance Company. ©2021 Nationwide. 21GRP8365\_ADA





Nationwide® pet insurance

# EMPLOYEE FAQ

## **Do I need to re-enroll for this benefit every year?**

No. Once enrolled, the policy will renew automatically each year.

## **How can I make changes to my policy?**

You can make changes to your policy during your policy renewal period. All changes are subject to underwriting approval.

## **When is the policy renewal period?**

The renewal period starts 60 days before the policy's current 12-month term expires. The policy's effective date and expiration date can be found on the Declarations Page, which is included with the policy packet that is mailed to you at each new term.

## **What happens to my pet insurance policy if I am no longer with the company?**

You will be notified and asked to update billing information in order to keep the policy active.

## **Will pre-existing conditions be covered?**

Unfortunately, no. Like all pet insurers, we don't cover pre-existing conditions on any of our plans.

## **Can I still use my vet?**

Absolutely. You're free to visit any licensed veterinarian, anywhere in the world—even specialists and emergency providers.

## **If I have a pet other than a dog or cat, can I enroll?**

Yes! If you want coverage for your bird, rabbit, reptile or other exotic pet, you'll find it only with Nationwide.

To enroll in the Avian & Exotic Pet Plan, please call 877-738-7874.

## **What is *vethelpline*® and how does it work?**

Veterinary professionals are available 24/7 through **vethelpline**, a service provided exclusively for Nationwide pet insurance members. You can get live help with any pet health concern, including identifying urgent care needs. Please note, a **vethelpline** consultation is not a substitute for a visit to your primary veterinarian.

## **How do I file a claim?**

It's easy. Simply pay your vet bill and then send us a claim for reimbursement via mail, email or online.

**Mail:** Nationwide Claims Dept., P. O. Box 2344, Brea, CA 92822-2344

**Email:** [submitmyclaim@petinsurance.com](mailto:submitmyclaim@petinsurance.com)

**Online:** Submit claims through your Nationwide Pet Account Access page at [my.petinsurance.com](https://www.petinsurance.com). Please allow 48 hours from the time you submit your claim for it to appear online.

Get a quote at <https://www.petinsurance.com/claremont> • **877-738-7874**



# How to apply for a pet insurance policy

Nationwide® pet insurance provides coverage for veterinary expenses related to accidents and illnesses. Policies are available for dogs, cats, birds, reptiles and other exotic pets.

## Choose from two easy ways to sign up:



Call **877-738-7874** and tell the pet insurance professional the name of your organization.

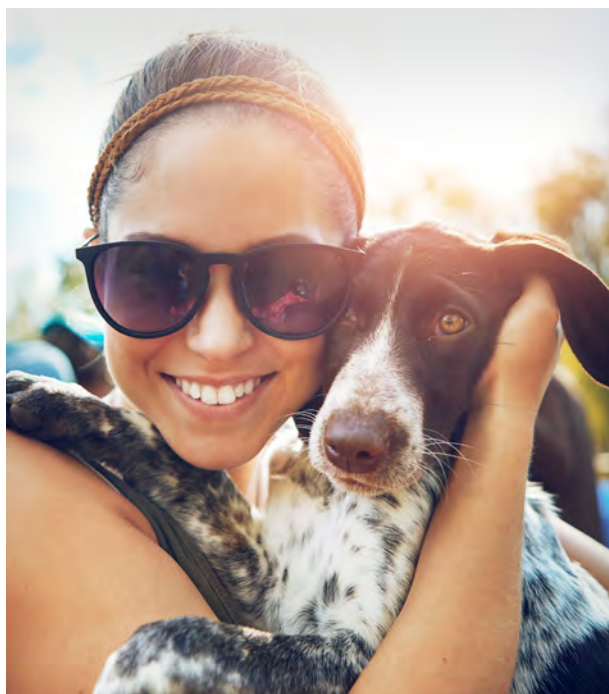
You'll receive preferred pricing on your base medical policy.



Visit: **PetsNationwide.com** and enter your organization name to enroll online.

The rates given will include your preferred pricing.

## During enrollment, you may be asked for the following information:



- Name
- Address
- Home or primary telephone number
- E-mail address
- Name of your pet
- Pet's species (canine, feline, etc.)
- Payment information/plan\*

\* Applications approved between the 1st and the 15th of the month become effective on the 1st of the following month. Applications approved from the 16th through the end of the month become effective on the 1st of not the following month, but the month thereafter.

**Example:** May 1 approval = June 1 effective date

May 16 approval = July 1 effective date



# Manage your retirement savings quickly, safely and easily online

## Start with the basics

When you set up your account and **log in at TIAA.org**, it's a good idea to **make sure your personal information is up to date**. You can make changes from the **Profile** tab, where you can also **sign up for eDelivery** for speedier delivery of account info.

## Take care of business

From the **Actions** tab, you can:

Change how contributions are invested > Go to [Change investments](#)

Roll over money into your plan > Go to [Move assets to account](#)

Name your beneficiaries > Go to [Add/edit beneficiaries](#)

## Improve your financial picture

Increase your financial know-how and use these tools to plan for what's ahead.

Get help creating a plan for the future > Go to [TIAA.org/retirementadvisor](#)

Watch educational webinars > Go to [TIAA.org/webinars](#)

See how your saving habits will impact your future > Go to [TIAA.org/tools](#)

Get 1-on-1 advice at no additional cost<sup>1</sup> > Go to [TIAA.org/schedulenow](#)



Get started today at

[TIAA.org](#)

Download the TIAA app to manage your account on the go.





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