SUMMARY ANNUAL REPORT
For Health and Welfare Benefits Plan

This is a summary of the annual report of the Health and Welfare Benefits Plan, EIN 04-2103558, Plan No. 506, for period January 01, 2014 through December 31, 2014. The annual report has been filed with the Employee Benefits Security Administration, U.S. Department of Labor, as required under the Employee Retirement Income Security Act of 1974 (ERISA).

Dental benefits under the plan are administered by Delta Dental Plan of MA and self-insured by the College. Flexible Spending Account benefits under the plan are administered by Benefit Strategies, LLC. The College of the Holy Cross has committed itself to pay all Dental claims and Flexible Spending Account benefits incurred under the terms of the plan.

Insurance Information

The plan has contracts with The Guardian Life Insurance Company Of America, Harvard Pilgrim Health Care, Fallon Community Health Plan, Tufts Health Plan Medicare Preferred and Standard Insurance Company to pay health, life insurance, long-term disability, prescription drug, HMO, PPO, Accidental Death and Dismemberment and Optional Life claims incurred under the terms of the plan. The total premiums paid for the plan year ending December 31, 2014 were $13,235,180.

Because they are so called "experience-rated" contracts, the premium costs are affected by, among other things, the number and size of claims. Of the total insurance premiums paid for the plan year ending December 31, 2014, the premiums paid under such "experience-rated" contracts were $185,105 and the total of all benefit claims paid under these contracts during the plan year was $170,483.

Your Rights To Additional Information

You have the right to receive a copy of the full annual report, or any part thereof, on request. The items listed below are included in that report:

- information on payments to service providers;
- insurance information, including sales commissions paid by insurance carriers;

To obtain a copy of the full annual report, or any part thereof, write or call the office of College of the Holy Cross Trustees at 1 College Street, Worcester, MA 01610, or by telephone at (508) 793-2514. The charge to cover copying costs will be $0.00 for the full annual report, or $0.00 per page for any part thereof.

You also have the right to receive from the plan administrator, on request and at no charge, a statement of the assets and liabilities of the plan and accompanying notes, or a statement of income and expenses of the plan and accompanying notes, or both. If you request a copy of the full annual report from the plan administrator, these two statements and accompanying notes will be included as part of that report. The charge to cover copying costs given above does not include a charge for the copying of these portions of the report because these portions are furnished without charge.

You also have the legally protected right to examine the annual report at the main office of the plan (College of the Holy Cross Trustees, 1 College Street, Worcester, MA 01610) and at the U.S. Department of Labor in Washington, D.C., or to obtain a copy from the U.S. Department of Labor upon payment of copying costs. Requests to the Department should be addressed to: Public Disclosure Room, Room N1513, Employee Benefits Security Administration, U.S. Department of Labor, 200 Constitution Avenue, N.W., Washington, D.C. 20210.