



2014 Employee Benefits Open Enrollment

Begins: Monday, February 10, 2014
Deadline: Friday, March 7, 2014, 5 PM
Changes: Effective April 1, 2014

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Message from the Office of Human Resources

Dear Colleagues:

Human Resources is excited to present 2014 Open Enrollment **online** using *Workday*. No forms to hand in!* All sign ups and changes are done **online** in *Workday*! *Workday* is Lewis & Clark's new Human Resources Information System.

It is our pleasure to provide you with this important resource regarding your benefits at Lewis & Clark College. This guide has all of the information you will need for open enrollment and throughout the year so that you can make educated decisions that are right for you and your family.

2014 Benefits Check List



Open Enrollment is a great time to review your existing benefit plans, evaluate any anticipated needs, learn more about your benefits and make adjustments for the upcoming plan year.

Remember: Open Enrollment ends Friday, March 7th. All changes must be completed in Workday **no later than 5:00 p.m. PST on Friday, March 7, 2014.***

Review...

- ☐ **NEW:** Review your benefits in Workday. Sign in to Workday, to All About Me, click on the Benefits Worklet and view Benefits Elections under VIEW.
- ☐ This 2014 Open Enrollment Packet.

Get Informed...

- ☐ Attend the Benefits & Wellness Fair on Thursday, February 20th in Stamm
- ☐ Visit the Human Resources Benefits website.
- ☐ Contact the Office of Human Resources with Questions: 503-768-6235 or HR@lclark.edu.

Make Changes...

- ☐ Change medical or dental plans.
- ☐ Enroll in or cancel medical or dental coverage.
- ☐ Remove dependents.
- ☐ Enroll dependents up to age 26
- ☐ Sign up for the 2014-15 benefits year for Allegiance Flexible Spending Account(s).
- ☐ *The only form required for Open Enrollment will be for the Allegiance Flex Spending Debit card. This form is available at:
http://www.lclark.edu/offices/human_resources/employee_resources/benefits/open_enrollment/

No Changes?

- ☐ Do nothing – If you do not make enrollment changes during Open Enrollment, your participation in your medical and dental insurance will remain the same but at the 2014 contribution rates. If you do not enroll in the Allegiance FSA reimbursement account, you will not be a participant in 2014.

Answers to Frequently Asked Questions

Who Is Eligible To Participate In Our Benefit Plans? If you are a faculty member with at least a 0.50 FTE (50%) or a staff member who works at least 20 hours a week (.53 FTE or 53%), you may enroll yourself, your spouse or domestic partner, and any dependent children up to age 26 in a medical and/or dental plan. Regardless of insurance coverage, your IRS eligible dependents may also use your Healthcare Spending Account for their out-of-pocket expenses.

Staying With Your Current Plans? If you are not changing your current medical or dental plan for 2014, **you do not** need to submit any paperwork. However, if you wish to **participate in a Flexible Spending Account** you must sign up in Workday.

Flexible Spending Account (FSA) Annual Limits – The Healthcare Spending Account limit remains the same at \$2,500 this year. The Dependent Care FSA existing limits (\$5,000 for married individuals filing a joint return or for unmarried individuals) remain the same.

Changing Your Plans? Adding Dependents? Not Enrolled? If you plan on changing or adding dependents or are enrolling in a College plan for the first time, please be sure you sign up in Workday by **no later than 5:00 pm PST on Friday, March 7, 2014**. If you are signing up a spouse or domestic partner, you will need to complete a Marriage / Domestic Partner Affidavit and upload into Workday. It is best to get the Affidavit signed by both employee and spouse/domestic partner, scan and have ready to upload as you process OE in Workday.

Sign up in Workday:

- Instructions on how to sign up in Workday are located online at:
http://www.lclark.edu/offices/human_resources/employee_resources/benefits/open_enrollment/
- Marriage / Domestic Partner Form is located at:
http://www.lclark.edu/offices/human_resources/employee_resources/forms/
- Completed Marriage / Domestic partner forms will need to be scanned and uploaded in Workday.
- NO FORMS will be accepted by Human Resources. Everything will be done in Workday! *(except for the Allegiance Benefits Flex Debit Card Form).



Can I make changes to my benefits during the year? Generally, after you make your medical, dental, vision, and flexible spending accounts, you may change those elections only during open enrollment. However, if you experience a qualifying event during the year and you complete and start a

Change Benefits in Workday **within 31 days of the event**, you may change certain benefit plan elections before the next open enrollment. Qualifying events may include marriage, divorce, birth, adoption, gain or loss of insurance, or death of a spouse or dependent. Please contact the Human Resource office or visit our website for more details.

How Else Can I Save Money On My Out-Of-Pocket Benefit Expenses? Use *pre-tax* money for your co-pays on medical, dental, vision care, and prescription costs through the HealthCare Spending Account. This includes deductibles, costs for alternative health care, and orthodontia. This benefit is now even easier to use with use of a ***benefits flex debit card!** The Debit Card Form is the only form that you need to fill out: and is available at: http://www.lclark.edu/offices/human_resources/employee_resources/benefits/open_enrollment/

Benefits-Wellness Fair & Workday Information Sessions

Wellness Walkabout Benefits & Wellness Fair: Thursday, February 20th, 10 a.m. to 1:30 p.m. in Stamm. The College is pleased to offer a fun and informative Wellness Fair as a part of our annual Benefits Open Enrollment. The theme this year is *Wellness Walkabout, A Quest for Health*. Over 25 Wellness vendors will provide free screenings, massage sessions, holistic health and nutritional information. In addition to the Human Resources department, representatives from all of the College's benefits plans will be on hand to assist you and answer questions. Don't miss the raffle of prizes generously donated by our plan representatives...drop by the Fair and sign up for the drawing! This year the drawing prize is a \$100 McCormick & Schmick's Restaurant Gift card.



Workday Drop-In Sessions:

Do you need more information regarding making changes for Open Enrollment in Workday? There will be 3 session where you can drop into the Mac Lab in and complete your Open Enrollment during the session! See you there!

- ☐ **Thursday, February 13, 2014, 10-11 AM – Mac Lab in Templeton**
- ☐ **Monday, February 24, 2014, 12 Noon to 1 PM – Mac Lab in Templeton**
- ☐ **Tuesday, March 4, 2014, 3-4 PM – Mac Lab in Templeton**

TIAA-CREF Representative:

A TIAA-CREF rep will be on-campus during the Benefit & Wellness Fair on Thursday, February 20th to answer your questions about the College's 403(b) retirement plans. Please make time to stop by the booth at the fair. You can always contact our rep, Yasemin Under at 503-452-6981.

Benefit Design Changes

- **Pioneer Medical Plan** – Renewing with current benefit plan design; **no changes**.
- **Kaiser Medical Plan** – Renewing with current benefit plan design; **5% premium increase**.
- **Pioneer Dental Plan** – Renewing with current benefit plan design; **no changes**.
- **Willamette Dental Plan** – Renewing with current benefit plan design; **no changes**.
- **Kaiser Dental Plan** – Renewing with current benefit plan design; **no changes**.
- **Regence Life – Life & Disability Plan** - Renewing with current benefit plan design; **no changes**.
- **Allegiance Flexible Spending** - Healthcare Spending Account limit remains at \$2,500 and the Dependent Care limit remains at \$5,000, **no changes**.

Dental Plan Comparison 2014 - 2015			
Plan Name & Provider Network	Pioneer Dental Any Licensed Dentist	Kaiser Dental Kaiser Provider	Willamette Dental Willamette Provider
Monthly Pre-tax Employee Premium	Employee Only: \$11.83 Employee + 1: \$49.95 Family: \$98.62	Employee Only: \$14.76 Employee + 1: \$60.32 Family: \$99.19	Employee Only: \$11.52 Employee + 1: \$42.24 Family: \$83.20
Annual Deductible	Individual - \$50 Family - \$150	None	None
Annual Maximum Benefit	\$1,500 per person	\$1,500 per person	None
Office Visits	None	\$15 copay	\$10 copay
Preventive Services <i>Exams, cleanings, x-rays, fluoride treatment</i>	Employee pays 0% (deductible waived)	Fully covered after office visit charge	Fully covered after office visit charge
Basic Services <i>Fillings, simple extractions</i>	Employee pays 20% after deductible	Fully covered after office visit charge	Fully covered after office visit charge
Major Services <i>Crowns, Bridges, Dentures</i>	Employee pays 50% after deductible	Employee pays 20%	Office visit charge plus: Crown \$50 each, Bridge \$50 per tooth, Dentures \$100 each
Emergency Treatment	Employee pays 20% after deductible	\$25 copay in-network Plan pays up to \$100 for out-of-area emergency	\$50 copay in-network Plan pays up to \$100 for out-of-area emergency
Orthodontia <i>No age limit</i>	Employee pays 50%	Employee pays 50% up to \$1,500; 100% thereafter	Pre-orthodontia visit \$150, \$1,200 treatment co-pay
Orthodontia Lifetime Maximum	\$1,500	\$1,500	None
<p><i>Please note: This summary provides a brief description of the Plan benefits. It is not meant to address all covered services, nor does it address all limitations, exclusions, or instances where prior authorization may be required. Please refer to the Summary Plan Document as it is the binding contract in the event of a discrepancy.</i></p>			

Medical Plan Comparison 2014 - 2015

Plan Name & Provider Network	PPO (Preferred Provider Organization)		Kaiser Permanente
	Pioneer Medical		Kaiser Provider Network
	Regence BlueCross/BlueShield Preferred Provider Network (No PCP/Specialist referral required)		(PCP/Specialist referral required)
	In-Network	Out-of-Network	In-Network Only
Monthly Pre-tax Employee Premium	Employee Only: \$93.53 Employee + 1: \$362.47 Family: \$522.17		Employee Only: \$69.83 Employee + 1: \$270.54 Family: \$390.98
Annual Deductible	Individual -\$250 Family -\$750	Individual -\$500 Family -\$1,500	None
Annual Out-of-Pocket Maximum	Individual -\$2,000 Family -\$6,000	Individual -\$6,000 Family -\$18,000	Individual -\$1,250 Family -\$2,500
Preventive Care	Plan pays 100% (deductible waived)	<u>Participating</u> 0% (deductible waived) <u>Non-Participating</u> Employee pays 40% after deductible	No Charge
Primary & Specialty Care	\$25 copay (deductible waived)	Employee pays 40% after deductible	\$15 copay
Diagnostic Lab & X-ray	Employee pays 20% (deductible waived)	Employee pays 40% after deductible	No charge
Inpatient Stay/Surgery	Employee pays 20% after deductible	Employee pays 40% after deductible	\$250 per admission
Outpatient Surgery	Employee pays 20% (deductible waived)	Employee pays 40% after deductible	\$15 copay
Urgent Care	Plan pays 100% after \$25 co-pay (deductible waived)	Employee pays 40%	\$35 copay
Emergency Room	\$150 co-pay, then employee pays 20% (deductible waived if admitted)		\$75 copay plus any other charges that normally apply
Ambulance Services	Employee pays 20% after deductible		\$75 copay
Durable Medical Equipment	Employee pays 20% after deductible	Employee pays 40% after deductible	Employee pays 20%
Prescription Retail (Up to 30 – day supply)	\$20 generic \$40 preferred \$60 non-preferred		\$15 generic \$30 brand-name <i>Kaiser Permanente pharmacies and mail-order only</i>
Mail Order Prescriptions (Up to 90 – day supply)	\$30 generic \$60 preferred \$90 non-preferred		\$30 generic \$60 brand-name <i>Kaiser Permanente pharmacies and mail-order only</i>
Vision Benefits	Annual exam – Plan pays 100% (deductible waived). Hardware: \$250 per calendar year maximum benefit. <i>No vision network required.</i>		Routine eye exam - \$15 co-pay Prescription eyeglasses & contact lenses - balance after \$150 credit every 24 months. <i>Kaiser Permanente vision providers only</i>
<i>Please note: This summary provides a brief description of the Plan benefits. It is not meant to address all covered services, nor does it address all limitations, exclusions, or instances where prior authorization may be required. Please refer to the Summary Plan Document as it is the binding contract in the event of a discrepancy.</i>			

Allegiance Flex Advantage

A Flexible Spending Account enables you to increase your take-home pay by decreasing your taxable income. You can reduce the costs of insurance premiums, medical expenses not covered by insurance and dependent day care expenses by paying these costs on a *pre-tax* basis. *Pre-tax* denotes that you will not pay state, federal, or FICA withholdings on these earnings. The Plan Year for this benefit is April 1, 2014 through March 31, 2015. There are three Flexible Spending Accounts available: the Premium Contribution account, Health Care Spending account, and the Day Care Spending account.

1. **The Premium Contribution Account** allows you to pay your medical and dental insurance premiums on a pre-tax basis. **Your Medical/Dental Premiums will automatically be deducted from your pay on a pre-tax basis. This will increase your take home pay.**
2. **The Health Care Spending Account** allows you to pay for medical, dental, vision, and alternative care expenses with pre-taxed earnings by setting aside a specific monthly portion of your salary into the Allegiance Flex Advantage account for future use. When you incur an applicable expense, you can use your Benefits Debit Card at both healthcare and non-healthcare merchants or you can submit a simple claim form to Allegiance and they will mail you a check to reimburse the claim amount. **Please be advised that IRS regulations do not allow refunds for unused contributions; therefore this is a "use it or lose it" account. The IRS requires an *annual re-enrollment* for the HealthCare Spending account during the annual Open Enrollment period. The amount allowed this year remains at \$2,500.**
NEW: beginning in 2013-14 benefits year (from 4/1/14 through 6/30/14), up to \$500 unused funds can be rolled over from the 2013-14 election and can be utilized for purchasing of authorized expenses. All expenses must be made and claims must be submitted by June 30, 2014.
3. **The Dependent Day Care Spending Account** allows you to pay for dependent (not spouse) day care expenses with pre-taxed earnings. By enrolling in the Day Care Spending account, you are instructing the College to set aside a specific monthly portion of your salary into the Allegiance Flex Advantage account for day care expenses. **Please be advised that IRS regulations do not allow refunds for unused contributions; therefore this is a "use it or lose it" account. The IRS requires an *annual re-enrollment* for the Day Care spending account during the annual Open Enrollment period. The amount allowed this year remains at \$5,000. The new rollover feature is only for Health Flex and doesn't pertain to Dependent Day Care Flex Account.**

If you already have a Benefits Debit Card, the card will be refilled automatically with your 2014-15 contribution if the card hasn't expired. No need to apply for a new card. If your card has expired or you want to apply for a Benefits Debit Card for the first time, please send in the Allegiance Debit Card application form on the Benefit Forms section of the Lewis & Clark Website and have the form in the HR office no later than 5 PM, Friday, March 7, 2014.

If you wish to participate in a Flexible Spending Account, you must complete Workday Open Enrollment.

Employee Assistance Program

Lewis & Clark College offers a short-term counseling and advising benefit designed to supplement coverage provided by medical insurance programs. This program is available to employees, their families, and "significant others." The College has retained the services of Cascade Centers to provide individuals with no-cost private and confidential short-term counseling and referral to help them deal with the stresses and problems they may face in day-to-day life. Participants may receive up to four sessions, *for each issue or situation*, in a 12-month period. You may access immediate and confidential consultation 24 hours a day, seven days a week by calling [1-800-433-2320](tel:1-800-433-2320). You may also e-mail Cascade Centers at info@cascadecenters.com. Visit www.cascadecenters.com for more information.

Basic Life & Accidental Death and Dismemberment

A College paid group term life insurance plan through LifeMap is available for all regular employees who work at least 20 hours per week for 12 months per year, and faculty with .50 FTE. The college *contributes the entire cost* for the basic coverage for employees. This basic policy provides you with the security of **life insurance and accidental death and dismemberment insurance coverage at 150% of your annual base salary.**

Basic Long-Term Disability Coverage

Long-term disability insurance is available for all regular employees who work at least 20 hours per week for 12 months per year, and faculty with .50 FTE. **Long-term disability insurance (LTD) replaces up to 60% of your pre-disability income if you are unable to work due to a disability.** If you become disabled and are less than age 60, benefits are generally payable to age 65. If you become disabled after your 60th birthday, benefits are payable according to a schedule. The college *contributes the entire cost* for the basic coverage for employees. There is a 180-day waiting period for benefits on approved claims. Please see your certificate for complete details.

Short-Term Disability Coverage

Short-term disability coverage is available for all exempt (salaried) employees who work at least 30 hours per week for 12 months per year, and faculty with .75 FTE. Short-term disability payments are made by the college in the form of salary continuance. Benefits are payable beginning on the 23rd workday after the disability begins. All available sick time and vacation time will be included as part of the short-term disability payments.

TIAA-CREF Retirement Plans

- **How much does the College contribute towards my retirement? 9% of your monthly base salary with no employee match required.** Even more amazing is that your retirement contributions are immediately fully vested. We are serious about our commitment to providing you with income during your retirement.
- **Who is eligible for the College's contribution?** You must be 21 years or older and a regular faculty or staff member (not adjunct, temporary, or student), who works at least 1000 hours or more per year.
- **When do I start receiving the College's contribution?** If you are a new employee, who did not come from another institution of higher education, the College will make its first contribution toward your Group Retirement Annuity (GRA) plan on the first day of the month following a year of service. For example, if your hire date is on September 8th, the College's retirement contributions will begin on October 1st of the following year. However, if you can prove that you have completed 12 months of service in which you worked at least 1,000 hours with another institution of higher education within 6 months of starting your employment with Lewis & Clark College and were not adjunct, temporary, or student status, you may be eligible to waive the one-year waiting period. A letter from your former employer is required to document employment.
- **When can I start contributing toward my retirement?** You can start contributing toward your retirement the first of the month following your hire date. All of our employees are welcome to participate, including our adjunct faculty and temporary employees. Starting in 2013, all new employees who are not adjunct or temporary are subject to a 3% auto-enrollment. There is a 90 day opt-out feature.
- **How do I make changes to my retirement contributions?** You can change your amount, start or stop your contribution at any time by going into Workday and edit your retirement under Change in All About Me / Benefits. *You are not limited to making changes during the "open enrollment" period.* Please keep in mind that your changes may be delayed by one month when changes are submitted in Workday after payroll has been run. Retirement change is not a required field during Open Enrollment, so if you want to make a change, please follow the above mentioned procedure.

Annual Legal Notices

THE WOMEN'S HEALTH CANCER RIGHTS ACT OF 1998 (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). 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.

These benefits will be provided subject to the same deductibles and coinsurance applicable to other medical and surgical benefits provided under this plan.

NEWBORNS ACT DISCLOSURE – FEDERAL

Group health plans and health insurance issuers generally may not, under Federal law, restrict benefits for any hospital length of stay in connection with childbirth for the mother or newborn child to less than 48 hours following a vaginal delivery, or less than 96 hours following a cesarean section. However, Federal law generally does not prohibit the mother's or newborn's attending provider, after consulting with the mother, from discharging the mother or her newborn earlier than 48 hours (or 96 hours as applicable). In any case, plans and issuers may not, under Federal law, require that a provider obtain authorization from the plan or the insurance issuer for prescribing a length of stay not in excess of 48 hours (or 96 hours).

NOTICE OF SPECIAL ENROLLMENT RIGHTS

If you are declining enrollment for yourself or your dependents (including your spouse) because of other health insurance or group health plan coverage, you may be able to enroll yourself and your dependents in this plan if you or your dependents lose eligibility for that other coverage (or if the employer stops contributing toward your or your dependents' other coverage). However, you must request enrollment within 30 days after your or your dependents' other coverage ends (or after the employer stops contributing toward the other coverage).

In addition, if you have a new dependent as a result of marriage, birth, adoption, or placement for adoption, you may be able to enroll yourself and your dependents. However, you must request enrollment within 31 days after the marriage, birth, adoption, or placement for adoption.

Further, if you decline enrollment for yourself or eligible dependents (including your spouse) while Medicaid coverage or coverage under a State CHIP program is in effect, you may be able to enroll yourself and your dependents in this plan if:

- coverage is lost under Medicaid or a State CHIP program; or
- you or your dependents become eligible for a premium assistance subsidy from the State.

In either case, you must request enrollment within 60 days from the loss of coverage or the date you become eligible for premium assistance.

To request special enrollment or obtain more information, contact person listed at the end of this summary.

NOTICE OF PATIENT PROTECTIONS THAT REQUIRE DESIGNATION OF A PCP

Kaiser group health plans 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. For information on how to select a primary care provider, and for a list of the participating primary care providers, contact Kaiser Customer Service.

For children, you may designate a pediatrician as the primary care provider.

Premium Assistance Under Medicaid and the Children's Health Insurance Program (CHIP)

If you or your children are eligible for Medicaid or CHIP and you are eligible for health coverage from your employer, your State may have a premium assistance program that can help pay for coverage. These States use funds from their Medicaid or CHIP programs to help people who are eligible for these programs, but also have access to health insurance through their employer. If you or your children are not eligible for Medicaid or CHIP, you will not be eligible for these premium assistance programs.

If you or your dependents are already enrolled in Medicaid or CHIP and you live in a State listed below, you can contact your State Medicaid or CHIP office to find out if premium assistance is available.

If you or your dependents are NOT currently enrolled in Medicaid or CHIP, and you think you or any of your dependents might be eligible for either of these programs, you can contact your State Medicaid or CHIP office or dial **1-877-KIDS NOW** or **www.insurekidsnow.gov** to find out how to apply. If you qualify, you can ask the State if it has a program that might help you pay the premiums for an employer-sponsored plan.

Once it is determined that you or your dependents are eligible for premium assistance under Medicaid or CHIP, as well as eligible under your employer plan, your employer must permit you to enroll in your employer plan if you are not already enrolled. This is called a "special enrollment" opportunity, and **you must request coverage within 60 days of being determined eligible for premium assistance**. If you have questions about enrolling in your employer plan, you can contact the Department of Labor electronically at www.askebsa.dol.gov or by calling toll-free 1-866-444-EBSA (3272).

If you live in one of the following States, you may be eligible for assistance paying your employer health plan premiums. The following list of States is current as of July 31, 2012. You should contact your State for further information on eligibility –

OREGON – Medicaid and CHIP	WASHINGTON – Medicaid
Website: http://www.oregonhealthykids.gov http://www.hijossaludablesoregon.gov Phone:1-877-314-5678	Website: http://hrsa.dshs.wa.gov/premiumpymt/Apply.shtm Phone:1-800-562-3022 ext. 15473

To see if any more States have added a premium assistance program since July 31, 2012, or for more information on special enrollment rights, you can contact either:

- | | |
|---|---|
| <ul style="list-style-type: none">• U.S. Department of Labor• Employee Benefits Security Administration• www.dol.gov/ebsa• 1-866-444-EBSA (3272) | <ul style="list-style-type: none">• U.S. Department of Health and Human Services• Centers for Medicare & Medicaid Services• www.cms.hhs.gov• 1-877-267-2323, Ext. 61565 |
|---|---|

OMB Control Number 1210-0137 (expires 09/30/2013)

STATEMENT OF ERISA RIGHTS

As a participant in the Plan you are entitled to certain rights and protections under the Employee Retirement Income Security Act of 1974 ("ERISA"). ERISA provides that all participants shall be entitled to:

Receive Information about Your Plan and Benefits

- Examine, without charge, at the Plan Administrator's office and at other specified locations, the Plan and Plan documents, including the insurance contract and copies of all documents filed by the Plan with the U.S. Department of Labor, if any, such as annual reports and Plan descriptions.
- Obtain copies of the Plan documents and other Plan information upon written request to the Plan Administrator. The Plan Administrator may make a reasonable charge for the copies.
- Receive a summary of the Plan's annual financial report, if required to be furnished under ERISA. The Plan Administrator is required by law to furnish each participant with a copy of this summary annual report, if any.

Continue Group Health Plan Coverage

If applicable, you may continue health care coverage for yourself, spouse or dependents if there is a loss of coverage under the plan as a result of a qualifying event. You and your dependents may have to pay for such coverage. Review the summary plan description and the documents governing the Plan for the rules on COBRA continuation of coverage rights.

If you have creditable coverage from another plan, you may be entitled to a reduction or elimination of exclusionary periods (if applicable) of coverage for preexisting conditions under your group health plan. You should be provided a certificate of creditable coverage, free of charge, from your group health plan or health insurance issuer when you lose coverage under the plan, when you become entitled to COBRA continuation of coverage, when COBRA continuation of coverage ceases, if you request before losing coverage or if you request it up to 24 months after losing coverage. Without evidence of prior creditable coverage, you may be subject to a preexisting condition exclusion for 12 months (18 months for late enrollees) after your enrollment date in your coverage.

Prudent Actions by Plan Fiduciaries

In addition to creating rights for participants, ERISA imposes duties upon the people who are responsible for operation of the Plan. These people, called "fiduciaries" of the Plan, have a duty to operate the Plan prudently and in the interest of you and other Plan participants.

No one, including the Company or any other person, may fire you or discriminate against you in any way to prevent you from obtaining welfare benefits or exercising your rights under ERISA.

Enforce your Rights

If your claim for a welfare benefit is denied in whole or in part, you must receive a written explanation of the reason for the denial. You have a right to have the Plan review and reconsider your claim.

Under ERISA, there are steps you can take to enforce these rights. For instance, if you request materials from the Plan Administrator and do not receive them within 30 days, you may file suit in federal court. In such a case, the court may require the Plan Administrator to provide the materials and pay you up to \$110 a day until you receive the materials, unless the materials were not sent due to reasons beyond the control of the Plan Administrator. If you have a claim for benefits which is denied or ignored, in whole or in part, and you have exhausted the available claims procedures under the Plan, you may file suit in a state or federal court. If it should happen that Plan fiduciaries misuse the Plan's money, or if you are discriminated against for asserting your rights, you may seek assistance from the U.S. Department of Labor, or you may file suit in a federal court. The court will decide who should pay court costs and legal fees. If you are successful, the court may order the person you have sued to pay these costs and fees. If you lose (for example, if the court finds your claim is frivolous) the court may order you to pay these costs and fees.

Assistance with your Questions

If you have any questions about your Plan, this statement, or your rights under ERISA, you should contact the nearest office of the Employee Benefits and Security Administration, U.S. Department of Labor, listed in your telephone directory or the Division of Technical Assistance and Inquiries, Employee Benefits and Security Administration, U.S. Department of Labor, 200 Constitution Avenue N.W., Washington, D.C. 20210.

Insurance Premiums

Your cost for coverage depends on the benefit elections you make and how many eligible dependents you enroll. Medical, dental, vision and FSA contributions are automatically deducted from your pay on a pre-tax basis. Life and LTD contributions are deducted from your pay on an after-tax basis. Pre-tax contributions save you money. This is because pre-tax contributions are deducted from your pay before federal – and in most cases, state- income tax withholdings and FICA (Social Security and Medicare) tax withholdings are calculated. This lowers your taxable income, which in turn lowers the total amount you pay in taxes. Post-tax contributions have certain advantages. Because you pay for LTD and voluntary supplemental life insurance on an after-tax basis, any benefits paid under these plans will not be taxed again. This means that if you receive benefits from your disability plan or life insurance plan; you will not be taxed on the benefit amount.

When Will The New Rates Appear On My Paycheck?

The new insurance premiums will appear on your March, 2014 paycheck. Flexible spending account deductions for the 2014-2015 plan years, if you choose to participate, will begin on your April, 2014 paycheck.

How Much Does The College Pay For Employee Benefits?

In addition to approximately 71% of medical and dental premium costs, the College also pays the full premiums for the group Life and AD&D, Long-term Disability, Employee Assistance Plan, and 9% of base pay towards a retirement plan (TIAA-CREF). The College budgets approximately 31% of the total salary pool for employee benefits. For example, for every \$1,000 salary earned, the College contributes approximately \$310 towards benefits.



Monthly Medical & Dental Premium Rates Effective March 2014 Paycheck

	Total Premium 2013-14	Total Premium 2014-15	College Cost 2013-14	College Cost 2014-15	Employee Cost 2013-14	Employee Cost 2014-15
Pioneer Medical						
Employee Only	\$584.55	\$550.64	\$491.02	\$457.11	\$93.53	\$93.53
Two Party	\$1,169.26	\$1,101.44	\$806.79	\$738.97	\$362.47	\$362.47
Family	\$1,631.75	\$1,537.11	\$1,109.58	\$1014.94	\$522.17	\$522.17
Kaiser Medical						
Employee Only	\$415.58	\$475.13	\$349.08	\$405.30	\$66.50	\$69.83
Two Party	\$831.16	\$950.25	\$573.50	\$679.71	\$257.66	\$270.54
Family	\$1,163.62	\$1,330.36	\$791.26	\$939.38	\$372.36	\$390.98
Pioneer Dental						
Employee Only	\$56.75	\$53.06	\$44.92	\$41.23	\$11.83	\$11.83
Two Party	\$113.54	\$106.16	\$63.59	\$56.21	\$49.95	\$49.95
Family	\$158.94	\$148.61	\$60.33	\$49.99	\$98.62	\$98.62
Kaiser Dental						
Employee Only	\$55.81	\$55.81	\$41.05	\$41.05	\$14.76	\$14.76
Two Party	\$111.63	\$111.63	\$51.31	\$51.31	\$60.32	\$60.32
Family	\$156.27	\$156.27	\$57.08	\$57.08	\$99.19	\$99.19
Willamette Dental						
Employee Only	\$40.70	\$40.70	\$29.18	\$29.18	\$11.52	\$11.52
Two Party	\$81.40	\$81.40	\$39.16	\$39.16	\$42.24	\$42.24
Family	\$122.45	\$122.45	\$39.25	\$39.25	\$83.20	\$83.20

What's Next: Take Action Before March 7, 2014, 5 PM

As you can see, Lewis & Clark provides a broad range of benefit choices as well as a number of tools and resources that can help with your benefit decisions. Before enrolling, be sure to:

- 📱 **Go Online.** Our Health and dental insurance providers make a number of tools and resources available through their websites that can help support your decision-making process.
- 📱 **Remember To Enroll.** Make sure that you get the coverage that best suits your needs. Don't forget to remove ineligible dependents, former spouses, or over the age dependents that no longer meet the eligibility requirements.
- 📱 **Contact the Plans** if you have questions about benefits or available providers.
- 📱 **Keep This Guide Handy.** Refer to the information in this guide to help you make wise benefits choices.

Key Contact Information

The following table provides important phone numbers and websites that you may need when enrolling for your benefits and throughout the year.

Plan/Contact	Web Address	Group #	Phone Number
Health Insurance			
Pioneer Medical: Regence BlueCross BlueShield of Oregon	https://www.regence.com/	#60026055	Regence BCBS (866) 240-9580
Kaiser Permanente	https://healthy.kaiserpermanente.org/	#1495-001	Kaiser (503) 813-2000
Dental Insurance			
Pioneer Dental Plan	http://www.lclark.edu/offices/human_resources/employee_resources/benefits/health_benefits/peht_dental/index.php	#60026055	Regence BCBS (866) 240-9580
Kaiser Dental Plan	https://healthy.kaiserpermanente.org/	#1495-006	Kaiser (503) 813-2000
Willamette Dental Plan	www.willamettedental.com/	#Z908A	Willamette Dental (503) 952-2100
Allegiance Flex Advantage			
Health Care & Dependent Care Spending Account	http://www.allegianceflexadvantage.com/	503711	Allegiance Flex Advantage (877) 424-3570
LifeMap Assurance Company			
Life/AD&D, Long Term Disability	https://www.lifemapco.com/	#OR300475	LifeMap 503-412-7965 Claims 1-800-756-4105
Cascade Centers			
Employee Assistance Program	http://cascade.personaladvantage.com/ca/ Username= Lewis & Clark College Password= Lewis & Clark College	N/A	Cascade (503) 639-3009 1-800-433-2320
TIAA-CREF			
403(b) Retirement Plan	https://www.tiaa-cref.org/public/index.html	ER: GRA: 101700 EE: GSRA: 101701	TIAA-CREF (800) 842-2776
Long Term Care			
John Hancock	http://www.johnhancock.com/products/long-term-care.html	30578	1-800-525-4361
Genworth	https://www.genworth.com/products/long-term-care/group-long-term-care.html	7046	1-800-416-3624