

Lewis & Clark College



Employee Benefits Guide

2023-2024 PLAN YEAR OPEN ENROLLMENT

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Welcome to Your 2023 Benefits!

Lewis & Clark College is pleased to offer a comprehensive program of group benefits to help maintain the health and well-being of you and your eligible family members. Our benefit plan objectives are to provide you with benefits for maintaining good health and to provide you with income in the event of death, dismemberment or disability. The ability to continue this benefits program is a partnership between Lewis & Clark College and our employees. With the double-digit rate of healthcare inflation, we must all work together to be wise users of our benefits.

This guide is a brief overview of your benefit plans, the enrollment process and timelines. More detailed descriptions of eligibility, waiting periods, and benefits are contained in your Summary Plan Descriptions (SPDs), which are your benefit booklets and group certificates. You'll find these on our benefits website and in Human Resources.

We strongly believe in encouraging employees to engage in health awareness and wellness as we build a culture of health and wellness for the entire organization. We want you to have the information you need for you and your family to get and stay healthy so you can enjoy your life to the fullest. As a healthier workforce, we all benefit from lower health benefits costs and increased productivity throughout the organization.

**OPEN ENROLLMENT
IS FEBRUARY 20TH
THROUGH NOON
(12PM) ON MARCH
6TH**

This is your annual opportunity to review your current benefits, consider alternative options, and make any changes to your current enrollment.

Enrollment and Eligibility

ELIGIBILITY

Faculty working .5 FTE, and Staff working .53 FTE (20 hours per week) are eligible for benefits. Benefits begin on the first of the month following date of hire. You may elect Medical, Dental, Vision, and Voluntary Life/AD&D and coverage for you and your dependents including your legal spouse, domestic partner, or dependent children.

GENERAL ENROLLMENT INFORMATION

1. Carefully review the plan information in this Benefits Guide and contact HR if you have any questions.
2. Carefully review the appropriate level of coverage and be sure to indicate which of your eligible dependents are to be covered under each plan.
3. Please complete enrollment/changes online through the open enrollment event in your Workday inbox. Notify within 30 days of QLE.

BENEFIT ELECTION CHANGES

If you experience a life event change during the plan year such as marriage, divorce, birth or adoption of a child, or a spouse/domestic partner losing or gaining other coverage, you could qualify to make changes to your benefit plans. You are required to notify HR within 31 days of the date of the event to make benefit plan changes. Failure to notify HR within 31 days may disqualify you and require you to wait until the next open enrollment to make plan changes. Open enrollment each year will allow you to add dependents and make changes to your coverage elections.

WHEN COVERAGE ENDS

Your benefit plan participation and the participation of your eligible dependents will terminate on the last day of the month in which you terminate employment with Lewis & Clark College. For Life, Disability, Voluntary Plans and FSA, benefits will end on the last day of employment. Coverage may also terminate if you fail to pay your share of an applicable premium, if your hours drop below the eligibility hours requirement, and/or if you submit false eligibility or claims information.

Medical Plan Changes and Improvements

VALUE HMO		
	CURRENT PLAN	RENEWAL PLAN
Deductible (Individual/Family)	\$750/\$2,250	\$1,000/\$3,000
OOP Max (Individual/Family)	\$3,250/\$9,750	\$3,000/\$9,000
Specialist Copay	\$30	\$20
Basic Lab & X-Ray	\$20	20% after deductible
Advanced Imaging	\$100	20% after deductible
Urgent Care	\$40	\$20
Emergency Room	20% after deductible	\$200 after deductible
Prescription drug	\$15 / \$30 / \$50	\$15 / \$30 / \$50 \$150 Specialty

TRADITIONAL HMO		
	CURRENT PLAN	RENEWAL PLAN
OOP Max (Individual/Family)	\$1,250/\$2,500	\$2,000/\$4,000
Office Copay	\$15	\$20
Specialist Copay	\$15	\$30
Basic Lab & X-Ray	Covered in Full	\$20
Advanced Imaging	Covered in Full	\$50
Hospitalization	\$250 per admin	\$200/day (\$1,000 max)
Outpatient Surgery	\$15	\$50
Urgent Care	\$35	\$40
Emergency Room	\$75	\$200
Vision Exam Copay	\$15	\$20
Prescription drug	\$15 / \$30 / \$50	\$15 / \$30 / \$50 \$150 Specialty

ADDED CHOICE PPO		
	CURRENT PLAN	RENEWAL PLAN
	KAISER NETWORK / IN-NETWORK / OUT OF NETWORK	KAISER NETWORK / IN-NETWORK / OUT OF NETWORK
Deductible (Individual/Family)	Ind: \$750 / \$1,000 / \$3,000 Family: \$2,250 / \$3,000 / \$9,000	Ind: \$750 / \$1,500 / \$2,250 Family: \$2,250 / \$4,500 / \$6,750
OOP Max (Individual/Family)	Ind: \$2,250 / \$3,000 / \$6,000 Family: \$4,500 / \$9,000 / \$12,000	Ind: \$2,250 / \$4,500 / \$6,000 Family: \$4,500 / \$9,000 / \$12,000
Coinsurance	10% / 20% / 40%	20% / 30% / 40%
Office Copay	\$15	\$25
Basic Lab & X-Ray	\$15	\$25
Vision Exam	\$15	\$25
Prescription drug	\$15 / \$30 / \$50	\$15 / \$30 / \$50 \$150 Specialty

HIGH DEDUCTIBLE HEALTH PLAN PPO		
	CURRENT PLAN	RENEWAL PLAN
	KAISER NETWORK / IN-NETWORK / OUT OF NETWORK	KAISER NETWORK ONLY
Deductible (Individual/Family)	Ind: \$1,500 / \$2,500 / \$3,500 Family: \$3,000 / \$5,000 / \$7,000	Ind: \$1,500 Family: \$3,000
OOP Max (Individual/Family)	Ind: \$2,500 / \$4,000 / \$5,000 Family: \$5,000 / \$7,500 / \$10,000	Ind: \$2,500 Family: \$5,000
Coinsurance	10% / 20% / 40%	10%
Vision Hardware Allowance	\$250 every 24 months	\$150 every 24 months
Prescription drug	\$15 / \$30 / \$50	\$15 / \$30 / \$50 \$150 Specialty

Benefit Glossary

The following definitions should help you understand your benefit plans. Remember, you have access to In-Network and Out-of-Network providers. Our Medical, Dental and Vision network providers have contracted rates that can be much lower than Out-of-Network providers. Your out of pocket expense may be lower by using In-Network providers.

Co-Insurance

The percentage of cost-sharing between what you and the insurance company must pay, after any applicable deductible has been met.

Co-pay

The set dollar amount that you must pay to a provider when services are rendered.

Calendar Year Deductible (CYD)

The amount you pay before co-insurance is paid. You only need to meet your deductible once per calendar year.

Network

The group of providers who are approved for services and are available for treatment under the insurance company's contract.

Outpatient

A patient who receives treatment at a hospital or outpatient facility without being admitted overnight.

Out-of-Pocket-Maximum

The most you pay during a policy period (usually a year) before your health insurance or plan begins to pay 100% of the allowed amount.

This limit never includes your premium, balance-billed charges or health care your health insurance or plan doesn't cover. Some health insurance or plans don't count all of your co-payments, deductibles, co-insurance payments, out-of-network payments or other expenses toward this limit.

Provider

Any facility, person, or entity recognized for payment by the insurance company.

Usual, Customary and Reasonable (UCR)

The determined going rate for like services in the same area. The insurance company's co-insurance percentage that they pay is taken from the UCR amount for that service. You are responsible for your co-insurance percentage plus all of the amount that exceeds UCR. UCR is used only when services are provided by an Out-of-Network provider.

Medical & Vision Plans

We are pleased to offer you and your eligible dependents four medical and vision plan options through Kaiser Permanente. The following tables are an overview of covered services. For full plan details, refer to the Summary of Benefits and Coverage.

	VALUE HMO	ADDED CHOICE PPO
	IN-NETWORK ONLY	KAISER NETWORK / IN-NETWORK / OUT OF NETWORK
Calendar Year Deductible	\$1,000 Individual	\$750 / \$1,500 / \$2,250 Individual
	\$3,000 Family	\$2,250 / \$4,500 / \$6,750 Family
Out of Pocket Max (Includes Deductible, Coinsurance, & Copays)	\$3,000 Individual	\$2,250 / \$4,500 / \$6,000 Individual
	\$9,000 Family	\$4,500 / \$9,000 / \$12,000 Family
Coinsurance	20%	20% / 30% /40%
PREVENTIVE CARE		
Routine Preventive Care, Immunizations	Covered in Full	Covered in Full
PHYSICIANS SERVICES		
Office Visits Primary Care	\$20	\$25
Office Visits Specialist	\$20	\$35
Virtual Visits	Covered in Full	Covered in full
Outpatient Mental Health Office Visit	\$20	\$25
Lab/X-ray	\$0	\$25 per department visits
Advanced Imaging	\$0	\$100 per department visit
Chiropractic	\$25 <i>20 visit max per year</i>	\$25 <i>20 visit max per year</i>
Acupuncture	\$25 <i>12 visit max per year</i>	\$25 <i>12 visit max per year</i>
Massage	\$25 <i>12 visit max per year</i>	\$25 <i>12 visit max per year</i>
HOSPITAL SERVICES		
Inpatient Admission	20%	20%
Outpatient Surgery	20%	\$0
EMERGENCY SERVICES		
Emergency Room	\$200 (after deductible) <i>copay waived if admitted</i>	\$200 (after deductible) <i>copay waived if admitted</i>
Urgent Care Facility	\$20	\$45
PHARMACY BENEFIT		
Tier 1	\$15	\$15
Tier 2	\$30	\$30
Tier 3	\$50	\$50
Specialty Drug	\$150	\$150
Mail Order	2 copays for 90-days	2 copays for 90-days
VISION BENEFIT		
Exam <i>once per calendar year</i>	\$20	\$20
Hardware	\$150 allowance every 24 mo.	\$150 allowance every 24 mo.

Medical & Vision Plans

	TRADITIONAL HMO	HIGH DEDUCTIBLE HEALTH PLAN PPO
	IN-NETWORK ONLY	IN-NETWORK ONLY
Calendar Year Deductible	None	\$1,500 Individual
	None	\$3,000 Family
Out of Pocket Max (Includes Deductible, Coinsurance, & Copays)	\$2,000 Individual	\$2,500 Individual
	\$4,000 Family	\$5,000 Family
Coinsurance	20%	10%
PREVENTATIVE CARE		
Routine Preventive Care, Immunizations	Covered in Full	Covered in Full
PHYSICIANS SERVICES		
Office Visits Primary Care	\$20	10% (after deductible)
Office Visits Specialist	\$30	10% (after deductible)
Virtual Visits	Covered in Full	Covered in full after deductible
Outpatient Mental Health Office Visit	\$20	10% (after deductible)
Lab/X-ray	\$20 per department visit	10% (after deductible)
Advanced Imaging	\$50 per department visit	10% (after deductible)
Chiropractic	\$25 <i>20 visit max per year</i>	\$25 (after deductible) <i>20 visit max per year</i>
Acupuncture	\$25 <i>12 visit max per year</i>	\$25 (after deductible) <i>12 visit max per year</i>
Massage	\$25 <i>12 visit max per year</i>	\$25 (after deductible) <i>12 visit max per year</i>
HOSPITAL SERVICES		
Inpatient Admission	\$200 per day to \$1,000 per admission	10%
Outpatient Surgery	\$50	10%
EMERGENCY SERVICES		
Emergency Room	\$200 <i>copay waived if admitted</i>	10%
Urgent Care Facility	\$40	10%
PHARMACY BENEFIT		AFTER DEDUCTIBLE
Tier 1	\$15	\$15
Tier 2	\$30	\$30
Tier 3	\$50	\$50
Specialty Drug	\$150	\$150
Mail Order	2 copays for 90-days	2 copays for 90-days
VISION BENEFIT		
Exam <i>once per calendar year</i>	\$20	10%
Hardware	\$150 allowance every 24 mo.	\$150 allowance per calendar year

HEALTH SAVINGS ACCOUNT: The Basics

When you are enrolled in the High Deductible Health Plan you have access to a tax-preferred account called a Health Savings Account, or HSA. This is your personal bank account for qualified healthcare expenses. Lewis & Clark makes payroll contributions to this account to help you offset the cost of your care. You can also contribute your own dollars to your HSA account keeping in mind not to exceed the annual IRS limit. Please read on for more information about this unique way to save money on healthcare expenses.

HSA: TRIPLE TAX SAVINGS

The Health Savings Account (HSA) is an employee-owned bank account with Allegiance that has potential to provide you with triple-tax-savings:

1. All of your contributions to the HSA are pre-tax;
2. Any interest earned in the HSA account is tax-free;
3. When the money in your HSA account is used to pay for qualified healthcare expenses, you will never be taxed on it.

All funds accrued in your HSA are owned by you and are portable, even if you move on from employment at Lewis & Clark. This is not a “use-it-or-lose-it” account. You will receive an HSA debit card from Allegiance, and your HSA funds can be used to help pay your Kaiser annual deductible and other out-of-pocket, qualified healthcare expenses, including prescription drugs, dental, and vision care.

Lewis & Clark will make monthly contributions in the amount of \$62.50 (\$750 total annually) if you are enrolled by yourself or \$125 (\$1,500 total annually) if you are enrolled with dependents to support your healthcare needs. Half of the Lewis and Clark contribution will be deposited to your HSA Bank account at the beginning of the plan year, and the other half will be deposited on a monthly basis. This money does not return to Lewis & Clark when you end your employment; it is yours to keep.

MAXIMUM CONTRIBUTION

The IRS sets HSA contribution limits each year. The limits represents the maximum amount of tax-free dollars you can contribute to your HSA during a calendar year. In 2023, total HSA contributions cannot exceed \$3,850 for employees under age 55 with single HSA compatible HDHP coverage or \$7,750 for employees under age 55 with family HSA compatible HDHP coverage. The combined total employee and employer contributions may not exceed annual HSA limits. If you would like to contribute pre-tax dollars to your HSA you can designate your payroll deduction amount via Workday, and may change adjust it at any time.

CATCH-UP CONTRIBUTION

Catch-up contributions of an additional \$1,000 can be made by account holders who are age 55 or older (regardless of when in the year an account holder turns 55) and are not enrolled in Medicare.

HSAS & RETIREMENT

Many people use their HSA account to save tax-free dollars for their healthcare expenses in retirement, as a sort of “healthcare 401(k)”. Once you enroll in Medicare you are no longer eligible to make HSA contributions; however, you may continue to use your HSA funds for all types of qualified healthcare expenses. When you turn age 65 and are covered by Medicare you can use your HSA to pay for Medicare premiums, deductibles, copays, and coinsurance. In addition, you can continue to use funds for dental and vision expenses, insulin and diabetic supplies, OTC drugs, medical equipment, and other supplies.

When you reach age 65 you may also use your HSA to pay for things other than healthcare expenses. If you use your HSA for non-qualified healthcare expenses, the amount withdrawn will be taxable as income but will not be subject to any other penalties.

Individuals under age 65 who use their accounts for non-medical expenses must pay income tax plus a 20% penalty on non-qualified withdrawals.

HSA ELIGIBILITY

To be eligible to open and contribute to an HSA account you must:

- Be enrolled in the HDHP Medical Plan
- Not be covered by another health plan that is not an HSA-qualified HDHP, such as a spouse’s plan that is a non-qualified HDHP (example: PPO plan with co-pays for office visits and prescription drugs or an HMO plan such as Kaiser)
- Not be enrolled in Medicare
- Not be claimed as a dependent on anyone else’s tax return
- Not be enrolled in a general purpose healthcare flexible spending account (FSA). In addition, your spouse may not be enrolled in a general purpose flexible spending plan.
- Not be enrolled in a health reimbursement arrangement (HRA)
- Not be receiving health benefits under TRICARE
- You cannot have received medical benefits (except for preventive care) from the Veterans Administration (VA) for any disabilities (except those that are service-related) at any time during the previous three months

If you gain coverage under another health plan during the year please notify your Benefits team immediately, as this may impact your eligibility to make HSA contributions.

DOMESTIC PARTNERS

If an employee’s domestic partner is not recognized as a tax-qualified dependent under IRS rules, Health Savings Accounts (HSAs) cannot be used for reimbursement of the domestic partner’s healthcare expenses.

ADULT DEPENDENT CHILDREN

Dependent children may be covered by Lewis & Clark’s health plans until age 26. If your adult dependent child is self-supporting or does not otherwise qualify as a dependent for tax purposes, they cannot use funds from your HSA to pay for their medical expenses.

Comparison of HSAs, and FSAs

	HSA	FSA
Type of Account	Health Savings Account	Healthcare Flexible Spending Account
Who administers the account?	Allegiance	Allegiance
Who owns the account?	Employee	Lewis & Clark
Who may fund the account?	Lewis & Clark and Employee	Employee-only
What plan must be offered with the account?	HDHP (High Deductible Health Plan)	Value Option Traditional HMO Option Added Choice Option *If you enroll in the HDHP plan, you can enroll in the Limited Purpose FSA You do not have to be enrolled in one of Lewis & Clark's medical plans to participate in the FSA
Is there an annual contribution limit?	2023 IRS annual limits: Individual coverage: \$3,850 Any dependent coverage: \$7,750 Catch-up contributions: \$1,000/year – if age 55 by end of tax year	\$3,050
Tax advantaged account?	Yes. Triple tax savings on: contributions, interest, withdrawals	Yes
Can unused funds be rolled over from year to year?	Yes	Yes, up to \$610

	HSA	FSA
What expenses are eligible for reimbursement?	Qualified healthcare expenses, COBRA premiums, qualified long term care premiums, healthcare premiums while receiving unemployment benefits, and if Medicare eligible due to age, Medicare premiums	IRS Section 213(d) health expenses Expenses for insurance premiums are not reimbursable
Must claims be substantiated?	No	Yes
May the account reimburse non-medical expenses?	Yes, although taxed as income with a 20% penalty Penalty waived if distributed after death, disability, or age 65	No
Use it or lose it?	No	Yes, if account balance over \$610

Dental Plans

There are three dental plan options available. Plans are available through Delta Dental of Oregon, Kaiser Dental, and Willamette Dental. The following table is an overview of covered services. Eligible dependents must be enrolled on the same plan as eligible employees. For full plan details, please refer to the benefit summary.

PLAN FEATURES	DELTA DENTAL OF OREGON	KAISER DENTAL	WILLAMETTE DENTAL
	PPO/PREMIER/ OUT-OF-NETWORK	KAISER NETWORK	WILLAMETTE DENTAL NETWORK
Calendar Year Maximum Benefits	\$1,500 per Individual	\$1,500 per Individual	No Maximum
Deductible (waived for preventive care)	\$50 Individual \$150 Family	N/A	N/A
Preventive Care (exams, cleanings, x-rays)	No charge/No charge/ No charge	\$15 copay	\$10 copay
Basic Services (fillings, simple oral surgery)	20% / 20% / 20%	\$15 copay	\$10 copay
Major Services (crowns, inlays, onlays)	50% / 50% / 50%	20%	\$30-\$300 copay depending on service
Implants	Covered under Major Services	N/A	\$1,500 maximum per calendar year
ORTHODONTIA (ADULT / CHILD)			
Coinsurance	50%	50%	\$1,200 copay
Lifetime Maximum	\$1,500	\$1,500	N/A

Monthly Benefit Plan Costs

All employee contributions will be deducted from payroll pre-tax. \$50 surcharge may be applicable for spouse/domestic partners that are eligible for coverage through their own employer. Benefits eligible employees who waive medical coverage are eligible to receive a \$50 monthly stipend.

MEDICAL	
VALUE HMO	
TIER	EMPLOYEE MONTHLY
Employee Only	\$60.47
Employee + Spouse or Domestic Partner	\$346.20
Employee + Child(ren)	\$305.38
Employee + Family	\$502.67
TRADITIONAL HMO	
TIER	EMPLOYEE MONTHLY
Employee Only	\$111.82
Employee + Spouse or Domestic Partner	\$456.23
Employee + Child(ren)	\$413.73
Employee + Family	\$656.94
ADDED CHOICE PPO	
TIER	EMPLOYEE MONTHLY
Employee Only	\$146.76
Employee + Spouse or Domestic Partner	\$598.80
Employee + Child(ren)	\$543.03
Employee + Family	\$862.24
HIGH DEDUCTIBLE HEALTH PLAN	
TIER	EMPLOYEE MONTHLY
Employee Only	\$51.96
Employee + Spouse or Domestic Partner	\$297.49
Employee + Child(ren)	\$262.42
Employee + Family	\$431.95
DENTAL	
DELTA DENTAL OF OREGON	
TIER	EMPLOYEE MONTHLY
Employee Only	\$13.67
Employee + Spouse or Domestic Partner	\$62.88
Employee + Child(ren)	\$51.95
Employee + Family	\$122.45
KAISER DENTAL	
TIER	EMPLOYEE MONTHLY
Employee Only	\$15.13
Employee + Spouse or Domestic Partner	\$60.51
Employee + Child(ren)	\$54.46
Employee + Family	\$117.99
WILLAMETTE DENTAL INSURANCE, INC.	
TIER	EMPLOYEE MONTHLY
Employee Only	\$10.56
Employee + Spouse or Domestic Partner	\$42.28
Employee + Child(ren)	\$46.50
Employee + Family	\$91.74

Flexible Spending Account (FSA)

Lewis & Clark College offers Flexible Spending Account (FSA) plans through Allegiance. By participating in the FSA plans, you can pay for health care expenses and day care expenses with pre-tax dollars. FSA contributions are deducted from your paycheck before taxes are calculated. This decreases your taxable income, and therefore reduces your Federal income and Social Security taxes. You must re-enroll in the FSA plan benefit each year to use this benefit. The FSA plan year begins on April 1, 2023 and ends on March 31, 2024. Per Internal Revenue Service regulations, funds remaining in your FSA at the end of the year may be forfeited so please plan accordingly.

FSA plans allow employees to defer money on a pre-tax basis for:

- **Group Health Premiums:** Automatic pre-tax premium payroll deductions for your medical, dental and vision contributions.
- **Health Care Account:** You may set aside up to \$3,050 annually, on a pre-tax basis, to cover out-of-pocket medical, dental and vision expenses, including co-pays, coinsurance, and prescription drugs. Effective January 1, 2020, many over the counter medicines and feminine care products were considered Health Care FSA eligible expenses under the CARES Act.
 - **\$610 Roll Over Allowed!** You may roll over up to \$610 of any unused funds at the end of the year into the next year's FSA. The carryover amount is determined after all expenses have been reimbursed for that plan year (after the end of the plan's 90 day run out). This amount will be added to any contributions you elect for the next plan year. Per Internal Revenue Service regulations, any funds remaining in your FSA that exceed \$610 at the end of the year will be forfeited so please plan accordingly. Please note, this **ONLY** applies to the Health Care FSA. It does not apply to the Dependent Care FSA.
 - **FSA Debit Card** - The FSA debit card gives you an automatic way to pay for qualified healthcare expenses. The stored value debit card draws on the value of your annual FSA election.
- **Dependent Care Account:** You may set aside up to \$5,000 annually (if married and filing your taxes jointly or \$2,500 annually if married and filing taxes separately) on a pre-tax basis to pay for day care expenses. For dependent care expenses to be eligible under the Dependent Care FSA, the expenses must be incurred in order to care for a tax-dependent child under age 13 who lives with you, or a tax-dependent parent, spouse or child who lives with you and is incapable of caring for himself or herself. The care must be needed so that you and your spouse can go to work or attend school full time.

Don't forget, you must re-enroll each year in the Health Care and/or Dependent Care FSA to take advantage of these benefits. Your share of medical, dental, and/or vision contributions will be automatically deducted from your pay check on a pre-tax basis, unless you elect otherwise.

Left over monies up to \$610 from 2022 will transfer to the 2023 account after the 90 day "run-out" period and year-end accounting has been completed, so roughly around August 1, 2023. Any unused funds in excess of \$610 remaining at the end of the plan year will be forfeited, so it is still important to plan carefully.

Life And Disability

GROUP LIFE INSURANCE AND AD&D

Group Term Life Insurance is provided for all benefit eligible employees through Unum. This plan pays your designated beneficiary 1.5x your income up to \$250,000 in the event of your death. The AD&D portion of this coverage provides an additional benefit to your beneficiary in the event of your death from an accidental injury, or a portion of the full benefit to you in the event of your dismemberment from an accidental injury. Lewis & Clark College pays 100% of the cost for this coverage.

VOLUNTARY LIFE & ACCIDENTAL DEATH AND DISMEMBERMENT

Voluntary Life and Accidental Death and Dismemberment (AD&D) is offered for all benefit eligible employees through Unum. Coverage is available to all benefit eligible employees, spouses and dependent children. Employees pay for the cost of this coverage through payroll deductions. All premiums for voluntary life and AD&D insurance will be deducted from your paycheck on a post-tax basis. The cost of your coverage is based upon your age.

As a newly hired employee, you may elect up to the Guarantee Issue amounts (outlined below) within 31 days of your benefit eligibility date with no medical underwriting questions. Coverage above Guarantee Issue amounts require an Evidence of Insurability form. **If you are applying for coverage outside your initial eligibility opportunity, evidence of insurability is required.** The Evidence of Insurability form, when needed, is completed online through a link on the employees Workday homepage. Coverage is not effective until approved by Unum.

Voluntary Life insurance is available in the following amounts:

- Employee Coverage: Coverage is available in \$10,000 increments up to a maximum of \$300,000. The guarantee issue amount is \$100,000.
- Spouse Coverage: Coverage is available in \$5,000 increments up to a maximum amount of \$300,000, not to exceed the Employee's election amount. Spouse coverage is only available if the employee has enrolled in voluntary life insurance coverage. The guarantee issue amount for spouses is \$25,000.
- Dependent Children: Coverage is available in \$2,000 increments up to a maximum amount of \$10,000. Dependent coverage is only available if the employee is also insured for voluntary life insurance coverage. The guarantee issue amount for children is \$10,000.

LONG TERM DISABILITY

Long Term Disability (LTD) coverage is offered through Unum for all benefit eligible employees. This coverage provides 60% of monthly income up to a \$10,000 monthly maximum. LTD coverage provides benefit eligible employees with financial security in the event that you are unable to perform the duties of your occupation. There is a 90 day elimination period and benefits are payable until Social Security Normal Retirement Age (SSNRA). Lewis & Clark College pays 100% of the cost for all benefit eligible employees.

Voluntary Accident and Critical Illness

VOLUNTARY ACCIDENT INSURANCE

Voluntary Accident Insurance, available through Unum, can pay a set benefit amount based on the type of injury you have and the type of treatment you need. It covers accidents that occur on and off the job and it includes a range of incidents, from common injuries to more serious events. This coverage can also help you with out-of-

pocket costs that your medical plan doesn't cover, like co-pays and deductibles. More information is available on the Lewis & Clark College website on this benefit option. This is 100% employee paid coverage.

HOW MUCH DOES IT COST PER MONTH?	
You	\$11.09
You + Spouse	\$19.13
You + Your Children	\$26.19
You + Your Family	\$34.23

CRITICAL ILLNESS INSURANCE

Critical Illness Insurance through Unum can pay money directly to you when you're diagnosed with certain serious illnesses. If you're diagnosed with an illness that is covered by this insurance, you can receive a lump sum benefit payment. This lump sum can be used however you want. You can choose \$10,000, \$20,000 or \$30,000 of coverage with no medical questions if you apply during this enrollment. Your spouse can get 50% of the employee amount as long as the employee has purchased coverage for themselves. Children are covered from live birth to age 26 automatically at no extra cost. Their coverage amount is 50% of the employee. Monthly rates are age banded, and this benefit is 100% employee paid. For more information, visit the Lewis & Clark College website.

EAP Summary of Services

A benefit for you and your family members provided by Lewis and Clark College

The Employee Assistance Program (EAP) is a **FREE** and **CONFIDENTIAL** benefit that can assist you and your eligible family members with any personal problems, large or small.

Counseling with an EAP Professional

Four (4) counseling sessions face to face, over the phone, or virtually for concerns such as:

- Relationship conflict
- Conflict at work
- Depression
- Stress management
- Family relationships
- Anxiety
- Alcohol or drug abuse
- Grieving a loss
- Professional development

Resources for Life

Canopy will help locate resources and information related to childcare, eldercare, caregiving, and anything else you may need.

Legal Consultations/Mediation

Contact Canopy for a free thirty-minute office or telephone consultation. A 25% discount from the attorney's/mediator's normal hourly rate is available thereafter.

Financial Coaching

Coaches will provide unlimited financial coaching to help develop better spending habits, reduce debt, improve credit, increase savings, and plan for retirement.

Identity Theft

Up to 60-minute free consultation with a Fraud Resolution Specialist™ (FRS) who will conduct emergency response activities and assist with restoring their identity, good credit, and dispute fraudulent debts.

Home Ownership and Housing Support

Assistance and discounts for buying, selling, and refinancing. Resource retrieval for housing assistance.

Coaching

Access phone or video sessions with a Coach to support goal setting, healthy habits, and personal development.

Pet Parent Resources

Free pet information and support, including pet insurance discounts, new pet parent resources, and bereavement support.

Wellbeing Tools

- Fertility health support
- Online legal tools
- Will kit questionnaire
- Gym membership discounts

Member Site

Innovative educational tools, chat for support, take self-assessments, view videos and webinars, access courses, download documents and more. Access at my.canopywell.com, and register as a new user or log-in. Enter **Lewis and Clark** for company name when you register.

LifeBalance

Discounts on outdoor adventures, travel, amusement, self-care, wellness resources and more. To access, log onto the Member Site or visit canopy.LifeBalanceProgram.com.



Crisis Counselors are available by phone **24/7/365**
call: 800-433-2320 text: 503-850-7721 email: info@canopywell.com

Canopy is committed to creating a safe, inclusive, and equitable society for all.

Benefits Contact Information

BENEFIT	PROVIDER/ CONTACT	PHONE NUMBER	EMAIL OR WEBSITE
Human Resources	Human Resources	503-768-6235	HR@clark.edu
Medical & Vision	Kaiser	800-813-2000	www.healthy.kaiserpermanente.org/oregon-washington/
Dental	Delta Dental	888-217-2365	www.deltadentalor.com
	Kaiser Dental	301-468-6000	www.kaiserpermanentedentalnw.org
	Willamette Dental Insurance, Inc.	855-433-6825	www.willamettedental.com/
FSA	Allegiance	855-999-1052	www.askallegiance.com
Life/AD&D & Disability	Unum	866-679-3054	www.unum.com
EAP	Canopy	800-433-2320	www.canopywell.com
The Partners Group	Theresa Berry Associate Account Executive	503-941-4349	tberry@tpgrp.com
	Emily Young Benefits Consultant	425-691-2617	EYoung@tpgrp.com

Notices, Special Rights, & Privacy

SPECIAL ENROLLMENT RIGHTS

If you are declining enrollment for yourself or your dependents due to other coverage, you may be able to enroll later if you or your dependents lose eligibility for that other coverage (or if the employer stops contributing towards it) if you request enrollment within 31 days. If you have a new dependent as a result of marriage, birth, adoption or placement for adoption, you may also be able to enroll later if you request enrollment within 31 days of the event. To request special enrollment or obtain more information about your Special Enrollment Rights, contact Human Resources.

PRIVACY POLICY

You are entitled to receive an explanation of how your personally identifiable health information will be used and disclosed. For example, a physician or hospital is required to provide you with a Notice of Privacy Practices at your first visit. You will be required to sign an acknowledgment indicating that you received the Notice of Privacy Practices. If you have health insurance coverage, the insurance company or health plan will also provide you with a Notice of Privacy Practices immediately after you are enrolled in the plan. It is important that you read the Notice of Privacy Practices in order to understand your rights and know who to contact if you feel your privacy rights have been violated. Contact Human Resources for a copy of our health plans' Notice of Privacy Practices.

WOMEN'S HEALTH AND CANCER RIGHTS ACT

As required by the Women's Health and Cancer Rights Act of 1998, this plan provides benefits for mastectomy-related services, including all stages of reconstruction and surgery to achieve symmetry between the breasts, prostheses, and complications resulting from a mastectomy, including lymphedema. Call your plan administrator for more information.

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 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** 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 July 31, 2022. Contact your State for more information on eligibility –

ALABAMA – Medicaid	CALIFORNIA – Medicaid
Website: http://myalhipp.com/ Phone: 1-855-692-5447	Website: Health Insurance Premium Payment (HIPP) Program http://dhcs.ca.gov/hipp Phone: 916-445-8322 Fax: 916-440-5676 Email: hipp@dhcs.ca.gov
ALASKA – Medicaid	COLORADO – Health First Colorado (Colorado’s Medicaid Program) & Child Health Plan Plus (CHP+)
The AK Health Insurance Premium Payment Program Website: http://myakhipp.com/ Phone: 1-866-251-4861 Email: CustomerService@MyAKHIPP.com Medicaid Eligibility: https://health.alaska.gov/dpa/Pages/default.aspx	Health First Colorado Website: https://www.healthfirstcolorado.com/ Health First Colorado Member Contact Center: 1-800-221-3943/ State Relay 711 CHP+: https://www.colorado.gov/pacific/hcpf/child-health-plan-plus CHP+ Customer Service: 1-800-359-1991/ State Relay 711 Health Insurance Buy-In Program (HIBI): https://www.colorado.gov/pacific/hcpf/health-insurance-buy-program HIBI Customer Service: 1-855-692-6442
ARKANSAS – Medicaid	FLORIDA – Medicaid
Website: http://myarhipp.com/ Phone: 1-855-MyARHIPP (855-692-7447)	Website: https://www.flmedicaidtplrecovery.com/flmedicaidtplrecovery.com/hipp/index.html Phone: 1-877-357-3268

<p align="center">GEORGIA – Medicaid</p> <p>GA HIPP Website: https://medicaid.georgia.gov/health-insurance-premium-payment-program-hipp Phone: 678-564-1162, Press 1 GA CHIPRA Website: https://medicaid.georgia.gov/programs/third-party-liability/childrens-health-insurance-program-reauthorization-act-2009-chipra Phone: (678) 564-1162, Press 2</p>	<p align="center">MASSACHUSETTS – Medicaid and CHIP</p> <p>Website: https://www.mass.gov/masshealth/pa Phone: 1-800-862-4840 TTY: (617) 886-8102</p>
<p align="center">INDIANA – Medicaid</p> <p>Healthy Indiana Plan for low-income adults 19-64 Website: http://www.in.gov/fssa/hip/ Phone: 1-877-438-4479 All other Medicaid Website: https://www.in.gov/medicaid/ Phone 1-800-457-4584</p>	<p align="center">MINNESOTA – Medicaid</p> <p>Website: https://mn.gov/dhs/people-we-serve/children-and-families/health-care/health-care-programs/programs-and-services/other-insurance.jsp Phone: 1-800-657-3739</p>
<p align="center">IOWA – Medicaid and CHIP (Hawki)</p> <p>Medicaid Website: https://dhs.iowa.gov/ime/members Medicaid Phone: 1-800-338-8366 Hawki Website: http://dhs.iowa.gov/Hawki Hawki Phone: 1-800-257-8563 HIPP Website: https://dhs.iowa.gov/ime/members/medicaid-a-to-z/hipp HIPP Phone: 1-888-346-9562</p>	<p align="center">MISSOURI – Medicaid</p> <p>Website: http://www.dss.mo.gov/mhd/participants/pages/hipp.htm Phone: 573-751-2005</p>
<p align="center">KANSAS – Medicaid</p> <p>Website: https://www.kancare.ks.gov/ Phone: 1-800-792-4884</p>	<p align="center">MONTANA – Medicaid</p> <p>Website: http://dphhs.mt.gov/MontanaHealthcarePrograms/HIPP Phone: 1-800-694-3084 Email: HHSHIPProgram@mt.gov</p>
<p align="center">KENTUCKY – Medicaid</p> <p>Kentucky Integrated Health Insurance Premium Payment Program (KI-HIPP) Website: https://chfs.ky.gov/agencies/dms/member/Pages/kihipp.aspx Phone: 1-855-459-6328 Email: KIHIPPROGRAM@ky.gov</p> <p>KCHIP Website: https://kidshealth.ky.gov/Pages/index.aspx Phone: 1-877-524-4718</p> <p>Kentucky Medicaid Website: https://chfs.ky.gov</p>	<p align="center">NEBRASKA – Medicaid</p> <p>Website: http://www.ACCESSNebraska.ne.gov Phone: 1-855-632-7633 Lincoln: 402-473-7000 Omaha: 402-595-1178</p>
<p align="center">LOUISIANA – Medicaid</p> <p>Website: www.medicaid.la.gov or www.ldh.la.gov/lahipp Phone: 1-888-342-6207 (Medicaid hotline) or 1-855-618-5488 (LaHIPP)</p>	<p align="center">NEVADA – Medicaid</p> <p>Medicaid Website: http://dhcftp.nv.gov Medicaid Phone: 1-800-992-0900</p>
<p align="center">MAINE – Medicaid</p> <p>Enrollment Website: https://www.maine.gov/dhhs/ofi/applications-forms Phone: 1-800-442-6003 TTY: Maine relay 711</p> <p>Private Health Insurance Premium Webpage: https://www.maine.gov/dhhs/ofi/applications-forms Phone: -800-977-6740. TTY: Maine relay 711</p>	<p align="center">NEW HAMPSHIRE – Medicaid</p> <p>Website: https://www.dhhs.nh.gov/programs-services/medicaid/health-insurance-premium-program Phone: 603-271-5218 Toll free number for the HIPP program: 1-800-852-3345, ext 5218</p>

<p align="center">NEW JERSEY – Medicaid and CHIP</p> <p>Medicaid Website: http://www.state.nj.us/humanservices/dmahs/clients/medicaid/ Medicaid Phone: 609-631-2392 CHIP Website: http://www.njfamilycare.org/index.html CHIP Phone: 1-800-701-0710</p>	<p align="center">SOUTH DAKOTA - Medicaid</p> <p>Website: http://dss.sd.gov Phone: 1-888-828-0059</p>
<p align="center">NEW YORK – Medicaid</p> <p>Website: https://www.health.ny.gov/health_care/medicaid/ Phone: 1-800-541-2831</p>	<p align="center">TEXAS – Medicaid</p> <p>Website: http://gethipptexas.com/ Phone: 1-800-440-0493</p>
<p align="center">NORTH CAROLINA – Medicaid</p> <p>Website: https://medicaid.ncdhhs.gov/ Phone: 919-855-4100</p>	<p align="center">UTAH – Medicaid and CHIP</p> <p>Medicaid Website: https://medicaid.utah.gov/ CHIP Website: http://health.utah.gov/chip Phone: 1-877-543-7669</p>
<p align="center">NORTH DAKOTA – Medicaid</p> <p>Website: http://www.nd.gov/dhs/services/medicalserv/medicaid/ Phone: 1-844-854-4825</p>	<p align="center">VERMONT– Medicaid</p> <p>Website: http://www.greenmountaincare.org/ Phone: 1-800-250-8427</p>
<p align="center">OKLAHOMA – Medicaid and CHIP</p> <p>Website: http://www.insureoklahoma.org Phone: 1-888-365-3742</p>	<p align="center">VIRGINIA – Medicaid and CHIP</p> <p>Website: https://www.coverva.org/en/famis-select https://www.coverva.org/en/hipp Medicaid Phone: 1-800-432-5924 CHIP Phone: 1-800-432-5924</p>
<p align="center">OREGON – Medicaid</p> <p>Website: http://healthcare.oregon.gov/Pages/index.aspx http://www.oregonhealthcare.gov/index-es.html Phone: 1-800-699-9075</p>	<p align="center">WASHINGTON – Medicaid</p> <p>Website: https://www.hca.wa.gov/ Phone: 1-800-562-3022</p>
<p align="center">PENNSYLVANIA – Medicaid</p> <p>Website: https://www.dhs.pa.gov/Services/Assistance/Pages/HIPP-Program.aspx Phone: 1-800-692-7462</p>	<p align="center">WEST VIRGINIA – Medicaid and CHIP</p> <p>Website: https://dhhr.wv.gov/bms/ http://mywvhipp.com/ Medicaid Phone: 304-558-1700 CHIP Toll-free phone: 1-855-MyWVHIPP (1-855-699-8447)</p>
<p align="center">RHODE ISLAND – Medicaid and CHIP</p> <p>Website: http://www.eohhs.ri.gov/ Phone: 1-855-697-4347, or 401-462-0311 (Direct RIte Share Line)</p>	<p align="center">WISCONSIN – Medicaid and CHIP</p> <p>Website: https://www.dhs.wisconsin.gov/badgercareplus/p-10095.htm Phone: 1-800-362-3002</p>
<p align="center">SOUTH CAROLINA – Medicaid</p> <p>Website: https://www.scdhhs.gov Phone: 1-888-549-0820</p>	<p align="center">WYOMING – Medicaid</p> <p>Website: https://health.wyo.gov/healthcarefin/medicaid/programs-and-eligibility/ Phone: 1-800-251-1269</p>

To see if any other states have added a premium assistance program since July 31, 2022, or for more information on special enrollment rights, contact either:

U.S. Department of Labor
Employee Benefits Security Administration
www.dol.gov/agencies/ebsa
1-866-444-EBSA (3272)

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

Paperwork Reduction Act Statement

According to the Paperwork Reduction Act of 1995 (Pub. L. 104-13) (PRA), no persons are required to respond to a collection of information unless such collection displays a valid Office of Management and Budget (OMB) control number. The Department notes that a Federal agency cannot conduct or sponsor a collection of information unless it is approved by OMB under the PRA, and displays a currently valid OMB control number, and the public is not required to respond to a collection of information unless it displays a currently valid OMB control number. See 44 U.S.C. 3507. Also, notwithstanding any other provisions of law, no person shall be subject to penalty for failing to comply with a collection of information if the collection of information does not display a currently valid OMB control number. See 44 U.S.C. 3512.

The public reporting burden for this collection of information is estimated to average approximately seven minutes per respondent. Interested parties are encouraged to send comments regarding the burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden, to the U.S. Department of Labor, Employee Benefits Security Administration, Office of Policy and Research, Attention: PRA Clearance Officer, 200 Constitution Avenue, N.W., Room N-5718, Washington, DC 20210 or email ebsa.opr@dol.gov and reference the OMB Control Number 1210-0137.

OMB Control Number 1210-0137 (expires 1/31/2023)

Lewis & Clark College



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