READY, SET, ENROLL

THE CLAREMONT COLLEGES

2023 BENEFITS

Pomona College · Claremont Graduate University · Scripps College · Claremont McKenna College · Harvey Mudd College · Pitzer College · KGI Keck Graduate Institute · The Claremont Colleges Services · California Botanic Garden

CONTENTS

MEDICARE PART D NOTICE

If you (and/or your dependents) have Medicare or will become eligible for Medicare in the next 12 months, a federal law gives you more choices about your prescription drug coverage. Please see the Important Notices section for more details.

WELCOME TO YOUR BENEFITS GUIDE

VIDEO LIBRARY 3

GETTING STARTED 5

WHO'S ELIGIBLE FOR BENEFITS? 6

CHANGING YOUR BENEFITS 7

ENROLLING FOR BENEFITS 8

MEDICAL, DENTAL & VISION

WHICH PLAN IS RIGHT FOR YOU? 9

MEDICAL PLANS 10

MEDICAL CARRIER RESOURCES 14

HEALTH SAVINGS ACCOUNT (HSA) 16

HEALTHCARE FLEXIBLE SPENDING ACCOUNT (FSA) 18

DENTAL PLANS 21

VISION PLANS 23

ENGAGE

NEED CARE? KNOW WHERE TO GO 26

MENTAL HEALTH RESOURCES 27

PREVENTIVE CARE 28

PRESCRIPTION DRUGS BREAKING BUDGET 29

FIND A PROVIDER 30

LIFE & DISABILITY 31

BASIC LIFE & AD&D, SHORT-TERM AND LONG-TERM DISABILITY

FINANCIAL WELLNESS 36

RETIREMENT

VOLUNTARY PLANS 39

AUTO & HOME INSURANCE,PET INSURANCE, IDENTITY PROTECTION INSURANCE,LEGAL ASSISTANCE INSURANCE, ACCIDENT INSURANCE, CRITICAL ILLNESS INSURANCE, HOSPITAL INDEMNITY INSURANCE

WELLBEING & BALANCE 42

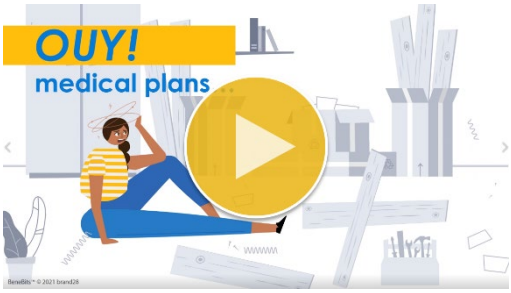
EAP

IMPORTANT PLAN INFORMATION 44

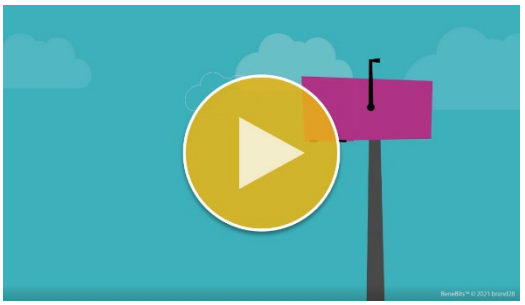
COST OF COVERAGE, RATES, CONTACTS, IMPORTANT NOTICES

VIDEO LIBRARY

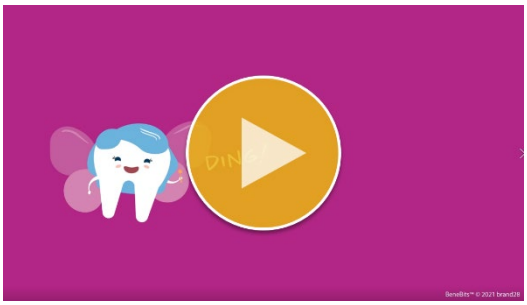
All About Medical Plans



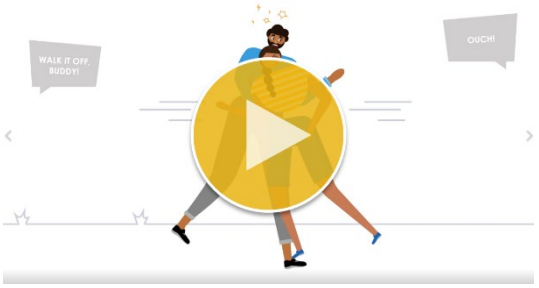
Balance Billing



Dental



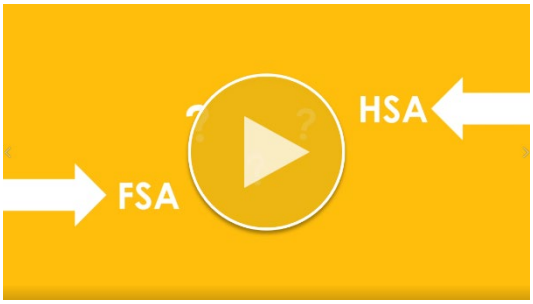
ER vs Urgent Care



Explanation of Benefits EOB

Flexible Spending Accounts FSA

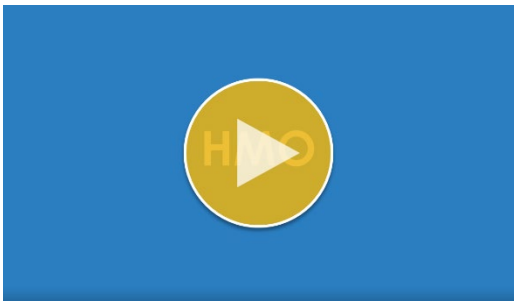
FSA vs HSA



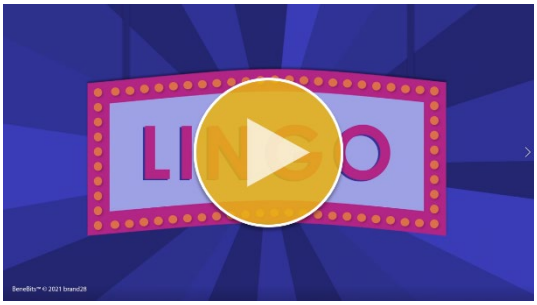
HDHP Plans

Health Savings Accounts HSA

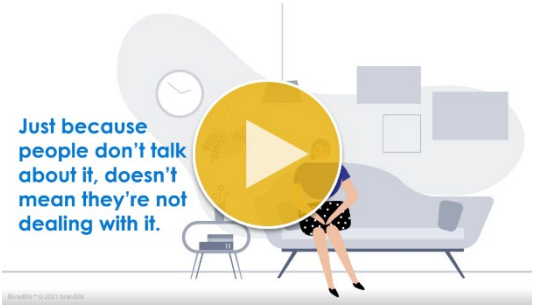
HMO Plans



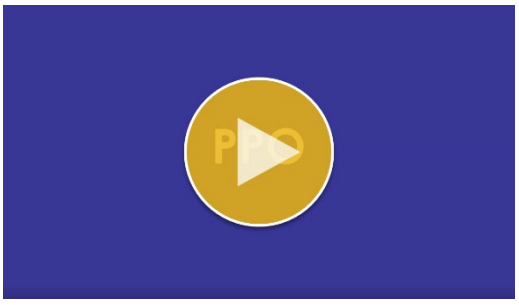
Insurance Lingo



Mental Health (EAP)

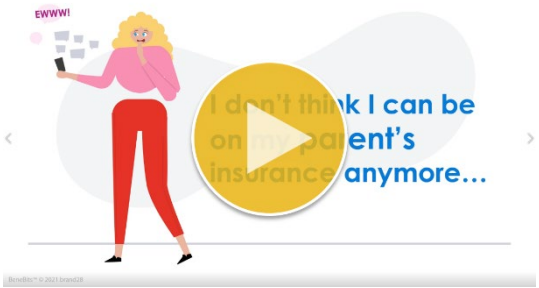


PPO Plans



Prescription Drugs

Qualifying Life Events



Vision

GETTING STARTED

2023 BENEFITS
January 1, 2023
through
December 31, 2023

Whether you're enrolling in benefits for the first time, nearing retirement, or somewhere in between, The Claremont Colleges supports you with benefit programs and resources to help you thrive today and prepare for tomorrow.

This guide provides an overview of your healthcare coverage, life, disability, retirement benefits, and more.

You'll find tips to help you understand your medical coverage, save time and money on healthcare, reduce taxes, and balance your work and home life. Review the coverage and tools available to you to make the most of your benefits package.

WHO'S ELIGIBLE FOR BENEFITS?

WHEN YOU CAN ENROLL

You can enroll in benefits as a new hire or during the annual open enrollment period. You must enroll **within 31 days** following your Benefits Eligibility Date.

If you miss the enrollment deadline, you'll need to wait until the next open enrollment (the one time each year that you can make changes to your benefits for any reason). If you enroll late, premiums will be deducted back to the effective date of coverage.

Employees

You are eligible if you are a regular employee scheduled to work at least 20 hours per week, or a California Botanic Garden employee who is scheduled to work at least 30 hours per week.

Benefit-eligible employee is defined as:

- A faculty member who is scheduled to work at least half-time for at least one semester, with the exception of adjunct faculty at Claremont Graduate University (CGU), or
- A faculty member who is scheduled to teach at least three classes over the academic year, or
- A staff member in a regular position who is scheduled to work at least 20 hours per week, or
- A benefits-eligible, grant based employee at CGU, as follows:
    - An employee hired in a position that is funded by a grant specifically including employer expense for benefit coverage, AND
    - The employee meets the required number of scheduled work hours defined above, or
- California Botanic Garden staff members in a regular position who are scheduled to work 30 or more hours per week.

Eligible dependents

- Spouse
- Registered Domestic Partner (RDP), where applicable by state law, is eligible for coverage if you have completed a Domestic Partner Affidavit.
    - To receive an Affidavit form, reach out to benefits@claremont.edu or call (909) 621-8151
- Domestic partner
- Natural, adopted or stepchildren up to age 26 Domestic partner's child(ren) are eligible
- Children over age 26 who are disabled and depend on you for support
- Children named in a Qualified Medical Child Support Order (QMCSO)

Domestic Partner Coverage *– The IRS does not recognize domestic partners as legal dependents for purposes of tax reporting. For this reason, The Claremont Colleges must report the value (employer subsidy) of medical benefits. Employee contributions for domestic partner benefits are made after tax.*

CHANGING YOUR BENEFITS

Click to play video

LIFE HAPPENS

A change in your life may allow you to update your benefit choices. Watch the video for a quick take on your options.

THREE RULES APPLY TO MAKING CHANGES TO YOUR BENEFITS DURING THE YEAR:

1. Any change you make must be consistent with the change in status.
2. You must make the change **within 31 days** of the date the event occurs. If you enroll late, premiums will be deducted back to the effective date of coverage
3. All proper documentation is required to cover dependents (marriage certificates, birth certificates, etc.).

Outside of open enrollment, you may be able to enroll or make changes to your benefit elections if you have a big change in your life, including:

- Change in legal marital status
- Change in number of dependents or dependent eligibility status
- Change in employment status that affects eligibility for you, your spouse, or dependent child(ren)
- Change in residence that affects access to network providers
- Change in your health coverage or your spouse's coverage due to your spouse's employment
- Change in an individual's eligibility for Medicare or Medicaid
- Court order requiring coverage for your child
- "Special enrollment event" under the Health Insurance Portability and Accountability Act (HIPAA), including a new dependent by marriage, birth or adoption, or loss of coverage under another health insurance plan
- Event allowed under the Children's Health Insurance Program (CHIP) Reauthorization Act (you have 60 days to request enrollment due to events allowed under CHIP).

You must submit your change within 31 days after the event.

ENROLLING FOR BENEFITS

NEED MORE INFORMATION?
Find contacts, tips, forms and more at services.claremont.edu/benefits-administration.

Workday

Workday is an online system that enables you to make all your benefit decisions in one place.

Before you enroll

- Know the date of birth, social security number, and address for each dependent you will cover.
- Review your enrollment materials to understand your benefit options and costs for the coming year.

Getting started

- Log onto Workday — www.myworkday.com/theclaremontcolleges
- Select your institution from the drop-down list
- Enter your network credentials (for username and password assistance, please contact your IT department)
- Check your Workday Inbox for either:
  - Change Benefits for open enrollment task; or
  - Benefits Change task (New Hires)
- Go through the enrollment process, check “I agree” at the bottom of the page, and click “Submit”
- During open enrollment, your elections will be processed and take effect on January 1; for New Hires, your elections will be sent for approval, and you will receive an email once they have been processed.

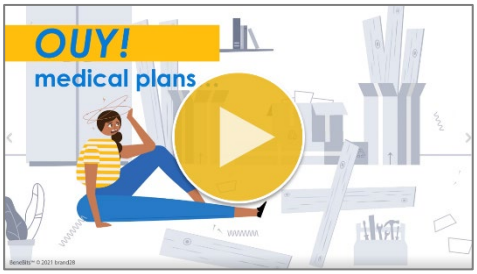
MEDICAL

OUR PLANS

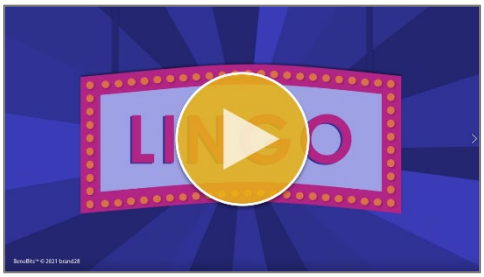
Kaiser Permanente HMO

Anthem Advantage HMO

Anthem Act Wise HDHP



All About Medical Plans



Play the Health Lingo Game!

Which Plan Is Right For You?

That depends on your healthcare needs, favorite doctors, and budget. Here are some considerations. We offer 3 medical plans through Anthem Blue Cross and Kaiser Permanente.

Consider an HMO (Health Maintenance Organization) if:

- You want lower, predictable out-of-pocket costs
- You like having one doctor to manage your care
- You are happy with the selection of network providers
- You don't see any doctors that are out-of-network
- You have convenient access to Kaiser facilities (Kaiser HMO)

Consider a High Deductible Health Plan (HDHP) if:

- You want to be able to see any provider, even a specialist, without a referral
- You are willing to pay more to see out-of-network providers
- You want tax-free savings on your healthcare costs
- You want to build a savings account for future healthcare costs for you and your eligible family members
- You want an extra way to add to your retirement savings

Kaiser HMO Plan

You always pay the copayment ($) amount for selected services listed below.

	KAISER HMO PLAN
	Kaiser Permanente Network
Annual Deductible Individual Family	 N/A N/A
Annual Out-of-Pocket Maximum Individual Family	 $1,500 $3,000
Office Visit Primary Care Specialist	 $20 copay $30 copay
Preventive Services	No charge
Chiropractic	Not Covered
Lab and X-ray	No charge
Urgent Care	$20 copay
Emergency Room	$100 copay; waived if admitted
Inpatient Hospitalization	$200 copay per admission
Outpatient Surgery	$30 copay
PRESCRIPTION DRUGS	
Retail- 30 Day Supply Generic Brand Formulary	 $10 copay $25 copay
Mail Order- Up to a 100 Day Supply Generic Brand Formulary	 $20 copay $50 copay

Anthem Advantage HMO

You always pay the copayment ($) amount for selected services listed below.

	ANTHEM ADVANTAGE HMO
	Anthem Blue Cross Preferred Provider/In-Network
Annual Deductible Individual Family	 N/A N/A
Annual Out-of-Pocket Maximum Individual Family	 $1,500 $3,000 (two party) $4,500 (family)
Office Visit Preferred Provider In-Network Provider	 You pay a $15 copay (PCP) or $30 copay (specialist) You pay a $25 copay (PCP) or $40 (specialist)
Preventive Services	No charge
Chiropractic	Referral from PCP required; then Preferred Provider: $15 copay In-Network Provider: $25 copay
Lab and X-ray	No charge
Urgent Care	$15 copay Preferred / $25 copay In-Network
Emergency Room	$150 copay; waived if admitted
Inpatient Hospitalization	$300 copay per admission
Outpatient Surgery	$100 copay
PRESCRIPTION DRUGS	
Retail- 30 Day Supply Generic Brand Formulary Brand Non-Formulary	 $10 copay $30 copay $50 copay
Mail Order- 90 Day Supply Generic Brand Formulary Brand Non-Formulary	 $10 copay $60 copay $100 copay

Anthem Act Wise HDHP

You always pay the deductible and copayment ($). The coinsurance (%) shows what you pay after the deductible.

	ANTHEM ACT WISE HDHP	
	In-Network	Out-of-Network
Annual Deductible Individual Family Member Family	 $2,000 $3,000 $4,000	 $4,000 $4,000 $8,000
Annual Out-of-Pocket Maximum Individual Family Member Family	 $3,000 $3,000 $6,000	 $7,000 $7,000 $14,000
HSA Employer Contribution Individual Family	$1,000 $2,000	
Office Visit Primary Care Specialist	 20% after deductible 20% after deductible	 40% after deductible 40% after deductible
LiveHealth Online	$0 copay per visit after deductible is met	
Preventive Services	No charge	40% after deductible
Chiropractic (up to 12 visits/year)	20% after deductible	40% after deductible
Lab and X-ray	20% after deductible	40% after deductible
Urgent Care	20% after deductible	40% after deductible
Emergency Room	20% after deductible	20% after deductible
Inpatient Hospitalization	20% after deductible	40% after deductible
Outpatient Surgery	20% after deductible	40% after deductible
PRESCRIPTION DRUGS		
Deductible	Combined with medical deductible	
Out-of-Pocket Maximum	Combined with medical out-of-pocket limit	
Retail- 30 Day Supply[1,2] Tier 1a - Tier 1b Tier 2 Tier 3 Tier 4	 $5 - $15 $40 $60 30% up to $250 per Rx	 40% up to $250 after deductible 40% up to $250 after deductible 40% up to $250 after deductible 40% up to $250 after deductible
Mail Order- 90 Day Supply[1,2] Tier 1a - Tier 1b Tier 2 Tier 3 Tier 4	 $12.50 - $37.50 $75 $135 30% up to $250 per Rx	 Not Covered

[1]Preventive Rx medications are not subject to the Deductible. All other medications are subject to the deductible.
[2]Tier 1a Typically Lower Cost Generics, Tier 1b Typically Generic, Tier 2 Typically Preferred Brand, Tier 3 Typically Non-Preferred Brand, Tier 4 Typically Specialty

Compare the Medical Plans

	KAISER HMO PLAN	ANTHEM ADVANTAGE HMO	ANTHEM ACT WISE HDHP	
	Kaiser Permanente Network	Preferred Provider/In-Network	In-Network	Out-of-Network
Annual Deductible Individual Family Member Family	N/A	N/A	$2,000 $3,000 $4,000	$4,000 $4,000 $8,000
Annual Out-of-Pocket Maximum Individual Family	$1,500 $3,000	$1,500 $3,000 two party $4,500 family	$3,000 $3,000 family member $6,000 family	$7,000 $7,000 family member $14,000 family
Office Visit Primary Care	$20 copay	Preferred PCP: $15 copay In-Network PCP: $25 copay	20% after deductible	40% after deductible
Specialist	$30 copay	Preferred Specialist: $30 copay In-Network Specialist: $40 copay	20% after deductible	40% after deductible
Preventive Services	No charge	No charge	No charge	40% after deductible
Chiropractic	Not Covered	Short-term; referral from PCP required; then Preferred: $15 copay In-Network: $25 copay	20% after deductible	40% after deductible
Lab and X-ray	No charge	No charge	20% after deductible	40% after deductible
Urgent Care	$20 copay	Preferred: $15 In-Network: $25	20% after deductible	40% after deductible
Emergency Room	$100 copay; waived if admitted	$150 copay; waived if admitted	20% after deductible	20% after deductible
Inpatient Hospitalization	$200 copay/ admission	$300 copay/ admission	20% after deductible	40% after deductible
Outpatient Surgery	$30 copay	$100 copay	20% after deductible	40% after deductible
PRESCRIPTION DRUGS				
Retail- 30 Day Supply Generic Brand Formulary Brand Non-Formulary	$10 copay $25 copay N/A	$10 copay $30 copay $50 copay	Combined with medical deductible $5-$15 $40 $60	40% after deductible 40% after deductible 40% after deductible
Mail Order- Up to a 100 Day Supply Generic Brand Formulary Brand Non-Formulary	$20 copay $50 copay N/A	$10 copay $60 copay $100 copay	$12.50 - $37.50 $75 $135	Not Covered

KAISER RESOURCES

NEW KAISER FEATURE WITH CIGNA

Beginning August 2022, Kaiser HMO members have access to Cigna's national network of physicians and providers for urgent or emergency care during their travels. Call 951-268-3900 (TTY 711) for travel support anytime, anywhere (closed major holidays). To learn more about this enhancement, please visit kp.org

KAISER AWAY FROM HOME

Kaiser Members are covered for emergency and urgent care anywhere in the world. Whether you're traveling in the United States or a foreign country, Kaiser's travel website will explain what to do if you need emergency or urgent care during your trip.

NEED MORE INFORMATION?

To access these tools and services, visit kp.org or call Member Services at 800-464-4000.

Stay engaged with your health and simplify your busy life by using the Kaiser Permanente Website.

KP Oncall

Kaiser's after hours nurse advice is available at 833-574-2273. You can speak with a licensed health care professional by phone after regular business hours on health questions, advice about seeking medical care or to let you know what to do if the medical office is closed.

myStrength

myStrength is designed to help navigate life's challenges, make positive changes, and support your overall well-being. The app can help you set goals and work towards them in the ways that work best for you. You can get myStrength at kp.org/selfcareapps and choose the mental health and wellness areas you want to focus on.

Calm

Try the Calm app for self-care and better sleep. Calm is an app that uses meditation and mindfulness to help lower stress, reduce, anxiety, and improve sleep quality. Adult members can get Calm at kp.org/selfcareapps .

ClassPass

Kaiser has teamed up with fitness industry leader ClassPass to make it easier for you to exercise from the comfort of your home or local gym/studio. Kaiser Permanente members can get on demand video workouts at no cost and reduced rates on livestream and in-person fitness classes. To get started, visit kp.org/exercise.

ChooseHealthy

The ChooseHealthy program provides discounts on a variety of complementary and alternative care resources. You can take advantage of reduced rates to help you stay healthy. Receive discounts on alternative care such as acupuncture or massage.

Healthy Lifestyle Programs

Kaiser offers healthy lifestyle programs for weight loss, maternity and pregnancy, smoking cessation, insomnia, diabetes, depression and stress management, and pain management

ANTHEM RESOURCES

Click to play video

LIVEHEALTH ONLINE

LiveHealth Online is your telemedicine vendor and lets you have a video visit with a board-certified doctor using your smartphone, tablet or computer with a webcam. No appointments, no driving and no waiting at an urgent care center. Doctors are available 24/7 to assess your condition and, if it's needed, they can send a prescription to your local pharmacy. Register online and make sure to download the mobile app.

NEED MORE INFORMATION?

To access these tools and services, visit www.anthem.com/ca

Did you know that Anthem offers several programs to help you manage your healthcare? Learn more about them here.

Sydney

Meet Sydney, Anthem's mobile app. With Sydney, you can find everything you need to know about your personalized Anthem benefits all in one place. Sydney makes it easier to get things done, so you can spend more time to focus on your health.

Future Moms Program

Future Moms with Digital Maternity Support is here to give you the information, tools and resources you need for a healthy pregnancy, delivery and baby. Once you're pregnant and have seen a doctor, you should get an email, text or interactive voice response inviting you to enroll in Future Moms. Make sure you're registered at anthem.com/ca, so we know how to get in touch with you. You can also download the My Advocate Helps app or go to MyAdvocatehelps.com. It doesn't cost you anything extra to sign up and you'll have support for up to 12 weeks after birth.

24/7 Nurse Line

Health issues can arise at the most inconvenient times and places for you and your loved ones. Whether it's 3 a.m. at home or 10 a.m. while you're in the office. You have access to a nurse you can talk to any time, day or night, 365 days a year. Just call the number on the back of your ID card.

ConditionCare

The ConditionCare uses a collaborative and holistic health management approach that provides nurse advice and resources for health problems (asthma, diabetes, heart failure)

HEALTH SAVINGS ACCOUNT (HSA)

Click to play video

ARE YOU ELIGIBLE?

The HSA is not for everyone. You're eligible only if you are:

1. Enrolled in the Anthem Act Wise HDHP.
2. Not enrolled in other non-HDHP medical coverage, including Medicare, Medicaid, or Tricare.
3. Not a tax dependent.
4. Not enrolled in a healthcare Flexible Spending Account (FSA), unless it's a "limited scope health care " FSA for dental and vision expenses.

WHAT'S AN ELIGIBLE EXPENSE?

- Eligible Expenses
- Ineligible Expenses

A personal savings account for healthcare

A Health Savings Account (HSA) is an easy way to pay for healthcare expenses that you have today and save for expenses you may have in the future. Enroll in the Anthem Act Wise HDHP and an interest-bearing HSA, managed by WealthCare Saver.

How the HSA Plan works

- Your HSA account is set up automatically after you enroll in the Anthem Act Wise HDHP Plan .
- You can contribute up to the 2023 annual limit set by the IRS:
  Individual: $3,850 per year
  Family: $7,750 per year
  Are you age 55 or over? You can contribute an additional $1,000 per year
- To help you get started, The Claremont Colleges makes a contribution to your HSA (this is included in the IRS maximums noted above):
  Individual: $1,000
  Family: $2,000

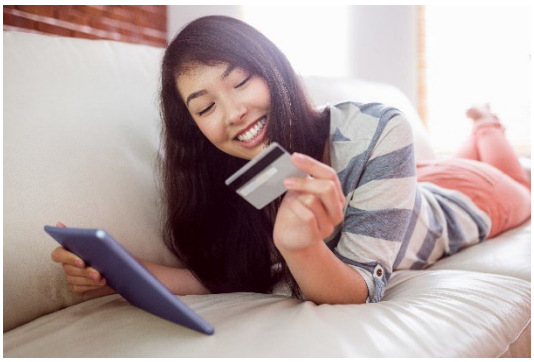
Note: you will only receive the employer contribution to your HSA if the account is with WealthCare Saver. If joining after the beginning of the year, contribution amount will be prorated. Only non-highly compensated participants (employees who had an annual compensation of less than $135,000 in 2022) are eligible for the employer contribution.

- You can use your HSA debit card to pay for eligible expenses like office visits, lab tests, prescriptions, dental and vision care, and even some drugstore items.

Four reasons to love an HSA

1. **Tax-free.** No federal tax on contributions, or state tax in most states. Withdrawals are also tax-free as long as they're for eligible healthcare expenses.
2. **No "use it or lose it."** Your balance rolls over from year to year. You own the account and can continue to use it even if you change medical plans or leave the company.
3. **Use it now or later.** Use your HSA for healthcare expenses you have today or save it to use later.
4. **Boosts retirement savings.** After you retire, you can use your HSA for healthcare expenses tax-free, or for regular living expenses, taxable but no penalties.

HEALTH SAVINGS ACCOUNT (HSA) – WEALTHCARE SAVER RESOURCES



SAVE YOUR RECEIPTS

We recommend saving itemized receipts and EOBs for tax purposes. At the end of the year, WealthCare Saver will provide you with the tax forms required to file your taxes. You are responsible for reporting your HSA contributions and distributions at tax time.

NEED MORE INFORMATION?

Learn more about the High Deductible Health Plan and your HSA account by visiting the Easy Guide to Understanding HDHP-HSA

How to set up and manage your account online

WealthCare Saver makes it easy for you to manage your HSA with an online account through www.anthem.com/ca

Features of the online account:

- Set up direct deposit to ensure you receive your funds quickly
- Request reimbursements for qualified medical expenses
- Check your claims activity, including status
- Order a debit card for your dependent(s)
- Access claims, disclosures, account and IRS resources
- Access WealthCare Saver's HSA calculator to calculate your contribution amounts and your tax savings

How to set up your online account:

- Visit anthem.com/ca to register

Please note: to open an account with WealthCare Saver, you must have a physical mailing address (not a P.O. Box)

Your HSA Debit Card

You will receive a Debit Card when you enroll in the WealthCare Saver HSA; mailed directly to your home address. To activate your card, you may call the toll-free number on the activation sticker on the front of your card.

You can use the debit card to pay for eligible services and products. When you use the debit card, payments are automatically withdrawn from your HSA, resulting in fewer out-of-pocket costs for you.

You can also request a debit card for your dependents and/or spouse. A dependent must be 18 years of age or older to receive a debit card in their own name.

How to file a claim if you pay out-of-pocket

If you choose to pay for your HSA eligible expenses out-of-pocket, you can file for a reimbursement.

- Login to your online account to request a payment be sent directly to your provider or to you.
- Don't forget about direct deposit! You can set up direct deposit online and allow WealthCare Saver to deposit reimbursements in your bank account!

HEALTHCARE FLEXIBLE SPENDING ACCOUNT (FSA)

Click to play video

ARE YOU ELIGIBLE?

You don't have to enroll in one of our medical plans to participate in the healthcare FSA. However, if you or your spouse are enrolled in a high deductible health plan (like our Anthem Act Wise HDHP) you can only participate in the **Limited Scope Health Care FSA** for dental and vision expenses and only available to use after you have reached your medical plan's deductible

WHAT'S AN ELIGIBLE EXPENSE?

- Eligible Expenses – now include more over-the-counter items!
- Ineligible Expenses

Set aside healthcare dollars for the coming year

A healthcare FSA allows you to set aside tax-free money to pay for healthcare expenses you expect to have over the coming year. This program is administered through PlayFlex.

How the 2023 PayFlex FSA works

- You estimate what you and your family's out-of-pocket costs will be for the coming year. Think about what out-of-pocket costs you expect to have for eligible expenses such as office visits, surgery, dental and vision expenses, prescriptions, even eligible drugstore items.
- You can contribute up to $2,850, the annual limit set by the IRS. Contributions are deducted from your pay pre-tax, meaning no federal or state tax on that amount. The minimum amount to contribute is $300.
- During the year, you can use your FSA debit card to pay for services and products. Withdrawals are tax-free as long as they're for eligible healthcare expenses.
- Expenses must be incurred between 01/01/2023 and 03/15/2024 (2 ½ month "grace period" after the end of the plan year) and claims must be submitted for reimbursement no later than 06/30/2024. **If you don't spend all the money in your account, you forfeit the leftover balance.**
- Elections cannot be changed during the plan year, unless you experience a qualifying event.
- **You must re-enroll in this program each year**.

Limited Scope Health Care FSA

- If you/your spouse are enrolled in a high deductible health plan (like our Anthem Act Wise HDHP plan), you can only participate in the Limited Scope Health Care FSA for dental and vision expenses. Medical services are only available to use AFTER you have reached your medical plan's deductible.
- All other considerations listed above also apply to the Limited Scope Health Care FSA.

FSA TAX SAVINGS EXAMPLE

$60,000 Annual Pay, with $1,500 FSA Contribution

$330 22% Federal income tax	**$115** 7.65% FICA tax	**$445** Annual FSA tax savings

$120,000 Annual Pay, with $2,750 FSA Contribution

$660 24% Federal income tax	**$210** 7.65% FICA tax	**$870** Annual FSA tax savings

Your tax savings may vary depending on tax filing status and other variables

HEALTHCARE FLEXIBLE SPENDING ACCOUNT (FSA) – PAYFLEX RESOURCES

PAYFLEX MOBILE APP

- Check your balance and view account activity
- File a claim and upload documentation in seconds
- Report a card lost or stolen
- Use the barcode scanner to verify eligible items in-store

How to set up and manage your account online

PayFlex makes it easy for you to manage your FSA with an online account through PayFlex.com, free benefits mobile app as well as text and email alerts.

Features of PayFlex:

- Set up direct deposit to ensure you receive your funds quickly
- Pay your provider directly from your account
- Request reimbursements for qualified medical expenses
- Check your claims activity, including status
- Order a debit card for your dependent(s)
- Access claims, disclosures, account and IRS resources

How to set up your online account:

- Create an account at payflex.com

Your FSA Debit Card

You will receive a Debit Card in the mail when you enroll in the FSA; mailed directly to your home address. To activate your card, you may call the toll-free number on the activation sticker on the front of your card.

You can use the debit card to pay for eligible services and products. When you use the debit card, payments are automatically withdrawn from your FSA, resulting in fewer out-of-pocket costs for you.

You can also request a debit card for your dependents and/or spouse. A dependent must be 18 years of age or older to receive a debit card in their own name.

How to file a claim if you pay out-of-pocket

Online Claim Filing:

- You can file your claim online. It's quick and easy. Login to the PayFlex member website and under Quick Links select File a Spending Account Claim. You'll just need to the follow the four steps to quickly file your claim

Paper Claim Filing:

- Click on the Resource Center and then click on Administrative Form – Reimbursement Account Forms
- Fill out and print the correct claim form and complete
- Sign and date claim form
- Include supporting documents
- Mail or fax to address or fax number on claim form

PAYING FOR DAYCARE? MAKE IT TAX-FREE!

EVERY OPPORTUNITY TO SAVE

The biggest deduction from your paycheck is likely federal income tax. Why not take a bite out of taxes while paying for necessary expenses with tax-free dollars?

ESTIMATE CAREFULLY!

The Claremont Colleges allows you to make changes when costs change; no qualifying life event is necessary. Money contributed to a dependent care FSA must be used for expenses incurred during the same plan year. Unspent funds will be forfeited.

Dependent Care FSA—up to $5,000 per year tax-free

A dependent care Flexible Spending Account (FSA) can help families save potentially hundreds of dollars per year on day care. This program is administered by PayFlex.

Here's how the Dependent Care FSA works

You set aside money from your paycheck, before taxes, to pay for work-related day care expenses. Eligible expenses include not only childcare, but also before and after school care programs, preschool, and summer day camp for children under age 13. The account can also be used for day care for a spouse or other adult dependent who lives with you and is physically or mentally incapable of self-care. An eligible dependent is a person who shares the same primary place of residence with you for more than six months each year whom you can claim as a dependent on your federal income tax return.

You can set aside up to $5,000 ($2,500 if married and filing separate tax returns) per household per year. You can pay your dependent care provider directly from your FSA account, or you can submit claims to get reimbursed for eligible dependent care expenses you pay out of pocket.

How to file a claim if you pay out-of-pocket

Claim Form Only:

- Complete all requested information. Pay attention to the below:
  - Date of service**
  - Caregiver information
  - Employee signature

Claim Form with itemized statement or receipt:

- Complete all requested information
- Employee signature
- Include itemized statement or receipt*, which includes:
  - Provider name
  - Qualifying person name
  - Date of service**
  - Amount charged for the care services

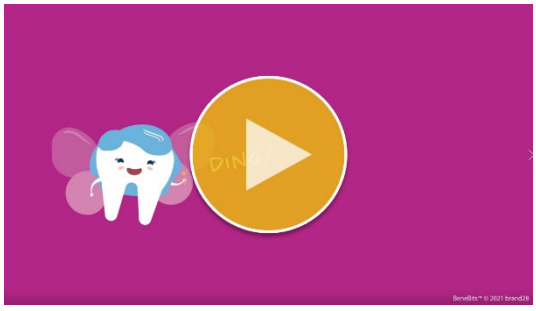
*Payflex cannot accept a canceled check or debit or credit card receipt as documentation
** We can only reimburse eligible expenses after you have received the care or service. This is when you have incurred the expense. This is true even if you have already paid, or have been billed or charged, for the service.

DENTAL

OUR PLANS

CIGNA Dental PPO
CIGNA Dental HMO

Click to play video



Cigna Dental Resources

If you have Cigna dental coverage, you also have access to Cigna Healthy Rewards, a discount plan for products and programs such as weight management, fitness, vision and hearing, alternative medicine, and healthy lifestyle. Log on to www.mycigna.com to get started.

Why sign up for Dental coverage?

It's important to go to the dentist regularly. Brushing and flossing are great, but regular exams catch dental issues early before they become more expensive and difficult to treat.

That's where dental insurance comes in. Dental insurance makes it easier and less expensive to get the care you need to maintain good oral health.

Dental insurance covers four types of treatments:

- **Preventive** care includes exams, cleanings and x-rays
- **Basic** care focuses on repair and restoration with services such as fillings, root canals, and gum disease treatment
- **Major** care goes further than basic and includes bridges, crowns and dentures
- **Orthodontia** treatment to properly align teeth within the mouth.

CIGNA DENTAL PLANS

You always pay the deductible and copayment ($). The coinsurance (%) shows what you pay after the deductible.

	CIGNA DENTAL HMO	CIGNA DENTAL PPO	
	In-Network	In-Network	Out-of-Network
Annual Deductible[1] Individual Family	None	$50 $150	$50 $150
Annual Plan Maximum Individual Family	Unlimited	Progressive Maximum Benefit[2]:	
		Year 1: $2,000 Year 2: $2,200 Year 3: $2,400 Year 4: $2,600	Year 1: $2,000 Year 2: $2,200 Year 3: $2,400 Year 4: $2,600
Diagnostic & Preventive[1] Routine Examination: cleaning	Up to two cleanings per year	Up to three cleanings per year	Up to three cleanings per year
Fluoride treatment (including bitewing x-rays)	No charge	No charge	No charge
Office Visits	No Charge	20% after deductible	20% of maximum allowed amount after deductible
Basic Services (Restorative) Fillings: Amalgam Composite/Resin	$0-$40 copay (depending on number of surfaces)	20% after deductible	20% of maximum allowed amount after deductible
Simple Extractions	$5 copay	20% after deductible	20% of maximum allowed amount after deductible
Major Services Caps, Crowns, Dentures, Implants	Copays as listed in the schedule of covered services and copays	50% after deductible	50% of maximum allowed amount after deductible
Orthodontia Adults	$0-$1,488 copay depending on the service performed	50% up to a $2,500 lifetime maximum benefit; deductible does not apply	
Children (up to age 19)	$0-$984 copay depending on the service performed		

What you need to know about these plans

Features:	**Cigna PPO:** You must first meet a deductible for non-preventive and non-orthodontic services. Once you do, you and the plan will share in the cost up to an annual maximum. For every consecutive year you receive preventive dental care, $200 will be added to next year's maximum annual benefit (up to an overall maximum benefit of $2,600 after four years). **Cigna HMO:** You pay a flat copay for most services.
Am I restricted to in-network providers?	**Cigna PPO**: No, but you will pay less if you use in-network dentist **Cigna HMO:** Yes
Do I have to select a primary dentist?	**Cigna PPO:** See any provider, but you'll pay more out of network **Cigna HMO:** Must select a primary care dentist (PCD) from the Cigna total network

[1] Calendar-year deductible and maximum benefit are not applicable to preventive or diagnostic services.

[2] If you receive preventive dental care during a plan year, your calendar-year maximum benefit for the next year will increase by $200, until you reach a maximum dental benefit of $2,600. If preventive care is not received, the maximum benefit for the next year will be lowered to $2,000.

VISION

OUR PLANS

Anthem Core Plan

Anthem Buy-Up Plan

Click to play video

WHERE CAN I GET MORE DETAILS?

Visit anthem.com/ca to check out extra savings and discounts.

Importance of Vision coverage

Vision coverage helps with the cost of eyeglasses or contacts. But even if you don't need vision correction, an annual eye exam checks the health of your eyes and can even detect more serious health issues such as diabetes, high blood pressure, high cholesterol, and thyroid disease.

You'll even find discounts on services like LASIK and PRK, rebates on contact lenses, and money off on hearing aids and other related services.

Eligible employees are automatically enrolled in the Core Vision plan through Anthem Blue View at no cost.

Anthem Vision Plans

Your vision checkup is fully covered after your Exam copay. Eligible employees are automatically enrolled in the Core Vision plan through Anthem Blue View at no cost. After any Materials copay, the plan covers frames, lenses, and contacts as described below.

	CORE PLAN	BUY-UP PLAN	
	In-Network	In-Network	Out-of-Network
Exams Benefit	$10 copay then plan pays 100% (plan reimburses up to $79 out-of-network)	$10 copay then plan pays 100%	Plan pays up to $79
Frequency	Once every 12 months	Once every 12 months	Once every 12 months
Eyeglass Lenses[1,2] Single Vision Lens Lined Bifocal Lens Lined Trifocal Lens Frequency	You pay $50 You pay $70 You pay $105 **No out-of-network coverage** Once every 12 months	$15 copay then plan pays 100% $15 copay then plan pays 100% $15 copay then plan pays 100% Once every 12 months	Plan pays up to $36 Plan pays up to $60 Plan pays up to $79 Once every 12 months
Frames Benefit	You receive a 35% discount No out-of-network coverage	Plan pays up to a $130 allowance[1]; you receive a 20% discount on amounts over allowance	Plan pays up to $100
Frequency	Once every 24 months	Once every 12 months	Once every 12 months
Contacts Lenses[1] Benefit Frequency	You receive a 15% discount **No out-of-network coverage** Once every 12 months, in lieu of glasses	Plan pays up to a $130 allowance[1]; you receive a 15% discount on doctors' professional fees. Materials are paid at usual and customary rates Once every 12 months, in lieu of glasses	Plan pays up to $115 Once every 12 months, in lieu of glasses

[1] Allowance applies to frames OR contact lenses
[2] Special materials or coatings are subject to additional copays

What you need to know about this plan

Features:

See any provider, but you'll pay more out of network.

What other services are covered?

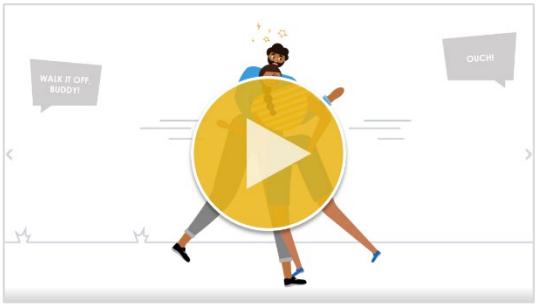
The plan can also help you save money on LASIK procedures, non-prescription sunglasses, and even hearing aids.

Eyeglasses are expensive. Will I still be able to afford them, even with insurance?

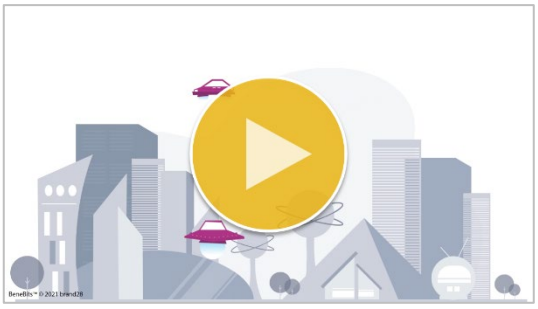
Look for moderately priced frames and remember that your benefit is higher in-network. If you participate in an HSA or healthcare FSA, you can use your account to pay for vision care and eyewear with tax-free dollars.

ENGAGE

Click to play video



Urgent Care vs ER



Virtual Healthcare

Maximize Your Healthcare

Knowing how to best use your healthcare coverage can help you improve your health and reduce your expenses. In this section you'll find tips on:

- Finding the right care at the right cost
- Alternatives to hospital care
- Understanding preventive care benefits
- Saving money on prescription drugs

KNOW WHERE TO GO

Where you get medical care can have a significant impact on the cost. Here's a quick guide to help you know where to go, based on your condition, budget, and time.

Type	Appropriate for	Examples	Access	Cost[1]
Nurseline 	Quick answers from a trained nurse **Anthem:** (800) 700-9184 **Kaiser:** (800)464-4000	▪ Identifying symptoms ▪ Decide if immediate care is needed ▪ Home treatment options and advice	24/7	**$0**
Online visit 	Many non-emergency health conditions **Anthem:** Virtual visits are offered through LiveHealth Online (primary care & behavioral health). See page 15 for more information **Kaiser:** virtual visits are offered by visiting kp.org	▪ Cold, flu, allergies ▪ Headache, migraine ▪ Skin conditions, rashes ▪ Minor injuries ▪ Mental health concerns	24/7	**$**
Office visit 	Routine medical care and overall health management	▪ Preventive care ▪ Illnesses, injuries ▪ Managing existing conditions	Office Hours	**$$**
Urgent care, walk-in clinic 	Non-life-threatening conditions requiring prompt attention	▪ Stitches ▪ Sprains ▪ Animal bites ▪ Ear-nose-throat infections	Office Hours, or up to 24/7	**$$$**
Emergency room 	Life-threatening conditions requiring immediate medical expertise	▪ Suspected heart attack or stroke ▪ Major bone breaks ▪ Excessive bleeding ▪ Severe pain ▪ Difficulty breathing	24/7	**$$$$$**

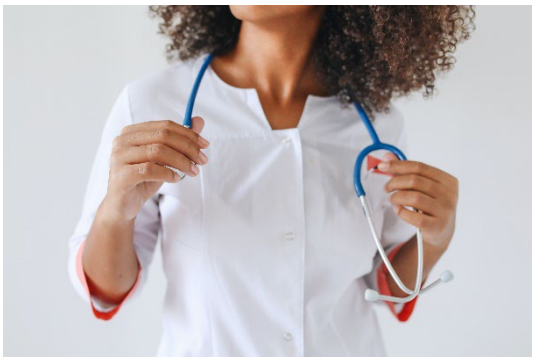
[1] Average out-of-pocket cost after deductible (if applicable). Your cost may vary depending on your plan and location.

MENTAL HEALTH RESOURCES

These are challenging times, and we understand that you or people close to you may also be faced with additional work and family stresses. Feelings of isolation, depression or despair should never be taken lightly. This is a reminder that our medical plans include coverage for mental health care. And through our telemedicine provider, you can connect to a mental health provider within minutes, from any location, at any time.

Mental Health Services	
Anthem Mental Health Resources	▪ Available 24/7 ▪ Face-to-face counseling sessions with licensed professional mental health providers ▪ stress management services ▪ Critical Incident Response coordination ▪ MyStrength mobile app for emotional health and well-being To access these tools and services, visit www.anthem.com/ca
Kaiser Mental Health Resources	▪ Face-to-face counseling sessions with licensed professional mental health providers ▪ Crisis intervention ▪ Chemical dependency treatment ▪ Condition-specific online classes and emotional wellness podcasts ▪ Online self-assessment tools ▪ Support groups To access these tools and services, visit www.kp.org or call Member Services at (800) 464-4000.
Optum EAP	Our EAP can assist you with parenting or relationship problems, financial advice, or legal referrals. Employees and their dependents can receive up to five counseling sessions with a licensed therapist by phone or in person per family member, per issue. Alternatively, you may choose to connect with a licensed therapist online – from anywhere, at any time. In addition, you can get support and referrals for everyday tasks, including childcare and elder care, household services, and personal services (such as shopping or dog walking). View page 43 for more information regarding your Optum EAP program.

PREVENTIVE CARE SCREENING BENEFITS



TYPICAL SCREENINGS FOR ADULTS

- Blood pressure
- Cholesterol
- Diabetes
- Colorectal cancer screening
- Depression
- Mammograms
- OB/GYN screenings
- Prostate cancer screening
- Testicular exam

You take your car in for maintenance. Why not do the same for yourself?

Annual preventive checkups can help you and your doctor identify your baseline level of health and detect issues before they become serious.

What is Preventive Care?

The Affordable Care Act (ACA) requires health insurers to cover a set of preventive services at no cost to you, even if you haven't met your yearly deductible. The preventive care services you'll need to stay healthy vary by age, sex, and medical history.

Visit cdc.gov/prevention for recommended guidelines.

Preventive care is covered in full only when obtained from an IN-NETWORK provider.

Not all exams and tests are considered preventive

Exams performed by specialists are generally not considered preventive and may not be covered at 100 percent.

Additionally, certain screenings may be considered diagnostic, not preventive, based on your current medical condition. You may be responsible for paying all or a share of the cost for those services.

If you have a question about whether a service will be covered as preventive care, contact your medical plan.

PRESCRIPTIONS BREAKING YOUR BUDGET?

Click to play video

THE FORMULARY DRUG TIERS DETERMINE YOUR COST

$	Generic Drug
$$	Brand Name Drug
$$$	Specialty Drug

Understanding the formulary can save you money

If your doctor prescribes medicine, especially for an ongoing condition, don't forget to check your health plan's drug formulary. It's a powerful tool that can help you make informed decisions about your medication options and identify the lowest cost selection.

What is a formulary?

A drug formulary is a list of prescription drugs covered by your medical plan. Most prescription drug formularies separate the medications they cover into four or five drug categories, or "tiers." These groupings range from least expensive to most expensive cost to you. "Preferred" drugs generally cost you less than "non-preferred" drugs.

Get the most from your coverage

To get the most out of your prescription drug coverage, note where your prescriptions fall within your plan's drug formulary tiers and ask your doctor for advice. Generic drugs are usually the lowest cost option. Generics are required by the Food and Drug Administration (FDA) to perform the same as brand-name drug equivalents.

To find out if a drug is on your plan's formulary, visit the plan's website or call the customer service number on your ID card.

FIND A PROVIDER

CIGNA DENTAL HMO

1. Go to www.Cigna.com and click on “Find a Doctor, Dentist or Facility” at the top of the screen.
2. Under “How are you covered?” click on “Employer or School.”
3. Enter the address, city, or ZIP code under “Find a Doctor, Dentist, or Facility in.”
4. Select “Doctor by Type, Doctor by Name, or Health Facilities.”
5. Select “Continue as a guest” or “Continue without a plan.”

ANTHEM VISION

Find the right Anthem eye doctor for you at www.anthem.com/ca

Kaiser Permanente

1. Go to www.kp.org/newmember
2. Click “choose a doctor”
3. Select California-Southern
4. Enter your location and other key words, such as a doctor’s name or specialty. (Or you may select your physician on the My Doctor portal.)

Anthem Advantage HMO

1. Go to www.anthem.com/ca. Click “Find Care.”
2. Click “Select a plan for basic search”.
3. Select “Medical Plan or Network” when asked what type of care are you searching for.
4. Select “California” when asked what state you want to search within. *This selection is due to TCC’s physical location.*
5. Select “Medical (Employer Sponsored)” when asked what type of plan you want to search.
6. Select “Advantage HMO” for plan/network and hit “Continue”
7. Enter your city, county or ZIP code
8. Under “Search by Care Provider” select either “Primary Care” or type of specialist or facility you need

Note: The medical groups and physicians with lower office visit copays will say Advantage HMO Copay Indicator

Anthem Act Wise HDHP

1. Go to www.anthem.com/ca. Click “Find Care.”
2. Click “Select a plan for basic search”.
3. Select “Medical Plan or Network” when asked what type of care are you searching for.
4. Select “California” when asked what state you want to search within. *This selection is due to TCC’s physical location.*
5. Select “Medical (Employer Sponsored)” when asked what type of plan you want to search.
6. Select “Blue Cross PPO (Prudent Buyer) — Large Group” for the Anthem Act Wise HDHP for plan/network and hit “Continue.”
7. Enter your city, county or ZIP code. *This location is not limited to California providers and should reflect the area you would like to receive services.*
8. Under “Search by Care Provider,” select “Primary Care.”

LIFE & DISABILITY

YOUR BENEFICIARY = WHO GETS PAID

If the worst happens, your beneficiary—the person (or people) on record with the life insurance carrier—receives the benefit. Make sure that you name at least one beneficiary for your life insurance benefit, and change your beneficiary as needed if your situation changes.

Is your family protected?

Life, AD&D and disability insurance can fill a number of financial gaps due to a temporary or permanent reduction of income. Consider what your family would need to cover day-to-day living expenses or medical bills during a pregnancy or illness-related disability leave. Also consider how you would manage large expenses (rent or mortgage, children's education, student loans, consumer debt, etc.) after the death of a spouse or partner.

We provide short and long-term disability benefits and a base amount of Life Insurance to help you recover from financial loss.

If you need additional coverage

We offer voluntary coverage that you can purchase for yourself, your spouse, and your children.

COMPANY-PROVIDED LIFE INSURANCE

Life Insurance

Basic Life Insurance pays your beneficiary a lump sum if you die. All benefits-eligible faculty and staff receive Basic Life Insurance. Coverage is provided by Unum and premiums are paid in full by The Claremont Colleges

Basic Life insurance

1x base annual earnings up to a maximum of $50,000 and a minimum of $20,000.

The benefit amounts above will be reduced if you are age 65 or older. Refer to the plan document for details.

BASIC AND VOLUNTARY LIFE INSURANCE

EVIDENCE OF INSURABILITY (EOI)

You don't need to provide EOI within 31 days of your hire date unless you purchase coverage above a certain amount:

- For you: Amounts above $355,000
- For your spouse: Amounts above $50,000

You will be required to provide EOI if you enroll in or increase your coverage at any time throughout the year or at Open Enrollment. When EOI is required, you will be notified to complete an online submission process.

Protecting those you leave behind

In addition to your employer-paid basic life insurance, Voluntary Life Insurance allows you to purchase additional life insurance to protect your family's financial security. Coverage is provided by Unum and available for your spouse and/or child(ren).

Unum Voluntary Life

Employee	Get up to $1,000,000 in $1,000 increments up to 4x your earning Guaranteed Issue: $355,000
Spouse	$10,000 increments, to a maximum of $250,000 or 100% of your Basic Life Insurance coverage Guaranteed Issue: $50,000
Child(ren)	$15,000 (benefit is limited to $1,000 for infants up to 6 months) Guaranteed Issue: up to 6 months is $1,000

Note: Coverage amounts are reduced beginning at age 65.

In the event of a serious or fatal accident

Voluntary AD&D Insurance allows you to purchase accidental death and dismemberment coverage that pays your beneficiary if you have a fatal accident. If you experience a serious injury the plan pays a benefit to you. Coverage is provided by Zurich and is available for your spouse and/or child(ren).

Zurich Voluntary AD&D

Employee	$25,000 increments, up to $500,000, but not exceeding 10x your annual salary* if the selection is over $250,000
Spouse	• If only a spouse/domestic partner is covered, the spouse's coverage amount is 100% of the employee's coverage amount • If a spouse/domestic partner and child(ren) are covered, the spouse's coverage amount is 80% of the employee's coverage amount
Child(ren)	• If only children are covered, the children's coverage amount is 30% of the employee's coverage amount • If a spouse/domestic partner and child(ren) are covered, the children's coverage amount is 20% of the employee's coverage amount

*if you attempt to elect coverage that is more than 10x your annual salary, your coverage amount will be automatically be lowered to 10x your annual salary.

VOLUNTARY SHORT-TERM DISABILITY INSURANCE (VDI)

CA EMPLOYEES ONLY

EXPECT THE UNEXPECTED

Most people underestimate the likelihood of being disabled at some point in their life. Disability insurance replaces part of your pay while you are unable to work so you have a continuing income for living expenses.

Short-Term Disability (STD) insurance replaces part of your income for limited duration issues such as:

- Pregnancy issues and childbirth recovery
- Prolonged illness or injury
- Surgery and recovery time

If you live in California, you're eligible to receive disability benefits. You're eligible for STD after missing five continuous days of work due to non-work –related illness or injury, pregnancy, or childbirth.

STD payments may be reduced if you receive other benefits such as sick pay, workers' compensation, Social Security, or state disability. You pay the cost of this coverage.

Weekly Benefit Amount	Plan pays up to 70% of weekly earnings

Submitting a Claim

If you are disabled due to an illness or accidental injury, unable to work, and under the care of a licensed physician, you are eligible to submit a claim for benefits under this plan. Please contact disability@claremont.edu

LONG-TERM DISABILITY INSURANCE (LTD)

3 THINGS TO KNOW ABOUT LTD INSURANCE

1. It can protect you from having to tap into your retirement savings.
2. You can use LTD benefits however you need, for housing, food, medical bills, etc.
3. Benefits can last a long time—from weeks to even years—if you remain eligible.

LTD benefits cushion the financial impact of a disability

Long-Term Disability (LTD) insurance replaces part of your income for longer term issues such as:

- Debilitating illness (cancer, heart disease, etc.)
- Serious injuries (accident, etc.)
- Heart attack, stroke
- Mental disorders.

If you qualify, LTD benefits begin after short-term disability benefits end. Payments may be reduced by state, federal, or private disability benefits you receive while disabled. You are automatically enrolled in Long-Term Disability Insurance through Unum on your first day of employment if you work 30 hours or more per week.

The Claremont Colleges pays the cost of this coverage.

LTD Plan

Monthly benefit amount	66 2/3 % up to a maximum of $15,000
Benefits begin	After 180 days of disability

Note: California Botanic Garden employees may elect LTD coverage and share the cost of the premium (50%) with The Claremont Colleges.

FINANCIAL WELLNESS

PLANS TO HELP YOU SAVE

- Retirement Savings Plan

Is it time for a “financial wellness” checkup?

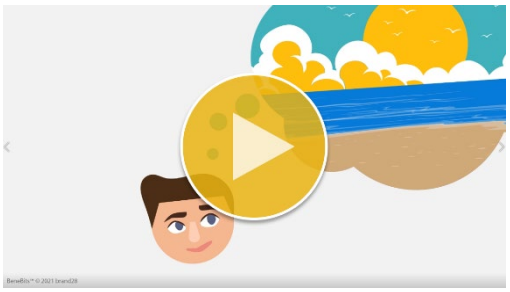
Are you worried about money—making your paycheck last? Paying down debt? Making a big purchase like a car or home? And can you even think about preparing for retirement?

Ignoring your financial health can take a toll on your quality of life today and block opportunities for the future. And worrying about money matters can make you stressed, even to the point of physical illness.

We offer benefits and resources to help you make the most of your money now and in the future.

ACADEMIC RETIREMENT PLAN

Click to play video



WHAT ARE YOUR PLANS?

Many of us can't plan past the weekend, never mind thinking about a retirement nest egg. Our Academic Retirement Plan will help you set a retirement savings goal and stick to it.

The important thing is to start now and set aside what you can, even if you think it's too small an amount.

Academic Retirement Plan (ARP)

Each college offers an Academic Retirement Plan (ARP) as the primary way for employees to save for retirement.

Who's Eligible	All faculty and staff are eligible to participate through elective deferral upon date of hire.
How to Enroll	Visit www.TIAA.org/theclaremontcolleges Contributions are invested into the appropriate Vanguard Target Retirement Fund for your age group by default if an enrollment is not completed.
The Claremont Colleges Contributions	Certain employees are eligible to receive The Claremont Colleges contributions — calculated on a percentage of eligible compensation — based on job classification, length of service, and attainment of age 21. Check with your HR office for details.
Vesting	Your contributions and The Claremont Colleges contributions (if eligible) are yours to keep once they are deposited into your account.
Distributions	Generally, the plan is designed for you to take distributions upon severance of employment. However, you may qualify for a loan, a hardship withdrawal, or in-service withdrawals on or after obtaining age 59½.

Note: Different retirement plan options apply for employees of California Botanic Garden.

For more information on the Academic Retirement Plan, click here.

SAVE NOW, ENJOY LATER

NEED THE SALARY DEFERRAL FORM?

Click HERE to access the form.

457(b) Plan

Who's Eligible	Eligibility is restricted to employees with a monthly base salary of $12,917 or higher.
How to Enroll	Visit www.TIAA.org/theclaremontcolleges
Your Contributions	If eligible, you can contribute on a pre-tax basis each pay period up to the IRS limit of $20,500. It is recommended that you maximize deferrals in the ARP first and use the 457(b) Plan for any additional deferral opportunity.
The Claremont Colleges Contributions	Contact Loo Hsing, Supervisor Retirement Services for details: Loo.hsing@claremont.edu or (909) 607-3780.
Vesting	Your contributions and The Claremont Colleges contributions (if applicable) are yours to keep once they are deposited into your account.
Distributions	Generally, the plan is designed for you to take distributions upon severance of employment. However, you may qualify for a distribution prior to a separation of employment. You will have sixty days from the date of your severance of employment to elect when you want funds to be paid to you. If you fail to make an election within sixty days, the entire amount of funds in your 457(b) account will be paid to you immediately in one lump sum payment, less applicable tax withholdings.

VOLUNTARY PLANS

OUR VOLUNTARY PLANS

Auto & Home Insurance

Pet Insurance

Identity Protection Insurance

Legal Assistance Insurance

Accident Insurance

Critical Illness Insurance

Hospital Indemnity Insurance

You're unique—and so are your benefit needs

Voluntary benefits are optional coverages that help you customize your benefits package to your individual needs.

The Claremont Colleges offers plans to help:

- replace income if you're injured or ill
- bridge the gap for special healthcare needs
- secure your identity, and help you manage legal issues
- save money on protection for your pets, home and auto.

You pay the entire cost for these plans, but rates may be more affordable than individual coverage.

Voluntary benefits are just that: voluntary. You have the freedom and flexibility to choose the benefits that make sense for you and your family. Or, you don't have to sign up for voluntary benefits at all. The choice is yours.

VOLUNTARY HEALTH-RELATED PLANS

THINGS TO CONSIDER

Your medical plan helps cover the cost of illness, but a serious or long-lasting medical crisis often involves additional expenses and may affect your ability to bring home a full paycheck. These plans provide you with resources to help you get by while there are additional strains on your finances.

Accident Insurance

Accident Insurance from Voya helps you pay for unexpected costs that can add up due to common injuries such as fractures, dislocations, burns, emergency room or urgent care visits, and physical therapy. If you or a covered family member has an accident, this plan pays a lump-sum, tax-free benefit. The amount of money depends on the type and severity of your injury and can be used any way you choose. Coverage is available for you and your eligible dependents.

Critical Illness Insurance

Critical illness insurance from Voya can help fill a financial gap if you experience a serious illness such as cancer, heart attack or stroke. Upon diagnosis of a covered illness, a lump-sum, tax-free benefit is immediately paid to you. Use it to help cover medical costs, transportation, childcare, lost income, or any other need following a critical illness. There are two coverage options for you: $15,000 or $30,000. coverage is available for your eligible dependents.

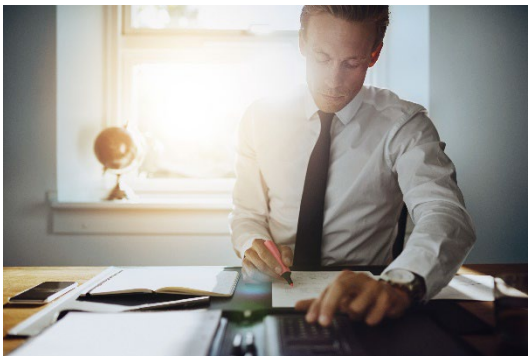
Hospital Indemnity Insurance

Hospital indemnity insurance from Voya enhances your current medical coverage. The plan pays a lump sum, tax-free benefit when you or an enrolled dependent is admitted or confined to the hospital for covered accidents and illnesses. You can use the money you receive under the plan however you see fit, for paying medical bills, childcare, or for regular living expenses like groceries—you decide. Coverage is available for you and your eligible dependents.

Need more information?

For more details on these plans, visit https://presents.voya.com/EBRC/Claremont

PLANS TO KEEP YOU AND YOUR FAMILY SECURE



CONTACT INFORMATION

See the Plan Contacts section of this guide.

Identity Theft Protection

Identity theft is serious. Victims can spend hundreds, even thousands of dollars, and weeks of their own time to repair the damage done to their good names and credit records. The longer identity fraud goes undetected, the more expensive and difficult it becomes to resolve. For an affordable monthly premium, identity theft protection from Allstate helps protect your personal information through proactive monitoring, identity restoration, and resolution. Visit myaip.com for more details. The rate is $7.95 for employee only and $13.95 for family.

Legal Program

Do you have an attorney on retainer? Most people don't, so our legal program offers you access to legal advice and even representation for an affordable monthly premium. Whether you need assistance reviewing a rental agreement, fighting a criminal matter, immigration assistance, family issues, debt-related challenges, driving matters, wills and estate planning Legal coverage from ARAG Legal offers reputable attorney assistance for you and your family. Visit https://www.araglegal.com/authenticate (code18437ccs) for details. The rate is $18.25 for employee and family.

Home and Auto Insurance

Your home, its contents, and your car would be expensive, perhaps even unaffordable, to replace. The Claremont Colleges has partnered with Farmers Insurance to provide you with access to special group rates on auto, home or condo, mobile home, renters, recreational vehicle, boat and personal excess liability insurance. Visit the Farmer's Insurance website HERE for details (use employer name, The Claremont Colleges).

Pet Insurance

Pets are members of the family too. When your pet gets sick, bills can add up faster than expected. Pet insurance prevents you from needing to weigh your pet's health against your bank account. Most plans offer coverage for costs associated with both accidents and illnesses—even medications. Nationwide provides coverage for this program. Premiums vary by coverage; premiums are paid directly to Nationwide. Varies based on pet's species and age, and the state in which you live. For a quote, visit www.petinsurance.com/claremont or call 877-738-7874.

WELLBEING & BALANCE

" THE KEY TO KEEPING YOUR BALANCE IS KNOWING WHEN YOU'VE LOST IT. "

A Happier, Healthier You

Creating a healthy balance between work and play is a major factor in leading a happy and productive lifestyle, but it's not always easy.

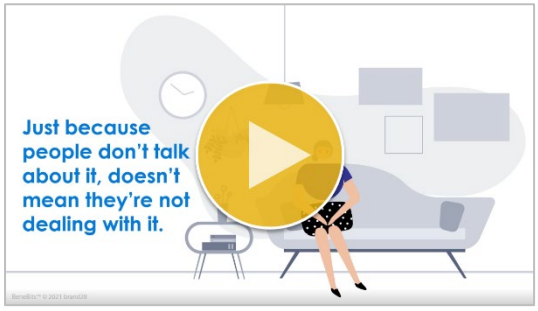
We offer programs to help you:

- Manage stress, chemical dependency, mental health and family issues

Taking care of yourself will help you be more effective in all areas of your life. Be sure to take advantage of these programs to stay at your best.

EMPLOYEE ASSISTANCE PROGRAM (EAP)

Click to play video



CONTACT THE EAP

Phone: **800-234-5465**

Website:
www.liveandworkwell.com
(use access code: claremontcolleges)

Help for you and your household members

There are times when everyone needs a little help or advice, or assistance with a serious concern. The EAP through Optum, Inc. can help you handle a wide variety of personal issues such as emotional health and substance abuse; parenting and childcare needs; financial coaching; legal consultation; and eldercare resources.

Best of all, contacting the EAP is completely confidential, free and available to any member of your immediate household.

No cost EAP resources

The EAP is available around the clock to ensure you get access to the resources you need:

- Unlimited phone access 24/7
- In-person or video counseling for short-term issues; up to 5 per incident
- Unlimited web access to helpful articles, resources, and self-assessment tools.

COUNSELING BENEFITS

- Difficulty with relationships
- Emotional distress
- Job stress
- Communication/ conflict issues
- Alcohol or drug problems
- Loss and death

PARENTING & CHILDCARE

- Referrals to quality providers
- Family day care homes
- Infant centers and preschools
- Before/after school care
- 24-hour care

FINANCIAL COACHING

- Money management
- Debt management
- Identity theft resolution
- Tax issues

LEGAL CONSULTATION

- Referral to a local attorney
- Family issues (marital, child custody, adoption)
- Estate planning
- Landlord/tenant
- Immigration
- Personal Injury
- Consumer protection
- Real estate
- Bankruptcy

ELDERCARE RESOURCES

- Help with finding appropriate resources to care for an elderly or disabled relative

ONLINE RESOURCES

- Self-help tools to enhance resilience and well-being
- Useful information and links to various services and topics

IMPORTANT PLAN INFORMATION

In this section, you'll find important plan information, including:

- Your medical, dental and vision benefit contributions for 2023
- Contact information for our benefit carriers and vendors
- A summary of the health plan notices you are entitled to receive annually, and where to find them
- A Benefits Glossary to help you understand important insurance terms.

YOUR 2023 PLAN RATES

Medical Plans*	Kaiser Permanente HMO			Anthem Advantage HMO**			Anthem Act Wise HDHP		
	Monthly	Bi-Weekly	Semi-Monthly	Monthly	Bi-Weekly	Semi-Monthly	Monthly	Bi-Weekly	Semi-Monthly
Employee Only	$63.98	$29.53	$31.99	$64.59	$29.81	$32.30	$86.86	$40.09	$43.43
Two Party	$268.70	$124.02	$134.35	$271.26	$125.20	$135.63	$342.36	$158.01	$171.18
Family	$575.78	$265.74	$287.89	$580.72	$268.02	$290.36	$719.25	$331.96	$359.63

For Faculty and Staff of Pitzer College						
Medical Plans	Kaiser Permanente HMO		Anthem Advantage HMO		Anthem Act Wise HDHP	
	Monthly	Bi-Weekly	Monthly	Bi-Weekly	Monthly	Bi-Weekly
Under $52,000						
Employee Only	$51.18	$23.62	$51.67	$23.85	$86.86	$40.09
Two Party	$214.96	$99.21	$217.00	$100.15	$342.36	$158.01
Family	$460.63	$212.60	$464.58	$214.42	$719.25	$331.96
Over $52,000						
Employee Only	$63.98	$29.53	$64.59	$29.81	$86.86	$40.09
Two Party	$268.70	$124.02	$271.26	$125.20	$342.36	$158.01
Family	$575.78	$265.74	$580.72	$268.02	$719.25	$331.96

For Faculty and Staff of Pomona College						
Medical Plans	Kaiser Permanente HMO		Anthem Advantage HMO		Anthem Act Wise HDHP	
	Monthly	Bi-Weekly	Monthly	Bi-Weekly	Monthly	Bi-Weekly
Under $52,000						
Employee Only	$63.98	$31.99	$64.59	$32.30	$86.86	$43.43
Two Party	$134.35	$67.18	$135.63	$67.82	$342.36	$171.18
Family	$191.93	$95.97	$193.57	$96.79	$719.25	$359.63
Over $52,000						
Employee Only	$63.98	$31.99	$64.59	$32.30	$86.86	$43.43
Two Party	$268.70	$134.35	$271.26	$135.63	$342.36	$171.18
Family	$575.78	$287.89	$580.72	$290.36	$719.25	$359.63

Note: Imputed income taxation applies when enrolling a domestic partner; please see your benefits representative for additional information. Hourly employees of Pomona College and The Claremont Colleges Services will pay semi-monthly rates.

**See separate sheet for rates for RSABG employees.*

In January 2022, Anthem provided The Claremont Colleges with a premium credit. This premium credit was applied as a subsidy to the Anthem medical premiums to reduce the amount employees enrolled in an Anthem Plan paid each pay period throughout the year. The subsidy will end on December 31, 2022. To help offset the impact of removing the subsidy along with the overall Anthem renewal increase for the 2023 year, The Claremont Colleges has made the decision to apply a* ***premium holiday *to all employees who are enrolled in the Anthem Advantage HMO or Anthem HDHP plan for 2023. You will be receiving more details about how this impacts you via email, company mail and/or your mailing address.*

Dental Plans	Cigna Dental DHMO			Cigna Dental DPPO		
	Monthly	Bi-Weekly	Semi-Monthly	Monthly	Bi-Weekly	Semi-Monthly
Employee Only	$5.61	$2.59	$2.81	$40.31	$18.60	$20.16
Two Party	$15.35	$7.08	$7.68	$79.20	$36.55	$39.60
Family	$31.38	$14.48	$15.69	$156.32	$72.15	$78.16

**RSABG employees pay 100% of Dental.*

Vision Plans	Vision Core			Vision Buy-Up		
	Monthly	Bi-Weekly	Semi-Monthly	Monthly	Bi-Weekly	Semi-Monthly
Employee Only	$0.00	$0.00	$0.00	$7.19	$3.32	$3.60
Two Party	$1.53	$0.71	$0.77	$12.14	$5.60	$6.07
Family	$3.41	$1.57	$1.71	$20.10	$9.28	$10.05

ACCIDENT INSURANCE

	Low	High
EMPLOYEE	$7.97	$11.52
EMPLOYEE + SPOUSE	$13.28	$19.20
EMPLOYEE + CHILD	$15.72	$22.73
FAMILY	$21.03	$30.41

HOSPITAL INDEMNITY INSURANCE

	Low	High
EMPLOYEE	$18.91	$37.82
EMPLOYEE + SPOUSE	$39.62	$79.24
EMPLOYEE + CHILD	$28.56	$57.13
FAMILY	$49.27	$98.55

MONTHLY VOLUNTARY IDENTITY PROTECTION INSURANCE

Rates	
$7.95 (employee only)	$13.95 (family)

CRITICAL ILLNESS COVERAGE OPTIONS

	EMPLOYEE AMOUNT: $15,000 SPOUSE AMOUNT: $7,500 CHILD AMOUNT: $5,000				EMPLOYEE AMOUNT: $30,000 SPOUSE AMOUNT: $15,000 CHILD AMOUNT: $10,000			
Age	EMPLOYEE	EMPLOYEE + SPOUSE	EMPLOYEE + CHILD	EMPLOYEE + FAMILY	EMPLOYEE	EMPLOYEE + SPOUSE	EMPLOYEE + CHILD	EMPLOYEE + FAMILY
< 29	$6.10	$10.25	$8.05	$12.20	$10.90	$17.90	$14.80	$21.80
30-39	$7.15	$11.90	$9.10	$13.85	$13.00	$21.20	$16.90	$25.10
40-49	$14.20	$22.78	$16.15	$24.73	$27.10	$42.95	$31.00	$46.85
50-59	$28.75	$46.25	$30.70	$48.20	$56.20	$89.90	$60.10	$93.80
60-64	$43.00	$68.23	$44.95	$70.18	$84.70	$133.85	$88.60	$137.75
65-69	$52.90	$85.10	$54.85	$87.05	$104.50	$167.60	$108.40	$171.50
70+	$78.25	$119.45	$80.20	$121.40	$155.20	$236.30	$159.10	$240.20

VOLUNTARY INSURANCE COSTS

If you elect Voluntary Life and/or AD&D coverage, your monthly premium rate is calculated based on your age and/or the amount of coverage. Use the table below to estimate the premium amount that will be deducted from your paycheck.

VOLUNTARY LIFE INSURANCE

Rates for employees & spouse/domestic partner are based on the employee's age as of January 1, 2023.

Monthly Rate Per $1,000 of Coverage

Age	Employee & Spouse Monthly Rates
< 29	$0.023
30 - 34	$0.028
35 - 39	$0.041
40 - 44	$0.069
45 - 49	$0.103
50 - 54	$0.158
55 - 59	$0.282
60 - 64	$0.434
65 - 69	$0.874
70 +	$1.418
Dependent Child(ren) Life Insurance:	$1.05 for $15,000 of coverage per child

VOLUNTARY ACCIDENTAL DEATH AND DISMEMBERMENT (AD&D) INSURANCE

Coverage amounts may not exceed ten times your annual base salary. AD&D benefit amount cannot be increased after age 70. Coverage for children is 30% of the AD&D benefit amount up to a maximum of $50,000.

Monthly Rate Per $1,000 of Coverage

AD&D Benefit Amount	Employee Only	Family
$25,000	$0.48	$0.93
$50,000	$0.95	$1.85
$75,000	$1.43	$2.78
$100,000	$1.90	$3.70
$125,000	$2.38	$4.63
$150,000	$2.85	$5.55
$175,000	$3.33	$6.48
$200,000	$3.80	$7.40
$225,000	$4.28	$8.33
$250,000	$4.75	$9.25
$275,000	$5.23	$10.18
$300,000	$5.70	$11.10
$325,000	$6.18	$12.03
$350,000	$6.65	$12.95
$375,000	$7.13	$13.88
$400,000	$7.60	$14.80
$425,000	$8.08	$15.73
$450,000	$8.55	$16.65
$475,000	$9.03	$17.58
$500,000	$9.50	$18.50

PLAN CONTACTS

If you need to reach our plan providers, here is their contact information:

Plan Type	Provider	Phone Number	Website	Policy No.
Anthem Advantage HMO	Anthem Blue Cross	800-888-8288	www.anthem.com/ca	C23782
Anthem Act Wise HDHP	Anthem Blue Cross	844-860-3535	www.anthem.com/ca	C23782
Kaiser HMO Plan	Kaiser Permanente	800-464-4000	www.kp.org	101582
Cigna Dental HMO & PPO	Cigna	800-244-6224	www.cigna.com	3340182
Anthem Vision	Anthem Blue View	866-723-0515	www.anthem.com/ca	C23782
FSA	PayFlex	800-284-4885	www.payflex.com	N/A
Employee Assistance Program	Optum	800-234-5465	www.liveandworkwell.com	claremontcolleges
Life Insurance	Unum	866-679-3054	www.unum.com	442162
Voluntary AD&D	Zurich	866-841-4771	www.zurichna.com	GTU -5091313
Supplemental Medical	Voya	877-236-7564	https://presents.voya.com/EBRC/Claremont	Claremont
Retirement	TIAA	800-842-2776	www.tiaa-cref.org	Select the institution of your employment
Identity Theft Protection	Allstate	800-789-2720	www.myaip.com	The Claremont Colleges
Legal	ARAG	800-247-4184	www.ARAGLegalCenter.com	18437CC3
Auto & Home	Farmers GroupSelect	844-296-9641	www.myautohome.farmers.com	The Claremont Colleges
Pet Insurance	Nationwide	855-874-4944	petinsurance.com/Claremont	Claremont
Travel Assistance	Zurich	800-555-0870	www.zurichna.com	GTU-5091313
Medicare	Medicare	1-800-MEDICARE (1-800-633-4227)	www.medicare.gov	N/A
Health Rights	Centers for Health Rights	213-383-4519	chcsbc.org	N/A

GLOSSARY

-A-

AD&D Insurance
An insurance plan that pays a benefit to you or your beneficiary if you suffer from loss of a limb, speech, sight, or hearing, or if you have a fatal accident.

Allowed Amount
The maximum amount your plan will pay for a covered healthcare service.

Ambulatory Surgery Center (ASC)
A healthcare facility that specializes in same-day surgical procedures such as cataracts, colonoscopies, upper GI endoscopy, orthopedic surgery, and more.

Annual Limit
A cap on the benefits your plan will pay in a year. Limits may be placed on particular services such as prescriptions or hospitalizations. Annual limits may be placed on the dollar amount of covered services or on the number of visits that will be covered for a particular service. After an annual limit is reached, you must pay all associated health care costs for the rest of the plan year.

-B-

Balance Billing
In-network providers are not allowed to bill you for more than the plan's allowable charge, but out-of-network providers are. This is called balance billing. For example, if the provider's fee is $100 but the plan's allowable charge is only $70, an out-of-network provider may bill YOU for the $30 difference (the balance).

Note: Beginning January 1, 2023 the "No Surprises Act" provides protections against surprise billing for emergency services, air ambulance services, and certain services provided by a non-participating provider at a participating facility. For these services, the member's cost are generally limited to what the charge would have been if received in-network, leaving any balance to be settled between the insurer and the out-of-network provider. Consult your health plan documents for details.

Beneficiary
The person (or persons) that you name to be paid a benefit should you die. Beneficiaries are requested for life, AD&D, and retirement plans. You must name your beneficiary in advance.

Brand Name Drug
A drug sold under its trademarked name. For example, Lipitor is the brand name of a common cholesterol medicine.

-C-

COBRA
A federal law that may allow you to temporarily continue healthcare coverage after your employment ends, based on certain qualifying events. If you elect COBRA (Consolidated Omnibus Budget Reconciliation Act) coverage, you pay 100% of the premiums, including any share your employer used to pay, plus a small administrative fee.

Claim
A request for payment that you or your health care provider submits to your healthcare plan after you receive services that may be covered.

Coinsurance
Your share of the cost of a healthcare visit or service. Coinsurance is expressed as a percentage and always adds up to 100%. For example, if the plan pays 70%, your coinsurance responsibility is 30% of the cost. If your plan has a deductible, you pay 100% of the cost until you meet your deductible amount.

Copayment
A flat fee you pay for some healthcare services, for example, a doctor's office visit. You pay the copayment (sometimes called a copay) at the time you receive care. In most cases, copays do not count toward the deductible.

-D-

Deductible
The amount of healthcare expenses you have to pay for with your own money before your health plan will pay. The deductible does not apply to preventive care and certain other services.

Family coverage may have an ***aggregate*** or ***embedded*** deductible. Aggregate means your family must meet the entire family deductible before any individual expenses are covered. Embedded means the plan begins to make payments for an individual member as soon as they reach their individual deductible.

Dental Basic Services
Services such as fillings, routine extractions and some oral surgery procedures.

Dental Diagnostic & Preventive Generally includes routine cleanings, oral exams, x-rays, and fluoride treatments.
Most plans limit preventive exams and cleanings to two times a year.

Dental Major Services
Complex or restorative dental work such as crowns, bridges, dentures, inlays and onlays.

Dependent Care Flexible Spending Account (FSA)
An arrangement through your employer that lets you pay for eligible child and elder care expenses with tax-free dollars. Eligible expenses include day care, before and after-school programs, preschool, and summer day camp for children under age
13. Also included is care for a spouse or other dependent who lives with you and is physically incapable of self-care.

-E-

Eligible Expense
A service or product that is covered by your plan. Your plan will not cover any of the cost if the expense is not eligible.

Excluded Service
A service that your health plan doesn't pay for or cover.

-F-

Formulary
A list of prescription drugs covered by your medical plan or prescription drug plan. Also called a drug list.

-G-

Generic Drug
A drug that has the same active ingredients as a brand name drug, but is sold under a different name. For example, Atorvastatin is the generic name for medicines with the same formula as Lipitor.

Grandfathered
A medical plan that is exempt from certain provisions of the Affordable Care Act (ACA).

-H-

Health Reimbursement Account (HRA) An account funded by an employer that reimburses employees, tax-free, for qualified medical expenses up to a maximum amount per year. Sometimes called Health Reimbursement Arrangements.

Healthcare Flexible Spending Account (FSA)
A health account through your employer that lets you pay for many out-of-pocket medical expenses with tax-free dollars. Eligible expenses include insurance copayments and deductibles, qualified prescription drugs, insulin, and medical devices, and some over-the-counter items.

High Deductible Health Plan (HDHP)
A medical plan with a higher deductible than a traditional insurance plan. The monthly premium is usually lower, but you pay more health care costs (the deductible) before the insurance company starts to pay its share. A high deductible plan (HDHP) may make you eligible for a health savings account (HSA) that allows you to pay for certain medical expenses with money free from federal taxes.

GLOSSARY

-I-

In-Network
In-network providers and services contract with your healthcare plan and will usually be the lowest cost option. Check your plan's website to find doctors, hospitals, labs, and pharmacies. Out-of-network services will cost more, or may not be covered.

-L-

Life Insurance
An insurance plan that pays your beneficiary a lump sum if you die.

Long Term Disability Insurance
Insurance that replaces a portion of your income if you are unable to work due to a debilitating illness, serious injury, or mental disorder. Long term disability generally starts after a 90-day waiting period.

-M-

Mail Order
A feature of a medical or prescription drug plan where medicines you take routinely can be delivered by mail in a 90-day supply.

-O-

Open Enrollment
The time of year when you can change the benefit plans you are enrolled in and the dependents you cover. Open enrollment is held one time each year. Outside of open enrollment, you can only make changes if you have certain events in your life, like getting married or adding a new baby or child in the family.

Out-of-Network
Out-of-network providers (doctors, hospitals, labs, etc.) cost you more because they are not contracted with your plan and are not obligated to limit their maximum fees. Some plans, such as HMOs and EPOs, do not cover out-of-network services at all.

Out-of-Pocket Cost
A healthcare expense you are responsible for paying with your own money, whether from your bank account, credit card, or from a health account such as an HSA, FSA or HRA.

Out-of-Pocket Maximum
Protects you from big medical bills. Once costs "out of your own pocket" reach this amount, the plan pays 100% of most remaining eligible expenses for the rest of the plan year.

Family coverage may have an *aggregate* or *embedded* maximum. Aggregate means your family must meet the entire family out-of-pocket maximum before the plan pays 100% for any member. Embedded means the plan will cover 100% for an individual member as soon as they reach their individual maximum.

Outpatient Care
Care from a hospital that doesn't require you to stay overnight.

-P-

Participating Pharmacy
A pharmacy that contracts with your medical or drug plan and will usually result in the lowest cost for prescription medications.

Plan Year
A 12-month period of benefits coverage. The 12-month period may or may not be the same as the calendar year.

Preferred Drug
Each health plan has a preferred drug list that includes prescription medicines based on an evaluation of effectiveness and cost. Another name for this list is a "formulary." The plan may charge more for non- preferred drugs or for brand name drugs that have generic versions. Drugs that are not on the preferred drug list may not be covered.

Preventive Care Services
Routine healthcare visits that may include screenings, tests, check-ups, immunizations, and patient counseling to prevent illnesses, disease, or other health problems. Many preventive care services are fully covered. Check with your health plan in advance if you have questions about whether a preventive service is covered.

Primary Care Provider (PCP)
The main doctor you consult for healthcare issues. Some medical plans require members to name a specific doctor as their PCP, and require care and referrals to be directed or approved by that provider.

-S-

Short Term Disability Insurance
Insurance that replaces a portion of your income if you are temporarily unable to work due to surgery and recovery time, a prolonged illness or injury, or pregnancy issues and childbirth recovery.

-T-

Telehealth / Telemedicine / Teledoc
A virtual visit to a doctor using video chat on a computer, tablet or smartphone. Telehealth visits can be used for many common, non-serious illnesses and injuries and are available 24/7. Many health plans and medical groups provide telehealth services at no cost or for much less than an office visit.

-U-

UCR (Usual, Customary, and Reasonable)
The amount paid for a medical service in a geographic area based on what providers in the area usually charge for the same or similar medical service. The UCR amount sometimes is used to determine the allowed amount.

Urgent Care
Care for an illness, injury or condition serious enough that care is needed right away, but not so severe it requires emergency room care. Treatment at an urgent care center generally costs much less than an emergency room visit.

-V-

Vaccinations
Treatment to prevent common illnesses such as flu, pneumonia, measles, polio, meningitis, shingles, and other diseases. Also called immunizations.

Voluntary Benefit
An optional benefit plan offered by your employer for which you pay the entire premium, usually through payroll deduction.

IMPORTANT PLAN INFORMATION

HEALTH PLAN NOTICES

These notices must be provided to plan participants on an annual basis and are available in the Annual Notices document, located HERE.

- **Medicare Part D Notice:** Describes options to access prescription drug coverage for Medicare eligible individuals
- **Women's Health and Cancer Rights Act:** Describes benefits available to those that will or have undergone a mastectomy
- **Newborns' and Mothers' Health Protection Act:** Describes the rights of mother and newborn to stay in the hospital 48-96 hours after delivery
- **HIPAA Notice of Special Enrollment Rights:** Describes when you can enroll yourself and/or dependents in health coverage outside of open enrollment
- **HIPAA Notice of Privacy Practices:** Describes how health information about you may be used and disclosed
- **Notice of Choice of Providers:** Notifies you that your plan requires you to name a Primary Care Physician (PCP) or provides for you to select one
- **Premium Assistance Under Medicaid and the Children's Health Insurance Program (CHIP):** Describes availability of premium assistance for Medicaid eligible dependents.

COBRA CONTINUATION COVERAGE

You and/or your dependents may have the right to continue coverage after you lose eligibility under the terms of our health plan. Upon enrollment, you and your dependents receive a COBRA Initial Notice that outlines the circumstances under which continued coverage is available and your obligations to notify the plan when you or your dependents experience a qualifying event. Please review this notice carefully to make sure you understand your rights and obligations.

PLAN DOCUMENTS

Important documents for our health plan and retirement plan are available in this guide Paper copies of these documents and notices are available if requested. If you would like a paper copy, please contact the Plan Administrator.

SUMMARY PLAN DESCRIPTIONS (SPD)

The legal document for describing benefits provided under the plan as well as plan rights and obligations to participants and beneficiaries.

SUMMARY OF BENEFITS AND COVERAGE (SBC)

A document required by the Affordable Care Act (ACA) that presents benefit plan features in a standardized format.

- The Claremont Colleges Group Health Plan

STATEMENT OF MATERIAL MODIFICATIONS

This enrollment guide constitutes a Summary of Material Modifications (SMM) to the Claremont Colleges Group Health Plan. It is meant to supplement and/or replace certain information in the SPD, so retain it for future reference along with your SPD. Please share these materials with your covered family members.

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