

Welcome

to The Claremont Colleges Benefits for 2020!



You MUST Take Action!

Enroll November 1–22, 2019

We're making changes for 2020 and **all employees must enroll** in benefits to have coverage next year.

Keep reading for more details.

As a valued employee of The Claremont Colleges, we're pleased to offer you a comprehensive array of benefits to help protect your and your family's health and way of life.



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When to Enroll

The following are guidelines for when you can enroll for benefits:

During Open Enrollment

This Open Enrollment period, **you MUST enroll to have coverage in 2020**. If you do not enroll, you will not have coverage next year. Open Enrollment for your 2020 benefits is Friday, November 1 through Friday, November 22, 2019.

As a New Hire

If you're eligible, you must enroll within 31 days following your Benefits Eligibility Date. If you enroll for benefits during this 31-day period, coverage will take effect as of your Benefits Eligibility Date.

During the Year — Life Events

Outside of your new hire or open enrollment period, you can enroll only if you have a change in your circumstances that will affect your benefits eligibility. This is known as a “qualifying life event” and includes events such as the birth of a child, a change in your marital status, or losing or gaining health coverage somewhere else. If you wish to make a change due to a life event, you will need to provide documentation and make your changes within **31 days** of the event.

How to Enroll

Employees must enroll in benefits using Workday. See instructions below.

Open Enrollment or New Hires

1. Log onto Workday — www.myworkday.com/theclaremontcolleges
2. Select your institution from the drop-down list
3. Enter your network credentials (for username and password assistance, please contact your IT department)
4. Check your Workday Inbox for either:
 - a. Change Benefits for Open Enrollment task; or
 - b. Benefits Change task (New Hires)
5. Go through the enrollment process, then click “Submit”
6. 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.

Life Events

1. Log onto Workday — www.myworkday.com/theclaremontcolleges
2. Select your institution from the drop-down list
3. Enter your network credentials (for username and password assistance, please contact your IT department)
4. Enter “Change Benefits” in the search tab
5. Select your Benefit Event Type from the list (e.g., new hire, birth, marriage, etc.)
6. Enter event date (e.g., birth, marriage, loss of coverage date)
7. Attach any required documentation (for life events only)
8. Click “Submit.” Then click the “Open” button to make your selections.
9. Go through the enrollment process, then click “Submit”
10. Your elections will be sent for approval and you will receive an email once they have been processed.

Further instructions can be found at <https://services.claremont.edu/benefits-administration/benefit-forms/>.

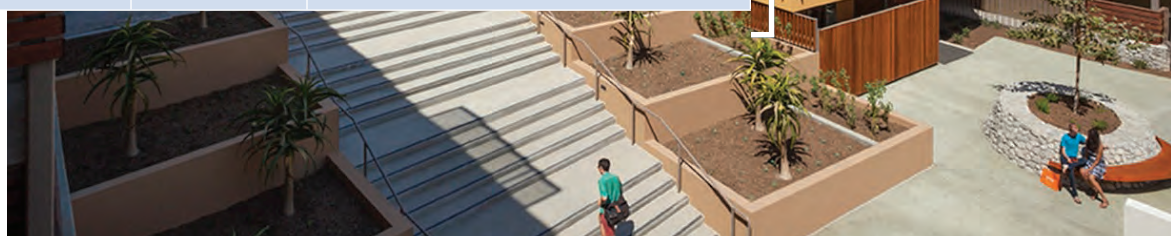
Benefits at a Glance

The medical, dental, and vision plans provide comprehensive coverage to allow you to choose the plan that works for your needs and your budget. For a medical plan comparison, see page 6. For comparisons of the dental and vision plans, see page 9.

Type of Benefit	Benefit Plans Available	Carrier Name	Quick Description
Medical (Includes prescription drug coverage)	Act Wise HDHP with HSA	Anthem Blue Cross	With the Act Wise HDHP plan, you have more control over how you spend your health care dollars.
	Advantage HMO		With the Advantage HMO, you may choose between a preferred provider or an in-network provider. You will pay less if you use a preferred provider. No out-of-network coverage is provided.
	HMO	Kaiser Permanente	With the HMO plans, you must see an in-network provider; no out-of-network coverage is provided.
Health Savings Account (HSA)	Available only with the Anthem Act Wise HDHP	PNC Bank	A personal savings account created from pretax employee contributions to be used for qualified medical expenses. Federal regulations limit HSAs to plans with a high deductible, like the Anthem Act Wise HDHP. You and The Claremont Colleges can contribute up to \$3,550/individual or \$7,100/family in 2020.
Dental	DHMO	Cigna	With the HMO you must see an in-network provider; no out-of-network coverage is provided.
	DPPO		With PPO coverage, you may use the dental provider of your choice, but you will receive discounted services by using a Cigna network provider.
Vision	Core Plan	Anthem	With the Core Plan, you must see network providers; out-of-network coverage is provided for exam only, up to \$79. No out-of-network coverage for glasses or contacts.
	Buy-up Plan		With the Buy-up Plan, you can see in-network or out-of-network providers but will receive higher benefits when you stay in network.
Retirement	Academic Retirement Plan (ARP)	TIAA	Save for your future with the colleges' ARP. Employer contributions are made as a percentage of eligible compensation. Employee voluntary elective deferrals can be made on a pre-tax or Roth after-tax basis.

Benefits paid for
by you and
The Claremont Colleges

Continued ➔



Benefits at a Glance (continued)

Benefits fully paid for
by you

Type of Benefit	Benefit Plans Available	Carrier Name	Quick Description
Flexible Spending Accounts (FSAs) Health Care FSAs Min: \$300 Max: \$2,700 Dependent Care FSA Min: \$300 Max: \$5,000 (\$5,000 combined limit for married couple; \$2,500 if married and filing separately)	Health Care FSA	PayFlex	FSAs help you make your money go further by letting you set aside pre-tax dollars to pay for certain out-of-pocket eligible health care expenses and dependent care costs. For more information on the Limited Scope Health Care FSA, see "Your Guide to the HDHP and Tax-Savings Accounts."
	Limited Scope Health Care FSA		
	Dependent Care FSA		
Voluntary Life Insurance	Employee Supplemental Life	The Standard	1-4 times your basic annual earnings (rounded to the next higher multiple of \$1,000), to a maximum of \$1 million.
	Spouse or Domestic Partner Supplemental Life		\$10,000 increments, to a maximum of \$250,000 or 50% of your combined Basic and Supplemental Life Insurance coverage.
	Child(ren) Life		Flat benefit of \$5,000 per child.
Voluntary Accidental Death & Dismemberment (AD&D) Insurance	Coverage is available for you, your spouse, and/or your children	Zurich	Individual or family coverage in \$25,000 increments up to \$500,000. AD&D provides coverage in the event of your death or serious injury due to an accident.
Voluntary Pet Insurance¹	Coverage for your furry family members	Nationwide Pet	Pet insurance can help you pay medical treatment costs for your pet's accidents, illnesses, and routine medical care.
Voluntary Legal Assistance Coverage	Coverage to help when legal matters arise	ARAG®	Insurance to help you efficiently deal with everyday legal events by providing you access to an individually credentialed attorney network.
Voluntary Identity Protection	Privacy, identity, and financial protection	InfoArmor	Identity protection for you and your family that safeguards your identity, reputation, and financial information.
Voluntary Auto/Home Insurance¹	Coverage for your vehicles and/or home	MetLife	Insurance to cover your vehicle and home at discounted rates.
Supplemental Accident Insurance	Cash benefits when you're accidentally injured	Voya	Receive cash benefits in cases of accidental injuries that you can use to help pay for uncovered medical expenses such as your deductible or coinsurance.
Supplemental Critical Illness Insurance	Cash benefits when you're diagnosed with a covered illness	Voya	Insurance that helps protect against the financial impact of certain illnesses, such as heart attack, cancer, and stroke. Receive cash benefits for qualifying illnesses.
Supplemental Hospital Indemnity Insurance	Cash benefits when you require a hospital stay	Voya	Receive supplemental payments that your medical plan may not cover for expenses incurred during a hospital stay.

¹ Contact the vendor directly to enroll.

Benefits at a Glance (continued)

Type of Benefit	Benefit Plans Available	Carrier Name	Quick Description
Basic Life Insurance	Coverage for you, paid to your family in the event of your death	The Standard	Benefits-eligible faculty and staff receive Basic Life Insurance with a benefit of 1 times their annual income or a minimum of \$20,000 to a maximum of \$50,000.
Long-Term Disability	Coverage for you	UNUM	Benefits-eligible faculty and staff who are scheduled to work 30 or more hours per week are automatically enrolled for long-term disability coverage on their first day of employment. <i>Exception: Rancho Santa Ana Botanic Gardens staff may elect coverage and pay 50% of the premium.</i>
Employee Assistance Program (EAP)	Coverage for you, your spouse, and your dependents	Optum Health	Confidential advice and counseling are available to faculty and staff at no cost through the EAP. Employees and their legal spouses, domestic partners, and eligible dependents receive up to five counseling sessions with a licensed/certified therapist by phone or in person, per family member, per issue, each calendar year. There are many other benefits available through the EAP, which are detailed in the Benefits Guide. Access to the EAP is available 24/7 year-round.

**Benefits paid 100% by
The Claremont Colleges**

Detailed information about all the benefits above is available in your *2020 Benefits Guide*, which can be found at www.services.claremont.edu/benefits.



Medical Plans Comparison

Benefit	Kaiser HMO	Advantage HMO Preferred Provider/ In-Network	Anthem Act Wise HDHP In-Network	Anthem Act Wise HDHP Out-of-Network
Calendar Year Deductible				
Employee-only	None	None	\$1,500	\$2,500
Family	None	None	\$3,000 ¹ <i>Individual Maximum: \$2,800</i>	\$5,000
Out-of-Pocket Maximum (per calendar year) Some benefits do not apply toward the out-of-pocket maximum.				
Employee-only	\$1,500	\$1,500	\$3,000	\$6,000
Family	\$3,000	\$3,000 (two-party) \$4,500 (family)	\$6,000 ¹ <i>Individual Maximum: \$3,000</i>	\$12,000
Inpatient Services				
Inpatient Hospital	\$200 copay per admission	\$300 copay per admission	Plan pays 80% after deductible	Plan pays 60% after deductible
Outpatient Services				
Office Visits	PCP: \$20 copay Specialist: \$30 copay	Preferred Provider: You pay a \$15 copay (PCP) or \$30 copay (specialist) In-Network Provider: You pay a \$25 copay (PCP) or \$40 copay (specialist)	Plan pays 80% after deductible	Plan pays 60% after deductible
Preventive Care	Plan pays 100%	Plan pays 100%	Plan pays 100%	Plan pays 60% after deductible
Emergency Services				
Emergency Room	\$100 copay; waived if admitted	\$150 copay; waived if admitted	Plan pays 80% after deductible	Plan pays 60% after deductible
Mental Health				
Inpatient Care	\$200 per admission	\$300 per admission	Plan pays 80% after deductible	Plan pays 60% after deductible
Outpatient Care	\$20 copay per visit (individual therapy) \$10 copay per visit (group therapy)	Preferred Provider: You pay a \$15 copay In-Network Provider: You pay a \$25 copay	Plan pays 80% after deductible	Plan pays 60% after deductible
Prescription Drugs—Retail (up to a 30-day supply, unless otherwise noted)				
Generic	\$10 copay	\$10 copay ²	Plan pays 80% after deductible	Plan pays 60% after deductible
Brand Formulary	\$25 copay	\$30 copay ²	Plan pays 80% after deductible	Plan pays 60% after deductible
Brand Non-formulary	\$25 copay	\$50 copay ²	Plan pays 80% after deductible	Plan pays 60% after deductible
Prescription Drugs—Mail-order				
	Up to a 100-day supply	Up to a 60-day supply	Up to a 90-day supply	
Generic	\$20 copay	\$10 copay	Plan pays 80% after deductible	Not covered
Brand Formulary	\$50 copay	\$60 copay	Plan pays 80% after deductible	Not covered
Brand Non-formulary	\$50 copay	\$100 copay	Plan pays 80% after deductible	Not covered

¹ The family amount includes the insured employee and one or more members of the employee's family. After one person reaches the in-network individual maximum deductible, that person will pay coinsurance for care; if they reach the individual out-of-pocket limit, the plan will pay 100% for that person for the rest of the year. All other family members will pay the full cost of care until the in-network family deductible is met and will pay coinsurance until the in-network family out-of-pocket maximum is met.

² You may purchase up to a 30-, 60-, or 90-day supply, depending on the script and then pay the corresponding copay (double or triple the 30-day amount).

Which Plan Will You Choose?

Here are three different scenarios that might help you decide between medical plans.

“I’m choosing the Kaiser HMO.”

Meet Alicia. She is married with a son who attends college in a different state. Alicia likes to pay a lower amount per paycheck and less up front for services, and prefers to keep her Kaiser doctor who can make referrals to Kaiser specialists if necessary. She chooses the Kaiser HMO because it includes flat copays for services and she can arrange a Kaiser visiting membership (available only in areas with Kaiser facilities) so her son can have complete medical coverage when he is away at school.



“The Anthem Act Wise HDHP is right for us.”

Meet Candace. She and her husband are ready to start a family, so they are budgeting for upcoming baby expenses. They like the idea of setting aside pretax money to pay for current and future health care expenses. The Anthem Act Wise HDHP includes a tax-advantaged savings account, the HSA, to which they and The Claremont Colleges can contribute up to \$7,100 in 2020. In addition, their OB/GYN is in-network. For these reasons, the Anthem Act Wise HDHP is the right plan for them.



“The Advantage HMO is the plan for me.”

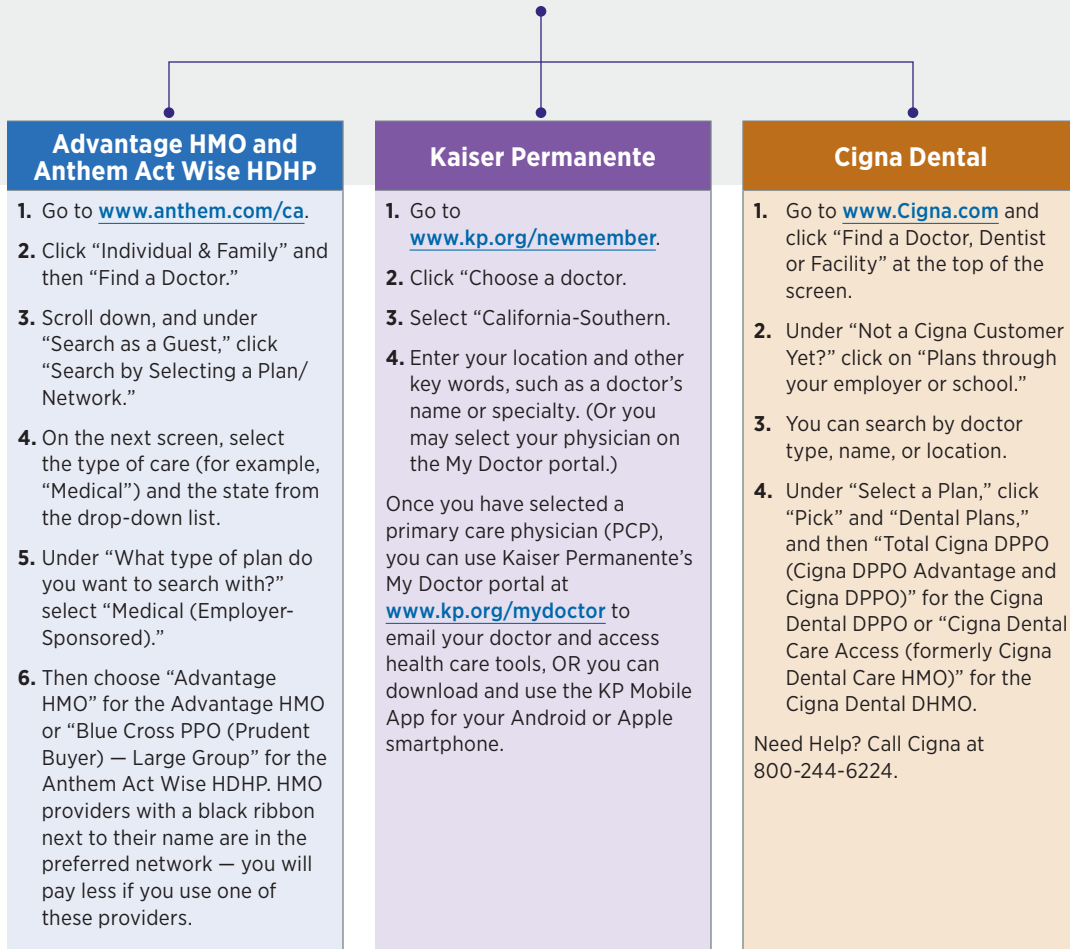
Meet Graham. He is a single fellow who likes to run each day. He doesn’t visit the doctor often other than for regular check ups and takes a daily medication for his high cholesterol. He chooses the Advantage HMO because his doctor is in the Preferred Provider network, so he pays a lower copay for office visits. In addition, he pays flat copays for prescription drugs and the least amount per paycheck of all the plans.



Find a Network Provider

Choosing network providers will help you save money.

Select an in-network provider to make the most of your health care dollars:



Enrolling in the Advantage HMO?

Make sure you have a **primary care physician** (PCP) on file. If you need to designate or change your PCP, call Anthem at **800-227-3771**. You can also find PCP codes at www.anthem.com.

Dental Plans Comparison

Benefit	Cigna Dental DHMO In-Network	Cigna Dental DPPO	
		In-Network	Out-of-Network
Calendar Year Deductible	None	Individual: \$50/Family: \$150	Individual: \$50/Family: \$150
Calendar Year Maximum Benefit	Unlimited	Plan pays up to \$2,000 per person/year	Plan pays up to \$2,000 per person/year
		For every year you get 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).	
Preventive/Diagnostic			
Routine Examination Cleaning once every 6 months	\$0 copay	Plan pays 100%; deductible does not apply	Plan pays 100%; deductible does not apply
General Services (Restorative)			
Fillings Amalgam Composite/Resin	\$0 to \$40 copay	Plan pays 80% after deductible	Plan pays 80% after deductible
Simple Extractions	\$5 copay	Plan pays 80% after deductible	Plan pays 80% after deductible
Major Services			
Caps, Crowns, Dentures, Implants	As listed in copay schedule	Plan pays 50% after deductible	Plan pays 50% after deductible
Orthodontia			
Adults	\$0 to \$1,488 copay depending on the service performed	Plan pays 50% up to \$2,500 lifetime maximum benefit; deductible does not apply	
Dependent Children (to age 19)	\$0 to \$984 copay depending on the service performed		
Retention	\$250 copay		

Vision Plans Comparison

Benefit	Anthem Blue View Core Plan	Anthem Blue View Buy-up Plan	
		In-Network	Out-of-Network
Eye Exam (Once every 12 months)			
	Plan pays 100% after \$10 copay	Plan pays 100% after \$10 copay	Plan pays up to \$79
Frames (Once every 12 months)			
	35% discount	Plan pays up to \$130 allowance ¹ ; you receive a 20% discount on amounts over allowance	\$100 allowance
Lenses (Once every 12 months)			
Single Vision	\$50 copay	Plan pays 100% after \$15 copay ²	Plan pays up to \$36 ²
Lined Bifocal	\$70 copay		Plan pays up to \$60 ²
Lined Trifocal	\$105 copay		Plan pays up to \$79 ²
Contact Lenses (Once every 12 months)			
	15% discount on conventional lenses	Plan pays up to \$130 allowance ¹ ; you receive a 15% discount on the doctor's professional fees. Materials are paid at usual and customary rates.	Plan pays up to \$115

¹ Allowance applies to frames OR contact lenses.

² Special materials or coatings require additional copays.

Wellness Resources

The Claremont Colleges recognizes that wellness is an important component of helping you create and maintain a healthy lifestyle. The wellness programs offered by our partners provide tools and information that can help you make important healthy lifestyle choices. These programs enhance your core benefits by offering savings on alternative health and wellness products and services.

Anthem Wellness Resources

- Free preventive care and immunizations (in-network only for Anthem Act Wise HDHP members)
- LiveHealth Online access to doctors, including private video chats covered by your regular copay
- 24/7 Nurseline 800-700-9186
- Condition Care advice nurses and resources for health problems:
 - Asthma
 - Diabetes
 - Heart failure
- Fitbit® walking challenges
- Future Moms resource for expectant mothers
- Discounts on health programs and fitness clubs, including weight loss and gyms

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

Kaiser Wellness Resources

- Free preventive care and immunizations
- Online Total Health Assessment
- Healthy Lifestyle Programs for:
 - Weight loss
 - Maternity and pregnancy
 - Smoking cessation
 - Insomnia
 - Diabetes management
 - Depression and stress management
 - Pain management
- 24/7 nursing advice 800-464-4000
- Wellness coaching
- Discounts through ChooseHealthy and on alternative care such as acupuncture or massage

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

Cigna Dental

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.

Employee Assistance Plan (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.

In addition, you can get support and referrals for everyday tasks, including child care and elder care, household services, and personal services (such as shopping or dog walking).

To access any of these services, call 800-234-5465 or log on to www.liveandworkwell.com (access code: claremontcolleges) to get started.

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 and substance abuse 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.

Flexible Spending Accounts (FSAs)

The Claremont Colleges offers three types of Flexible Spending Accounts (FSAs) to help you pay for out-of-pocket health care and/or dependent day care expenses with tax-free money.

Three reasons to consider an FSA:

- 1. Reduce your taxable income.** By contributing to these accounts pre-tax, you reduce your taxable income.
- 2. Save money.** You are already spending your hard-earned money on common out-of-pocket expenses such as your deductible, copays and coinsurance, or child care expenses. Why not pay for these expenses on a pre-tax basis?
- 3. Save on your dependents' expenses too.**¹ Your dependents' expenses are also eligible for reimbursement through these accounts, so be sure to make your dependents aware of how they can use your FSA to save money for the whole family.
 - You Must Re-enroll for FSAs Each Year**
 - Your elections won't roll over each year, so you must enroll or re-enroll during each Open Enrollment.
 - Using your FSA to Pay for Medical and Dental Expenses**
 - When you open an FSA, you'll receive a debit card to pay for qualified health care expenses at the doctor or dentist's office or pharmacy.
 - See FSA Substantiation Tip Sheet on our website:**
www.services.claremont.edu/benefits-administration/

¹ Domestic partners and dependents of domestic partners are not eligible for FSA reimbursement. The expenses of an employee's child who is under age 27 as of the end of the taxable year will qualify for a tax-free reimbursement for a Health Care FSA, even if the child does not qualify as the employee's tax dependent.

Dependent Care FSAs

The Dependent Care FSA may be used to pay for expenses that allow you (or your spouse, if married) to work by providing pre-tax funds to cover eligible child and elder care.

FSA Limits

In 2020, you can contribute up to the following amounts to each FSA:

- Health Care FSA: Up to \$2,700
- Limited Scope Health Care FSA: Up to \$2,700
- Dependent Care FSA: Up to \$5,000 for a married couple; \$2,500 if married and filing separately

Health Savings Account (HSA)



If you enroll in the Anthem Act Wise HDHP you will automatically be enrolled in a Health Savings Account (HSA). An HSA is a special account that lets you pay eligible expenses — such as deductibles, coinsurance and prescription drugs — with tax-free dollars. You and The Claremont Colleges contribute funds to the account, and you can use the money now or save it for future expenses.

An HSA can also be used as an investment tool because your account balance can roll over from year to year. And the HSA is completely portable — you can take it with you if you change jobs or retire.

Learn more about HSAs by viewing the Health Savings Account (HSA) Tip Sheet on our website:
www.services.claremont.edu/benefits-administration/.



Supplemental Medical Plans

The Claremont Colleges is pleased to offer three plans through Voya to help supplement your medical coverage. **Note:** These supplemental plans do not offer stand-alone comprehensive medical coverage. For the Critical Illness and Hospital Indemnity Insurance Plans, you must have separate medical coverage to enroll. For more details on these plans, visit <https://presents.voya.com/EBRC/Claremont> or call Voya at 877-236-7564.



New! Critical Illness Insurance

Critical illness insurance helps protect against the financial impact of certain illnesses, such as heart attack, cancer, and stroke. For specific covered conditions, you receive a lump-sum benefit that you can use at your discretion.



New! Accident Insurance

Accident insurance provides cash benefits in cases of accidental injuries. You can use this money to help pay for uncovered medical expenses, such as your deductible or coinsurance, or for ongoing living expenses, such as your mortgage or rent.



New! Hospital Indemnity Insurance

A hospital indemnity insurance plan provides supplemental payments that your medical plan may not cover for expenses incurred during a hospital stay.

Are Supplemental Medical Plans Right for You?

The critical illness, accident, and hospital indemnity plans provide you with extra insurance for unexpected out-of-pocket expenses. But these plans are not right for everyone.

Our health plans already offer comprehensive coverage for the same conditions; however, you will first have to pay a copay or deductible and coinsurance. The supplemental medical plans can help you cover these costs, along with other expenses, such as rent, mortgage, utilities, groceries, etc.

Supplemental medical plans are not intended to replace medical insurance. Before you enroll, make sure you understand your risks and the benefits these plans provide.



2020 Employee Rates¹

Medical Plans	Kaiser Permanente HMO			Advantage HMO			Anthem Act Wise HDHP		
	Monthly	Bi-Weekly	Semi-Monthly	Monthly	Bi-Weekly	Semi-Monthly	Monthly	Bi-Weekly	Semi-Monthly
Employee-only	\$55.76	\$25.74	\$27.88	\$55.42	\$25.58	\$27.71	\$71.87	\$33.17	\$35.94
Two-party	\$234.18	\$108.08	\$117.09	\$232.74	\$107.42	\$116.37	\$283.26	\$130.74	\$141.63
Family	\$501.81	\$231.60	\$250.91	\$498.26	\$229.97	\$249.13	\$595.08	\$274.65	\$297.54

For Faculty and Staff of Pitzer College

Medical Plans	Kaiser Permanente HMO		Advantage HMO		Anthem Act Wise HDHP	
	Monthly	Bi-Weekly	Monthly	Bi-Weekly	Monthly	Bi-Weekly
Under \$52,000						
Employee-only	\$44.61	\$20.59	\$44.33	\$20.46	\$71.87	\$33.17
Two-party	\$187.34	\$86.46	\$186.19	\$85.93	\$283.26	\$130.74
Family	\$401.45	\$185.28	\$398.61	\$183.97	\$595.08	\$274.65
Over \$52,000						
Employee-only	\$55.76	\$25.74	\$55.42	\$25.58	\$71.87	\$33.17
Two-party	\$234.18	\$108.08	\$232.74	\$107.42	\$283.26	\$130.74
Family	\$501.81	\$231.60	\$498.26	\$229.97	\$595.08	\$274.65

For Faculty and Staff of Pomona College

Medical Plans	Kaiser Permanente HMO		Advantage HMO		Anthem Act Wise HDHP	
	Monthly	Bi-Weekly	Monthly	Bi-Weekly	Monthly	Bi-Weekly
Under \$52,000						
Employee-only	\$55.76	\$27.88	\$55.42	\$27.71	\$71.87	\$35.94
Two-party	\$117.09	\$58.55	\$116.37	\$58.19	\$283.26	\$141.63
Family	\$167.27	\$83.64	\$166.09	\$83.05	\$595.08	\$297.54
Over \$52,000						
Employee-only	\$55.76	\$27.88	\$55.42	\$27.71	\$71.87	\$35.94
Two-party	\$234.18	\$117.09	\$232.74	\$116.37	\$283.26	\$141.63
Family	\$501.81	\$250.91	\$498.26	\$249.13	\$595.08	\$297.54

Dental Plans ²	Cigna Dental DHMO			Cigna Dental PPO		
	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

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

¹ Imputed income taxation applies when enrolling a domestic partner; please see your benefits representative for additional information.

² RSABG employees pay 100% of the premium for dental coverage.

Monthly Supplemental Life Insurance Rates

Rates for employees and spouses/domestic partners are based on the employee's age as of January 1, 2020.

Age	Monthly Rate (per \$1,000 of coverage)
Under 30	\$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

Monthly Accidental Death & Dismemberment Insurance (AD&D) Rates

Coverage amounts in excess of \$250,000 may not exceed 10 times annual base salary to a maximum of \$500,000. Principal sum amount cannot be increased after age 70. Coverage for children is 30% of the principal sum up to a maximum of \$50,000.

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

Monthly Voluntary Pet Insurance Rates

Rates

Varies based on pet's species, age, and the state in which you live. For a quote, visit www.petinsurance.com/claremont or call 877-738-7874.

Monthly Dependent Child(ren) Life Insurance

Monthly Rate (for \$5,000 of coverage per child)

\$0.35

Monthly Voluntary Legal Assistance Coverage Rates

Rates

\$17.00 (Employee-only and Family)

Monthly Voluntary Identity Protection Coverage Rates

Employee-only Coverage Family Coverage

\$7.95

\$13.95

Monthly Accident Insurance Rates

	Low	High
Employee	\$7.97	\$11.52
Employee + Spouse	\$13.28	\$19.20
Employee + Child	\$15.72	\$22.73
Family	\$21.03	\$30.41

Monthly Critical Illness Insurance Rates

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 + Spouse	Employee + Child	Employee + Family	Employee + Spouse + Child	Employee + Spouse	Employee + Child	Employee + Family	Employee + Spouse + Child
<25	\$6.10	\$10.25	\$8.05	\$12.20	\$10.90	\$17.90	\$14.80	\$21.80
25-29	\$6.10	\$10.25	\$8.05	\$12.20	\$10.90	\$17.90	\$14.80	\$21.80
30-34	\$7.15	\$11.90	\$9.10	\$13.85	\$13.00	\$21.20	\$16.90	\$25.10
35-39	\$7.15	\$11.90	\$9.10	\$13.85	\$13.00	\$21.20	\$16.90	\$25.10
40-44	\$14.20	\$22.78	\$16.15	\$24.73	\$27.10	\$42.95	\$31.00	\$46.85
45-49	\$14.20	\$22.78	\$16.15	\$24.73	\$27.10	\$42.95	\$31.00	\$46.85
50-54	\$28.75	\$46.25	\$30.70	\$48.20	\$56.20	\$89.90	\$60.10	\$93.80
55-59	\$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

Monthly Hospital Indemnity Insurance Rates

	Low	High
Employee	\$18.91	\$37.82
Employee + Spouse	\$39.62	\$79.24
Employee + Child	\$28.56	\$57.13
Family	\$49.27	\$98.55

Auto/Home Insurance

Rates

Varies based on vehicle and/or home and the state in which you live. Beginning January 1, 2020, visit www.metlife.com/mybenefits or call 800-GET-MET8 for a quote.

Who Is Eligible for Benefits

You are eligible to participate in The Claremont Colleges benefits if you are a regular employee scheduled to work at least 20 hours per week, or an RSABG employee who is scheduled to work at least 30 hours per week.

A benefits-eligible employee is defined as:

- a. 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
- b. A faculty member who is scheduled to teach at least three classes over the academic year, or
- c. A staff member in a regular position who is scheduled to work at least 20 hours per week, or
- d. A benefits-eligible, grant-based employee at CGU, as follows:
 1. An employee hired in a position that is funded by a grant specifically including employer expense for benefit coverage, **AND**
 2. The employee meets the required number of scheduled work hours defined above, or
- e. RSABG staff members in a regular position who are scheduled to work 30 or more hours per week.

All other employees are not eligible for medical benefits unless they meet the criteria for medical benefits under the Affordable Care Act defined in the Statement of Benefit Eligibility for Centrally Administered Employee Benefit Programs available at www.services.claremont.edu/benefits-administration/.

Eligible Dependents

If you enroll yourself in coverage under The Claremont Colleges benefit plans, you may also enroll your eligible dependents. Eligible dependents include you:

- Spouse
- Domestic partner
- Children up to age 26, and children of any age who are mentally or physically disabled and meet certain requirements
- Stepchildren or children of your domestic partner up to age 26

Qualifying Life Event (enrolling during the year)¹

Qualifying life events allow you to make changes to your benefits midyear. To be eligible, you must have an event such as the following and submit documentation to Benefits Administration within 31 days of the event:

- Birth/adoption
- Marriage/divorce
- Loss of coverage
- Dependent gains coverage elsewhere

¹ Please contact your benefits representative to discuss your life event.



Benefits Administration Contacts

The Claremont Colleges Services

Santiago Rios	909-607-3684	santiago.rios@claremont.com
Jeffrey Stapleton	909-607-4130	jeffrey.stapleton@claremont.edu
Alicia Silva	909-621-8049	alicia.silva@claremont.edu
Angelica Zaragoza	909-621-8322	angelica.zaragoza@claremont.edu

For more information, please access the:

- 2020 Benefits Guide at <https://services.claremont.edu/benefits-administration>
- TCCS YouTube channel at www.services.claremont.edu/benefits/youtube

If you need assistance, please email BENREPS@claremont.edu.

Definitions of Terms

Copay

A copay is the flat dollar amount you pay at the point of service. For example, you pay a \$20 copay at your doctor's office for each primary care office visit as a Kaiser HMO member and a \$150 copay each time you go for an emergency room visit as an Advantage HMO member.

Coinsurance

In the Anthem Act Wise HDHP, you and the plan share in the cost of services — called coinsurance — after you first pay the deductible. For example, after you meet the deductible, you would pay 20% coinsurance for eligible services and the plan would pay the remaining 80% coinsurance.

Deductible

In the Anthem Act Wise HDHP, you must first pay a deductible before the plan will begin paying benefits for nonpreventive care services (\$1,500 for employee-only coverage, \$2,800 per individual within family coverage, or \$3,000 as a family). For example, let's say you go to your primary care doctor on January 12, before you have met the deductible. If the office visit costs \$150, you will pay all \$150 and it will count toward your deductible.

Health Savings Account (HSA)

A health savings account (HSA) is a personal tax-advantaged savings account available to those who are enrolled in an HDHP. You can contribute money to an HSA through pre-tax payroll contributions. HSA funds roll over and accumulate year-to-year if not spent.

HDHP

A High Deductible Health Plan, or HDHP, is a type of PPO plan that has a higher deductible. If you are enrolled in an HDHP, you may qualify to contribute to an HSA.

As with a regular PPO plan, an HDHP is a network of providers, hospitals, pharmacies, and other facilities that have agreed to charge a negotiated rate for services. As an HDHP member, you may use providers and facilities within the network or outside the network. However, you will pay less if you use in-network providers.

HMO

A Health Maintenance Organization, or HMO, is a network of providers, hospitals, pharmacies, and other facilities that have agreed to charge a negotiated rate for services. As an HMO member, you must use providers and facilities within the network to receive any benefits.

Out-of-pocket maximum

The out-of-pocket maximum is the most you would pay each year before the plan will begin to pay 100% of subsequent eligible services. This protects you from unexpected and large medical expenses.

PPO

A Preferred Provider Organization is a network of providers, hospitals, pharmacies, and other facilities that have agreed to charge a negotiated rate for services. As a PPO member, you may use providers and facilities within the network or outside the network. However, you will pay less if you use in-network providers.

Legal Notices

Affordable Care Act (ACA) Reporting

- As part of the ACA, the IRS requires employers with more than 50 employees to provide an annual statement to the IRS describing the coverage offered to eligible employees. This statement is called Form 1095-C.
- If you are eligible for coverage from The Claremont Colleges, you will receive a copy of Form 1095-C from The Claremont Colleges; this form includes information about eligibility and the cost of coverage from available plans.
- In addition, if you are enrolled for medical coverage, you will receive a Form 1095-B from your insurance carrier. This form will include information about your specific coverage, your coverage period, and who from your family was covered.
- Forms for 2019 coverage will be mailed to your home address in January 2020.
- **What it means for you:** The forms are used to verify on your tax return that you and your dependents had at least minimum qualifying health insurance coverage in 2019, as required by the ACA. If you didn't have health care coverage for any part of the year, you may have to pay a tax penalty. The check boxes in Part IV of Form 1095-B will help you calculate the penalty that applies, if any.

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 (PHI), 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 other programs of The Claremont Colleges 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 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 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 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, the 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; disclosures about a death that may have resulted from criminal conduct; and disclosures 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 rules

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 on-site), 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 October 21, 2019. 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 email 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 TCCS 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 TCCS Benefits Administration
101 S. Mills Avenue
Claremont, CA 91711