

Bates

2016 EMPLOYEE BENEFITS OVERVIEW



At Bates College, our motto ‘Amore ac Studio’, or ‘With ardor and devotion’, is at the heart of everything we do. We know that it is only through our talented faculty and staff members that we are able to fulfill this motto, which is why we offer the competitive benefits package outlined here. Within this package of benefits, the College contributes towards the cost of the Medical, Dental, Basic Life, Basic AD&D, and Long-Term Disability Insurance. The College’s contribution towards the benefit plans is pro-rated for three-quarter time and half-time faculty and staff members. Eligibility for benefits begins on the first of the month following one full calendar month of employment.

If there is any discrepancy between the following information provided in this Overview and the underlying policies, the policies will prevail.

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► FOR ASSISTANCE:

Claim issues tend to be an unpleasant reality in a complex health care climate. When claim issues arise, the necessary first step is to call the insurance carrier directly and speak to a member services representative. As the plan member and recipient of care, you have the detailed information that is critical to proper claim resolution.

Resolving Your Issue

STEP 1: Contact Aetna member services directly for any medical, dental or vision related concerns.

- ▶ Medical/Dental - 855-586-6963
- ▶ Vision – 877-973-3238
- ▶ Health Savings Account – 800-284-4885 (PayFlex)

TIP: Be sure to have the following information when you make the call:

- ▶ Copy of your Explanation of Benefits* (EOB)
- ▶ Member ID Number or Social Security Number
- ▶ Claim Date of Service, Provider Name

Complex Claim or Lack of Progress?

STEP 2: Contact Aetna member services and ask to speak with a claim supervisor.

TIP: Be sure to have the following information when you make the call:

- ▶ Copy of your Explanation of Benefits* (EOB)
- ▶ Member ID Number or Social Security Number
- ▶ Claim Date of Service, Provider Name

Still No Resolution?

STEP 3: Contact the Benefit Support Line at **855-287-2202** or email them at **bates.college@nfp.com**.

TIP: Be sure to have this information handy before you call or email:

- ▶ Copy of your Explanation of Benefits* (EOB)
- ▶ Member ID Number
- ▶ Social Security Number
- ▶ Claim Date of Service, Provider Name
- ▶ Information gathered from your call to Aetna including date of call(s) and name of representative with whom you spoke

Benefits Support Line Hours are Monday- Friday 8:00am-5:00pm EST

*You can find your EOB by logging onto the Aetna website at www.aetna.com. You must be registered to access your EOB.

► MEDICAL AND VISION BENEFITS: PPO PLAN

As an eligible employee, you have the choice of three health plans through Aetna: the PPO, the Consumer Choice (HSA), or the Whole Health (ACO) option. Compare the options carefully and choose the one that is the best for you and your family.

Under each plan option, please note that network professionals and providers have agreed to accept Aetna’s maximum allowance as the basis of payment in full. If you use a non-network professional or provider who charges fees above the maximum allowance, you will be responsible for all charges which are billed in excess of the allowed amount.

For each plan, pre-authorization of all non-emergency inpatient services is required.

Once you reach the Annual Out-of-Pocket Limit in qualified expenses, including the deductible, the plan will pay 100% of those expenses for the remainder of the year. This limit DOES NOT include ALL out-of-pocket expenses, such as charges that exceed the plan’s usual and customary limits. Office visits, emergency room and walk-in clinic visits and pharmacy expenses are applied to the out-of-pocket limit.

2016 Aetna PPO Plan		
	In-Network	Out-of-Network
Annual Deductible	\$750/Individual \$1,500/Family	\$1,000/Individual \$2,000/Family
(In-Network and Out-of-Network are combined)		
Annual Out-of-Pocket Limit (including deductible)	\$2,000/Individual \$4,000/Family	\$3,000/Individual \$6,000/Family
(In-Network and Out-of-Network are combined)		
Lifetime Plan Maximum	Unlimited	
Office Visit/Exam		
Primary Provider	\$25 copay then 100%	80% after deductible
Specialist	\$35 copay then 100%	80% after deductible
Preventive Services		
Well-Child Care	100% <i>(limitations apply)</i>	80% after deductible <i>(limitations apply)</i>
Routine Adult Physicals	100% <i>(limitations apply)</i>	80% after deductible <i>(limitations apply)</i>
Well-Woman Exams	100% <i>(limitations apply)</i>	80% after deductible <i>(limitations apply)</i>
Routine Vision Exam	100% <i>(limitations apply)</i>	80% after deductible <i>(limitations apply)</i>
Chiropractic Services	\$35 copay then 100%	80% after deductible
Diagnostic X-Ray & Lab Tests	100%	80% after deductible
High-Tech Radiology Services	\$50 copay then 100%	80% after deductible
Hospital Services		
Inpatient/Outpatient Surgery	80% after deductible	60% after deductible
Facility Charges		
Emergency Room	\$100 copay then 100% <i>(copay waived if admitted)</i>	
Walk-in Clinics	\$20 copay then 100%	80% after deductible
Teladoc Consultation	\$35 copay then 100%	Not covered
Mental Health Benefits		
Inpatient Care	80% after deductible	60% after deductible
Outpatient Care (office visits)	\$35 copay then 100%	80% after deductible

► MEDICAL AND VISION BENEFITS: CONSUMER CHOICE (HSA) PLAN

If you are enrolled in the Aetna Consumer Choice (HSA) Plan, please note that the individual deductible and out-of-pocket limits do not apply if you are covering dependents under your plan. Once the family levels are met, all family members will be considered as having met the deductible and out-of-pocket limits for the remainder of the calendar year.

2016 Aetna Consumer Choice (HSA) Plan		
	In-Network	Out-of-Network
Annual Deductible	\$1,800/Individual \$3,600/Family	Combined with in-network Combined with in-network
Annual Out-of-Pocket Limit <i>(including deductible)</i>	\$3,000/Individual \$6,000/Family	Combined with in-network Combined with in-network
Lifetime Plan Maximum	Unlimited	
Office Visit/Exam		
Primary Provider	80% after deductible	60% after deductible
Specialist	80% after deductible	60% after deductible
Preventive Services		
Well-Child Care	100% <i>(limitations apply)</i>	80% after deductible <i>(limitations apply)</i>
Routine Adult Physicals	100% <i>(limitations apply)</i>	80% after deductible <i>(limitations apply)</i>
Well-Woman Exams	100% <i>(limitations apply)</i>	80% after deductible <i>(limitations apply)</i>
Routine Vision Exam	100% <i>(limitations apply)</i>	80% after deductible <i>(limitations apply)</i>
Chiropractic Services	80% after deductible	60% after deductible
Diagnostic X-Ray & Lab Tests		
High-Tech Radiology Services	80% after deductible	60% after deductible
Hospital Services		
Inpatient/Outpatient Surgery	80% after deductible	60% after deductible
Facility Charges	80% after deductible	60% after deductible
Emergency Room	80% after deductible	
Walk-in Clinics	80% after deductible	60% after deductible
Teladoc Consultation	80% after deductible (member cost limited to \$40)	Not covered
Mental Health Benefits		
Inpatient Care	80% after deductible	60% after deductible
Outpatient Care (office visits)	80% after deductible	60% after deductible

► MEDICAL AND VISION BENEFITS: WHOLE HEALTH (ACO) PLAN

If you are enrolled in the Aetna Whole Health (ACO) Plan, please note that a Primary Care Physician from Aetna’s Whole Health network (Tier1) must be designated for each member who is enrolled in coverage.

The plan does not require referrals from your Primary Care Physician for specialist services.

2016 Aetna Whole Health (ACO) Plan			
	In-Network (Tier 1)	In-Network (Tier 2)	Out-of-Network
Annual Deductible	\$250/Individual \$500/Family	\$2,000/Individual \$4,000/Family	\$3,000/Individual \$6,000/Family
Annual Out-of-Pocket Limit <i>(including deductible)</i>	\$1,500/Individual \$3,000/Family	\$4,000/Individual \$8,000/Family	\$4,000/Individual \$8,000/Family
Lifetime Plan Maximum	Unlimited		
Office Visit/Exam			
Primary Provider	\$20 copay then 100%	\$40 copay then 100%	50% after deductible
Specialist	\$25 copay then 100%	\$45 copay then 100%	50% after deductible
Preventive Services			
Well-Child Care	100% <i>(limitations apply)</i>	100% <i>(limitations apply)</i>	50% after deductible
Routine Adult Physicals	100% <i>(limitations apply)</i>	100% <i>(limitations apply)</i>	50% after deductible
Well-Woman Exams	100% <i>(limitations apply)</i>	100% <i>(limitations apply)</i>	50% after deductible
Routine Vision Exam	100% <i>(limitations apply)</i>	100% <i>(limitations apply)</i>	50% after deductible
Chiropractic Services	\$25 copay then 100%	\$45 copay then 100%	50% after deductible
Diagnostic X-Ray & Lab Tests	100%		
High-Tech Radiology Services	\$50 copay then 100%	60% after deductible	50% after deductible
Hospital Services			
Inpatient/Outpatient Surgery	80% after deductible	60% after deductible	50% after deductible
Facility Charges			
Emergency Room	\$100 copay then 100% (copay waived if admitted)		
Walk-in Clinics	\$20 copay then 100%	\$40 copay then 100%	50% after deductible
Teladoc Consultation	\$20 copay then 100%	\$20 copay then 100%	Not-covered
Mental Health Benefits			
Inpatient Care	80% after deductible	60% after deductible	50% after deductible
Outpatient Care (office visits)	\$25 copay then 100%	\$45 copay then 100%	50% after deductible

► PRESCRIPTION BENEFITS

When you enroll in a medical plan, you automatically receive prescription drug coverage through Aetna. Copayment amounts vary depending on the prescription drug tier - Tier 1, Tier 2, Tier 3, and Tier 4 (see table below). You will save money by purchasing generic drugs (Tier 1) rather than brand-name drugs. Another way you can save money is by ordering your maintenance medications (prescription drugs you use on a regular basis) through the mail order option.

2016 Aetna PPO Plan			2016 Aetna Consumer Choice (HSA) Plan**	
	In-Network	Out-of-Network	In-Network	Out-of-Network
Retail	Supply limit: 30 days	Supply limit: 30 days	Supply limit: 30 days	Supply limit: 30 days
Tier 1	\$10 copay then 100%	\$10 copay then 80%	100% after deductible	80% after deductible
Tier 2	\$35 copay then 100%	\$35 copay then 80%	100% after deductible	80% after deductible
Tier 3	\$50 copay then 100%	\$50 copay then 80%	100% after deductible	80% after deductible
Tier 4	\$75 copay then 100%	\$75 copay then 80%	100% after deductible	80% after deductible
Mail Order	Supply limit: 90 days	Supply limit: Not Applicable	Supply limit: 90 days	Supply limit: Not Applicable
Tier 1	\$20 copay then 100%*	Not Covered	100% after deductible	Not Covered
Tier 2	\$70 copay then 100%*	Not Covered	100% after deductible	Not Covered
Tier 3	\$100 copay then 100%*	Not Covered	100% after deductible	Not Covered
Tier 4	\$150 copay then 100%***	Not Covered	100% after deductible	Not Covered

*Depending on the medication, you may be able to access the mail order benefit (90 day supply for 2 copays) at the retail pharmacy.

**HSA Option: If your medication is part of Aetna’s preventive prescription program, the deductible will not apply.

***Tier 4: Tier 4 medications may not be dispensed in a 90 day supply, depending on the medication.

2016 Aetna Whole Health (ACO) Plan			
	In-Network (Tier 1)	In-Network (Tier 2)	Out-of-Network
Retail	Supply limit: 30 days	Supply limit: 30 days	Supply limit: 30 days
Tier 1	\$10 copay then 100%	\$10 copay then 100%	\$10 copay then 80%
Tier 2	\$25 copay then 100%	\$25 copay then 100%	\$25 copay then 80%
Tier 3	\$40 copay then 100%	\$40 copay then 100%	\$40 copay then 80%
Tier 4	Not Applicable	Not Applicable	Not Applicable
Mail Order	Supply limit: 90 days	Supply limit: 90 days	Supply limit: Not Applicable
Tier 1	\$20 copay then 100%	\$20 copay then 100%	Not Covered
Tier 2	\$50 copay then 100%	\$50 copay then 100%	Not Covered
Tier 3	\$80 copay then 100%	\$80 copay then 100%	Not Covered
Tier 4	Not Applicable	Not Applicable	Not Covered

*Depending on the medication, you may be able to access the mail order benefit (90 day supply for 2 copays) at the retail pharmacy.

► DENTAL & VISION BENEFITS

Our dental benefits are administered by Aetna.

As a participant in this plan, you have the freedom to seek care from any licensed dental provider.

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

2016 Aetna Dental	
Annual Deductible	\$50/Individual \$150/Family
Annual Dental Benefits Maximum	\$1,000 per member
Diagnostic & Preventive Services	100%
Basic Services Fillings Endodontic Treatment Periodontic Treatment	80% after deductible
Major Services Crowns Dentures	50% after deductible
Orthodontia	Not Covered

VISION BENEFITS

The medical plans through Aetna provide coverage for an annual routine vision exam as a preventive service. If your claim for a vision exam is submitted under the vision plan, a copay will apply.

A routine eye exam is important, not only for correcting vision, but because it can lead to detecting other serious health conditions. The plan also includes coverage for vision hardware, either eyeglasses or contact lenses.

Please note that the vision hardware plan may not cover all costs including lens coatings, cosmetic options, sunglasses, and taxes (discounts are available). If you choose to use an out-of-network provider, you will have to pay your provider at the time of service and will be required to submit your own claim to the insurance carrier.

	2016 Aetna Voluntary Vision PPO	
	In-Network	Out-of-Network
Frequency Examinations Lenses Frames	Frequency limitations noted are based on the most recent date of service 12 Months 12 Months 24 Months	
Examination	\$20 copay then 100%	Reimbursed up to \$20
Lenses (per pair)	See below schedule for copays and reimbursement levels	
Single Vision	\$20 copay then 100%	Reimbursed up to \$15
Bifocal	\$20 copay then 100%	Reimbursed up to \$30
Trifocal	\$20 copay then 100%	Reimbursed up to \$60
Contacts (elective; in lieu of lenses and frames)	\$105 allowance	Reimbursed up to \$75
Contacts (visually necessary)	100%	Reimbursed up to \$200
Frames	\$100 allowance and 20% discount on the remaining balance	Reimbursed up to \$50

▶ HEALTH INSURANCE CONTRIBUTION CREDIT

The College recognizes the high cost of health insurance these days. 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 Aetna PPO or the Aetna Whole Health Option (ACO) and have lower household incomes. Household income 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.

Credit Percent	Household Income			
	\$0 to \$30,000	\$30,001 to \$45,000	\$45,001 to \$60,000	\$60,001 and over
	30%	25%	20%	0%

▶ COSTS OF COVERAGE

The College and employee contributions for medical and dental coverage are listed in the tables below (costs reflected are for full-time employees).

Please note: The amounts below have been rounded to the nearest dollar.

Medical

The 2016 premium information is reflected below.

Aetna PPO	Your Monthly Cost	Bates Monthly Cost	Total Monthly Cost (Bates + Employee)
Employee Only	\$85	\$587	\$672
Employee + Spouse/Dom Partner	\$354	\$1,057	\$1,411
Employee + Child(ren)	\$303	\$906	\$1,209
Employee + Family	\$560	\$1,456	\$2,016

Aetna Whole Health (ACO)	Your Monthly Cost	Bates Monthly Cost	Total Monthly Cost (Bates + Employee)
Employee Only	\$79	\$557	\$636
Employee + Spouse/Dom Partner	\$332	\$1,004	\$1,336
Employee + Child(ren)	\$285	\$860	\$1,145
Employee + Family	\$528	\$1,381	\$1,909

Aetna Consumer Choice (HSA)	Your Monthly Cost	Bates Monthly Cost	Total Monthly Cost (Bates + Employee)
Employee Only	\$28	\$532	\$560
Employee + Spouse/Dom Partner	\$235	\$941	\$1,176
Employee + Child(ren)	\$186	\$822	\$1,008
Employee + Family	\$438	\$1,242	\$1,680

In addition to the premium contributions, Bates will contribute the following amounts to the Health Savings Account administered through PayFlex:

- Employee Only: \$600 base, plus a 50% match to \$300 (Bates’ maximum contribution dependent on the employee contributing \$600)
- Employee + Dependent(s): \$1,200 base, plus a 50% match to \$600 (Bates’ maximum contribution dependent on employee contributing \$1,200)

COSTS OF COVERAGE (CONTINUED)

Vision

The 2016 premium information for the vision plan is reflected below.

Aetna Vision	Your Monthly Cost	Bates Monthly Cost	Total Monthly Cost (Bates + Employee)
Employee Only	\$4.77	\$0	\$4.77
Employee + Spouse/Dom Partner	\$9.06	\$0	\$9.06
Employee + Child(ren)	\$9.53	\$0	\$9.53
Employee + Family	\$14.01	\$0	\$14.01

Dental

The 2016 premium information for the dental plan is reflected below.

Aetna Dental	Your Monthly Cost	Bates Monthly Cost	Total Monthly Cost (Bates + Employee)
Employee Only	\$6	\$28	\$34
Employee + Spouse/Dom Partner	\$27	\$41	\$68
Employee + Child(ren)	\$25	\$40	\$65
Employee + Family	\$49	\$62	\$111



WELLNESS OPPORTUNITIES AT BATES

Wellness is the process of being aware of and actively working towards better health. 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.

Administered by Human Resources, the B Well program promotes an array of Wellness-related activities and programs to employees of Bates College.



Services for Staff and Faculty

For more information on the B Well program, visit the Wellness website at www.bates.edu/b-well.xml.

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

Please Note:

The Fitness Schedule is subject to change and please refer to our website for the most current information.



Fitness Schedule

Time	Monday	Tuesday	Wednesday	Thursday	Friday
6-8 am	Open Gym (Merrill)	Good Morning Muscle w/ Cormac (Merrill)	Open Gym (Merrill)	Good Morning Muscle w/ Cormac (Merrill)	Open Gym (Merrill)
8-9 am	Boot Camp w/ Mike (Merrill)		Boot Camp w/ Mike (Merrill)	Yoga w/ Gabrielle (Dance Studio)	Boot Camp w/ Mike (Merrill)
11-11:45 am		Water Aerobics (Pool)	Water Zumba (Pool)	Water Aerobics (Pool)	
12-1 pm	Tone and Tighten w/ Johanne (Merrill) Boot Camp w/ Mike (Merrill)	Zumba w/ Cynthia (Merrill)	Tone and Tighten w/ Johanne (Merrill) Boot Camp w/ Mike (Merrill) Yoga w/ Heidi (Little Room)	Zumba w/ Cynthia (Merrill)	Tone and Tighten w/ Johanne (Merrill) Boot Camp w/ Mike (Merrill)
1:10-1:30 pm		Jump Rope w/ Jan (Merrill)		Jump Rope w/ Jan (Merrill)	
4:45-5:45 pm		Qi Gong w/ Don (Little Room)	Yoga w/ Gabrielle (Little Room)		

Classes are free and open to all Bates employees, spouses and dependents. No need to sign up, just show up! Questions? Contact Mike Milliken (753-6936 or mmillike@bates.edu)

For additional information, see the B-Well Website at www.bates.edu/b-well.xml, or contact Mike Milliken in Human Resources.





Eat Healthy & Save Money



The cost of buying nutritious food adds up - plus 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



Document: NSIP 162014



320 Nevada Street | Newton, MA 02460 | order.nutrisavings.com



▶ CONTROLLING THE COST OF HEALTH INSURANCE

As you can see by the medical premiums on the previous page, health insurance is expensive for you and the College. What can we do? You may not think that individually you can make a difference but, if we each take one step to control healthcare costs, it will make a difference for Bates and our future premium expenses. To get you started on this path to mindful healthcare decisions, Bates provides several resources that you can use to help save on healthcare:

- **Get your appropriate preventive care services.** Preventive checkups under the medical and dental plans
- **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 – Contact the Employee Assistance Program
- **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 you started
- **Make cost and quality part of your decisions regarding health care.** Use the tools and information available through both the MHMC (see below) and www.aetna.com to shop for the best price and quality in healthcare
- **Ask your doctor or pharmacist about generic prescription alternatives or lifestyle changes.** Use the 24 Health Information Line and drug pricing tools available through www.aetna.com
- **Participate in disease management programs as applicable.** Let a professional help you in getting the care you need

▶ MAINE HEALTH MANAGEMENT COALITION (WWW.GETBETTERME.ORG)

Did you know that you can choose doctors and hospitals based on quality? Are you aware that your own actions can help you get better healthcare? The Maine Health Management Coalition (MHMC) provides tools to empower you to become a better healthcare consumer. The Maine Health Management Coalition (MHMC) is a non-profit group whose over 60+ members include employers, physicians, hospitals and health plans working together to measure and report healthcare quality and use that information to drive quality improvement in Maine.

The MHMC promotes safer, higher quality, and more efficient healthcare delivered to you and your dependents. Visit www.getbettermaine.org to see how your doctors and hospitals rate on quality.

▶ ADDITIONAL AETNA TOOLS

“DocFind” Tool

To see if your doctor is in the Aetna network, use the “DocFind” feature on www.aetna.com.

24/7 Nurse Line

Contact the Informed Health Line anytime, 24/7, at 800-556-1555 to speak with a registered nurse. The nurses can discuss a broad range of health and wellness topics.

www.aetna.com

Once enrolled, register at www.aetna.com (click “Register Now”). Through the Aetna website, you will be able to:

- Look for a doctor or hospital
- Compare costs for health care in your area
- Look up pharmacy information including the drug lists, mail order options, and utilize the drug pricing tool
- Review your covered dependents on the plan
- Print your Personal Health Record and an ID card
- Download claims
- Link to health resources online
- Communicate with Member Services
- Assess your health with Aetna’s Health Assessment

► FLEXIBLE SPENDING ACCOUNTS (FSA)

Healthcare Reimbursement Account (HCRA)

The HCRA gives an employee the opportunity of setting aside earnings on a pre-tax basis to cover healthcare expenses that are not covered by health, dental, or vision insurance, such as copays and deductibles. The maximum amount you may contribute to this account is \$2,550 annually. Claims must be submitted by March 31, 2017. An employee who participates in the HCRA will be permitted to carry over up to \$500 in unused funds to the following plan year.

Employees who are enrolled in the Aetna Consumer Choice (HSA) Plan for their medical coverage (or are participating in an HSA option through a spouse), will have access to a “Limited Purpose” Flexible Spending Account. The Limited Purpose option can be used as a reimbursement vehicle for dental and vision expenses. Medical expenses are also eligible for reimbursement after \$1,300 (Individual) / \$2,600 (Family) in deductible expenses.

Dependent Care Reimbursement Account (DCRA) and Dependent Care Subsidy

The DCRA allows employees to set aside earnings on a pre-tax basis to cover dependent care expenses. The maximum amount you may contribute is \$5,000 per household as defined by law. Additionally, employees with children that are 12 and under are eligible to receive a childcare subsidy from the College to offset childcare expenses necessary to maintain employment with the College if they elect to contribute a minimum of \$100. The subsidy amount varies from \$43 to \$325 per month, and is based on total household income and the number of eligible children.

IMPORTANT: DON'T FORFEIT YOUR MONEY!
DCRA contributions not used for expenses incurred between January 1, 2016 and March 15, 2017 will be forfeited. Claims must be submitted by March 31, 2017.



▶ BASIC LIFE AND ACCIDENTAL DEATH & DISMEMBERMENT (AD&D)

Life insurance is probably not something you think about every day, but for your peace of mind, Bates College automatically provides you with the following Basic Life and AD&D protection through Prudential at no cost:

Benefit Amount	1x covered annual earnings up to \$400,000
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You may also purchase Supplemental Life and/or AD&D Insurance up to three times your salary to a maximum of \$850,000 (overall maximum between Basic and Supplemental Life). Please note that Life Insurance coverage amounts exceeding \$500,000 (Basic and Supplemental Life combined) are subject to Evidence of Insurability. Life and AD&D insurance for your spouse/domestic partner and children is also available.

▶ DISABILITY INCOME BENEFITS

Staff members who have completed 6 months of service may receive Short-Term Disability benefits. After 30 days of total disability, Short-Term Disability provides 75 percent of your normal salary or wages up to a maximum of 5 months, provided eligibility requirements are met.

The College also provides faculty and staff members with cash compensation to purchase Long-Term Disability insurance. Participation in the LTD benefit plan is mandatory. The plan provides a non-taxable benefit of 60% of your normal salary to a maximum of \$9,000 after six months of disability.



▶ EMPLOYEE ASSISTANCE PROGRAM (EAP)

Life is unpredictable. To help you and those significant to you cope with everyday life, work challenges, stress, family problems, and other personal issues, an Employee Assistance Program (EAP) is available 24 hours a day, seven days a week through ComPsych (contracted through Prudential). This service is completely confidential and is available to all employees and those people who are significant in their lives. Enrollment is automatic, and Bates College pays the full cost for coverage. No problem is too big or too small. The EAP encourages you to seek help early, before a minor problem becomes more serious. The EAP is designed to address short-term issues and to identify resources and referrals for emergency and long-term issues.

EMPLOYEE ASSISTANCE PROGRAM CONTACT INFORMATION:

Website: www.guidanceresources.com
Phone: 800-311-4327
Web ID: BWELL

Benefits include confidential access to the following:

- Trained counselors via telephone for assistance with issues including the following:
 - depression, stress, or grief
 - marital and parenting problems
 - alcohol and substance abuse
 - conflicts
- Referrals for up to 6 sessions with a nearby counselor
- Child and elder care referral service
- Family resources (finding pet care, planning for college, relocating to a new city)
- Legal resources and referral service (divorce, bankruptcy, wills, real estate transactions)
- Financial counseling resource (getting out of debt, tax questions, retirement planning)

The EAP consultant will discuss your needs and concerns with you, listen, and assess the situation. Depending on your situation, the EAP consultant may:

- work with you and help you make a plan to resolve your issues or concerns
- refer you to a support group
- guide you to helpful resources in your community
- refer you to a specialist or local counselor for ongoing counseling
- send you helpful materials to read and recordings to listen to

The EAP is available to help you and can be of great assistance in times of need. Please consider using the EAP the next time you have a question.



▶ RETIREMENT PLAN

Bates College 403(b) Retirement Plan: The College provides employees with an opportunity for retirement savings through the 403(b) plan. All employees are eligible to contribute to the 403(b) plan from their date of hire. However, as an incentive to encourage you to save for retirement, the College matches eligible employee's contributions by 1/2 up to a maximum college contribution of 3% of your salary (i.e. 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.

Bates College Pension Plan: Eligibility 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).

Learn more at www.tiaa-cref.org/bates: Find more information about the Bates Retirement Plans and investment options at www.tiaa-cref.org/bates. There you can learn more about what investment choices and strategies are right for you, about the funds that are available to invest in, and how to enroll online in the Bates plans.

It's important to establish good financial habits; the sooner you start saving, the more time your contribution to the Bates Retirement Plans will have to work for you in order to achieve your retirement savings goals.

▶ PAID TIME OFF BENEFITS FOR STAFF MEMBERS

Bates College provides eligible staff members with a generous Paid Time Off package including the following types of leave:

Vacation Leave <i>(available following 6 months of employment)</i>	Monthly Paid Staff members: 24 days per year; Bi-weekly paid staff members: 10 - 24 days per year (based on years of service)
Sick Leave	10 days per year to a 50 day maximum
Personal Leave <i>(available following 30 days of employment)</i>	1 – 2 days per year (based on hire date)
Holidays	12 holidays per year

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.



▶ ADDITIONAL BENEFITS

Facilities Access and Cultural Programs

Free use of all fitness facilities and cultural programs are available to all employees and their immediate families. Included in these facilities are a weight room, swimming pool, indoor track, ice skating rink, and racquetball/squash/tennis courts. Employees may attend many arts and cultural programs and also have use of the library. Access is obtained by a valid Bates ID.

Educational Assistance for Children of Employees (Rowe Fund)

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

Computer Purchase Program

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

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. Through the program, 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 just 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 employees is based on the recruitment and retention needs of the College. Contact the Human Resources Department at 786-6140 for more information.



The Women’s Health and Cancer Act of 1998

The Women’s Health and Cancer Rights Act (“WHCRA”) requires Bates College to notify participants and beneficiaries of the Health and Welfare Plan (the “Plan”), of their rights to mastectomy benefits under the Plan. Participants and beneficiaries have rights to coverage to be provided in a manner determined in consultation with the attending Physician 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;
- Protheses; and
- Treatment of physical complications of the mastectomy, including lymphedema.

These benefits are subject to the same deductible and copayments applicable to other medical and surgical benefits provided under this Plan. For further details, please refer to the Plan’s Summary Plan Description.

Newborns’ and Mothers’ Health Protection Act of 1996

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

Special Enrollment Rights

Loss of Other Coverage (Excluding Medicaid or a State Children’s Health Insurance Program)

If you decline enrollment for yourself or for an eligible dependent (including your spouse) while other health insurance or group health plan coverage is in effect, you may be able to enroll yourself and your dependents in this Plan if you or your dependents lose eligibility for that other coverage (or if the employer stops contributing toward your or your dependents’ other coverage). However, you must request enrollment within 31 days after you or your dependents’ other coverage ends (or after the employer stops contributing toward the other coverage).

Loss of Coverage For Medicaid or a State Children’s Health Insurance Program

If you decline enrollment for yourself or for an eligible dependent (including your spouse) while Medicaid coverage or coverage under a state children’s health insurance program is in effect, you may be able to enroll yourself and your dependents in this Plan if you or your dependents lose eligibility for that other coverage. However, you must request enrollment within 60 days after you or your dependents’ coverage ends under Medicaid or a state children’s health insurance program.

New Dependent by Marriage, Birth, Adoption, or Placement for Adoption

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 31 days after the marriage, birth, adoption, or placement for adoption.

Eligibility for Medicaid or a State Children’s Health Insurance Program

If you or your dependents (including your spouse) become eligible for a state premium assistance subsidy from Medicaid or through a state children’s health insurance program with respect to coverage under this Plan, you may be able to enroll yourself and your dependents in this Plan. However, you must request enrollment within 60 days after you or your dependents’ determination of eligibility for such assistance.

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.

If you or your dependents are already enrolled in Medicaid or CHIP and you live in a State listed below, contact 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 or 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 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 January 31, 2015. Contact your State for more information on eligibility-

ALABAMA – Medicaid Website: www.mylhipp.com Phone: 1-855-692-5447	MISSOURI – Medicaid Website: http://www.dss.mo.gov/mhd/participants/pages/hipp.htm Phone: 573-751-2005	SOUTH CAROLINA – Medicaid Website: www.scdhhs.gov Phone: 1-888-549-0820
ALASKA – Medicaid Website: health.hss.state.ak.us/dpa/programs/medicaid/ Phone (Outside of Anchorage): 1-888-318-8890 Phone (Anchorage): 907-269-6529	MONTANA – Medicaid Website: http://medicaid.mt.gov/member Phone: 1-800-694-3084	SOUTH DAKOTA - Medicaid Website: dss.sd.gov Phone: 1-888-828-0059
COLORADO – Medicaid Medicaid Website: www.colorado.gov/hcpf Medicaid Customer Contact Center: 1-800-221-3943	NEBRASKA – Medicaid Website: www.ACCESSNebraska.ne.gov Phone: 1-855-632-7633	TEXAS – Medicaid Website: www.gethipptexas.com/ Phone: 1-800-440-0493
FLORIDA – Medicaid Website: www.flmedicaidprecovery.com/ Phone: 1-877-357-3268	NEVADA – Medicaid Website: dwss.nv.gov/ Phone: 1-800-992-0900	UTAH – Medicaid and CHIP Website: health.utah.gov/upp Phone: 1-866-435-7414
GEORGIA – Medicaid Website: dch.georgia.gov/ Click on Programs, then Medicaid, then Health Insurance Premium Payment (HIPPP) Phone: 1-800-869-1150	NEW HAMPSHIRE – Medicaid Website: www.dhhs.nh.gov/oii/documents/hippapp.pdf Phone: 603-271-5218	VERMONT– Medicaid Website: www.greenmountaincare.org/ Phone: 1-800-250-8427
INDIANA – Medicaid Website: www.in.gov/fssa Phone: 1-800-889-9949 Phone: 1-800-869-1150	NEW JERSEY – Medicaid and CHIP Medicaid Website: www.state.nj.us/humanservices/dmahs/clients/medicaid/ Medicaid Phone: 609-631-2392 CHIP Website: www.njfamilycare.org/index.html CHIP Phone: 1-800-701-0710	VIRGINIA – Medicaid and CHIP Website: www.coverva.org/programs_premium_assistance.cfm Medicaid Phone: 1-800-432-5924 CHIP Phone: 1-855-242-8282
IOWA – Medicaid Website: www.dhs.state.ia.us/hipp/ Phone: 1-888-346-9562	NEW YORK – Medicaid Website: www.nyhealth.gov/health_care/medicaid/ Phone: 1-800-541-2831	WASHINGTON – Medicaid Website: www.hca.wa.gov/medicaid/premiumpymt/pages/index.aspx Phone: 1-800-562-3022 ext. 15473
KANSAS – Medicaid Website: www.kdheks.gov/hcf/ Phone: 1-800-792-4884	NORTH CAROLINA – Medicaid Website: www.ncdhhs.gov/dma Phone: 919-855-4100	WEST VIRGINIA – Medicaid Website: www.dhr.wv.gov/bms/ Phone: 1-877-598-5820, HMS Third Party Liability
KENTUCKY – Medicaid Website: chfs.ky.gov/dms/default.htm Phone: 1-800-635-2570	NORTH DAKOTA – Medicaid Website: www.nd.gov/dhs/services/medicalserv/medicaid/ Phone: 1-800-755-2604	WISCONSIN – Medicaid and CHIP Website: https://www.dhs.wisconsin.gov/badgercareplus/p-10095.htm Phone: 1-800-362-3002
LOUISIANA – Medicaid Website: www.lahipp.dhh.louisiana.gov Phone: 1-888-695-2447	OKLAHOMA – Medicaid and CHIP Website: www.insureoklahoma.org Phone: 1-888-365-3742	WYOMING – Medicaid Website: health.wyo.gov/healthcarefin/equalitycare Phone: 307-777
MAINE – Medicaid Website: www.maine.gov/dhhs/ofi/public-assistance/index.html Phone: 1-800-977-6740 TTY 1-800-977-6741	OREGON – Medicaid and CHIP Website: www.oregonhealthykids.gov or go to www.hijosaludablesoregon.gov Phone: 1-800-699-9075	
MASSACHUSETTS – Medicaid and CHIP Website: www.mass.gov/MassHealth Phone: 1-800-462-1120	PENNSYLVANIA – Medicaid Website: www.dpw.state.pa.us/hipp Phone: 1-800-692-7462	
MINNESOTA – Medicaid Website: http://www.dhs.state.mn.us/id_006254 Click on Health Care, then Medical Assistance Phone: 1-800-657-3629	RHODE ISLAND – Medicaid Website: www.ohhs.ri.gov Phone: 401-462-5300	

To see if any other states have added a premium assistance program since January 31, 2015, or for more information on special enrollment rights, contact either:

U.S. Department of Labor
Employee Benefits Security Administration
www.dol.gov/ebsa
1-866-444-EBSA (3272)
OMB Control Number 1210-0137 (expires 10/31/2016)

U.S. Department of Health and Human Services
Centers for Medicare & Medicaid Services
www.cms.hhs.gov
1-877-267-2323, Menu Option 4, Ext. 61565

New Health Insurance Marketplace Coverage Options

Part A: General Information

When key parts of the health care law took effect in 2014, there became a new way to buy private individual health insurance: the Health Insurance Marketplace. To assist you as you evaluate options for you and your family, this notice provides some basic information about the Marketplace and employment-based health coverage we offer to you. Please note that this notice is informational only.

What is the Health Insurance Marketplace?

The Marketplace is designed to help you find private individual health insurance that meets your needs and fits your budget. The Marketplace offers "one-stop shopping" to find and compare private health insurance options. You may also be eligible for a new kind of tax credit that lowers your monthly premium right away. Open enrollment for health insurance coverage through the Marketplace begins in November each year for coverage starting as early as January 1.

Can I Save Money on my Health Insurance Premiums in the Marketplace?

You may qualify to save money and lower your monthly premium, but only if your employer does not offer coverage, or offers coverage that doesn't meet certain standards. The savings on your premium that you're eligible for depends on your household income.

Does the Employment-Based Health Coverage We Offer to You Affect Your Eligibility for Premium Savings through the Marketplace?

Yes. If we have offered you health coverage that meets certain standards, you will not be eligible for a tax credit through the Marketplace and you may wish to enroll in our health plan, if you are eligible. (Just because you received this Marketplace notice does not mean you are eligible.) However, you may be eligible for a tax credit that lowers your monthly premium, or a reduction in certain cost-sharing if we do not offer coverage to you at all or do not offer coverage that meets certain standards. If the cost of self-only coverage under our health plan is more than 9.5% of your household income for the year, or if our health plan does not meet the "minimum value"¹ standard set by the Affordable Care Act, you may be eligible for a tax credit.

Note: If you purchase a health plan through the Marketplace instead of accepting our health plan coverage, then you may lose our contribution (if any) to your coverage under our health plan. Also, our contribution—as well as your employee contribution—is often excluded from income for Federal and State income tax purposes. Your payments for coverage through the Marketplace are made on an after-tax basis.

How Can I Get More Information About the Health Insurance Marketplace?

The Marketplace can help you evaluate your coverage options, including your eligibility for coverage through the Marketplace and its cost. Please visit HealthCare.gov for more information, including an online application for health insurance coverage and contact information for a Health Insurance Marketplace in your area. You can also contact an IndividualCHOICE licensed health insurance counselor at (800) 444-1188 and get your questions answered.

Part B: Information About Employer-Provided Health Plan Coverage

If you decide to complete an application for coverage in the Marketplace, you will be asked for information about our health plan coverage. The information below can help you complete your application for coverage in the Marketplace.

¹ An employer-sponsored health plan meets the "minimum value standard" if the plan's share of the total allowed benefit costs covered by the plan is no less than 60 percent of such costs.

1. General Employer Information.

Employer name:	Bates College
Employer Identification Number (EIN):	01-0211781
Employer street address:	215 College Street
Employer phone number:	207-786-8271
Employer city:	Lewiston
Employer state:	ME
Employer ZIP code:	04240
Who can we contact about employee health coverage at this job?:	Ken Emerson
Phone number (if different from above):	
Email address:	kemerson @bates.edu

2. Eligibility. You may be asked whether or not you are currently eligible for our health plan coverage or whether you will become eligible for coverage within the next three months. In addition, if you are or will become eligible, you may be required to list the names of your dependents that are eligible for coverage under our health plan.

If you would like information about the eligibility requirements for our health plan, please read the eligibility provisions described in the Employee Handbook on our website. You can obtain a copy of the Eligibility provisions in the Employee Handbook by contacting Ken Emerson at 207-786-8271 or by email at kemerson@bates.edu.

3. Minimum Value. If you are eligible for coverage under our health plan, you may be required to check a box indicating whether or not our health plan meets the minimum value standard. Our health plan coverage meets the minimum value standard.

4. Premium Cost. If you are eligible for coverage under our health plan, you may be asked to provide the amount of premiums you must pay for self-only coverage under the lowest-cost health plan that meets the minimum value standard. If you had the opportunity to receive a premium discount for any tobacco cessation program, you must enter the premium you would pay if you received the maximum discount possible for a tobacco cessation program.

If you would like information about the premiums for self-only coverage under our lowest-cost health plan, please either see our website at <http://www.bates.edu/hr/benefits> or contact Ken Emerson at 207-786-8271 or by email at kemerson@bates.edu.

5. Future Changes. You may also be asked whether or not we will be making certain changes to our health plan coverage for the new plan year. As usual, you will be provided with information about any changes to our health plan coverage before the next open enrollment period. If you are not sure how to answer this question on your Marketplace application, please contact the Marketplace.

CONTACTS:

Benefit	Provider	Phone Number	Website
Medical/Rx PPO Plan	Aetna	855-586-6963	www.aetna.com
Medical/Rx - Consumer Choice (HSA) Plan	Aetna	855-586-6963	www.aetna.com
Health Savings Account	PayFlex	800-284-4885	www.aetna.com (link to PayFlex site)
Dental	Aetna	855-586-6963	www.aetna.com
Vision	Aetna	877-973-3238	www.aetnavision.com
Life/AD&D	Prudential	800-524-0542	www.prudential.com
Disability	Prudential	800-842-1718	www.prudential.com
Employee Assistance Program (EAP)	ComPsych (contracted through Prudential)	800-311-4327	www.guidanceresources.com Web ID: BWELL
Healthcare and Dependent Care Reimbursement Accounts	Group Dynamic, Inc.	800-626-3539	www.gdynamic.com
NutriSavings	NutriSavings	800-344-3593	www.nutrisavings.com
Retirement Savings Plan	TIAA-CREF	800-842-2776	www.tiaa-cref.org/bates

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If you have questions on any of the benefits Bates offers, please contact the Bates College Human Resources Department at 207-786-6140.