



COLLEGE OF THE  
**Holy Cross**



# 2024 BENEFITS GUIDE

## Welcome to Holy Cross

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LEARN MORE  
INSIDE.



# Explore your 2024 Benefits Guide

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## OFFICE OF HUMAN RESOURCES

If you have questions about the benefits information provided in this guide, please send a message to [hrbenefits@holycross.edu](mailto:hrbenefits@holycross.edu).

*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.*



## A Message from Our Chief Human Resources Officer

Dear Colleague,

Welcome to our 2024 Benefits Guide, which provides an overview of the comprehensive benefits, programs, and resources Holy Cross offers to employees and their families. We were so pleased to be recognized as one of the **100 Healthiest Workplaces in America** in 2023, according to Healthiest Employers—and it is all thanks to our employees who use our benefits to make their wellbeing a priority every day. In addition, we were recognized for prioritizing investment in employee wellness by being selected as a **2023 WorkWell Massachusetts Award Winner** from the Worksite Wellness Council of Massachusetts, powered by Healthiest Employers.

At Holy Cross, we strive to support you and your family members with an array of high-quality programs that help you and your loved ones live a happier, healthier life. Our benefits go far beyond the basics and are designed to support your physical, mental, and financial wellbeing at every stage of life. From wellness coaching, family building, and early cancer detection to tuition reimbursement, retirement plans, and more, we have something for every personal situation and budget.

There is so much to know about our benefits. Make time to review this Benefits Guide to learn about your options, so you can take full advantage of everything Holy Cross offers. If you have any questions, please contact [hrbenefits@holycross.edu](mailto:hrbenefits@holycross.edu).

All the best,

*Marymichele Delaney*

Chief Human Resources Officer



### RESOURCES FOR YOUR FAMILY!

**Use our Decision Doc tool.** Visit [www.myhyke.com/holycross2024](http://www.myhyke.com/holycross2024) to compare health plan options and get help choosing the best health plan for you and your family.

**Take care of your wellbeing with BeWell @ Holy Cross.** Learn about our many wellness resources available to you—including year-long wellbeing offerings, reimbursements of up to \$300 for fitness and weight management expenses, a cancer prevention program (DetecTogether), and our Living Well Platform, offering up to \$120 annually when you complete activities.

We have a dedicated wellbeing advisor, Sarah Kurtzman ([Sarah.Kurtzman@point32health.org](mailto:Sarah.Kurtzman@point32health.org)). Please reach out to her to learn more about your wellness resources.

Additional details are on [page 16](#) of this Guide. For complete information about BeWell @ Holy Cross, visit [www.holycross.edu/human-resources/benefits/be\\_well\\_program](http://www.holycross.edu/human-resources/benefits/be_well_program).



## Eligibility and Qualifying Events

### BENEFIT ELIGIBILITY

Holy Cross 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 of the month coincident with or following your date of hire.

New employees at Holy Cross must complete benefits enrollment within 30 days of their date of hire. Employees who do not sign up for benefits within 30 days of their eligibility date must wait until the next annual Open Enrollment period based on IRS guidelines (an exception to this policy would be the occurrence of an IRS qualifying event, 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)

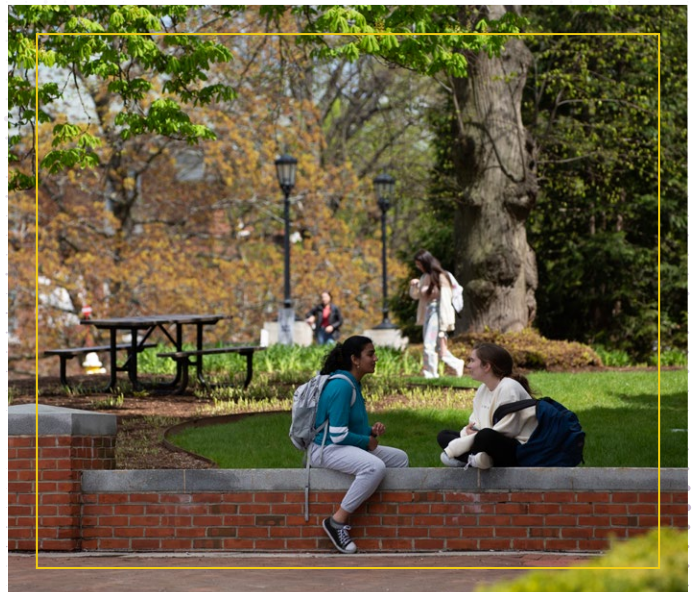
To cover dependents, provide their Social Security numbers and appropriate documentation. Appropriate documents may include a marriage certificate, birth certificate, or an adoption certificate.

**Eligible children include biological, step, adopted, and foster children or children for whom you are the legal guardian. Children who are physically or mentally challenged and become disabled before the end of the calendar year in which they turn 26 may still be eligible for coverage.**

### QUALIFYING LIFE EVENTS (QLES)

Notify Human Resources within 30 days of a QLE. Since changes must comply with IRS regulations, any election changes must be on account of and consistent with the event, effective as of the date of the event. This is the only opportunity outside of Open Enrollment when an 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



## Using PeopleSoft/Self-Serve

Make your benefits elections on our online self-service application, PeopleSoft. Log on with your computer, mobile device, or tablet.

### HOW TO ACCESS AND LOG IN

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

### HOW TO ENROLL

- Select the "Benefits 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 **<SAVE AND CONTINUE>** to review your "Dependents/Beneficiaries."
- Review your dependents/beneficiaries and add Social Security numbers for any covered dependents. Press **<NEXT>** to make your Benefit Selections.

#### If you want to participate in the College medical plan:

- Review your dependents for eligibility.
- 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."

After you have elected or waived medical coverage and your other benefit options, be sure to submit your elections. You will receive a confirmation statement in your Holy Cross email address; please review it for accuracy. If you do not receive a confirmation statement or notice any errors, please contact the benefits team immediately at [hrbenefits@holycross.edu](mailto:hrbenefits@holycross.edu).

### *Experiencing a Life Event?*

If you experience a life event (marriage, divorce, birth of child, death, etc.), contact Human Resources within 30 days to make IRS-eligible changes to your benefits.

### *Name Your Beneficiaries*

- Life Insurance: **PeopleSoft** ([hr.chx.holycross.edu/identity](http://hr.chx.holycross.edu/identity))
- HSA and 403b Retirement Accounts: **Fidelity** ([www.netbenefits.com/holycross](http://www.netbenefits.com/holycross))
- FSAs: **Voya** ([www.voya.com](http://www.voya.com))



### *After you enroll: Monitor your paychecks*

Employee premiums for most benefits are paid through deductions that come directly from your paycheck. Please be sure to monitor your paychecks and ensure what you have elected is being deducted accordingly.

## Medical Coverage

Staying on top of your health is important. You have access to four medical plan options through Harvard Pilgrim Health Care (HPHC):

1. **Focus HDHP HMO (MA)**
2. **HDHP PPO (National)**
3. **Focus HMO (MA)**
4. **HMO (MA/RI/VT/NH/ME)**

### WHICH PLAN IS RIGHT FOR YOU?

Each option has features that make it the “best” fit for different people and families. Take time to consider your options and choose the right benefits for your and your family’s needs. For example:

- Are you planning to expand your family?
- Do you have a planned surgery?
- Do you or a covered dependent have new medical concerns?
- Are you preparing for a major life change?

Answering these questions can help you make the best decisions.

### Pharmacy Coverage

All Medical Plans offer pharmacy benefits through OptumRx. The Optum Rx website ([www.optumrx.com](http://www.optumrx.com)) and app are fast, easy, secure ways to get the information you need to make the most of your pharmacy benefit. Create an account to:

- Place a home delivery order for potential mail order savings
- Access and print your ID card
- View claims and benefit information

### HELP CHOOSING YOUR MEDICAL PLAN

When comparing your medical plan options, you want to consider your costs (what comes out of your paycheck to pay your share of the premium) and your expected out-of-pocket costs (what you’ll pay throughout the year in copays or deductibles if and when you need services). The Decision Doc tool ([www.myhyke.com/holycross2024](http://www.myhyke.com/holycross2024)) is here to help you compare total costs based on your personal situation and anticipated needs. Please note the Decision Doc system does not include information about provider networks. The recommendations Decision Doc makes are meant for financial comparison to help you make informed decisions. To check if your providers are in-network on the plan you’re interested in, please use [Find A Provider](#).



#### Here is an example

This member is enrolled in individual coverage, effective January 1. During the year they have 1 preventive visit, 1 office visit, an MRI, and 6 PT visits for back pain.

|   | FOCUS HDHP HMO (MA) | HDHP PPO (NATIONAL) | FOCUS HMO (MA) | HMO (MA/RI/VT/NH/ME) |
|---|---------------------|---------------------|----------------|----------------------|
| <b>Annual Premium</b>                             | \$424               | \$1,719             | \$1,523        | \$3,313              |
| <b>Out-of-Pocket Costs (copays, deductibles)*</b> | \$1,920             | \$1,920             | \$710          | \$1,210              |
| <b>Total Premium + Out-of-Pocket Costs</b>        | \$2,344             | \$3,639             | \$2,233        | \$4,523              |
| <b>College Contribution to HSA**</b>              | \$500               | \$500               | N/A            | N/A                  |
| <b>Total Employee Annual Medical Plan Spend</b>   | <b>\$1,844</b>      | <b>\$3,139</b>      | <b>\$2,233</b> | <b>\$4,523</b>       |

\* Out-of-pocket costs are examples and may not reflect actual costs for services listed.

\*\* The College provides a \$1,000 contribution for family coverage. In your first year, the College’s HSA contribution is prorated based on your start date.

## MEDICAL PLAN COMPARISON

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

|   | FOCUS HDHP<br>HMO (MA)                     | HDHP PPO<br>(NATIONAL)                     |                                   | FOCUS HMO<br>(MA)  | HMO (MA/RI/<br>VT/NH/ME)*  |
|---|--|--|-----------------------------------|--|--|
|   | In-Network                                 | In-Network                                 | Out-of-Network                    | In-Network   | In-Network   |
| <b>Deductibles</b>                                    | \$2,000/\$4,000                            | \$2,000/\$4,000                            | \$4,000/\$8,000                   | \$500/\$1,000**  | \$1,000/\$2,000**  |
| <b>Holy Cross HSA<br/>Contribution</b>                | <b>\$500/\$1,000</b>                       | <b>\$500/\$1,000</b>                       |                                   | n/a  | n/a  |
| <b>Coinsurance</b>                                    | Plan pays 100%<br>after deductible         | Plan pays 100%<br>after deductible         | Plan pays 80%<br>after deductible | Plan pays 100%<br>after deductible                                     | Plan pays 100%<br>after deductible                                     |
| <b>Out-of-Pocket Maximums</b>                         |  |  |                                   |  |  |
| <b>Medical and<br/>Prescription Drug<br/>Combined</b> | \$4,000/\$8,000                            | \$4,000/\$8,000                            | \$8,000/\$16,000                  | \$2,500/\$5,000  | \$2,500/\$5,000  |
| <b>Office Visits</b>                                  |  |  |                                   |  |  |
| <b>Annual Preventive<br/>Exam</b>                     | Plan pays 100%                             | Plan pays 100%                             | Plan pays 80%                     | Plan pays 100%   | Plan pays 100%   |
| <b>Routine Vision<br/>Exam</b>                        | Plan pays 100%                             | Plan pays 100%                             | Plan pays 80%<br>after deductible | Plan pays 100%   | Plan pays 100%   |
| <b>Office Visits (PCP)</b>                            | \$30 copay<br>after deductible             | \$30 copay<br>after deductible             | Plan pays 80%<br>after deductible | \$30 copay after two<br>visits (\$0 copay for<br>the first two visits) | \$30 copay after two<br>visits (\$0 copay for<br>the first two visits) |
| <b>Specialist Visits</b>                              | \$50 copay<br>after deductible             | \$50 copay<br>after deductible             | Plan pays 80%<br>after deductible | \$50 copay   | \$50 copay   |
| <b>Emergency Care</b>                                 |  |  |                                   |  |  |
| <b>Emergency Room***</b>                              | \$100 copay<br>after deductible            | \$100 copay<br>after deductible            | \$100 copay<br>after deductible   | \$100 copay  | \$100 copay  |
| <b>Urgent Care</b>                                    | \$30 copay<br>after deductible             | \$30 copay<br>after deductible             | Plan pays 80%<br>after deductible | \$30 copay   | \$30 copay   |
| <b>Inpatient/Outpatient Services</b>                  |  |  |                                   |  |  |
| <b>Inpatient Hospital</b>                             | Plan pays 100%<br>after deductible         | Plan pays 100%<br>after deductible         | Plan pays 80%<br>after deductible | Plan pays 100%<br>after deductible                                     | Plan pays 100%<br>after deductible                                     |
| <b>Ambulatory Day<br/>Surgery</b>                     | Plan pays 100%<br>after deductible         | Plan pays 100%<br>after deductible         | Plan pays 80%<br>after deductible | Plan pays 100%<br>after deductible                                     | Plan pays 100%<br>after deductible                                     |
| <b>Diagnostic X-Ray/<br/>Lab</b>                      | Plan pays 100%<br>after deductible         | Plan pays 100%<br>after deductible         | Plan pays 80%<br>after deductible | Plan pays 100%<br>after deductible                                     | Plan pays 100%<br>after deductible                                     |
| <b>Imaging (CT/PET<br/>Scans, MRIs)</b>               | Plan pays 100%<br>after deductible         | Plan pays 100%<br>after deductible         | Plan pays 80%<br>after deductible | Plan pays 100%<br>after deductible                                     | Plan pays 100%<br>after deductible                                     |
| <b>Prescription Drugs</b>                             |  |  |                                   |  |  |
| <b>Retail</b>   | Deductible applies<br>then \$15/\$45/\$65  | Deductible applies<br>then \$15/\$45/\$65  | Not covered                       | \$15/\$45/\$65   | \$15/\$45/\$65   |
| <b>Mail</b>   | Deductible applies<br>then \$30/\$90/\$130 | Deductible applies<br>then \$30/\$90/\$130 | Not covered                       | \$30/\$90/\$130  | \$30/\$90/\$130  |

\* The HMO plan does not include CT providers. If your doctor is in CT, you may want to elect the HDHP PPO (National) plan; check [www.harvardpilgrim.org](http://www.harvardpilgrim.org) to confirm they are in network.

\*\* Deductibles for these family plans are "embedded," which means once each person on your policy reaches their individual deductible (\$500 for Focus HMO and \$1,000 for HMO), the plan will begin to pay for that person. Once you reach the family deductible (\$1,000 for Focus HMO and \$2,000 for HMO), the plan will pay for all members covered under your medical benefits.

\*\*\* Note: All plans cover care in an emergency—even if you receive that care out of network.

## MEDICAL PLAN COSTS

|                             | MONTHLY EMPLOYEE CONTRIBUTIONS | MONTHLY HOLY CROSS CONTRIBUTIONS |
|-----------------------------|--------------------------------|----------------------------------|
| <b>Focus HDHP HMO (MA)</b>  |                                |                                  |
| Employee                    | \$35.33                        | \$607.04                         |
| Employee+Spouse             | \$74.19                        | \$1,274.80                       |
| Employee+Child(ren)         | \$63.60                        | \$1,092.69                       |
| Family                      | \$107.05                       | \$1,839.35                       |
| <b>HDHP PPO (National)</b>  |                                |                                  |
| Employee                    | \$143.29                       | \$610.86                         |
| Employee+Spouse             | \$300.90                       | \$1,282.80                       |
| Employee+Child(ren)         | \$257.92                       | \$1,099.55                       |
| Family                      | \$434.16                       | \$1,850.88                       |
| <b>Focus HMO (MA)</b>       |                                |                                  |
| Employee                    | \$126.89                       | \$691.75                         |
| Employee+Spouse             | \$266.46                       | \$1,452.66                       |
| Employee+Child(ren)         | \$228.40                       | \$1,245.14                       |
| Family                      | \$384.47                       | \$2,095.97                       |
| <b>HMO (MA/RI/VT/NH/ME)</b> |                                |                                  |
| Employee                    | \$276.08                       | \$692.62                         |
| Employee+Spouse             | \$579.77                       | \$1,454.52                       |
| Employee+Child(ren)         | \$496.94                       | \$1,246.71                       |
| Family                      | \$836.52                       | \$2,098.64                       |

*Use MyConnect for benefits support*

MyConnect is your direct connection with Harvard Pilgrim Health Care and is available to you and your family members. MyConnect can help:

- Explain your plan options
- Find primary care providers (PCPs) and specialists in your area
- Answer questions about your medical coverage and claims
- Connect you with a clinical care team of nurses, social workers, lifestyle coaches, pharmacists, and care coordinators to ensure you have the support you need to meet your health goals

Contact MyConnect by calling 866.623.0184 or sending a message through your Harvard Pilgrim account at [www.harvardpilgrim.org](http://www.harvardpilgrim.org).

*PillarRx's IPC Copay Assistance Program for Specialty Drugs*

Our **copay assistance program** is here to help employees and their covered family members get the medicine they need for complex or chronic conditions at an affordable cost.

PillarRx has a team of highly trained, certified pharmacy technicians that will set you up with copay assistance to reduce—and in some cases eliminate—the cost of your specialty drugs. They'll also provide ongoing support to simplify refills, manage claims, and work with your pharmacy, drug manufacturers, and health plan to ensure you're getting the medicine you need at the lowest cost.



## Dental Coverage

Healthy teeth and gums are an essential part of your overall health. We 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) or access your account at [www.deltadentalma.com](http://www.deltadentalma.com).

### DENTAL BENEFIT SUMMARY

| DELTA DENTAL OF MA   |   |
|--|---|
| <b>Calendar Year</b> ( <i>In-Network or Out-of-Network</i> ) |   |
| <b>Deductible</b>  | \$50 per person/ \$150 per family (all tiers) (waived for Type 1)                           |
| <b>Calendar Year Maximum Benefit</b>                         | \$2,000 per person  |
| <b>Orthodontic Lifetime Maximum</b>                          | \$2,000 per person (any age)  |
| <b>Services for Members Age 13+</b>                          |   |
| <b>Type 1—Diagnostic &amp; Preventive</b>                    | Plan pays 100%—includes 3 oral exams and cleanings per year. ( <i>once every 4 months</i> ) |
| <b>Type 2—Basic</b>  | Plan pays 80%, after deductible   |
| <b>Type 3—Major</b>  | Plan pays 50%, after deductible   |
| <b>Type 4—Orthodontic (any age)</b>                          | Plan pays 100%, after deductible  |

### DENTAL PLAN COSTS

|                                      | 2024 MONTHLY EMPLOYEE CONTRIBUTIONS | 2024 MONTHLY HOLY CROSS CONTRIBUTIONS |
|--------------------------------------|-------------------------------------|---------------------------------------|
| <b>Delta Dental of Massachusetts</b> |                                     |                                       |
| <b>Employee</b>                      | \$16.00                             | \$26.00                               |
| <b>Employee+Spouse</b>               | \$45.00                             | \$82.00                               |
| <b>Employee+Child(ren)</b>           | \$41.00                             | \$82.00                               |
| <b>Family</b>                        | \$53.00                             | \$82.00                               |

### *Offered at No Cost to You: Right Start 4 Kids<sup>SM</sup>*

Oral hygiene is for your whole family—especially your children. At **no added cost** to you, the Right Start 4 Kids program is here to make it easier and more affordable to care for children's oral health.

Employees enrolled in family coverage under our Delta Dental plan are automatically enrolled in Right Start 4 Kids, which provides increased coverage for children up to their 13th birthday, including:

- No deductible
- 100% coverage for covered preventive, basic restorative, and major restorative services

Annual benefit maximums apply, and exclusions and limitations apply (for example, this program does not apply to orthodontics). For more information, visit [www.deltadentalma.com/preventistry/right-start-4-kids](http://www.deltadentalma.com/preventistry/right-start-4-kids).



## Vision Coverage

Good eyesight improves your quality of life. Getting your eyes checked regularly is a great way to make sure you don't miss anything. Holy Cross offers two vision plans. Both are administered by EyeMed. Plan A covers eyewear only (lenses, frames, and contacts), while Plan B covers eyewear and annual vision exams.

### EyeMed360

If you use a PLUS Provider, EyeMed360 gives you enhanced benefits **at no added cost**:

- Additional \$50 frame allowance (if you elect either plan)
- \$0 vision exam copay (if you elect Plan B)

To find a PLUS Provider, visit [www.eyemed.com/en-us/blog/benefits-101/savings-plus-more-with-plus-providers-22758](http://www.eyemed.com/en-us/blog/benefits-101/savings-plus-more-with-plus-providers-22758).

## VISION BENEFIT SUMMARY

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

## VISION PLAN COSTS

|                            | 2024 MONTHLY EMPLOYEE CONTRIBUTIONS<br>(NO HOLY CROSS CONTRIBUTIONS) |                       |
|----------------------------|--|-----------------------|
|                            | Plan A–Eyewear Only  | Plan B–Exam + Eyewear |
| <b>Employee</b>            | \$4.84   | \$6.86                |
| <b>Employee+Spouse</b>     | \$9.21   | \$13.04               |
| <b>Employee+Child(ren)</b> | \$9.69   | \$13.73               |
| <b>Family</b>              | \$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](http://www.eyemedvisioncare.com) and selecting the “Insight” network. As you search, look for the PLUS Provider icon to participate in EyeMed360 savings. You can also call EyeMed at 866.939.3633.
- **Use participating retail chains** to get your eyewear, including LensCrafters, Target Optical, Pearle Vision, Contacts Direct, or 1-800-Contacts. These retail chains are PLUS Providers.
- **Take advantage of discounts** on sunglasses, extra glasses, lens enhancements, and laser vision correction.

## Health Savings Account (HSA)

Available to employees who enroll in the Focus HDHP or HDHP PPO, the HSA is a tax-advantaged savings account (through Fidelity) that you 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 **extra** money you can use to pay your out-of-pocket health care expenses or save for the future. As a new hire, this contribution amount will be prorated in your first year, based on your start date.

### An HSA provides a triple-tax advantage:

- 1. It's tax-free when it goes in.** You 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. There is no "use it or lose it" rule like an FSA.

In 2024, you can contribute up to \$4,150 for individuals or \$8,300 for family coverage to your HSA, which are the limits set by the IRS. 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.**

**Note:** There are eligibility requirements for HSAs. 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](#). You can also contact Fidelity for questions or guidance with your account at 800.544.3716 or [www.netbenefits.com/holycross](http://www.netbenefits.com/holycross).

*You must enroll each year in an HSA in order to contribute.*

### *Keep in Mind 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** (prorated in your first year based on your start date). Use the Decision Doc tool ([www.myhyke.com/holycross2024](http://www.myhyke.com/holycross2024)) to compare health plan options and total costs.

## Flexible Spending Accounts (FSAs)

FSAs, administered by Voya, are a way to set aside funds for 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, 2025, to be applied toward any remaining 2024 account balance. Unused funds will be forfeited.
- **Elected each year:** You **must** enroll each year in an FSA in order to contribute.

### LIMITED PURPOSE FSA (LPFSA)

If you choose to participate 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 for health-related expenses if you also have an HSA.

*You can contribute up to the IRS maximum of \$3,200.*

### 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 as soon as you elect benefits.

*You can contribute up to the IRS maximum of \$3,200.*

### 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.

*You can contribute up to the IRS maximum of \$5,000 in 2024.*

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

*You can elect FSAs even if you do not enroll in a Holy Cross medical plan.*



## 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 automatically 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 what Holy Cross provides for you. As a new hire, you have the opportunity to enroll in coverage without Evidence of Insurability (EOI), sometimes called proof of good health, up to the **Guaranteed Issue Amount**. Details are below.

- **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. **As a new hire, you may purchase up to \$200,000 without EOI.** If you'd like to elect more than \$200,000, 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. **As a new hire, you may purchase up to \$50,000 without EOI.** If you'd like to elect more than \$50,000, 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.

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).

### *Name your beneficiary designations.*

Eligible employees participating in Holy Cross Life and AD&D plans are encouraged to review beneficiary designation(s) every year. To do so, log on to [PeopleSoft](#).

## *Massachusetts Paid Family and Medical Leave (MAPFML)*

MAPFML allows benefit-eligible employees to take the time they need to care for their own medical issue or a family member's. Holy Cross has an approved MAPFML private plan exemption for both medical and family (through Sun Life) and does not currently require contributions from employees.

MAPFML allows you to take up to 20 weeks of paid medical leave, up to 12 weeks of paid family leave, and up to 26 weeks of paid family military care. For 2024, the weekly maximum MAPFML benefit is \$1,149.90.

## Long-Term Disability (LTD) Insurance

Holy Cross automatically provides all eligible employees 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 per month.

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

**Note:** While this coverage is provided at no cost to you, imputed income on the premium paid applies. Additional coverage may be available beyond the amount listed above; however, Evidence of Insurability (EOI) may be required.

*The College provides the Long Term Disability (LTD) Plan to protect you and your family from income loss if you are unable to work for an extended period of time due to a long-term health condition.*

### ADDITIONAL BENEFITS FROM ASSIST AMERICA

In addition to Life, AD&D, and LTD insurance, Sun Life also provides Travel Assistance and Identity Theft Protection through Assist America.

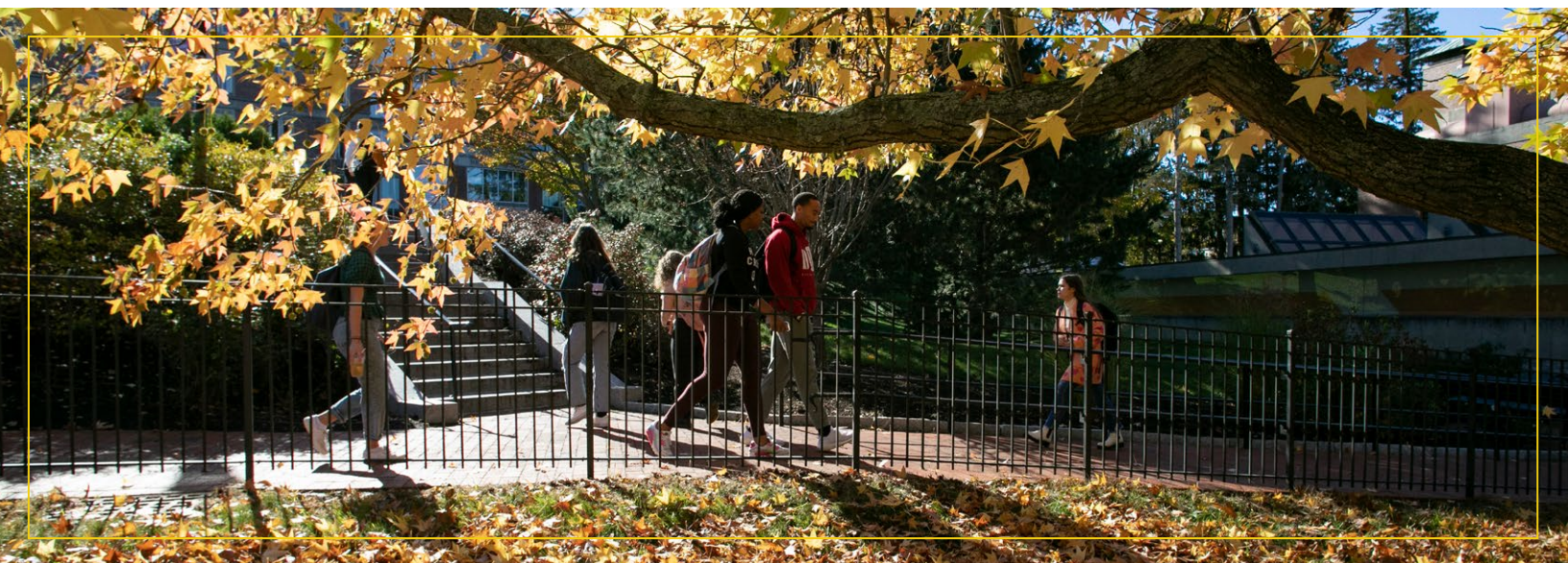
#### Travel Assistance

This program immediately connects you to doctors, hospitals, pharmacies, and other services if you experience a medical or non-medical emergency while traveling 100 miles away from your permanent residence or in another country. Contact Assist America 24/7 at 609.986.1234 (outside U.S. — Collect Call) or 800.872.1414 (inside U.S. — Toll Free), or email [medservices@assistamerica.com](mailto:medservices@assistamerica.com). For more information, visit [www.assistamerica.com](http://www.assistamerica.com).



#### Identity Theft Protection

This program offers prevention and resolution tools to safeguard your data and restore its integrity if it is used fraudulently. Services include 24/7 access to identity protection experts, credit card and document registration, and internet fraud monitoring. To activate identity protection services, visit [www.assistamerica.com/sunlife](http://www.assistamerica.com/sunlife). You can also download the free AssistAmerica Mobile App for iPhone and Android.



## Retirement Plans

The College provides competitive retirement programs that help employees achieve retirement goals.

### 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) through Fidelity—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 own your funds, even if you leave Holy Cross.
- Any contributions that you don't specify will be automatically invested in the appropriate default Vanguard Target Date Retirement Fund.
- Review the 403(b) Plan Enrollment Guide (located on the [HR Benefits Website](#)) for more information. When you're ready, you can visit [www.netbenefits.com/atwork](http://www.netbenefits.com/atwork) to select your amount and investment options.

### *Retirement Education and Counseling Sessions*

Retirement Planning Consultants from Fidelity 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.

One-on-one meetings are led by Derek Cunningham and Matthew Toedt, Fidelity Workplace Financial Consultants. To schedule a one-on-one appointment with Derek or Matt, please visit [www.fidelity.com/schedule](http://www.fidelity.com/schedule).

### HOLY CROSS PENSION PLAN (DEFINED BENEFIT)

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.

The College makes 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, which means you own the money in your account and 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.)

- Once eligible, you automatically 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 own your funds, even if you leave Holy Cross.
- Any contributions that you don't specify will be automatically invested in the appropriate default Vanguard Target Retirement 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 Resources

All benefits-eligible faculty and staff have access to no-cost financial and investment guidance through Harvard Square Financial Planning, LLC, who help members of the academic community understand their financial situations and make practical, well-informed decisions.\*

Receive a personalized plan for a variety of areas, including:

- Retirement planning
- Affording life transitions
- Managing cash flow

To make an appointment with Harvard Square Financial Planning, contact Mary Koenig, CFP, at 781.652.8862 or [mary@harvardsquarefinancial.com](mailto:mary@harvardsquarefinancial.com). Mary also visits campus to meet with employees and families in HR.

\* These services provide investment education, not investment advice.

## BeWell @ Holy Cross

### *Journey to a Mindful You*



We want you to have the support you and your family need—physically, emotionally, and financially. BeWell @ Holy Cross, our initiative to provide employees and family members the resources, tools, and programs they need to focus on what's most important, is here to help.

## PROGRAMS AVAILABLE TO ALL HOLY CROSS EMPLOYEES AND HOUSEHOLD FAMILY MEMBERS

### Year-Long Wellbeing Offerings

Take advantage of wellbeing programs all year long covering a host of themes, including:

- Yoga
- Zumba
- Nutrition
- Cooking demonstrations
- Stress management
- Smoking cessation
- Diversity, equity, and inclusion
- Parenting
- Elder care
- Mindfulness
- Meditation
- Alternative fitness classes
- Health coaching
- Legal support

### DetecTogether: Your Roadmap to Early Detection Cancer Screening



Holy Cross partners with a local non-profit organization, DetecTogether, to educate employees about the importance of early cancer detection, improve survival rates, and reduce the cost and complexity of cancer treatment.

DetecTogether is available at no cost to you and includes access to an on-demand library, live webinars, and more. Get started with DetecTogether at [www.workplace.detectogether.org/register?gid=26310](http://www.workplace.detectogether.org/register?gid=26310).



### Living Well Platform (though Limeade)

Define your own vision of wellbeing by using the tools and activities at <https://www.harvardpilgrim.org/public/living-well-everyday>. You and your household family members can participate in a variety of informative, fun, and interactive activities, and earn rewards for each eligible activity you complete.

For more information, reach out to our wellbeing advisor, Sarah Kurtzman ([Sarah.Kurtzman@point32health.org](mailto:Sarah.Kurtzman@point32health.org)) or visit [https://www.holycross.edu/human-resources/benefits/be\\_well\\_program](https://www.holycross.edu/human-resources/benefits/be_well_program).

### PROGRAMS AVAILABLE TO HPHC MEDICAL PLAN PARTICIPANTS

If you are also enrolled in a Holy Cross medical plan through HPHC, you can access several additional resources to help you and your dependents live your best life.

### HPHC Rewards for Healthy Habits

Receive up to:

- **\$150 reimbursement** per covered member (\$300 max per family) for eligible wellness expenses. Eligible expenses include nutrition and mindfulness programs, in addition to fitness.
- **\$150 reimbursement** per calendar year when you participate in an eligible weight management program.
- **\$120** for completing eligible activities on the Living Well Platform (also available for covered spouses).

**Even if you're not an HPHC member**, you'll be entered into a raffle every time you complete an eligible activity for the chance to win prizes like Thera-guns, diffusers, weighted blankets and more.

### Virtual Health and Wellness Support Tools

HPHC members have access to Doctors on Demand, AbleTo, Ovia Health, and more. Visit [www.harvardpilgrim.org/public/health-and-wellness](http://www.harvardpilgrim.org/public/health-and-wellness) to learn more about HPHC's health and wellness resources.

### HEALTHCARE GUIDANCE WITH KNOVASOLUTIONS

KnovaSolutions is a confidential, no-cost health support program available to benefits-eligible employees and family members at the College—with medical professionals available to offer you the right advice at the right time to help you or a family member with important healthcare decisions. When you opt in to KnovaSolutions, you'll connect with a personal nurse who can help you answer questions like:

- What does my diagnosis mean?
- How do I get a second opinion?
- What are the risks and benefits of this surgery?
- What lifestyle changes will improve my health?

This is an opt-in program only, so contact KnovaSolutions to register by calling 800.355.0885 or emailing [contactknovasolutions@workpartners.com](mailto:contactknovasolutions@workpartners.com).

### *Pet Insurance*

We are pleased to offer Spot Pet Insurance to our employees. Those who choose pet insurance will pay the full cost of coverage through direct billing and benefit from discounts of up to 20% and a 24/7 Pet Telehealth Helpline. Contact Spot at [spotpet.link/holycross](https://spotpet.link/holycross) or 800.905.1595 for a customized quote for any budget.



## Employee Assistance Program (EAP)

If you or a household family member are struggling with your wellbeing—be it a physical, emotional, or financial issue—our EAP, administered by KGA, is here to help. All colleagues and household family members are eligible for the EAP at no cost to you; **you do not need to be enrolled in a Holy Cross medical plan.**

The EAP is 100% confidential and is staffed by licensed, skilled professionals trained to help you find the support you need. 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](http://www.kgreer.com).

## Education Benefits

The College offers employees and their dependents several opportunities for financial support in their continued education.

### EMPLOYEE TUITION REIMBURSEMENT

If you are a full-time administrative or hourly employee with three months of employment, you are eligible to receive tuition assistance to improve your job performance and/or enhance your career opportunities at the College.

- **Holy Cross Courses:** You may enroll in one course per semester free of charge at Holy Cross, provided there is space in the class.
- **Non-Holy Cross Courses:** The College will reimburse you up to 75% of the cost of tuition, up to a maximum reimbursement of \$2,500 per fiscal year.
- **Clark University Graduate Tuition Scholarships:** Clark University offers tuition scholarships between 30% and 50% (varies by program) to eligible active Holy Cross staff, spouses, and dependents who enroll in a Clark graduate degree or certificate program. You may also use our \$2,500 tuition reimbursement benefit toward Clark courses for additional savings.

### DEPENDENT TUITION

After seven years of service, full-time employees are eligible for tuition benefits for their dependent children who are eligible for admission and matriculated, degree-seeking students at Holy Cross. This benefit is available for up to eight semesters. Participation is determined by the admitting school.

### FACULTY AND STAFF CHILDREN EXCHANGE PROGRAM (FACHEX)

Holy Cross is proud to participate in FACHEX, which offers our full-time employees, after seven years of service, the opportunity to apply for the exchange scholarship program at 26 participating Jesuit schools. Participation is determined by the admitting school.

## TRY LINKEDIN LEARNING

LinkedIn Learning is an award-winning industry leader in online training, with a digital library of over 16,000 courses covering a wide range of technical, business, software and creative topics. Accessible 24/7 from your desktop or mobile device, visit LinkedIn Learning by logging in via this link: [https://lnkd.in/e8-B\\_CAO](https://lnkd.in/e8-B_CAO).

You may watch an entire course or individual videos—some are as short as four or five minutes. You will be able to bookmark courses that suit your interests and keep track of the courses you have taken. When you complete a course, you'll receive a certificate. You have the opportunity to refine or develop your professional skills, learn new software, and explore other areas as you plan for your career growth.

## Vendor Information

|  | CONTACT INFORMATION |  |
|--|---------------------|--|
|  | Phone               | Website/Email  |
| <b>General Questions and Support</b>                         |                     |  |
| Holy Cross Human Resources                                   | 508.793.3391        | <a href="mailto:hrbenefits@holycross.edu">hrbenefits@holycross.edu</a>               |
| <b>Medical Insurance</b>                                     |                     |  |
| Harvard Pilgrim Health Care                                  | 888.333.4742        | <a href="http://www.harvardpilgrim.org">www.harvardpilgrim.org</a>                   |
| <b>Pharmacy Plan</b>   |                     |  |
| OptumRx  | 855.546.3439        | <a href="http://www.optumrx.com">www.optumrx.com</a>                                 |
| <b>Flexible Spending &amp; Health Savings Accounts (FSA)</b> |                     |  |
| Flexible Spending Accounts (FSA) –<br>Voya Financial         | 833.232.4673        | <a href="http://www.voya.com">www.voya.com</a>                                       |
| Health Savings Accounts (HSA) – Fidelity                     | 800.544.3716        | <a href="http://www.netbenefits.com/holycross">www.netbenefits.com/holycross</a>     |
| <b>Dental Benefit</b>  |                     |  |
| Delta Dental of Massachusetts                                | 800.872.0500        | <a href="http://www.deltadentalma.com">www.deltadentalma.com</a>                     |
| <b>Voluntary Vision Insurance</b>                            |                     |  |
| EyeMed   | 866.939.3633        | <a href="http://www.eyemed.com">www.eyemed.com</a>                                   |
| <b>Life, AD&amp;D and Long-Term Disability Insurance</b>     |                     |  |
| SunLife Financial  | 800.786.5433        | <a href="http://www.sunlife.com">www.sunlife.com</a>                                 |
| <b>Retirement Plans</b>                                      |                     |  |
| Fidelity   | 800.343.0860        | <a href="http://www.netbenefits.com/holycross">www.netbenefits.com/holycross</a>     |
| <b>Financial Planning</b>                                    |                     |  |
| Harvard Square Financial Planning, LLC<br>Mary Koenig, CFP   | 781.652.8862        | <a href="mailto:mary@harvardsquarefinancial.com">mary@harvardsquarefinancial.com</a> |
| <b>Employee Assistance Program</b>                           |                     |  |
| KGA, Inc.  | 800.648.9557        | <a href="http://www.kgreer.com">www.kgreer.com</a>                                   |
| <b>Pet Insurance</b>   |                     |  |
| Spot Pet Insurance   | 800.905.1595        | <a href="https://spotpet.link/holycross">spotpet.link/holycross</a>                  |



# HIPAA Privacy Policy

## Your Information. Your Rights. Our Responsibilities.

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

**Effective Date:** 1/1/2024

Privacy Officer: Chief Human Resources Officer  
 Email: [mdelaney@holycross.edu](mailto:mdelaney@holycross.edu)  
 Phone: 508.793.3391

### Your Rights

You have the right to:

- Get a copy of your health and claims records
- Correct your health and claims records
- Request confidential communication
- Ask us to limit the information we share
- Get a list of those with whom we've shared your information
- Get a copy of this privacy notice
- Choose someone to act for you
- File a complaint if you believe your privacy rights have been violated

### Your Choices

You have some choices in the way that we use and share information as we:

- Answer coverage questions from your family and friends
- Provide disaster relief
- Market our services and sell your information

### Our Uses and Disclosures

We may use and share your information as we:

- Help manage the health care treatment you receive
- Run our organization
- Pay for your health services
- Administer your health plan
- Help with public health and safety issues
- Do research
- Comply with the law
- Respond to organ and tissue donation requests and work with a medical examiner or funeral director
- Address workers' compensation, law enforcement, and other government requests
- Respond to lawsuits and legal actions

### Your Rights

**When it comes to your health information, you have certain rights.** This section explains your rights and some of our responsibilities to help you.

#### Get a copy of health and claims records

- You can ask to see or get a copy of your health and claims records and other health information we have about you. Ask us how to do this.
- We will provide a copy or a summary of your health and claims records, usually within 30 days of your request. We may charge a reasonable, cost-based fee.

#### Ask us to correct health and claims records

- You can ask us to correct your health and claims records if you think they are incorrect or incomplete. Ask us how to do this.
- We may say "no" to your request, but we'll tell you why in writing within 60 days.

#### Request confidential communications

- You can ask us to contact you in a specific way (for example, home or office phone) or to send mail to a different address.
- We will consider all reasonable requests, and must say "yes" if you tell us you would be in danger if we do not.

#### Ask us to limit what we use or share

- You can ask us not to use or share certain health information for treatment, payment, or our operations.
- We are not required to agree to your request, and we may say "no" if it would affect your care.

#### Get a list of those with whom we've shared information

- You can ask for a list (accounting) of the times we've shared your health information for six years prior to the date you ask, who we shared it with, and why.
- We will include all the disclosures except for those about treatment, payment, and health care operations, and certain other disclosures (such as any you asked us to make). We'll provide one accounting a year for free but will charge a reasonable, cost-based fee if you ask for another one within 12 months.

#### Get a copy of this privacy notice

- You can ask for a paper copy of this notice at any time, even if you have agreed to receive the notice electronically. We will provide you with a paper copy promptly.

### Choose someone to act for you

- If you have given someone medical power of attorney or if someone is your legal guardian, that person can exercise your rights and make choices about your health information.
- We will make sure the person has this authority and can act for you before we take any action.

### File a complaint if you feel your rights are violated

- You can complain if you feel we have violated your rights by contacting us using the information on page 1.
- You can file a complaint with the U.S. Department of Health and Human Services Office for Civil Rights by sending a letter to 200 Independence Avenue, S.W., Washington, D.C. 20201, calling 1-877-696-6775, or visiting [www.hhs.gov/hipaa/filing-a-complaint/index.html](http://www.hhs.gov/hipaa/filing-a-complaint/index.html).
- We will not retaliate against you for filing a complaint.

### Your Choices

**For certain health information, you can tell us your choices about what we share.** If you have a clear preference for how we share your information in the situations described below, talk to us. Tell us what you want us to do, and we will follow your instructions.

In these cases, you have both the right and choice to tell us to:

- Share information with your family, close friends, or others involved in payment for your care
- Share information in a disaster relief situation
- *If you are not able to tell us your preference, for example if you are unconscious, we may go ahead and share your information if we believe it is in your best interest. We may also share your information when needed to lessen a serious and imminent threat to health or safety.*
- In these cases we never share your information unless you give us written permission:
- Marketing purposes
- Sale of your information

### Our Uses and Disclosures

How do we typically use or share your health information?

We typically use or share your health information in the following ways.

#### Help manage the health care treatment you receive

- We can use your health information and share it with professionals who are treating you.
- Example: A doctor sends us information about your diagnosis and treatment plan so we can arrange additional services.

#### Run our organization

- We can use and disclose your information to run our organization and contact you when necessary.

- We are not allowed to use genetic information to decide whether we will give you coverage and the price of that coverage. This does not apply to long term care plans.
- Example: We use health information about you to develop better services for you.

### Pay for your health service

#### Address workers' compensation, law enforcement, and other government requests

- We can use or share health information about you:
- For workers' compensation claims
- For law enforcement purposes or with a law enforcement official
- With health oversight agencies for activities authorized by law
- For special government functions such as military, national security, and presidential protective services

### Respond to lawsuits and legal actions

- We can share health information about you in response to a court or administrative order, or in response to a subpoena.

### Our Responsibilities

- We are required by law to maintain the privacy and security of your protected health information.
- We will let you know promptly if a breach occurs that may have compromised the privacy or security of your information.
- We must follow the duties and privacy practices described in this notice and give you a copy of it.
- We will not use or share your information other than as described here unless you tell us we can in writing. If you tell us we can, you may change your mind at any time. Let us know in writing if you change your mind.
- For more information see: [www.hhs.gov/ocr/privacy/hipaa/understanding/consumers/noticepp.html](http://www.hhs.gov/ocr/privacy/hipaa/understanding/consumers/noticepp.html).

### Changes to the Terms of this Notice

- We can change the terms of this notice, and the changes will apply to all information we have about you. The new notice will be available upon request, on our web site, and we will mail a copy to you.

### Policies and Practices

- The College of the Holy Cross is committed to respecting the privacy of information and data that may be used to identify you (your "personal information").
- For more information about our policies and practices regarding the most common ways we collect and use personal information see: <https://www.holycross.edu/information-technology-services/it-policies/holy-cross-privacy-policy>.

## Wellness Program Disclosures

BeWell @ Holy Cross is a voluntary wellness program available to all employees. The program is administered according to federal rules permitting employer-sponsored wellness programs that seek to improve employee health or prevent disease, including the Americans with Disabilities Act of 1990, the Genetic Information Nondiscrimination Act of 2008, and the Health Insurance Portability and Accountability Act, as applicable, among others. If you choose to participate in the wellness program you will be asked to complete a voluntary health risk assessment or "HRA" that asks a series of questions about your health-related activities and behaviors and whether you have or had certain medical conditions (e.g., cancer, diabetes, or heart disease). You are not required to complete the HRA or to participate in blood test or other medical examinations.

However, employees enrolled in medical coverage who choose to participate in the wellness program can receive an incentive of up to \$120 for completing eligible activities in the Living Well Platform. Although you are not required to complete the HRA or participate in eligible activities, only employees who do so will receive incentives.

Additional incentives of up to \$150 may be available for employees who participate in the Harvard Pilgrim Health Care's Weight Management program. Also, reimbursements of up to \$150 can be earned for participating in certain wellness-related programs through Harvard Pilgrim Health Care's Wellness Reimbursement Program. If you are unable to participate in any of the health-related activities or achieve any of the health outcomes required to earn an incentive, you may be entitled to a reasonable accommodation or an alternative standard. You may request a reasonable accommodation or an alternative standard by contacting Human Resources at 508-793-3391 or [hrbenefits@holycross.edu](mailto:hrbenefits@holycross.edu).

The information from your HRA may be used to provide you with information to help you understand your current health and potential risks and may also be used to offer you services through the wellness program. You also are encouraged to share your results or concerns with your own doctor.

## PROTECTIONS FROM DISCLOSURE OF MEDICAL INFORMATION

We are required by law to maintain the privacy and security of your personally identifiable health information. Although the wellness program and The College of the Holy Cross may use aggregate information it collects to design a program based on identified health risks in the workplace, Be Well @ Holy Cross will never disclose any of your personal information either publicly or to the employer, except as necessary to respond to a request from you for a reasonable accommodation needed to participate in the wellness program, or as expressly permitted by law. Medical information that personally identifies you that is provided in connection with the wellness program will not be provided to your supervisors or managers and may never be used to make decisions regarding your employment.

Your health information will not be sold, exchanged, transferred, or otherwise disclosed except to the extent permitted by law to carry out specific activities related to the wellness program, and you will not be asked or required to waive the confidentiality of your health information as a condition of participating in the wellness program or receiving an incentive. Anyone who receives your information for purposes of providing you services as part of the wellness program will abide by the same confidentiality requirements. The only individual(s) who may receive your personally identifiable health information is Human Resources and your Health Plan in order to provide you with services under the wellness program.

In addition, all medical information obtained through the wellness program will be maintained separate from your personnel records, information stored electronically will be encrypted, and no information you provide as part of the wellness program will be used in making any employment decision. Appropriate precautions will be taken to avoid any data breach, and in the event a data breach occurs involving information you provide in connection with the wellness program, we will notify you immediately.

You may not be discriminated against in employment because of the medical information you provide as part of participating in the wellness program, nor may you be subjected to retaliation if you choose not to participate.

If you have questions or concerns regarding this notice, or about protections against discrimination and retaliation, please contact Human Resources at 508-793-3391 or [hrbenefits@holycross.edu](mailto:hrbenefits@holycross.edu).



## Women's Health and Cancer Rights Act (WHCRA)

If you have had or are going to have a mastectomy, you may be entitled to certain benefits under the Women's Health and Cancer Rights Act of 1998 (WHCRA). The Women's Health and Cancer Rights Act requires group health plans and their insurance companies and HMOs to provide certain benefits for mastectomy patients who elect breast reconstruction. For individuals receiving mastectomy-related benefits, coverage will be provided in a manner determined in consultation with the attending physician and the patient, for:

- All stages of reconstruction of the breast on which the mastectomy was performed
- Surgery and reconstruction of the other breast to produce a symmetrical appearance
- Prostheses; and Treatment of physical complications of the mastectomy, including lymphedema.

Breast reconstruction benefits are subject to deductibles and co-insurance limitations that are consistent with those established for other benefits under the plan. If you would like more information on WHCRA benefits, contact Human Resources at 508-793-3391.

## Patient Protection Disclosure

The College of the 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, Harvard Pilgrim Health Care will designate one for you. For information on how to select a primary provider, and for a list of participating primary care providers, contact Harvard Pilgrim Health Care.

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

You do not need prior authorization from Harvard Pilgrim Health Care or 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, contact Harvard Pilgrim Health Care.

## Health Insurance Marketplace Options and Your Health Coverage

### PART A: GENERAL INFORMATION

Even if you are offered health coverage through your employment, you may have other coverage options through the Health Insurance Marketplace ("Marketplace"). To assist you as you evaluate options for you and your family, this notice provides some basic information about the Health Insurance Marketplace and health coverage offered through your employment.

#### What is the Health Insurance Marketplace?

The Marketplace is designed to help you find health insurance that meets your needs and fits your budget. The Marketplace offers "one-stop shopping" to find and compare private health insurance options in your geographic area.

#### Can I Save Money on my Health Insurance Premiums in the Marketplace?

You may qualify to save money and lower your monthly premium and other out-of-pocket costs, but only if your employer does not offer coverage, or offers coverage that is not considered affordable for you and doesn't meet certain minimum value standards (discussed below). The savings that you're eligible for depends on your household income. You may also be eligible for a tax credit that lowers your costs.

#### Does Employer Health Coverage Affect Eligibility for Premium Savings through the Marketplace?

Yes. If you have an offer of health coverage from your employer that is considered affordable for you and meets certain minimum value standards, you will not be eligible for a tax credit, or advance payment of the tax credit, for your Marketplace coverage and may wish to enroll in your employment-based health plan. However, you may be eligible for a tax credit, and advance payments of the credit that lowers your monthly premium, or a reduction in certain cost-sharing, if your employer does not offer coverage to you at all or does not offer coverage that is considered affordable for you or meet minimum value standards. If your share of the premium cost of all plans offered to you through your employment is more than 9.12% of your annual household income, or if the coverage through your employment does not meet the "minimum value" standard set by the Affordable Care Act, you may be eligible for a tax credit, and advance payment of the credit, if you do not enroll in the employment-based health coverage. For family members of the employee, coverage is considered affordable if the employee's cost of premiums for the lowest-cost plan that would cover all family members does not exceed 9.12% of the employee's household income.<sup>1,2</sup>

Note: If you purchase a health plan through the Marketplace instead of accepting health coverage offered through your employment, then you may lose access to whatever the employer contributes to the employment-based coverage. Also, this employer contribution -as well as your employee contribution to employment-based coverage- is generally excluded from income for federal and state income tax purposes. Your payments for coverage through the Marketplace are made on an after-tax basis. In addition, note that if the health coverage offered through your employment does not meet the affordability or minimum value standards, but you accept that coverage anyway, you will not be eligible for a tax credit. You should consider all of these factors in determining whether to purchase a health plan through the Marketplace.

### When Can I enroll in Health Insurance Coverage Through the Marketplace?

You can enroll in a Marketplace health insurance plan during the annual Marketplace Open Enrollment Period. Open Enrollment varies by state but generally starts November 1 and continues through at least December 15.

Outside the annual Open Enrollment Period, you can sign up for health insurance if you qualify for a Special Enrollment Period. In general, you qualify for a Special Enrollment Period if you've had certain qualifying life events, such as getting married, having a baby, adopting a child, or losing eligibility for other health coverage. Depending on your Special Enrollment Period type, you may have 60 days before or 60 days following the qualifying life event to enroll in a Marketplace plan.

There is also a Marketplace Special Enrollment Period for individuals and their families who lose eligibility for Medicaid or Children's Health Insurance Program (CHIP) coverage on or after March 31, 2023, through July 31, 2024. Since the onset of the nationwide COVID-19 public health emergency, state Medicaid and CHIP agencies generally have not terminated the enrollment of any Medicaid or CHIP beneficiary who was enrolled on or after March 18, 2020, through March 31, 2023. As state Medicaid and CHIP agencies resume regular eligibility and enrollment practices, many individuals may no longer be eligible for Medicaid or CHIP coverage starting as early as March 31, 2023. The U.S. Department of Health and Human Services is offering a temporary Marketplace Special Enrollment period to allow these individuals to enroll in Marketplace coverage.

Marketplace-eligible individuals who live in states served by HealthCare.gov and either- submit a new application or update an existing application on HealthCare.gov between March 31, 2023 and July 31, 2024, and attest to a termination date of Medicaid or CHIP coverage within the same time period, are eligible for a 60-day Special Enrollment Period. That means that if you lose Medicaid or CHIP coverage between March 31, 2023, and July 31, 2024, you may be able to enroll in Marketplace coverage within 60 days of when you lost Medicaid or CHIP coverage. In addition, if you or your family members are enrolled in Medicaid or CHIP coverage, it is important to make sure that your contact information is up to date to make sure you get any information about changes to your eligibility. To learn more, visit HealthCare.gov or call the Marketplace Call Center at 1-800-318-2596. TTY users can call 1-855-889-4325.

### What about Alternatives to Marketplace Health Insurance Coverage?

If you or your family are eligible for coverage in an employment-based health plan (such as an employer-sponsored health plan), you or your family may also be eligible for a Special Enrollment Period to enroll in that health plan in certain circumstances, including if you or your dependents were enrolled in Medicaid or CHIP coverage and lost that coverage. Generally, you have 60 days after the loss of Medicaid or CHIP coverage to enroll in an employment-based health plan, but if you and your family lost eligibility for Medicaid or CHIP coverage between March 31, 2023 and July 10, 2023, you can request this special enrollment in the employment-based health plan through September 8, 2023. Confirm the deadline with your employer or your employment-based health plan.

Alternatively, you can enroll in Medicaid or CHIP coverage at any time by filling out an application through the Marketplace or applying directly through your state Medicaid agency. Visit <https://www.healthcare.gov/medicaid-chip/getting-medicaid-chip/> for more details.

### How Can I Get More Information?

For more information about your coverage offered by your employer, please check your summary plan description or contact Human Resources at 508-793-3391 or [hrbenefits@holycross.edu](mailto:hrbenefits@holycross.edu).

<sup>1</sup> Indexed annually; see <https://www.irs.gov/pub/irs-drop/rp-22-34.pdf> for 2023.

<sup>2</sup> An employer-sponsored or other employment-based health plan meets the "minimum value standard" if the plan's share of the total allowed benefit costs covered by the plan is no less than 60 percent of such costs. For purposes of eligibility for the premium tax credit, to meet the "minimum value standard," the health plan must also provide substantial coverage of both inpatient hospital services and physician services.

The Marketplace can help you evaluate your coverage options, including your eligibility for coverage through the Marketplace and its cost. Please visit [HealthCare.gov](https://www.healthcare.gov) for more information, including an online application for health insurance coverage and contact information for a Health Insurance Marketplace in your area.



## PART B: INFORMATION ABOUT HEALTH COVERAGE OFFERED BY YOUR EMPLOYER

This section contains information about any health coverage offered by your employer. If you decide to complete an application for coverage in the Marketplace, you will be asked to provide this information. This information is numbered to correspond to the Marketplace application.

|   |                       |  |  |
|---|-----------------------|--|--|
| <b>3. Employer Name</b><br>The College of the Holy Cross                                |                       | <b>4. Employer Identification Number (EIN)</b><br>04-2103558                                   |  |
| <b>5. Employer address</b><br>1 College Street  |                       | <b>6. Employer phone number</b><br>508-793-3391  |  |
| <b>7. City</b><br>Worcester   | <b>8. State</b><br>MA | <b>9. Zip Code</b><br>01610  |  |
| <b>10. Who can we contact about health coverage at this job?</b><br>Donna-Rae Kenneally |                       |  |  |
| <b>11. Phone number (if different from above)</b><br>508-793-2426                       |                       | <b>12. Email address</b><br><a href="mailto:dkenneal@holycross.edu">dkenneal@holycross.edu</a> |  |

Here is some basic information about health coverage offered by this employer:

- As your employer, we offer a health plan to:
  - All employees. Eligible employees are:
  - Some employees. Eligible employees are: regularly scheduled to work at least 27.5 hours/week and a minimum of 40 weeks per year.
- With respect to dependents:
  - We do offer coverage. Eligible dependents are: legal spouses, dependent children up to age 26, disabled dependents, former spouses.
  - We do not offer coverage.
- If checked, this coverage meets the minimum value standard, and the cost of this coverage to you is intended to be affordable, based on employee wages.

\*\* Even if your employer intends this coverage to be affordable, you may still be eligible for a premium discount through the Marketplace. The Marketplace will use your household income, along with other factors, to determine whether you may be eligible for a premium discount. If, for example, your wages vary from week to week (perhaps you are an hourly employee or you work on a commission basis), if you are newly employed mid-year, or if you have other income losses, you may still qualify for a premium discount.

If you decide to shop for coverage in the Marketplace, [HealthCare.gov](https://www.healthcare.gov) will guide you through the process. Here's the employer information you'll enter when you visit [HealthCare.gov](https://www.healthcare.gov) to find out if you can get a tax credit to lower your monthly premiums.

## HIPAA Special Enrollment Rights

This notice is being provided to help you understand your right to apply for group health coverage. You should read this notice even if you plan to waive health coverage at this time.

### LOSS OF OTHER COVERAGE

If you are declining coverage 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).

### MARRIAGE, BIRTH OR ADOPTION

If you have a new dependent as a result of a 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, or placement for adoption.

### MEDICAID OR CHIP

If you or your dependents lose eligibility for coverage under Medicaid or the Children's Health Insurance Program (CHIP) or become eligible for a premium assistance subsidy under Medicaid or CHIP, you may be able to enroll yourself and your dependents. You must request enrollment within 60 days of the loss of Medicaid or CHIP coverage or the determination of eligibility for a premium assistance subsidy.

To request special enrollment or obtain more information, please contact the Holy Cross benefits team.

## Massachusetts Pregnant Worker Fairness Act (MA PWFA)

*Issued 1/23/2018*

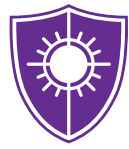
The Pregnant Workers Fairness Act ("the Act") amends the current statute prohibiting discrimination in employment, G.L. c. 151B, §4, enforced by the Massachusetts Commission Against Discrimination (MCAD). The Act, effective on April 1, 2018, expressly prohibits employment discrimination on the basis of pregnancy and pregnancy-related conditions, such as lactation or the need to express breast milk for a nursing child. It also describes employers' obligations to employees that are pregnant or lactating and the protections these employees are entitled to receive. Generally, employers may not treat employees or job applicants less favorably than other employees based on pregnancy or pregnancy related conditions and have an obligation to accommodate pregnant workers.

### Under the Act:

- Upon request for an accommodation, the employer has an obligation to communicate with the employee in order to determine a reasonable accommodation for the pregnancy or pregnancy-related condition. This is called an "interactive process," and it must be done in good faith. A reasonable accommodation is a modification or adjustment that allows the employee or job applicant to perform the essential functions of the job while pregnant or experiencing a pregnancy-related condition, without undue hardship to the employer.
- An employer must accommodate conditions related to pregnancy, including post-pregnancy conditions such as the need to express breast milk for a nursing child, unless doing so would pose an undue hardship on the employer. "Undue hardship" means that providing the accommodation would cause the employer significant difficulty or expense.
- An employer cannot require a pregnant employee to accept a particular accommodation, or to begin disability or parental leave if another reasonable accommodation would enable the employee to perform the essential functions of the job without undue hardship to the employer.

- An employer cannot refuse to hire a pregnant job applicant or applicant with a pregnancy-related condition, because of the pregnancy or the pregnancy-related condition, if an applicant is capable of performing the essential functions of the position with a reasonable accommodation.
- An employer cannot deny an employment opportunity or take adverse action against an employee because of the employee's request for or use of a reasonable accommodation for a pregnancy or pregnancy-related condition.
- An employer cannot require medical documentation about the need for an accommodation if the accommodation requested is for: (i) more frequent restroom, food or water breaks; (ii) seating; (iii) limits on lifting no more than 20 pounds; and (iv) private, non-bathroom space for expressing breast milk. An employer, may, however, request medical documentation for other accommodations.
- Employers must provide written notice to employees of the right to be free from discrimination due to pregnancy or a condition related to pregnancy, including the right to reasonable accommodations for conditions related to pregnancy, in a handbook, pamphlet, or other means of notice no later than April 1, 2018.
- Employers must also provide written notice of employees' rights under the Act: (1) to new employees at or prior to the start of employment; and (2) to an employee who notifies the employer of a pregnancy or a pregnancy-related condition, no more than 10 days after such notification. The foregoing is a synopsis of the requirements under the Act, and both employees and employers are encouraged to read the full text of the law available on the General Court's website here: <https://malegislature.gov/Laws/SessionLaws/Acts/2017/Chapter54>.

If you believe you have been discriminated against on the basis of pregnancy or a pregnancy-related condition, you may file a formal complaint with the MCAD. You may also have the right to file a complaint with the Equal Employment Opportunity Commission if the conduct violates the Pregnancy Discrimination Act, which amended Title VII of the Civil Rights Act of 1964. Both agencies require the formal complaint to be filed within 300 days of the discriminatory act.



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