



2024 EMPLOYEE BENEFITS SUMMARY



BENEFITS DESIGNED

WITH YOU

IN MIND

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If you (and/or your dependents) have Medicare or will become eligible for Medicare in the next 12 months, a Federal law gives you more choices about your prescription drug coverage. Please see page 26 for more details.

This brochure summarizes the benefit plans that are available to Reed College eligible employees and their dependents. Official plan documents, policies and certificates of insurance contain the details, conditions, maximum benefit levels and restrictions on benefits. These documents govern your benefits program. If there is any conflict, the official documents prevail. These documents are available upon request through the Human Resources Department. Information provided in this brochure is not a guarantee of benefits.

A Message to Our Employees

The Benefits Open Enrollment Period Is Here!

At Reed College, we value each and every employee. Reed College continues to promote a culture of health and wellness, establishing a work environment that promotes healthy lifestyles, decreases the risk of disease, and enhances your quality of life.

As healthcare costs continue to rise due to inflation and increased government regulation, the cost to provide healthcare coverage has also increased. Additionally, Reed College has seen an increase in the occurrence as well as the severity of claims of healthcare costs. This has been a common scenario across the market as costs increase in an effort to keep pace with healthcare trends. We are conscious of the fact that changing health insurance plans is often difficult for our employees, so whenever possible, we work with our providers to create solutions that will work financially and be less disruptive.

Reed College will continue their commitment to review the benefit offerings each year and provide a comprehensive benefits package to its employees for the upcoming year. Please review the benefits contained within this summary for the 2024 plan year.

Benefits for You & Your Family

Reed College is pleased to announce our 2024 benefits program, which is designed to help you stay healthy, feel secure, and maintain a work/life balance. Offering a competitive benefits package is just one way we strive to provide our employees with a rewarding workplace. Please read the information provided in this guide carefully. For full details about our plans, we encourage you to review the summary plan descriptions.

Eligibility

You may enroll in Reed College's employee benefits program if you are working at least "half-time," as determined by your position.

Your eligible dependents include:

Generally, for the Reed College benefits program, dependents are defined as:

- Your spouse or domestic partner (same and opposite gender); and/or,
- Dependent "child" up to age 26, regardless of tax-dependent, student, or marital status. (*Child means the employee's natural child or adopted child and any other child as defined in the certificate of coverage.*)

When Coverage Begins:

The effective date for your Open Enrollment benefit elections is January 1, 2024.

Newly hired employees and dependents will be effective in Reed College's benefit programs on the first of the month following date of hire, with exception of eligibility for Long-Term Disability coverage. Employees will be effective in Long-Term Disability after the completion of one year of employment with Reed College. All elections are in effect for the entire plan year and can only be changed during Open Enrollment unless you experience a Qualifying Event.

Open Enrollment:

With a few exceptions, Open enrollment is the only time of year when you can make changes to your benefits plan. All elections and changes take effect on the first day of the Plan Year. During Open Enrollment, you can:

- Add, change, or drop coverage
- Add or drop dependents from coverage
- Enroll or re-enroll in dependent or health care flexible spending accounts. To continue your FSA benefits, you must re-enroll each plan year.

Qualifying Events:

You are only able to add or drop coverage during the plan year if you have a federal qualified event.

Examples include family status changes such as:

- Change of legal marital status (i.e. marriage, divorce, death of spouse, legal separation)
- Change in number of dependents (i.e. birth, adoption, death of dependent, ineligibility due to age)
- Change in employment or job status (spouse loses job, etc.)
- Change in eligibility status
- Loss of other coverage

If such a change occurs, you must make the changes to your benefits within 30 days of the event date. Any changes made must be consistent and correspond with the change in status.

If you do not complete a qualifying life event request within 30 days of the event date, you may be required to wait until the next Open Enrollment to make the requested elections changes.

Medical / Rx / Vision Rates and Contributions 2024

	Kaiser HMO Medical / Rx / Vision Plan			
	Total Monthly Premium	Reed College Cost Per Month	Employee Cost Per Month	Employee Cost Per Pay Period
Employee Only	\$771.31	\$771.31	\$0.00	\$0.00
Employee & Child(ren)	\$1,388.36	\$1,141.54	\$246.82	\$123.41
Employee & Spouse / DP	\$1,542.62	\$1,234.10	\$308.52	\$154.26
Employee & Family	\$2,313.93	\$1,696.88	\$617.05	\$308.53

	Kaiser POS Medical / Rx / Vision Plan			
	Total Monthly Premium	Reed College Cost Per Month	Employee Cost Per Month	Employee Cost Per Pay Period
Employee Only	\$961.32	\$771.31	\$190.01	\$95.01
Employee & Child(ren)	\$1,730.37	\$1,141.54	\$588.83	\$294.42
Employee & Spouse / DP	\$1,922.63	\$1,234.10	\$688.53	\$344.27
Employee & Family	\$2,883.95	\$1,696.88	\$1,187.07	\$593.54

Dental Rates and Contributions 2024

	Willamette EPO Dental Plan			
	Total Monthly Premium	Reed College Cost Per Month	Employee Cost Per Month	Employee Cost Per Pay Period
Employee Only	\$46.25	\$46.25	\$0.00	\$0.00
Employee & Child(ren)	\$94.85	\$75.41	\$19.44	\$9.72
Employee & Spouse/DP	\$92.60	\$74.06	\$18.54	\$9.27
Employee & Family	\$161.05	\$115.13	\$45.92	\$22.96

	Kaiser DHMO Dental Plan			
	Total Monthly Premium	Reed College Cost Per Month	Employee Cost Per Month	Employee Cost Per Pay Period
Employee Only	\$64.86	\$46.25	\$18.60	\$9.30
Employee & Child(ren)	\$116.75	\$75.41	\$41.34	\$20.67
Employee & Spouse/DP	\$129.72	\$74.06	\$55.66	\$27.83
Employee & Family	\$194.58	\$115.13	\$79.45	\$39.72

	MetLife PPO Dental Plan			
	Total Monthly Premium	Reed College Cost Per Month	Employee Cost Per Month	Employee Cost Per Pay Period
Employee Only	\$66.60	\$46.25	\$20.35	\$10.18
Employee & Child(ren)	\$152.08	\$75.41	\$76.67	\$38.34
Employee & Spouse/DP	\$135.59	\$74.06	\$61.53	\$30.77
Employee & Family	\$189.55	\$115.13	\$74.42	\$37.21



Medical / Rx / Vision Insurance

Reed College will continue to offer medical, prescription, and vision coverage with Kaiser. You will have a choice between **two different medical plans** to fit your health care needs.

The first medical plan option is the Kaiser HMO Plan which is based around the Kaiser network of facilities and the Portland Clinic. The chart below is a brief outline of the plan design, but we encourage you to review each plan's Summary Plan Description for a complete list of covered services and plan details.

Note: Kaiser members may choose a Primary Care Physician (PCP) to deliver or refer your care. Choose a PCP from within the Kaiser Permanente Plan Network. There is no coverage for health care services delivered by health care providers outside the Kaiser Permanente Network; with the exception for true emergency conditions.

The second medical plan option offered with Kaiser is an Added Choice Point-of-Service (POS) plan which allows members to seek services outside Kaiser facilities and providers. Members will see significant cost savings by staying in seeing Select and PPO Providers (*previously known as Tier 1 and Tier 2 Providers*).

As an Added Choice member, you have access to all that Kaiser offers, plus the option to seek care from providers outside of the Kaiser provider network. You may visit kp.org/addedchoice/nw, or call the Added Choice Contact Center at (866) 616-0047 to find more information about your plan and to find a provider in the First Choice Health, First Health or Cigna Healthcare PPO networks. **Access to the Cigna Healthcare PPO provider network is an enhancement to the current network access and is new for 2024.**

Added Choice offers 3 levels of coverage, Select Providers, PPO Providers, and Non-Participating Providers. Members can move between provider networks to receive services from different providers. The choices you make determine which doctors you see, which medical facilities you use, and how much you pay.

Select Providers \$	PPO Providers \$\$	Non-Participating Providers \$\$\$
Lowest out-of-pocket costs \$	Mid-Range out-of-pocket costs \$\$	Highest out-of-pocket costs \$\$\$
Choose a provider from Kaiser Permanente or Portland Clinic, conveniently located throughout the Kaiser service area. With a referral, members can also choose other contracted community providers and facilities, such as OHSU Doernbecher Children's Hospital and Legacy Salmon Creek Medical Center.	Choose a preferred provider (PPO) from First Choice Health, First Health, or Cigna PPO Network networks. This is a good choice for those who want to keep their current PPO provider or who live outside the Kaiser service area.	Choose a non-participating provider nationwide. Non-participating providers include any licensed providers who are not select providers or PPO providers.



Medical / Rx / Vision Insurance *(continued)*

The chart below and on the next page is a brief outline of the HMO and Added Choice (POS) plan designs, but we encourage you to review the Summary Plan description for a complete list of covered services and plan details.

	Kaiser HMO Plan	Kaiser Added Choice POS Plan		
	Schedule of Benefits	Select Providers	PPO Providers	Non-Participating Providers
Annual Deductible				
Individual	No Deductible	\$750	\$1,000	\$3,000
Family	No Deductible	\$2,250	\$3,000	\$9,000
Maximum Out-of-Pocket				
Individual	\$1,500	\$2,250	\$3,000	\$6,000
Family	\$3,000	\$4,500	\$9,000	\$18,000
Physician Office Visit				
Primary Care / Naturopathy	\$25 copay*	\$25 copay (dw)*	\$30 copay (dw)*	40% after deductible
Specialty Care	\$30 copay	\$35 copay (dw)	\$50 copay (dw)	40% after deductible
Preventive Care				
Adult Periodic Exams	Covered in Full	Covered in Full (dw)	Covered in Full (dw)	40% after deductible
Well-Child Care	Covered in Full	Covered in Full (dw)	Covered in Full (dw)	40% after deductible
Diagnostic Services				
X-ray and Lab Tests	\$15 copay	\$15 copay (dw)	20% (dw)	40% after deductible
Complex Radiology	\$50 copay	\$100 copay (dw)	20% (dw)	40% after deductible
Urgent Care Facility	\$25 copay	\$35 copay (dw)	\$50 copay (dw)	40% after deductible
Emergency Room	\$250 copay <i>Copay waived if admitted</i>	\$250 copay (dw) <i>Copay waived if admitted</i>		
Inpatient Facility	15%	10% after deductible	20% after deductible	40% after deductible
Outpatient Surgical Facility	\$25 copay	10% after deductible	20% after deductible	40% after deductible
Mental Health / Substance Use Disorder Treatment				
Inpatient	15%	10% after deductible	20% after deductible	40% after deductible
Outpatient	\$25 copay*	\$25 copay (dw)*	\$30 copay (dw)*	40% after deductible

* First 3 visits are a \$5 copay (dw) for any combination of in-person or telemedicine services for primary care, mental health outpatient services, naturopathic medicine, or substance use disorder treatment outpatient services. After the initial 3 visits, for any combination of these services, copays indicated above apply. (dw) = deductible waived

Medical / Rx / Vision Insurance *(continued)*

	Kaiser HMO Plan	Kaiser Added Choice POS Plan		
	Schedule of Benefits	Select Providers	PPO Providers	Non-Participating Providers
Alternative Care Services				
Acupuncture <i>(12 visits PCY)</i>	\$25 copay	\$25 copay (dw)	20% (dw)	40% (dw)
Chiropractic <i>(20 visits PCY)</i>	\$25 copay	\$25 copay (dw)	20% (dw)	40% (dw)
Massage Therapy <i>(12 visits PCY)</i>	\$25 copay	\$25 copay (dw)	20% (dw)	40% (dw)
Vision Services				
Vision Exam <i>(Age 0-18)</i>	Covered in Full	\$25 copay (dw)	\$30 copay (dw)	40% after deductible
Vision Exam <i>(Age 19+)</i>	\$25 copay	\$25 copay (dw)	\$30 copay (dw)	40% after deductible
Vision Hardware <i>(Age 0-18)</i>	No charge for eyeglass lenses, frames, or contact lenses every 12-months.	Not Covered		
Vision Hardware <i>(Age 19+)</i>	Initial allowance of up to \$150 for prescription eyeglasses or conventional or disposable prescription contact lenses, including medical necessary contact lenses, not more than once in a two year period.	Not Covered		
Retail Pharmacy <i>(30-Day Supply)</i>				
Generic	\$20 copay	\$20 copay (dw)	<i>MedImpact Pharmacy</i> \$30 copay (dw)	
Preferred Brand	\$40 copay	\$40 copay (dw)	<i>MedImpact Pharmacy</i> \$60 copay (dw)	
Non-Preferred Brand	\$60 copay	\$60 copay (dw)	<i>MedImpact Pharmacy</i> \$80 copay (dw)	
Mail Order Pharmacy <i>(90-Day Supply)</i>				
Generic	\$40 copay	\$40 copay (dw)	<i>MedImpact Mail Order</i> Call CVS Caremark (800) 237-2767	
Preferred Brand	\$80 copay	\$80 copay (dw)		
Non-Preferred Brand	\$120 copay	\$120 copay (dw)		

(dw) = deductible waived

Dental Insurance

Reed College will continue to offer dental coverage with Kaiser, MetLife, and Willamette Dental. You will have a choice between **three different dental plans** to fit your dental needs.

The first dental plan option is the Willamette EMO plan designed to provide top-notch proactive dental care with their unique approach. On this plan, your out-of-pocket costs for covered dental services are predictable with low copays and there is no annual maximum benefit!

Remember, if you enroll in the Willamette EMO benefit plan, you will only have coverage at their Willamette facilities. To find a facility near your visit: <https://locations.willamettedental.com/>, or call (855) 433-6825.

The second dental plan is the Kaiser DHMO plan. This plan requires that you go to Kaiser facilities for services and offers continuity of care with your Kaiser medical coverage. Visit www.kp.org/dental/nw or call member services at (800) 813-2000 to schedule an appointment at your local Kaiser Dental office.

The third dental plan option offered through MetLife is a PPO dental plan. The MetLife PPO dental plan is designed to provide the dental coverage you need with the features you want. Take advantage of what this plan has to offer without compromising what matters most- including the freedom to visit the dentist of your, and your dependents', choice – an “in-network” dentist or an “out-of-network dentist.”

For the best savings, use an in-network dental provider. You can find a dentist by visiting <https://www.metlife.com/insurance/dental-insurance/> or call member services at (800) 942-0854. If you choose a dentist who does not participate in our dental plan, your out-of-pocket expenses may be more, since you will be responsible for paying any difference between the dentist's fee and the plan's payment for the approved service.

The charts that follow on the next page provide a brief outline of the plan designs, but we encourage you to review the plan documents for a complete list of covered services and plan details.



Dental Insurance – Willamette Dental

Willamette Dental Insurance EPO Dental Plan	
Schedule of Benefits	
Copays	
Office Visit Copay	\$10
Specialty Office Visit Copay	\$30
Annual Deductible	
Individual / Family	N/A
Annual Maximum	
Per Person	N/A
Copay Schedule*	
Diagnostic & Preventive	Covered in Full after Office Visit Copay
Fillings	Covered in Full after Office Visit Copay
Porcelain – Metal Crown	\$50 copay
Prosthodontics	\$50 - \$100 copays
Endodontics & Periodontics	\$30 – \$90 copays
Oral Surgery	<i>Routine: Covered in Full after Office Visit Copay; Surgical Extraction: \$50 copay</i>
Orthodontia	<i>Pre-Orthodontia Treatment: \$150 copay Comprehensive Orthodontia Treatment: \$1,200 copay</i>
Dental Implant Surgery	Implant benefit maximum of \$1,500 per calendar year

*See Willamette Dental Insurance Materials for full benefits and exclusions.

Dental Insurance – Kaiser

Kaiser DHMO Dental Plan	
Schedule of Benefits	
Copays	
Office Visit Copay	N/A
Annual Deductible	
Individual	\$50
Family Maximum	\$150
Waived for Preventive ?	Yes
Annual Maximum	
Per Person	\$1,500
Preventive Services <i>Exams, X-Rays, Cleanings, etc.</i>	Covered in Full (dw)
Basic Services <i>Fillings, root canals, etc.</i>	<i>Minor Restoration: Covered in Full after deductible Other Services: 20% after deductible</i>
Major Services <i>Crowns, bridges, etc.</i>	20% after deductible
Orthodontia	
Benefit Percentage	50% up to lifetime maximum of \$1,500

(dw) = deductible waived

Dental Insurance – MetLife

	MetLife PPO Dental Plan	
	In-Network Benefits	Out-of-Network Benefits
Copays		
Office Visit Copay	N/A	
Annual Deductible		
Individual	\$50	
Family Maximum	\$150	
Waived for Preventive ?	Yes	
Annual Maximum		
Per Person	\$2,000	
Preventive Services <i>Exams, X-Rays, Cleanings, etc.</i>	Covered in Full (dw)	
Basic Services <i>Fillings, root canals, etc.</i>	20% after deductible	
Major Services <i>Crowns, bridges, etc.</i>	40% after deductible	
Orthodontia (Adults & Children)		
Benefit Percentage	50% up to lifetime maximum of \$1,500	

(dw) = deductible waived

Flexible Spending Accounts

The Flexible Spending Account (FSA) plan with Allegiance allows you to set aside pre-tax dollars to cover qualified expenses you would normally pay out of your pocket with post-tax dollars. The plan is comprised of a health care spending account and a dependent care spending account. The money you put into your account is not considered taxable income, allowing you to save money by paying less Federal, State and FICA taxes.

How an FSA works:

- Choose a specific amount of money to contribute each pay period, pre-tax, to one or all four different accounts during the year.
- The amount is automatically deducted from your pay at the same level each pay period.
- As you incur eligible expenses, you may use your flexible spending debit card to pay at the point of service OR submit the appropriate paperwork to be reimbursed by the plan. For more information regarding the FSA debit card and other reimbursement options, as well as a more detailed list of eligible expenses, visit the Allegiance website at www.askallegiance.com.

Important Rules to keep in mind:

- The Flexible Spending **Plan Year** runs from **January 1, 2024, through December 31, 2024**.
- You cannot transfer funds from the healthcare FSA to the dependent care FSA, and vice versa.
- IRS regulations require that Flexible Spending Account elections be made each year for the new plan year; only up to **\$610** of your election amounts from prior plan year will be allowed to rollover to the new plan year

Note: IRS Regulations do not allow Domestic Partner claims to be submitted for reimbursement through the Flex plan unless they qualify as tax dependents under Code Section 152.

HealthCare Flexible Spending Account:

The Healthcare FSA allows you to set aside, **up to \$3,050 in the 2024 tax year**, to be deposited into an account to pay for health-related expenses that are not reimbursed from insurance or any other source for employees and qualified dependents.

Some examples of eligible expenses: prescription medicines and office visit copays, hearing aids, orthopedic goods, prosthetic devices, doctors, dentists, orthodontics, osteopaths, optometrists, ophthalmologists, opticians, eyeglasses and over-the-counter supplies and devices.

Dependent Care Flexible Spending Account:

Employees are also eligible to set aside a portion of their salary, **up to \$5,000 per household**, to be deposited into a Dependent Care Flexible Spending Account. This account can then be used to pay for eligible dependent care expenses to allow you and your spouse, if you are married, to work, look for work, or attend school full-time.

Basic Life / AD&D Insurance

Reed College provides Basic Life and Accidental Death & Dismemberment (AD&D) benefits through Standard Insurance Company to eligible employees at *no additional cost to you*.

Life / AD&D Benefits	
Life / AD&D Benefit Amount	
2x annual earnings up to a max of \$300,000	
Additional Information	
Age Reduction	
Age 70: benefits reduce to 65% of original amount	
Age 75: benefits reduce to 50% of original amount	
Beneficiary Designation: Be sure to complete your beneficiary designation. This can be updated at any time throughout the year, as many times as necessary.	

Voluntary Life and Voluntary AD&D Insurance

In addition to the employer paid Basic Life and AD&D coverage, you have the option to purchase additional voluntary life insurance and / or voluntary accidental death and dismemberment (AD&D) coverage. You may enroll in voluntary life and AD&D coverage together, or individually, if you choose. Your requested election, however, could be subject to medical questions and evidence of insurability.

Voluntary Life and Voluntary AD&D Benefits	
Employee	
<ul style="list-style-type: none"> Benefit Amount Overall Maximum Guarantee Issue Amount 	Increments of \$10,000 \$500,000 \$100,000**
Spouse	
<ul style="list-style-type: none"> Benefit Amount Overall Maximum Guarantee Issue Amount 	Increments of \$5,000 Lesser of 100% of employee amount or \$500,000 \$25,000
Child(ren)	
<ul style="list-style-type: none"> Benefit Amount Overall Maximum; Live birth to age 26 Guarantee Issue 	Increments of \$2,000 \$10,000 Full Benefit Amount
Additional Information	
Accidental Death Benefit	In the event of an accidental death, the benefit may double. Please see booklet for further details.
Dismemberment	In the event of accidental dismemberment, a benefit is provided up to a scheduled amount corresponding to the loss. Please see your booklet for further details.
Age Reduction	Age 70: Benefits reduce to 65% of original amount Age 75: Benefits reduce to 50% of original amount

Voluntary Life and Voluntary AD&D Insurance *(continued)*

Beneficiary Designation: Be sure to complete your beneficiary designation. This can be updated any time throughout the year, as many times as necessary.

**Guarantee Issue – Voluntary Life and Voluntary AD&D Insurance

All employees have a one-time opportunity to enroll up to the Guarantee Issue Amount without providing health statements, when initially eligible. However, if you do not enroll for at least \$10,000 in coverage, when initially eligible, you will be required to provide evidence of “good health” for any amount elected.

Voluntary Life and Voluntary AD&D Rates:

Employee Monthly Premium per \$1,000 <i>Non-Tobacco User*</i>				Spouse / Domestic Partner per \$1,000			
Under 30	\$0.054	55-59	\$0.843	Under 25	\$0.102	50-54	\$1.312
30-34	\$0.064	60-64	\$1.188	25-29	\$0.125	55-59	\$1.870
35-39	\$0.102	65-69	\$1.979	30-34	\$0.200	60-64	\$2.798
40-44	\$0.146	70-74	\$3.063	35-39	\$0.347	65-69	\$4.668
45-49	\$0.259	75+	\$8.208	40-44	\$0.584	70+	\$11.413
50-54	\$0.843			45-49	\$0.942		
Employee Voluntary AD&D is \$0.030 per \$1,000				Spouse / DP Voluntary AD&D is \$0.050 per \$1,000			
Child(ren) Life Monthly Premium is \$0.250 per \$1,000							
Child(ren) AD&D coverage is \$0.050 per \$1,000							
Note: One Premium rate covers all eligible children							

*Employees who smoke have higher premiums for life insurance coverage. See the plan benefit summary from Standard for details and rates. No tobacco user rates apply to spouses, domestic partners, and children.

Long-Term Disability Insurance

Reed College offers long-term income protection through Standard to eligible employees *at no additional cost to you* in the event you become unable to work due to a non-work-related illness or injury. This benefit covers 60% of your monthly base salary up to \$7,500. Benefit payments begin after 180 days of disability. See Certificate of Coverage for benefit duration. Please see the summary plan description for complete plan details.

Long-Term Disability (LTD)	
Benefits	
Benefit Begins	After 180 days of continuous disability from the day your disabling condition occurs
Monthly Benefit	60% of your covered pre-disability monthly earnings; up to \$7,500
Maximum Benefit Duration	Up to your Social Security Normal Retirement Age (SSNRA)*
Additional Plan Provisions	
Taxation of Benefits	Benefits received by the employee are taxable
Assisted Living Benefit	An additional 20% of the first \$12,500 of your pre-disability earnings, but not to exceed \$2,500. The Assisted Living Benefit is not reduced by deductible income.
Limited Benefits	Mental illness is a 24-month combined lifetime benefit limitation
Pre-Existing Condition Limitation	3 months prior / 12 months insured

*If disabled prior to age 62; If disabled after age 62, benefits are paid on a schedule, dependent upon the age at time of disability.

Employee Assistance Program (EAP)

Life does not always go smoothly. All of us experience times when a personal problem or crisis affects the way we function at work or home. Your Employee Assistance Program (EAP) is a problem-solving resource available to you and your household members. A professional counselor will assist you in assessing your situation, finding options, making choices, or locating further help.

New this year, Reed College's Employee Assistance Program benefits will be administered by Standard Insurance, in partnership with Health Advocate. Standard's EAP provides **six (6) face-to-face counseling sessions per issue, per year, at no cost to you.**

It's free... Your employer covers the cost of initial assessment, additional problem-solving sessions, and referral services. If there is a need for further counseling or treatment, your counselor will help you explore various options.

It's confidential... Your EAP has been set up with Standard Insurance / Health Advocate, an outside counseling resource to assure confidentiality. No one at work will know you have chosen to seek help unless you choose to tell them. Nothing concerning your use of EAP will appear in your personnel file.

Standard's EAP services with Health Advocate are free with unlimited telephonic visits and can be reached 24 hours a day at **(877) 851-1631**, by email at answers@healthadvocate.com, or online at healthadvocate.com/standard6.

USI Benefits Resource Center

Reed College is excited to offer access to the USI Benefit Resource Center (BRC), which is designed to provide you with a responsive, consistent, hands-on approach to benefit inquiries. Benefit Specialists are available to research and solve elevated claims, unresolved eligibility problems, and any other benefit issues with which you might need assistance. Benefit Specialists are experienced professionals and their primary responsibility is to assist you. The Specialists in the Benefit Resource Center are available Monday through Friday 8:00am to 5:00pm Pacific Time, by phone at **(866) 468-7272**, or via email at brcwest@usi.com. If you need assistance outside of regular business hours, please leave a message and one of the Benefit Specialists will promptly return your call or email within one business day.

Important Carrier Contacts

Benefit	Carrier	Phone Number	Website
Medical HMO/POS Managed Dental	Kaiser	HMO Medical / Dental: (800) 813-2000 POS Medical: (866) 616-0047	www.kp.org
Dental EPO	Willamette Dental	(855) 433-6825	www.willamettedental.com
Dental PPO	MetLife Dental	(800) 942-0854	www.metlife.com
Flexible Spending Account (FSA)	Allegiance	(800) 877-1122	www.askallegiance.com
Life / AD&D Voluntary Life Voluntary AD&D	Standard	(800) 628-8600	www.standard.com
Long-Term Disability (LTD)	Standard	(800) 368-1135	www.standard.com
Employee Assistance Program (EAP)	Standard / Health Advocate	(877) 851-1631	Email: answers@healthadvocate.com Online: healthadvocate.com/standard6
Benefits Questions / Resources	USI Benefit Resource Center	(866) 468-7272	Email: brcwest@usi.com

Important Legal Notices

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

If you have had or are going to have a mastectomy, you may be entitled to certain benefits under the Women's Health and Cancer Rights Act of 1998 (WHCRA). For individuals receiving mastectomy-related benefits, coverage will be provided in a manner determined in consultation with the attending physician and the patient, for:

- All stages of reconstruction of the breast on which the mastectomy was performed;
- Surgery and reconstruction of the other breast to produce a symmetrical appearance;
- Prostheses; and
- Treatment of physical complications of the mastectomy, including lymphedema.

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

NOTICE OF SPECIAL ENROLLMENT RIGHTS

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

In addition, if you have a new dependent as a result of marriage, birth, adoption, or placement for adoption, you may be able to enroll yourself and your dependents. However, you must request enrollment within 30 days after the marriage, birth, adoption, or placement for adoption.

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

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

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

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

PATIENT PROTECTION MODEL DISCLOSURE

Kaiser generally requires the designation of a primary care provider. You have the right to designate any primary care provider who participates in our network and who is available to accept you or your family members. For information on how to select a primary care provider, and for a list of the participating primary care providers, contact Kaiser directly.

You do not need prior authorization from Kaiser or from any other person (including a primary care provider) in order to obtain access to obstetrical or gynecological care from a health care professional in our network who specializes in obstetrics or gynecology. The health care professional, however, may be required to comply with certain procedures, including obtaining prior authorization for certain services, following a pre-approved treatment plan, or procedures for

making referrals. For a list of participating health care professionals who specialize in obstetrics or gynecology, contact Kaiser directly.

STATEMENT OF ERISA RIGHTS

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

Receive Information about Your Plan and Benefits

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

Continue Group Health Plan Coverage

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

Prudent Actions by Plan Fiduciaries

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

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

Enforce your Rights

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

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

Assistance with your Questions

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

CONTACT INFORMATION

Questions regarding any of this information can be directed to:

Cypress Willams
Asst. Director of Human Resources
Reed College
3203 SE Woodstock Blvd.
Portland, OR 97202
(503) 777-7255
cypress@reed.edu

THIS NOTICE DESCRIBES HOW MEDICAL INFORMATION ABOUT YOU MAY BE USED AND DISCLOSED AND HOW YOU CAN GET ACCESS TO THIS INFORMATION.
PLEASE REVIEW IT CAREFULLY.

Your Information. Your Rights. Our Responsibilities.

Recipients of the notice are encouraged to read the entire notice. Contact information for questions or complaints is available at the end of the notice.

Your Rights

You have the right to:

- Get a copy of your health and claims records
- Correct your health and claims records
- Request confidential communication
- Ask us to limit the information we share
- Get a list of those with whom we've shared your information
- Get a copy of this privacy notice
- Choose someone to act for you
- File a complaint if you believe your privacy rights have been violated

Your Choices

You have some choices in the way that we use and share information as we:

- Answer coverage questions from your family and friends
- Provide disaster relief
- Market our services and sell your information

Our Uses and Disclosures

We may use and share your information as we:

- Help manage the health care treatment you receive
- Run our organization
- Pay for your health services
- Administer your health plan
- Help with public health and safety issues
- Do research
- Comply with the law
- Respond to organ and tissue donation requests and work with a medical examiner or funeral director
- Address workers' compensation, law enforcement, and other government requests
- Respond to lawsuits and legal actions

Your Rights

When it comes to your health information, you have certain rights. This section explains your rights and some of our responsibilities to help you.

Get a copy of health and claims records

- You can ask to see or get a copy of your health and claims records and other health information we have about you. Ask us how to do this.
- We will provide a copy or a summary of your health and claims records, usually within 30 days of your request. We may charge a reasonable, cost-based fee.

Ask us to correct health and claims records

- You can ask us to correct your health and claims records if you think they are incorrect or incomplete. Ask us how to do this.
- We may say “no” to your request, but we’ll tell you why in writing, usually within 60 days.

Request confidential communications

- You can ask us to contact you in a specific way (for example, home or office phone) or to send mail to a different address.
- We will consider all reasonable requests, and must say “yes” if you tell us you would be in danger if we do not.

Ask us to limit what we use or share

- You can ask us not to use or share certain health information for treatment, payment, or our operations.
- We are not required to agree to your request.

Get a list of those with whom we’ve shared information

- You can ask for a list (accounting) of the times we’ve shared your health information for up to six years prior to the date you ask, who we shared it with, and why.
- We will include all the disclosures except for those about treatment, payment, and health care operations, and certain other disclosures (such as any you asked us to make). We’ll provide one accounting a year for free but will charge a reasonable, cost-based fee if you ask for another one within 12 months.

Get a copy of this privacy notice

You can ask for a paper copy of this notice at any time, even if you have agreed to receive the notice electronically. We will provide you with a paper copy promptly.

Choose someone to act for you

- If you have given someone medical power of attorney or if someone is your legal guardian, that person can exercise your rights and make choices about your health information.
- We will make sure the person has this authority and can act for you before we take any action.

File a complaint if you feel your rights are violated

- You can complain if you feel we have violated your rights by contacting us using the information at the end of this notice.
- You can file a complaint with the U.S. Department of Health and Human Services Office for Civil Rights by sending a letter to 200 Independence Avenue, S.W., Washington, D.C. 20201, calling 1-877-696-6775, or visiting www.hhs.gov/ocr/privacy/hipaa/complaints/.
- We will not retaliate against you for filing a complaint.

Your Choices

For certain health information, you can tell us your choices about what we share. If you have a clear preference for how we share your information in the situations described below, talk to us. Tell us what you want us to do, and we will follow your instructions.

In these cases, you have both the right and choice to tell us to:

- Share information with your family, close friends, or others involved in payment for your care
- Share information in a disaster relief situation
If you are not able to tell us your preference, for example if you are unconscious, we may go ahead and share your information if we believe it is in your best interest. We may also share your information when needed to lessen a serious and imminent threat to health or safety.
- In these cases we never share your information unless you give us written permission:
 - Marketing purposes
 - Sale of your information

Our Uses and Disclosures

How do we typically use or share your health information?

We typically use or share your health information in the following ways.

Help manage the health care treatment you receive

We can use your health information and share it with professionals who are treating you.

Example: A doctor sends us information about your diagnosis and treatment plan so we can arrange additional services.

Pay for your health services

We can use and disclose your health information as we pay for your health services.

Example: We share information about you with your dental plan to coordinate payment for your dental work.

Administer your plan

We may disclose your health information to your health plan sponsor for plan administration.

Example: Your company contracts with us to provide a health plan, and we provide your company with certain statistics to explain the premiums we charge.

Run our organization

- We can use and disclose your information to run our organization and contact you when necessary.
- We are not allowed to use genetic information to decide whether we will give you coverage and the price of that coverage. This does not apply to long term care plans.

Example: We use health information about you to develop better services for you.

How else can we use or share your health information?

We are allowed or required to share your information in other ways – usually in ways that contribute to the public good, such as public health and research. We have to meet many conditions in the law before we can share your information for these purposes. For more information see:

www.hhs.gov/ocr/privacy/hipaa/understanding/consumers/index.html.

Help with public health and safety issues

We can share health information about you for certain situations such as:

- Preventing disease
- Helping with product recalls
- Reporting adverse reactions to medications
- Reporting suspected abuse, neglect, or domestic violence
- Preventing or reducing a serious threat to anyone’s health or safety

Do research

We can use or share your information for health research.

Comply with the law

We will share information about you if state or federal laws require it, including with the Department of Health and Human Services if it wants to see that we’re complying with federal privacy law.

Respond to organ and tissue donation requests and work with a medical examiner or funeral director

- We can share health information about you with organ procurement organizations.
- We can share health information with a coroner, medical examiner, or funeral director when an individual dies.

Address workers’ compensation, law enforcement, and other government requests

We can use or share health information about you:

- For workers’ compensation claims
- For law enforcement purposes or with a law enforcement official
- With health oversight agencies for activities authorized by law
- For special government functions such as military, national security, and presidential protective services

Respond to lawsuits and legal actions

We can share health information about you in response to a court or administrative order, or in response to a subpoena.

Our Responsibilities

- We are required by law to maintain the privacy and security of your protected health information.
- We will let you know promptly if a breach occurs that may have compromised the privacy or security of your information.
- We must follow the duties and privacy practices described in this notice and give you a copy of it.
- We will not use or share your information other than as described here unless you tell us we can in writing. If you tell us we can, you may change your mind at any time. Let us know in writing if you change your mind.

For more information see: www.hhs.gov/ocr/privacy/hipaa/understanding/consumers/noticepp.html.

Changes to the Terms of this Notice

We can change the terms of this notice, and the changes will apply to all information we have about you. The new notice will be available upon request, on our web site (if applicable), and we will mail a copy to you.

Other Instructions for Notice

- Effective: January 1, 2024
- Privacy Contact: Cypress Williams
Asst. Director of Human Resources
- Address: Reed College
3203 SE Woodstock Blvd.
Portland, OR 97202
- Phone: (503) 777-7255
- Email: cypress@reed.edu

If you are receiving this electronically, you are responsible for providing a copy of this notice to any Medicare Part D-eligible dependents who are covered under the group health plan.

Important Notice from Reed College About Your Prescription Drug Coverage and Medicare

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

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

1. Medicare prescription drug coverage became available in 2006 to everyone with Medicare. You can get this coverage if you join a Medicare Prescription Drug Plan or join a Medicare Advantage Plan (like an HMO or PPO) that offers prescription drug coverage. All Medicare drug plans provide at least a standard level of coverage set by Medicare. Some plans may also offer more coverage for a higher monthly premium.
2. Reed College has determined that the prescription drug coverage offered by the Kaiser medical and prescription drug plan is, on average for all plan participants, expected to pay out as much as standard Medicare prescription drug coverage pays and is therefore considered Creditable Coverage. Because your existing coverage is Creditable Coverage, you can keep this coverage and not pay a higher premium (a penalty) if you later decide to join a Medicare drug plan.

When Can You Join A Medicare Drug Plan?

You can join a Medicare drug plan when you first become eligible for Medicare and each year from October 15th to December 7th.

However, if you lose your current creditable prescription drug coverage, through no fault of your own, you will also be eligible for a two (2) month Special Enrollment Period (SEP) to join a Medicare drug plan.

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

If you decide to join a Medicare drug plan, your current Reed College coverage will not be affected. You can keep this coverage if you elect Medicare Part D and this plan will coordinate with Medicare Part D coverage.

If you do decide to join a Medicare drug plan and drop your current Reed College coverage, be aware that you and your dependents will be able to get this coverage back.

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

You should also know that if you drop or lose your current coverage with Reed College and don't join a Medicare drug plan within 63 continuous days after your current coverage ends, you may pay a higher premium (a penalty) to join a Medicare drug plan later.

If you go 63 continuous days or longer without creditable prescription drug coverage, your monthly premium may go up by at least 1% of the Medicare base beneficiary premium per month for every month that you did not have that coverage. For example, if you go nineteen months without creditable coverage, your premium may consistently be at least 19% higher than the Medicare base beneficiary premium. You may have to pay this higher premium (a penalty) as long as you have Medicare prescription drug coverage. In addition, you may have to wait until the following October to join.

For More Information About This Notice Or Your Current Prescription Drug Coverage...

Contact the person listed below for further information. **NOTE:** You'll get this notice each year. You will also get it before the next period you can join a Medicare drug plan, and if this coverage through Reed College changes. You also may request a copy of this notice at any time.

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

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

For more information about Medicare prescription drug coverage:

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

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

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

Date:	January 1, 2024
Name of Entity/Sender:	Reed College
Contact--Position/Office:	Cypress Williams, Asst. Director of Human Resources
Address:	3203 SE Woodstock Blvd., Portland, OR 97202
Phone Number:	(503) 777-7255

Email: cypress@reed.edu

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, 2023. Contact your State for more information on eligibility –

ALABAMA – Medicaid	ALASKA – Medicaid
Website: http://myalhipp.com/ Phone: 1-855-692-5447	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
ARKANSAS – Medicaid	CALIFORNIA – Medicaid
Website: http://myarhipp.com/ Phone: 1-855-MyARHIPP (855-692-7447)	Health Insurance Premium Payment (HIPP) Program Website: http://dhcs.ca.gov/hipp Phone: 916-445-8322 Fax: 916-440-5676 Email: hipp@dhcs.ca.gov

COLORADO – Health First Colorado (Colorado’s Medicaid Program) & Child Health Plan Plus (CHP+)	FLORIDA – Medicaid
Health First Colorado Website: https://www.healthfirstcolorado.com/ Health First Colorado Member Contact Center: 1-800-221-3943/State Relay 711 CHP+: https://hcpf.colorado.gov/child-health-plan-plus CHP+ Customer Service: 1-800-359-1991/State Relay 711 Health Insurance Buy-In Program (HIBI): https://www.mycohibi.com/ HIBI Customer Service: 1-855-692-6442	Website: https://www.flmedicaidtplrecovery.com/flmedicaidtplrecovery.com/hipp/index.html Phone: 1-877-357-3268
GEORGIA – Medicaid	INDIANA – Medicaid
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	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
IOWA – Medicaid and CHIP (Hawki)	KANSAS – Medicaid
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	Website: https://www.kancare.ks.gov/ Phone: 1-800-792-4884 HIPP Phone: 1-800-967-4660
KENTUCKY – Medicaid	LOUISIANA – Medicaid
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: KIHIPP.PROGRAM@ky.gov KCHIP Website: https://kidshealth.ky.gov/Pages/index.aspx Phone: 1-877-524-4718	Website: www.medicaid.la.gov or www.ldh.la.gov/lahipp Phone: 1-888-342-6207 (Medicaid hotline) or 1-855-618-5488 (LaHIPP)

Kentucky Medicaid Website: https://chfs.ky.gov/agencies/dms	
MAINE – Medicaid	MASSACHUSETTS – Medicaid and CHIP
Enrollment Website: https://www.mymaineconnection.gov/benefits/s/?language=en_US Phone: 1-800-442-6003 TTY: Maine relay 711 Private Health Insurance Premium Webpage: https://www.maine.gov/dhhs/ofi/applications-forms Phone: 1-800-977-6740 TTY: Maine relay 711	Website: https://www.mass.gov/masshealth/pa Phone: 1-800-862-4840 TTY: 711 Email: masspremassistance@accenture.com
MINNESOTA – Medicaid	MISSOURI – Medicaid
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	Website: http://www.dss.mo.gov/mhd/participants/pages/hipp.htm Phone: 573-751-2005
MONTANA – Medicaid	NEBRASKA – Medicaid
Website: http://dphhs.mt.gov/MontanaHealthcarePrograms/HIPP Phone: 1-800-694-3084 Email: HSHIPPProgram@mt.gov	Website: http://www.ACCESSNebraska.ne.gov Phone: 1-855-632-7633 Lincoln: 402-473-7000 Omaha: 402-595-1178
NEVADA – Medicaid	NEW HAMPSHIRE – Medicaid
Medicaid Website: http://dhcftp.nv.gov Medicaid Phone: 1-800-992-0900	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
NEW JERSEY – Medicaid and CHIP	NEW YORK – Medicaid
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	Website: https://www.health.ny.gov/health_care/medicaid/ Phone: 1-800-541-2831

<p>NORTH CAROLINA – Medicaid</p> <p>Website: https://medicaid.ncdhhs.gov/ Phone: 919-855-4100</p>	<p>NORTH DAKOTA – Medicaid</p> <p>Website: https://www.hhs.nd.gov/healthcare Phone: 1-844-854-4825</p>
<p>OKLAHOMA – Medicaid and CHIP</p> <p>Website: http://www.insureoklahoma.org Phone: 1-888-365-3742</p>	<p>OREGON – Medicaid</p> <p>Website: http://healthcare.oregon.gov/Pages/index.aspx Phone: 1-800-699-9075</p>
<p>PENNSYLVANIA – Medicaid and CHIP</p> <p>Website: https://www.dhs.pa.gov/Services/Assistance/Pages/HIP-P-Program.aspx Phone: 1-800-692-7462 CHIP Website: Children's Health Insurance Program (CHIP) (pa.gov) CHIP Phone: 1-800-986-KIDS (5437)</p>	<p>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>SOUTH CAROLINA – Medicaid</p> <p>Website: https://www.scdhhs.gov Phone: 1-888-549-0820</p>	<p>SOUTH DAKOTA - Medicaid</p> <p>Website: http://dss.sd.gov Phone: 1-888-828-0059</p>
<p>TEXAS – Medicaid</p> <p>Website: Health Insurance Premium Payment (HIPP) Program Texas Health and Human Services Phone: 1-800-440-0493</p>	<p>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>VERMONT– Medicaid</p> <p>Website: Health Insurance Premium Payment (HIPP) Program Department of Vermont Health Access Phone: 1-800-250-8427</p>	<p>VIRGINIA – Medicaid and CHIP</p> <p>Website: https://coverva.dmas.virginia.gov/learn/premium-assistance/famis-select https://coverva.dmas.virginia.gov/learn/premium-assistance/health-insurance-premium-payment-hipp-programs Medicaid/CHIP Phone: 1-800-432-5924</p>
<p>WASHINGTON – Medicaid</p> <p>Website: https://www.hca.wa.gov/ Phone: 1-800-562-3022</p>	<p>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>

WISCONSIN – Medicaid and CHIP	WYOMING – Medicaid
Website: https://www.dhs.wisconsin.gov/badgercareplus/p-10095.htm Phone: 1-800-362-3002	Website: https://health.wyo.gov/healthcarefin/medicaid/programs-and-eligibility/ Phone: 1-800-251-1269

To see if any other states have added a premium assistance program since July 31, 2023, 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.



New Health Insurance Marketplace Coverage Options and Your Health Coverage

Form Approved
OMB No. 1210-0149
(expires 9-30-2023)

PART A: General Information

When key parts of the health care law take effect in 2014, there will be a new way to buy 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 new Marketplace and employment-based health coverage offered by your employer.

What is the Health Insurance Marketplace?

The Marketplace is designed to help you find 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 October 2013 for coverage starting as early as January 1, 2014.

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 Employer Health Coverage Affect Eligibility for Premium Savings through the Marketplace?

Yes. If you have an offer of health coverage from your employer that meets certain standards, you will not be eligible for a tax credit through the Marketplace and may wish to enroll in your employer's health plan. However, you may be eligible for a tax credit that lowers your monthly premium, or a reduction in certain cost-sharing if your employer does not offer coverage to you at all or does not offer coverage that meets certain standards. If the cost of a plan from your employer that would cover you (and not any other members of your family) is more than 9.5% of your household income for the year, or if the coverage your employer provides does not meet the "minimum value" standard set by the Affordable Care Act, you may be eligible for a tax credit.¹

Note: If you purchase a health plan through the Marketplace instead of accepting health coverage offered by your employer, then you may lose the employer contribution (if any) to the employer-offered coverage. Also, this employer contribution -as well as your employee contribution to employer-offered coverage- 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?

For more information about your coverage offered by your employer, please check your summary plan description or contact the individual listed on the following page.

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.

PART B: Information About Health Coverage Offered by Your Employer

This section contains information about any health coverage offered by your employer. If you decide to complete an application for coverage in the Marketplace, you will be asked to provide this information. This information is numbered to correspond to the Marketplace application.

3. Employer Name Reed College		4. Employer Identification Number (EIN) 93-0386908	
5. Employer address 3203 SE Woodstock Blvd.		6. Employer phone number (503) 777-7255	
7. City Portland	8. State OR	9. ZIP code 97233	
10. Who can we contact about employee health coverage at this job? Cypress Williams, Asst. Director of Human Resources			
11. Phone number (if different from above) N/A		12. Email address cypress@reed.edu	

Here is some basic information about health coverage offered by this employer:

- As your employer, we offer a health plan to:
 - All employees. Eligible employees are:

All employees working at least 20 hours per week, or more. Eligible employees are covered on the Plan the first of the month following the employee's date of hire.

- Some employees. Eligible employees are:

- With respect to dependents:
 - We do offer coverage. Eligible dependents are:

Spouses, domestic partners (same and opposite-sex), and dependent children up to age-26, regardless of tax-dependent, student, or marital status.

- We do not offer coverage.

- If checked, this coverage meets the minimum value standard, and the cost of this coverage to you is intended to be affordable, based on employee wages.

** Even if your employer intends your coverage to be affordable, you may still be eligible for a premium discount through the Marketplace. The Marketplace will use your household income, along with other factors, to determine whether you may be eligible for a premium discount. If, for example, your wages vary from week to week (perhaps you are an hourly employee or you work on a commission basis), if you are newly employed mid-year, or if you have other income losses, you may still qualify for a premium discount.

If you decide to shop for coverage in the Marketplace, [healthcare.gov](https://www.healthcare.gov) will guide you through the process. Here's the employer information you'll enter when you visit [healthcare.gov](https://www.healthcare.gov) to find out if you can get a tax credit to lower your monthly premiums.



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