



THE CLAREMONT COLLEGES

2006 Employee Benefit Plans

Open Enrollment Period
10/24/05 – 11/11/05

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Highlights

Now is the time to enroll, terminate or make changes to your existing coverage for medical, dental, life and disability insurance plans. Any change in your current elections, made during open enrollment, will be effective January 1, 2006 through December 31, 2006.

The highlights for the 2006 employee benefits plan year include:

- ◆ Addition of High Deductible Health Plan
- ◆ Addition of Health Savings Account through Chase or other bank / financial institution
- ◆ No plan changes to Blue Cross HMO and PPO plans
- ◆ No plan changes to Kaiser HMO plan
- ◆ No plan changes to Guardian Dental HMO plan
- ◆ Guardian Dental PPO plan changes from \$1,500 Calendar Year Maximum to \$1,000 Rollover Calendar Year Maximum; In/Out-of-network coinsurance – 100/80/50; \$0 In-Network deductible; \$50 Out-of-Network deductible is not waived for preventive services

Health Provider	Customer Service Number	Web Site Address
Blue Cross of California HMO	(800) 227-3771	www.bluecrossca.com
Blue Cross of California PPO	(800) 627-7244	www.bluecrossca.com (in CA) www.bluecard.com (outside CA)
Kaiser Permanente	(800) 464-4000	www.kaiserpermanente.org
Guardian (Prepaid and Indemnity Dental Plan)	(888) 600-1600	www.glic.com
Pacific Administrators	(800) 427-4549 or (909) 656-9273 Ext. 216	www.pagroup.us
PacifiCare Employee Assistance Program	(800) 234-5465	www.pbhi.com
Blue Cross Life Insurance	(888) 231-5032	N/A
UNUM – AD&D and LTD	(800) 445-0402	www.unum.com
ING TriTerm Life	(800) 955-7736	N/A
John Hancock – Long Term Care	(800) 482-0022	www.jhancock.com

The Claremont Colleges' Benefit Plans are governed by Internal Revenue Code Section 125. Federal law prohibits any change in your health plan elections during the plan year unless you or your dependent(s) experience a qualifying "life event." A qualifying "life event" is marriage, divorce, legal separation, death, birth or adoption of a dependent, or a change in your spouse's employment status. Therefore, new enrollments, additions, or changes cannot be accepted after the deadline. All health elections made during open enrollment will remain in effect during the 2006 calendar year.

Domestic Partners Coverage: The IRS does not recognize domestic partners as legal dependents for purposes of tax reporting. For this reason, The Claremont Colleges must report the value (employer subsidy) of medical and dental benefits. Employee contributions for domestic partner benefits are made after tax. For California registered domestic partners, deductions are made on pre-tax basis for state withholding. The employer subsidy of health and/or dental benefits is considered taxable income to the employee and subject to federal and state withholding.

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Medical Insurance Benefits

There are four (4) Medical plans offered by The Claremont Colleges – Blue Cross of California HMO, Blue Cross of California PPO, Blue Cross High Deductible Health Plan, and Kaiser Permanente HMO.

Kaiser Permanente HMO

- A physician is selected from the staff of Kaiser Permanente Medical Care Program. Medical services must be provided by your Kaiser physician except for emergency care or care outside the service area.

Blue Cross of California HMO

- You must select a participating Primary Care Physician (PCP) from Blue Cross' network and services from specialists may need your PCP's referral or authorization.
- Benefits are covered only when services are provided or coordinated by the PCP and authorized by the participating medical group, except for services such as routine and preventive care, well baby visits, OB/GYN care and routine eye exams by PCP.
- You are required to pay copayments for covered benefits as specified in the Schedule of Benefits.

Blue Cross PPO

- Blue Cross of CA Prudent Buyer PPO is for CA residents only while the Blue Cross BlueCard plan is for those outside of CA.
- You are able to access health care directly from the providers of your choice --- in or out of Blue Cross PPO network.
- You may be required to precertify certain services.

In-Network Providers	Out-of-Network Providers
<ul style="list-style-type: none"> ○ Go directly to physician or hospital within the Blue Cross provider network. ○ The participating provider submits claim indicating that the claim is self-referred. ○ You are not responsible to pay the difference between the provider's usual charges & the negotiated amount. ○ The provider is responsible for precertification of certain services. 	<ul style="list-style-type: none"> ○ Go directly to a licensed provider or hospital outside the network. ○ You must submit claims indicating that it is self-referred. ○ You are responsible to pay for any difference between the allowed amount and actual charges, as well as any deductible & coinsurance. ○ Mail your claims to: Blue Cross Claims P.O. Box 60007 Los Angeles, CA 90060-60007

Blue Cross High Deductible Health Plan (HDHP) with Health Savings Account:

- HDHP works similarly to the PPO plan with in and out-of-network benefits. If enrolled in HDHP, you have an option to participate in Health Savings Account (HSA).
- Health Savings Account (if you are enrolled in Medicare, you are not eligible to participate in HSA):
 - HSA is a personal savings account created from pre-tax employee contributions to be used for qualified medical expenses. HSA can be used as an investment tool.
 - Maximum contribution is \$2,500 per individual and \$5,000 per family
 - When electing HSA option online during open enrollment, you need to select from one of the two options: 1) Chase or 2) Other financial institution.
 - Pre-tax contributions will be deducted from salaries if Chase is selected as the HSA financial institution.
 - If Chase is not used, HSA contributions will be on an after-tax basis. If contributions are made on after-tax basis, the contributions can be claimed on your federal income tax return.
 - When participating in HSA, dual coverage is only permitted if the other medical plan is another HDHP.
 - With HSA election, Health Care FSA will reimburse on limited scope basis. Limited-scope FSA reimbursements are those expenses not reimbursed under HSA; such as dental or vision.

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Health Maintenance Organization (HMO) Plans Benefit Summary

BENEFIT	Kaiser Permanente HMO	Blue Cross of California HMO (CaliforniaCare)
Deductible- per calendar year		
Individual	N/A	N/A
Family	N/A	N/A
Maximum Out-Of-Pocket (per calendar year) All benefits are not subject to the out of pocket maximum		
Individual	\$1,500	\$1,500
Family	\$3,000	\$4,500
Maximum Lifetime Benefit		
	Unlimited	Unlimited
Inpatient Services		
Room & Board (Semi-Private)	100% coverage	100% coverage
Physician Surgeon	100% coverage	100% coverage
Second Opinion	100% coverage	100% coverage
Pre-Admission Testing	100% coverage	100% coverage
Drugs, Medicine, Casts, Dressings, Special Duty Nursing (when prescribed and medically necessary)	100% coverage	100% coverage
X-ray, Laboratory	100% coverage	100% coverage
Physical Therapy	100% coverage	100% coverage
Cost of Administering Blood Transfusions	100% coverage	100% coverage
Whole Blood Plasma	No charge if replaced	100% coverage
Hospice Care	100% coverage	100% coverage limited to \$5,000/member's lifetime
Skilled Nursing Facility	100% coverage limited 100 days per calendar year	100% coverage 100 days/cal yr for medical conditions & severe mental disorders 30 days/cal yr for treatment of other mental & nervous disorders

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Health Maintenance Organization (HMO) Plans Benefit Summary

BENEFIT	Kaiser Permanente HMO	Blue Cross of California HMO (California Care)
Outpatient Services		
Medical Office Visit	\$15 copay per visit	\$15 copay per visit
Laboratory Tests, X-Rays	100% coverage	Covered in full
Routine Exams	\$15 copay per visit 100% coverage up to age 2	\$15 copay per visit
Routine Immunization	100% coverage	100% coverage
Outpatient Surgery (at a Plan facility)	\$15 copay	100% coverage
Short-Term Rehabilitation (physical, occupational, or speech therapy)	\$15 copay per visit (limited to conditions subject to improvement through short-term therapy, up to a 2 month period per condition)	\$15 copay per visit (limited to a 60 day period of care after an illness or injury; additional visits available when approved by the medical group)
Chiropractic Care	Not covered	\$15 per visit (referral from PCP required)
Acupuncture	Not covered	\$15 per visit
Cardiac/Pulmonary Rehabilitation	\$15 copay per visit	\$15 copay per visit
Home Health Care (Medically Necessary Services prescribed by or under direction of a physician that approves early discharge from a hospital)	100% coverage limited to 100 2-hour visits/calendar year	\$15 copay per visit limited to 100 visits/calendar year
Emergency Room Care		
In-Area	\$50 copay per visit, waived if admitted directly to the hospital	\$50 copay per visit, waived if admitted
Out-of-Area	\$50 copay per visit. Plan must be notified within 48 hours	\$50 copay per visit, waived if admitted
Ambulance	\$50 per trip	No copay

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Health Maintenance Organization (HMO) Plans Benefit Summary

BENEFIT	Kaiser Permanente HMO	Blue Cross of California HMO (California Care)
Maternity Care		
Office Visits (for mother)	100% coverage	\$15 copay per visit
Hospital (for mother)	100% coverage	100% coverage
Office Visits (for baby)	100% "Well Baby" visits, up to age 23 months	\$15 copay per visit
Interrupted Pregnancy		
Elective	\$15 copay	\$150 copay
Family Planning - Outpatient		
Tubal ligation	\$15 copay	\$150 copay
Vasectomy	\$15 copay	\$100 copay
Counseling & consultation	\$15 copay	\$15 copay
Medical Equipment		
Durable Medical Equipment (Requires pre-authorization) Rental of wheelchair, hospital bed, etc. Appliances, (casts, braces, etc.) when used in treatment of acute fractures and dislocations, - original purchase	80% coverage, in accordance with DME formulary and prescribed by a Kaiser physician	No copay Limited to \$2,000 per calendar year Includes hearing aids
Prosthetic Devices (artificial limbs, eyes, etc.) - original purchase	80% coverage, in accordance with DME formulary and prescribed by a Kaiser physician	No copay
Prescription Drugs		
Generic Drugs	\$10 copay	\$10 copay
Brand Name Formulary Drugs	\$20 copay	\$20 copay
Brand Name Non-Formulary Drugs	Prescription not to exceed 100 days supply for drugs in the Kaiser Formulary, when written by any dentist or Kaiser physician and filled by any Kaiser pharmacy. Includes Mail Order	\$30 copay
Self-administered injectables, except insulin		30% of RX drug covered expense – self-administered injectable drugs, except insulin
Injected Medication	100% coverage	\$15 copay per visit (administered at doctor's office)

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Health Maintenance Organization (HMO) Plans Benefit Summary

BENEFIT	Kaiser Permanente HMO	Blue Cross of California HMO (California Care)
<i>Vision and Dental Care</i>		
Eye Exams	\$15 exam copay, \$100 eyewear allowance including coverage for contact lenses (elective and medically necessary) every 24 months	\$15 copay per exam. Vision screening from PCP. Diagnostic & treatment programs must be authorized by PCP.
Dental Care	All dental care and X-rays are excluded, except \$10/\$20 copay per prescription written by any dentist and filled at any Kaiser Permanente pharmacy	All dental care is excluded.
<i>Mental health</i>		
Outpatient	\$15 copay per visit / individual therapy \$7 copay per visit / group therapy (limited to 20 visits)	\$35 copay per visit (limited to one visit/day & 20 visits/12 month period); excludes severe mental disorders
Inpatient	100% coverage 30 days per calendar year	\$100 copay per day (pre-authorization required; limited to 30 days/calendar year); excludes severe mental disorders Physician hospital visits - \$35/visit (limited to 1 visit/day & 30 visits/calendar year)
<i>Substance Abuse</i>		
Inpatient	100% coverage when necessary for Medical Management of withdrawal symptoms. Same coverage as hospitalization for any other medical conditions. Transitional Residential Recovery Services - \$100 copay per admission	\$100 per day (Acute phase only) Detoxification for alcohol or drug dependence
Outpatient	\$15 copay per visit for individual therapy \$5 copay per visit for group therapy	In-patient Detox Only

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Preferred Provider Organization (PPO) Plans Benefits Summary

BENEFIT	Blue Cross – PPO (Prudent Buyer-CA residents only)		Blue Cross – PPO (BlueCard - Non-CA residents only)	
	PPO	Non-PPO	PPO	Non-PPO
Deductible				
Individual	\$250	\$750	\$250	\$750
Family	\$750	\$2,250	\$750	\$2,250
Maximum Out-Of-Pocket (per calendar year) All benefits are not subject to the out of pocket maximum				
Individual	\$5,000	\$5,000	\$5,000	\$5,000
Family	\$10,000	\$10,000	\$10,000	\$10,000
Maximum Lifetime Benefit				
	\$2,000,000 per member		\$2,000,000 per member	
Inpatient Services				
Room & Board (Semi-Private) Physician Surgeon Pre-Admission Testing X-ray, Laboratory Physical Therapy Drugs, Medicine, Casts, Dressings	80% coverage after deductible \$500 additional deductible; 60% coverage after deductible		80% coverage after deductible	\$500 additional deductible; 60% coverage after deductible
Hospice Care	80% coverage after deductible		80% coverage after deductible (limited to a combined maximum of \$10,000/lifetime for all inpatient, home hospice & bereavement counseling services; family bereavement counseling limited to four visits, \$25/visit during 12-month period following death)	
Skilled Nursing Care (Limited to 100 days/calendar year. Treatment of other mental disorders and chemical dependency limited to 30 days/calendar year.)	80% coverage after deductible	60% coverage after deductible	80% coverage after deductible	

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Preferred Provider Organization (PPO) Plans Benefits Summary

BENEFIT	Blue Cross – PPO (Prudent Buyer-CA residents only)		Blue Cross – PPO (BlueCard - Non-CA residents only)	
	PPO	Non-PPO	PPO	Non-PPO
Outpatient Services				
Medical Office Visit	\$25 copay per visit, deductible waived	60% after deductible	\$25 copay per visit, deductible waived	60% coverage after deductible
Laboratory Tests, X-Rays	80% coverage after deductible	60% after deductible	80% coverage after deductible	60% coverage after deductible
Routine Immunization	100% coverage	Age 0 – 6: 60% coverage after deductible After age 6: Not covered	100% coverage	Age 0 – 6: 60% coverage after deductible After age 6: Not covered
Outpatient Surgery	80% coverage after deductible	\$500 per admission; 60% coverage after deductible	80% coverage after deductible	60% coverage after deductible
Short-Term Rehabilitation (physical, occupational, & chiropractic care – 24 visits/calendar year; additional visits may be authorized)	80% coverage after deductible	60% coverage after deductible	80% coverage after deductible; limited to 24 combined par and non-par visits/calendar year maximum; additional visits may be authorized	60% coverage after deductible; (limited to \$25/visit) limited to a combined 24 par and non-par visits/calendar year maximum; additional visits may be authorized
Speech Therapy (following surgery or when due to an injury or organic disease)	80% coverage after deductible	80% coverage after deductible	80% coverage after deductible	60% coverage after deductible
Acupuncture Limited to 12 visits/calendar year and \$30/visit	80% coverage after deductible	60% coverage after deductible	80% coverage after deductible	60% coverage after deductible
Home Health Care (must be pre-authorized; limited to 100 visits/calendar year; one visit by home health aide equals four hours or less)	80% coverage after deductible	60% coverage after deductible	80% coverage after deductible	60% coverage after deductible

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Preferred Provider Organization (PPO) Plans Benefits Summary

BENEFIT	Blue Cross – PPO (Prudent Buyer-CA residents only)		Blue Cross – PPO (BlueCard - Non-CA residents only)	
	PPO	Non-PPO	PPO	Non-PPO
Maternity Care				
Office Visits (for mother)	\$25 copay per visit (deductible waived)	60% coverage after deductible	\$25 copay per visit (deductible waived)	60% coverage after deductible
Hospital Visits	80% coverage after deductible	60% coverage after deductible	80% coverage after deductible	60% coverage after deductible
Office Visits (for baby)	\$25 copay per visit (deductible waived)	60% coverage after deductible	\$25 copay per visit (deductible waived)	60% coverage after deductible (limited to \$20/exam)
Interrupted Pregnancy				
Elective	80% coverage after deductible	60% coverage after deductible	80% coverage after deductible	60% coverage after deductible
Family Planning				
Tubal ligation	80% coverage after deductible	60% coverage after deductible	80% coverage after deductible	60% coverage after deductible
Vasectomy	80% coverage after deductible	60% coverage after deductible	80% coverage after deductible	60% coverage after deductible
Counseling & Consultation	80% coverage after deductible	60% coverage after deductible	80% coverage after deductible	60% coverage after deductible
Medical Equipment				
Durable Medical Equipment (Requires pre-authorization) Rental of wheelchair, hospital bed, appliances (casts, braces, etc.)	80% coverage after deductible A combined limitation of \$2,000 per calendar year	60% coverage after deductible A combined limitation of \$2,000 per calendar year	80% coverage after deductible A combined limitation of \$2,000 per calendar year	60% coverage after deductible A combined limitation of \$2,000 per calendar year
Prosthetic Devices (artificial limbs, eyes, etc.) – original purchase	80% coverage after deductible; Limited to \$1,000 per calendar year, no limit for prostheses following a mastectomy or prosthetic devices following a laryngectomy	60% coverage after deductible; Limited to \$1,000 per calendar year, no limit for prostheses following a mastectomy or prosthetic devices following a laryngectomy	80% coverage after deductible; limited to \$1,000 per calendar year, no limit for prostheses following a mastectomy or prosthetic devices following a laryngectomy	60% coverage after deductible; limited to \$1,000 per calendar year, no limit for prostheses following a mastectomy or prosthetic devices following a laryngectomy

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Preferred Provider Organization (PPO) Plans Benefits Summary

BENEFIT	Blue Cross – PPO (Prudent Buyer-CA residents only)		Blue Cross – PPO (BlueCard - Non-CA residents only)	
	PPO	Non-PPO	PPO	Non-PPO
Prescription Drugs				
Generic Drugs	\$10 copay	Member pays the copays listed under PPO plus: 50% of the remaining prescription drug covered expense and costs in excess of the maximum amount allowed	\$10 copay	Member pays the copays listed under PPO plus: 50% of the remaining prescription drug covered expense and costs in excess of the maximum amount allowed
Brand Name Formulary Drugs	\$20 copay		\$20 copay	
Brand Name Non-Formulary Drugs	\$30 copay		\$30 copay	
Vision and Dental Care				
Eye Exams	Not covered	Not covered	Not covered	Not covered
Dental Care	Not covered	Not covered	Not covered	Not covered
Mental Health				
Inpatient	No copay	60% coverage	80% coverage after deductible;	60% coverage after deductible;
	Pre-authorization required, limited to 30 days/calendar year; limit does not apply to detoxification, excludes severe mental disorders		Pre-authorization required, services limited to \$175/day Excludes severe mental disorders	
Outpatient	\$20 copay per visit	50% coverage	80% coverage after deductible	60% coverage after deductible
(Physician visits for psychotherapy and psychological testing)	Limited to 1 visit/day & 20 visits/calendar year; excludes severe mental disorders		Limited to \$25 per visit; excludes severe mental disorders	
Substance Abuse				
Inpatient	No copay	60% coverage	80% coverage after deductible	60% coverage after deductible
	Pre-authorization required, limited to 30 days/cal. year; limit does not apply to detoxification), excludes severe mental disorders		Pre-authorization required, services limited to \$175/day & 30 days/calendar year; limit does not apply to detoxification), excludes severe mental disorders	
Outpatient	\$20 copay per visit	50% coverage	80% coverage after deductible	60% coverage after deductible
(Physician visits for psychotherapy and psychological testing)	Limited to 1 visit/day & 20 visits/calendar year; excludes severe mental disorders		Services limited to \$25/visit and a combined 50 visits per year par/non-par providers; excludes severe mental disorders	

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High Deductible Health Plan (HDHP) Benefits Summary

BENEFIT	Blue Cross – High Deductible Health Plan	
	PPO	Non-PPO
Deductible		
Individual	\$2,500	\$2,500
Family	\$5,000	\$5,000
Out-of-Pocket Maximum		
Individual	\$5,000	\$5,000
Family	\$10,000	\$10,000
Maximum Lifetime Benefit		
	\$5,000,000 per member	
Inpatient Services		
Room & Board (Semi-Private) Physician Surgeon Pre-Admission Testing X-ray, Laboratory Physical Therapy Drugs, Medicine, Casts, Dressings	80% coverage after deductible	\$500 additional deductible; 60% coverage after deductible
Hospice Care	80% coverage after deductible	
Skilled Nursing Facility (Limited to 100 days/calendar year. Treatment of other mental disorders and chemical dependency limited to 30 days/calendar year.)	80% coverage after deductible	60% coverage after deductible

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High Deductible Health Plan (HDHP) Benefits Summary

BENEFIT	Blue Cross – High Deductible Health Plan	
	PPO	Non-PPO
Outpatient Services		
Medical Office Visit	80% coverage after deductible	60% coverage after deductible
Laboratory Tests, X-Rays	80% coverage after deductible	
Routine Exams Birth through age six Age seven & older (limited to \$250/calendar year)	\$25 copay per visit; deductible waived \$25 copay per visit; deductible waived	40% coverage (limited to \$20/exam) Not covered
Immunization Birth through age six Age seven & older (limited to \$250/calendar year)	100% coverage; deductible waived 100% coverage; deductible waived	40% coverage (limited to \$12/immunization) Not covered
Outpatient Surgery	80% coverage after deductible	\$500 per admission; 60% coverage after deductible
Physical Therapy, Occupational Therapy, & Chiropractic Services (limited to 24 visits/calendar year; additional visits may be authorized)	80% coverage after deductible	60% coverage after deductible; (limited to \$25/visit)
Speech Therapy	80% coverage after deductible	60% coverage after deductible
Acupuncture (limited to \$30/visit & 12 visits/calendar year)	80% coverage after deductible	60% coverage after deductible
Home Health Care (limited to 100 visits/calendar year, one visit by home health aide equals four hours or less)	80% coverage after deductible	60% coverage after deductible
Emergency Room Care		
Outpatient ER room	80% coverage after \$100 deductible (waived if admitted)	80% coverage after \$100 deductible (waived if admitted)
Inpatient hospital services & supplies	80% coverage after deductible	80% coverage after deductible first 48 hours; 60% coverage after deductible after 48 hours (unless member can not be moved safely)
Ambulance	80% coverage after deductible	80% coverage after deductible

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High Deductible Health Plan (HDHP) Benefits Summary

BENEFIT	Blue Cross – High Deductible Health Plan	
	PPO	Non-PPO
Maternity Care		
Office Visits (for mother)	80% coverage after deductible	60% coverage after deductible
Hospital Visits	80% coverage after deductible	60% coverage after deductible
Office Visits (for baby)	80% coverage after deductible	60% coverage after deductible (limited to \$20/exam)
Office Visits (for mother)	80% coverage after deductible	60% coverage after deductible
Durable Medical Equipment (limited to \$5,000/calendar year)	80% coverage after deductible	60% coverage after deductible
Prosthetic Devices (limited to \$2,000/calendar year, no limit for prostheses following a mastectomy or prosthetic devices following a laryngectomy)	80% coverage after deductible	60% coverage after deductible
Prescriptions Drugs – Until the calendar year deductible is satisfied, the insured person pays the prescription drug expenses, and not the copays listed below.		
Generic Drugs	\$10 copay	Member pays the copays listed under PPO plus: 50% of the remaining prescription drug covered expense and costs in excess of the maximum amount allowed
Brand Name Formulary Drugs	\$20 copay	
Brand Name Non-Formulary Drugs	\$30 copay	
Vision and Dental Care		
Examinations/Glasses	Not covered	Not covered
Dental Care	Not covered	Not covered
Mental Health		
Facility-based care (preauthorization required; services limited to \$175/day)	80% coverage after deductible	60% coverage after deductible
Inpatient or Outpatient physician visits for psychotherapy and psychological testing (limited to \$25/visit)	80% coverage after deductible	60% coverage after deductible
Substance Abuse		
Facility-based care (preauthorization required; services limited to \$175/day & 30 days/calendar year; 30-day limit does not apply to inpatient detoxification)	80% coverage after deductible	60% coverage after deductible
Inpatient or Outpatient physician visits (limited to \$25/visit & 50 visits/calendar year)	80% coverage after deductible	60% coverage after deductible

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Dental Insurance Benefits

There are two (2) Dental plans offered by The Claremont Colleges - Guardian pre-paid and PPO plan.

Guardian Prepaid Plan

- You need to select a Primary Care Dentist (PCD) for dental care. Services from specialists may need your PCD's referral or authorization from Guardian.
- If a PCD is not selected during open enrollment, Guardian will select one for you.

Guardian PPO Plan

- Select and access dentist of your choice – in or out of Guardian's network.
- Calendar Year Maximum Benefit Rollover - New feature effective January 1, 2006
 - A portion of your unused calendar year maximum will roll over to the Maximum Rollover Account (MRA) which can be used in future years if you reach the plan's annual maximum.
 - To qualify for rollover, you must submit a claim and not exceed the paid claims threshold during the benefit year.
 - If you use services of Guardian's in-network providers exclusively, Guardian will increase the amount credited to your MRA.

Plan Annual Maximum	Paid Claim Threshold	Maximum Rollover Amount	In-Network Only Maximum Rollover Amount	Maximum Rollover Account Limit
\$1,000	\$500	\$250	\$350	\$1,000

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Dental Insurance Benefits

Benefit	Guardian Prepaid	Guardian PPO	
	In-Network	In Network	Out of Network
Dental Office	Choose a primary dentist from Provider List \$5 copay for office visit \$50 copay for after hours office visit Broken Appointment Fee (without 24 hour notice) \$25	Refer to Preferred Provider Organization list	Any dentist of your choice
Calendar Year Deductible	N/A	N/A	\$50 Individual \$150 Family
Calendar Year Maximum Benefit	Unlimited	\$1,000 per person/year	\$1,000 per person/year
Preventive/Diagnostic Routine Examination (including bitewing X-rays) Semi-Annual Cleaning, Fluoride Treatment	\$0 copay	100% No deductible	100% After deductible
General Services (Restorative) Fillings: Amalgam Composite/Resin Simple Extractions	\$0 to \$10 copay \$10 to \$25 copay (depending on number of surfaces effected) \$5 copay	80% No Deductible	80% After deductible
Major Services Caps, Crowns, Dentures Oral Surgery	Copays as listed in the schedule of covered services and copays	50% No Deductible	50% After Deductible
Orthodontia			
Adults	\$2,175 copay		
Dependent Children (to age 19)	\$1,975 copay	50% up to \$1,500 lifetime maximum benefit	
Evaluation and Consultation	\$100 copay	50% up to \$1,500 lifetime maximum benefit	
Treatment Plan and Records	\$150 copay	(Does not apply toward deductible)	
Retention	\$300 copay		

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Basic, Supplemental & Dependent Life Insurance Benefits

Basic Life Insurance coverage – Employer Paid

- Coverage \$20,000

Optional Supplemental Life Insurance Coverage – Employee Paid

- 1, 2, 3 or 4 times basic annual earnings (rounded to the next \$1,000 multiple)
- Guarantee issue: lesser of two (2) times basic annual earnings (BAE) or \$355,000
- Combined maximum life insurance coverage with Basic Life is \$750,000
- Evidence of Insurability (EOI) is required on amounts greater than 2x BAE or \$355,000 or to increase current election after the initial eligibility period.
- Beginning on and after your 65th birthday, coverage amount decreases. Premiums will be based on the reduced coverage amount. Blue Cross pays a percentage of the amount otherwise payable as follows: age 65 to 70 = 65%, age 70 to 75 = 50% and age 75+ = 30%

Dependent Life – Employee Paid

Spouse/Domestic Partner (must meet qualifications)

- \$10,000 - \$250,000 in increments of \$10,000 not to exceed 50% of employee's basic and supplemental life combined coverage
- Guarantee issue for newly eligible \$20,000 if applied within 31 days of initial eligibility
- EOI is required on amounts greater than \$20,000 or to increase current election after initial eligibility period

Child(ren) (includes Domestic Partner's children)

- Birth – 6 months = \$100 benefit
- 6 months and over = \$5,000 benefit
- EOI is required for enrollment after the initial eligibility period

The EOI form can be found on the website – <https://www.cuc.claremont.edu/benefits> - or requested from Benefits Administration. Upon completion, the EOI form must be sent to Benefits Administration within 31 days of your election.

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Personal Accident Insurance Plan (AD&D) and Tri-Term Insurance Benefits

- **Personal Accident Insurance Plan (AD&D)** – This is a voluntary insurance plan which you pay 100% of the premium. This coverage is payable upon your death if due to an accident or payable upon dismemberment within 365 days of the date of the accident. The plan offers individual or family coverage (as deemed under IRS regulations). Generally, you may select any amount of coverage from \$25,000 to \$500,000; provided a selection over \$250,000 does not exceed 10 times your annual salary. Family coverage may also be elected at economical group rates.

The family benefits are paid as follows:

1. A time of loss the family consists of the employee, spouse/domestic partner and dependent child or children:
You 100%
Your Spouse 80%
Each Child 20%
2. At time of loss the family consists of the employee, spouse/domestic partner but NO dependent child or children:
You 100%
Your Spouse 100%
3. At time of loss the family consists of the employee, children but NO spouse:
You 100%
Each Child 30%

The maximum benefit payable for each child is \$50,000
The cost of the plan is minimal. (Please refer to the 2006 Rate Chart.)

- **Tri-Term Life Insurance** – Tri-Term is a voluntary individual term life insurance plan. Your initial premium is guaranteed for 3 years providing no changes to coverage are requested during that time. You have the option of covering your spouse and dependent children under this plan. You are responsible for paying 100% of the premium based on your age and every \$10,000 of coverage. (Contact Benefits Administration for a rate card to determine your premium rates.)

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2006 Rate Chart

The monthly payroll deduction rates below are effective January 1, 2006. Payroll deductions are made in the month prior to the month of coverage. For example, the deduction for January 2006 coverage will be taken from your December 2005 paycheck. All payroll deductions for health and dental coverage are taken on a pre-tax basis unless otherwise requested.

Medical Insurance Benefit Plans

	Blue Cross of CA HMO	Kaiser HMO	Blue Cross of CA PPO	Blue Cross HDHP
Employee Only	28.31	28.71	234.96	29.56
Employee + 1	118.92	120.60	612.50	124.27
Employee + 2 or More	254.59	258.44	836.06	267.01

Dental Insurance Benefits

	Guardian Prepaid	Guardian PPO
Employee Only	11.36	50.94
Employee + 1	22.46	107.60
Employee + 2 or More	32.58	157.65

Basic & Supplemental Life Insurance Benefit Plans

Basic Life Insurance (100% employer paid) – \$20,000 coverage

Supplemental and Dependent Spouse Life Insurance –(Age Rated)

Age	Monthly Rate (per \$1,000)	Age	Monthly Rate (per \$1,000)
Under 30	\$.05	50-54	\$.40
30-34	.06	55-59	.62
35-39	.08	60-64	.97
40-44	.14	65-69	1.74
45-49	.24	70 +	3.11

Dependent Child(ren) Life Insurance \$0.50 per Family

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2006 Rate Chart

Personal Accident Insurance Plan (AD&D)

Premium Schedule

Principal Sum	Employee Only Monthly Premium	Family Monthly Premium
\$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

Principal Sum	Employee Only Monthly Premium	Family Monthly Premium
\$275,000	\$5.50	\$10.73
\$300,000	\$6.00	\$11.70
\$325,000	\$6.50	\$12.68
\$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

*Primary amounts in excess of \$250,000 may not exceed ten times annual base salary.

Note: *This is only a summary of the plan. Please refer to the Plan booklet/certificate for detailed plan provisions.*

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Flexible Spending Account (FSA) Program

The Flexible Spending Account (FSA) program allows you to pay for out of pocket Health/Medical, Dependent Care and Personally Paid Health Insurance Premiums with **pre-tax** dollars. **New participants must designate, at enrollment, the FSA election amount for the coming year. Current election amount will continue in the next plan year until changed during open enrollment with the exception of Pomona College participants who are required to reenroll each year.** This annual amount is deducted from your paychecks in equal installments, on a pre-tax basis, from January through October, and credited to your FSA account(s). Reimbursement will be paid through direct deposit or check by a third party administrator. You do not pay federal, state income tax or Social Security tax on FSA expenses.

The annual amount you contribute to your FSA will be deducted from your pay over the first ten months of the year. If you are paid monthly, the annual amount will be divided by 10; if you are paid twice monthly, the annual amount will be divided by 20; if you are paid every other week, the annual amount will be divided by 22. This schedule will be modified if you are paid less than 12 months.

Federal law prohibits any change in your FSA during the calendar year unless you or your dependent(s) have a qualifying “life event”. A qualifying “life event” is marriage, divorce or legal separation, birth or adoption of a dependent, death of a dependent, or a change in your or your spouse’s employment status. In addition, the FSA change must be due to and consistent with the “life event” which permits the change. For example, an increase in FSA contribution would be consistent with the adoption of a dependent child; a decrease in contribution may not. If you qualify to change your annual FSA amount during the year and elect to do so, the deduction will be adjusted so that your new full annual amount will be collected by the last paycheck in October.

The FSA Contribution Election Amount(s) may be changed during open enrollment period. However, if a current participant submits no changes, he/she will automatically be enrolled for the new plan year and the new election amount will equal the previous year’s election with the exception of Pomona College participants who are required to reenroll each year.

CAUTION: When estimating your annual expenses, consider only those that you are reasonably certain to incur. Any amount left in your FSA at the end of the year is forfeited. The account is left open for claims until June 30 of the following calendar year, but expenses must be incurred in the same calendar year in which the payroll deduction occurred.

Health Care Reimbursement Account (HCRA)

Eligible Expenses include health-related expenses not covered by your health plan(s) or reimbursed from any other source, for you or any of your dependents (as defined by IRS regulations). As you incur eligible expenses, you are reimbursed up to the amount of your annual election. Employees may elect a minimum annual election of \$300 to a maximum amount of \$5,000 per plan year.

New IRS Ruling establishes that over-the counter drugs and medicines can now be paid for with pre-tax dollars through you HCRA. Non prescription medicines such as antihistamines, pain relievers and cough syrup, may now qualify for reimbursement.

Health Insurance Premium is not eligible FSA Health Care expenses. Payroll deductions for the Colleges’ group health plans are made on a pre-tax basis. Therefore, the premiums you pay cannot be reimbursed from your FSA account or deducted on your personal income tax return.

With HSA election, Health Care FSA will reimburse on limited scope basis. Limited-scope Health Care FSA only reimburses expenses not reimbursed under HSA; such as dental and vision. Eligible medical expenses will be reimbursed only after the plan deductible has been satisfied. If you do not elect HSA, you may participate in the full scope Health Care FSA. Full scope Health Care FSA includes reimbursement for all medical expenses as defined by IRS regulations.

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Flexible Spending Account (FSA) Program

Dependent Care Reimbursement Account (DCRA)

Eligible Expenses include baby-sitter, companion or day-care expenses **necessary so that you can work**; if you are married, the expenses must be **necessary so that both you and your spouse can work**. As you incur eligible expenses, you are reimbursed for the amount of expenses, up to the balance in your FSA account. Employees may elect a minimum annual election of \$300 to a maximum amount of \$5,000 per plan year (restrictions may apply).

The **maximum age for dependent children (as defined by IRS regulations) is age 13**, unless the dependent is physically or mentally unable to care of himself or herself. The dependent must spend at least eight hours per day in your home. **“Overnight Camp”** expenses are specifically **not eligible**.

Dependent Care is not restricted to “child care”. Expenses you incur to provide companion or day-care expenses to any individual who qualifies as a dependent for IRS purposes can be reimbursed in the FSA program. Generally, any individual who is related to you, your spouse, is unmarried, is a US citizen or resident alien, has a gross income of less than \$2,300 and is dependent upon you for more than half of their total support can qualify as a “dependent” for purposes of this program. Thus, expenses you incur to provide “day-care” for a parent may be eligible expenses under the FSA program. Check with your tax advisor for specific advice.

According to the terms of the Family Support Act of 1988, there are two tax benefits available for dependent care expenses: a tax credit on your tax return, or, income exclusion under an employer-sponsored spending account (FSA). Any expenses reimbursed through an FSA reduce, dollar-for-dollar, the maximum tax credit. **This law restricts you to using one or the other, but not both.** You should consult a tax advisor for an evaluation of your specific circumstances prior to selecting a method for dependent care expense credit.

Tax Note: If you are married and file a joint tax return, IRS regulations limit the Dependent Care tax exemption to \$5,000 **per family**. This combined limit applies without regard to where the parents are employed. Either spouse may use all or any part of the \$5,000, but the **combined amount may not exceed \$5,000**. If you are married and file separate returns, the limit is \$2,500 for each spouse.

Individual Purchased Insurance

This benefit is for employees that declined the college health care options. This covers for medical, dental and vision insurance premiums purchased by an employee on an individual insurance plan.

Applications for participation in the 2006 Flexible Spending Account Program must be received in Benefits Administration no later than December 2, 2005.

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Employee Privacy Notice

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.

Background: The Health Insurance Portability and Accountability Act of 1996 (HIPAA) requires health plans to notify plan participants and beneficiaries about its policies and practices to protect the confidentiality of their health information. This document is intended to satisfy HIPAA's notice requirement with respect to all health information created, received, or maintained by The Claremont Colleges' group health plan (the "Plan"), as sponsored by The Claremont Colleges (the "Company").

The Plan needs to create, receive, and maintain records that contain health information about you to administer the Plan and provide you with health care benefits. This notice describes the Plan's health information privacy policy with respect to your Medical, Prescription Drug, Dental, Vision, and Health Care Flexible Spending Arrangement (FSA) benefits]. The notice tells you the ways the Plan may use and disclose health information about you, describes your rights, and the obligations the Plan has regarding the use and disclosure of your health information. However, it does not address the health information policies or practices of your health care providers.

The Claremont Colleges' Pledge Regarding Health Information Privacy

The privacy policy and practices of the Plan protects confidential health information that identifies you or could be used to identify you and relates to a physical or mental health condition or the payment of your health care expenses. This individually identifiable health information is known as "protected health information" (PHI). Your PHI will not be used or disclosed without a written authorization from you, except as described in this notice or as otherwise permitted by federal and state health information privacy laws.

Privacy Obligations of the Plan

The Plan is required by law to:

- make sure that health information that identifies you is kept private;
- give you this notice of the Plan's legal duties and privacy practices with respect to health information about you; and
- follow the terms of the notice that is currently in effect.

How the Plan May Use and Disclose Health Information About You

The following are the different ways the Plan may use and disclose your PHI:

- **For Treatment.** The Plan may disclose your PHI to a health care provider who renders treatment on your behalf. For example, if you are unable to provide your medical history as the result of an accident, the Plan may advise an emergency room physician about the types of prescription drugs you currently take.

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Employee Privacy Notice

- **For Payment.** The Plan may use and disclose your PHI so claims for health care treatment, services, and supplies you receive from health care providers may be paid according to the Plan's terms. For example, the Plan may receive and maintain information about surgery you received to enable the Plan to process a hospital's claim for reimbursement of surgical expenses incurred on your behalf.
- **For Health Care Operations.** The Plan may use and disclose your PHI to enable it to operate or operate more efficiently or make certain all of the Plan's participants receive their health benefits. For example, the Plan may use your PHI for case management or to perform population-based studies designed to reduce health care costs. In addition, the Plan may use or disclose your PHI to conduct compliance reviews, audits, actuarial studies, and/or for fraud and abuse detection. The Plan may also combine health information about many Plan participants and disclose it to the Company in summary fashion so it can decide what coverages the Plan should provide. The Plan may remove information that identifies you from health information disclosed to the Company so it may be used without the Company learning who the specific participants are.
- **To the Company.** The Plan may disclose your PHI to designated Company personnel so they can carry out their Plan-related administrative functions, including the uses and disclosures described in this notice. Such disclosures will be made only to the Company's Plan Administrator and/or the members of the Company's Benefits Department. These individuals will protect the privacy of your health information and ensure it is used only as described in this notice or as permitted by law. Unless authorized by you in writing, your health information: (1) may not be disclosed by the Plan to any other Company employee or department and (2) will not be used by the Company for any employment-related actions and decisions or in connection with any other employee benefit plan sponsored by the Company.
- **To a Business Associate.** Certain services are provided to the Plan by third party administrators known as "business associates." For example, the Plan may input information about your health care treatment into an electronic claims processing system maintained by the Plan's business associate so your claim may be paid. In so doing, the Plan will disclose your PHI to its business associate so it can perform its claims payment function. However, the Plan will require its business associates, through contract, to appropriately safeguard your health information.
- **Treatment Alternatives.** The Plan may use and disclose your PHI to tell you about possible treatment options or alternatives that may be of interest to you.
- **Health-Related Benefits and Services.** The Plan may use and disclose your PHI to tell you about health-related benefits or services that may be of interest to you.
- **Individual Involved in Your Care or Payment of Your Care.** The Plan may disclose PHI to a close friend or family member involved in or who helps pay for your health care. The Plan may also advise a family member or close friend about your condition, your location (for example, that you are in the hospital), or death.
- **As Required by Law.** The Plan will disclose your PHI when required to do so by federal, state, or local law, including those that require the reporting of certain types of wounds or physical injuries.

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Employee Privacy Notice

Special Use and Disclosure Situations

The Plan may also use or disclose your PHI under the following circumstances:

- **Lawsuits and Disputes.** If you become involved in a lawsuit or other legal action, the Plan may disclose your PHI in response to a court or administrative order, a subpoena, warrant, discovery request, or other lawful due process.
- **Law Enforcement.** The Plan may release your PHI if asked to do so by a law enforcement official, for example, to identify or locate a suspect, material witness, or missing person or to report a crime, the crime's location or victims, or the identity, description, or location of the person who committed the crime.
- **Workers' Compensation.** The Plan may disclose your PHI to the extent authorized by and to the extent necessary to comply with workers' compensation laws other similar programs.
- **Military and Veterans.** If you are or become a member of the U.S. armed forces, the Plan may release medical information about you as deemed necessary by military command authorities.
- **To Avert Serious Threat to Health or Safety.** The Plan may use and disclose your PHI when necessary to prevent a serious threat to your health and safety, or the health and safety of the public or another person.
- **Public Health Risks.** The Plan may disclose health information about you for public health activities. These activities include preventing or controlling disease, injury or disability; reporting births and deaths; reporting child abuse or neglect; or reporting reactions to medication or problems with medical products or to notify people of recalls of products they have been using.
- **Health Oversight Activities.** The Plan may disclose your PHI to a health oversight agency for audits, investigations, inspections, and licensure necessary for the government to monitor the health care system and government programs.
- **Research.** Under certain circumstances, the Plan may use and disclose your PHI for medical research purposes.
- **National Security, Intelligence Activities, and Protective Services.** The Plan may release your PHI to authorized federal officials: (1) for intelligence, counterintelligence, and other national security activities authorized by law and (2) to enable them to provide protection to the members of the U.S. government or foreign heads of state, or to conduct special investigations.
- **Organ and Tissue Donation.** If you are an organ donor, the Plan may release medical information to organizations that handle organ procurement or organ, eye, or tissue transplantation or to an organ donation bank to facilitate organ or tissue donation and transplantation.
- **Coroners, Medical Examiners, and Funerals Directors.** The Plan may release your PHI to a coroner or medical examiner. This may be necessary, for example, to identify a deceased person or to determine the cause of death. The Plan may also release your PHI to a funeral director, as necessary, to carry out his/her duty.

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Employee Privacy Notice

Your Rights Regarding Health Information About You

Your rights regarding the health information the Plan maintains about you are as follows:

- **Right to Inspect and Copy.** You have the right to inspect and copy your PHI. This includes information about your plan eligibility, claim and appeal records, and billing records, but does not include psychotherapy notes.

To inspect and copy health information maintained by the Plan, submit your request in writing to the Plan Administrator. The Plan may charge a fee for the cost of copying and/or mailing your request. In limited circumstances, the Plan may deny your request to inspect and copy your PHI. Generally, if you are denied access to health information, you may request a review of the denial.

- **Right to Amend.** If you feel that health information the Plan has about you is incorrect or incomplete, you may ask the Plan to amend it. You have the right to request an amendment for as long as the information is kept by or for the Plan.

To request an amendment, send a detailed request in writing to the Plan Administrator. You must provide the reason(s) to support your request. The Plan may deny your request if you ask the Plan to amend health information that was: accurate and complete, not created by the Plan; not part of the health information kept by or for the Plan; or not information that you would be permitted to inspect and copy.

- **Right to an Accounting of Disclosures.** You have the right to request an “accounting of disclosures.” This is a list of disclosures of your PHI that the Plan has made to others, except for those necessary to carry out health care treatment, payment, or operations; disclosures made to you; or in certain other situations.

To request an accounting of disclosures, submit your request in writing to the Plan Administrator. Your request must state a time period, which may not be longer than six years prior to the date the accounting was requested.

- **Right to Request Restrictions.** You have the right to request a restriction on the health information the Plan uses or disclosures about you for treatment, payment, or health care operations. You also have the right to request a limit on the health information the Plan discloses about you to someone who is involved in your care or the payment for your care, like a family member or friend. For example, you could ask that the Plan not use or disclose information about a surgery you had.

To request restrictions, make your request in writing to the Plan Administrator. You must advise us: (1) what information you want to limit; (2) whether you want to limit the Plan’s use, disclosure, or both; and (3) to whom you want the limit(s) to apply.

Note: *The Plan is not required to agree to your request.*

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- **Right to Request Confidential Communications.** You have the right to request that the Plan communicate with you about health matters in a certain way or at a certain location. For example, you can ask that the Plan send you explanation of benefits (EOB) forms about your benefit claims to a specified address. To request confidential communications, make your request in writing to the Plan Administrator. The Plan will make every attempt to accommodate all reasonable requests. Your request must specify how or where you wish to be contacted.
- **Right to a Paper Copy of this Notice.** You have the right to a paper copy of this notice. You may write to the Plan Administrator to request a written copy of this notice at any time.

Changes to this Notice

The Plan reserves the right to change this notice at any time and to make the revised or changed notice effective for health information the Plan already has about you, as well as any information the Plan receives in the future. The Plan will post a copy of the current notice in the Company's Benefits Administration office at all times.

Complaints

If you believe your privacy rights under this policy have been violated, you may file a written complaint with the Plan Administrator at the address listed below. Alternatively, you may complain to the Secretary of the U.S. Department of Health and Human Services, generally, within 180 days of when the act or omission complained of occurred.

Note: You will not be penalized or retaliated against for filing a complaint.

Other Uses and Disclosures of Health Information

Other uses and disclosures of health information not covered by this notice or by the laws that apply to the Plan will be made only with your written authorization. If you authorize the Plan to use or disclose your PHI, you may revoke the authorization, in writing, at any time. If you revoke your authorization, the Plan will no longer use or disclosure your PHI for the reasons covered by your written authorization; however, the Plan will not reverse any uses or disclosures already made in reliance on your prior authorization.

Contact Information

If you have any questions about this notice, please contact:

The Claremont Colleges' Plan Administrator c/o
The Claremont Colleges Office of Risk Management and Benefits Administration
150 E. Eighth Street
Claremont, CA 91711-3998

Notice Effective Date: July 1, 2002

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-- NOTES --

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BENEFITS ADMINISTRATION

ELIGIBLE EMPLOYEES:

Please contact Benefits Administration for additional information on new enrollment, changes or cancellation of your benefits.

Claremont Graduate University *Sheryl Wingate, Benefits Supervisor* *Ext. 73195*
Keck Graduate Institute
Pomona College

Claremont University Consortium *Anna Huerta, Lead Benefits Specialist* *Ext. 79494*
Harvey Mudd College
Pitzer College
Rancho Santa Ana Botanic Garden
Scripps College

Claremont McKenna College *Elva Meraz, Benefits Specialist* *Ext. 73684*

COBRA & Retirees *Raina Bustillos, Benefits Accounting Specialist* *Ext. 79493*

Retirement Administrator *Robert Bloomer* *Ext. 18049*

Retirement Specialist *Nancy Petrikas* *Ext. 18805*

NOTE:
UNLESS YOU HAVE A QUALIFIED LIFE EVENT,
BENEFIT ELECTIONS CAN ONLY BE CHANGED DURING OPEN ENROLLMENT.

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