

WELCOME TO THE CLAREMONT COLLEGES BENEFITS PLAN INFORMATION 2015

As a new hire you are eligible for health benefits through our group plans. In this booklet you will find a summary of our medical, dental, vision and life insurance plans, as well as rates and instructions on how to enroll in benefits.

You will need the following when enrolling:

- ❖ Full Names, Social Security numbers and birthdates for all dependents you enroll.
- ❖ If you are enrolling a spouse, we will need a copy of your marriage certificate to approve your spouse's coverage.
- ❖ If enrolling a Domestic Partner, you must submit a completed Domestic Partner Affidavit.

Things to Remember:

- ❖ You have 30 days from your date of hire to enroll in benefits.
- ❖ Your next opportunity to make changes is during Open Enrollment, which is in late October, unless you experience a Life Event.

Enrolling in Benefits

- ❖ Complete the enclosed Benefits Enrollment Form
- ❖ Submit completed form to CUC Benefits Administration, along with any required documentation:

101 S. Mills Ave.
Claremont, CA 91711
Fax: 909-607-7353

You may also email it to a Benefits Representative
(see page 11 for contact information)

Finding a Dental Provider

You can visit MetLife's website to look up providers a www.metlife.com. To search for DMO dentist, select "Managed Dental Plan" for Plan Type and "MET3757" for Plan Name. To search for PPO dentist, select "DPPO" for Plan Type.

MEDICAL BENEFITS

The Claremont Colleges offer three medical plans, Kaiser HMO, Anthem HMO & Anthem Lumenos HSA. The two HMO plans offer affordable health care for you and your family through a network of healthcare providers. Through the Lumenos HSA plan, you have flexibility to choose any doctor or facility. Keep in mind that if you use out-of-network providers, the co-insurance percentage is higher and is based on reasonable and customary charges. Costs above reasonable and customary charges are paid by you as the participant.

MEDICAL BENEFITS AT A GLANCE

The chart below provides an overview of the most commonly used medical benefits.

Benefit	Kaiser HMO	Anthem Blue Cross HMO (California Care)	Anthem Lumenos HSA	
	Kaiser Permanente Network	Anthem Blue Cross Providers	In-Network	Out-of- Network
Employer HSA Contribution for employees who earn less than \$115,000 per year (when enrolled through Mellon Bank)				
Employee-only	N/A	N/A	\$450	
Family	N/A	N/A	\$900	
Calendar year deductible				
Employee-only	None	None	\$1,500	
Family	None	None	\$3,000 Includes insured employee & one or more members of the employee's family	
Out-of-pocket maximum (per calendar year) Some benefits do not apply toward the out of pocket maximum				
Employee-only	\$1,500	\$1,500	\$3,000	\$6,000
Family	\$3,000	\$3,000 (two-party) / \$4,500 (family)	\$6,000	\$12,000
Lifetime Maximum	Unlimited	Unlimited	Unlimited	
Inpatient Services				
Inpatient Hospital	\$200 copay per admission	\$300 copay per admission	Plan pays 80% after deductible	Plan pays 60% after deductible
Hospice Care	Plan pays 100%	Plan pays 100%	Plan pays 80% after deductible	Plan pays 60% after deductible
Skilled Nursing Facility	Plan pays 100% (Up to 100 days per Calendar Year)	Plan pays 100% (Up to 100 days per Calendar Year)	Plan pays 80% after deductible (Up to 100 days per calendar year)	Plan pays 60% after deductible (Up to 100 days per calendar year)
X-ray, Laboratory	Plan pays 100%	Plan pays 100%	Plan pays 80% after deductible	Plan pays 60% after deductible
Outpatient Services				
Office Visits	PCP: \$20 copay Specialist: \$30 copay	PCP: \$25 copay Specialist: \$40 copay	Plan pays 80% after deductible	Plan pays 60% after deductible
Preventive Care	Plan pays 100%	Plan pays 100%	Plan pays 100%	Plan pays 60% after deductible
Outpatient Surgery	You pay a \$30 copay	You pay a \$100 copay	Plan pays 80% after deductible	Plan pays 60% after deductible
Emergency Services				
Emergency room services and supplies	You pay a \$100 copay; waived if admitted	You pay a \$150 copay; waived if admitted	Plan pays 80% after deductible	Plan pays 80% after deductible

Benefit	Kaiser HMO	Anthem Blue Cross HMO (California Care)	Anthem Lumenos HSA	
	Kaiser Permanente Network	Anthem Blue Cross Providers	In-Network	Out-of-Network
Inpatient care	You pay \$200 per admission	You pay \$300 per admission	Plan pays 80% after deductible	Plan pays 60% after deductible
Outpatient care	You pay a \$20 copay per visit / individual therapy You pay a \$10 copay per visit / group therapy;	You pay a \$20 copay per visit (\$40 for specialist)	Plan pays 80% after deductible	Plan pays 60% after deductible
Substance Abuse				
Inpatient care	You pay a \$200 copay per admission	You pay a \$300 copay per admission	Plan pays 80% after deductible	Plan pays 60% after deductible
Outpatient care	You pay a \$20 copay per visit for individual therapy You pay a \$5 copay per visit for group therapy	You pay a \$20 copay per visit (\$40 for specialist)	Plan pays 80% after deductible	Plan pays 60% after deductible
Prescription Drugs – Retail (up to a 30-day supply)				
Generic	You pay a \$10 copay	You pay a \$10 copay	Plan pays 80% after deductible	Plan pays 60% after deductible
Brand Formulary	You pay \$25 copay	You pay \$30 copay		
Brand Non-formulary	You pay \$25 copay	You pay a \$50 copay		
Prescription Drugs – Mail-order				
Generic	\$20 for up to 100 day supply	\$10 copay for 60 day supply	Plan pays 80% after deductible	Not Covered
Brand Formulary	\$50 for up to 100 day supply	\$60 copay for 60 day supply		
Brand Non-formulary	\$50 for up to 100 day supply	\$100 copay for 60 day supply		

DENTAL BENEFITS

Dental coverage is offered to eligible employees through MetLife, we offer two dental plans MetLife DHMO & MetLife PPO. The MetLife DHMO plan works much like a medical HMO plan and requires members to select a primary care dentist (PCD) from the MetLife network to coordinate care. The MetLife PPO plan offers flexibility to members to choose any dentist and receive benefits. However, if an out-of-network provider is used, members pay in excess of the reasonable and customary charges, much like the medical Lumenos HSA plan noted earlier.

DENTAL BENEFITS AT A GLANCE

The chart below provides an overview of the most commonly used dental benefits.

Benefit	MetLife Dental DHMO	MetLife Dental PPO*	
	In-Network	In-Network	Out-of-Network
Calendar Year Deductible	None	Individual: \$50 / Family: \$150	Individual: \$75 / Family: \$225
Calendar Year Maximum Benefit	Unlimited	Plan pays up to \$2,000 per person/year	Plan pays up to \$2,000 per person/year
Preventive/Diagnostic			
Routine Examination: Cleaning once every 6 months, Fluoride Treatment (including bitewing X-rays)	You pay \$0	Plan pays 100%; deductible does not apply	Plan pays 90%; deductible does not apply
General Services (Restorative)			
Fillings: Amalgam Composite/Resin	You pay \$0 to a \$240 copay (depending on number of surfaces)	Plan pays 80% after deductible	Plan pays 80% after deductible
Simple Extractions	You pay a \$5 copay (\$30 for after-hours visits)	Plan pays 80% after deductible	Plan pays 80% after deductible
Major Services			
Caps, Crowns, Dentures	Copays as listed in the schedule of covered services and copays	Plan pays 50% after deductible	Plan pays 50% after deductible
Orthodontia			
Adults	You pay a \$1,695 copay	Plan pays 50% up to \$2,000 lifetime maximum benefit; deductible does not apply	
Dependent Children (to age 19)	You pay a \$1,695 copay		
Evaluation and Consultation	You pay a \$100 copay		
Treatment Plan and Records	You pay a \$250 copay		
Retention	\$250 copay		

*Note: if enrolled in the MetLife PPO plan you will not receive ID cards, simply call 800-942-0854 to receive eligibility information.

VISION BENEFITS

Eligible employees are automatically enrolled in the core vision coverage through Anthem Blue View at no cost. This plan includes coverage for eye exams and a discount on eyeglasses or contact lenses. Increased coverage is available for purchase through the Buy-Up Plan and you receive a higher level of coverage when you use a network provider.

VISION BENEFITS AT A GLANCE

The chart below provides an overview of the most commonly used vision benefits.

Benefit	Core Plan		Buy-Up Plan	
	In-Network	In-Network	In-Network	Out-of-Network Reimbursement
Eye Exam (Once every 12 months)				
	Plan pays 100% after \$10 copay	Plan pays 100% after \$10 copay		Plan pays up to \$79
Frames (Once every 12 months)				
	You receive a 35% discount	Plan pays up to \$130 allowance, you receive a 20% discount on amounts over allowance		\$100 allowance
Lenses (Once every 12 months)				
Single Vision	\$50 copay			Plan pays up to \$36
Lined Bifocal	\$70 copay	Plan pays 100% after \$15 copay		Plan pays up to \$60
Lined Trifocal	\$105 copay			Plan pays up to \$79
Contact Lenses (Once every 12 months)				
	You receive a 15% discount on conventional lenses.	Plan pays up to \$130 allowance; you receive a 15% discount on doctor's professional fees. Materials are paid at usual & customary rates		Plan pays up to \$115

*If enrolled in Anthem HMO you will receive one ID card for both medical and vision. If enrolled in Kaiser or do not carry medical coverage through The Claremont Colleges, you will receive a separate card for vision.

FLEXIBLE SPENDING ACCOUNTS

The Claremont Colleges offer the following flexible spending accounts through Payflex:

Health Care	For co pays, deductibles, vision and dental expenses	Minimum Contribution of \$300 to a max of \$2,550
Dependent Care*	For Daycare, child care and elder care expenses	Minimum Contribution of \$300 to a max of \$5,000

*The Dependent Care maximum for married couples is \$2,500 per spouse, per IRS regulations.

Your total election will be deducted evenly over each pay period on a pre-tax basis. Deductions are taken from your paychecks January through December. The Health Care and Dependent Care FSA's are separate accounts and you cannot combine or transfer money between them.

It is important to understand that any amount left in the FSA account at year-end will be forfeited. The plan year for The Claremont Colleges is January 1, 2015 – March 15, 2016. Claims can be submitted up to June 30, 2016 for services received during the plan year.

Through PayFlex, our plan administrator, you will receive a prepaid PayFlex Debit card that you can use to pay your out of pocket expenses at time of service/purchase. Through the PayFlex website you can also submit claims online, set up a Direct Deposit and check account balances. Reimbursement amounts can be requested up to 3 ½ months after the plan year, if the invoices/receipts are for services received during the plan year.

The **PayFlex Card** is a MasterCard® that you can use at eligible providers to pay for FSA-eligible healthcare expenses, including prescriptions (Rx) and co-pays. Please remember to always keep your receipts and documentation!

Why use the Card?

The **PayFlex Card** gives you easy access to your FSA funds. Simply swipe your Card and funds are deducted from your FSA balance to pay for the eligible expense - no need to submit a claim and wait for reimbursement.

New PayFlex Mobile app:

Free and available for most smartphones, the PayFlex app lets you:

- Manage your account and submit claims
- View your account balance and submit claims
- Receive account alerts and submit documentation
- View a list of common eligible expense items.

For additional information, please contact Benefits Administration at (909) 621-8151 or PayFlex at (800) 284-4885 or www.HealthHub.com.

ADDITIONAL BENEFITS

Employer Paid Benefits (Automatic Enrollment)

BASIC LIFE INSURANCE

All benefits eligible faculty and staff receive Basic Life Insurance with a benefit of one time their annual salary, minimum of \$20,000 to a maximum of \$50,000.

LONG TERM DISABILITY INSURANCE

Benefits eligible faculty and staff who are scheduled to work 30 hours or more per week, are automatically enrolled for long-term disability coverage on their first day of employment.

Exception: Rancho Santa Ana Botanic Gardens staff may elect coverage and pay 50% of the premium.

EMPLOYEE ASSISTANCE PROGRAM (EAP)

Confidential advice and counseling is available to faculty and staff at no cost through the EAP. Employees and their legal spouses, domestic partners and eligible dependents receive up to five (5) counseling sessions with a licensed/certified therapist by phone or in-person, per family member, per issue, each calendar year. Access to the EAP is available 24/7 year round.

Employee Paid Benefits (Optional Enrollment)

ACCIDENTAL DEATH & DISMEMBERMENT INSURANCE (AD&D)

The Claremont Colleges offers benefits eligible faculty and staff voluntary coverage in the event of an accident related to death or dismemberment. You can choose Individual or Family coverage (as deemed under IRS regulations).

SUPPLEMENTAL LIFE INSURANCE

You can choose to purchase additional coverage for yourself through Anthem Blue Cross Life. This coverage is in addition to the Basic Life and the coverage amounts are based on your basic annual salary. You can obtain coverage for 1X, 2X, 3X and 4X your annual salary. New employees are guaranteed up to 2x their salary, coverage's over the guaranteed amount or that are added after the first 30 days of hire are subject to Evidence of Insurability. You can find the Evidence of Insurability (EOI) on the CUC website at www.cuc.claremont.edu/benefits under Forms.

LIFE INSURANCE FOR SPOUSES, DOMESTIC PARTNERS & CHILDREN:

Spouses/Domestic Partners- You can enroll your spouse or domestic partner for life insurance coverage, please note that they can only have up to 50% of the total employee coverage (basic life + supplemental life) in increments of \$10,000.

Children- \$5,000 benefit per child (6 months and older up to age 24).

For more details about any of the plans' provisions, please access the 2014 Benefits Guides through the CUC Website at:

www.cuc.claremont.edu/benefits

2015 MONTHLY PLAN RATES

The charts below list the monthly premium amounts for benefit coverage's beginning January 1, 2015. All benefit premium deductions for health, dental, vision, health savings account (HSA) and flexible spending accounts (FSA) are taken on a pre-tax basis unless otherwise requested.

Medical Plans

	Kaiser HMO	Anthem Blue Cross HMO (California Care)	Anthem Lumenos HSA
Employee Only	\$43.39	\$53.14	\$53.38
Two Party	\$182.23	\$223.19	\$224.42
Family	\$390.49	\$477.82	\$482.18

Dental Plans*

	MetLife Dental DHMO	MetLife Dental PPO
Employee Only	\$5.76	\$56.72
Two Party	\$18.52	\$126.80
Family	\$30.00	\$190.52

*RSABG employees pay 100% of the premium for dental coverage.

Anthem Blue View Vision Plans

	Core Plan	Buy-Up Plan
Employee Only	\$0.00	\$4.48
Two Party	\$1.36	\$7.57
Family	\$3.05	\$12.53

Premiums for Domestic Partners will be paid on an after tax basis. Additionally employees will be taxed Imputed Income for the employer contribution of the domestic partner's medical coverage.

Supplemental Life Insurance

Rates for employees & spouse/domestic partner are based on the employee's age as of January 1, 2015.

Anthem Supplemental & Spouse/Domestic Partner Life Insurance	
Age	Monthly Rate (per \$1,000 of coverage)
Under 30	\$0.05
30-34	\$0.06
35-39	\$0.08
40-44	\$0.14
45-49	\$0.24
50-54	\$0.40
55-59	\$0.62
60-64	\$0.97
65-69	\$1.74
70 +	\$3.11
Dependent Child (ren) Life Insurance: \$0.50 per Family for \$5,000 of coverage.	

Accidental Death & Dismemberment Insurance (AD&D)

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

Principal sum amount cannot be increased after age 70. Coverage for children is 30% of the principal sum up to a maximum of \$50,000.

Principal Sum*	Employee Only Coverage	Family Coverage
\$25,000	\$0.50	\$0.98
\$50,000	\$1.00	\$1.95
\$75,000	\$1.50	\$2.93
\$100,000	\$2.00	\$3.90
\$125,000	\$2.50	\$4.88
\$150,000	\$3.00	\$5.85
\$175,000	\$3.50	\$6.83
\$200,000	\$4.00	\$7.80
\$225,000	\$4.50	\$8.78
\$250,000	\$5.00	\$9.75
\$275,000	\$5.50	\$10.73
\$300,000	\$6.00	\$11.70
\$325,000	\$6.50	\$12.68
\$350,000	\$7.00	\$13.65
\$375,000	\$7.50	\$14.63
\$400,000	\$8.00	\$15.60
\$425,000	\$8.50	\$16.58
\$450,000	\$9.00	\$17.55
\$475,000	\$9.50	\$18.53
\$500,000	\$10.00	\$19.50

PLAN PROVIDERS

Below is the customer service number and website for our providers.

Provider	Phone	Web Site Address
Anthem Blue Cross HMO (California Care)	800-227-3771	www.anthem.com/ca
Anthem Lumenos HSA	866-207-9878	www.anthem.com/ca
Kaiser Permanente	800-464-4000	http://my.kp.org/ca/claremont
Mellon HSA	877-472-4200	N/A
MetLife Dental PPO	800-942-0854	www.metlife.com
MetLife Dental DMO	800-880-1800	www.metlife.com
Anthem Blue View	866-723-0515	www.anthem.com/ca
PayFlex	800-284-4885	HealthHub.com
United Behavioral Health – Employee Assistance Program	800-234-5465	www.liveandworkwell.com
Anthem Blue Cross Life Insurance	800-552-2137	www.anthem.com/ca
Zurich Voluntary AD&D	866-841-4771	www.zurichna.com
The Standard – Long Term Disability	800-368-1135	N/A
Genworth – Long Term Care	800-416-3624	www.Genworth.com/grouprtc Group ID: Claremont Code: grouprtc
Fidelity	800-343-0860	www.mysavingsatwork.com
TIAA-CREF	800-842-2776	www.tiaa-cref.org
Vanguard	800-662-2003	https://personal.vanguard.com/us/home
Medicare	1-800-MEDICARE (1-800-633-4227)	www.medicare.gov
Center for Health Care Rights	213-383-4519	www.chcsbc.org/
California Casualty	877-411-1427	www.aplus.com/univ
Assist America	609-921-0868	www.assistamerica.com

For group policy numbers please contact CUC Benefits Administration at 909-621-8151.

CONTACT INFORMATION

Benefits Administration Office

If you have questions about your benefits or for additional information on new enrollments, changes or cancellation of your benefits, contact a member of the Benefits Administration Team.

Anna Huerta Benefits Representative	(909) 607-9494	anna_huerta@cuc.claremont.edu
Claudia Garcia Benefits Representative	(909) 607-9493	claudia_garcia@cuc.claremont.edu
Monica Villanueva Benefits Representative	(909) 607-3684	monica_villanueva@cuc.claremont.edu
Carol Saldivar Benefits Manager	(909) 607-3195	carol_saldivar@cuc.claremont.edu
Loo Hsing Senior Benefits Analyst	(909) 607-3780	loo_hsing@cuc.claremont.edu
Tony Romero Retirement Analyst	(909) 621-8805	tony_romero@cuc.claremont.edu
Lissette Martinez Worker's Compensation & Disability	(909) 621-8847	lissette_martinez@cucclaremont.edu
Robert Bloomer Benefits Director	(909) 621-8049	robert_bloomer@cuc.claremont.edu

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