



24 de Octubre del 2016

INSCRIPCIÓN ABIERTA DEL 2017

31 de Octubre al 18 de Noviembre 2016

¿QUÉ HAY DENTRO DE ESTE PAQUETE?

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¿Qué es Inscripción Abierta?

La Inscripción Abierta es su oportunidad anual para realizar cambios de las opciones de sus beneficios y para agregar o remover la cobertura de sus dependientes. La Inscripción Abierta para sus Beneficios del 2017 se llevará a cabo **del 31 de octubre hasta el 18 de noviembre del 2017**. Todos los empleados deben participar en la Inscripción Abierta para recibir cobertura de beneficios para el 2017. Si no elige sus selecciones de beneficios durante la Inscripción Abierta, perderá no será cubierto en el 2017.

Los beneficios que usted elija durante la Inscripción Abierta serán efectivos el 1 de enero de 2017 y permanecerá en vigor hasta el 31 de Diciembre del 2017, a menos que tenga un evento de vida calificado que le permita hacer un cambio a mitad de año.

¿Qué es lo que está cambiando para 2017?

Para el 2017 hay algunos cambios en sus beneficios. El siguiente es un resumen de los cambios y los recordatorios que usted debe tener en cuenta para el plan del año 2017. Puede consultar la **Guía de Inscripción Abierta y Beneficios del 2017** para más información.

- **Anthem Lumenos HDHP:** La nueva ley de California limita el deducible dentro de la red y el desembolso máximo para un individuo con cobertura de dos personas o familiar. Una vez que el individuo alcanza el límite de su deducible, esa persona pagará su coseguro para el cuidado médico. Una vez que el individuo llega al límite de gastos de su bolsillo, el plan pagará el 100% de los gastos cubiertos de ese individuo. Si ningún miembro individual de la familia alcanza el límite individual, se sumarán los gastos de todos los miembros de la familia y se aplicara hacía el deducible y desembolsos máximos.
- **Nuevo Proveedor del Plan Dental y Mejoramientos del Plan:** Como resultado de sus comentarios, estamos haciendo algunos cambios en nuestros beneficios dentales este año. Cigna será ahora nuestra compañía del plan dental. Habrá un nuevo programa de beneficios para el DHMO, en la cual tiene copagos bajos. Para el DPPO, hay una red dental más amplia así como un nuevo beneficio de la salud dental que te recompensa cuando recibe el cuidado preventivo de su dentista.
- **Las Tarifas del Plan 2017:** La cantidad que pagaras por la cobertura médica y la compra adicional de visión aumentará un poco. Las tarifas del plan dental bajaran.

- ***El IRS Incrementa el Límite de las Contribuciones del HSA para la Cobertura Individual:*** Si usted tiene cobertura individual con el Anthem Lumenos HDHP, ahora puede contribuir hasta \$3,400 al año a una Cuenta de Ahorros de Salud (HSA), incluyendo la contribución aportada The Claremont Colleges. La máxima contribución para la cobertura de dos personas o familiar se mantiene en \$ 6,750 para el 2017.
- ***Usted debe inscribirse si desea mantener su cobertura en el 2017:*** Tenga en cuenta, si no se inscribe activamente en los beneficios que usted desea durante el período de inscripción abierta, no estará cubierto bajo el plan en el 2017.
- ***La Reforma de Salud:*** Recuerde que usted está obligado a tener cobertura de seguro médico en 2017 o tendrá que pagar una multa cuando presente su declaración de impuestos en el 2017. Además, el IRS requiere que los empleadores con 50 o más empleados proporcionen una declaración anual que describe la cobertura ofrecida a los empleados elegibles, llamado el Formulario 1095-C. Debido a este informe requerido, se le proporcionará una forma en la cual puede utilizar al hacer su declaración de impuestos del 2017.
- ***Cuentas de Gastos Flexibles (FSA):*** Es necesario volver a inscribirse en su Cuenta de Gastos Flexibles cada año por la razón que su contribución actual no se va transferir al 2017. Las contribuciones se toman a partir de enero a diciembre en pagos iguales. Para obtener más información sobre estos planes, por favor revise su Guía de Beneficios para el 2017.

Recursos de Inscripción Abierta del 2017

Obtenga la información que necesita para tomar decisiones informadas durante la Inscripción Abierta. Examine nuestras diversas ofertas de beneficios con los siguientes recursos:

- **Guía de la Inscripción Abierta y Beneficios del 2017:** Esta guía electrónico está disponible en la página web de CUC. El guía proporciona más detalles acerca de los recordatorios mencionados anteriormente, así como lo que tiene que hacer durante la Inscripción Abierta y cómo inscribirse o hacer cambios a sus beneficios. Además, encontrará amplia información sobre todos los beneficios ofrecidos por The Claremont Colleges. El Guía de Beneficios 2017 seguirá siendo disponible en la página web de CUC a lo largo del 2017. Va a tener acceso a la porción del Guía de Inscripción Abierta hasta el 18 de Noviembre de 2016.
- **Resumen de los Precios del 2017:** Puede encontrar un resumen de las Tarifas de Primas de Beneficios del 2017 disponible en el Resumen de Precios del 2017 por medio de la página web de su escuela.
- **Su Guía para el Plan de Salud con Deducible Alto de Anthem Lumenos (HDHP):** Esta guía proporciona los detalles cómo el plan médico y el HSA funcionan y cómo puedes ahorrar dinero al inscribirse en este plan. Una copia de la guía está disponible en la página web de CUC al: www.cuc.claremont.edu/benefits.
- **El Plan FSA de Alcance Limitado y la Cuenta de Ahorros de Salud (HSA): cómo trabajan en conjunto.** Esta guía describe cómo funciona una cuenta HSA junto a otra cuenta de ahorro de costos, la Cuenta de Gastos Flexibles (FSA) Limitada de Salud. Una copia del guía está disponible en la página web de CUC al www.cuc.claremont.edu/benefits.
- **Instrucciones para la Inscripción Abierta del 2017:** Para hacer elecciones o cambios en sus beneficios para el 2017, debe iniciar la sesión por medio de UltiPro a través de su empleador. Puede encontrar Consejos Prácticos sobre cómo navegar y hacer elecciones por UltiPro. Para obtener instrucciones más detalladas, por favor vaya a la página web: www.cuc.claremont.edu/benefits y haga clic en "Forms".
- **Juntas Informativa sobre la Inscripción Abierta y la Feria de Beneficios del 2017:** La Administración de Beneficios de CUC está ofreciendo un día en cada colegio para poder ayudar a los empleados con preguntas, asistencia de inscripción, así como cambios en los beneficios actuales. Las presentaciones revisarán sus beneficios del 2017 y darán tiempo para que hagan preguntas. Las reuniones serán presentadas en inglés y español. También encontrara información sobre la feria de beneficios para el 2017.

- **Folleto de Beneficios del 2017:** Este folleto incluye un resumen de los planes médicos, dentales y de visión, e información sobre cómo inscribirse y las tarifas de primas para todas las ofertas de beneficios de The Claremont Colleges.

Cómo Acceder a sus Recursos

Para acceder a estos recursos, vaya a la página web: www.cuc.claremont.edu/benefits. Si estas accediendo estos recursos de una computadora Apple, tendrás que descargar el programa Adobe Acrobat Reader (en lugar de utilizar programa de "Preview" de Apple). Utilizando Acrobat, asegura que todos los enlaces y archivos incrustados en el documento funcionarán correctamente. Acrobat Reader se puede descargar desde www.adobe.com/downloads.

Avisos Obligatorios

Además de los recursos mencionados anteriormente, las siguientes notificaciones requeridas se adjuntan a este paquete:

- **Aviso Inicial de los Derechos de COBRA** –información importante acerca de sus derechos bajo COBRA (Consolidated Omnibus Budget Reconciliation Act of 1985).
- **Aviso Importante de The Claremont Colleges sobre Su Cobertura de Medicamentos Recetados y de Medicare** –información importante acerca de la Cobertura de Medicamentos Recetados y Medicare.
- **Aviso de Privacidad sobre la Información de Salud Individual de The Claremont Colleges** – explica la política de privacidad de The Claremont Colleges dispuesto por la Ley de Portabilidad y Contabilidad de los Seguros de Salud de 1996 (HIPAA).

Contactos de la Administración de Beneficios de CUC

La Administración de Beneficios está disponible para ayudarle con sus necesidades de Inscripción Abierta y preguntas. Los Representantes de la Administración de Beneficios de CUC son:

Carol Saldivar	carol_saldivar@cuc.claremont.edu	909-607-3195
Monica Villanueva	monica_villanueva@cuc.claremont.edu	909-607-3684
Claudia Garcia	claudia_garcia@cuc.claremont.edu	909-607-9493
Cristal Hernandez	cristal_hernandez@cuc.claremont.edu	909-607-4130
Alicia Silva	alicia_silva@cuc.claremont.edu	909-621-8049

El último día de Inscripción Abierta es el 18 de Noviembre del 2016 a 5:00 PST.

¡Bienvenido a los Beneficios de The Claremont Colleges de 2017!

Como empleado valioso de The Claremont Colleges, nos complace ofrecerle una amplia gama de beneficios para proteger su salud, su familia y su manera de vida, incluyendo:

- **Cobertura de salud**, incluyendo beneficios médicos, dentales y ópticos
- **Recursos sobre la vida y trabajo** por medio del Programa de Asistencia para los Empleados
- **Protección económica** para usted y su familia, que incluye coberturas de incapacidad y seguro de vida
- **Oportunidades de ahorros de retiro** por medio del plan 403(b)
- **Otros beneficios** voluntarios como las Cuentas de Gastos Flexibles (FSA) o la Cuenta de Ahorros de Salud (HSA)

Este folleto refleja algunos detalles del plan y las primas de sus beneficios del 2017. Puede encontrar más información en la *Guía de Beneficios de 2017* en www.cuc.claremont.edu/benefits.

Cuándo Inscribirse

A continuación encontrará las guías de cuándo puede inscribirse en los beneficios de The Claremont Colleges; para más información sobre cómo inscribirse, vea la página 6.

Durante la Inscripción Abierta

Cada año la Inscripción Abierta, tendrá la oportunidad de elegir sus opciones de beneficios para el año siguiente durante la Inscripción Abierta. La Inscripción Abierta para sus beneficios del 2017 se iniciará el lunes, 31 de octubre hasta el viernes, 18 de noviembre del 2016.

Como Empleado Nuevo

Si es elegible, debe inscribirse dentro de los 31 días siguientes a su Fecha de Antigüedad para los Beneficios. Si se inscribe en los beneficios dentro de este período de 31 días, su cobertura entrará en vigencia en la Fecha de Antigüedad para los Beneficios.

Inscripción Durante el Año

Si no se inscribe en los beneficios de The Claremont Colleges durante el período de Inscripción Abierta cada otoño, no podrá inscribirse hasta el siguiente período de inscripción a menos que tenga un cambio calificado de estatus familiar, por ejemplo su matrimonio o el nacimiento de un niño. En ese caso, tienes 30 días desde la fecha del evento para entregar la documentación necesaria, por ejemplo el certificado de matrimonio o certificado de nacimiento.



¿Quién es Elegible para Recibir Cobertura?

Usted es elegible para participar en los beneficios de The Claremont Colleges si es un empleado regular y trabajar al menos 20 horas a la semana.

Un empleado elegible para los beneficios se define como:

- Un miembro de la facultad que tiene un programa para trabajar por lo menos mitad de tiempo por lo mínimo de un semestre, con la **excepción** de la facultad adjunta de Claremont Graduate University (CGU), o
- Un miembro de la facultad que al menos tres clases en el curso del año académico, o
- Un miembro del personal en un puesto regular que tiene al menos 20 horas por semana, o
- Un empleado elegible para los beneficios con subsidio en CGU, como se indica:
 - Un empleado con un puesto que es financiado por un subsidio que específicamente incluye los gastos del empleador por la cobertura de los beneficios, **Y**
 - El empleado cumple con el número que se requiere de horas programadas de trabajo que se definen arriba.

Todos los demás empleados no son elegibles de los beneficios médicos, a menos que cumplan los criterios para los beneficios médicos según la Ley de Cuidado de la Salud a Bajo Precio que se define en el Escrito de Elegibilidad para los Beneficios en los Programas de Beneficios de los Empleados Administrados Centralmente en www.claremont.edu/benefits.

Dependientes Elegibles

Si se inscribe en la cobertura de los planes de beneficios de The Claremont Colleges, también puede inscribir a sus dependientes elegibles. Los dependientes elegibles incluyen:

- Cónyuge
- Pareja doméstica
- Hijos hasta los 26 años de edad, e hijos de cualquier edad que estén incapacitados mental o físicamente y cumplan con ciertos requisitos
- Hijastros o hijos de su pareja doméstica hasta los 26 años de edad

Evento Calificado de Vida¹

Los eventos calificados le permiten hacer cambios en sus beneficios durante el año. Con el fin de ser elegible debe tener uno de los siguientes eventos y entregar la documentación a la Administración de Beneficios dentro de los 30 días siguientes:

- Nacimiento/adopción
- Pérdida de la cobertura
- Matrimonio/divorcio
- El dependiente tiene cobertura en otro lugar

¹ Por favor comuníquese con su representante de beneficios para hablar sobre su evento de vida.

Información Importante Sobre las Cuentas de Gastos Flexibles (FSA)

Tres razones para considerar una cuenta FSA:

1. **Redusca su ingreso sujeto a impuesto.** Al contribuir a estas cuentas antes de impuestos, reduce su ingreso sujeto a impuestos.
2. **Ahorre dinero.** Ya está gastando el dinero que con tanto trabajo gana en gastos propios comunes que incluyen deducibles de salud, copagos y coseguro, o en los gastos del cuidado de sus niños. ¿Por qué no pagar estos gastos antes de impuestos?
3. **Ahorre también en los gastos de sus dependientes².** Los gastos de sus dependientes también son elegibles para el reembolso por medio de estas cuentas, por lo que debe asegurarse que sus dependientes saben cómo usar su cuenta FSA y ahorrar dinero para toda la familia.

- **Debe Volverse a Inscribir en las Cuentas de Gastos Flexibles (FSA) Cada Año**
 - Según las regulaciones del IRS, tiene obligación de inscribirse activamente en las Cuentas de Gastos Elegibles de Salud, Limitada de Salud o por el Cuidado de los Dependientes cada año. Esto significa que si está actualmente inscrito en una cuenta FSA en el 2016, sus elecciones del 2016 no se transferirán a 2017. ¡Asegúrese de volver a inscribirse en las cuentas FSA cada año antes de la fecha límite de inscripción!
- **Uso de su cuenta FSA para Pagar Gastos Médicos y Dentales**
 - Cuando abra una cuenta FSA, recibirá un tarjeta de débito para pagar por los gastos de salud calificados.
 - **En el consultorio del doctor:** Dependiendo del plan en que esté inscrito, es posible que tenga que pagar un copago por algunos servicios cuando vea a su doctor. Sólo tiene que presentar su tarjeta de débito en el momento del servicio para pagar el copago y el dinero se deducirá automáticamente de su cuenta.
 - **En la farmacia:** Si su doctor le escribe una receta, puede usar las herramientas de Anthem en la página web para verificar precios y encontrar una farmacia en la red. Una vez que haya entregado su receta y la farmacia le notifique que ya está lista para recogerla, use su tarjeta de débito FSA para acceder el dinero de su cuenta FSA para pagar la farmacia.
 - **Con el dentista:** Si su dentista exige que le pague en el consultorio, presente su tarjeta de débito FSA y el dinero se deducirá automáticamente de su cuenta.
- **Presentación de un Formulario de Reclamo FSA**
 - En vez de usar su tarjeta de débito FSA, puede pagar los gastos elegibles con dinero en efectivo, cheque o su tarjeta de crédito personal. Luego, entregue en línea un reclamo a PayFlex para el reembolso en www.payflex.com. O, envíe un reclamo impreso a PayFlex Systems USA, Inc., P.O. Box 91158, El Paso, TX 79998-1158. Fax: 855-703-5305.
 - **Nota:** Cuando entregue un reclamo, su reclamo se aprobará solamente si incluye un recibo pormenorizado que incluya la información siguiente:
 - Nombre y dirección del proveedor,
 - Nombre del paciente,
 - Descripción o tipo de servicio,
 - Fecha de servicio (no la fecha del pago), y
 - Cantidad de dinero cobrado por el gasto.

Para más información sobre estos beneficios, vea su *Guía de Beneficios del 2017* en www.cuc.claremont.edu/benefits.

² Las parejas domésticas y los dependientes de las parejas domésticas no son elegibles para el reembolso de la cuenta FSA. Los gastos por hijos dependientes pueden pagarse con su cuenta FSA hasta que el hijo tenga 18 años de edad (24 años si es estudiante de tiempo completo) o después si él o ella es un dependiente calificado de impuestos.

Un Vistazo a las Opciones del Plan Médico

Beneficio	Plan HMO de Kaiser	Anthem Blue Cross Plan HMO (California Care)	Anthem Lumenos HSA En la Red	Anthem Lumenos HDHP Fuera de la Red
Deducible por Año Calendario				
Sólo empleado	Ninguno	Ninguno	\$1,500	\$2,500
Familia	Ninguno	Ninguno	\$3,000 ¹ <i>Máximo Individual: \$2,600</i>	\$5,000
Máximo Gasto Propio (por año calendario) Algunos beneficios no se aplican con respecto al máximo gasto propio.				
Sólo empleado	\$1,500	\$1,500	\$3,000	\$6,000
Familia	\$3,000	\$3,000 (dos personas) \$4,500 (Familia)	\$6,000 ¹ <i>Máximo Individual: \$3,000</i>	\$12,000
Servicios Internado				
Internado en Hospital	\$200 de copago por hospitalización	\$300 de copago por hospitalización	El Plan paga 80% después del deducible	El Plan paga 60% después del deducible
Rayos X, Laboratorio	El Plan paga 100%	El Plan paga 100%	El Plan paga 80% después del deducible	El Plan paga 60% después del deducible
Servicios en Consulta Externa				
Visitas al Consultorio	Doctor Primario: \$20 de copago Especialista: \$30 de copago	Doctor Primario: \$25 de copago Especialista: \$40 de copago	El Plan paga 80% después del deducible	El Plan paga 60% después del deducible
Atención Preventiva	El Plan paga 100%	El Plan paga 100%	El Plan paga 100%	El Plan paga 60% después del deducible
Cirugía en Consulta Externa	\$30 de copago	\$100 de copago	El Plan paga 80% después del deducible	El Plan paga 60% después del deducible
Servicios de Emergencia				
Sala de emergencias servicios y suministros	\$100 de copago; se dispensa si le hospitalizan	\$150 de copago; se dispensa si le hospitalizan	El Plan paga 80% después del deducible	El Plan paga 60% después del deducible
Atención internado	\$200 por hospitalización	\$300 por hospitalización	El Plan paga 80% después del deducible	El Plan paga 60% después del deducible
Atención en consulta externa	\$20 de copago por visita/terapia individual \$10 de copago por visita/terapia de grupo	\$100 de copago por visita	El Plan paga 80% después del deducible	El Plan paga 60% después del deducible
Recetas Médicas - Farmacia local (surtido de hasta 30 días)				
Genéricas	\$10 de copago	\$10 de copago	El Plan paga 80% después del deducible	El Plan paga 60% después del deducible
Formularia de Marca	\$25 de copago	\$30 de copago	El Plan paga 80% después del deducible	El Plan paga 60% después del deducible
No formularia de marca	\$25 de copago	\$50 de copago	El Plan paga 80% después del deducible	El Plan paga 60% después del deducible
Recetas Médicas - Por Correo				
Genéricas	\$20 por surtido de hasta 100 días	\$10 de copago por surtido de 60 días	El Plan paga 80% después del deducible	No se cubre
Formularia de Marca	\$50 por surtido de hasta 100 días	\$60 de copago por surtido de 60 días	El Plan paga 80% después del deducible	No se cubre
No formularia de marca	\$50 por surtido de hasta 100 días	\$100 de copago por surtido de 60 días	El Plan paga 80% después del deducible	No se cubre

¹ La cantidad familiar incluye al empleado asegurado y uno o más miembros de la familia del empleado. Después de que una persona llegue al deducible máximo individual en la red, dicha persona pagará el coseguro por su atención; si llegan a su límite de gasto propio individual, el plan pagará 100% por el resto del año por esa persona. Todos los demás familiares pagarán todo el costo de su atención hasta que se cubra el deducible familiar en la red y pagarán coseguro hasta que el máximo gasto propio familiar en la red se cubra.

Un Vistazo a los Planes Dentales

Beneficio	Plan Dental DHMO de Cigna		Plan Dental PPO de Cigna	
	En la Red		En la Red	Fuera de la Red
Deducible por Año Calendario	Ninguno		Individual: \$50/Familia: \$150	Individual: \$50/Familia: \$150
Beneficio Máximo por Año Calendario	Sin límite		El Plan paga hasta \$2,000 por persona/año	El Plan paga hasta \$2,000 por persona/año
			Por cada año que reciba atención dental preventiva, se agregarán \$200 al beneficio máximo anual del año siguiente (hasta un beneficio máximo general de \$2,600 después de cuatro años).	
Preventivo/Diagnóstico				
Exámenes de Rutina Limpieza cada 6 meses	\$0 de copago		El Plan paga 100%; no se aplica el deducible	El Plan paga 100%; el deducible no se aplica
Servicios Generales (de Restauración)				
Empastes Amalgama Compuesta/Resina	\$0 a \$40 de copago		El Plan paga 80% después del deducible	El Plan paga 80% después del deducible
Extracciones Sencillas	\$5 de copago		El Plan paga 80% después del deducible	El Plan paga 80% después del deducible
Servicios Mayores				
Capas, Coronas, Dentaduras Postizas	Como se indica en la tabla de copagos		El Plan paga 50% después del deducible	El Plan paga 50% después del deducible
Ortodoncia				
Adultos	\$0 a \$1,488 de copago dependiendo del servicio prestado		El Plan paga 50% hasta un beneficio máximo de por vida de \$2,500; después del deducible	
Hijos Dependientes (hasta 19 años de edad)	\$0 a \$984 de copago dependiendo del servicio prestado			
Retención	\$250 de copago			

Un Vistazo a los Planes Ópticos

Beneficio	Anthem Blue View Plan Núcleo		Plan de Compra Anthem Blue View	
			En la Red	Fuera de la Red
Examen de la Vista (Una vez cada 12 meses)				
	El Plan paga 100% después de \$10 de copago		El Plan paga 100% después de \$10 de copago	El Plan paga hasta \$79
Armazones (Una vez cada 12 meses)				
	35% de descuento		El Plan paga una asignación de hasta \$130, usted recibe descuentos de 20% en cantidades que pasen de la asignación	\$100 de asignación
Anteojos (Una vez cada 12 meses)				
Unifocales con Raya	\$50 de copago		El Plan paga 100% después de \$15 de copago	El Plan paga hasta \$36
Bifocales con Raya	\$70 de copago			El Plan paga hasta \$60
Trifocales	\$105 de copago			El Plan paga hasta \$79
Lentes de Contacto (Una vez cada 12 meses)				
	15% de descuento en lentes convencionales		El Plan paga hasta \$130 de asignación; usted recibe un descuento del 15% de los cargos profesionales del doctor. Los materiales se pagan a las tarifas usuales y acostumbradas.	El Plan paga hasta \$115

Tarifas de los Empleados del 2017¹

Planes Médicos	Plan HMO de Kaiser Permanente			Plan HMO de Anthem Blue Cross (CaliforniaCare)			Plan HDHP Lumenos de Anthem		
	Mensual	Bisemanal	Quincenal	Mensual	Bisemanal	Quincenal	Mensual	Bisemanal	Quincenal
Sólo Empleado	\$45.46	\$20.98	\$22.73	\$53.34	\$24.62	\$26.67	\$57.60	\$26.58	\$28.80
Dos Personas	\$190.91	\$88.11	\$95.46	\$223.99	\$103.38	\$112.00	\$242.15	\$111.76	\$121.08
Familia	\$409.10	\$188.82	\$204.55	\$479.54	\$221.33	\$239.77	\$520.28	\$240.13	\$260.14

Planes Dentales ²	Plan Dental DHMO de Cigna			Plan Dental PPO de Cigna		
	Mensual	Bisemanal	Quincenal	Mensual	Bisemanal	Quincenal
Sólo Empleado	\$4.18	\$1.93	\$2.09	\$48.96	\$22.60	\$24.48
Dos Personas	\$14.85	\$6.85	\$7.43	\$102.96	\$47.52	\$51.48
Familia	\$32.15	\$14.84	\$16.08	\$210.05	\$96.95	\$105.03

Planes Ópticos	Plan Óptico Básico			Plan Óptico de Compra		
	Mensual	Bisemanal	Quincenal	Mensual	Bisemanal	Quincenal
Sólo Empleado	\$0.00	\$0.00	\$0.00	\$6.42	\$2.96	\$3.21
Dos Personas	\$1.36	\$0.63	\$0.68	\$10.83	\$5.00	\$5.42
Familia	\$3.05	\$1.41	\$1.53	\$17.95	\$8.28	\$8.98

¹ Los impuestos del ingreso imputado se aplican cuando inscribe a una pareja doméstica; por favor vea a su representante de beneficios para más información.

² Los empleados de RSABG pagan 100% de la prima por la cobertura dental.

Tarifas Mensuales del Seguro de Vida Suplementario

Las tarifas de los empleados y sus cónyuges/parejas domésticas se basan en la edad del empleado al 1º de enero del 2017.

Edad	Tarifa Mensual (por \$1,000 de Cobertura)
Menos de 30 años	\$ 0.03
30-34	0.04
35-39	0.06
40-44	0.10
45-49	0.15
50-54	0.23
55-59	0.41
60-64	0.63
65-69	1.27
70 +	2.06

Seguro de Vida de los Hijos Dependientes

Tarifa Mensual (por \$5,000 de Cobertura)
\$ 0.35

Tarifas Mensuales del Seguro por Muerte y Desmembramiento Accidental (AD&D)

Las cantidades de cobertura que pasen de \$250,000 no podrán pasar de 10 veces el salario base anual hasta un máximo de \$500,000. La cantidad de la suma asegurada no puede aumentarse después de los 70 años de edad. La cobertura de los hijos es 30% de la suma asegurada hasta un máximo de \$50,000.

Cantidad de Seguro	Cobertura Sólo del Empleado	Cobertura Familiar
\$ 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

Beneficios Pagados al 100% por el Empleador

Seguro Básico de Vida

Toda la facultad y el personal elegible a los beneficios reciben el Seguro de Vida Básico con un beneficio de 1 vez su ingreso anual o un mínimo de \$20,000 hasta un máximo de \$50,000.

Plan de Incapacidad a Largo Plazo

La facultad y el personal elegible a los beneficios que tengan un programa para trabajar 30 horas o más por semana, quedan automáticamente inscritos en la cobertura de incapacidad a largo plazo en su primer día de empleo. Excepción: El personal del Rancho Santa Ana Botanic Gardens pueden elegir la cobertura y pagar 50% de la prima.

Programa de Asistencia para los Empleados (EAP)

Se dispone de asesoría y consejería confidencial para la facultad y el personal sin ningún costo por medio del programa EAP. Los empleados y sus cónyuges legales, parejas domésticas y dependientes elegibles reciben hasta 5 sesiones de consejería con un terapeuta con licencia/certificado por teléfono o en persona por familiar, por asunto, cada año calendario. El acceso al programa EAP está disponible las 24/7 todo el año.

Reportes de la Ley de Cuidado de la Salud a Bajo Precio (ACA).

- Como parte de la ley ACA, el IRS requiere a los empleadores que tengan más de 50 empleados que entreguen un formulario anual al IRS que describe la cobertura que se ofrece a los empleados elegibles. Este formulario se conoce como Formulario 1095-C.
- Si es elegible para la cobertura de The Claremont Colleges, recibirá una copia del Formulario 1095-C de Claremont Colleges; este formulario incluye información sobre la elegibilidad y el costo de la cobertura de los planes disponibles.
- Además, si está inscrito en la cobertura médica, recibirá un Formulario 1095-B de su compañía de seguros. Este formulario incluirá información sobre su cobertura específica, su período de cobertura y quién de su familia tiene cobertura.
- Los formularios de la cobertura de 2016 se enviarán a su domicilio en casa en Enero del 2017.
- **Lo que significa para usted:** Los formularios se usan para verificar en su declaración de impuestos que usted y sus dependientes tienen al menos la cobertura mínima calificada del seguro de salud en el 2016, según exige la ley ACA. Si no tuvo cobertura de salud por alguna parte del año, pudiera tener que pagar una sanción de impuestos. Los cuadros en la Parte IV del Formulario 1095-B le ayudarán a calcular la sanción que se aplique, de ser el caso.

Cómo Inscribirse

Apúntese en UltiPro usando su nombre individual de usuario y su contraseña. **Empleados actuales:** Vaya a "Myself" en la barra de menú y dé un clic en "Open Enrollment". **Empleados recientes:** Vaya a "Myself" en la barra de menú y dé un clic en "Life Events" y luego en "Choose Event." Haga sus elecciones y dé un clic en el botón "Submit" en la página de Confirmación para completar sus elecciones de 2017.

Para obtener su nombre de usuario y contraseña de UltiPro, por favor comuníquese con su Departamento de Recursos Humanos.

CGU: Instrucciones para ADP

Ingrese a ADP yendo a <https://portal.adp.com>. Escoja User Login, y luego ingrese su Nombre de Usuario y Contraseña. Para ayuda con su nombre de usuario y contraseña, por favor comuníquese con Recursos Humanos.

- Código de registro para el uso de la Facultad y Personal de CGU: CGU1-91711

Contactos en la Administración de Beneficios

Claremont University Consortium

Carol Saldivar	(909) 607-3195 carol_saldivar@cuc.claremont.edu
Monica Villanueva	(909) 607-3684 monica_villanueva@cuc.claremont.edu
Claudia Garcia	(909) 607-9493 claudia_garcia@cuc.claremont.edu
Alicia Silva	(909) 621-8049 alicia_silva@cuc.claremont.edu
Cristal Hernandez	(909) 607-4130 cristal_hernandez@cuc.claremont.edu

Para más información, por favor vea la *Guías de Inscripciones Abiertas y los Beneficios del 2017* en www.cuc.claremont.edu/benefits. Si necesita ayuda, por favor envíe un correo a BENREPS@cuc.claremont.edu.

The Claremont Colleges Inscripción Abierta 2017

31 de octubre a 18 de noviembre, 2016

El periodo anual de Inscripción Abierta para los planes Médicos, Dentales, Visión, Cuentas de Gastos Flexibles y Seguros de Vida ha llegado.

Juntas Informativas

Estas juntas incluyen una presentación sobre los cambios de los beneficios para el 2017, así como la oportunidad de hacer preguntas y hablar con un representante de la Administración de Beneficios.

Pomona College

- **Martes, Noviembre 15, 2016**
Hart 201, Smith Campus Center
10 a.m. – 11 a.m. (Ingles)
- **Martes, Noviembre 15, 2016**
Hart 201, Smith Campus Center
1:30 p.m. – 2:30 p.m. (Español)

Claremont Graduate University

- **Jueves, Noviembre 10, 2016**
Harper Hall,
Board of Trustees Room
1 p.m. – 2 p.m. (Ingles)
- **Jueves, Noviembre 10, 2016**
Harper Hall,
Board of Trustees Room
3 p.m. – 4 p.m. (Ingles)

Claremont McKenna College

- **Martes, Noviembre 1, 2016**
McKenna Auditorium
10 a.m. – 11 a.m. (Ingles)
- **Martes, Noviembre 1, 2016**
McKenna Auditorium
2 p.m. – 3 p.m. (Bilingüe)

Claremont University Consortium

- **Martes, Noviembre 8, 2016**
Honnold Library, Founders Room
12 p.m. – 1 p.m. (Ingles)
- **Martes, Noviembre 8, 2016**
Honnold Library, Founders Room
1:30 p.m. – 2:30 p.m.
(Ingles – Anthem Lumenos HDHP)
- **Lunes, Noviembre 14, 2016**
Administrative Campus Center,
Board Room
11:30 p.m. – 12:30 p.m. (Ingles)
- **Miércoles, Noviembre 16, 2016**
Administrative Campus Center,
Board Room
12 p.m. – 1 p.m.
(Ingles – Anthem Lumenos HDHP)

Harvey Mudd College

- **Miércoles, Noviembre 2, 2016**
Platt Campus Center, Green Room
11:15 a.m. – 12:15 p.m. (Ingles)
- **Miércoles, Noviembre 2, 2016**
Platt Campus Center, Green Room
2:30 p.m. – 3:30 p.m. (Español)
- **Jueves, Noviembre 10, 2016**
Platt Campus Center, Green Room
11:15 a.m. – 12:15 p.m.
(Ingles – Anthem Lumenos HDHP)

Keck Graduate Institute

- **Jueves, Noviembre 3, 2016**
535 East Conference Room
10 a.m. – 11 a.m. (Ingles)
- **Jueves, Noviembre 3, 2016**
535 East Conference Room
12 p.m. – 1 p.m. (Ingles)

Rancho Santa Ana Botanic Garden

- **Lunes, Noviembre 07, 2016**
Lenz Horticultural Classroom
9 a.m. – 10 a.m. (Ingles)
- **Lunes, Noviembre 07, 2016**
Lenz Horticultural Classroom
11 a.m. – 12 p.m. (Español)

Pitzer College

- **Miércoles, Noviembre 9, 2016**
McConnell Center, Founder's Room
10 a.m. – 11 a.m. (Ingles)
- **Miércoles, Noviembre 9, 2016**
McConnell Center, Founder's Room
2 p.m. – 3 p.m. (Español)

Scripps College

- **Martes, Noviembre 08, 2016**
Vita Nova Hall, Conference Room
9:30 a.m. – 10:30 a.m. (Ingles)
- **Martes, Noviembre 08, 2016**
Vita Nova Hall, Conference Room
2 p.m. – 3 p.m. (Bilingüe)



Asistencia Directa

Además de las juntas informativas, representantes de la Administración de Beneficios estarán disponibles para contestar preguntas y ayudar con la inscripción en sus beneficios. Visítenos durante los siguientes días en los Colegios para asistencia directa, no necesita cita.

Pomona College

Martes, Noviembre 15
9 a.m. – 4 p.m.
Smith Campus Center, Hart 201

Claremont Graduate University

Jueves, Noviembre 10
1 p.m. – 5 p.m.
Harper Hall,
Board of Trustees Room

Claremont McKenna College

Martes, Noviembre 1
9 a.m. – 4:30 p.m.
McKenna Auditorium

Claremont University Consortium

Martes, Noviembre 8
11 a.m. – 4 p.m.
Honnold Library, Founder's Room

Harvey Mudd College

Miércoles, Noviembre 2
10 a.m. – 4:30 p.m.
Platt Campus Center, Green Room

Keck Graduate Institute

Jueves, Noviembre 3
10 a.m. – 2 p.m.
535 East Conference Room

Rancho Santa Ana Botanic Garden

Lunes, Noviembre 07
9 a.m. – 12 p.m.
Lenz Horticultural Classroom

Pitzer College

Miércoles, Noviembre 9
9 a.m. – 3 p.m.
McConnell Center,
Founder's Room

Scripps College

Martes, Noviembre 08
9 a.m. – 3 p.m.
Vita Nova Conference Room



THE CLAREMONT COLLEGES

Feria Anual de La Salud

Viernes, 4º de Nov. del 2016

10 a.m. – 1 p.m.

Administrative Campus Center

101 South Mills Ave. (por First Street)



por Buena Salud

Únase a nosotros y nuestros proveedores para recibir información útil sobre sus beneficios, comer algunos bocadillos saludables y ganar premios.

- ★ **Vehículo de la Salud de Kaiser**
Examen biométrico gratis para todo el personal y facultad de TCC.
- ★ **Masajes de 15 minutos**
Detalles para hacer una reservación disponible debajo.
- ★ **Disfrute de una merienda saludable**
Ensaladas de Panera, Jamba Juice, Conos de Bayas, Yogurt Congelado
- ★ **Mercados de Granjeros Locales**
Exhibición y muestras
- ★ **¡Una oportunidad para ganarse una bicicleta!**
- ★ **Regalos gratis**



HAGA CLIC AQUI

Para reservar su Examen
Biométrico y un Masaje Gratuito
código de acceso: votehealth

THE CLAREMONT COLLEGES

Feria Anual de La Salud

Viernes, 4º de Noviembre del 2016

10 a.m. – 1 p.m.

Administrative Campus Center

101 South Mills Ave. (por First Street)

**Compartan sus vehículos al evento y
reciban un boleto de rifa adicional.**

Puntos de Servicio de Traslado

**CUC proveerá transporte gratis al evento aproximadamente
cada 15-20 minutos en las siguientes localidades:
(A partir de las 9:30 a.m.)**

- ★ **Harvey Mudd College**
Kingston Hall Visitors Parking Lot (Platt Boulevard)
- ★ **Pomona College**
Edmunds Ballroom (Sixth y College)
- ★ **Scripps College**
Balch Hall Courtyard (Ninth y Columbia)
- ★ **Claremont Graduate University**
Stauffer Hall (Tenth y Dartmouth)
- ★ **Pitzer College**
Sanborn Parking Lot (Ninth y Mills)

October 2016

****CONTINUATION COVERAGE RIGHTS UNDER COBRA****

Federal law requires certain employers sponsoring group health plan coverage to offer their employees (and his or her enrolled family members) the opportunity to elect to extend health coverage should a loss of plan coverage occur due to a qualifying event. You are receiving this notice because you have either (1) recently been hired by The Claremont Colleges, and are enrolled in The Claremont Colleges Group Health Plan or (2) you recently added a newly eligible dependent to your plan. This notice contains important information about the right you and your covered dependents have under COBRA continuation coverage.

Both you (the employee) and your enrolled dependents (if applicable) should read this notice carefully and keep it with your records.

Introduction

You are receiving this notice because you have recently become covered under The Claremont Colleges (the Plan). This notice contains important information about your right to COBRA continuation coverage, which is a temporary extension of coverage under the Plan. The right to COBRA continuation coverage was created by a federal law, Consolidated Omnibus Budget Reconciliation Act of 1985 (COBRA). COBRA continuation coverage can become available to you and to other members of your family who are covered under the Plan when you would otherwise lose your group health coverage. **This notice generally explains COBRA continuation coverage, when it may become available to you and your family, and what you need to do to protect the right to receive it.** This notice gives only a summary of your COBRA continuation coverage rights. For more information about your rights and obligations under the Plan and under federal law, you should either review the Plan's Summary Plan Description or get a copy of the Plan Document from the Plan Administrator.

You may have other options available to you when you lose group health coverage. For example, you may be eligible to buy an individual plan through the Health Insurance Marketplace. By enrolling in coverage through the Marketplace, you may qualify for lower costs on your monthly premiums and lower out-of-pocket costs. Additionally, you may qualify for a 30-day special enrollment period for another group health plan for which you are eligible (such as a spouse's plan), even if that plan generally doesn't accept late enrollees.

COBRA Continuation Coverage

COBRA continuation coverage is a continuation of Plan coverage when coverage would otherwise end because of a life event known as a "qualifying event." Specific qualifying events are listed later in the notice. COBRA continuation coverage must be offered to each person who is a "qualified beneficiary." A qualified beneficiary is someone who will lose coverage under the Plan because of a qualifying event. Depending on the type of qualifying event, employees, spouses of employees, and dependent children of employees may be qualified beneficiaries. Under the Plan, qualified beneficiaries who elect COBRA continuation coverage must pay for COBRA continuation coverage.

If you are an employee, you will become a qualified beneficiary if you lose your coverage under the Plan because one of the following qualifying events happens:

- (1) Your hours of employment are reduced; or
- (2) Your employment ends for any reason other than your gross misconduct.

If you are the spouse of an employee, you will become a qualified beneficiary if you lose your coverage under the Plan because any of the following qualifying events happens:

- (1) Your spouse dies;
- (2) Your spouse's hours of employment are reduced;

- (3) Your spouse's employment ends for any reason other than his or her gross misconduct;
- (4) Your spouse becomes enrolled in Medicare (Part A, Part B, or both); or
- (5) You become divorced or legally separated from your spouse.

Your dependent children will become qualified beneficiaries if they lose coverage under the Plan because any of the following qualifying events happens:

- (1) The parent-employee dies;
- (2) The parent-employee's hours of employment are reduced;
- (3) The parent-employee's employment ends for any reason other than his or her gross misconduct;
- (4) The parent-employee becomes enrolled in Medicare (Part A, Part B, or both);
- (5) The parents become divorced or legally separated; or
- (6) The child stops being eligible for coverage under the plan as a "dependent child."

Sometimes, filing a proceeding in bankruptcy under title 11 of the United States Code can be a qualifying event. If a proceeding in bankruptcy is filed with respect to The Claremont Colleges and that bankruptcy results in the loss of coverage of any retired employee covered under the Plan, the retired employee is a qualified beneficiary with respect to the bankruptcy. The retired employee's spouse, surviving spouse, and dependent children will also be qualified beneficiaries if bankruptcy results in the loss of their coverage under the Plan.

The plan will offer COBRA continuation to qualified beneficiaries only after the Plan Administrator has been notified that a qualifying event has occurred. When the qualifying event is the end of employment or reduction of hours of employment, death of the employee, or enrollment of the employee in Medicare (Part A, Part B, or both), the employer must notify the Plan Administrator of the qualifying event. In addition, if the Plan provides retiree health coverage, then commencement of a proceeding in a bankruptcy with respect to the employer is also a qualifying event where the employer must notify the Plan Administrator of the qualifying event.

For the other qualifying events (divorce or legal separation of the employee and spouse or a dependent child losing eligibility for coverage as a dependent child), you must notify the Plan Administrator. The Plan requires you to notify the Plan Administrator, in writing, within 60 days after the qualifying event occurs. You must send this notice to:

Once the Plan Administrator receives notice that a qualifying event has occurred, COBRA continuation coverage will be offered to each of the qualified beneficiaries. Each qualified beneficiary will have an independent right to elect COBRA continuation coverage. Covered employees may elect COBRA continuation on behalf of their spouses, and parents may elect COBRA continuation coverage on behalf of their children. For each qualified beneficiary who elects COBRA continuation coverage, COBRA continuation coverage will begin either (1) on the date of the qualifying event or (2) on the date that Plan coverage would otherwise have been lost, depending on the nature of the Plan.

COBRA continuation coverage is a temporary continuation of coverage. When the qualifying event is the death of the employee, enrollment of the employee in Medicare (Part A, Part B, or both), your divorce or legal separation, or a dependent child losing eligibility as a dependent child, COBRA continuation coverage lasts for up to 36 months. When the qualifying event is the end of employment or reduction of the employee's hours of employment, and the employee became entitled to Medicare benefits less than 18 months before the qualifying event, COBRA continuation coverage for qualified beneficiaries other than the employee lasts until 36 months after the date of Medicare entitlement. For example, if a covered employee becomes entitled to Medicare 8 months before the date on which his employment terminates, COBRA continuation coverage for his spouse and children can last up to 36 months after the date of Medicare entitlement, which is equal to 28 months after the date of the qualifying event (36 months minus 8 months). Otherwise, when the qualifying event is the end of employment or reduction of the

employee's hours of employment, COBRA continuation coverage generally lasts for only up to a total of 18 months. There are two ways in which this 18-month period of COBRA continuation coverage can be extended.

Disability extension of 18-month period of continuation coverage

If you or anyone in your family covered under the Plan is determined by the Social Security Administration to be disabled at any time during the first 60 days of COBRA continuation coverage and you notify the Plan Administrator in a timely fashion, you and your entire family can receive up to an additional 11 months of COBRA continuation coverage, for a total maximum of 29 months. The disability would have to have started at some time before the 60th day of COBRA continuation coverage and must last at least until the end of the 18-month period of continuation coverage. You must notify PayFlex of that fact within 60 days of the *later* of 1) the SSA's determination of disability (the date of the SSA award letter); 2) the date of your qualifying event; 3) the date of your loss of coverage; or 4) the date you were notified of the requirement (the date of your qualifying event letter). The notification must also be provided before the end of the first 18 months of continuation coverage. Also, you are required to notify the Plan Administrator of any change in your disabled status. This notice should be sent to:

Second qualifying event extension of 18-month period of continuation coverage

If your family experiences another qualifying event while receiving COBRA continuation coverage, the spouse and dependent children in your family can get additional months of COBRA continuation coverage, up to a maximum of 36 months. This extension is available to the spouse and dependent children if the former employee dies, enrolls in Medicare (Part A, Part B, or both), or gets divorced or legally separated. These events can be a second qualifying event only if they would have caused the qualified beneficiary to lose coverage under the Plan if the first qualifying event had not occurred. The extension is also available to a dependent child when that child stops being eligible under the Plan as a dependent child. **In all of these cases, you must make sure that the Plan Administrator is notified of the second qualifying event within 60 days of the second qualifying event. This notice must be sent to:**

The Claremont Colleges' Plan Administrator
c/o Claremont University Consortium Benefit Administration
101 S. Mills Avenue
Claremont, CA 91711

Are there other coverage options besides COBRA Continuation Coverage?

Yes. Instead of enrolling in COBRA continuation coverage, there may be other coverage options for you and your family through the Health Insurance Marketplace, Medicaid, or other group health plan coverage options (such as a spouse's plan) through what is called a "special enrollment period." Some of these options may cost less than COBRA continuation coverage. You can learn more about many of these options at www.healthcare.gov.

If You Have Questions

If you have questions about your COBRA continuation coverage, you should contact the nearest Regional or District Office of the U.S. Department of Labor's Employee Benefits Security Administration (EBSA). For more information about your rights under the Employee Retirement Income Security Act (ERISA), including COBRA, the Patient Protection and Affordable Care Act, and other laws affecting group health plans, contact the nearest Regional or District Office of the U.S. Department of Labor's Employee Benefits Security Administration (EBSA) in your area or www.dol.gov/ebsa. Addresses and phone numbers of Regional and District EBSA Offices are available through EBSA's website at <http://www.dol.gov/ebsa>. For more information about the Marketplace, visit www.HeathCare.gov.

Keep Your Plan Informed of Address Changes

In order to protect your family's rights, you should keep the Plan Administrator informed of any changes in the addresses of family members. You should also keep a copy, for your records, of any notices you send to the Plan Administrator.

The Claremont Colleges
101 South Mills Avenue
Claremont, CA 91711
(909) 621-8151

October 2016

Participant and family, if applicable

The Health Insurance Portability and Accountability Act of 1996 (HIPAA) includes some provisions that may affect decisions you make about your participation in the Group Health Plan under the Consolidated Omnibus Budget Reconciliation Act of 1985 (COBRA). These provisions are as follows:

1. Under COBRA, if the qualifying event is a termination or reduction in hours of employment, affected qualified beneficiaries are entitled to continue coverage for up to 18 months after the qualifying event, subject to various requirements. Before HIPAA, this 18-month period could be extended for up to 11 months (for a total COBRA coverage period of up to 29 months from the initial qualifying event) if an individual was determined by the Social Security Administration, under the Social Security Act, to have been disabled at the time of the qualifying event and if the plan administrator was notified of that disability determination within 60 days of the determination and before the end of the original 18-month period.

Under HIPAA, if a qualified beneficiary is determined by the Social Security Administration to be disabled under the Social Security Act at any time during the first 60 days of COBRA coverage, the 11-month extension is available to all individuals who are qualified beneficiaries due to the termination or reduction in hours of employment. The disabled individual can be a covered employee or any other qualified beneficiary. However, to be eligible for the 11-month extension, affected individuals must still comply with the notification requirements in a timely fashion.

2. A child that is born to or placed for adoption with the covered employee during a period of COBRA coverage will be eligible to become a qualified beneficiary. In accordance with the terms of the employer's group health plan(s) and the requirements of Federal law, these qualified beneficiaries can be added to COBRA coverage upon proper notification to the Plan Administrator of the birth or adoption.

3. Under COBRA, your right to continuation coverage terminates if you become covered by another employer's group health plan.

If you have any questions about COBRA, or if you have changed marital status, or you or your spouse have changed addresses, please contact The Claremont Colleges Benefits Administration department at (909) 621-8151.

Important notice from *The Claremont Colleges* about creditable prescription drug coverage and Medicare

Date of this notice: October 2016

The purpose of this notice is to advise you that the prescription drug coverage listed below under The Claremont Colleges medical plan is expected to pay out, on average, at least as much as the standard Medicare prescription drug coverage will pay in 2017. This is known as “creditable coverage.”

Why this is important. If you or your covered dependent(s) are enrolled in any prescription drug coverage during 2017 listed in this notice and are or become covered by Medicare, you may decide to enroll in a Medicare prescription drug plan later and not be subject to a late enrollment penalty – as long as you had creditable coverage within 63 days of your Medicare prescription drug plan enrollment. You should keep this notice with your important records.

If you or your family members aren't currently covered by Medicare and won't become covered by Medicare in the next 12 months, this notice doesn't apply to you.

Notice of creditable coverage

Please read the notice below carefully. It has information about prescription drug coverage with Claremont and prescription drug coverage available for people with Medicare. It also tells you where to find more information to help you make decisions about your prescription drug coverage.

You may have heard about Medicare's prescription drug coverage (called Part D), and wondered how it would affect you. Prescription drug coverage is available to everyone with Medicare through Medicare prescription drug plans. All Medicare prescription drug plans provide at least a standard level of coverage set by Medicare. Some plans also offer more coverage for a higher monthly premium.

Individuals can enroll in a Medicare prescription drug plan when they first become eligible, and each year from October 15 through December 7. Individuals leaving employer/union coverage may be eligible for a Medicare Special Enrollment Period.

If you are covered by one of the Claremont prescription drug plans listed below, you'll be interested to know that coverage is, on average, at least as good as standard Medicare prescription drug coverage for 2017. This is called creditable coverage. Coverage under the plans listed below will help you avoid a late Part D enrollment penalty if you are or become eligible for Medicare and later decide to enroll in a Medicare prescription drug plan:

- Kaiser HMO
- Anthem Blue Cross HMO
- Anthem Lumenos HSA

If you decide to enroll in a Medicare prescription drug plan and you are an active employee or family member of an active employee, you may also continue your employer coverage. In this case, the employer plan will continue to pay primary or secondary as it had before you enrolled in a Medicare prescription drug plan. If you waive or drop Claremont coverage, Medicare will be your

only payer. You can re-enroll in the employer plan at annual enrollment or if you have a special enrollment event for the Claremont plan.

You should know that if you waive or leave coverage with Claremont and you go 63 days or longer without creditable prescription drug coverage (once your applicable Medicare enrollment period ends), your monthly Part D premium will go up at least 1% per month for every month that you did not have creditable coverage. For example, if you go 19 months without coverage, your Medicare prescription drug plan premium will always be at least 19% higher than what most other people pay. You'll have to pay this higher premium as long as you have Medicare prescription drug coverage. In addition, you may have to wait until the following October to enroll in Part D.

You may receive this notice at other times in the future – such as before the next period you can enroll in Medicare prescription drug coverage, if this Claremont coverage changes, or upon your request.

For more information about your options under Medicare prescription drug coverage

More detailed information about Medicare plans that offer prescription drug coverage is in the *Medicare & You* handbook. Medicare participants will get a copy of the handbook in the mail every year from Medicare. You may also be contacted directly by Medicare prescription drug plans. Here's how to get more information about Medicare prescription drug plans:

- Visit www.medicare.gov for personalized help.
- Call your State Health Insurance Assistance Program (see a copy of the *Medicare & You* handbook for the telephone number).
- Call 1-800-MEDICARE (1-800-633-4227). TTY users should call 1-877-486-2048.

For people with limited income and resources, extra help paying for a Medicare prescription drug plan is available. Information about this extra help is available from the Social Security Administration (SSA). For more information about this extra help, visit SSA online at www.socialsecurity.gov or call 1-800-772-1213 (TTY 1-800-325-0778).

Remember: Keep this notice. If you enroll in a Medicare prescription drug plan after your applicable Medicare enrollment period ends, you may need to provide a copy of this notice when you join a Part D plan to show that you are not required to pay a higher Part D premium amount.

For more information about this notice or your prescription drug coverage, contact:

The Claremont Colleges
CUC Benefits Administration
101 S. Mills Avenue
Claremont, CA 91711
909-621-8151

PRIVACY NOTICE

Please carefully review this notice. It describes how medical information about you may be used and disclosed and how you can get access to this information.

The Health Insurance Portability and Accountability Act of 1996 (HIPAA) imposes numerous requirements on the use and disclosure of individual health information by employer health plans. This information, known as protected health information, includes almost all individually identifiable health information held by a plan – whether received in writing, in an electronic medium, or as an oral communication. This notice describes the privacy practices of these plans: Health Care Flexible Spending Arrangement (FSA) benefits. The plans covered by this notice may share health information with each other to carry out treatment, payment, or health care operations. These plans are collectively referred to as the Plan in this notice, unless specified otherwise.

The Plan’s duties with respect to health information about you

The Plan is required by law to maintain the privacy of your health information and to provide you with this notice of the Plan’s legal duties and privacy practices with respect to your health information. If you participate in an insured plan option, you will receive a notice directly from the Insurer. It’s important to note that these rules apply to the Plan, not The Claremont Colleges as an employer – that’s the way the HIPAA rules work. Different policies may apply to the other Claremont Colleges’ programs or to data unrelated to these Plans.

How the Plan may use or disclose your health information

The privacy rules generally allow the use and disclosure of your health information without your permission (known as an authorization) for purposes of health care treatment, payment activities, and health care operations. Here are some examples of what that might entail:

- **Treatment** includes providing, coordinating, or managing health care by one or more health care providers or doctors. Treatment can also include coordination or management of care between a provider and a third party, and consultation and referrals between providers. *For example, the Plan may share your health information with physicians who are treating you.*
- **Payment** includes activities by this Plan, other plans, or providers to obtain premiums, make coverage determinations, and provide reimbursement for health care. This can include determining eligibility, reviewing services for medical necessity or appropriateness, engaging in utilization management activities, claims management, and billing; as well as performing “behind the scenes” plan functions such as risk adjustment, collection, or reinsurance. *For*

example, the Plan may share information about your coverage or the expenses you have incurred with another health plan in order to coordinate payment of benefits.

- **Health care operations** include activities by this Plan (and in limited circumstances by other plans or providers) such as wellness and risk assessment programs, quality assessment and improvement activities, customer service, and internal grievance resolution. Health care operations also include evaluating vendors, engaging in credentialing, training, and accreditation activities, performing underwriting or, premium rating, arranging for medical review and audit activities, and conducting business planning and development. *For example, the Plan may use information about your claims to audit the third parties that approve payment for Plan benefits.*

The amount of health information used, disclosed or requested will be limited and, when needed, restricted to the minimum necessary to accomplish the intended purposes, as defined under the HIPAA rules. If the Plan uses or discloses Protected Health Information (PHI) for underwriting purposes, the Plan will not use or disclose PHI that is your genetic information for such purposes.

How the Plan may share your health information with The Claremont Colleges

The Plan, or its health insurer or HMO, may disclose your health information without your written authorization to The Claremont Colleges for plan administration purposes. The Claremont Colleges may need your health information to administer benefits under the Plan. The Claremont Colleges agrees not to use or disclose your health information other than as permitted or required by the Plan documents and by law. The benefits staff, payroll and finance are the only employees of The Claremont Colleges employees who will have access to your health information for plan administration functions.

Here's how additional information may be shared between the Plan and **The Claremont Colleges**, as allowed under the HIPAA rules:

- The Plan, or its insurer or HMO, may disclose "summary health information" to The Claremont Colleges if requested, for purposes of obtaining premium bids to provide coverage under the Plan, or for modifying, amending, or terminating the Plan. Summary health information is information that summarizes participants' claims information, from which names and other identifying information have been removed.
- The Plan, or its insurer or HMO, may disclose to The Claremont Colleges information on whether an individual is participating in the Plan or has enrolled or disenrolled in an insurance option or HMO offered by the Plan.

In addition, you should know that The Claremont Colleges cannot and will not use health information obtained from the Plan for any employment-related actions. However, health

information collected by The Claremont Colleges from other sources, for example under the Family and Medical Leave Act, Americans with Disabilities Act, or workers' compensation programs is *not* protected under HIPAA (although this type of information may be protected under other federal or state laws).

Other allowable uses or disclosures of your health information

In certain cases, your health information can be disclosed without authorization to a family member, close friend, or other person you identify who is involved in your care or payment for your care. Information about your location, general condition, or death may be provided to a similar person (or to a public or private entity authorized to assist in disaster relief efforts). You'll generally be given the chance to agree or object to these disclosures (although exceptions may be made – for example, if you're not present or if you're incapacitated). In addition, your health information may be disclosed without authorization to your legal representative.

The Plan also is allowed to use or disclose your health information without your written authorization for the following activities:

Workers' compensation	Disclosures to workers' compensation or similar legal programs that provide benefits for work-related injuries or illness without regard to fault, as authorized by and necessary to comply with the laws
Necessary to prevent serious threat to health or safety	Disclosures made in the good-faith belief that releasing your health information is necessary to prevent or lessen a serious and imminent threat to public or personal health or safety, if made to someone reasonably able to prevent or lessen the threat (or to the target of the threat); includes disclosures to help law enforcement officials identify or apprehend an individual who has admitted participation in a violent crime that the Plan reasonably believes may have caused serious physical harm to a victim, or where it appears the individual has escaped from prison or from lawful custody
Public health activities	Disclosures authorized by law to persons who may be at risk of contracting or spreading a disease or condition; disclosures to public health authorities to prevent or control disease or report child abuse or neglect; and disclosures to the Food and Drug Administration to collect or report adverse events or product defects
Victims of abuse, neglect, or domestic violence	Disclosures to government authorities, including social services or protected services agencies authorized by law to receive reports of abuse, neglect, or domestic violence, as required by law or if you agree or the Plan believes that disclosure is necessary to prevent serious harm to you or potential victims (you'll be notified of the Plan's disclosure if informing you won't put you at further risk)
Judicial and administrative proceedings	Disclosures in response to a court or administrative order, subpoena, discovery request, or other lawful process (the Plan may be required to notify you of the request or receive satisfactory assurance from the party seeking your health information that efforts were made to notify you or to obtain a qualified protective order concerning the information)
Law enforcement purposes	Disclosures to law enforcement officials required by law or legal process, or to identify a suspect, fugitive, witness, or missing person; disclosures about

	a crime victim if you agree or if disclosure is necessary for immediate law enforcement activity; disclosure about a death that may have resulted from criminal conduct; and disclosure to provide evidence of criminal conduct on the Plan's premises
Decedents	Disclosures to a coroner or medical examiner to identify the deceased or determine cause of death; and to funeral directors to carry out their duties
Organ, eye, or tissue donation	Disclosures to organ procurement organizations or other entities to facilitate organ, eye, or tissue donation and transplantation after death
Research purposes	Disclosures subject to approval by institutional or private privacy review boards, subject to certain assurances and representations by researchers about the necessity of using your health information and the treatment of the information during a research project
Health oversight activities	Disclosures to health agencies for activities authorized by law (audits, inspections, investigations, or licensing actions) for oversight of the health care system, government benefits programs for which health information is relevant to beneficiary eligibility, and compliance with regulatory programs or civil rights laws
Specialized government functions	Disclosures about individuals who are Armed Forces personnel or foreign military personnel under appropriate military command; disclosures to authorized federal officials for national security or intelligence activities; and disclosures to correctional facilities or custodial law enforcement officials about inmates
HHS investigations	Disclosures of your health information to the Department of Health and Human Services to investigate or determine the Plan's compliance with the HIPAA privacy rule

Except as described in this notice, other uses and disclosures will be made only with your written authorization. For example, in most cases, the Plan will obtain your authorization before it communicates with you about products or programs if the Plan is being paid to make those communications. If we keep psychotherapy notes in our records, we will obtain your authorization in some cases before we release those records. The Plan will never sell your health information unless you have authorized us to do so. You may revoke your authorization as allowed under the HIPAA rules. However, you can't revoke your authorization with respect to disclosures the Plan has already made. You will be notified of any unauthorized access, use or disclosure of your unsecured health information as required by law.

The Plan will notify you if it becomes aware that there has been a loss of your health information in a manner that could compromise the privacy of your health information.

Your individual rights

You have the following rights with respect to your health information the Plan maintains. These rights are subject to certain limitations, as discussed below. This section of the notice describes

how you may exercise each individual right. See the table at the end of this notice for information on how to submit requests.

Right to request restrictions on certain uses and disclosures of your health information and the Plan's right to refuse

You have the right to ask the Plan to restrict the use and disclosure of your health information for treatment, payment, or health care operations, except for uses or disclosures required by law. You have the right to ask the Plan to restrict the use and disclosure of your health information to family members, close friends, or other persons you identify as being involved in your care or payment for your care. You also have the right to ask the Plan to restrict use and disclosure of health information to notify those persons of your location, general condition, or death – or to coordinate those efforts with entities assisting in disaster relief efforts. If you want to exercise this right, your request to the Plan must be in writing.

The Plan is not required to agree to a requested restriction. If the Plan does agree, a restriction may later be terminated by your written request, by agreement between you and the Plan (including an oral agreement), or unilaterally by the Plan for health information created or received after you're notified that the Plan has removed the restrictions. The Plan may also disclose health information about you if you need emergency treatment, even if the Plan has agreed to a restriction.

An entity covered by these HIPAA rules (such as your health care provider) or its business associate must comply with your request that health information regarding a specific health care item or service not be disclosed to the Plan for purposes of payment or health care operations if you have paid out of pocket and in full for the item or service.

Right to receive confidential communications of your health information

If you think that disclosure of your health information by the usual means could endanger you in some way, the Plan will accommodate reasonable requests to receive communications of health information from the Plan by alternative means or at alternative locations.

If you want to exercise this right, your request to the Plan must be in writing and you must include a statement that disclosure of all or part of the information could endanger you.

Right to inspect and copy your health information

With certain exceptions, you have the right to inspect or obtain a copy of your health information in a "designated record set." This may include medical and billing records maintained for a health care provider; enrollment, payment, claims adjudication, and case or medical management record systems maintained by a plan; or a group of records the Plan uses to make decisions about individuals. However, you do not have a right to inspect or obtain copies of psychotherapy notes

or information compiled for civil, criminal, or administrative proceedings. The Plan may deny your right to access, although in certain circumstances you may request a review of the denial.

If you want to exercise this right, your request to the Plan must be in writing. Within 30 days of receipt of your request (60 days if the health information is not accessible onsite), the Plan will provide you with one of these responses:

- the access or copies you requested;
- a written denial that explains why your request was denied and any rights you may have to have the denial reviewed or file a complaint; or
- a written statement that the time period for reviewing your request will be extended for no more than 30 more days, along with the reasons for the delay and the date by which the Plan expects to address your request.

You may also request your health information be sent to another entity or person, so long as that request is clear, conspicuous and specific. The Plan may provide you with a summary or explanation of the information instead of access to or copies of your health information, if you agree in advance and pay any applicable fees. The Plan also may charge reasonable fees for copies or postage.

If the Plan doesn't maintain the health information but knows where it is maintained, you will be informed of where to direct your request.

If the Plan keeps your records in electronic format, you may request an electronic copy of your health information in a form and format readily producible by the Plan. You may also request that such electronic health information be sent to another entity or person, so long as that request is clear, conspicuous and specific. Any charge that is assessed to you for these copies must be reasonable and based on the Plan's cost.

Right to amend your health information that is inaccurate or incomplete

With certain exceptions, you have a right to request that the Plan amend your health information in a designated record set. The Plan may deny your request for a number of reasons. For example, your request may be denied if the health information is accurate and complete, was not created by the Plan (unless the person or entity that created the information is no longer available), is not part of the designated record set, or is not available for inspection (e.g., psychotherapy notes or information compiled for civil, criminal, or administrative proceedings).

If you want to exercise this right, your request to the Plan must be in writing, and you must include a statement to support the requested amendment. Within 60 days of receipt of your request, the Plan will take one of these actions:

- make the amendment as requested;
- provide a written denial that explains why your request was denied and any rights you may have to disagree or file a complaint; or
- provide a written statement that the time period for reviewing your request will be extended for no more than 30 more days, along with the reasons for the delay and the date by which the Plan expects to address your request.

Right to receive an accounting of disclosures of your health information

You have the right to a list of certain disclosures of your health information the Plan has made. This is often referred to as an “accounting of disclosures.” You generally may receive this accounting if the disclosure is required by law, in connection with public health activities, or in similar situations listed in the table earlier in this notice, unless otherwise indicated below.

You may receive information on disclosures of your health information for up to six years before the date of your request. You do not have a right to receive an accounting of any disclosures made in any of these circumstances:

- for treatment, payment, or health care operations;
- to you about your own health information;
- incidental to other permitted or required disclosures;
- where authorization was provided;
- to family members or friends involved in your care (where disclosure is permitted without authorization);
- for national security or intelligence purposes or to correctional institutions or law enforcement officials in certain circumstances; or
- as part of a “limited data set” (health information that excludes certain identifying information).

In addition, your right to an accounting of disclosures to a health oversight agency or law enforcement official may be suspended at the request of the agency or official.

If you want to exercise this right, your request to the Plan must be in writing. Within 60 days of the request, the Plan will provide you with the list of disclosures or a written statement that the time period for providing this list will be extended for no more than 30 more days, along with the

reasons for the delay and the date by which the Plan expects to address your request. You may make one request in any 12-month period at no cost to you, but the Plan may charge a fee for subsequent requests. You'll be notified of the fee in advance and have the opportunity to change or revoke your request.

Right to obtain a paper copy of this notice from the Plan upon request

You have the right to obtain a paper copy of this privacy notice upon request. Even individuals who agreed to receive this notice electronically may request a paper copy at any time.

Changes to the information in this notice

The Plan must abide by the terms of the privacy notice currently in effect. This notice takes effect on September 1, 2016. However, the Plan reserves the right to change the terms of its privacy policies, as described in this notice, at any time and to make new provisions effective for all health information that the Plan maintains. This includes health information that was previously created or received, not just health information created or received after the policy is changed. If changes are made to the Plan's privacy policies described in this notice, you will be provided with a revised privacy notice through your Human Resources Department via mail or e-mail as appropriate.

Complaints

If you believe your privacy rights have been violated or your Plan has not followed its legal obligations under HIPAA, you may complain to the Plan and to the Secretary of Health and Human Services. You won't be retaliated against for filing a complaint. To file a complaint,

The Claremont Colleges' Plan Administrator
c/o Claremont University Consortium Benefit Administration
101 S. Mills Avenue
Claremont, CA 91711

Contact

For more information on the Plan's privacy policies or your rights under HIPAA, contact

The Claremont Colleges' Plan Administrator
c/o Claremont University Consortium Benefits Administration
101 S. Mills Avenue
Claremont, CA 91711