

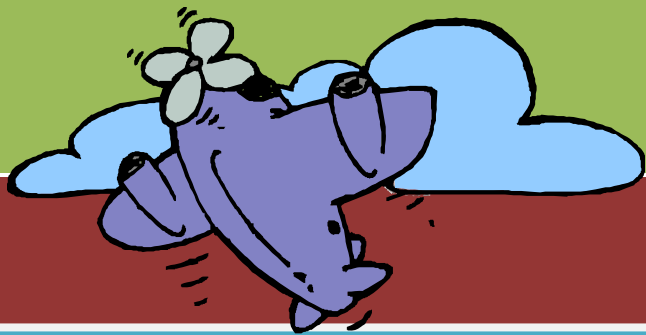


Open Enrollment

Destination: Wellness

Deadline March 11, 2011

Effective April 1, 2011



2011

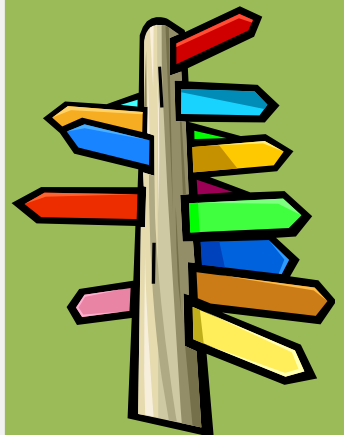
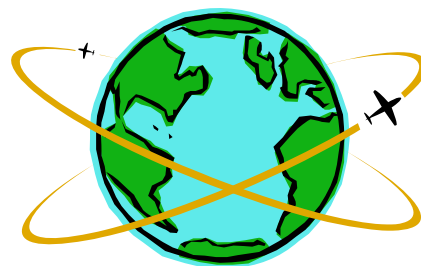


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ENCLOSURES

-  Medical & Dental Insurance Open Enrollment Form
-  Marriage/Domestic Partner Affidavit
-  Flexible Spending Account Open Enrollment Form
-  Allegiance Flex Advantage Flyer
-  Regence Life Voluntary Benefits Enrollment Form, RHL 161
-  2011 Benefits & Wellness Fair Flyer
-  The "Fiscally Fit" Series of Financial Planning Workshops Flyer

Message from the Office of Human Resources

Dear Colleagues:

We'd like to welcome you to the start of another open enrollment season. 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.



2011 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.

Review...

- ☐ Your January 2011 Pay Advice – this lists your current benefit plans
- ☐ This 2011 Open Enrollment Packet

Get Informed...

- ☐ Attend the Benefits & Wellness Fair and information sessions
- ☐ Visit the Open Enrollment Website:
http://www.lclark.edu/offices/human_resources/employee_resources/benefits/open_enrollment/index.php
- ☐ Contact the Office of Human Resources with Questions

Make Changes...

- ☐ Change medical or dental plans
- ☐ Enroll in or cancel medical or dental coverage
- ☐ Remove dependents
- ☐ Enroll dependents up to age 26

No Changes?

- ☐ Do nothing – your current benefit plan elections will remain in effect
- ☐ Premiums will be updated to reflect 2011 rates

Remember: Open Enrollment ends Friday, March 11th. All enrollment forms must be received by Human Resources **no later than 5:00 p.m. PST on Friday, March 11, 2011.**



Answers to Frequently Asked Questions

Who Is Eligible To Participate In Our Benefit Plans? If you are a faculty member with at least a .50 FTE or a staff member who works at least 20 hours a week, 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 2011, **you do not** need to submit any paperwork. However, if you wish to participate in a Flexible Spending Account you must complete the Allegiance Flexible Benefits & Debit Card Open Enrollment Form.

What's New? Due to the recently enacted Patient Protection and Affordable Care Act (PPACA) you will see some changes to your Lewis & Clark sponsored medical and health care flexible spending accounts in 2011. In addition to the health care reform changes, Lewis & Clark has also voluntarily expanded the dependent age limitations from 23 to 26 for our dental plans and voluntary dependent life insurance.



The following chart highlights updates to your benefits:

Plan	2011 Changes
All Medical Plans	<ul style="list-style-type: none"> Coverage will now be available for adult children up to age 26 regardless of marital or student status, or financial dependence. No lifetime maximums All eligible Preventive care benefits are covered 100% in-network Out-of-network emergency benefits will match in-network benefits No retroactive cancellation of health coverage for either an employee or a dependent covered by the plan, except in the event of fraud or intentional misrepresentation of material fact as prohibited under the terms of the plan.
Kaiser Medical Plan	<ul style="list-style-type: none"> Participants may designate any primary care physician (PCP) who is in-network and accepting new patients Children may designate a pediatrician as a PCP No referrals when seeking obstetric or gynecological care
Health Care Flex Account	<ul style="list-style-type: none"> Effective January 1, 2011, over-the-counter drugs are no longer reimbursable without a prescription.
All Dental Plans	<ul style="list-style-type: none"> Dependents to age 26 eligible for coverage
Voluntary Dependent Life Benefits	<ul style="list-style-type: none"> Dependents to age 26 eligible for coverage and portability option

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 complete the [appropriate forms](#) enclosed in this packet. All completed and signed forms must be received in Human Resources by **no later than 5:00 p.m. PST on Friday, March 11, 2011.**

Completed forms may be submitted as follows:

- Fax to 503-768-6233
- Email scanned forms to hr@lclark.edu
- Hand deliver or US Mail to MSC 72 at 0615 S.W. Palatine Hill Road, Portland, Oregon 97219



Can I make changes to my benefits during the year? Generally, after you make your medical, dental, vision, flexible spending accounts and voluntary life/AD&D elections, you may change those elections only during open enrollment. However, if you experience a qualifying event during the year and you complete and return the correct paperwork **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, 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 **debit card!**

Information Sessions

'Destination: Wellness' Benefits & Wellness Fair: Thursday, February 24th, 10 a.m. to 2 p.m. in Stamm. The College is pleased to offer a fun and informative Wellness Fair as a part of our annual Benefits Fair. 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!



Allegiance: Flexible Spending Account Presentation

Most of us are spending more and more out of our pockets these days for medical expenses. Health plan deductibles and co-pays keep going up, plus maybe your kids need braces or you want Lasik eye surgery. These are big ticket items that you pay for yourself. So after all of that, who wants to pay more taxes? ***Learn more about how Flexible Spending Accounts (FSAs) were designed to help with these expenses and how you can instantly get tax dollars back into your paycheck and increase your spendable income. The presentation is approximately 45 minutes in length with 15 minutes for Q&A***

Wednesday, February 16th in Albany Room 218 From 12:00 p.m. to 1:00 p.m.	RSVP: Appreciated But Not Required. Email: hr@lclark.edu
Tuesday, March 1st in Albany Room 220 From 12:00 p.m. to 1:00 p.m.	

TIAA-CREF: Appointments

Are you wondering how to make your retirement investments grow in today's market? Free personalized retirement planning and advice consultation appointments are available for **Tuesday, March 8th through Thursday, March 10th.**



Available by appointment only, from 9 a.m. - 5 p.m., the one-hour individual sessions are in Albany 220 and the Watzek Conference room 317. To schedule your one-hour appointment, please call toll-free 866-928-4221 or visit <http://www.tiaa-cref.org/public/products-services/retirement-consultation/index.html>

A TIAA-CREF representative will also be on-campus during the Benefit & Wellness Fair on Thursday, February 24th to answer your questions about the College's 403(b) retirement plans. Please make time to stop by the booth at the fair.

The "Fiscally Fit" Series of Financial Planning Workshops

Lewis & Clark College is proud to collaborate with the Foundation For Personal Financial Education (FPFE) a national non-profit organization, to bring our employees free on-campus financial education workshops. As most people are so busy with the day-to-day job of living, they don't have time to acquire the financial education necessary to secure a wealthy and prosperous future. FPFE has been educating employees regularly since 1994, and consists of various financial professionals who donate their time to speaking and counseling at NO CHARGE for the advancement of financial education. For workshop descriptions, please see the enclosed flyer in your packet, and to register please visit:



http://www.surveymonkey.com/s/fiscally_fit

Benefit Design Changes

Changes to Pioneer Medical

Benefit Category	2010 - 2011	2011 - 2012	Plan Changes Effective 4/1/2011
Lifetime Maximum	\$2,000,000	Unlimited	Removed maximum due to PPACA changes
Annual Maximum	None	\$2,000,000	Added annual maximum.
Dental - Hospitalization	\$1,000	No Limit	Removed the dollar limit
Hearing Aids for eligible enrollees**	\$4,000	No Limit	Removed the dollar limit
Neurodevelopmental Therapy	\$1,500 annual maximum	25 visits	Implemented change from dollars to visit limits
Preventive services	Subject to \$25 Copay and then covered at 100% in-network	Paid at 100% in-network & participating out of network and then 40% coinsurance for non-participating out of network.	Per PPACA rules, preventive services must be available at no cost sharing to the member for all contracted provider networks. 40% coinsurance still applies for non-participating out of network.
Rehabilitation - Inpatient	\$25,000	30 days	Implemented change from dollars to visit limits
Rehabilitation - Outpatient	\$4,500	25 visits	Implemented change from dollars to visit limits
Transplant - Donor Limit	\$10,000 out of network	\$10,000 out of network	No change (Note: there is no limit in-network)

**Provides hearing aid benefits to enrollees under age 18 or a dependent, 18 years or older, who is enrolled in an accredited education institution.

All Other Plans

- **Kaiser Medical Plan** – benefit design remains the same
- **Pioneer Dental Plan** – benefit design remains the same
- **Willamette Dental Plan** – benefit design remains the same
- **Kaiser Dental Plan** – benefit design remains the same





Medical Plan Comparison 2011 - 2012			
Plan Name & Provider Network	PPO (Preferred Provider Organization)		Kaiser Permanente
	Regence BlueCross/BlueShield Preferred Provider Network (No PCP/Specialist referral required)		Kaiser Provider Network (PCP/Specialist referral required)
	In-Network	Out-of-Network	In-Network Only
Monthly Pre-tax Employee Premium	Employee Only: \$89.08 Employee + 1: \$345.21 Family: \$497.30		Employee Only: \$65.72 Employee + 1: \$254.66 Family: \$368.02
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
Annual Maximum Benefit	\$2,000,000		None
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% after deductible	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. Please refer to the Summary Plan Description for a complete list of benefits, the limitations, and exclusions that apply and a definition of medical necessity.</i>			

Dental Plan Comparison 2011 - 2012			
Plan Name & Provider Network	Fee For Service Any Licensed Dentist	Kaiser Dental Kaiser Provider	Willamette Dental Willamette Provider
Monthly Pre-tax Employee Premium	Employee Only: \$11.02 Employee + 1: \$46.52 Family: \$91.84	Employee Only: \$13.24 Employee + 1: \$54.06 Family: \$88.90	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
<i>Please note: This summary provides a brief description of the Plan benefits. Please refer to the Summary Plan Description for a complete list of benefits, the limitations, and exclusions that apply.</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 daycare 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, 2011 through March 31, 2012. There are three Flexible Spending Accounts available: the Premium Contribution account, HealthCare 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.** If you wish to waive this option and pay your premiums post-tax you may change your deductions on the Open Enrollment Form. ***You are not required to re-enroll during the annual Open Enrollment period for pre-tax premium contribution accounts.*** 
2. The Healthcare 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 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.**
3. The Day Care Spending Account allows you to pay for dependent daycare 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 daycare 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.** 

If you wish to participate in a Flexible Spending Account, you must complete the Allegiance Flexible Benefits & Debit Card Open Enrollment Form.

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 benefited employees, their families, and "significant others." The College has retained the services of E.A.S.E. (Employee Assistance Services Enterprises) 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. For more information or to schedule an appointment, call 503-228-3223 or email info@easeeap.com.

Basic Life & Accidental Death and Dismemberment

A College paid group term life insurance plan through Regence Life & Health is available for all regular employees who work at least 30 hours per week for nine or more months per year, and faculty with .75 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 salary.**

Dependent Life (\$2.54 per family, per month) – One Time Open Enrollment!

The following applies to applications signed between February 14, 2011 and March 11, 2011. Coverage is guaranteed if applied for during your one time open enrollment period. Dependent life insurance pays benefits if your Spouse/State Certified Domestic Partner or dependent child(ren) under the age of 26 dies while covered by the plan. The employee is the beneficiary. Coverage is \$5,000 Spouse, \$5,000 per Child. The rate for dependent life for your family is \$2.54 per month. To apply please fill out the Voluntary Benefits Enrollment Form, RLH 161.

Voluntary Life Insurance – One Time Open Enrollment!

The following applies to applications signed between February 14, 2011 and March 11, 2011. Open enrollment will not be available in the future. To apply please fill out the Voluntary Benefits Enrollment Form, RLH 161.

- **Employee** – You may elect up to \$100,000 without answering medical questions. All amounts of coverage over \$100,000 require the medical questions to be answered.
- **Spouse** – All amounts of coverage applied for at any time require the medical questions to be answered.



If you and/or your spouse are currently enrolled in the Voluntary Life plan, your amounts of coverage will be grandfathered. If you do not wish to change your amounts of coverage, you do not need to complete the Voluntary Benefits Enrollment Form, RLH 161. Any coverage requiring approval of a health statement is not effective until approved in writing by Regence Life and Health. The effective date of approved coverage will be assigned by Regence Life and Health. In some cases, they may request a Paramed Exam. If requested, the Paramed Exam will be at Regence Life and Health's expense.

Cost - Premiums are based on the applicant's age and are paid through payroll deduction.

- \$10,000 to \$300,000 in \$10,000 increments.
- Spouses do not need to select the same amount of coverage as the employee.

Monthly Rate per \$10,000 of Coverage

Age	Male	Female
Under age 30	\$0.60	\$0.40
30-34	\$0.80	\$0.50
35-39	\$0.90	\$0.60
40-44	\$1.70	\$0.80
45-49	\$3.00	\$1.40
50-54	\$5.10	\$2.30
55-59	\$9.20	\$3.60
60-64	\$10.50	\$4.70
65-69	\$18.60	\$8.40
For over age 70 rates, please see your certificate for details.		

Additional accidental death and dismemberment coverage is also available through payroll deduction. Please visit our webpage for rates and benefit information:

http://www.lclark.edu/offices/human_resources/employee_resources/benefits/financial_security/

Basic Long-Term Disability Coverage

Long-term disability insurance is available for all regular employees who work at least 30 hours per week for 9 or more months per year, and faculty with .75 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.** Benefits are reduced at age 70. The college contributes the entire cost for the basic coverage for employees. There is a 180-day waiting period for benefits on approved claims.

Long-Term Disability Buy-Up – One Time Open Enrollment!

Non-exempt (hourly) employees may purchase optional insurance to reduce the waiting period on the basic Long-Term Disability plan to 90 days. This LTD buy-up option will help you meet your salary continuation needs during the fourth through the sixth month of the LTD waiting period. If you are applying **during** one time open enrollment period, please complete the Voluntary Benefits Enrollment Form, RLH 161. You do not need to answer medical questions.

Your cost calculation: fill in the blanks below to determine your monthly premium.

	divide by 12		multiply by .00211	
Annual Income		Monthly Income		Monthly Premium

Cost example: Employee earns \$30,000 per year. \$30,000 divided by 12 to arrive at monthly **income** is \$2,500. \$2,500 multiplied by the rate of \$.00211 is \$5.28. The **monthly** cost for this employee is \$5.28.

Long-Term Disability Buy-Up– One Time Open Enrollment!

Long-term disability buy-up coverage is available for all exempt (salaried) employees who make a minimum salary of \$100,000. If you purchase this option, your monthly maximum benefit for the basic Long-Term Disability increases to \$12,000 per month, but no more than 60% of your pre-disability earnings. To apply please fill out the Voluntary Benefits Enrollment Form, RLH 161. The rate is \$.00211 per \$1 of covered salary.

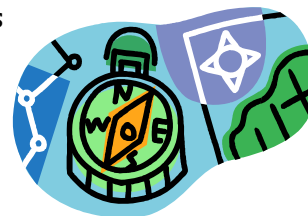
Your cost calculation: fill in the blanks below to determine your monthly premium.

	divide by 12		multiply by .00211	
Annual Income		Monthly Income		Monthly Premium

Cost example: Employee earns \$120,000 per year. \$120,000 divided by 12 to arrive at monthly **income** is \$10,000. \$10,000 multiplied by the rate of \$.00211 is \$21.10. The **monthly** cost for this employee is \$21.10.

Short-Term Disability Coverage

Short-term disability coverage is available for all exempt (salaried) employees who work at least 30 hours per week for 9 or more 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** (unless covered by a [collective bargaining agreement that states otherwise](#)). 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 (not adjunct) faculty or staff member, 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, you may be eligible to waive the one-year waiting period. A letter from your former employer is required to document employment. Please see the [Sample Eligibility Letter](#) for more information. For more details on the College's GRA plan, please see our [Retirement Plan Policy](#).
- **When can I start contributing toward my retirement?** You can start contributing toward your retirement the month following your hire date. All of our employees are welcome to participate, including our adjunct faculty and temporary employees. There is a minimum contribution of at least \$200 per calendar year into the plan.
- **How do I make changes to my retirement contributions?** You can change your amount, start or stop your contribution at any time by completing [a new Salary Reduction Form](#). You are not limited to making changes during the "open enrollment" period. Your changes are not official until your completed salary reduction form is turned in to the HR Office. Please keep in mind that your changes may be delayed by one month when your form is not submitted before the payroll deadline for that month.

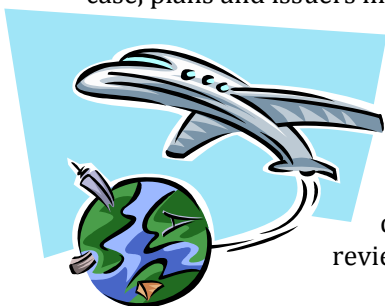
Annual Legal Notices

WOMEN'S HEALTH AND CANCER RIGHTS ACT OF 1998 (WHRCA) - If you have or are going to have a mastectomy, you may be entitled to certain benefits under the Women's Health and Cancer Rights Act (WHCRA). For individuals receiving mastectomy-related benefits, coverage will be provided in a manner determined in consultation with the attending physician and 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 as outlined in your benefits booklet. Review the terms of your benefit booklet for more information.

Federal Law - Newborn and Mother's Health Protection Act - Group health plans and health insurance issuers offering group health insurance coverage 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 normal vaginal delivery, or less than 96 hours following a caesarian section. Federal law generally does not prohibit the attending provider of the mother or newborn, after consultation 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.



The Health Insurance Portability and Accountability Act of 1996 (HIPAA) - places limitations on a group health plan's ability to impose preexisting condition exclusions, provides special enrollment rights for certain individuals and prohibits discrimination in group health plans based on health status. For more information, review your benefit booklet.

Pre-Existing Exclusions - If applicable, the existence and terms of a pre-existing condition exclusion clause are disclosed in your benefit booklet. Individuals have a right to request a certificate of creditable coverage from a prior plan or insurance issuer. If necessary, the plan can assist you in obtaining a certificate of creditable coverage. Please contact human resources for more information or to request assistance.



HIPAA Special Enrollment Notice - Loss of Coverage: If you are declining enrollment for yourself or your dependents (including your spouse) because of other health insurance coverage, you may in the future be able to enroll yourself or your dependents in this plan provided that you request enrollment within the required time frames as outlined in your benefit booklet.

New Dependent by Marriage, Birth, Adoption or Placement for Adoption: 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 new dependents. However, you must request enrollment within the timeframes outlined in your benefit booklet to add coverage after the marriage, birth, adoption or placement for adoption.

SCHIP Eligibility - Effective April 1, 2009, you may have expanded special enrollment rights if you or a dependent: lose coverage under Medicaid or a State child health plan; or become eligible for assistance with the cost of participating in the Plan through the Medicaid plan or the State child health plan in which you and/or your dependent participate. In either case, you or your dependent will have 60 days from the loss of coverage or the date of eligibility for the subsidy to elect to be covered under the Plan. If you believe that you may be entitled to any of these special enrollment rights, please contact your plan administrator.

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 2011 paycheck. Flexible spending account deductions for the 2011-2012 plan years, if you choose to participate, will begin on your April 2011 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 (EASE), 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 31, 2011

	Total Premium 2011	Total Premium 2010	College Cost 2011	College Cost 2010	Employee Cost 2011	Employee Cost 2010
Pioneer Medical (+6.82%)						
Employee Only	\$556.71	\$521.17	\$467.64	\$437.78	\$89.08	\$83.39
Two Party	\$1,113.58	\$1,042.48	\$768.37	\$719.31	\$345.21	\$323.17
Family	\$1,554.05	\$1,454.83	\$1,056.75	\$989.28	\$497.30	\$465.55
PEHT Kaiser Medical (+3.3%)						
Employee Only	\$410.73	\$397.61	\$345.01	\$333.99	\$65.72	\$63.62
Two Party	\$821.46	\$795.22	\$566.81	\$548.70	\$254.66	\$246.52
Family	\$1,150.05	\$1,113.31	\$782.03	\$757.05	\$368.02	\$356.26
Pioneer Dental (+0%)						
Employee Only	\$52.85	\$52.85	\$41.83	\$41.83	\$11.02	\$11.02
Two Party	\$105.74	\$105.74	\$59.22	\$59.22	\$46.52	\$46.52
Family	\$148.02	\$148.02	\$56.18	\$56.18	\$91.84	\$91.84
Kaiser Dental (+14%)						
Employee Only	\$50.02	\$43.88	\$36.79	\$32.27	\$13.24	\$11.61
Two Party	\$100.05	\$87.76	\$45.99	\$40.34	\$54.06	\$47.42
Family	\$140.06	\$122.86	\$51.16	\$44.88	\$88.90	\$77.98
Willamette Dental (+0%)						
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 11, 2011

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	www.or.regence.com	# 60026055	Regence BCBS (888) 367-2116
Kaiser Permanente	www.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 (888) 367-2116
Kaiser Dental Plan	www.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
Regence Life & Health			
Life/AD&D, Long Term Disability	http://www.regencelife.com/	#WBT000528	Regence Life & Health (503) 412-7965
E.A.S.E.			
Employee Assistance Program	http://www.easehelp.com/ Username= lewisandclarkcollege Password= lewisandclarkcollege	N/A	E.A.S.E 503-228-3223
TIAA-CREF			
403(b) Retirement Plan	http://enroll.tiaa-cref.org/lclark/	GRA: 101700 GSRA: 101701	TIAA-CREF (800) 842-2776

Open Enrollment Form 2011

Lewis & Clark College

Important: The Information On This Form Will Replace Any Previous Enrollment Information Submitted By You!

1. PERSONAL INFORMATION

Employee Name (Last, First, Middle Initial)	Daytime Phone ()	Sex <input type="checkbox"/> M <input type="checkbox"/> F
Mailing Address (Number, Street, City, State, ZIP)		Date of Hire
SSN/Employee ID	Date of Birth	Marital Status

2. TYPE OF ACTION

<input type="checkbox"/> Enroll in a Medical or Dental Plan (complete sections 3 and 4)
<input type="checkbox"/> Change medical or dental plan (complete sections 3 and 4)
<input type="checkbox"/> Cancel Medical or Dental Plan (complete section 3)
<input type="checkbox"/> Add dependent(s) to <input type="checkbox"/> Medical <input type="checkbox"/> Dental (check appropriate box(s) and complete section 4)
<input type="checkbox"/> Delete dependent(s) from <input type="checkbox"/> Medical <input type="checkbox"/> Dental (check appropriate box(s) and dependent information directly below)
<div style="display: flex; justify-content: space-around;"> <div style="border-bottom: 1px solid black; width: 40%; text-align: center;">Dependent's Name (Last, First, Middle Initial)</div> <div style="border-bottom: 1px solid black; width: 40%; text-align: center;">Dependent's Name (Last, First, Middle Initial)</div> </div>

3. ENROLLMENT INFORMATION

Medical/Vision/Prescription Plan Desired
<input type="checkbox"/> Pioneer Medical - administered by Regence BlueCross/BlueShield (PPO)
<input type="checkbox"/> Kaiser Permanente - Medical (HMO)
<input type="checkbox"/> I wish to decline medical coverage for myself and my dependents due to other coverage.
Dental Plan Desired
<input type="checkbox"/> Pioneer Dental - administered by Regence BlueCross/BlueShield (FFS)
<input type="checkbox"/> Willamette Dental Plan (HMO)
<input type="checkbox"/> Kaiser Dental Plan (HMO)
<input type="checkbox"/> I wish to decline dental coverage for myself and my dependents due to other coverage.
Pre-Tax Premiums
Your Medical/Dental Premiums will automatically be deducted from your pay on a pre-tax basis. This will increase your take home pay. If you wish to waive this option and pay your premiums post-tax, check here: <input type="checkbox"/>

4. ELIGIBLE FAMILY MEMBERS

• If you are changing or enrolling in your medical or dental plan, list all eligible family members covered under the plan(s). Attach separate sheet if necessary.

☐ If you are adding a new dependent(s), check box to the left and include information about the new dependent(s) only.

Med, Vis, & Rx	Den	Relationship	Name: (Last, First, MI)	Social Security Number	Sex M/F	Date of Birth
*Please Note: A signed affidavit of Marriage/Domestic Partnership is required to enroll a spouse/domestic partner.						
<input type="checkbox"/>	<input type="checkbox"/>	Spouse/ Domestic Partner*				
<input type="checkbox"/>	<input type="checkbox"/>	Dependent				
<input type="checkbox"/>	<input type="checkbox"/>	Dependent				
<input type="checkbox"/>	<input type="checkbox"/>	Dependent				

Application Agreement

I authorize my employer to deduct from my salary or wages, if applicable, the necessary premiums for the coverage requested. My signature also verifies the accuracy of the information on this form. Changes in coverage during the plan year may be made with the occurrence of a qualifying event, as defined by the internal revenue code, within 31 days of the event. Requested changes must be consistent with the nature of the qualifying event. This includes additions, cancellations/removal or dependents termination of coverage or any other changes. If you enroll a dependent that is not eligible, you will be responsible to repay any payments made on behalf of the ineligible dependent. If I decline all or a portion of any of the offered benefits, I understand that I will be subject to the restrictions upon subsequent applications and may need to provide satisfactory evidence of insurability. Each of the benefits plans is governed by an official plan document. If any discrepancies arise between any summaries and the official plan documents, the official plan document will be regarded as the final authority.

Signature

Date

Open Enrollment Form 2011
Lewis & Clark College

HEALTH CARE REFORM NOTICE TO PLAN PARTICIPANTS:

LIFETIME LIMITS

The lifetime limit on the dollar value of benefits under Pioneer Medical - Regence BlueCross/BlueShield no longer applies. Individuals whose coverage ended because of reaching a lifetime limit under the plan are eligible to enroll in the plan.

Individuals have 30 days to enroll for reason of the elimination of lifetime limits starting on Monday, February 14, 2011. Enrollment will be effective on April 1, 2011.

DEPENDENTS TO AGE 26

Individuals whose coverage ended, or who were denied coverage (or were not eligible for coverage), because the availability of dependent coverage of children ended before attainment of age 26 are eligible to enroll in Lewis & Clark College's group plans.

Individuals have 30 days to enroll such children starting on Monday, February 14, 2011. Enrollment will be effective on April 1, 2011.

For information about the elimination of lifetime limits or dependent coverage, contact Katie Lahey at 503-768-624 or klahey@lclark.edu.

PRIMARY CARE PROVIDERS

Kaiser Permanente generally allows 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 children, you may designate a pediatrician as the primary care provider.

For information on how to select a primary care provider, and for a list of the participating primary care providers, please contact Kaiser at 503-813-2000 or visit their website at www.kaiserpermanente.org.

LEWIS & CLARK COLLEGE

AFFIDAVIT OF MARRIAGE/DOMESTIC PARTNERSHIP

Lewis & Clark College makes health insurance benefits available your spouse/domestic partner, and his or her eligible dependent children. This affidavit must be completed by you and signed by your spouse/domestic partner if you are requesting medical or dental insurance coverage for your spouse/domestic partner, or children of your spouse/domestic partner. Children of spouses/domestic partners are eligible under the same terms and conditions as other children of enrolled employees.

1. I, _____ (name of undersigned employee) certify that:
My spouse/domestic partner is _____. We have been spouses/domestic partners since _____, and meet all the criteria below.

2. For Marriage:

☐ We affirm that we are the persons named above and that we are married.

For Domestic Partners:

☐ We affirm that we are the persons named above and that we are domestic partners and meet the following criteria:

- We understand that any companies or person including but not limited to Lewis & Clark College who suffer any loss due to any false statement contained in this affidavit may bring a civil action against either of us to recover their losses, including reasonable attorney's fees.
- We are in a partnership consisting of two persons in which we jointly share the same residence and have done so for the preceding six months; and intend to do so indefinitely;
- We have a close personal relationship with each other, and neither of us is married nor has any other domestic partner and we intend to remain so indefinitely;
- We are not related by blood closer than would bar marriage in our state of residence;
- We are jointly responsible for each other's common welfare including financial obligations;
- We are both age 18 or older.
- We were both mentally competent to consent to this contract when the domestic partnership began.
- We have provided the information in this affidavit for use by Lewis & Clark College's benefits administrator for the sole purpose of determining our eligibility for domestic partner benefits.

3. We understand that:

- This information will be held confidential and will be subject to disclosure only upon my authorization or as otherwise required by law.
- This declaration of responsibility for our common welfare may have legal implications. We understand that we are to consult legal counsel if we have questions about the potential legal effects of signing this affidavit.
- The Lewis & Clark employee may be subject to disciplinary action, including termination of employment, or legal action if we have made a false statement in this affidavit or fail to provide updated information as required.
- We agree to notify the Lewis & Clark College's benefits administrator if there is any change in our status as domestic partners as attested in the Affidavit which would make us no longer eligible for Lewis & Clark domestic partner benefits by completing the Affidavit of Termination of Domestic Partner Relationship form and returning it to Human Resources within 30 days of such change.
- This affidavit shall be terminated upon the death of my domestic partner or by a change of circumstances attested to in this affidavit.

4. Your domestic partner may or may not qualify as your dependent. Please review the information on the back of this form and check the appropriate box below.

5.

The person named above:

- ☐ DOES QUALIFY under the IRS definition of "dependent".
- ☐ DOES NOT QUALIFY under the IRS definition of "dependent". I understand that I will be taxed on the value of benefits for my domestic partner and his/her covered children.

We have read and fully understand this Affidavit. We declare that the statements in this Affidavit are true and correct to the best of our knowledge.

Employee's Signature

Date

Spouse/Domestic Partner's Signature

Date

TAX ISSUES FOR INSURED DOMESTIC PARTNERS

The cost for providing insurance coverage for your domestic partner will be the same as that charged for a married spouse. However, under current IRS regulations:

- The premium you pay for your unmarried partner and his/her covered children may not be tax-sheltered under the Personal Choice Account; however, the portion of the premium paying for your own coverage and coverage for your own children may be paid on a pre-tax basis.
- You will pay taxes on "imputed income", that is, the additional amount Lewis & Clark College pays toward coverage for your domestic partner and his/her covered children, UNLESS your domestic partner and his/her covered children qualify as a dependent for tax purposes.

In general, your domestic partner is your dependent in any calendar year for purposes of the tax laws if he or she:

- Is a member of your household for one year, had his/her principal place of abode in your home for the year and was not your spouse at any time during the year;
- Engages in a relationship with you that does not violate local laws; and
- Receives over half of his/her support for the year from you. Support includes food, shelter, clothing, medical and dental care, and education. The amount of support you provide should be compared to your partner's support from all sources, including support provided by the partner (his or her salary). In certain cases your domestic partner may qualify as your dependent even if the support you provide is less than half of the partner's total support.

This description of the requirements to claim your domestic partner as a tax dependent is only a summary and is not to be considered specific legal advice. If you are considering claiming your domestic partner as a tax dependent, please consult a tax advisor, accountant, or attorney for advice.

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P.O. BOX 4346 • MISSOULA MT 59806
406-721-2222 • 877-424-3570

P.O. BOX 2930 • TUALATIN OR 97062
503-885-1888

www.allegianceflexadvantage.com

FLEXIBLE BENEFITS & DEBIT CARD OPEN ENROLLMENT FORM

For Allegiance internal use only:

Group Number: 503711 Plan Year: 2011 - 2012

Date Completed: _____ Entered By (initials): _____

Please print CLEARLY and complete ALL fields.

EMPLOYER: Lewis & Clark College		Plan Year: April 1, 2011 Through March 31, 2012	
NAME:			
SSN/EMPLOYEE ID:		BIRTH DATE: / /	SEX
MAILING ADDRESS:		PHONE:	
CITY:	ST	ZIP	*EMAIL:
HEALTH FLEXIBLE SPENDING ACCOUNT (FSA) ELECTION Plan Year Maximum - \$6,000			
Per Paycheck Deduction	Number Of Pay Periods	Total Annual Amount Elected	
\$	X 12	\$	
DEPENDENT CARE FLEXIBLE SPENDING ACCOUNT (FSA) ELECTION Plan Year Maximum - \$5,000			
Per Paycheck Deduction	Number Of Pay Periods	Total Annual Amount Elected	
\$	X 12	\$	
DEBIT CARD ELECTION AUTHORIZATION			
<input type="checkbox"/> Yes, I would like the flex debit card for the current plan year.			
<input type="checkbox"/> Yes, I would like a card for my spouse (Please note: IRS rules currently do not allow the use of flex accounts for Domestic Partners).			
NAME OF SPOUSE:		SSN:	BIRTH DATE: / /
BY ELECTING THE FLEX DEBIT CARD:			
1. I have provided my email address to receive debit card communications via email*			
2. I may only use the card to pay for eligible medical expenses.			
3. I may not use the card for expenses already reimbursed.			
4. I may not seek reimbursement under any other health plan for expenses paid with the card.			
5. I will acquire and provide documentation for expenses paid with the card.			
CERTIFICATION I certify that these are my benefit elections and that:			
1. I authorize the "before-tax" deduction of a portion of my pay based on the elections above and on the reverse side.			
2. My health FSA election is for medical, dental, and vision expenses for myself, my spouse (if filing jointly), and my tax dependents.			
3. My dependent care FSA election is for the care of my tax dependent children, under age 13, or individuals unable to care for themselves, residing with me at least 8 hours each day.			
4. I am aware that my unused contributions made to the health FSA and the dependent care FSA cannot be refunded to me and become the property of my employer.			
5. Reimbursement requests, sent to Allegiance, must be accompanied by documentation of the expense.			
6. I understand that coverage applies only to expenses incurred within the plan year and during my period of employment.			
7. I understand that this agreement cannot be changed or revoked during the plan year unless I experience a qualified change in status.			

Signature

Date

HEALTH FSA EXPENSE ESTIMATION WORKSHEET – OPTIONAL

Common Medical Expenses	Amount	Notes
Deductibles & Co-pays:		
Prescriptions:		
Dental:		
Vision:		
Over-The-Counter/Alternative:		
Total Annual Expenses: _____ x 12 pay periods = _____ per paycheck deduction amount		

- List all eligible out-of-pocket medical expenses for you, your spouse, and your dependents.
- Items that promote general good health, such as vitamins, supplements, weight loss programs, and massage, are ineligible without a doctor's prescription for the item to treat a specific medical condition.
- The full annual amount elected is available for eligible medical expenses incurred at any time during the plan year.

DEPENDENT CARE FSA

- A dependent receiving care must be a child under the age of 13, or a tax dependent unable to provide for their own care, who resides with you.
- The care must be necessary for you and your spouse (if married), to go to work or for your spouse's education.
- Care may be provided by anyone other than your spouse or your children under the age of 19.
- Expenses for schooling, kindergarten and above, overnight camp and nursing homes are not reimbursable.
- The maximum you can elect, in a calendar year, is equal to the smallest of the following:
 - \$5,000 – Married and filing federal taxes jointly or a single parent
 - \$2,500 – Married and filing a separate federal tax return
 - you or your spouse's earned income
- An employee with a disabled spouse or a spouse who is a full-time student can elect up to \$250/month for one child and \$500/month for two or more children.
- The amount contributed, up to the amount of your annual election, is available for reimbursement.
- Do not include medical expense amounts in the day care account box.

- All elected "Before-Tax" amounts are exempt from Federal, State, FICA, and Medicare taxes.
- "Before-Tax" elections may reduce future Social Security benefits.
- Be conservative in the amount of your election.
- Any amount that is not used during the plan year will revert to your employer.
- If you have a large expense coming up that you are not sure is reimbursable, call or email Allegiance at **1-877-424-3570** or Flex-inquire@askallegiance.com



FLEX

Health Flexible Spending Account

Before the start of each Flex Plan year, you may elect to use "before-tax" dollars to pay for your out-of-pocket medical expenses, including deductibles, co-pays, and prescriptions. Dental and vision expenses may also be reimbursed. Eligible health FSA expenses include those defined by IRS Code, Section 213(d). For a list of examples, go to www.allegianceflexadvantage.com. Please check your summary plan description for the maximum election amount.

Health insurance premiums are not reimbursable through the health FSA. There is a separate premium only part of your Flex Plan that may allow you to deduct group health premium amounts on a pre-tax basis. Salary deferrals elected for group premiums and Health FSA expenses are not subject to federal income, state income, or Social Security/Medicare taxes.

Your health FSA election will reimburse you for eligible expenses that you, your spouse, and your dependent's incur during the plan year. The entire annual amount you elect can be used at any time during the plan year. All you have to do is elect the amount you want withheld before taxes from each pay check. Then, send Allegiance a reimbursement request with documentation of your eligible expenses to be reimbursed. It is not necessary to pay for the expense prior to being reimbursed.

If the expense may be covered through your insurance plan, please provide the insurance explanation of benefits as documentation. If insurance will not consider the expense, an itemized statement from the provider will satisfy documentation requirements.

Some expenses are considered to be "dual purpose." These expenses are for items or services that are sometimes for purposes other than to treat a medical condition. In order to be reimbursed for a "dual purpose" expense, or for over-the-counter drugs and medicines (effective 1/1/2011), a diagnosis and recommendation for treatment from a medical professional is required.

If you, or your spouse, contribute to a Health Savings Account (HSA), you are not eligible to participate in a general purpose health FSA.

Our website, www.allegianceflexadvantage.com, provides a worksheet that allows you to estimate your medical expenses for a tax savings projection.

Advantage

Dependent Care Flexible Spending Account (FSA)

If both you and your spouse work or you are a single parent, you may have dependent care expenses. Without a dependent care FSA, the only tax help for you is the Federal Child Care Tax Credit. A dependent care FSA may give you a better tax benefit, so compare both before making your annual election. A tool to get an estimate of your tax savings and a worksheet to compare the Federal Child Care Tax Credit to the dependent care FSA is available at www.allegianceflexadvantage.com. A dependent receiving care must live in your home at least eight (8) hours per day.

Your dependent care FSA lets you use "before-tax" dollars to pay care expenses for children age 12 and under, or individuals unable to care for themselves. The care must be necessary for you and your spouse to remain gainfully employed. The care may be provided through live-in care, baby sitters, and licensed day care centers. You cannot use "before-tax" dollars to pay your spouse or one of your children under the age of nineteen (19) for providing care. Schooling expenses at the kindergarten level and above are not reimbursable. Neither overnight camp nor nursing home care is reimbursable.

The maximum you can elect, in a calendar year, is equal to the smallest of the following:

- \$5,000-per couple if married and filing federal taxes jointly, or for a single parent;
- \$2,500-per couple if married and filing a separate federal tax return; or,
- your spouse's earned income.

An employee with a disabled spouse or a spouse who is a full-time student can claim \$250/month for one child and \$500/month for two or more children, with the maximum election not to exceed \$5,000.00 per calendar year.

Unlike health FSAs, dependent care FSAs may only reimburse expenses up to the amount you have contributed at any time during the year.

Customer service

Representatives are available to answer questions each business day between the hours of 7:00 a.m. and 6:00 p.m. Mountain time. After hours, and on weekends, you can access your account information online or through the toll-free automated voice-response system.

Call us, toll free, at 1-877-424-3570.



FLEX Advantage



Flex Puts Tax Dollars Back Into Your Pocket!

Mary is a single mother of two earning a salary of \$3,000.00 per month. Mary elects health insurance coverage for her children and herself. Her employer covers some of the insurance premium cost, but Mary is required to contribute \$100.00 each month. Her oldest child has braces and Mary is paying the orthodontist \$100.00 per month. Mary's youngest child attends pre-school while Mary is at work, and she is paying \$300.00 per month to the day care provider. Let's compare Mary's monthly take-home pay if she enrolls in the employer's flexible benefits plan to her take-home pay if she pays these expenses with after-tax income:

	NO PLAN	FLEX PLAN
Gross Pay	\$ 3,000	\$ 3,000
Flex Plan	\$0	\$500
Taxable Pay	\$ 3,000	\$2,500
Federal Tax*	\$225	\$145
State Tax*	\$125	\$85
FICA	\$230	\$190
Net Pay	\$2,420	\$2,080
Insurance	\$100	\$0
Braces	\$100	\$0
Day Care	\$300	\$0
Monthly Net Pay	\$1,920	\$2,080

Through her participation in her employer's Flex Plan, Mary is able to put an extra \$160 in her pocket each month! That's a total increase of \$1,920 in spending income for the year.

*Tax amounts are approximations based on 2010 payroll tax withholding tables, claiming an allowance of 3. Your individual state tax rate may vary.

Mid-Year Election Changes

When you enroll in the flexible spending accounts, you are electing to participate for the entire plan year. Be sure not to elect more than you will need to cover expenses incurred by you and/or your family members during the plan year.

Under the "use-or-lose" rule, any money not used by the end of the plan year cannot be returned to you. In addition, no changes to your election may be made during the plan year unless you experience a "qualifying event."

Mid-year election changes usually must be made within 30 days of a qualifying event. Changes are limited and differ for each pre-tax option. For more information about mid-year election changes, please contact your human resources department or Allegiance.

Reimbursement

You may mail, fax toll-free, or scan and send claims electronically at www.allegianceflexadvantage.com.

Check Payment: Allegiance authorizes reimbursement and prints checks each business day. Claims are normally processed within five business days of receipt. You usually have a check in your mailbox within a week after Allegiance receives your claim.

Direct Deposit: Send in the Direct Deposit form with a voided check and Allegiance will electronically deposit reimbursements directly into your checking account.

Debit Card: Your employer may offer debit cards as part of the Flex Plan. You may use the debit card to pay for medical and/or dependent care expenses. Documentation for the expense may be required, and should be saved for all debit card transactions.

In the tenth month of the plan year, Allegiance will mail a reminder letter to you if you have an unused balance in your account. Claims for eligible expenses that were incurred during the plan year may be submitted for a limited time after the end of the plan year ("run-out"). If you terminate employment during the plan year, there is also a "run-out" period in which expenses incurred prior to your termination may be submitted for reimbursement. The "run-out" period, determined by your employer, is listed in your summary plan description.



Flex is a great way to instantly get tax dollars back into your paycheck and increase your spendable income.

If you are increasing, decreasing, or adding coverages, you only need to check boxes for coverages you are changing. Coverages to be unchanged need not be checked.

VOLUNTARY BENEFITS ENROLLMENT FORM

P.O. Box 1271 MS E3A
Portland, OR 97207-1271

One Time Open Enrollment Form
February 14, 2011 to March 11, 2011

☐ **New Enrollee** ☐ **Coverage Change**

PART I

EMPLOYEE NAME					PHONE NUMBER ()					
RESIDENCE ADDRESS			STREET		CITY		STATE		ZIP CODE	
SOCIAL SECURITY NUMBER			BIRTHDATE Mo Da Yr		SEX M F		PLACE OF BIRTH		ANNUAL SALARY \$	
									DATE ON WHICH YOUR ANNUAL SALARY FIRST EXCEEDED \$100,000	
EMPLOYER Lewis & Clark College			GROUP NO. WBT000528		OCCUPATION				DATE OF EMPLOYMENT	
SPOUSE NAME (If applying for coverage)				SOCIAL SECURITY NUMBER		BIRTHDATE Mo Day Yr		SEX M F		PLACE OF BIRTH

VOLUNTARY LIFE INSURANCE

Employee ☐ Yes ☐ No Spouse ☐ Yes ☐ No

Employee \$ Spouse \$

- Employees and spouses may select amounts in \$10,000 increments from a minimum of \$10,000 to a maximum of \$300,000.
- Employee - Complete Part II on the back of this form IF you are an employee applying for more than \$100,000 during the one time open enrollment period between February 14, 2011 and March 11, 2011.
- Employee - If you are currently enrolled and choose to increase your coverage, please complete Part II of this form if your total amount exceeds \$100,000.
- Spouse - Complete Part II for Spouse on the back of this form for all amounts of coverage applied for at any time.
- The beneficiary designation made for the Basic Life Insurance will apply unless the Employee completes a separate beneficiary designation for Voluntary Life. Employee will be the beneficiary for any Spouse coverage.

VOLUNTARY AD&D INSURANCE

☐ Yes ☐ No (If yes, select one plan)

Principal Sum\$ Employee Only Plan Family Plan

- Select an amount in \$25,000 increments to a maximum of \$250,000.
- Part II on the back of this application is NOT required for this benefit.
- The beneficiary designation made for the Basic Life Insurance will apply unless the Employee completes a separate beneficiary designation for Voluntary AD&D. For any Spouse or child coverage, the Employee will be the beneficiary.

VOLUNTARY DEPENDENT LIFE

☐ \$5,000 Spouse and Child

- Do not complete Part II on the back of this application if you are applying during the one time open enrollment period between February 14, 2011 and March 11, 2011.
- The employee is the beneficiary.

LONG TERM DISABILITY BUY-UP / EXEMPT EMPLOYEES

☐ Yes ☐ No

- Buy-up increases the maximum monthly benefit to \$12,000.
- If you are applying DURING the one time open enrollment period between February 14, 2011 and March 11, 2011 do NOT complete Part II on the back of this form.

LONG TERM DISABILITY BUY-UP / NON- EXEMPT EMPLOYEES

☐ Yes ☐ No

- Buy-up reduces the elimination period to 90 days.
- If you are applying DURING the one time open enrollment period between February 14, 2011 and March 11, 2011 do NOT complete Part II on the back of this form.

I request to be insured and authorize payroll deductions to cover the cost of coverage. Information in this application is given to obtain insurance, and the statements and answers are represented, to the best of my (our) knowledge and belief, to be true and complete. I (we) understand that (a) the insurance applied for shall not take effect until the application is approved and I will be notified of the insurance effective date; and (b) all insurance is subject to the eligibility provisions of the policy; and (c) I must be actively at work (as defined in the group policy) to be insured. If I am not actively at work on the date my (our) coverage would become effective, my (our) coverage will not begin until the day I return to work.

Authorization to Release Information: I authorize any licensed physician, medical practitioner, hospital, clinic, or other medical or medically related facility, insurance company or other organization, institution or person that has any records or knowledge of me or my health to give the Regence Life and Health Insurance Company or its reinsurers any such information (including information about drug or alcohol use or abuse, mental illness, HIV (AIDS virus) or other sexually transmitted diseases). This authorization is valid for 24 months from the date it is signed. I agree that a photocopy of this authorization shall be as valid as the original. I acknowledge that I have received a copy of the Privacy Notice.

Insurance Fraud Warning: Any person who knowingly provides false, incomplete, or misleading information to an insurance company for the purpose of defrauding the company may be guilty of a crime. Penalties may include imprisonment, fines, and denial of insurance benefits.

If your answers on this application are incorrect or untrue, Regence Life and Health Insurance Company has the right to deny benefits or rescind your coverage for up to two years from the date coverage becomes effective.

Employee Signature _____ Date _____ Spouse Signature (if applying for coverage) _____ Date _____

PART II

Complete all spaces/answer Yes or No to all questions for yourself, your spouse and your dependent child(ren). If you are not applying for spouse/dependent children coverage, you do not need to answer questions for them. Circle all conditions which apply and provide details

Employee Height _____ Weight _____	Spouse Height _____ Weight _____	Child Name (first/last) Date of Birth: _____ Gender <input type="checkbox"/> M <input type="checkbox"/> F Height _____ Weight _____	Child Name (first/last) Date of Birth: _____ Gender <input type="checkbox"/> M <input type="checkbox"/> F Height _____ Weight _____
Child Name (first/last) Date of Birth: _____ Gender <input type="checkbox"/> M <input type="checkbox"/> F Height _____ Weight _____	Child Name (first/last) Date of Birth: _____ Gender <input type="checkbox"/> M <input type="checkbox"/> F Height _____ Weight _____	EMPLOYEE If you have more than 4 eligible children, please complete another form for the remaining children and submit both forms together.	SPOUSE CHILDREN
1. Have you used cigarettes or other tobacco products in the last 2 years?		<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> Y <input type="checkbox"/> N
2. Are you pregnant? If "YES", give expected delivery date and describe complications.		<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> Y <input type="checkbox"/> N
3. Within the past 5 years, have you been medically counseled or treated for, or been told by a medical practitioner that you had: high blood pressure; any disease or defect of the heart or blood vessels; diabetes; albumin, blood or sugar in the urine; any kidney disorder; tumor; cancer; asthma; lung or respiratory disorder; any disorder of the stomach, liver or intestines; back, spine or bone disease or disorder; epilepsy; any mental or nervous system disorder; any immunodeficiency?		<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> Y <input type="checkbox"/> N
4. Within the past 5 years have you been diagnosed by or received treatment from a member of the medical profession for AIDS or ARC (AIDS Related Complex)? Have you tested positive to the AIDS virus (including but not limited to Human T - Cell Lymphotropic Type III; HTLV - III; HTLV - IV; Human Immunodeficiency Virus (HIV))?		<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> Y <input type="checkbox"/> N
5. Within the past 5 years have you consulted or been attended by a doctor, psychiatrist, psychologist or medical practitioner for any health reason or condition not disclosed in the preceding questions?		<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> Y <input type="checkbox"/> N
6. Are you presently receiving any treatment by a medical practitioner or taking any medication?		<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> Y <input type="checkbox"/> N
7. Have you ever had or been told by a medical practitioner that you had (or still have) a problem with substance abuse?		<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> Y <input type="checkbox"/> N
8. Have you ever been rated, declined, postponed or limited in any way for life, health, accident, or sickness insurance?		<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> Y <input type="checkbox"/> N
9. Name and address of your personal physician: _____ _____		10. Name and address of your spouse's personal physician: _____ _____	
Date last seen and reason:		Date last seen and reason:	

IMPORTANT: Provide details of all 'YES' answers given to questions stated above.
If additional space is required, attach a separate signed and dated sheet.

Question Number & Individual	Illness/Reason for Checkup or Physician's Treatment/Consultation	Dates From To	Full Name & Complete Address of Attending Physician or Other Practitioner

▲
Employee Signature _____

Date

▲
Spouse Signature (if applying for coverage) _____

Date



Life and Health Insurance Company

Regence Life and Health Insurance Company
100 SW Market Street
Portland, Oregon 97201

PRIVACY NOTICE

We, at Regence Life and Health, know you value your privacy. That is why we are committed to the confidentiality and security of your personal information. Because we endeavor to earn and keep your trust, we have long-standing privacy policies, robust training, and full-time staff dedicated to protecting privacy. We also maintain physical, administrative, and technical safeguards to protect your personal information from unauthorized access. Even if you are no longer a Regence member, we protect the confidentiality of your personal information as if you were.

Marketing

While other companies may sell or rent your contact information, Regence never sells or rents your personal information for marketing purposes. If you want Regence to share your personal information with a nonaffiliated third party so the third party can market to you, you must give us your express permission.

Your Personal Information

We collect personal information such as your name, contact information, health information, and financial information from you, your providers, and other insurers that provide coverage to you. We use this information to provide services to you and to conduct insurance transactions. You may receive a copy of your personal information by contacting us at the phone number or address below. We will not disclose your personal information unless we are permitted or required by law or you give your permission. As permitted or required by law, we may provide personal information to our affiliates and agents, reinsurers, insurance administrators, consultants, or regulatory and governmental authorities. We obligate entities receiving this information on our behalf to protect it in the same way that we protect it.

Changes to Our Practices

We may change our privacy practices in an effort to provide even better protection. If we change our privacy practices in a material way, we will notify current customers in writing.

Contact Us

If you have any questions about our privacy program, you may contact us at (800) 794-5390 or write to:

Regence Privacy Official
P.O. Box 1071, Mailstop E12B
Portland, OR 97207

LEWIS & CLARK COLLEGE PRESENTS:

DESTINATION WELLNESS

A JOURNEY TO HEALTHY ADVENTURES

EMPLOYEE WELLNESS AND BENEFITS FAIR
Thursday, February 24th, 2011

10:00am to 2:00pm

Templeton Student Center

ROADBLOCKS AND DETOURS:



- Sleep Disorder Quiz.....Oregon Sleep Associates
- BMI Analysis.....Take Shape For Life
- Financial Trivia Game.....Unitus Community CU
- Health Food Samples.....Costco Tigard
- Skin Analysis.....Casey Aesthetic Facial Surgery Center
- Balance Testing.....Club Sport
- Hand Wash Station.....Kaiser Permanente
- Chinese Pulse Reading.....G & L Acupuncture
- Impaired Driving Goggles.....Liberty Mutual
- Chair Massage.....The Massage Clinic



OVER 25 EXCITING EXHIBITORS:

- PEHT → EASE → Allegiance → LTC Solutions → TIAA-CREF
- Regence Life & Health → Willamette Dental → Lewis & Clark IT
- Lewis & Clark Athletics → Lewis & Clark HR → Epic Imaging
- TLC Laser Vision → Pro Health Chiropractic → BeutiControl
- Costco → Qdoba → Noodles & Company

PRIZES....SAMPLES.....GOODIES.....FUN

Fiscally Fit Workshops

Listed below is a brief overview and dates of the six workshops offered in the “Fiscally Fit” seminar series from February through May 2011. Each workshop will be held in Albany 220 (except workshop on Feb. 23rd in Watzek) **from Noon to 1 p.m.** and is approximately 45 minutes in length with 15 minutes for Q&A.

Date	Title	Location
Tuesday, February 22, 2011	ESTATE PLANNING	Albany 220
Wednesday, February 23, 2011	HOME OWNERSHIP & FINANCING	Watzek Conference Room 317
Tuesday, March 29, 2011	GETTING FISCALLY FIT	Albany 220
Tuesday, April 19, 2011	PASSPORT TO RETIREMENT – FIRST CLASS OR COACH?	Albany 220
Tuesday, May 24, 2011	REAL ESTATE TODAY	Albany 220
Tuesday, June 21, 2011	HOME & ASSET PROTECTION	Albany 220

Estate Planning - Tuesday, February 22, 2011

Free your heart and mind from worry about the “what-if’s” of life! Planning and preparing for the transfer of your wealth is an essential step to achieving peace of mind and gaining financial freedom. In this workshop, participants will learn about wills and trusts and how to insulate their children’s inheritance from creditors.

Topics covered also include:

- How not to name the IRS as the beneficiary of your estate
- How to avoid Probate
- Strategies to avoid estate and capital gains taxes
- The difference between a living trust and a will (Which is better? When do you need a living trust?)
- How to properly title your home and assets

Home Ownership & Financing - Wednesday, February 23, 2011

Home ownership is the cornerstone of the American Dream and today’s market presents new opportunities for first-time homebuyers. But before you buy, there are several things you need to consider. This workshop explores those factors while providing a step-by-step guide for purchasing the single largest investment you’ll ever make. For established homeowners, this workshop will teach you where the high and low-end markets are headed and what this means for you.

Additional topics include:

- Income tax savings/benefits of home ownership
- The process of buying a home
- Common myths associated with purchasing a home
- A winning strategy for buyers
- Qualifying – how to get approval now

Getting Fiscally Fit - Tuesday, March 29, 2011

With soaring gas and energy prices, tightening household budgets, sliding stocks and rising foreclosures, many people are concerned about their financial futures. In this highly informative workshop, attendees will learn simple strategies they can start using today to take charge of their finances and achieve peace of mind.

Additional topics covered in this workshop include how to:

- Overcome the roadblocks to financial success
- Create and maintain a financial blueprint
- Cultivate daily habits to positively influence your financial fitness
- Develop your own action steps to financial freedom

Passport to Retirement – First Class or Coach? - Tuesday, April 19, 2011

Are you ready for one of the biggest transitions of your life? Is your trip into retirement going to be a First Class or Coach trip? Whether you are 10 days, 10 months or 10 years away from retiring, there are a number of key issues to address before you make that move. This class involves a thorough review of the retirement planning process and the obstacles that can keep us from reaching our goals.

Additional topics include:

- Assessing Your Investment Portfolio
- Measuring Risk in a Portfolio
- Developing asset allocation strategies
- Taking advantage of dollar cost averaging
- How to create an action plan for success

Real Estate Today - Tuesday, May 24, 2011

Selling your home and finding qualified buyers can be extremely challenging in today's real estate market, but it is absolutely possible. This workshop will help employees avoid losing thousands of dollars in price reductions and provide a step-by-step process for adding 10% or more to the price of a sale.

Additional topics covered include:

- Keeping a home vs. selling it
- The 3 Ps of real estate everyone should know
- How to overcome the 3 main challenges for selling your home
- Mortgage management
- Today's real estate market – where is it and where is it likely headed?

Home & Asset Protection - Tuesday, June 21, 2011

Explore ways to protect your wealth. Who is liable for your debts at your death? Will LLCs, Corporations and Trusts protect your assets from liability and taxes? This workshop will explore the answers to these important questions and more!



Register Online today!

**Registering for workshops is easy.
Just visit:**

http://www.surveymonkey.com/s/fiscally_fit
