



COLLEGE OF THE
Holy Cross

MY BENEFIT GUIDE 2018

COLLEGE OF THE HOLY CROSS

EFFECTIVE JANUARY 1, 2018

FOR USE WITH 2018 OPEN ENROLLMENT





My Benefit Guide 2018

January 1, 2018 — December 31, 2018

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This brochure is a summary only. Please see insurance certificates and Summary Plan Descriptions for complete plan details. Plan summary, insurance certificates and SPD’s are available from Human Resources and on the Human Resources benefits website.

**A MESSAGE FROM
THE DIRECTOR OF
HUMAN RESOURCES**



Dear Colleagues,

Thank you for your service to the College! Because of you, Holy Cross is an extraordinary place for our students to study and for all of us to work. I am extremely proud to work alongside professionals like you devoted to our shared mission: the intellectual, social and moral formation of our amazing students. Your contributions inspire me – and all of us in Human Resources – every day.

Our HR ambition for our employees is that Holy Cross is the place where they can make the best of their talents and, through their work, find satisfaction, reward and purpose. We believe that the College flourishes when motivated, high-performing and enthusiastic employees engage with our values and mission.

The College has always striven to provide our employees with a set of comprehensive and affordable benefits. Our employee benefits strategy is guided by the following principles:

- ⇒ To promote the physical, behavioral, and spiritual health of our faculty, staff and their families by offering competitive benefits.
- ⇒ To provide an appropriate level of choice to meet different life stage needs at a reasonable cost for the College, its faculty and staff.
- ⇒ To ensure the sustainability of our benefits program by managing the cost of our benefit plans in a fiscally responsible way.
- ⇒ To communicate the College's benefits effectively, so that faculty and staff understand their choices and the value of the benefits that we provide.

The College's annual Open Enrollment for benefits begins Wednesday, October 18, 2017 and runs through Wednesday, November 22, 2017.

During this annual Open Enrollment period, eligible employees who are not currently enrolled in one of our plans may elect coverage for themselves and their eligible dependents. Open Enrollment also allows currently enrolled employees an opportunity to make changes to their elections. In fact, absent a qualifying life event – like getting married or birth/adoption of a child – Open Enrollment is the only time employees can make elective plan changes.

Because there are changes for 2018, please be sure to review carefully the following information before making your elections and plan on attending one of our scheduled information sessions. You can also reach out to me or any of the HR team for assistance.

Sincerely,

David Achenbach
Director of Human Resources

Don't miss "Treasure Your Health" our Employee Benefits and Wellness Fair on October 18th from 9:00 am - 1:00 pm in the Hogan Center Ballroom!



IT'S TIME FOR OPEN ENROLLMENT 2018!

WHAT'S NEW FOR 2018?

Medical Benefit Updates

- ⇒ **One plan design change for 2018:** Increase in traditional HMO plans out-of-pocket maximum.
- ⇒ **No change in premium cost sharing:** The College will continue to contribute 86% of the Fallon Direct Traditional HMO. There will be modest increases in pay period contributions.
- ⇒ **Fallon PPO option now available to all employees:** Nationwide coverage available.

New Voluntary Vision Care Plans: EyeMed

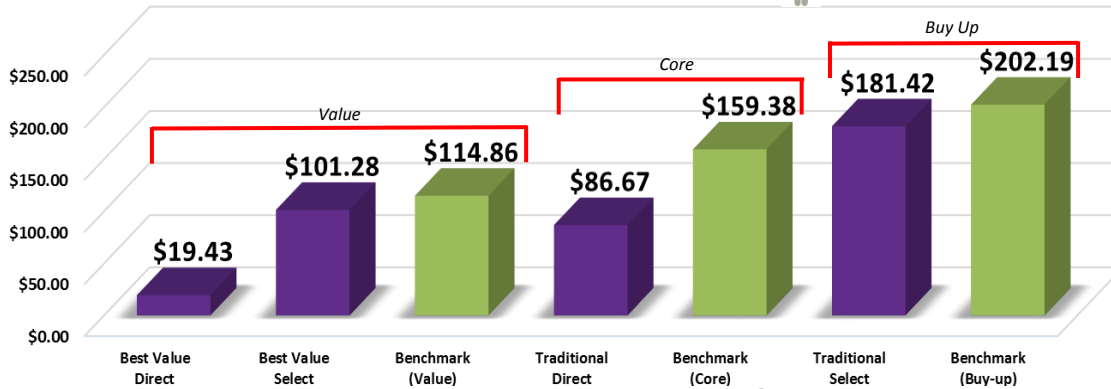
- ⇒ Employees will have the opportunity to enroll, and purchase a vision care plan. Two plan options to choose from.
- ⇒ Remember- Routine eye exams are covered under your current medical plans.

New Life Insurance and Long Term Disability Plan Vendor: Sun Life Financial

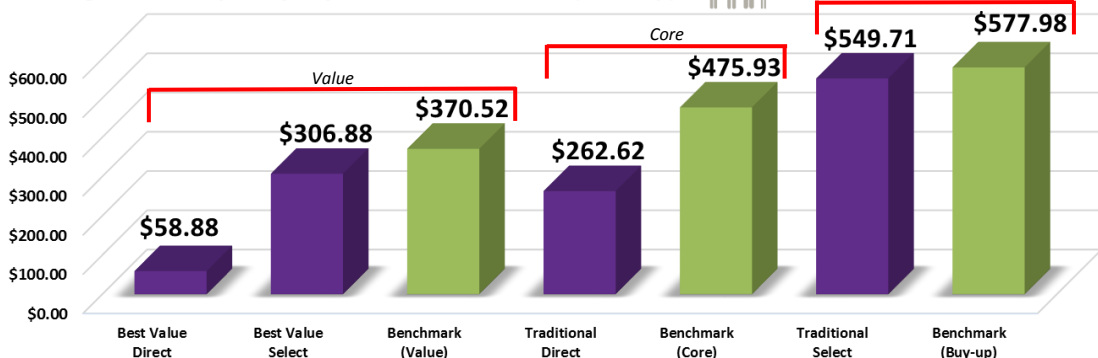
- ⇒ Benefit enhancements to the Long Term Disability Plan; with additional tax advantages.
- ⇒ **One-time open enrollment for Voluntary Life options:** Includes improvements to the Voluntary Employee and Dependent Life options; Lower rates available!

SEE HOW WE STACK UP...

2017 Average Monthly Employee Contribution \$ (Individual)



2017 Average Monthly Employee Contribution \$ (Family)



* 2017 Benchmark Data includes (26 Private Colleges in MA)



"Best Value" High Deductible Health Plans

Medical Summary	Fallon	
Effective 1/1/2018	Direct Care HDHP or Select Care HDHP	
	<i>In-Network Only</i>	
Deductibles	\$1,500/ \$3,000*	
Coinsurance	All Members in a Family must meet the \$3,000 Deductible before plan pays*	
Out-of-Pocket:		
Medical	100%	
Prescription Drug	\$4,000 / \$8,000	
Office Visits:		
Annual Preventive Exam	Included in Medical	
Routine Vision Exam	Plan pays 100%	
Office Visits (PCP)	Plan pays 100%	
Specialist Visits	\$25 copay after deductible	
Chiropractic Care:	\$40 copay after deductible	
Emergency Care		
Emergency Room	\$25 copay after deductible	
Urgent Care	\$100 copay after deductible	
Inpatient / Outpatient Services		
Inpatient Hospital	Plan pays 100% after deductible	
Ambulatory Day Surgery	Plan pays 100% after deductible	
Diagnostic X-Ray/Lab	Plan pays 100% after deductible	
Imaging (CT/PET Scans, MRIs)	Plan pays 100% after deductible	
Durable Medical Equipment	Plan pays 70% after deductible	
Prescription Drugs	<u>Deductible applies then,</u>	
Retail (30 days)	\$15/\$30/\$50	
Mail (90 days)	\$30/\$60/\$150	

*Individual Embedded Deductible: An individual in a family will not pay more than \$2,600 in deductible.

2018 Contributions	HDHP Direct Care HMO	HDHP Select Care HMO
Monthly Contributions		
Employee:	\$20.75	\$108.16
Employee & Spouse:	\$43.58	\$227.14
Employee & Child(ren):	\$37.35	\$194.69
Employee, Spouse, & Child(ren):	\$62.88	\$327.72

Additional Plan Information:

Benefits:

- Option of either limited or broad network
- Deductible of \$1,500 individual and \$3,000 two-person / family (all tiers)
- **Much lower** employee contributions vs. traditional offerings
- Tax advantaged Health Savings Account (HSA)
- College contributes to HSA in January: \$500/ individual; \$1,000/ family (all tiers)

Who would this plan appeal to?

- Those interested in saving money
- People that are looking to maximize tax advantaged savings opportunities – annually you can contribute up to \$3,450 / individual and \$6,900 / family (all tiers)



Don't forget this plan can be paired with a tax advantaged Health Savings Account! Refer to page 9 for additional details.

This is a summary of benefits, please refer to the Summary of Benefits and Coverage for additional details on other benefits, frequencies, and limitations.



Traditional HMO Medical Plans



Medical Summary Effective 1/1/2018	Fallon Direct Care HMO	Fallon Select Care HMO	Harvard Pilgrim HMO
	<i>In-Network Only</i>	<i>In-Network Only</i>	<i>In-Network Only</i>
Deductibles	n/a	n/a	n/a
Coinsurance	100%	100%	100%
Out-of-Pocket:			
Medical	\$2,500 / \$5,000	\$2,500 / \$5,000	\$2,500 / \$5,000
Prescription Drug	Included in Medical	Included in Medical	Included in Medical
Office Visits:			
Annual Preventive Exam	Plan pays 100%	Plan pays 100%	Plan pays 100%
Routine Vision Exam	Plan pays 100%	Plan pays 100%	\$25 copay
Office Visits (PCP)	\$20 copay	\$25 copay	\$25 copay
Specialist Visits	\$35 copay	\$40 copay	\$40 copay
Chiropractic Care:	\$20 copay	\$25 copay	\$25 copay
Emergency Care			
Emergency Room	\$100 copay	\$100 copay	\$50 copay
Urgent Care	\$20 copay	\$25 copay	\$25 copay
Inpatient / Outpatient Services			
Inpatient Hospital	\$250 copay *	\$250 copay *	\$250 copay *
Ambulatory Day Surgery	\$125 copay *	\$125 copay *	\$125 copay *
Diagnostic X-Ray/Lab	Plan pays 100%	Plan pays 100%	Plan pays 100%
Imaging (CT/PET Scans, MRIs)	\$100 copay	\$100 copay	\$100 copay
Durable Medical Equipment	Plan pays 70%	Plan pays 70%	Plan pays 80%
Prescription Drugs			
Retail (30 days)	\$15/\$30/\$50	\$15/\$30/\$50	\$15/\$30/\$50
Mail (90 days)	\$30/\$60/\$100	\$30/\$60/\$100	\$30/\$60/\$100

* MERP Reimburses: \$125 Inpatient and \$50 Outpatient

2018 Contributions	\$\$\$ Fallon Direct Care HMO	\$\$\$ Fallon Select Care HMO	\$\$\$\$ Harvard Pilgrim HMO
Monthly Contributions			
Employee:	\$92.56	\$193.74	\$725.60
Employee & Spouse:	\$194.38	\$406.88	\$1,394.36
Employee & Child(ren):	\$166.61	\$348.73	\$1,435.52
Employee, Spouse, & Child(ren):	\$280.46	\$587.04	\$1,844.78

Additional Plan Information:



Benefits:	<ul style="list-style-type: none"> Limited network No deductibles Low contributions Moderate copays 	<ul style="list-style-type: none"> Broadest HMO network No deductibles Moderate contributions Moderate copays 	<ul style="list-style-type: none"> Broadest HMO network No deductibles Highest contributions Moderate copays
Who would this plan appeal to?	<ul style="list-style-type: none"> OK with limited provider network Not willing to pay more for provider choice 	<ul style="list-style-type: none"> Want access to broader provider network Willing to pay more for provider access 	<ul style="list-style-type: none"> High utilizers of health care and prescription drugs Want access to broader provider network Willing to pay much more for provider access



Don't forget these plans can be paired with a tax advantaged Flexible Spending Account! Refer to page 9 for additional details.

This is a summary of benefits, please refer to the Summary of Benefits and Coverage for additional details on other benefits, frequencies, and limitations.



Traditional PPO Medical Plan

Medical Summary Effective 1/1/2018	Fallon Preferred PPO	
	In-Network Only	Out of Network
Deductibles	n/a	\$500/ \$1,000
Coinsurance	100%	80%
Out-of-Pocket:		
Medical	\$3,500 / \$7,000	\$4,000 / \$8,000
Prescription Drug	Included in Medical	Included in Medical
Office Visits:		After Deductible
Annual Preventive Exam	Plan pays 100%	Plan pays 80%
Routine Vision Exam	Plan pays 100%	Plan pays 80%
Office Visits (PCP)	\$25 copay	Plan pays 80%
Specialist Visits	\$40 copay	Plan pays 80%
Chiropractic Care:	\$25 copay	Plan pays 80%
Emergency Care		
Emergency Room	\$100 copay	\$100 copay no deductible
Urgent Care	\$25 copay	Plan pays 80%
Inpatient / Outpatient Services		
Inpatient Hospital	\$250 copay *	Plan pays 80%
Ambulatory Day Surgery	\$125 copay *	Plan pays 80%
Diagnostic X-Ray/Lab	Plan pays 100%	Plan pays 80%
Imaging (CT/PET Scans, MRIs)	\$100 copay	Plan pays 80%
Durable Medical Equipment	Plan pays 70%	Plan pays 70%
Prescription Drugs		
Retail (30 days)	\$15/\$30/\$50	Not Covered
Mail (90 days)	\$30/\$60/\$100	Not Covered

* MERP Reimburses: \$125 Inpatient and \$50 Outpatient

\$\$\$\$

2018 Contributions
Monthly Contributions
Employee:
Employee & Spouse:
Employee & Child(ren):
Employee, Spouse, & Child(ren):

Fallon Preferred PPO	
	\$369.10
	\$775.10
	\$664.36
	\$1,118.37

Additional Plan Information:



- Benefits:**
- Nationwide network (PHCS/Multi-Plan)
 - No in-network deductibles, moderate copays
 - Benefits for out-of-network providers
 - Access to MERP benefits, in-network

- Who would this plan appeal to?**
- Want access to nationwide network of providers
 - Willing to pay more for broader provider access
 - Alternative option to the broadest HMO network plans

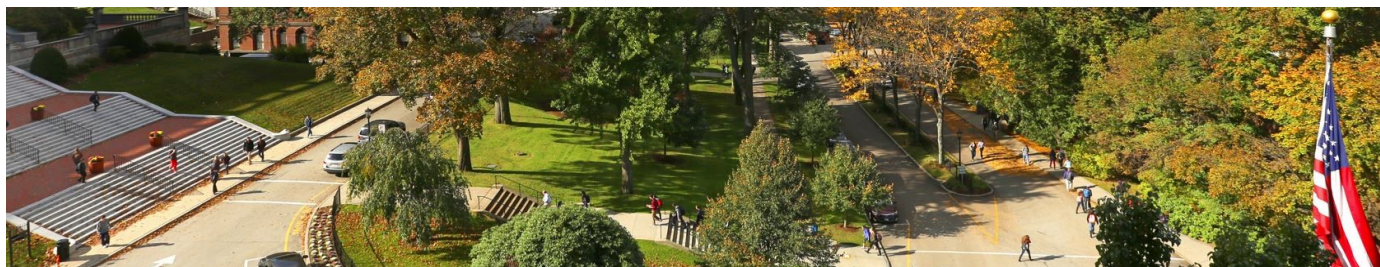


Don't forget these plans can be paired with a tax advantaged Flexible Spending Account! Refer to page 9 for additional details.

This is a summary of benefits, please refer to the Summary of Benefits and Coverage for additional details on other benefits, frequencies, and limitations.

2018 EMPLOYEE CONTRIBUTIONS RATES

Medical Plan	4 Tier Rates	Total Monthly Cost	Holy Cross Monthly Cost	Employee Monthly Cost
Best Value HDHP Fallon Direct				
	Employee:	\$518.81	\$498.06	\$20.75
	Employee & Spouse:	\$1,089.49	\$1,045.91	\$43.58
	Employee & Child(ren):	\$933.85	\$896.50	\$37.35
	Employee, Spouse & Child(ren):	\$1,571.98	\$1,509.10	\$62.88
Best Value HDHP Fallon Select				
	Employee:	\$606.22	\$498.06	\$108.16
	Employee & Spouse:	\$1,273.05	\$1,045.91	\$227.14
	Employee & Child(ren):	\$1,091.19	\$896.50	\$194.69
	Employee, Spouse & Child(ren):	\$1,836.82	\$1,509.10	\$327.72
Fallon Traditional HMO Direct				
	Employee:	\$661.15	\$568.59	\$92.56
	Employee & Spouse:	\$1,388.41	\$1,194.03	\$194.38
	Employee & Child(ren):	\$1,190.07	\$1,023.46	\$166.61
	Employee, Spouse & Child(ren):	\$2,003.28	\$1,722.82	\$280.46
Fallon Traditional HMO Select				
	Employee:	\$762.33	\$568.59	\$193.74
	Employee & Spouse:	\$1,600.91	\$1,194.03	\$406.88
	Employee & Child(ren):	\$1,372.19	\$1,023.46	\$348.73
	Employee, Spouse & Child(ren):	\$2,309.86	\$1,722.82	\$587.04
Fallon PPO (available to all employees)				
	Employee:	\$937.69	\$568.59	\$369.10
	Employee & Spouse:	\$1,969.13	\$1,194.03	\$775.10
	Employee & Child(ren):	\$1,687.82	\$1,023.46	\$664.36
	Employee, Spouse & Child(ren):	\$2,841.19	\$1,722.82	\$1,118.37
Harvard Pilgrim HMO				
	Employee:	\$1,294.19	\$568.59	\$725.60
	Employee & Spouse:	\$2,588.39	\$1,194.03	\$1,394.36
	Employee & Child(ren):	\$2,458.98	\$1,023.46	\$1,435.52
	Employee, Spouse & Child(ren):	\$3,567.60	\$1,722.82	\$1,844.78





Health Savings Account (HSA)

"Best Value" HDHP Options Only

- ✓ Tax-advantaged account established to pay for qualified health care expenses (current & future expenses).
- ✓ Funds go in tax free, accrue tax free and if used for qualified health care expenses you never pay tax.
- ✓ 2018 Contribution Limits: \$3,450 individual / \$6,900 family (all tiers) (\$1,000 catch up contribution 55 and older).
- ✓ College HSA Contribution (in January) \$500 per individual and \$1,000 per family (all tiers).
- ✓ Account is individually owned and fully portable, it is your money.
- ✓ Unused funds are carried over year over year, **No use it or lose it.**
- ✓ The flexibility to manage your HSA funds by increasing or decreasing your contributions throughout the year. Increase, decrease, or stop your contributions at any time (ability to pre-load).

REMEMBER ALL PARTICIPANTS NEED TO RE-ENROLL EACH YEAR TO PARTICIPATE!



Flexible Spending Accounts (FSA)

Traditional HMO and PPO Plans Only

- ✓ Tax-advantaged account established to pay for qualified health care expenses that you incur in the 2018 plan year.
- ✓ Funds go in tax free, and if used for qualified health care expenses you never pay tax.
- ✓ Contribution Limits: \$2,650 for Health Care FSA and \$5,000 for Dependent Care FSA .
- ✓ "Use it or Lose it" whatever money you put in must be used by plan year end, otherwise money is forfeited.
- ✓ **Health Care Accounts:**
 - ⇒ Employees have access to the full contribution limit on first day of plan year regardless how much has been contributed in your account.
 - ⇒ You cannot enroll in a Health Care FSA and a Health Savings Account (HSA) at the same time.
- ✓ **Dependent Care Accounts:**
 - ⇒ Available to enable you to work or attend school full-time. Eligible expenses include dependent care expense for children under age 13, a disabled spouse and/or a disabled relative or household member who depends on you for at least half of his or her support.
 - ⇒ If your child is turning 13 during the plan year, plan accordingly.

REMEMBER ALL PARTICIPANTS NEED TO RE-ENROLL EACH YEAR TO PARTICIPATE!

This is a summary of benefits, please refer to the plan documents and IRS publications for additional details and regulations.



Dental Benefit

DELTA DENTAL OF MASSACHUSETTS

Dental Benefit Summary

Effective 1/1/2018

Calendar Year

Deductible
Calendar Year Maximum Benefit
Orthodontic Lifetime Maximum

Services

Type 1— Diagnostic & Preventive
Type 2—Basic
Type 3—Major
Type 4—Orthodontic (any age)

2018 Monthly Contributions

Employee:
Employee & Spouse:
Employee & Child(ren):
Employee, Spouse, & Child(ren):

Delta Dental of Massachusetts

In-Network or Out of Network

\$50 per person/ \$150 per family (all tiers)

\$2,000 per person

\$1,000 per person

Plan pays 100%

Plan pays 80%

Plan pays 50%

Plan pays 50%

Delta Dental

\$16.00

\$45.00

\$41.00

\$53.00

Additional Plan Information:

- Members have access to the Delta PPO and the Delta Premier network of dentists— **utilize a PPO network dentist and your calendar year maximum dollars will go farther (due to deeper discounts) and your out-of-pocket costs will be less!**
- Rollover Maximum Benefit— up to an additional \$600!** (if you have had a cleaning or exam and have incurred claims under \$800 during the plan year.) To check current balance, please call Delta Dental Member Services at 800.872.0500.



Voluntary Vision Care Plan

Vision Benefit Summary

Effective 1/1/2018

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

2018 Monthly Rates

Employee:
Employee & Spouse:
Employee & Child(ren):
Employee, Spouse, & Child(ren):

Plan A— Eyewear Only

\$4.84

\$9.21

\$9.69

\$14.25

Plan B— Exam + Eyewear

\$6.86

\$13.04

\$13.73

\$20.18

Additional Plan Information:

- How to Find a Participating Provider:** Go to www.eyemedvisioncare.com; be sure to select “Insight” network
- Participating Retail Chains:** LensCrafters, Sears, Target, Pearle and JC Penny; glasses.com and contactsdirect.com
- Extra Savings:** Discounts for sunglasses, extra glasses, lens enhancements, and laser vision correction.

This is a summary of benefits, please refer to the Summary of Benefits for additional details on other benefits, frequencies, and limitations.



Life and Accidental Death & Dismemberment

Basic Life and Accidental Death & Dismemberment (AD&D) Insurance

Life Benefit—1.5 times basic annual earnings, up to \$500,000; *No medical questions asked!*

AD&D Benefit—Equal to life benefit.

Age Reduction—Benefit amount reduced to 67% at age 67 and to 45% at age 70, 30% at age 75, 20% at age 80; age reductions are in effect on January 1 annually.

Employees have the opportunity to convert coverage to an individual policy, up to the amount you lose at age reduction or termination of employment (within 31 days).

This coverage is provided by the College. There is no premium cost to you, however, if your benefits exceed \$50,000, imputed income will apply. Contact Human Resources for details.

Additional Plan Information:

- **Emergency Travel Assistance:** Receive medical, dental, or legal assistance if an emergency occurs when you or a family member are traveling 100 or more miles from home.
- **Identity Theft Protection:** 24-hour surveillance of up to 10 credit or debit cards and get help from anti-fraud experts if your personal data is compromised.

BENEFICIARY DESIGNATION

Eligible employees participating in the College's group life and accidental death and dismemberment insurance plans are encouraged to review their beneficiary designation(s). If you are adding a new beneficiary, please see the reminder on page 13.



Long Term Disability

Long Term Disability Insurance (LTD)

Monthly Benefit—60% of monthly earnings, up to \$15,000.

Elimination Period—LTD benefits will begin after 180 days.

Maximum Benefit Duration—LTD benefits can be paid until Social Security Normal Retirement Age, as long as you remain unable to work due to a covered disability.

Benefits will be paid on a tax-free basis.

This coverage is provided by the College (after one year of service). There is no premium cost to you, however, imputed income on the premium paid will apply. Contact Human Resources for details.

This is a summary of benefits, please refer to the Certificate of Coverage for additional details on other benefits, frequencies, and limitations.



Voluntary Life Insurance



Voluntary Life and Accidental Death & Dismemberment (AD&D) Insurance

Employee Life Benefit— Units of \$5,000 up to \$500,000, Not to exceed 5 times basic annual earnings.

Spouse Life Benefit— Units of \$5,000 up to 100% of employee voluntary amount to a maximum of \$250,000.

Children Life Benefit— Flat \$5,000 or \$10,000 (to age 19 or age 23 if full time student).

Increased Guaranteed Issue Amount—Employee: \$200,000; Spouse: \$50,000.

Age Reduction—Benefit amount reduced to 67% at age 67, and to 45% at age 70, 30% at age 75, 20% at age 80; age reductions are in effect on January 1 annually.

You may convert to an individual policy up to the amount you lose at age reduction or termination of employment (within 31 days).

New Benefit Information:

You have the opportunity to purchase additional life insurance, beyond what Holy Cross provides for you. Having adequate life insurance 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.

Q&A

Why Should I consider Life Insurance?

Life insurance provides additional financial support for your beneficiaries. Depending upon your circumstances, life insurance proceeds can help them cover household expenses or pay any debt (e.g., mortgage or student loans) you might leave behind. It can assist with the cost of your funeral or medical bills or allow you to leave an inheritance to your loved ones or to an organization you are passionate about.

How much coverage do I need?

This is a decision that only you can make. You can use the Sun Life worksheet available from Human Resources to help you determine how much life insurance you may need.

Can I increase my coverage at a later date?

There may be opportunities to adjust your coverage as your needs change (e.g., you get married or have a baby). You may be required to submit an Evidence of Insurability application which must be approved by Sun Life prior to coverage taking effect. Contact your Benefits Coordinator in Human Resources for details.

How can I get more information about my coverage?

After the effective date of your coverage, you can contact Sun Life Customer Service representatives at 800-247-6875, 8:00 a.m. to 8:00 p.m. ET, Monday through Friday.

This is a summary of benefits, please refer to the Certificate of Coverage for additional details on other benefits, frequencies, and limitations.



Employee Assistance Program

Employee Assistance Program (EAP)

Services

24 / 7 Work-Life Counseling and Support

<i>This is a summary of the services available</i>	Behavioral and Mental Health Counseling	Work-Life Balance Research and Referrals
	Financial Consultation	Legal Assistance
	Parenting Resources	Eldercare Resources
	Career Assessment	Nutrition Consultation
	Crisis Response	Manager Consultations

Need to Know: **KGA services are confidential! KGA does not share with the College 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 as well!

KGA will be an active participant in the Worksite Wellness programming.

Access to expanded and improved resources and tools for faculty and staff.

How do you Contact the EAP?

Toll Free: 800.648.9557

Website: www.kgreer.com



ADDING A NEW DEPENDENT AND/OR BENEFICIARY

If you are adding a new dependent to your medical, dental or vision care benefit plan(s), someone who is not currently listed in our records, you must send the full name, gender, date of birth and relationship for each new dependent to be covered in 2018 to Human Resources at addadependent@holycross.edu

If you are adding a new beneficiary to your life insurance benefits, someone who is not currently listed in our records, please send the same information noted above for this new beneficiary to Human Resources at the same email address of addadependent@holycross.edu designating the new beneficiary.

RETIREMENT EDUCATION AND COUNSELING SESSIONS

Remember that Retirement Planning Consultants from Fidelity and TIAA are scheduled to be on campus regularly each month to meet with employees for free one-on-one, personal financial counseling sessions regarding the Holy Cross 403(b) and Group Supplemental Retirement Plan.

FALLON HEALTH ACCOUNT ADVOCATE

Do you have a question about your Fallon Health plan? Our dedicated health account advocate, Katelyn Glennon, visits the campus on a regular basis to answer any questions you may have. She can provide assistance navigating the Fallon website, selecting a primary care provider, researching claim issues or any medical service questions. No appointment necessary and future dates to be announced in the weekly HR Update.

Government Required Benefit Compliance Notices

Premium Assistance under Medicaid and the Children's Health Insurance Program (CHIP)	<p>If you or your children are eligible (or you think that you maybe 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 on the Marketplace, visit www.healthcare.gov.</p> <p>Please visit www.dol.gov/ebsa/chipmodelnotice.doc for additional details and state information.</p>
Health Insurance Portability and Accountability Act (HIPAA) - Privacy Rule	<p>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.</p> <p>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.</p> <p>As Required by Law. We will disclose Health Information when required to do so by international, federal, state or local law.</p> <p>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.</p>
Health Insurance Portability and Accountability Act (HIPAA) - Special Enrollment Rights	<p>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.</p> <p>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.</p> <p>To request special enrollment or obtain more information, contact the plan's General Contact.</p>
Medicare Part D Notice of Creditable Coverage	<p>This notice has information about your current prescription drug coverage and about your options under Medicare's prescription drug coverage. This information can help you decide whether or not you want to join a Medicare drug plan, if eligible. Notice is distributed to all employees prior to October 15th.</p> <p>If you are considering joining a Medicare prescription drug plan, you should compare your current coverage, including which drugs are covered at what cost, with the coverage and costs of the plans offering Medicare prescription drug coverage in your area. Information about where you can get help to make decisions about your prescription drug coverage is at the end of the notice.</p>
Women's Health and Cancer Rights Act of 1998 (WHCRA)	<p>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:</p> <ul style="list-style-type: none"> - 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. <p>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.</p>

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. Contact your State for more information on eligibility –**

ALABAMA – Medicaid	MINNESOTA – Medicaid	RHODE ISLAND – Medicaid
http://myalhipp.com/ Phone: 1-855-692-5447	http://mn.gov/dhs/people-we-serve/seniors/health-care/health-care-programs/programs-and-services/medical-assistance.jsp Phone: 1-800-657-3739	http://www.eohhs.ri.gov/ Phone: 401-462-5300
ALASKA – Medicaid	MISSOURI – Medicaid	SOUTH CAROLINA – Medicaid
http://myalhipp.com/ Phone: 1-866-251-4861 Email: CustomerService@MyAKHIPP.com Medicaid Eligibility: http://dhss.alaska.gov/dpa/Pages/medicaid/default.aspx	http://www.dss.mo.gov/mhd/participants/pages/hipp.htm Phone: 573-751-2005	https://www.scdhhs.gov Phone: 1-888-549-0820
ARKANSAS – Medicaid	MONTANA – Medicaid	SOUTH DAKOTA - Medicaid
http://myarhipp.com/ Phone: 1-855-MyARHIPP (855-692-7447)	http://dphhs.mt.gov/MontanaHealthcarePrograms/HIPP Phone: 1-800-694-3084	http://dss.sd.gov Phone: 1-888-828-0059
COLORADO – Health First Colorado (Colorado's Medicaid Program) & Child Health Plan Plus (CHP+)	NEBRASKA – Medicaid	TEXAS – Medicaid
Health First Colorado https://www.healthfirstcolorado.com/ Health First Colorado: 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	http://dhhs.ne.gov/Children_Family_Services/AccessNebraska/Pages/accessnebraska_index.aspx Phone: 1-855-632-7633	Website: http://gethipptexas.com/ Phone: 1-800-440-0493
FLORIDA – Medicaid	NEVADA – Medicaid	UTAH – Medicaid and CHIP
http://flmedicaidprecovery.com/hipp/ Phone: 1-877-357-3268	Medicaid: https://dwss.nv.gov/ Medicaid Phone: 1-800-992-0900	Medicaid: https://medicaid.utah.gov/ CHIP: http://health.utah.gov/chip Phone: 1-877-543-7669
GEORGIA – Medicaid	NEW HAMPSHIRE – Medicaid	VERMONT – Medicaid
http://dch.georgia.gov/medicaid Phone: 404-656-4507	http://www.dhhs.nh.gov/oii/documents/hippapp.pdf Phone: 603-271-5218	http://www.greenmountaincare.org/ Phone: 1-800-250-8427
INDIANA – Medicaid	NEW JERSEY – Medicaid and CHIP	VIRGINIA – Medicaid and CHIP
Healthy Indiana Plan for low-income adults 19-64 Website: http://www.in.gov/fssa/hip/ Phone: 1-877-438-4479	Medicaid: http://www.state.nj.us/humanservices/dmahs/clients/medicaid/ Medicaid Phone: 609-631-2392 CHIP Website: http://www.nifamilycare.org/index.html CHIP Phone: 1-800-701-0710	Medicaid: http://www.coverva.org/programs_premium_assistance.cfm Medicaid Phone: 1-800-432-5924 CHIP: http://www.coverva.org/programs_premium_assistance.cfm CHIP Phone: 1-855-242-8282
IOWA – Medicaid	NEW YORK – Medicaid	WASHINGTON – Medicaid
http://dhs.iowa.gov/ime/members/medicaid-a-to-z/hipp Phone: 1-888-346-9562	https://www.health.ny.gov/health_care/medicaid/ Phone: 1-800-541-2831	http://www.hca.wa.gov/free-or-low-cost-health-care/program-administration/premium-payment-program Phone: 1-800-562-3022 ext. 15473
KANSAS – Medicaid	NORTH CAROLINA – Medicaid	WEST VIRGINIA – Medicaid
http://www.kdheks.gov/hcf/ Phone: 1-785-296-3512	https://dma.ncdhhs.gov/ Phone: 919-855-4100	http://www.dhr.wv.gov/bms/Medicaid%20Expansion/Pages/default.aspx Phone: 1-877-598-5820, HMS Third Party Liability
KENTUCKY – Medicaid	NORTH DAKOTA – Medicaid	WISCONSIN – Medicaid and CHIP
http://chfs.ky.gov/dms/default.htm Phone: 1-800-635-2570	http://www.nd.gov/dhs/services/medicalserv/medicaid/ Phone: 1-844-854-4825	https://www.dhs.wisconsin.gov/publications/p1/p10095.pdf Phone: 1-800-362-3002
LOUISIANA – Medicaid	OKLAHOMA – Medicaid and CHIP	WYOMING – Medicaid
http://dhh.louisiana.gov/index.cfm/subhome/1/n/331 Phone: 1-888-695-2447	http://www.insureoklahoma.org Phone: 1-888-365-3742	https://wequalitycare.acs-inc.com/ Phone: 307-777-7531
MAINE – Medicaid	OREGON – Medicaid	
http://www.maine.gov/dhhs/ofi/public-assistance/index.html Phone: 1-800-442-6003 / TTY: Maine relay 711	http://healthcare.oregon.gov/Pages/index.aspxhttp://www.oregonhealthcare.gov/index-es.html Phone: 1-800-699-9075	
MASSACHUSETTS – Medicaid and CHIP	PENNSYLVANIA – Medicaid	
http://www.mass.gov/eohhs/gov/departments/masshealth/ Phone: 1-800-462-1120	http://www.dhs.pa.gov/provider/medicalassistance/healthinsurancepremiumpaymenthippprogram/index.htm Phone: 1-800-692-7462	

EMPLOYEE BENEFIT CONTACT INFORMATION

Medical Insurance—Fallon Health or Harvard Pilgrim Health Care

Fallon Member Services

800-868-5200

<http://www.fchp.org>

Harvard Pilgrim Member Services

888-333-4742

<http://www.harvardpilgrim.org>

Dental Benefit —Delta Dental of Massachusetts

Member Services

800-872-0500

<http://www.deltadentalma.com>

Flexible Spending Account—Benefit Strategies

Customer Service

888-401-3539

<http://www.benstrat.com>

Health Savings Account—Fidelity

Customer Service

800-544-3716

<http://www.netbenefits.com/holycross>

Voluntary Vision Care Plan—EyeMed

Member Services

866-939-3633

portal.eyemedvisioncare.com

Life and Disability Insurance—Sun Life Financial

Customer Support Center

800-786-5433

<http://www.sunlife.com>

Employee Assistance Program—KGA, Inc.

Customer Solutions Center

800-648-9557

<http://www.kgreer.com>

Retirement—Fidelity or TIAA

Fidelity Member Services

800-343-0860

<http://www.netbenefits.com/holycross>

TIAA Member Services

800-842-2252

<http://www.tiaa.org>

Worksite Wellness

508-793-3885

Jenn Coode

Fallon Health Worksite Wellness Specialist



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