



COLLEGE OF THE
Holy Cross



2022 BENEFITS GUIDE

Benefits Open Enrollment
is **November 4–19, 2021!**

Welcome to your 2022 Benefit Guide!

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OFFICE OF HUMAN RESOURCES

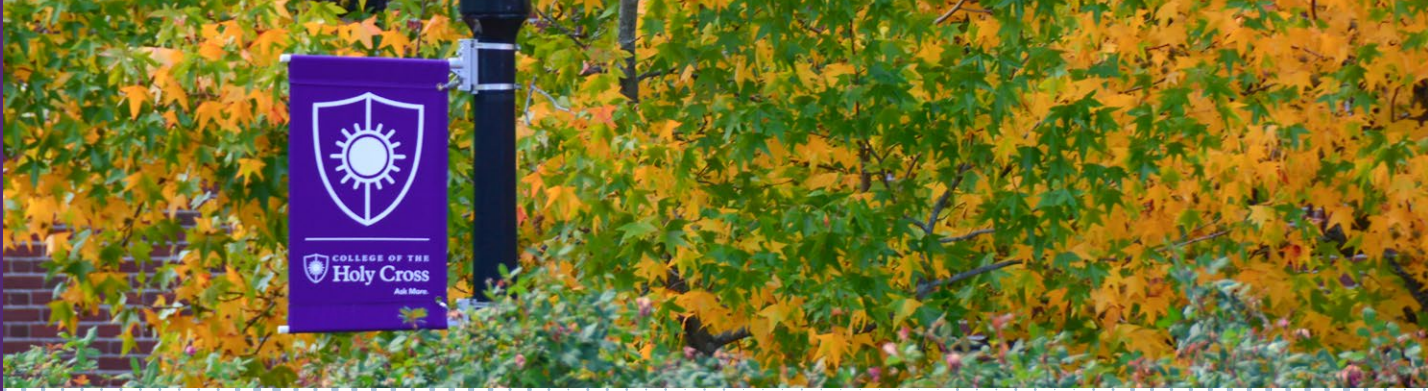
Callie Hall

Benefits Specialist
508-793-2424
chall@holycross.edu

Alan Hurley

Assistant Director of Benefits
508-793-2426
ahurley@holycross.edu





A Message from Our Chief Human Resources Officer

Dear Colleague,

I'm pleased to share our 2022 Benefits Guide, which offers an overview of the comprehensive benefits program Holy Cross offers to our employees and their families. I encourage you to take time to review this Guide—to ensure you understand and take advantage of the plans and resources available to you.

With our medical plan changes, you must actively enroll. If you do not, you will be defaulted into the plan option that most closely mirrors your current plan for 2022.

As we've shared in previous communications, the Office of Human Resources worked with the Benefits Advisory Committee and others, to make the important decision of selecting a new medical plan partner, as Fallon Health exited the commercial health insurance business. After evaluating many high-quality vendors, we made the decision to partner with Harvard Pilgrim Health Care (HPHC) and OptumRx. With HPHC and OptumRx, the Holy Cross community will enjoy robust member services and support, broad provider and hospital networks, and health and wellness programs under the Living WellSM Workplace Program.

While the medical plan offerings will closely resemble many of the plans previously offered through Fallon, there are some differences in networks, as well as minor changes in some copays and prescription drug tiers. It's important that you carefully review our new options and choose the plan that best fits your and your family's needs and budget.

This year's Open Enrollment period begins Thursday, November 4, 2021 and ends Friday, November 19, 2021. This is your once-a-year opportunity to carefully review all of your options and choose coverage for medical, dental, vision, and many other benefits. In addition to medical coverage, remember that you must also actively elect to participate in the Health Care and Dependent Care Flexible Spending Accounts (FSAs), as well as the Health Savings Account (HSA) each year. You will again visit HR Self-Service to make your choices.

The College of the Holy Cross strives to embody the principle of *cura personalis*, meaning care for the whole person. We are proud to offer generous benefits designed to help you maintain a healthy balance between work and life priorities, while building financial security. Please contact Callie Hall or Alan Hurley or visit the [Benefits Page](#) for more information. You may also send your medical plan questions to the [portal](#), which will be available through November 19.

All the best,

Marymichele Delaney
CHRO

What's New for 2022

Here's an overview of what to expect for your 2022 benefits:

MEDICAL UPDATES: SAY HELLO TO HARVARD PILGRIM HEALTH CARE!

We are excited to partner with Harvard Pilgrim Health Care (HPHC) for your medical coverage and OptumRx for your pharmacy coverage beginning in 2022. We worked diligently to evaluate several high-quality insurance providers for their customer service programs, overall member satisfaction, transition of care programs, provider disruption, and cost, and are confident you'll see HPHC is the best fit for Holy Cross.

With this switch to HPHC, Holy Cross employees will see:

- An increase of approximately 5% to your medical premiums (below the regional trend of 6% to 7%)
- Plan designs and networks similar to what Fallon Health offered—as well as a broader, regional network for added flexibility beyond Massachusetts
- The continued ability to choose between High Deductible Health Plans or HMO plans

You'll have access to several important resources to help you manage the transition to HPHC:

- **HPHC's SmartStart Program:** This free, transition assistance service includes a dedicated HPHC support team to assist you with questions about your new plan options, provider networks, or current treatments plans.
- **Employee information sessions:** Human Resources will partner with HPHC and OptumRx to conduct both in-person and virtual employee information sessions to provide education about the new plan offerings, networks, and transitional care resources.
- **One-on-one individual HPHC and OptumRx appointments:** If you have specific questions about your own personal situation or want guidance on choosing the best plan option based on your needs and budget, sign up for a meeting with HPHC by using the Google registration form we will provide or contact Callie Hall at chall@holycross.edu to set up your appointment. **HPHC and OptumRx will be on campus all day Wednesday 11/10 and Tuesday 11/16.**
- **Online resources:** You'll have 24/7 access to a customized HPHC website during and after Open Enrollment. The site will contain the HPHC benefit summaries and plan documents, along with links to SmartStart, wellbeing resources, and behavioral health support tools.

HPHC Wellness Programs & Resources

Elect an HPHC plan and take advantage of several wellness programs and resources:

- **Limeade:** A digital platform that offers free activities to support all aspects of your well-being—including physical, emotional, financial, and environmental health. You can also sync the Limeade app with wearable technology or mobile activity tracking apps to use the program when you exercise!
- **Well-being assessment:** When you take the assessment through Limeade, you'll receive a personalized recommendation about the tools and resources you can use to build and maintain healthy habits.
- **Incentives:** When you participate in HPHC's wellness incentive program and achieve your goals, you're entered into a monthly raffle. Every individual is eligible to receive **up to \$120 in gift cards** each year.
- **Free health management coaching:** Individualized support to help you achieve your health goals.
- **Weight Management Reimbursement:** Receive a reimbursement of up to \$150 each calendar year when you participate in an eligible weight management program.
- **Unlimited chiropractor and acupuncture visits:** To support pain relief, stress relief, or any other need.
- **Fitness reimbursement:** Receive up to **\$150 per covered member (max of \$300)** when you join a qualified fitness facility, subscribe to a virtual fitness program, or join another qualified fitness activity.

What's Staying the Same?

There are **no changes** in plan designs or employee contributions for our dental and vision benefits. And while there are no changes to our Health Savings Account (HSA) or Flexible Spending Accounts (FSAs), you must reenroll in those accounts each year to participate.

HR Self-Service: PeopleSoft

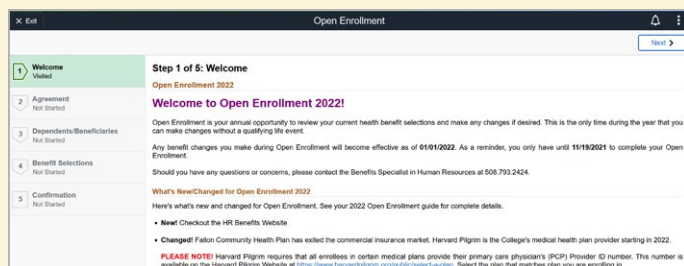
You will continue to elect coverage and make changes to your benefits through our online self-service application, PeopleSoft. Long on with your computer, mobile device, or tablet.

How to Access and Log In

- Go to www.holycross.edu and click on "Faculty & Staff" under the Audiences box at top right of page.
- Scroll down to "Employee Resources" and select "Human Resources (HR) Self-Service."
- Input Network Username and Passphrase to log in.

How to Enroll

- Select the "Open Enrollment" tile.
- Review the changes on the "Welcome" page and press **<NEXT>** to access the "Agreement" page.
- Once you have reviewed the Agreement, click "I have read and understand this agreement" and press **<NEXT>** to review your Dependents/Beneficiaries.
- Review your Dependents/Beneficiaries and press **<NEXT>** to make your Benefit Selections.



Experiencing a Life Event?

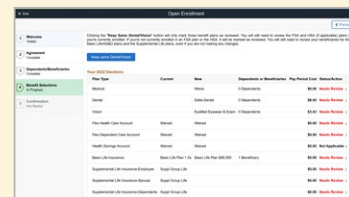
If you have experienced a life event (marriage, divorce, birth of child, death, etc.), you must contact Human Resources within 30 days to make eligible changes to your benefits. You may update your beneficiaries through HR Self-Service at any time.

If you are keeping your current dental and vision benefits:

- Press the "Keep Current Dental/Vision" button.
- Pressing this button will change the status of your dental and vision benefits to "Reviewed."
- Review your 2022 Flex Health/Dependent Care Account elections and 2022 Health Savings Account elections (if applicable) and your beneficiaries for the Basic Life Insurance. Items that need to be reviewed will say "Needs Review."
- Press items that need review and click "Save."

If you want to participate in the College medical plan:

- If you were previously enrolled in a medical plan and you do not take action, you will be default enrolled to the plan most similar.
- Please note that you will need to choose a PCP for you and each dependent if electing an HMO option.
- Click "Save" after making your elections.



If you do not want to participate in the College medical plan:

- Proceed to Medical under Plan Type and choose the waive medical button. You must then record where you have coverage elsewhere in the text box to the right (e.g., spouse, parent, military, other).
- Click "Save."

Medical Coverage

Coverage options and plan designs are similar to those available to you in previous years.

This year, you can choose from four medical plan options:

1. **Focus HDHP HMO (MA)**, which is similar to the previous Fallon Direct Care HDHP
2. **HDHP PPO (National)**, which is a “hybrid” between the previous Fallon Preferred Care PPO and Fallon Select Care HDHP
3. **Focus HMO (MA)**, which is similar to the previous Fallon Direct Care HMO
4. **HMO (MA/CT/RI/NH/ME)**, which is similar to the previous Fallon Select Care HMO

New Expanded Network Coverage Available!

We know your personal situation changes over time, and we want to make sure you have the medical coverage you need at a cost that fits your budget. That's why we've partnered with HPHC to offer **expanded coverage beyond Massachusetts** for some of our plans.

Have you moved to another state? Do you have dependents in college or who live in another state? Do you travel frequently and want to be covered away from home? Do you just want more flexibility in whom you can see?

If so, consider electing a medical plan with either New England or national coverage.

WHICH PLAN IS RIGHT FOR YOU?

Each option has features that make it the “best” fit for different people and families. As you review the plans and decide which one best fits your needs, consider whether you're comfortable with a limited provider network, or whether you prefer having more access and choice. For example, do you need to have in-network coverage outside of Massachusetts or New England for children living out of state?

If you are having trouble choosing a plan, Harvard Pilgrim's SmartStart program can help!



MEDICAL PLAN COMPARISON

Below is a summary of coverage under each medical plan to help you compare your options.

	FOCUS HDHP HMO (MA)	HDHP PPO (NATIONAL)		FOCUS HMO (MA)	HMO (MA/CT/ RI/NH/ME)
	In-Network	In-Network	Out-of-Network	In-Network	In-Network
Deductibles	\$1,500/\$3,000	\$1,500/\$3,000	\$3,000/\$6,000	n/a	n/a
Holy Cross HSA Contribution	\$500/\$1,000	\$500/\$1,000		n/a	n/a
Coinsurance	100%	100%	80%	100%	100%
Out-of-Pocket Maximums					
Medical and Prescription Drug Combined	\$4,000/\$8,000	\$4,000/\$8,000	\$8,000/\$16,000	\$2,500/\$5,000	\$2,500/\$5,000
Office Visits					
Annual Preventive Exam	Plan pays 100%	Plan pays 100%	Plan pays 80%	Plan pays 100%	Plan pays 100%
Routine Vision Exam	Plan pays 100%	Plan pays 100%	Plan pays 80% after deductible	Plan pays 100%	Plan pays 100%
Office Visits (PCP)	\$25 copay after deductible	\$25 copay after deductible	Plan pays 80% after deductible	\$20 copay after two visits (\$0 copay for the first two visits)	\$25 copay after two visits (\$0 copay for the first two visits)
Specialist Visits	\$40 copay after deductible	\$40 copay after deductible	Plan pays 80% after deductible	\$35 copay	\$40 copay
Emergency Care					
Emergency Room*	\$100 copay after deductible	\$100 copay after deductible	\$100 copay after deductible	\$100 copay	\$100 copay
Urgent Care	\$25 copay after deductible	\$25 copay after deductible	Plan pays 80% after deductible	\$20 copay	\$25 copay
Inpatient/Outpatient Services					
Inpatient Hospital	Plan pays 100% after deductible	Plan pays 100% after deductible	Plan pays 80% after deductible	\$250 copay	\$250 copay
Ambulatory Day Surgery	Plan pays 100% after deductible	Plan pays 100% after deductible	Plan pays 80% after deductible	\$125 copay	\$125 copay
Diagnostic X-Ray/ Lab	Plan pays 100% after deductible	Plan pays 100% after deductible	Plan pays 80% after deductible	Plan pays 100%	Plan pays 100%
Imaging (CT/PET Scans, MRIs)	Plan pays 100% after deductible	Plan pays 100% after deductible	Plan pays 80% after deductible	\$100 copay	\$100 copay
Prescription Drugs					
Retail	Deductible applies then \$15/\$40/\$60	Deductible applies then \$15/\$40/\$60	Not covered	\$15/\$40/\$60	\$15/\$40/\$60
Mail	Deductible applies then \$30/\$80/\$120	Deductible applies then \$30/\$80/\$120	Not covered	\$30/\$80/\$120	\$30/\$80/\$120

* Please Note: If admitted, all plans cover emergency care--even if you receive that care out of network.

MEDICAL PLAN COSTS

	MONTHLY EMPLOYEE CONTRIBUTIONS	MONTHLY HOLY CROSS CONTRIBUTIONS
HMO (MA/CT/RI/NH/ME)		
Employee	\$232.18	\$626.48
Employee+Spouse	\$487.60	\$1,315.61
Employee+Child(ren)	\$417.91	\$1,127.67
Family	\$703.51	\$1,898.23
Focus HMO (MA)		
Employee	\$100.54	\$625.10
Employee+Spouse	\$211.12	\$1,312.72
Employee+Child(ren)	\$180.96	\$1,125.19
Family	\$304.63	\$1,894.05
HDHP PPO (National)		
Employee	\$120.59	\$547.89
Employee+Spouse	\$253.23	\$1,150.58
Employee+Child(ren)	\$217.06	\$986.21
Family	\$365.36	\$1,660.12
Focus HDHP HMO (MA)		
Employee	\$22.55	\$546.86
Employee+Spouse	\$47.34	\$1,148.42
Employee+Child(ren)	\$40.58	\$984.36
Family	\$68.29	\$1,657.01



Don't Forget the Holy Cross HSA Contribution

As you compare your up front costs for coverage, it's important to keep in mind the annual contribution Holy Cross will make to your HSA if you choose an HSA-eligible plan option: **\$500 for individual coverage and \$1,000 for all other coverage tiers.**

Dental Coverage

Healthy teeth and gums are an essential part of your overall health and wellbeing. We continue to offer generous dental coverage through Delta Dental of Massachusetts, including **three free oral exams and cleanings each year (every four months)!**

With our Delta Dental Plan, you will:

- Have access to the Delta PPO and Delta Premier network of dentists. When you use an in-network dentist, you'll receive deeper discounts, your dental coverage will go further, and your out-of-pocket costs will be less!
- Be able to roll over up to \$600 per year if you don't reach your calendar year maximum benefit (to check your current balance, call Delta Dental Member Services at 800.872.0500).

DENTAL BENEFIT SUMMARY

DELTA DENTAL OF MA	
Calendar Year (<i>In-Network or Out-of-Network</i>)	
Deductible	\$50 per person/ \$150 per family (all tiers) (waived for Type 1)
Calendar Year Maximum Benefit	\$2,000 per person
Orthodontic Lifetime Maximum	\$2,000 per person
Services	
Type 1—Diagnostic & Preventive	Plan pays 100%—includes 3 oral exams and cleanings per year! (<i>once every 4 months</i>)
Type 2—Basic	Plan pays 80%, after deductible
Type 3—Major	Plan pays 50%, after deductible
Type 4—Orthodontic (any age)	Plan pays 50%, after deductible

DENTAL PLAN COSTS

2022 MONTHLY CONTRIBUTIONS	
Delta Dental of Massachusetts	
Employee	\$16.00
Employee+Spouse	\$45.00
Employee+Child(ren)	\$41.00
Family	\$53.00

Vision Coverage

Holy Cross offers two vision plans. Both are administered by EyeMed. Plan A covers eyewear only (lenses, frames, and contacts), while Plan B covers annual vision exams.

VISION BENEFIT SUMMARY

	EYEMED	
	Plan A–Eyewear Only	Plan B–Exam + Eyewear
Plan Details	In-Network Member Cost	In-Network Member Cost
Vision Exams	N/A (Covered under Medical Plan)	\$10 copay (every 12 months)
Lenses	Every 12 Months	
Single Vision, Bifocal, Trifocal, Lenticular	\$25 copay; Lens enhancements extra	\$25 copay; Lens enhancements extra
Frames	Every 24 Months	
Frames	\$130 allowance then 20% discount	\$130 allowance then 20% discount
Contact Lens (In lieu of glasses)	Every 12 Months	
Elective	\$130 allowance then 15% discount	\$130 allowance then 15% discount
Fitting and Evaluation	Up to \$40 copay	Up to \$40 copay

VISION PLAN COSTS

	2022 MONTHLY CONTRIBUTIONS	
	Plan A–Eyewear Only	Plan B–Exam + Eyewear
Employee	\$4.84	\$6.86
Employee+Spouse	\$9.21	\$13.04
Employee+Child(ren)	\$9.69	\$13.73
Family	\$14.25	\$20.18

To make the most of your vision coverage and keep your out-of-pocket cost to a minimum:

- **Find a participating provider** by visiting www.eyemedvisioncare.com and selecting the “Insight” network.
- **Use participating retail chains** to get your eyewear, including LensCrafters, Target, Pearle, JCPenney, glasses.com, and contactsdirect.com.
- **Take advantage of discounts** on sunglasses, extra glasses, lens enhancements, and laser vision correction.

Health Savings Account (HSA)

The HSA is a tax-advantaged savings account administered by Fidelity that you can use to save on health care expenses now or in the future. **Holy Cross makes an annual contribution to your HSA of \$500 for individual coverage and \$1,000 for all other coverage tiers**—that means **free** money you can use to pay your out-of-pocket health care expenses or save for the future.

An HSA provides a triple-tax advantage:

1. **It's tax-free when it goes in.** You can put money into your HSA on a before-tax basis through payroll deductions. You save money on qualified healthcare expenses and taxable income is lowered.
2. **It's tax-free as it grows.** You earn tax-free interest on your money.
3. **It's tax-free when you spend it.** When you spend your HSA funds on qualified healthcare expenses, you don't pay any taxes. You're saving money on things like your medical, dental, and vision coinsurance and deductibles.

Just like a bank account, you own your HSA, so it's yours to keep and use even if you change medical coverage, leave the system, or retire.

In 2022, you can contribute up to \$3,650 for individuals or \$7,300 for family coverage to your HSA. If you are age 55 or older, you can contribute an extra \$1,000 in catch-up funds. You are allowed to increase, decrease, or stop your contributions at any time.

Please Note: There are eligibility requirements for HSAs. For example, you are not eligible to make or receive HSA contributions if you are enrolled in any part of Medicare or any non-qualified HDHP coverage (for example, your spouse's healthcare FSA). Additional details about HSA eligibility can be found on the [Benefits Page](#).

*Even if you currently contribute to an HSA, you **must** re-enroll to contribute in 2022!*



Flexible Spending Accounts (FSAs)

FSAs, administered by Benefit Strategies (a Voya company), are a way to set aside funds for medical expenses you expect to have in the coming year. FSAs are:

- **Tax-advantaged:** funds you contribute go in tax free, and if you use them for qualified expenses, you won't pay tax.
- **"Use it or lose it":** You must use any funds you contribute by plan year end. Please note the plan includes a Grace Period that allows any eligible expenses incurred before March 15, 2023 to be applied toward any remaining 2022 account balance. Unused funds will be forfeited.
- **Elected each year:** Even if you currently participate in an FSA, you **MUST** re-enroll to continue contributing in 2022.

LIMITED PURPOSE FSA (LPFSA)

If you are participating in a HDHP, you can elect a LPFSA to help you with eligible dental and vision expenses. This is the only FSA that you can elect if you also have an HSA.

For 2022, you can contribute up to \$2,750.

HEALTH CARE FSA

If you do not have an HSA, a Health Care FSA helps you set aside money for medical, dental, and vision expenses. You contribute via paycheck deductions each pay period, and will have access to your full contribution amount on the first day of 2022.

For 2022, you can contribute up to \$2,750.

DEPENDENT CARE FSA

If you need care for a dependent, such as a child under 13, disabled spouse, or disabled relative who depends on you for at least half of their support, the Dependent Care FSA allows you to set aside funds to offset your eligible care expenses.

If your child is turning 13 during the plan year, plan accordingly to take advantage of this benefit!

For 2022, you can contribute up to \$5,000.



Life and Accidental Death & Dismemberment (AD&D) Coverage

Life and AD&D coverage is administered by Sun Life Financial. Basic coverage is provided to benefits-eligible employees at no cost, and you have the opportunity to purchase additional supplemental buy-up coverage.

BASIC LIFE AND AD&D COVERAGE

Holy Cross provides all benefits-eligible employees with basic Life and AD&D insurance at no cost. Your benefit for Life or AD&D is equal to 1.5 times your basic annual earnings, up to a maximum of \$900,000, and you won't need to answer any medical questions.

If your benefits exceed \$50,000, imputed income will apply.

VOLUNTARY SUPPLEMENTAL LIFE AND AD&D COVERAGE

Having adequate coverage can help your family manage expenses and make a difficult transition less painful. Life insurance provides the people you love with financial support when you can't be there, and when they need it most. You have the opportunity to purchase additional Life and AD&D coverage, above and beyond what Holy Cross provides for you:

- **For yourself (Employee Life Benefit):** You may elect coverage in increments of \$5,000, up to a maximum of \$500,000 or 5 times your basic annual earnings, whichever is less. If you are newly hired, you may purchase up to \$200,000 without proof of good health (called Evidence of Insurability, or EOI). If you'd like to elect more than \$200,000, or you're looking to increase your current coverage, EOI is required.

- **For your spouse (Spouse Life Benefit):** You may elect coverage in increments of \$5,000, up to a maximum of \$250,000 or your Employee Life Benefit, whichever is less. If you are newly hired, you may purchase up to \$50,000 without proof of good health (called Evidence of Insurability, or EOI). If you'd like to elect more than \$50,000, or you're looking to increase your current coverage, EOI is required.
- **For your Dependents (Child Life Benefit):** You may elect coverage of either \$5,000 or \$10,000 for your child(ren), up to age 19, or age 23 if they are a full-time student). EOI is not required for dependent coverage.

All Life and AD&D Insurance—whether Basic or Supplemental—is subject to age reductions, which means your benefit amount will be reduced to:

- 67% at age 67
- 45% at age 70
- 30% at age 75
- 20% at age 80

If you'd like to convert coverage to an individual policy, you may do so, up to the amount you lose at age reduction or termination of employment (within 31 days).

Review or update your beneficiary designations!

Eligible employees participating in Holy Cross Life and AD&D plans are encouraged to review beneficiary designation(s) every year.

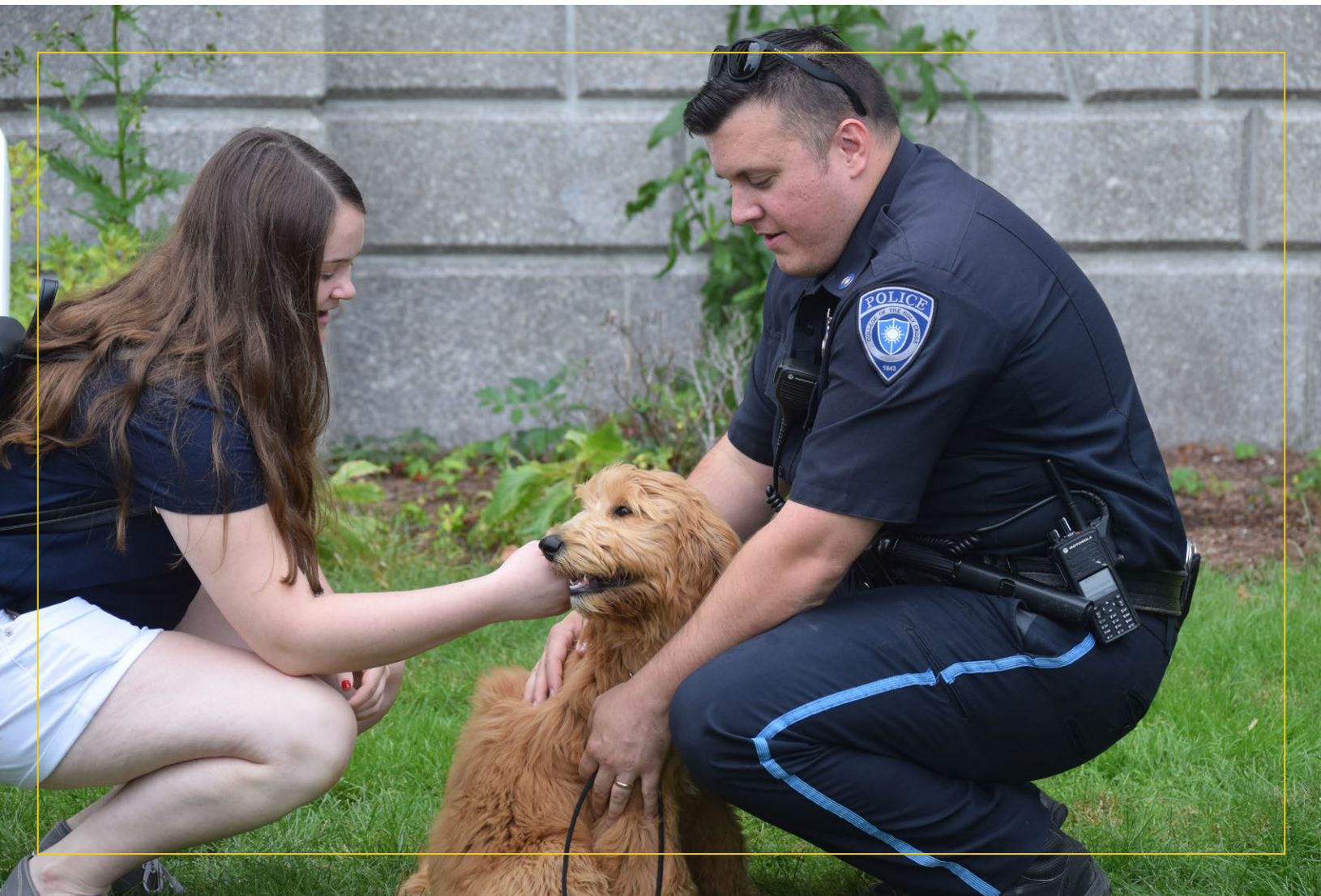
Long-Term Disability (LTD) Insurance

Holy Cross provides all eligible employees with more than one year of service LTD coverage at no cost, through Sun Life Financial. If you are out of work for more than 180 days, you'll receive a benefit of 60% of your monthly earnings, up to a maximum of \$20,000.

LTD benefits are paid on a tax-free basis and will be paid until either you are no longer disabled or you reach the Social Security Normal Retirement Age.

Please Note: While this coverage is provided at no cost to you, imputed income on the premium paid applies.

The College provides the Long Term Disability (LTD) Plan to protect you and your family from income loss while you are seriously ill or injured for an extended period of time.



Retirement Plans

The College provides competitive retirement programs that help employees achieve retirement goals. Our plans are offered through Fidelity Investments and TIAA—and both feature resources and tools to help with investment strategy.

GROUP SUPPLEMENTAL RETIREMENT PLAN

All full-time, part-time, and on-call employees are eligible to participate in the Holy Cross 403(b) Defined Contribution Group Supplemental Retirement Plan (SRA)—up to IRS maximum contribution limits.

- Make voluntary contributions to the SRA from your paycheck each pay period, on a pre-tax or post-tax (Roth) basis. You're free to start, stop, increase, or decrease contributions at any time during the year.
- Your contributions are 100% vested immediately, which means you will always have access to your funds, even if you leave Holy Cross.
- Choose to invest with TIAA and/or Fidelity Investments; any contributions that you don't specify will be automatically invested in the appropriate default Fidelity Freedom K® Fund.
- Review the 403(b) Plan Enrollment Guide (located on the [HR Benefits Website](#)) for more information. When you're ready, follow the instructions on [page 4](#) of the Guide to elect your voluntary contribution amount and select your investment options.

Retirement Education and Counseling Sessions

Retirement Planning Consultants from Fidelity and TIAA are available to meet with employees for **free one-on-one financial counseling** sessions regarding the Holy Cross Group Supplemental Retirement Plan and 403(b) Defined Contribution.

HOLY CROSS PENSION (DEFINED BENEFIT) PLAN

If you're a **non-exempt employee** with one year of continuous service, at least 21 years of age, and worked at least 1,000 hours in the past year, you're eligible for the Holy Cross Pension Plan.

Holy Cross will make an annual contribution to your Pension Plan at no cost to you. Your benefit amount is based on your years of service and compensation history. After you complete five years of qualified service, your Pension Plan will vest, and you are entitled to receive a retirement benefit in accordance with the terms of the Plan.

403(B) DEFINED CONTRIBUTION PLAN

If you are an **exempt employee**, you are eligible to participate in the 403(b) Defined Contribution Plan on the first of the month after you have reached one year of continuous service and worked at least 1,000 hours. *(Employees who participated in a 403(b) Plan prior to Holy Cross may be eligible to receive credit toward the one year waiting period.)*

How the plan works:

- Once eligible, you contribute 2% of your salary via payroll deductions. Holy Cross will also make a per pay period contribution of **10% of your salary**.*
- Your contributions are 100% vested immediately, which means you will always have access to your funds, even if you leave Holy Cross.
- You may choose to invest with TIAA and/or Fidelity Investments; any contributions that you don't specify will be automatically invested in the appropriate default Fidelity Freedom K® Fund.

For more information, visit the [HR Benefits Website](#).

* Please note that you contribute 2% up to the Social Security wage base. IRS limits apply. If you earn above the wage base, you will be subject to a different contribution schedule. **Base compensation above the Social Security wage base is subject to a mandatory employee contribution of 5% and an employer match of 12%.**



Financial Planning Resource

Finances and retirement planning can be complicated. That's why the College is introducing a new resource for benefits-eligible faculty and staff—to offer you additional financial and investment guidance based on your individual needs, so you can make the best decisions for you and your family!

Offered through Harvard Square Financial Planning, LLC, this resource is not tied to a fund company and their compensation is not based on the decisions you make.

Services are offered to you at no cost, and Harvard Square Financial Planning is paid an hourly rate by the College, through the 403(b) Plan.

Harvard Square Financial Planning, LLC helps members of the academic community understand their financial situations and make practical, well informed decisions about the financial implications of life's transitions.

Every plan is custom created to meet an individual's specific situation and assistance is available to support you through a variety of money matters.

RETIREMENT PLANNING

Saving and investment

Plan payment strategies

Social Security planning

Medicare and supplemental health plans



AFFORDING LIFE TRANSITIONS

Home purchases

Educational funding

Estate planning

Insurance analysis



MANAGING CASH FLOW

Saving and spending plans

Debt management

Tax planning



INVESTING WISELY

Investment portfolio evaluation

Asset allocation

Benefit plan option analysis



* These services provide investment education, not investment advice.

To make an appointment, contact Mary Koenig, CFP at Harvard Square Financial Planning, LLC at 781.652.8862 or mary@harvardsquarefinancial.com.

Mary Koenig, CFP® is founder and principal of Harvard Square Financial Planning. She began administering Harvard University's benefit and retirement plans in 1985 and has worked closely with the academic community ever since. In 1998, at the request of the university, she co-founded The Financial Planning Group at Harvard Square where she provided personal financial planning services to Harvard faculty and administrators. She started her own practice in 2012 and is a preferred financial planner at Harvard University and Wellesley College.

Mary has extensive knowledge of a variety of academic compensation programs, pension and retirement savings plans, health insurance options, as well as TIAA, Social Security and Medicare. Over the last 30 years, she has helped hundreds of individuals and families determine what they can afford to spend on a house, how to pay for college, where to invest their assets, when to retire, and how to create an optimal flexible income replacement strategy in retirement. Mary is a member of the Financial Planning Association (FPA).

Employee Assistance Program (EAP)

So many people continue to struggle with the emotional toll of the COVID-19 pandemic. If you or a family member are struggling with your wellbeing—be it a physical, emotional, or financial issue—and don't know where to turn, our EAP, administered by KGA, is here to help. You do not need to be enrolled in a Holy Cross medical plan to take advantage of the EAP, and it is available at no cost to you.

- **The EAP is 100% confidential!** KGA does not share with Holy Cross any information about who has called or what they called about.
- KGA counselors are licensed, skilled professionals.
- All household members are eligible and encouraged to use this resource.

Our EAP is designed to provide **24/7 work-life counseling and support**. Services include, but are not limited to:

- Behavioral and mental health counseling
- Financial counseling
- Parenting resources
- Career Assessment
- Crisis response
- Work-life balance research and referrals
- Legal assistance
- Eldercare resources
- Nutrition consultation

To contact KGA counselors or additional KGA, Inc. resources, call 800.648.9557 or visit www.kgreer.com.

Additional Benefits

EMERGENCY TRAVEL ASSISTANCE

Receive medical, dental, or legal assistance if an emergency occurs when you or a family member is traveling 100 or more miles from home.



IDENTITY THEFT PROTECTION

Receive 24-hour surveillance of up to 10 credit or debit cards, and get help from anti-fraud experts if your personal data is compromised.



Eligibility and Qualifying Events

BENEFIT ELIGIBILITY

Holy Cross medical, dental, and vision benefits are available to employees who are regularly scheduled to work at least 27½ hours per week and a minimum of 40 weeks per year. You are eligible to participate in these benefits on the first month coincident with or following your date of hire.

As a new employee at Holy Cross, you are eligible to enroll in a plan during your new employee orientation offered by Human Resources. Employees who do not sign up for benefits within 30 days of their eligibility date must wait until the next annual Open Enrollment period (the only exception to this policy would be the occurrence of an IRS qualifying event, often called a “life event” or “status change”).

DEPENDENT ELIGIBILITY

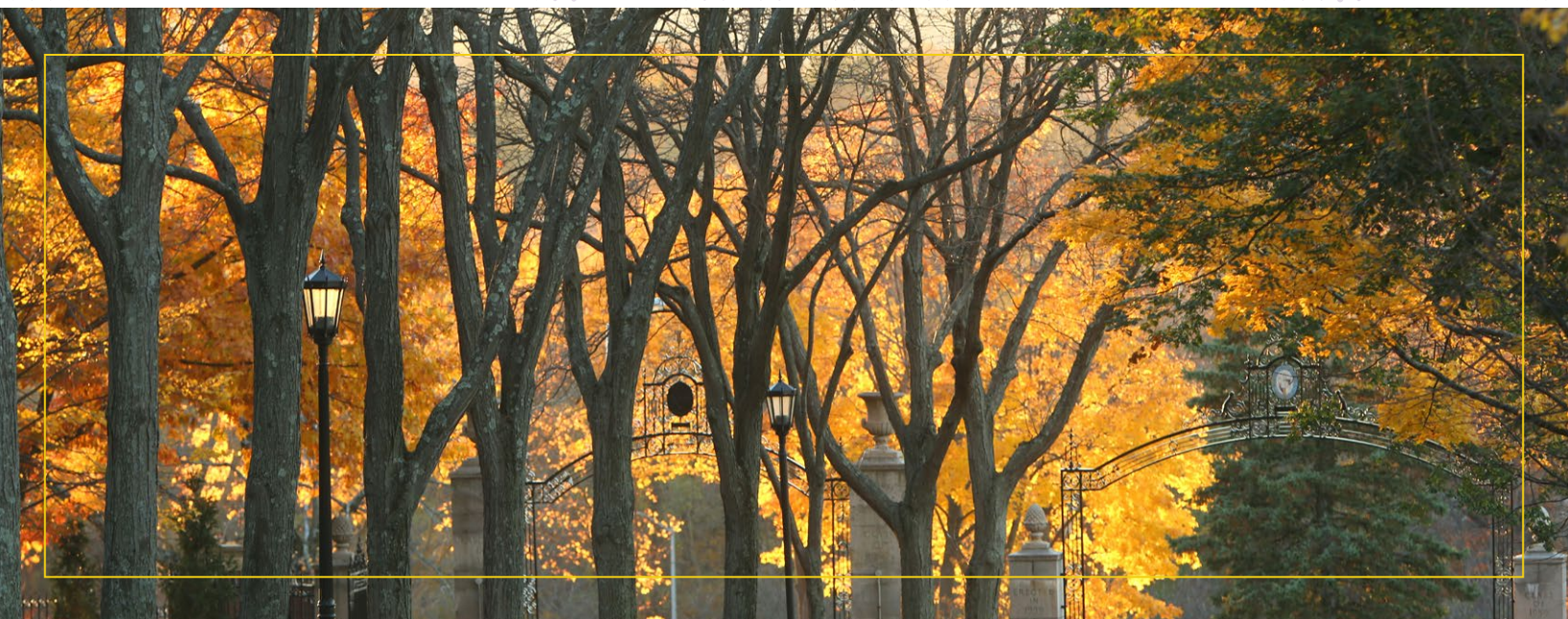
Dependents eligible for your benefits include:

- Children up to age 26 (whether or not they are dependents for tax purposes)
- Your legally married spouse
- A former spouse (you must contact Human Resources if you currently cover or will be covering a former spouse)

QUALIFYING LIFE EVENTS (QLES)

It is your responsibility to notify Human Resources within 30 days of a QLE. Any election changes must be on account of and consistent with the QLE, effective as of the date of the event. This is the only time outside of the Open Enrollment period when an employee election change can be made. QLEs include:

- Change in legal marital status
- Change in the number of dependents
- Change in the employment status of the employee or spouse
- A dependent satisfies or ceases to satisfy the dependent eligibility requirements
- Change in residence or moving in or out of Harvard Pilgrim Health Care’s service area
- Court judgment, decree, or order
- Entitlement to Medicare or Medicaid (employee, spouse, and/or dependent)
- Enrollment in or loss of coverage in a Marketplace Exchange plan
- A significant change in cost or coverage under a spouse’s plan in midyear



Vendor Information

	CONTACT INFORMATION	
	Phone	Website
Medical Insurance		
Harvard Pilgrim Health Care	888.333.4742	www.harvardpilgrim.org
Pharmacy Plan		
OptumRx	855.546.3439	www.optumrx.com
Flexible Spending & Health Savings Accounts (FSA)		
Flexible Spending Accounts (FSA) – Benefit Strategies, LLC.	888.401.3539	www.benstrat.com
Health Savings Accounts (HSA) – Fidelity	800.544.3716	www.netbenefits.com/holycross
Dental Benefit		
Delta Dental of Massachusetts	800.872.0500	www.deltadentalma.com
Voluntary Vision Insurance		
EyeMed	866.939.3633	www.eyemed.com
Life, AD&D and Long-Term Disability Insurance		
SunLife Financial	800.786.5433	www.sunlife.com
Retirement Plans		
Fidelity	800.343.0860	www.netbenefits.com/holycross
TIAA	800.842.2252	www.tiaa.org
Financial Planning		
Harvard Square Financial Planning, LLC Mary Koenig, CFP	781.652.8862	mary@harvardsquarefinancial.com
Employee Assistance Program		
KGA, Inc.	800.648.9557	www.kgreer.com

The specific terms and conditions of these benefits are governed by summary plan descriptions, insurance certificates, and service agreements. In the event of a conflict regarding the information in this document, the plan documents, certificates and agreements will govern.

Government Required Benefit Compliance Notices

Health Insurance Portability and Accountability Act (HIPAA) – Privacy Rule

The Health Insurance Portability and Accountability Act of 1996 ("HIPAA") requires that we maintain the privacy of protected health information, give notice of our legal duties and privacy practices regarding health information about you and follow the terms of our notice currently in effect.

If not attached to this document, you may request a copy of the current Privacy Practices, explaining how medical information about you may be used and disclosed and how you can get access to this information.

As Required by Law. We will disclose Health Information when required to do so by international, federal, state or local law.

You have the right to inspect and copy, right to an electronic copy of electronic medical records, right to get notice of a breach, right to amend, right to an accounting of disclosures, right to request restrictions, right to request confidential communications, right to a paper copy of this notice and the right to file a complaint if you believe your privacy rights have been violated.

Health Insurance Portability and Accountability Act (HIPAA) – Special Enrollment Rights

If you are declining enrollment for yourself or your dependents (including your spouse) because of other health insurance or group health plan coverage, you may be able to enroll yourself and your dependents in this plan if you or your dependents lose eligibility for that other coverage (or if the employer stops contributing toward your or your dependents' other coverage). However, you must request enrollment within 30 days after your or your dependents' other coverage ends (or after the employer stops contributing toward the other coverage). In addition, if you have a new dependent as a result of marriage, birth, adoption, or placement for adoption, you may be able to enroll yourself and your dependents. However, you must request enrollment within 30 days after the marriage, birth, adoption, or placement for adoption.

If you are decline enrollment for yourself or your dependents (including your spouse) while coverage under Medicaid or a state Children's Health Insurance Program (CHIP) is in effect, you may be able to enroll yourself and your dependents in this plan if you or your dependents lose eligibility for that other coverage. However, you must request enrollment within 60 days after your or your dependents' Medicaid or CHIP coverage ends. If you or your dependents (including your spouse) become eligible for a state premium assistance subsidy from Medicaid or a CHIP program with respect to coverage under this plan, you may be able to enroll yourself and your

dependents (including your spouse) in this plan. However, you must request enrollment within 60 days after you or your dependents become eligible for the premium assistance.

To request special enrollment or obtain more information, contact the plan's General Contact.

Women's Health and Cancer Rights Act of 1998 (WHCRA)

The Women's Health and Cancer Rights Act of 1998 (WHCRA) requires group health plans to provide benefits for mastectomy-related services. When a covered member elects breast reconstruction in connection with a mastectomy, based on consultation between the attending physician and the patient, the plan will cover the mastectomy-related services listed below:

- All stages of reconstruction of the breast on which the mastectomy has been performed.
- Surgery and reconstruction of the other breast to produce a symmetrical appearance.
- Prostheses and treatment of physical complications at all stages of the mastectomy, including lymphedemas.

The group health plan must determine the manner of coverage in consultation with the attending physician and patient. Coverage for breast reconstruction and related services will be subject to deductibles and co-insurance amounts that are consistent with those that apply to other benefits under the plan.

Patient Protection Disclosure

The College of Holy Cross generally requires the designation of a primary care provider. You have the right to designate any primary care provider who participates in our network and who is available to accept you or your family members. Until you make this designation, The College of Holy Cross will designate one for you. For information on how to select a primary care provider, and for a list of the participating primary care providers, contact the Harvard Pilgrim Health Plan.

For children, you are required to designate a pediatrician as the primary care provider.

You do not need prior authorization from any other person (including a primary care provider) in order to obtain access to obstetrical or gynecological care from a health care professional in our network who specializes in obstetrics or gynecology. The health care professional, however, may be required to comply with certain procedures, including obtaining prior authorization for certain services, following a pre-approved treatment plan, or procedures for making referrals. For a list of participating health care professionals who specialize in obstetrics or gynecology, Harvard Pilgrim Health Plan.

Premium Assistance Under Medicaid and the Children's Health Insurance Program (CHIP)

If you or your children are eligible for Medicaid or CHIP and you're eligible for health coverage from your employer, your state may have a premium assistance program that can help pay for coverage, using funds from their Medicaid or CHIP programs. If you or your children aren't eligible for Medicaid or CHIP, you won't be eligible for these premium assistance programs but you may be able to buy individual insurance coverage through the Health Insurance Marketplace. For more information, visit www.healthcare.gov.

If you or your dependents are already enrolled in Medicaid or CHIP and you live in a State listed below, contact your State Medicaid or CHIP office to find out if premium assistance is available.

If you or your dependents are NOT currently enrolled in Medicaid or CHIP, and you think you or any of your dependents might be

eligible for either of these programs, contact your State Medicaid or CHIP office or dial 1-877-KIDS NOW or www.insurekidsnow.gov to find out how to apply. If you qualify, ask your state if it has a program that might help you pay the premiums for an employer-sponsored plan.

If you or your dependents are eligible for premium assistance under Medicaid or CHIP, as well as eligible under your employer plan, your employer must allow you to enroll in your employer plan if you aren't already enrolled. This is called a "special enrollment" opportunity, and **you must request coverage within 60 days of being determined eligible for premium assistance.**

If you have questions about enrolling in your employer plan, contact the Department of Labor at www.askebsa.dol.gov or call 1-866-444-EBSA (3272).

If you live in one of the following states, you may be eligible for assistance paying your employer health plan premiums. The following list of states is current as of July 31, 2021. Contact your State for more information on eligibility.

ALABAMA – Medicaid

Website: <http://myalhipp.com/>

Phone: 1-855-692-5447

ALASKA – Medicaid

Website: <http://myakhipp.com/>

Phone: 1-866-251-4861

Email: CustomerService@MyAKHIPP.com

Medicaid Eligibility: <http://dhss.alaska.gov/dpa/Pages/medicaid/default.aspx>

ARKANSAS – Medicaid

Website: <http://myarhipp.com/>

Phone: 1-855-MyARHIPP (855-692-7447)

CALIFORNIA – Medicaid

Health Insurance Premium Payment (HIPP) Program website:

<http://dhcs.ca.gov/hipp>

Phone: 916-445-8322

Email: hipp@dhcs.ca.gov

COLORADO – Health First Colorado (Colorado's Medicaid Program) & Child / Health Plan Plus (CHP+)

Health First Colorado Website: <https://www.healthfirstcolorado.com/>

Health First Colorado Phone: 1-800-221-3943/State Relay 711

CHP+: Colorado.gov/HCPF/Child-Health-Plan-Plus

CHP+ Customer Service: 1-800-359-1991/State Relay 711

Health Insurance Buy-In Program (HIBI): <https://www.colorado.gov/pacific/hcpf/health-insurance-buy-program> or <https://www.colorado.gov/pacific/hcpf/health-insurance-buy-program>

HIBI Customer Service: 1-855-692-6442

FLORIDA – Medicaid

Website: <https://www.flmedicaidprecovery.com/flmedicaidprecovery.com/hipp/index.html>

Phone: 1-877-357-3268

GEORGIA – Medicaid

Website: <https://medicaid.georgia.gov/health-insurance-premium-payment-program-hipp>

Phone: 1-678-564-1162 ext 2131

INDIANA – Medicaid

Healthy Indiana Plan for low-income adults 19-64

Website: <http://www.in.gov/fssa/hip/>

Phone: 1-877-438-4479

All other Medicaid:

Website: <https://www.in.gov/medicaid/>

Phone 1-800-457-4584

IOWA – Medicaid

Medicaid Website: <https://dhs.iowa.gov/ime/members/Medicaid>

Medicaid Phone: 1-800-338-8366

Hawki Website: <http://dhs.iowa.gov/Hawki>

Hawki Phone: 1-800-257-8563

HIPP Website: <https://dhs.iowa.gov/ime/members/medicaid-a-to-z/hipp>

HIPP Phone: 1-888-346-9562

KANSAS – Medicaid

Website: <http://www.kdheks.gov/hcf/>

Phone: 1-800-792-4884

KENTUCKY – Kentucky Integrated Health Insurance Premium Payment Program (KI-HIPP)Website: <https://chfs.ky.gov/agencies/dms/member/Pages/kihipp.aspx>

Phone: 1-855-459-6328

Email: KIHIPPPROGRAM@ky.govKCHIP Website: <https://kidshealth.ky.gov/Pages/index.aspx>

Phone: 1-877-524-4718

Kentucky Medicaid Website: <https://kidshealth.ky.gov/Pages/index.aspx> or <https://chfs.ky.gov>**LOUISIANA – Medicaid**Website: www.medicaid.la.gov or www.ldh.la.gov/lahipp

Phone: 1-888-342-6207 (Medicaid hotline) or 1-855-618-5488 (LaHIPP)

MAINE – MedicaidEnrollment Website: <https://www.maine.gov/dhhs/ofi/applications-forms>

Phone: 1-800-442-6003/TTY: Maine relay 711

Private Health Insurance Premium

Webpage: <https://www.maine.gov/dhhs/ofi/applications-forms>

Phone: 1-800-977-6740

MASSACHUSETTS – Medicaid and CHIPWebsite: <http://www.mass.gov/eohhs/gov/departments/masshealth/>

Phone: 1-800-862-4840

MINNESOTA – MedicaidWebsite: <https://mn.gov/dhs/people-we-serve/children-and-families/health-care/health-care-programs/programs-and-services/other-insurance.jsp>

Phone: 1-800-657-3739

MISSOURI – MedicaidWebsite: <http://www.dss.mo.gov/mhd/participants/pages/hipp.htm>

Phone: 1-573-751-2005

MONTANA – MedicaidWebsite: <http://dphhs.mt.gov/MontanaHealthcarePrograms/HIPP>

Phone: 1-800-694-3084

NEBRASKA – MedicaidWebsite: <http://www.ACCESSNebraska.ne.gov>

Phone: 1-855-632-7633

Lincoln: 1-402-473-7000

Omaha: 1-402-595-1178

NEVADA – MedicaidMedicaid: <https://dwss.nv.gov/>

Medicaid Phone: 1-800-992-0900

NEW HAMPSHIRE – MedicaidWebsite: <https://www.dhhs.nh.gov/oii/hipp.htm>

Phone: 1-603-271-5218

Toll free number for the HIPP program: 1-800-852-3345, ext 5218

NEW JERSEY – Medicaid and CHIPMedicaid Website: <http://www.state.nj.us/humanservices/dmahs/clients/medicaid/>

Medicaid Phone: 1-609-631-2392

CHIP Website: <http://www.njfamilycare.org/index.html>

CHIP Phone: 1-800-701-0710

NEW YORK – MedicaidWebsite: https://www.health.ny.gov/health_care/medicaid/

Phone: 1-800-541-2831

NORTH CAROLINA – MedicaidWebsite: <https://dma.ncdhhs.gov/>

Phone: 1-919-855-4100

NORTH DAKOTA – MedicaidWebsite: <http://www.nd.gov/dhs/services/medicalserv/medicaid/>

Phone: 1-844-854-4825

OKLAHOMA – Medicaid and CHIPWebsite: <http://www.insureoklahoma.org>

Phone: 1-888-365-3742

OREGON – MedicaidWebsite: <http://healthcare.oregon.gov/Pages/index.aspx>Website: <http://www.oregonhealthcare.gov/index-es.html>

Phone: 1-800-699-9075

PENNSYLVANIA – MedicaidWebsite: <https://www.dhs.pa.gov/providers/Providers/Pages/Medical/HIPP-Program.aspx>

Phone: 1-800-692-7462

RHODE ISLAND – MedicaidWebsite: <http://www.eohhs.ri.gov/>

Phone: 1-855-697-4347 or 1-401-462-0311 (Direct Rlte Share Line)

SOUTH CAROLINA – MedicaidWebsite: <https://www.scdhhs.gov>

Phone: 1-888-549-0820

SOUTH DAKOTA - MedicaidWebsite: <http://dss.sd.gov>

Phone: 1-888-828-0059

TEXAS – MedicaidWebsite: <http://gethipptexas.com/>

Phone: 1-800-440-0493

UTAH – Medicaid and CHIPMedicaid Website: <https://medicaid.utah.gov/>CHIP Website: <http://health.utah.gov/chip>

Phone: 1-877-543-7669

VERMONT– MedicaidWebsite: <http://www.greenmountaincare.org/>

Phone: 1-800-250-8427

VIRGINIA – Medicaid and CHIPWebsite: <https://www.coverva.org/en/famis-select> or<https://www.coverva.org/en/hipp>

Medicaid Phone: 1-800-432-5924

CHIP Phone: 1-800-432-5924

WASHINGTON – MedicaidWebsite: <https://www.hca.wa.gov/>

Phone: 1-800-562-3022

WEST VIRGINIA – MedicaidWebsite: <http://mywvhipp.com/>

Toll-free phone: 1-855-MyWVHIPP (1-855-699-8447)

WISCONSIN – Medicaid and CHIPWebsite: <https://www.dhs.wisconsin.gov/badgercareplus/p-10095.htm>

Phone: 1-800-362-3002

WYOMING – MedicaidWebsite: <https://health.wyo.gov/healthcarefin/medicaid/programs-and-eligibility/>

Phone: 1-800-251-1269

* * *

To see if any other states have added a premium assistance program since July 31, 2020, or for more information on special enrollment rights, contact either:

U.S. Department of Labor**Employee Benefits Security Administration**Website: www.dol.gov/agencies/ebsa

Phone: 1-866-444-EBSA (3272)

U.S. Department of Health and Human Services**Centers for Medicare & Medicaid Services**Website: www.cms.hhs.gov

Phone: 1-877-267-2323, Menu Option 4, Ext. 61565

Paperwork Reduction Act Statement

According to the Paperwork Reduction Act of 1995 (Pub. L. 104-13) (PRA), no persons are required to respond to a collection of information unless such collection displays a valid Office of Management and Budget (OMB) control number. The Department notes that a Federal agency cannot conduct or sponsor a collection of information unless it is approved by OMB under the PRA, and displays a currently valid OMB control number, and the public is not required to respond to a collection of information unless it displays a currently valid OMB control number. See 44 U.S.C. 3507. Also, notwithstanding any other provisions of law, no person shall be subject to penalty for failing to comply with a collection of information if the collection of information does not display a currently valid OMB control number. See 44 U.S.C. 3512.

The public reporting burden for this collection of information is estimated to average approximately seven minutes per respondent. Interested parties are encouraged to send comments regarding the burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden, to the U.S. Department of Labor, Employee Benefits Security Administration, Office of Policy and Research, Attention: PRA Clearance Officer, 200 Constitution Avenue, N.W., Room N-5718, Washington, DC 20210 or email ebsa.opr@dol.gov and reference the OMB Control Number 1210-0137.

