Dear Valued Employees:

At Bates College, our motto “Amore ac Studio”, or “With ardor and devotion”, is at the heart of everything that we do. We know that it is only through our talented faculty and staff members that we are able to fulfill this motto. This is why we offer the competitive benefits package outlined in this guidebook.

As an eligible employee, you may enroll in one of the most comprehensive benefit programs in higher education. Eligibility for the benefits begins on the first of the month following one full calendar month of employment.

Bates College provides you with a wide range of benefit options to help you meet your changing benefit needs, and we are committed to providing you with great products that are among the best available in our market.

This benefits guidebook highlights our many benefit programs and provides you with an easy to read resource for your benefit enrollment.

About this Guidebook

This benefits guidebook describes the highlights of Bates College benefits program in non-technical language. Your specific rights to benefits under the plan are governed solely, and in every respect, by the official plan documents, and not the information in this guidebook.

If there is any discrepancy between the descriptions of the program’s elements as contained in this benefits guidebook and the official plan documents, the language in the official plan documents shall prevail as accurate. Please refer to the plan-specific documents published by each of the respective carriers for detailed plan information. You should be aware that any and all elements of the College’s benefits program may be modified in the future, at any time, to meet Internal Revenue Service (IRS) rules, or otherwise as decided by Bates College.
Plan Year
The plan year for the College’s benefit programs begins on January 1st and ends on December 31st.

Eligibility
You are considered benefit eligible if you have half-time (0.5 FTE) position or greater or have a special or contracted position that is identified as benefit eligible.

Dependent Eligibility
Employees who are eligible to participate in the College’s benefit programs may also enroll their dependents. For the purpose of our benefit plans, your dependents are defined as follows:

- Your legal spouse or domestic partner
- Your children to the end of the calendar month in which they reach age 26
- Your unmarried children of any age who are mentally or physically disabled and totally dependent upon you for support (proof of condition and dependence must be submitted)

Changing Your Benefits
Per Internal Revenue Service (IRS) rules, employees may only enroll in pre-tax benefit plans once per year. As such, your benefit choices for medical/prescription drugs, dental, vision, life, and AD&D insurance, as well as your contributions for flexible spending accounts, are binding through December 31st. The following qualifying life events are special circumstances that enable you to change your benefits during the plan year:

- Marriage
- Birth, adoption or placement for adoption of an eligible child
- Divorce, legal separation or annulment of marriage
- Loss of dependent’s job or change in work status (when coverage is maintained through dependent’s plan)
- A significant change in your or your dependent’s health coverage due to your dependent’s employment
- Death of dependent
- Loss of dependent status
- Employer-directed transfers to facilities out of the benefits network
- Becoming eligible for Medicare or Medicaid during the plan year
- Receiving a Qualified Medical Child Support Order

For any qualifying life events, you must inform Human Resources within 31 calendar days (60 calendar days for changes related to Medicaid or CHIP eligibility) and provide proof of the event. Benefit changes that are requested due to a “change of mind” are not allowed until the next annual enrollment period.
Medical/Rx Benefits

Plan Options

Bates College offers three medical plan options through Aetna. All three plans cover preventive care at 100% and include prescription drug coverage. Within each plan, you maximize coverage when you access care from providers who participate in the Aetna network. You may enroll in the plan that best meets your needs or you may choose to waive medical benefits.

Aetna Consumer Choice (HSA) Plan

This plan features the highest annual deductible and initial upfront out-of-pocket expense potential. For this reason, it is offered as the lowest employee contribution. The deductible applies to all services except preventive medical care and certain preventive prescriptions, and must be met before the plan provides coverage. This plan is paired with a health savings account (HSA), which allows you to set aside funds on a pre-tax basis to pay for qualified medical care (including deductibles and coinsurance). With this plan, you are not required to select a primary care physician (PCP) or obtain referrals for specialist services. See page 6 for HSA account information.

Aetna Whole Health (ACO) Plan

This unique plan features varying levels of coverage based on three provider networks. Members incur the lowest annual deductible and out-of-pocket expenses when receiving care from providers in the Aetna Whole Health Tier 1 network. When obtaining care from a Tier 2 network provider or a non-participating provider, you will incur a higher deductible and additional out-of-pocket costs. With this plan, you are required to select a PCP from the Tier 1 network, but you do not need referrals for specialist services.

Aetna PPO

This plan is the most expensive plan, but has enhanced in-network coverage features such as a broader network of participating providers and a flat copay for most services. This plan does not require the selection of a PCP or referrals.

Preventive Care

In-network Preventive Care, which includes an annual physical, is covered 100% under all three Aetna plans available to you. That means no copay, no deductible and no coinsurance. These include regular checkups, routine gynecological visits and well-child exams. Your body is always changing, especially as you get older. An annual physical exam helps you understand these changes and gives you a chance to talk with your doctor about them. The exams also keep your doctor updated about your health so you can get better care if problems come up later. Below is a list of just some of the covered services:

- Routine adult physical
- Well-woman visit
- Influenza vaccine (flu shot)
- Preventive gynecological exam
- Mammogram
- Cervical cancer screening
- Prostate Specific Antigen (PSA) screening
- Colorectal cancer screening
- Cholesterol screening
- HIV screening and counseling
- Certain contraception and contraceptive counseling
- Breast feeding support, supplies and counseling
### Medical Highlights

#### Aetna Plan Options

<table>
<thead>
<tr>
<th>MEDICAL COVERAGE</th>
<th>Consumer Choice (HSA)</th>
<th>Whole Health (ACO)</th>
<th>PPO</th>
</tr>
</thead>
<tbody>
<tr>
<td>Annual Deductible</td>
<td>In-Network</td>
<td>In-Network Tier 1</td>
<td>In-Network Tier 2</td>
</tr>
<tr>
<td>Single / Family</td>
<td>Embedded</td>
<td>Embedded</td>
<td>Embedded</td>
</tr>
<tr>
<td></td>
<td>$2,600 / $5,200</td>
<td>$250 / $500</td>
<td>$2,000 / $4,000</td>
</tr>
<tr>
<td>Out-of-Pocket Maximum Individual / Family</td>
<td>Embedded</td>
<td>Embedded</td>
<td>Embedded</td>
</tr>
<tr>
<td></td>
<td>$3,500 / $7,000</td>
<td>$1,500 / $3,000</td>
<td>$4,000 / $8,000</td>
</tr>
</tbody>
</table>

**Embedded Definition**: The family deductible and out-of-pocket maximum can be met by any combination of family members, but no single individual within the family will be subject to more than the individual deductible and individual out-of-pocket maximum.

#### Preventive Care

- Covered at 100%
- Covered at 100%
- Covered at 100%

#### Office Visit

- 80% after deductible
- 80% after deductible
- 80% after deductible

- Primary Care Physician: $20 copay
- Specialist: $25 copay

#### Outpatient Lab Services

- 80% after deductible
- 80% after deductible

- Diagnostic X-rays and Laboratory Tests: Covered at 100%
- Complex Imaging Services: $50 copay

#### Chiropractic Services

- 80% after deductible
- $25 copay

#### Emergency Room

- 80% after deductible
- $100 copay (waived if admitted)

#### Walk-In Clinic

- 80% after deductible
- $20 copay (waived if admitted)

#### Hospital Services

- In/Outpatient Surgery and Facility Charges
- 80% after deductible
- 80% after deductible
- 80% after deductible

#### Teledoc Service

- 80% after deductible (limited to $40)
- $20 copay
- $35 copay

**OUT-OF-NETWORK COVERAGE**

<table>
<thead>
<tr>
<th>MEDICAL COVERAGE</th>
<th>Consumer Choice (HSA)</th>
<th>Whole Health (ACO)</th>
<th>PPO</th>
</tr>
</thead>
<tbody>
<tr>
<td>Annual Deductible</td>
<td>In-Network</td>
<td>In-Network Tier 1</td>
<td>In-Network Tier 2</td>
</tr>
<tr>
<td>Individual / Family</td>
<td>$2,600 / $5,200</td>
<td>$3,000 / $6,000</td>
<td>$1,500 / $3,000</td>
</tr>
<tr>
<td>(combined with in-network)</td>
<td>(combined with in-network)</td>
<td>(combined with in-network)</td>
<td></td>
</tr>
<tr>
<td>Coinsurance</td>
<td>60% after deductible</td>
<td>50% after deductible</td>
<td>60% – 80% after deductible</td>
</tr>
<tr>
<td>Out-of-Pocket Maximum Individual / Family</td>
<td>$3,500 / $7,000 (combined with in-network)</td>
<td>$4,000 / $8,000 (combined with in-network)</td>
<td>$4,000 / $8,000 (combined with in-network)</td>
</tr>
</tbody>
</table>

This chart summarizes the benefits provided under the Aetna medical benefit options. For more information, please refer to the formal plan documents. In the event of a discrepancy between this summary and the plan documents, the plan documents will govern.
## Rx Highlights

### Aetna Plan Options

<table>
<thead>
<tr>
<th>Rx Coverage</th>
<th>Consumer Choice (HSA)</th>
<th>Whole Health (ACO)</th>
<th>PPO</th>
</tr>
</thead>
<tbody>
<tr>
<td>Retail</td>
<td>In-Network</td>
<td>In-Network Tier 1</td>
<td>In-Network Tier 2</td>
</tr>
<tr>
<td>Retail</td>
<td>30-Day Supply</td>
<td>Generic</td>
<td>Formulary – Brand</td>
</tr>
<tr>
<td></td>
<td>100% after deductible&lt;sup&gt;1&lt;/sup&gt;</td>
<td>$10</td>
<td>$25</td>
</tr>
<tr>
<td>Mail Order</td>
<td>90-Day Supply&lt;sup&gt;2&lt;/sup&gt;</td>
<td>100% after deductible&lt;sup&gt;1&lt;/sup&gt;</td>
<td>2 x retail</td>
</tr>
<tr>
<td>Out-of-Network Coverage</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Retail</td>
<td>30-Day Supply</td>
<td>Generic</td>
<td>Formulary – Brand</td>
</tr>
<tr>
<td></td>
<td>80% after applicable copay</td>
<td>$10</td>
<td>$25</td>
</tr>
<tr>
<td>Mail Order</td>
<td>90-Day Supply&lt;sup&gt;2&lt;/sup&gt;</td>
<td>Not Covered</td>
<td>Not Covered</td>
</tr>
</tbody>
</table>

1. If you are enrolling in the Aetna HDHP plan, you can obtain certain preventive medications without first having to pay your deductible. This would include medications often taken for conditions such as hypertension, high cholesterol, diabetes, asthma and osteoporosis. For a complete list of the preventive drugs that are covered prior to your deductible, visit www.aetna.com.
2. Depending on the medication, you may be able to access the mail order benefit (90 day supply for 2 copays) at a retail pharmacy.

This chart summarizes the benefits provided under the Aetna medical benefit options. For more information, please refer to the formal plan documents. In the event of a discrepancy between this summary and the plan documents, the plan documents will govern.

## Changes to our Prescription Drug Formulary

In 2017, Bates College will implement Aetna’s Premier Drug Formulary. The Premier Drug Formulary includes two new cost control and quality management features:

### Step Therapy (ST):

Practice of beginning drug therapy for a medical condition with the most cost-effective and safest drug and then progressing to other more costly or risky therapy only if necessary.

### Precertification (PA):

Certain drugs must go through a review process and meet guidelines before they are covered.

You can view the complete list of drugs that require precertification or step therapy on the Bates College Human Resources website.

## Aetna Maintenance Choice

Maintenance medications are those taken for three months or longer and are used to treat chronic conditions such as arthritis, diabetes, high cholesterol, heart disease or asthma. If you are taking medications to treat these conditions, you have two easy and convenient ways to fill your 90-day supply.

### Option 1: Aetna Rx Home Delivery mail order pharmacy

- Get up to a 90-day supply delivered anywhere you choose
- Reorder only once every three months – online, by phone or mail
- Receive your medication in private, secure package
- Speak with pharmacists by phone anytime, day or night

### Option 2: Participating Retail Pharmacy

- Pick up your 90-day supply at a participating retail location that is convenient for you
- Enjoy same-day prescription availability
- Speak with a pharmacist face-to-face
If you enroll in the Consumer Choice (HSA) Plan, Bates College will make a contribution to your health savings account (HSA) administered through PayFlex. An HSA is an account established to pay for qualified medical expenses for you and your eligible dependents.

### Bates’ Contribution Amount

<table>
<thead>
<tr>
<th>Coverage Tier</th>
<th>Base Contribution</th>
<th>Additional Contribution</th>
</tr>
</thead>
<tbody>
<tr>
<td>Single</td>
<td>$600</td>
<td>50% up to $300</td>
</tr>
<tr>
<td>Family</td>
<td>$1,200</td>
<td>50% up to $600</td>
</tr>
</tbody>
</table>

Bates maximum additional contribution ($300 single / $600 family) is dependent on the employee contributing at least $600 for single coverage and $1,200 for family coverage.

### Bates’ Contribution Schedule

<table>
<thead>
<tr>
<th>Coverage Tier</th>
<th>January</th>
<th>May</th>
<th>September</th>
</tr>
</thead>
<tbody>
<tr>
<td>Single</td>
<td>$300</td>
<td>$150</td>
<td>$150</td>
</tr>
<tr>
<td>Family</td>
<td>$600</td>
<td>$300</td>
<td>$300</td>
</tr>
</tbody>
</table>

### HSA Program Highlights

- Contributions via paycheck deduction are pre-tax
- Interest and investment earnings are tax-free
- Withdrawals are tax-free if used for qualified medical expenses
- Contributions can be made through payroll deductions or you can deposit money directly into your account
- Your HSA account is fully portable (i.e. you can take your HSA funds with you even if you change jobs or leave the workforce)
- Balances carry over from year to year; no "use it or lose it"
- You can spend your funds on **qualified medical expenses** or save them for your future

### What are Qualified Medical Expenses?

- Defined by Section 213(D) of the Internal Revenue Code
- Medical deductible and coinsurance
- Prescription drug copayments and certain over-the-counter drugs (with a physician’s written prescription)
- Long term care & Medicare insurance premiums
- Retiree health expenses (once you are age 65)
- Dental and vision expenses

### The maximum employee / employer combined amount that can be contributed to your HSA in 2017 is:

<table>
<thead>
<tr>
<th>Coverage Tier</th>
<th>Amount</th>
</tr>
</thead>
<tbody>
<tr>
<td>Employee Only</td>
<td>$3,400</td>
</tr>
<tr>
<td>All Other Tiers</td>
<td>$6,750</td>
</tr>
</tbody>
</table>

If you are over the age of 55, you can contribute an additional $1,000 catch-up contribution.

An HSA is an excellent opportunity to save on medical expenses for you and your family; however it is important that you understand how to contribute funds to an HSA, how to withdraw funds you have contributed and what, if any, tax implications there are associated with your HSA fund.

**Please Note:** If you enroll a dependent in the Consumer Choice (HSA) Plan who is not your tax dependent, then you cannot use money from your HSA to reimburse expenses for that individual.

For additional information on HSAs, visit [U.S. Department of the Treasury HSA Resource Center](#).
Dental Benefits

Dental Plan

Good dental health is important to your overall well-being. It is for this reason that the College offers a comprehensive PPO dental plan through Aetna. Through this PPO plan, you have the freedom to visit any dentist of your choice; however, if you choose to use a provider that is not a part of the Aetna network you will likely pay more for covered services.

Please Note:
Before beginning extensive dental work, it is strongly recommended that you have your dentist obtain a pre-treatment estimate from Aetna. A pre-treatment estimate ensures that you are aware of expected out-of-pocket costs before beginning treatment.

<table>
<thead>
<tr>
<th>Dental Highlights</th>
<th>In and Out-of-Network</th>
</tr>
</thead>
<tbody>
<tr>
<td>Annual Deductible</td>
<td>$50 / $150</td>
</tr>
<tr>
<td>Individual / Family</td>
<td></td>
</tr>
<tr>
<td>Annual Maximum Benefit</td>
<td>$1,000 per member</td>
</tr>
<tr>
<td>Preventive Services</td>
<td>100% (no deductible)</td>
</tr>
<tr>
<td>Basic Services</td>
<td>80% after deductible</td>
</tr>
<tr>
<td>Fillings Endodontic Treatment Periodontic Treatment</td>
<td></td>
</tr>
<tr>
<td>Major Services</td>
<td>50% after deductible</td>
</tr>
<tr>
<td>Crowns Dentures</td>
<td></td>
</tr>
<tr>
<td>Orthodontia</td>
<td>Not Covered</td>
</tr>
</tbody>
</table>

Finding A Provider:
To find a participating Aetna dental provider near you, please call Aetna at 1-877-238-6200 or log on to [www.aetna.com/docfind](http://www.aetna.com/docfind) (Network Name: Dental PPO/PDN with PPO II Network). To nominate a dentist to participate in Aetna’s dental network, you can have Aetna send a paper application directly to your dentist. To do so, call Aetna member services at 1-877-238-6200 and an Aetna representative will initial the process.
Vision Benefits

**Vision Plan**

A voluntary vision plan, provided through Aetna, can be elected to cover yourself and your eligible family members. If you are enrolling in both the medical and vision Aetna plans, please note the medical plans include coverage for an annual routine vision exam at no cost under the preventive care services. If your claim for a vision exam is submitted under the vision plan instead of the medical plan, a copay will apply.

This voluntary vision plan allows you to receive materials in addition to a comprehensive eye exam.

*Frequency limitations are based on the most recent date of service.

**Finding a Provider:**

To find a participating Aetna vision provider near you, please call Aetna at 1-877-973-3238 or visit [www.aetnavision.com](http://www.aetnavision.com) and click “Locate a Provider on the Aetna Vision Preferred Network.”

<table>
<thead>
<tr>
<th>Vision Highlights</th>
<th>In-Network</th>
<th>Out-of-Network (reimbursed amounts)</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Frequency of Services</strong>*</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Examination</td>
<td>12 months</td>
<td>12 months</td>
</tr>
<tr>
<td>Lenses</td>
<td>12 months</td>
<td>12 months</td>
</tr>
<tr>
<td>Frames</td>
<td>24 months</td>
<td>24 months</td>
</tr>
<tr>
<td><strong>Examination</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>$20 copay up to $15</td>
<td>up to $20</td>
<td></td>
</tr>
<tr>
<td><strong>Lenses</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Single Vision</td>
<td>$20 copay</td>
<td>up to $15</td>
</tr>
<tr>
<td>Bifocal</td>
<td>up to $30</td>
<td>up to $15</td>
</tr>
<tr>
<td>Trifocal</td>
<td>up to $60</td>
<td>up to $30</td>
</tr>
<tr>
<td><strong>Frames</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>20% discount on remaining balance</td>
<td>up to $50</td>
<td></td>
</tr>
<tr>
<td><strong>Contact Lenses</strong>*</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Medically Necessary</td>
<td>100% covered</td>
<td>up to $200</td>
</tr>
<tr>
<td>Elective</td>
<td>$105 allowance</td>
<td>up to $75</td>
</tr>
</tbody>
</table>
The College and employee contributions for medical, dental and vision coverage are listed in the following tables (costs reflected are for full-time employees). **Please note:** The amounts below are rounded to the nearest dollar.

### Medical

<table>
<thead>
<tr>
<th>Plan</th>
<th>Your Monthly Cost</th>
<th>Bates Monthly Cost</th>
<th>Total Monthly Cost (Bates + Employee)</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Actn Consumer Choice (HSA)</strong></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Employee Only</td>
<td>$36</td>
<td>$573</td>
<td>$609</td>
</tr>
<tr>
<td>Employee + Spouse / DP</td>
<td>$266</td>
<td>$1,012</td>
<td>$1,278</td>
</tr>
<tr>
<td>Employee + Child(ren)</td>
<td>$213</td>
<td>$883</td>
<td>$1,096</td>
</tr>
<tr>
<td>Employee + Family</td>
<td>$484</td>
<td>$1,342</td>
<td>$1,826</td>
</tr>
<tr>
<td><strong>Actn Whole Health (ACO)</strong></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Employee Only</td>
<td>$95</td>
<td>$611</td>
<td>$706</td>
</tr>
<tr>
<td>Employee + Spouse / DP</td>
<td>$378</td>
<td>$1,105</td>
<td>$1,483</td>
</tr>
<tr>
<td>Employee + Child(ren)</td>
<td>$323</td>
<td>$948</td>
<td>$1,271</td>
</tr>
<tr>
<td>Employee + Family</td>
<td>$586</td>
<td>$1,532</td>
<td>$2,118</td>
</tr>
<tr>
<td><strong>Actn PPO</strong></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Employee Only</td>
<td>$110</td>
<td>$611</td>
<td>$721</td>
</tr>
<tr>
<td>Employee + Spouse / DP</td>
<td>$409</td>
<td>$1,105</td>
<td>$1,514</td>
</tr>
<tr>
<td>Employee + Child(ren)</td>
<td>$350</td>
<td>$948</td>
<td>$1,298</td>
</tr>
<tr>
<td>Employee + Family</td>
<td>$632</td>
<td>$1,532</td>
<td>$2,164</td>
</tr>
</tbody>
</table>

In addition to the premium contributions, Bates will contribute to your health savings account. Please see Page 6 of this guidebook for HSA account information.

### Health Insurance Contribution Credit

The College recognizes the high cost of health insurance today. For those employees who have lower household incomes, the cost can be a major part of their monthly budget. A health insurance contribution credit will be available to those who enroll in either the Actn PPO or the Actn Whole Health (ACO) plan and have lower household incomes. Household incomes will be verified using the front page of your tax return from the previous year (“adjusted gross income”). For additional information, please contact Human Resources.

<table>
<thead>
<tr>
<th>Household Income</th>
<th>$0 to $30,000</th>
<th>$30,001 to $45,000</th>
<th>$45,001 - $60,000</th>
<th>$60,001+</th>
</tr>
</thead>
<tbody>
<tr>
<td>Credit Percentage</td>
<td>30%</td>
<td>25%</td>
<td>20%</td>
<td>0%</td>
</tr>
</tbody>
</table>
## Dental Costs of Coverage

<table>
<thead>
<tr>
<th>Actna Dental</th>
<th>Your Monthly Cost</th>
<th>Bates Monthly Cost</th>
<th>Total Monthly Cost (Bates + Employee)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Employee Only</td>
<td>$7</td>
<td>$30.78</td>
<td>$37.78</td>
</tr>
<tr>
<td>Employee + Spouse / DP</td>
<td>$30</td>
<td>$45.10</td>
<td>$75.10</td>
</tr>
<tr>
<td>Employee + Child(ren)</td>
<td>$28</td>
<td>$44.60</td>
<td>$72.60</td>
</tr>
<tr>
<td>Employee + Family</td>
<td>$54</td>
<td>$68.90</td>
<td>$122.90</td>
</tr>
</tbody>
</table>

## Vision Costs of Coverage

<table>
<thead>
<tr>
<th>Actna Dental</th>
<th>Your Monthly Cost</th>
<th>Bates Monthly Cost</th>
<th>Total Monthly Cost (Bates + Employee)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Employee Only</td>
<td>$4.77</td>
<td>$0</td>
<td>$4.77</td>
</tr>
<tr>
<td>Employee + Spouse / DP</td>
<td>$9.06</td>
<td>$0</td>
<td>$9.06</td>
</tr>
<tr>
<td>Employee + Child(ren)</td>
<td>$9.53</td>
<td>$0</td>
<td>$9.53</td>
</tr>
<tr>
<td>Employee + Family</td>
<td>$14.01</td>
<td>$0</td>
<td>$14.01</td>
</tr>
</tbody>
</table>
As you know, health insurance is expensive for you and the College. You may not think that individually you can make a difference in curbing costs, but if we each take one step to control health care costs, it will make a difference for Bates and our future premium expenses. To get started on the path to mindful health care decisions, consider using the tips and resources outlined in this section:

- Get your appropriate preventive care services. Preventive checkups under the medical and dental plans are covered at 100%.
- Know your numbers and your health risks. Take the Aetna health assessment and discuss the results with your doctor.
- Manage your stress. Let go of the little things – experts with our Employee Assistance Program can help!
- Eat a healthy diet. Look for healthy selections at the Den and Commons, and learn tips through B-Well.
- Establish an exercise routine. Contact the B-Well program to get started.
- Make cost and quality part of your decisions regarding health care. Use the tools and information available through both the MHMC and aetna.com to shop for the best price and quality in health care.
- Ask your doctor or pharmacist about generic prescription alternatives or lifestyle changes.
- Use the 24/7 Nurse Line and drug pricing tools available through aetna.com.
- Participate in disease management programs as applicable. Let professionals help you in getting the care you need.
- Contact Health Advocate for benefits questions and service concerns.

**Health Advocate**

With Health Advocate, you will have access to a Personal Health Advocate, typically a registered nurse, supported by medical directors and benefits and claims specialists.

Here is just a sample of the many services you will now have readily available to you with Health Advocate:

- Help finding the right doctors and hospitals
- Help obtaining services for your elderly parents and parents-in-law
- Help scheduling appointments, especially with hard-to-reach specialists
- Help when faced with serious illness or injury
- Help securing second opinions
- Help with insurance claims and billing issues
- ...and much more!

Health Advocate services extend to you, your spouse and dependent children, your parents and parents in-law. To contact Health Advocate, call 866-695-8622.

**Maine Health Management Coalition (MHMC)**

Did you know that you can choose doctors and hospitals based on quality? The Maine Health Management Coalition (MHMC) provides tools to empower you to become a better health care consumer.

The MHMC is a non-profit group whose 60+ members include employers, physicians, hospitals and health plans working together to measure and report health care quality. The MHMC promotes safer, higher quality and more efficient health care delivered to you and your dependents.

Visit [www.getbettermaine.org](http://www.getbettermaine.org) to see how your doctors and hospitals rate on quality.
Health Care Resources

Aetna Navigator

Aetna Navigator is a members-only website that offers health and personal benefits information, self-service features and interactive tools. When you register, you'll have a personalized home page that shows your recent claim activity and who is covered under your plan. At Aetna Navigator, you can take advantage of:

» **Self-service features** – Access electronic ID cards, print claim forms and make changes to personal information such as e-mail addresses.

» **DocFind** – Look for doctors, pharmacies, dentists and other health care providers that belong to Aetna's network.

» **Estimate the Cost of Care** – Get the estimated average costs of medical procedures, office visits, tests, diseases and conditions, prescription drugs and dental procedures.

» **Compare Hospitals** – Get help with selecting a hospital for a surgical procedure.

» **Access Health Savings Account** – If you are enrolled in the HDHP you can access your PayFlex HSA through the Aetna Navigator portal.

To register and start exploring the secure member website, Aetna Navigator, go to [www.aetnanavigator.com](http://www.aetnanavigator.com) and click on “Sign Up Now.”

24/7 Nurse Line

Contact the informed Health Line anytime 24/7, at 1-800-556-1555 to speak to a registered nurse. The nurses can discuss a broad range of health and wellness topics, help you make better health care decisions, help you find out more about a medical test procedures, or get help preparing for a visit to your doctor.

Teladoc

Teladoc provides active Aetna members and dependents, who are enrolled in the Bates College medical plan, with 24/7/365 on-demand access to U.S. board-certified doctors and pediatricians by phone or online. This is not meant to replace your Primary Care Physician; however, if it is after hours and you are unable to obtain an appointment with your provider, or if you are away from home you can call 1-855-Teladoc or visit [www.teladoc.com/Aetna](http://www.teladoc.com/Aetna) to request a consultation. To save time, register on the Teladoc website prior to your consultation. There is no charge for registration.

Teladoc can diagnose, recommend treatment and prescribe medication, when appropriate, for many non-emergency medical needs such as: sinus problems, bronchitis, allergies, poison ivy, cold and flu symptoms, urinary tract infections, respiratory infections and more, all from the convenience of your current location.

Please see the Medical Highlights section of this guidebook for Teladoc pricing details by medical plan.

Beginning Right Maternity

Aetna’s Beginning Right maternity program offers information and services to help you give your baby a healthy start. This program offers a pregnancy risk survey (PRS), stop-smoking program and other resources to help you have a healthy baby; such as learning about prenatal care, labor and delivery, newborn care and more. You can get information for Dad or partner, quit smoking for good with one-on-one nurse support, and find out if you have any pregnancy risks or issues. All program materials are available in English and Spanish. You can sign up by calling 1-800-CRADLE-1 (1-800-272-3531) or by logging into your member website at [www.aetna.com](http://www.aetna.com) and looking under Health Programs. There is no extra cost associated with this program.
Life insurance is an important part of your financial security, especially if others depend on you for support. That’s why the College provides you with basic life and accidental death and dismemberment (AD&D) coverage at no cost to you. You also have the option of purchasing supplemental life and/or AD&D insurance.

**Basic Life and AD&D Insurance**

As an eligible employee, Bates College provides you with company paid basic life insurance in an amount that equals one times (1x) your annual earnings up to a maximum of $400,000. You are also provided with an equal amount of AD&D insurance. This benefit is reduced by 35% at age 70 and by 50% at age 75.

**Supplemental Life and AD&D Insurance**

If you need additional protection beyond the basic life and AD&D insurance provided to you, you may purchase supplemental life and/or AD&D for yourself and your eligible dependents. If you elect these coverages, you will be responsible for paying 100% of the cost and will have deductions taken from your paycheck in after-tax dollars. You will not be subject to imputed income and the benefit is tax-free.

Premiums for employee and spousal coverage are age rated and are determined based on age as of December 31st of the current year. For example, your 2017 rate will be based on your age as of December 31, 2017.

<table>
<thead>
<tr>
<th>Coverage</th>
<th>Benefit</th>
<th>Guaranteed Issue*</th>
</tr>
</thead>
<tbody>
<tr>
<td>Basic Life / AD&amp;D Insurance</td>
<td>One times (1x) annual earnings</td>
<td>$400,000</td>
</tr>
<tr>
<td>Supplemental Life / AD&amp;D Insurance</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Employee</td>
<td>1, 2, or 3x annual earnings</td>
<td>$850,000 (combined with basic amount)</td>
</tr>
<tr>
<td>Spouse</td>
<td>$10,000 increments (not to exceed 100% of basic amount)</td>
<td>$100,000</td>
</tr>
<tr>
<td>Children</td>
<td>$5,000 increments</td>
<td>$20,000</td>
</tr>
</tbody>
</table>

*If enrolling when initially eligible for benefits, you are automatically approved up to the guaranteed issue amount without being subject to Evidence of Insurability (EOI). Any employee or spouse amount elected over the guaranteed issue amount or outside the initial eligibility period is subject to EOI. The child amount is always guaranteed issue.
Disability Benefits

The disability benefits provided by the College help provide financial protection if you become disabled and cannot work. Both short-term and long-term disability benefits are provided at no cost to you. These disability benefits also work with other sources of coverage to replace a certain percentage of your earnings. As a result, the disability payments you receive from our plan will be reduced by any benefits you are eligible to receive from social security, workers' compensation, retirement benefits or any other disability coverage to which you are entitled.

Short-Term Disability (STD)

STD insurance is available to staff members who have completed 6 months of service. After being totally disabled for 30 days, the STD benefit provides 75% of your normal salary or wages for up to 5 months, provided eligibility requirements are met.

<table>
<thead>
<tr>
<th>Sample STD Benefit Calculation</th>
</tr>
</thead>
<tbody>
<tr>
<td>Gross Weekly Income</td>
</tr>
<tr>
<td>Benefit Amount</td>
</tr>
<tr>
<td>Weekly STD Benefit</td>
</tr>
</tbody>
</table>

Note, your weekly STD benefit will be reduced by applicable taxes including income and Social Security taxes.

Long-Term Disability (LTD)

If you remain disabled for more than 180 days, the College provides you with cash compensation to purchase LTD insurance. The plan provides a non-taxable benefit of 60% of your normal salary up to a maximum of $9,000 per month. LTD benefits are generally payable up to Normal Social Security Retirement Age; however, if you become disabled at or after age 65, benefits are payable according to an age-based schedule. Participation in the LTD benefit plan is mandatory.

<table>
<thead>
<tr>
<th>Sample LTD Benefit Calculation</th>
</tr>
</thead>
<tbody>
<tr>
<td>Gross Monthly Income</td>
</tr>
<tr>
<td>Benefit Amount</td>
</tr>
<tr>
<td>Monthly LTD Benefit</td>
</tr>
</tbody>
</table>

Note, your LTD benefits are insured by Prudential. Premium contributions that the College makes on your behalf will be included in your gross income annually and taxed accordingly. As a result, any benefits you receive from the LTD plan are not subject to taxes.

When Am I Considered Disabled?

You are considered disabled and eligible to receive LTD benefits if solely because of an injury or illness, you are unable to perform the material and substantial duties of your own occupation. After 24 months, you are considered disabled when, due to the same injury or illness, you are unable to perform the material and substantial duties of any occupation for which you are reasonably fitted by education, training or experience.
Bates College allows employees to redirect a portion of their pay, through pre-tax payroll deductions, into flexible spending accounts (FSAs). Your FSA benefits are administered by Group Dynamic. The money that goes into your FSA is deducted from your pay before taxes are calculated. There are three types of FSAs available.

**Health Care FSA**

You may deposit up to $2,600 into a Health Care FSA. This type of FSA allows you to save money on a pre-tax basis for any IRS allowed health expenses (medical, dental and vision) not covered by insurance. Examples of eligible expenses for you, your spouse and your tax dependent children include:

- Deductibles
- Copays
- Coinsurance
- Dental Care / Orthodontia
- Eye Glasses / Contact Lenses
- Prescribed Over-the-Counter Medications
- Hearing Exams / Hearing Aids

**Limited Purpose Health Care FSA**

Due to federal guidelines concerning Health Savings Accounts (HSAs), participants in the Aetna HSA Plan are not eligible to enroll in a traditional Medical FSA in conjunction with their HSA. Instead, a Limited Purpose Medical FSA may be established. You may deposit up to $2,600 in this FSA and initially these funds may only be used for eligible dental and vision care expenses. Once you have met the minimum deductible per IRS regulations ($1,300 for single; $2,600 for family) under the Aetna HSA Plan, you may then use your Limited Purpose FSA funds towards eligible medical expenses as well.

**Dependent Care FSA**

You may deposit up to $5,000 ($2,500 if you are married and file your taxes separately) into a Dependent Care FSA. Additionally, employees with children that are age 12 and under are eligible to receive a childcare subsidy from the College if they elect to contribute a minimum of $100. The subsidy is meant to offset childcare expenses necessary to maintain employment with the College. The subsidy varies from $43 to $325 per month and is based on total household income and the number of children. This type of FSA allows you to save money on a pre-tax basis for day care expenses for your child, disabled parent or spouse. Examples of eligible expenses include:

- Payments to Day Care Centers
- After-School Care
- Summer Day Camp
- Preschool Costs (up to, but not including, kindergarten)
- Elder Care

---

**Health Care / Limited Purpose FSA Notes:**

- You **CANNOT** enroll in a Health Care FSA if you enroll in the Aetna HSA Plan.
- You have until March 31st to file a claim incurred before January 1st of the prior year.
- You are permitted to carryover up to $500 of unused funds to the following plan year.

**Dependent Care FSA Note:**

Dependent care FSA contributions not used for expenses incurred between January 1, 2017 and March 15, 2018 will be forfeited. No rollover is permitted.

You have until March 31st to file a claim.
Additional Benefits

Employee Assistance Program (EAP)

The EAP provided by ComPsych through Prudential, provides confidential and professional assistance at no cost to eligible employees, dependents and/or significant others. Services are available for a wide range of personal matters, such as:

- Depression
- Stress and anxiety
- Marital and family conflicts
- Workplace issues
- Grief and loss
- Substance abuse

The program provides unlimited telephonic counselors and advice, referrals for up to 6 face to face sessions with a nearby counselor, child and elder care referral services, legal resources and referral service, and financial counseling resources.

Call 800.311.4327, 24 hours a day / 7 days a week or visit www.guidanceresources.com (Web ID: BWELL)

Paid Time Off (PTO) Benefits for Staff Members

The College provides eligible staff members with a generous PTO package including the following types of leave:

<table>
<thead>
<tr>
<th>Vacation Leave</th>
<th>Monthly Paid Staff: 24 days per year</th>
</tr>
</thead>
<tbody>
<tr>
<td>(available following 6 months of employment)</td>
<td>Bi-weekly Paid Staff: 10-24 days per year</td>
</tr>
<tr>
<td></td>
<td>(based on years of service)</td>
</tr>
<tr>
<td>Sick Leave</td>
<td>10 days per year to a 50 day maximum</td>
</tr>
<tr>
<td>Personal Leave</td>
<td>1-2 days per year</td>
</tr>
<tr>
<td>(available following 30 days of employment)</td>
<td>(based on date of hire)</td>
</tr>
<tr>
<td>Holidays</td>
<td>12 holidays per year</td>
</tr>
</tbody>
</table>

For more information on available Paid Time Off benefits for staff members, please refer to the Employee Handbook on the Bates Human Resources website located at http://www.bates.edu/hr/reference/employee-handbook/. Faculty members should review the Faculty Handbook on the Bates website for complete information on leaves and release time.
Facilities Access and Cultural Programs

Free use of all facilities and cultural programs are available to employees and their immediate families. Access to these benefits is obtained by a valid Bates ID. The facilities and programs include access and use of the following:

- Weight room
- Swimming pool
- Indoor track
- Ice skating rink
- Racquetball / squash / tennis courts
- Library
- Many arts and cultural programs

Educational Assistance for Children of Employees (Rowe Fund)

Tuition assistance for children claimed as dependents for income tax purposes is available after 5 years of full-time employment. The assistance is set at 10% of the Bates College annual cost as printed in the catalogue. Assistance is limited to 4 years at fully-accredited institutions that grant baccalaureate and bachelor’s degrees.

Computer Purchase Program

Following 6 months of employment, employees may purchase computers, printers and related items for their personal use directly from an outside vendor. Employees then repay the College for the equipment through payroll deductions over a period of up to 24 months.

Voluntary Group Auto and Homeowner’s Insurance Program

Discounts of up to 10% off of Liberty Mutual’s normal rates are available for auto and homeowner’s insurance. You have the option to pay your premium through payroll deductions. Participation is voluntary and there is no obligation to enroll if you receive a quote.

If you are already insured through Liberty Mutual, you will need to contact Liberty Mutual to receive your discount.

Parking

Free on-campus parking is provided on an unreserved, first-come, first-served basis in designated faculty and staff parking areas.

Rental Real Estate

The College owns several single-family homes and apartments near the campus. Rental of these properties to faculty and staff is based on the recruitment and retention needs of the College. Please contact Heather Taylor of the Treasurer’s Office at 207-786-8339.
Retirement Savings Plans

Please note that you may stop your contributions to the 403(b) plan at any time. If you wish to change your contribution amount or resume participation, you may do so at any time.

403(b) Employer Match

The College matches eligible employee’s contributions by one half up to the maximum college contribution of 3% of your salary. For example, if you contribute 6%, the College will contribute 3%. Eligibility for the match starts on the first of the month following one full calendar month of employment.

Savings Example

If you think you cannot afford to take money out of your paycheck each month for a retirement you can’t even imagine yet, consider this example of pre-tax savings through the 403(b) plan versus post-tax through some other savings method**.

![Savings Example Table]

<table>
<thead>
<tr>
<th></th>
<th>Pre-Tax Contribution</th>
<th>After-Tax Contribution</th>
</tr>
</thead>
<tbody>
<tr>
<td>Gross Pay</td>
<td>$4,000</td>
<td>$4,000</td>
</tr>
<tr>
<td>Minus Pre-Tax</td>
<td>$4,000</td>
<td>$0</td>
</tr>
<tr>
<td>Contributions to 403(b) Plan</td>
<td>- $500</td>
<td>- $875</td>
</tr>
<tr>
<td>Taxable Pay</td>
<td>$3,500</td>
<td>$4,000</td>
</tr>
<tr>
<td>Minus Estimated Tax</td>
<td>$3,500</td>
<td>$4,000</td>
</tr>
<tr>
<td>Withholding from Pay</td>
<td>- $875</td>
<td>- $1,000</td>
</tr>
<tr>
<td>Minus After-Tax</td>
<td>$3,500</td>
<td>$4,000</td>
</tr>
<tr>
<td>Contributions to Other Savings</td>
<td>$0</td>
<td>- $500</td>
</tr>
<tr>
<td>Spendable Pay</td>
<td>$2,625</td>
<td>$2,500</td>
</tr>
<tr>
<td>Before-Tax Advantage</td>
<td>$125</td>
<td>$0</td>
</tr>
</tbody>
</table>

*Bates College realizes the importance of saving towards retirement and has established both a 403(b) plan and a pension plan to assist you in meeting your long-term financial goals.

For more information regarding Bates retirement plans, investment fund options, fund performance and prospectus information, please visit www.tiaa.org/bates.

403(b) Eligibility

All employees are eligible to contribute to the 403(b) plan from their date of hire.

403(b) Employee Contributions

Through automatic payroll deductions, you may contribute a percentage of your eligible pay on a pre-tax basis up to the lesser of the annual IRS benefit maximum or 100% of compensation (some restrictions apply for highly compensated employees). You may invest your contributions and Bates’ matching contributions in a variety of investments. Participants age 50 or older may also make additional catch-up contributions, subject to IRS regulations.

*Any year in which 1,000 hours have been worked is equal to one year of service.

**For illustrative purposes only. This illustration assumes a married participant earning $4,000 per month, who contributes $500 per month to the 403(b) Plan. It also assumes 25% tax withholding.

Pension Plan

Eligibility for the Bates College pension plan starts on the first of the month following one year of employment. Under this plan, employees are guaranteed a defined contribution into the plan and the employee directs the investment of his or her contributions. The College contribution is 9% of your eligible wages (base salary plus overtime and shift differential).
B-Well Program

Because the College values its employees, we are pleased to continue our wellness program. This program is designed to encourage you to learn more about your overall wellness and your personal risk factors. It also provides you the tools for living a healthy lifestyle and addresses other wellness-related topics and resources. Administered by Human Resources, the B-Well program promotes an array of wellness-related activities and programs to employees of Bates College.

Through a combination of sponsored healthy activity and learning programs, B-Well strives to provide support and resources to employees in each stage of their journey to better health.

For more information on the B-Well program, visit the wellness website at [www.bates.edu/b-well.xml](http://www.bates.edu/b-well.xml) or contact Mike Milliken in Human Resources 207-753-6936 or mmillike@bates.edu.

Services for Staff and Faculty

- Free access to fitness facilities at Bates
- Free exercise prescription with a personal trainer
- Monthly Lunch and Learns
- Various exercise classes
- One-on-one personal training (discounted fees apply)
- Coordinated physical activity programs

Fitness Schedule

Classes are free and open to all Bates’ employees, spouses and dependents. No need to sign up, just show up!

<table>
<thead>
<tr>
<th>Time</th>
<th>Monday</th>
<th>Tuesday</th>
<th>Wednesday</th>
<th>Thursday</th>
<th>Friday</th>
</tr>
</thead>
<tbody>
<tr>
<td>6:00 – 8:00 AM</td>
<td>Open Gym (Merrill)</td>
<td>Good Morning Muscle w/ Cormac (Merrill)</td>
<td>Open Gym (Merrill)</td>
<td>Good Morning Muscle w/ Cormac (Merrill)</td>
<td>Open Gym (Merrill)</td>
</tr>
<tr>
<td>8:00 – 9:00 AM</td>
<td>Boot Camp w/ Mike (Merrill)</td>
<td>Boot Camp w/ Mike (Merrill)</td>
<td>Yoga w/ Gabrielle (Dance Studio)</td>
<td>Boot Camp w/ Mike (Merrill)</td>
<td></td>
</tr>
<tr>
<td>11:00 – 11:45 AM</td>
<td>Water Aerobics (Pool)</td>
<td>Water Zumba (Pool)</td>
<td>Water Aerobics (Pool)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>12:00 – 1:00 PM</td>
<td>Tone and Tighten w/ Johanne (Merrill)</td>
<td>Zumba w/ Cynthia (Merrill)</td>
<td>Tone and Tighten w/ Johanne (Merrill)</td>
<td>Zumba w/ Cynthia (Merrill)</td>
<td>Tone and Tighten w/ Johanne (Merrill)</td>
</tr>
<tr>
<td>1:10 – 1:30 PM</td>
<td>Jump Rope w/ Jan (Merrill)</td>
<td>Yoga w/ Heidi (Little Room)</td>
<td>Yoga w/ Heidi (Little Room)</td>
<td>Jump Rope w/ Jan (Merrill)</td>
<td></td>
</tr>
<tr>
<td>4:45 – 5:45 PM</td>
<td>Qi Gong w/ Don (Little Room)</td>
<td>Yoga w/ Gabrielle (Little Room)</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Please Note: The Fitness Schedule is subject to change. Please refer to our website for the most current information.
Eat Healthy & Save Money

The cost of buying nutritious food adds up when researching recipes and preparing for healthy meals takes time and effort. NutriSavings makes healthy eating easier and more rewarding!

NutriSavings is an innovative wellness benefit program being offered exclusively to our employees and their families.

Why Participate?
- Find out the nutritional score of your favorite products and discover healthier alternatives
- Access special savings offers for healthy foods
- Discover healthy meal ideas, grocery lists and suggestions
- Earn big rewards for buying healthy!

NutriSavings On-the-Go!
With our mobile app, you can create shopping lists, access nutrition panels, and activate discount offers on healthy products, anytime, anywhere.

Register at order.nutrisavings.com

NutriSavings | 330 Nevada Street | Newton, MA 02160 | order.nutrisavings.com
**Consolidated Omnibus Budget Reconciliation Act (COBRA)**

The Consolidated Omnibus Budget Reconciliation Act of 1985 (COBRA) requires employers who provide medical coverage to their employees to offer such coverage to employees and covered family members on a temporary basis when there has been a change in circumstances that would otherwise result in a loss of such coverage [26 USC §4980B]. This benefit, known as “COBRA continuation coverage,” applies if, for example, covered children no longer meet the definition of an eligible dependent, spouses get divorced, or employees leave the employer.

**HIPAA Information Notice of Privacy Practices**

In compliance with the Health Insurance Portability and Accountability Act of 1996 (HIPAA), your employer recognizes your right to privacy in matters related to the disclosure of personal health information (PHI). The Notice of Privacy Practices (provided to you upon your enrollment in the health plan) details the steps your employer has taken to assure your privacy is protected. The Notice also explains your rights under HIPAA. A copy of this Notice is available to you at any time, free of charge, by request through your Human Resources Department.

**Women’s Health and Cancer Rights Act of 1998**

The Women’s Health and Cancer Rights Act requires that all medical plans cover breast reconstruction following a mastectomy. Under this law, if an individual who has had a mastectomy elects to have breast reconstruction, the medical plan must provide the following coverage as determined in consultation with the attending physician and the patient:

- Reconstruction of the breast on which the mastectomy has been performed;
- Surgery and reconstruction of the other breast to produce a symmetrical appearance; and
- Prostheses and physical complications at all stages of the mastectomy, including lymphedemas

Benefits received for the above coverage will be subject to any deductibles and coinsurance amounts required under the medical plan for similar services. The Act prohibits any group health plan from:

- Denying a participant or a beneficiary eligibility to enroll or renew coverage under the plan in order to avoid the requirements of the Act;
- Penalizing, reducing, or limiting reimbursement to the attending provider (e.g. physician, clinic or hospital) to induce the provider to provide care inconsistent with the Act; and providing monetary or other incentives to an attending provider to induce the provider to provide care inconsistent with the Act.

**Newborn and Mothers’ Health Protection Act**

Under Federal law, group health plans and health insurance issuers offering group health insurance coverage generally may not 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 delivery by cesarean section. However, the plan or issuer may pay for a shorter stay if the attending provider (e.g. your physician, nurse midwife or physician’s assistant) after consultation with the mother, discharges the mother or newborn earlier.

Plans and issuers may not select the level of benefits or out-of-pocket costs so that any later portion of the 48-hour (or 96-hour) stay is treated in a manner less favorable to the mother or newborn than any earlier portion of the stay. In addition, a plan or issuer may not require that a physician or other health care provider obtain authorization for prescribing a length of stay of up to 48 hours (or 96 hours). However, to use certain providers or facilities, or to reduce your out-of-pocket costs, you may be required to obtain pre-certification. For information on pre-certification, please contact your Plan Administrator.
Important Notice from Bates College About Your Prescription Drug Coverage and Medicare

Please read this notice carefully and keep it where you can find it. This notice has information about your current prescription drug coverage with Bates College and about your options under Medicare’s prescription drug coverage. This information can help you decide whether or not you want to join a Medicare drug plan. If you are considering joining, you should compare your current coverage, including which drugs are covered at what cost, with the coverage and costs of the plans offering Medicare prescription drug coverage in your area. Information about where you can get help to make decisions about your prescription drug coverage is at the end of this notice.

There are two important things you need to know about your current coverage and Medicare’s prescription drug coverage:

1. Medicare prescription drug coverage became available in 2006 to everyone with Medicare. You can get this coverage if you join a Medicare Prescription Drug Plan or join a Medicare Advantage Plan (like an HMO or PPO) that offers prescription drug coverage. All Medicare drug plans provide at least a standard level of coverage set by Medicare. Some plans may also offer more coverage for a higher monthly premium.

2. Bates College has determined that the prescription drug coverage offered by Bates College’s Aetna plans is, on average for all plan participants, expected to pay out as much as standard Medicare prescription drug coverage. All Medicare drug plans provide at least a standard level of coverage set by Medicare. Some plans may also offer more coverage for a higher monthly premium.

When Can You Join A Medicare Drug Plan?

You can join a Medicare drug plan when you first become eligible for Medicare and each year from October 15 through December 7; however, if you lose your current creditable prescription drug coverage, through no fault of your own, you will also be eligible for a two (2) month Special Enrollment Period (SEP) to join a Medicare drug plan.

What Happens To Your Current Coverage If You Decide to Join A Medicare Drug Plan?

If you decide to join a Medicare drug plan, your current Bates College coverage will be affected. If you do decide to join a Medicare drug plan and drop your current Bates College coverage, be aware that you and your dependents will not be able to get this coverage back.

When Will You Pay A Higher Premium (Penalty) To Join A Medicare Drug Plan?

You should also know that if you drop or lose your current coverage with Bates College and don’t join a Medicare drug plan within 63 continuous days after your current coverage ends, you may pay a higher premium (a penalty) to join a Medicare drug plan later. Starting on the last day of the month in which you were initially eligible to join a Medicare drug plan, if you go 63 continuous days or longer without creditable prescription drug coverage, your monthly premium may go up by at least 1% of the Medicare base beneficiary premium per month for every month that you did not have that coverage. For example, if you go nineteen months without creditable coverage, your premium may consistently be at least 19% higher than the Medicare base beneficiary premium. You may have to pay this higher premium (a penalty) as long as you have Medicare prescription drug coverage. In addition, you may have to wait until the following October to join.
Notices

For More Information About Your Options Under Medicare Prescription Drug Coverage...

More detailed information about Medicare plans that offer prescription drug coverage is in the “Medicare & You” handbook. You'll get a copy of the handbook in the mail every year from Medicare. You may also be contacted directly by Medicare drug plans.

For more information about Medicare prescription drug coverage:

- Visit www.medicare.gov
- Call your State Health Insurance Assistance Program (see the inside back cover of your copy of the “Medicare & You” handbook for their telephone number) for personalized help
- Call 1-800-MEDICARE (1-800-633-4227). TTY users should call 1-877-486-2048.

Remember

Keep this Creditable Coverage notice. If you decide to join one of the Medicare drug plans, you may be required to provide a copy of this notice when you join to show whether or not you have maintained creditable coverage and, therefore, whether or not you are required to pay a higher premium (a penalty).

If you have limited income and resources, extra help paying for Medicare prescription drug coverage is available. For information about this extra help, visit Social Security on the web at www.socialsecurity.gov, or call them at 1-800-772-1213 (TTY 1-800-325-0778).

Name of Sender: Bates College, Human Resources

Address: 215 College Street, Lewiston, ME 04240

Phone Number: 207-786-6170
**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’re eligible for health coverage from your employer, your state may have a premium assistance program that can help pay for coverage, using funds from their Medicaid or CHIP programs. If you or your children aren’t eligible for Medicaid or CHIP, you won’t be eligible for these premium assistance programs but you may be able to buy individual insurance coverage through the Health Insurance Marketplace. For more information, visit [www.healthcare.gov](http://www.healthcare.gov).

If you or your dependents are already enrolled in Medicaid or CHIP and you live in a State listed below, 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, contact your State Medicaid or CHIP office or dial 1-877-KIDS NOW (543-7669) or [www.insurekidsnow.gov](http://www.insurekidsnow.gov) to find out how to apply. If you qualify, ask your state if it has a program that might help you pay the premiums for an employer-sponsored plan.

If you or your dependents are eligible for premium assistance under Medicaid or CHIP, as well as eligible under your employer plan, your employer must allow you to enroll in your employer plan if you aren’t 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, contact the Department of Labor at [www.askebsa.dol.gov](http://www.askebsa.dol.gov) or call 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, 2016. Contact your State for more information on eligibility –

**ALABAMA – Medicaid**
Website: http://myalhipp.com/
Phone: 1-855-692-5447

**ALASKA – Medicaid**
Website: [The AK Health Insurance Premium Payment Program](http://myakhipp.com/)
Phone: 1-866-251-4861
Email: CustomerService@MyAKHIPP.com
Medicaid Eligibility: [http://dhss.alaska.gov/dpa/Pages/medicaid/default.aspx](http://dhss.alaska.gov/dpa/Pages/medicaid/default.aspx)

**ARKANSAS – Medicaid**
Website: [http://myarhipp.com/](http://myarhipp.com/)
Phone: 1-855-MyARHIPP (855-692-7447)

**COLORADO – Medicaid**
Medicaid Website: [http://www.colorado.gov/hcpf](http://www.colorado.gov/hcpf)
Medicaid Customer Contact Center: 1-800-221-3943

**FLORIDA – Medicaid**
Website: [http://flmedicaidtplrecovery.com/hipp/](http://flmedicaidtplrecovery.com/hipp/)
Phone: 1-877-357-3268

**GEORGIA – Medicaid**
Website: [http://dch.georgia.gov/medicaid](http://dch.georgia.gov/medicaid)
- Click on Health Insurance Premium Payment (HIPP)
Phone: 404-656-4507

**INDIANA – Medicaid**
Healthy Indiana Plan for low-income adults 19-64
Website: [http://www.hip.in.gov](http://www.hip.in.gov)
Phone: 1-877-438-4479
All other Medicaid
Website: [http://www.indianamedicaid.com](http://www.indianamedicaid.com)
Phone: 1-800-401-0864

**IOWA – Medicaid**
Website: [http://www.dhs.state.ia.us/hipp/](http://www.dhs.state.ia.us/hipp/)
Phone: 1-888-346-9562

**KANSAS – Medicaid**
Website: [http://kdhks.gov/hcf/](http://kdhks.gov/hcf/)
Phone: 1-785-296-3512

**KENTUCKY – Medicaid**
Website: [http://kys.gov/dms/default.htm](http://kys.gov/dms/default.htm)
Phone: 1-800-635-2570

**LOUISIANA – Medicaid**
Website: [http://dhhs.louisiana.gov/index.cfm/subhome/1/n/331](http://dhhs.louisiana.gov/index.cfm/subhome/1/n/331)
Phone: 1-888-697-2447

**MAINE – Medicaid**
Phone: 1-800-442-6003
TTY: Maine relay 711
<table>
<thead>
<tr>
<th>State</th>
<th>Medicaid Website</th>
<th>Medicaid Phone</th>
<th>CHIP Website</th>
<th>CHIP Phone</th>
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<tbody>
<tr>
<td>Massachusetts</td>
<td><a href="http://www.mass.gov/MassHealth">Website</a></td>
<td>1-800-462-1120</td>
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<td>Minnesota</td>
<td><a href="http://mn.gov/dhs/ma/">Website</a></td>
<td>1-800-657-3739</td>
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<td>Missouri</td>
<td><a href="http://www.dss.mo.gov/hipp">Website</a></td>
<td>573-251-2005</td>
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<td>Montana</td>
<td><a href="http://dphhs.mt.gov/MontanaHealthcarePrograms/HIPP">Website</a></td>
<td>1-800-694-3084</td>
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<td>Nebraska</td>
<td><a href="http://dhhs.ne.gov/Children_Family_Services/AccessNebraskaPages/accessnebraska_index.aspx">Website</a></td>
<td>1-855-632-7633</td>
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<td>Nevada</td>
<td>Medicaid Website: <a href="http://dnss.nv.gov/medicaid">Website</a></td>
<td>Medicaid Phone: 1-800-992-0100</td>
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<td>New Hampshire</td>
<td>Medicaid Website: <a href="http://www.dhhs.nh.gov/oii/documents/hippapp.pdf">Website</a></td>
<td>Medicaid Phone: 603-271-5218</td>
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<td>New Jersey</td>
<td>Medicaid Website: <a href="http://www.state.nj.us/humanservices/dmghs/clients/medicaid/">Website</a></td>
<td>Medicaid Phone: 609-631-2392</td>
<td>CHIP Website: <a href="http://www.njfamilycare.org/index.html">Website</a></td>
<td>CHIP Phone: 1-800-440-0491</td>
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<tr>
<td>New York</td>
<td>Medicaid Website: <a href="http://www.nyhealth.gov/health_care/medicaid/">Website</a></td>
<td>Medicaid Phone: 1-800-541-2831</td>
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<td>North Carolina</td>
<td>Medicaid Website: <a href="http://www.nchhs.northcarolina.gov/ctera">Website</a></td>
<td>Medicaid Phone: 919-855-4100</td>
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<td>North Dakota</td>
<td>Medicaid Website: <a href="http://www.nd.gov/dhs/services/medicalcarv/medicaid/">Website</a></td>
<td>Medicaid Phone: 1-844-854-4825</td>
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<td>Oklahoma</td>
<td>Medicaid Website: <a href="http://www.insureoklahoma.org">Website</a></td>
<td>Medicaid Phone: 1-888-543-7669</td>
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<td>Oregon</td>
<td>Medicaid Website: <a href="http://www.oregonhealthylads.gov">Website</a></td>
<td>Medicaid Phone: 1-800-699-9075</td>
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<td>Pennsylvania</td>
<td>Medicaid Website: <a href="http://www.dhs.pa.gov/hipp">Website</a></td>
<td>Medicaid Phone: 1-800-692-7462</td>
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<td>Rhode Island</td>
<td>Medicaid Website: <a href="http://www.rohhsri.gov/">Website</a></td>
<td>Medicaid Phone: 401-462-3300</td>
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<td>South Carolina</td>
<td>Medicaid Website: <a href="http://www.scdhhs.gov">Website</a></td>
<td>Medicaid Phone: 1-888-549-0020</td>
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<td>South Dakota</td>
<td>Medicaid Website: <a href="http://dss.sd.gov">Website</a></td>
<td>Medicaid Phone: 1-888-628-0059</td>
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<td>Texas</td>
<td>Medicaid Website: <a href="http://gethptax.com/">Website</a></td>
<td>Medicaid Phone: 1-800-440-0491</td>
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<td>Utah</td>
<td>Medicaid Website: <a href="http://health.utah.gov/medicaid">Website</a></td>
<td>Medicaid Phone: 1-877-564-7669</td>
<td>CHIP Website: <a href="http://health.utah.gov/chip">Website</a></td>
<td>CHIP Phone: 1-800-543-7669</td>
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<td>Vermont</td>
<td>Medicaid Website: <a href="http://www.greenmountaincare.org/">Website</a></td>
<td>Medicaid Phone: 1-800-250-8427</td>
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<td>Virginia</td>
<td>Medicaid Website: <a href="http://www.coverva.org/programs_premium_assistance.cfm">Website</a></td>
<td>Medicaid Phone: 1-800-432-5924</td>
<td>CHIP Website: <a href="http://www.coverva.org/programs_premium_assistance.cfm">Website</a></td>
<td>CHIP Phone: 1-855-242-8292</td>
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<td>Washington</td>
<td>Medicaid Website: <a href="http://www.hca.wa.gov/medicaid/premiumpymt/pages/index.aspx">Website</a></td>
<td>Medicaid Phone: 1-800-562-3022 ext. 15473</td>
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<td>West Virginia</td>
<td>Medicaid Website: <a href="http://www.dhh.wv.gov/bms/Medicaid%20Expansion/Pages/default.aspx">Website</a></td>
<td>Medicaid Phone: 1-877-598-5820, HMS Third Party Liability</td>
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<td>Wisconsin</td>
<td>Medicaid Website: <a href="http://www.dhs.wisconsin.gov/publications/p1/p10095.pdf">Website</a></td>
<td>Medicaid Phone: 1-800-562-3002</td>
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<td>Wyoming</td>
<td>Medicaid Website: <a href="http://www.qualitycare.acs-inc.com/">Website</a></td>
<td>Medicaid Phone: 307-777-7531</td>
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</table>

To see if any other states have added a premium assistance program since July 31, 2016, or for more information on special enrollment rights, contact either:

U.S. Department of Labor
Employee Benefits Security Administration
[Website](http://www.dol.gov/ebsa)
1-866-444-EBSA (3272)

or

U.S. Department of Health and Human Services
Centers for Medicare & Medicaid Services
[Website](http://www.cms.hhs.gov)
1-877-267-2323, Menu Option 4, Ext. 61565
General Benefit Questions
Health Advocate | www.healthadvocate.com
Customer Service 866.695.8622

Medical/Rx Benefits
Aetna | www.aetna.com
Customer Service 855.586.6963

Dental Benefits
Aetna | www.aetna.com
Customer Service 877.238.6200

Vision Benefits
Aetna | www.aetnavision.com
Customer Service 877.973.3238

Life / AD&D
Prudential | www.prudential.com
Customer Service 800.524.0542

Short Term Disability
Bates College | http://www.bates.edu/hr/reference/employee-handbook/
Human Resources 207.786.6176

Flexible Spending Accounts
Group Dynamic Inc. | www.gdynamic.com
Customer Service 800.626.3539
Claims Fax 207.781.3841

Retirement Savings
TIAA | www.tiaa.org
Customer Service 800.842.2776

Employee Assistance Program (EAP)
ComPsych | www.guidanceresources.com
User ID: BWELL
Customer Service 800.311.4327

Auto & Homeowner’s Insurance
Liberty Mutual | www.libertymutual.com
Customer Service 800.981.2372

Health Savings Account
PayFlex | www.aetnanavigator.com - link to PayFlex account
Customer Service 800.284.4885