

WELCOME TO THE CLAREMONT COLLEGES

Benefits Plan Information for 2012

As a new hire of The Claremont Colleges you are eligible for health care benefits through our group plan.

Below are a summary of our health, dental, vision and life insurance plans, as well as rates and instructions on how to enroll in benefits.

You will need the following when enrolling:

- ❖ Full Names, Social Security numbers and birthdates for all dependents you enroll (no social security numbers are required for children under 3 years of age).
- ❖ We prepay our benefits one month in advance and it may be necessary to take double deductions on your first paycheck after enrolling, if you would like to set up a payment plan please contact Benefits Administration.
- ❖ You have 30 days from your date of hire to enroll on benefits.
- ❖ If you are enrolling a spouse, we will need a copy of your marriage certificate to approve your spouse's coverage. For Domestic Partners a completed Domestic Partner Affidavit will be required.

Enrolling in Benefits

- ❖ Log onto <http://www.cuc.claremont.edu/benefits/onlineaccess.asp>
- ❖ Click on "Login to benefits enrollment via Aliquant"
- ❖ You will be directed to the log on screen for the Claremont Colleges
 - Enter your Social Security Number
 - Your Pin Number is the 2 digit month and year of your birthday.
 - Ex. Date of Birth- January 3, 1980 **PIN # 0180**
- ❖ Once you are logged on click on Enroll in Benefits on the home page
 - You will be taken through the process of enrolling in benefits, once completed be sure to click on Finish to submit your elections:

MEDICAL BENEFITS

The Claremont Colleges offer three medical plans; two HMO plans and one HSA plan, for you to choose from. The two HMO plans offer affordable health care for you and your family through a network of healthcare providers. Through the HSA plan, you would have flexibility to choose any doctor or facility; however, if you use out-of-network providers, the co-insurance percentage is higher and is based on reasonable and customary charges. Costs above reasonable and customary charges are paid by you as the participant.

MEDICAL BENEFITS AT A GLANCE

The chart below provides an overview of the most commonly used medical benefits.

Benefit	Kaiser HMO	Anthem Blue Cross HMO (California Care)	Anthem Lumenos HSA	
	Kaiser Permanente Network	Anthem Blue Cross Providers	In-Network	Out-of-Network
Employer HSA Contribution for employees who earn less than \$115,000 per year (when through Mellon Bank)				
Employee-only	N/A	N/A	\$450	
Family	N/A	N/A	\$900	
Calendar year deductible				
Employee-only	None	None	\$1,500	
Family	None	None	\$3,000 Includes insured employee & one or more members of the employee's family	
Out-of-pocket maximum (per calendar year) Some benefits do not apply toward the out of pocket maximum				
Employee-only	\$1,500	\$1,500	\$3,000	\$6,000
Family	\$3,000	\$3,000 (two-party) / \$4,500 (family)	\$6,000	\$12,000
Lifetime Maximum	Unlimited	Unlimited	Unlimited	
Inpatient Services				
Inpatient Hospital	\$200 copay per admission	\$300 copay per admission	Plan pays 80% after deductible	Plan pays 60% after deductible
Hospice Care	Plan pays 100%	Plan pays 100%	Plan pays 80% after deductible	Plan pays 60% after deductible
Skilled Nursing Facility	Plan pays 100% (Up to 100 days per Calendar Year)	Plan pays 100% (Up to 100 days per Calendar Year)	Plan pays 80% after deductible (Up to 100 days per calendar year)	Plan pays 60% after deductible (Up to 100 days per calendar year)
X-ray, Laboratory	Plan pays 100%	Plan pays 100%	Plan pays 80% after deductible	Plan pays 60% after deductible
Outpatient Services				
Office Visits	PCP: You pay a \$20 copay Specialist: You pay a \$30 copay	PCP: You pay a \$20 copay Specialist: You pay a \$40 copay	Plan pays 80% after deductible	Plan pays 60% after deductible
Preventive Care	Plan pays 100%	Plan pays 100%	Plan pays 100%	Plan pays 60% after deductible
Outpatient Surgery (at a Plan facility)	You pay a \$20 copay	Plan pays 100%	Plan pays 80% after deductible	Plan pays 60% after deductible
Emergency Services				
Emergency room services and supplies	You pay a \$100 copay; waived if admitted	You pay a \$100 copay; waived if admitted	Plan pays 80% after deductible	Plan pays 80% after deductible

Benefit	Kaiser HMO	Anthem Blue Cross HMO (California Care)	Anthem Lumenos HSA	Benefit
	Kaiser Permanente Network	Anthem Blue Cross Providers	In-Network	Out-of-Network
Mental Health				
Inpatient care	You pay \$200 per admission	You pay \$300 per admission	Plan pays 80% after deductible	Plan pays 60% after deductible
Outpatient care	You pay a \$20 copay per visit / individual therapy You pay a \$10 copay per visit / group therapy;	You pay a \$20 copay per visit (\$40 for specialist)	Plan pays 80% after deductible	Plan pays 60% after deductible
Substance Abuse				
Inpatient care	You pay a \$200 copay per admission	You pay a \$300 copay per admission	Plan pays 80% after deductible	Plan pays 60% after deductible
Outpatient care	You pay a \$20 copay per visit for individual therapy You pay a \$5 copay per visit for group therapy	You pay a \$20 copay per visit (\$40 for specialist)	Plan pays 80% after deductible	Plan pays 60% after deductible
Prescription Drugs – Retail (up to a 30-day supply)				
Generic	You pay a \$10 copay	You pay a \$10 copay	Plan pays 80% after deductible	Plan pays 60% after deductible
Brand Formulary	You pay \$25 copay	You pay \$25 copay		
Brand Non-formulary	You pay \$25 copay	You pay a \$40 copay		
Prescription Drugs				
Generic	\$10 copay, times 2	You pay a \$10 copay	Plan pays 80% after deductible	Plan pays 60% after deductible
Brand Formulary	\$25 copay, times 2	You pay \$25 copay		
Brand Non-formulary	\$25 copay, times 2	You pay \$40 copay		
Mail Order	Up to 100 day supply for two copays	Up to 60 day supply for one copay (generic only)	Plan pays 80% after deductible	Plan pays 60% after deductible

DENTAL BENEFITS

Dental coverage is offered to eligible employees through two dental plans; a dental HMO and a dental PPO. The DeltaCare DMO plan works much like a medical HMO plan and requires members to select a primary care dentist (PCD) from the DeltaCare USA network to coordinate care. The Delta Dental PPO plan offers flexibility to members to choose any dentist and receive benefits. However, if an out-of-network provider is used, members pay in excess of the reasonable and customary charges, much like the medical HSA noted earlier.

DENTAL BENEFITS AT A GLANCE

The chart below provides an overview of the most commonly used dental benefits.

Benefit	DeltaCare USA DHMO	Delta Dental PPO	
	In-Network	In-Network	Out-of-Network
Calendar Year Deductible	None	Individual: \$50 / Family: \$150	Individual: \$75 /Family: \$225
Calendar Year Maximum Benefit	Unlimited	Plan pays up to \$1,000 per person/year	Plan pays up to \$1,000 per person/year
Preventive/Diagnostic			
Routine Examination: Cleaning once every 6 months, Fluoride Treatment (including bitewing X-rays)	You pay \$0	Plan pays 100%; deductible does not apply	Plan pays 90%; deductible does not apply
General Services (Restorative)			
Fillings: Amalgam Composite/Resin	You pay \$0 to a \$240 copay (depending on number of surfaces)	Plan pays 80% after deductible	Plan pays 80% after deductible
Office Visits	You pay a \$5 copay (\$25 for after-hours visits)	Plan pays 80% after deductible	Plan pays 80% after deductible
Major Services			
Caps, Crowns, Dentures	Copays as listed in the schedule of covered services and copays	Plan pays 50% after deductible	Plan pays 50% after deductible
Orthodontia			
Adults	You pay a \$1,900 copay	Plan pays 50% up to \$1,500 lifetime maximum benefit; deductible does not apply	
Dependent Children (to age 19)	You pay a \$1,700 copay		
Evaluation and Consultation	You pay a \$100 copay		
Treatment Plan and Records	You pay a \$200 copay		
Retention	\$275 copay		

VISION BENEFITS

Eligible employees are automatically enrolled in the core vision coverage through VSP at no cost. This plan includes coverage for eye exams and eyeglasses or contact lenses. VSP uses a network of providers. Increased coverage is available for purchase through the Buy up Plan and you receive a higher level of coverage when you use a network provider.

VISION BENEFITS AT A GLANCE

The chart below provides an overview of the most commonly used vision benefits.

Benefit	Core Plan		Buy-Up Plan	
	In-Network	In-Network	In-Network	Out-of-Network Reimbursement
Eye Exam (Once every 12 months)				
	Plan pays 100% after \$10 copay	Plan pays 100% after \$10 copay		Plan pays up to \$79
Frames (Once every 12 months)				
	You receive a 20% discount	Plan pays up to \$130 allowance, you receive a 20% discounts on amounts over allowance		Plan pays up to \$71
Lenses (Once every 12 months)				
Single Vision Lined Bifocal Lined Trifocal	You receive a 20% discount	Plan pays 100% after \$15 copay		Plan pays up to \$36 Plan pays up to \$53 Plan pays up to \$69
Contact Lenses (Once every 12 months)				
	You receive a 15% discount on doctor's professional fees. Materials are paid at usual & customary rates	Plan pays up to \$130 allowance; you receive a 15% discount on doctor's professional fees. Materials are paid at usual & customary rates		Plan pays up to \$115

FLEXIBLE SPENDING ACCOUNTS

The Claremont Colleges offer the following flexible spending accounts through Benesyst:

- Health Care - minimum annual election of \$300 and a maximum of \$5,000
- Dependent Care – minimum annual election of \$300 and maximum of \$5,000 The Dependent Care maximum for married couples is \$2,500 per spouse, per IRS regulations.
- Individually Purchased Insurance Plans has no minimum or maximum

All deductions are taken on a pre-tax basis each pay period. Deductions are normally taken the first 10 months of the year, however, if you sign up after January 1st, they will be deducted over the remainder of the year to meet your annual election request.

Through Benesyst, our plan administrator, you will receive a prepaid Debit (Benny) card that you can use to pay your out of pocket expenses at time of service/purchase. The amount will automatically be deducted from your account. Claim forms will still be available for when the debit card is not used or if the Debit card is not accepted at the point of service. Direct deposit is available as well as online access so you can check your account details anytime. Reimbursement amounts can be requested up to 3 ½ months after the plan year, if the invoices/receipts are for services received during the plan year.

The Health Care and Dependent Care FSA's are separate accounts and you cannot combined or transfer money between them. **It is important to understand that any amount left in the FSA account at year-end will be forfeited.** For additional information, please contact Benefits Administration at (909) 621-8151 or Benesyst at (800) 670-7131 or www.benesyst.net. E-mail, flexsvcs@benesyst.net.

ADDITIONAL BENEFITS – AUTOMATIC ENROLLMENT

Benefits Paid by The Claremont Colleges

LONG TERM DISABILITY INSURANCE

Benefits eligible faculty and staff who are scheduled to work 30 hours or more per week, are automatically enrolled for long-term disability coverage on their first day of employment. Exception: Rancho Santa Ana Botanic Gardens staff may elect coverage and pay 50% of the premium.

BASIC LIFE INSURANCE

All benefits eligible faculty and staff are automatically covered by Basic Life Insurance. The amount of the benefits is equal to one times your basic annual earnings. The minimum coverage amount is \$20,000 and the maximum coverage amount is \$50,000.

EMPLOYEE ASSISTANCE PROGRAM (EAP)

Confidential advice and counseling are available to faculty and staff at no cost through the EAP. Employees and their legal spouses, domestic partners and eligible dependents receive up to five (5) counseling sessions with a licensed/certified therapist by phone or in-person, per family member, per issue, each calendar year. Access to the EAP is available 24/7 year round.

OPTIONAL PLANS - Employee Paid

ACCIDENTAL DEATH & DISMEMBERMENT (AD&D) INSURANCE

The Claremont Colleges offers benefits eligible faculty and staff voluntary coverage in the event of an accident related death or dismemberment. You can choose Individual or family coverage (as deemed under IRS regulations)

SUPPLEMENTAL LIFE INSURANCE

You can choose to purchase additional coverage for yourself through Anthem Blue Cross Life. This coverage is in addition to the Basic Life and the coverage amounts are based on your basic annual earnings. You can obtain coverage for 1X, 2X, 3X and 4X your annual salary. New employees are guaranteed up to 2X their salary, coverage's over the guaranteed amount or that is added after the 1st 30 days of hire will be subject to Evidence of Insurability (EOI).

LIFE INSURANCE FOR SPOUSES, DOMESTIC PARTNERS & CHILDREN:

Spouses/Domestic Partners- Guaranteed amount of \$20,000 can only have up to 50% of total employee coverage in increments of \$10,000.

Children- \$5,000 benefit per child (6 months and older)

(See page 8 for rates)

2012 PLAN RATES

The charts below list the monthly premium amounts for benefit coverage beginning January 1, 2012.

Benefit premiums are paid one month in advance. For example, the premium for January 2012 coverage will be deducted from your December 2011 paycheck(s). All benefit premium deductions for health, dental, vision, health savings account (HSA) and flexible spending accounts (FSA) coverage are taken on a pre-tax basis unless otherwise requested.

Monthly Employee Rates – Medical Plans

	Kaiser HMO	Anthem Blue Cross HMO (CaliforniaCare)	Anthem Lumenos HSA
Employee Only	\$39.16	\$37.88	\$35.99
Two Party	\$164.49	\$159.08	\$151.13
Family	\$352.48	\$340.60	\$323.57

Monthly Employee Rates – Dental Plans

	DeltaCare USA DHMO	Delta Dental PPO
Employee Only	\$7.51	\$49.02
Two Party	\$21.70	\$111.18
Family	\$34.63	\$165.56

Monthly Employee Rates – Vision Plans

	VSP Core Plan	VSP Buy-Up Plan
Employee Only	\$0.00	\$8.48
Two Party	\$0.92	\$18.18
Family	\$2.04	\$29.84

Monthly Employee Rates – Supplemental Life Insurance

Rates for employees and spouse/domestic partner are based on the employee's age.

Anthem Supplemental and Spouse/Domestic Partner Life Insurance	
Age	Monthly Rate (per \$1,000 of coverage)
Under 30	\$0.05
30-34	\$0.06
35-39	\$0.08
40-44	\$0.14
45-49	\$0.24
50-54	\$0.40
55-59	\$0.62
60-64	\$0.97
65-69	\$1.74
70 +	\$3.11
Dependent Child(ren) Life Insurance: \$0.50 per Family of \$5,000 of coverage, per family	

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

Principal Sum*	Employee Only Coverage	Family Coverage
\$25,000	\$0.50	\$0.98
\$50,000	\$1.00	\$1.95
\$75,000	\$1.50	\$2.93
\$100,000	\$2.00	\$3.90
\$125,000	\$2.50	\$4.88
\$150,000	\$3.00	\$5.85
\$175,000	\$3.50	\$6.83
\$200,000	\$4.00	\$7.80
\$225,000	\$4.50	\$8.78
\$250,000	\$5.00	\$9.75
\$275,000	\$5.50	\$10.73
\$300,000	\$6.00	\$11.70
\$325,000	\$6.50	\$12.63
\$350,000	\$7.00	\$13.65
\$375,000	\$7.50	\$14.63
\$400,000	\$8.00	\$15.60
\$425,000	\$8.50	\$16.58
\$450,000	\$9.00	\$17.55
\$475,000	\$9.50	\$18.53
\$500,000	\$10.00	\$19.50

Coverage amounts in excess of \$250,000 may not exceed ten times annual base salary.
Principal sum amount cannot be increased after age 70.

PLAN PROVIDERS

You may also contact the providers directly with specific benefit coverage questions.

Provider	Phone	Policy Number	Web Site Address
Anthem Blue Cross HMO (CaliforniaCare)	800-227-3771	Active: 55RAZA	www.anthem.com/ca
Anthem Lumenos HSA	866-207-9878	Active: 1828	www.anthem.com/ca
Kaiser Permanente	800-464-4000	Active: 101582-0100	http://my.kp.org/ca/claremont
Mellon HSA	877-472-4200	N/A	N/A
DeltaCare USA DHMO	800-422-4234	06202	www.deltadentalins.com
Delta Dental PPO	800-765-6003	05796	www.deltadentalins.com
VSP	800-877-7195	12320000	www.vsp.com
Benesyst FSA Administrator (Effective 1/1/2012)	800-670-7131	The Claremont Colleges	www.benesyst.net
PayPro Administrators	800-427-4549 or 951-656-9273	The Claremont Colleges	www.pagroup.us
United Behavioral Health – Employee Assistance Program	800-234-5465	Group #: 377730 (PacifiCare Group # 10000527)	www.liveandworkwell.com
Anthem Blue Cross Life Insurance	800-552-2137	1753	www.anthem.com/ca
Zurich Voluntary AD&D	866-841-4771	GTU5091313	www.zurichna.com
ING TriTerm Life for policies prior to July 1, 2011	800-955-7736	992046-001	N/A
The Standard – Long Term Disability	800-368-1135	646082	N/A
John Hancock – Long Term Care For policies prior to 4/1/2012	800-482-0022	28675	http://longtermcare.jhancock.com Username: claremont Password: mybenefit
Fidelity	800-343-0860	N/A	www.mysavingsatwork.com
TIAA-CREF	800-842-2776	N/A	www.tiaa-cref.org
Vanguard	800-662-2003	N/A	https://personal.vanguard.com/us/home
Medicare	1-800-MEDICARE (1-800-633-4227)	N/A	www.medicare.gov
Center for Health Care Rights	213-383-4519	N/A	www.chcsbc.org/
California Casualty	877-411-1427	N/A	www.aplus.com/univ
Assist America	609-921-0868	The Claremont Colleges	www.assistamerica.com

CONTACT INFORMATION

Benefits Administration Office

If you have questions about your benefits or for additional information on new enrollment, changes or cancellation of your benefits, contact a member of the Benefits Administration Team.

Anna Huerta Benefits Representative	(909) 607-9494	anna_huerta@cuc.claremont.edu
Monica Villanueva Benefits Representative	(909) 607-3684	monica_villanueva@cuc.claremont.edu
Sarah Verrill Benefits Supervisor	(909) 607-3195	sarah_verrill@cuc.claremont.edu
Loo Hsing Senior Benefits Analyst	(909) 607-3780	loo_hsing@cuc.claremont.edu
Tony Romero Retirement Analyst	(909) 621-8805	tony_romero@cuc.claremont.edu
Robert Bloomer Benefits Director	(909) 621-8049	robert_bloomer@cuc.claremont.edu

For more details about any of the plans' provisions,
Please access the
2012 Benefits Guides through the CUC Website at:
www.cuc.claremont.edu/benefits

**END OF ENGLISH VERSION
TURN OVER FOR SPANISH**