

2021

EMPLOYEE BENEFITS



WELCOME!

Hampshire College appreciates your commitment to our success. We're equally committed to providing you with competitive, affordable health and wellness benefits to help you take care of yourself and your family.

Please read this guide carefully. It has a summary of your plan options and helpful tips for getting the most value from your benefits plans. We understand that you may have questions about annual enrollment, and we'll do our best to help you understand your options and guide you through the process.

Benefit eligibility is subject to hours worked and FTE status. Employees working half time or more, with a continuous employment period of six months or more are eligible to participate in some or all our employee benefits programs.

This guide is not your only resource, of course. Any time you have questions about benefits or the enrollment process, you can contact your human resources representative. Although this guide contains an overview of benefits, for complete information about the plans available to you, please see the summary plan description (SPD) at <https://www.hampshire.edu/hr/benefits-summary>

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A few notes about enrolling in benefits

You can sign up for benefits or change your benefit elections at the following times:

- Within 31 days of your initial eligibility date (as a newly-hired employee). Coverage will be effective on the 1st of the month after hire date.
- During the annual benefits open enrollment period.
- Within 31 days of experiencing a qualifying life event.

The choices you make at this time will remain the same through December 31, 2021. If you do not sign up for benefits during your initial eligibility period or during the open enrollment period, you will not be able to elect coverage until the following plan year.

Changing Your Benefits During the Year

Hampshire College allows you to pay your portion of the medical, dental, and vision plan costs, and fund the flexible spending accounts, on a pre-tax basis. Thus, due to IRS regulations, once you have made your elections for the plan year, you cannot change your benefits until the next annual open enrollment period. The only exception is if you experience a qualifying life event. Election changes must be consistent with your life event.

Qualifying life events include, but are not limited to:

- Birth, legal adoption or placement for adoption.
- Marriage, divorce or legal separation.
- Dependent child reaches age 26.
- Spouse gains or loses employment or eligibility with current employer.
- Death of spouse or dependent child.
- Spouse or dependent becomes eligible or ineligible for Medicare/Medicaid or the state children's health insurance program.
- Change in residence that changes coverage eligibility.
- Court-ordered change.

The IRS requires that you make changes to your coverage within 31 days of your qualifying life event. You'll need to provide proof of the event, such as marriage certificate, divorce decree, birth certificate or loss-of-coverage letter.

MEDICAL BENEFITS

Hampshire College is committed to helping you and your dependents maintain your health and wellness by providing you with access to the highest levels of care. We will continue to offer you a choice of two medical plan options for 2021:

- HMO Blue New England
- Preferred Blue PPO Saver HSA

Here are some terms you'll see in this guide:

COINSURANCE: Your share of the costs of a healthcare service, usually figured as a percentage of the amount charged for services. You start paying coinsurance after you've paid your plan's deductible. Your plan pays a certain percentage of the total bill, and you pay the remaining percentage.

COPAY: A fixed amount you pay for a specific medical service (typically an office visit) at the time you receive the service. The copay can vary depending on the type of service. Copays cannot be included as part of your annual deductible, but they do count toward your out-of-pocket maximum.

DEDUCTIBLE: The amount you pay for healthcare services before your health insurance begins to pay. For example, if your plan's deductible is \$1,000, you'll pay 100 percent of eligible healthcare expenses until the bills total \$1,000 for the year. After that, you share the cost with your plan by paying coinsurance.

IN-NETWORK: A group of doctors, clinics, hospitals and other healthcare providers that have an agreement with your medical plan provider. You'll pay less when you use in-network providers.

OUT-OF-NETWORK: Care received from a doctor, hospital or other provider that is not part of the medical plan agreement. You'll pay more when you use out-of-network providers.

There is no out-of-network coverage, other than emergency care, if you enroll in the HMO plan.

OUT-OF-POCKET MAXIMUM: This is the most you must pay for covered services in a plan year. After you spend this amount on deductibles, copayments and coinsurance, your health plan pays 100 percent of the costs of covered benefits. However, you must pay for certain out-of-network charges above reasonable and customary amounts.

BCBS Plan Changes

- Impacted wisdom teeth coverage will be removed from standard managed care plans (Note: dental coverage through Dental Blue does include coverage for the removal of impacted teeth that are fully or partially imbedded in the bones.)
- PPO prior authorization for certain services; PA requirements for our members with PPO plans for certain medications when covered under the medical benefit.
- PPO Saver members using these medications and those newly prescribed on or after January 1, 2021 will need an approved authorization to receive coverage.
- Change to cost share for Physician Assistant and Nurse Practitioner; If the PA/NP is designated as primary care type provider then the PCP level cost share would apply. If the PA/NP is designated specialty care, then the specialist cost share will apply.
- Coverage of Gas Permeable Scleral Lens for members with certain conditions outlined in an existing medical policy. Currently the medical care benefit in the health plan covers contact lenses only for the treatment of keratoconus (all other vision supplies are excluded).

Blue Cross Blue Shield

Medical and prescription drug plan summary

Summary of Coverage	HMO Blue New England In-Network ¹	Preferred Blue PPO Saver HSA In-Network ¹
Medical Deductible		
Employee only	\$1,500	\$2,000
Family coverage	\$3,000	\$4,000
Out-of-pocket maximum (includes deductible)		
Employee only	\$2,000	\$4,500*
Family coverage	\$4,000	\$9,000*
Physician Office Services		
Preventive care	No Charge	No Charge
Office visit - Primary Care Physician ²	\$30 copay	10% coinsurance, after deductible
Office visit - Specialist ³	\$40 copay	10% coinsurance, after deductible
Urgent Care	\$40 copay	10% coinsurance, after deductible
Hospital Services		
Inpatient	\$0 after deductible	10% coinsurance, after deductible
Outpatient/Ambulatory Surgery	\$0 after deductible	10% coinsurance, after deductible
Emergency Room	\$200 copay	10% coinsurance, after deductible
Lab/X-Ray		
Diagnostic Lab and X-ray - Outpatient	\$0 after deductible	10% coinsurance, after deductible
High Tech Services (MRI, CT scans, etc.)	\$0 after deductible	10% coinsurance, after deductible
Prescription drugs		
Pharmacy Deductible		
Employee only	\$250	Combined with Medical Deductible
Family coverage	\$500	Combined with Medical Deductible
Retail Prescription Drugs		
	Deductible, then:	Deductible, then:
Tier 1 - 30 days	\$10 copay	\$10 copay
Tier 2 - 30 days	\$35 copay	\$25 copay
Tier 3 - 30 days	\$60 copay	\$45 copay

¹Out-of-Network coverage is available under the PPO; please refer to your SBC for additional plan details.

²PCP is required

³Referral is required to see a specialist under the HMO plan.

*These amounts only apply if you use a provider that is outside of the BCBS network for medical and/or pharmacy services. Once the medical deductible is met on the HSA plan, in-network medical services will be covered at 100%, prescriptions will be charged at a copay and durable medical equipment will be covered at 80%. These items will track toward the out of pocket maximum

HEALTH SAVINGS ACCOUNT (HSA)

Take Charge of Your Healthcare

Take charge of your healthcare spending with a health savings account (HSA), which works alongside the **High Deductible Health Plan (HDHP)**. An HSA is a personal healthcare bank account that you can use to pay out-of-pocket health expenses with pre-tax dollars.

HSA Overview

The contributions made to your HSA are tax-free, and the money remains in the account for you to spend on eligible expenses, no matter where you work or how long it stays in the account. HSAs allow you to control your own money, year in and year out.

You are eligible to open and fund an HSA if:

- You are covered by an HSA-eligible high-deductible health plan (like the **HDHP**).
- You are not covered by another medical plan or your spouse's health care flexible spending account or a health reimbursement arrangement (HRA)
- You are not receiving Social Security benefits.
- You are not eligible to be claimed as a dependent on someone else's tax return.
- You are not enrolled in Medicare or TRICARE for Life.
- You have not received Veterans Administration benefits.

Individually Owned Account

You own and administer this HSA. You determine how much you will contribute to your account, when to use the money to pay for eligible medical expenses, and when to reimburse yourself. Like a bank account, you must have a balance in order to be reimbursed. Although receipts are not required for reimbursement, we recommend that you keep receipts for tax documentation. HSAs allow you to save and "roll over" money if you do not spend it in the calendar year. The money in this account is always yours, even if you change health plans or jobs. There are no vesting requirements or forfeiture provisions.

Your HSA account can be used for your expenses and those of your spouse and dependents (excluding domestic partners), even if they are not covered by the HDHP. Eligible expenses include doctor's office visits, eye exams, prescription expenses, and LASIK surgery. IRS Publication 502 provides a complete list of eligible expenses and can be found at <https://www.irs.gov/>

HSA Funding and Limits

The 2021 IRS maximum contributions, are:

- Employee only - \$3,600
- All other tiers - \$7,200
- HAS Catch up (Age 55 or older) - \$1,000

You are responsible for keeping track of all contributions to ensure your account does not exceed the IRS limit

What is a Health Savings Account (HSA)?

A Health Savings Account (HSA) Plan is designed to give you more accountability for your healthcare decisions. HSA Plans allow you to:

- Control healthcare expenses
- Lower insurance costs
- Create healthcare savings for retirement
- Increase tax savings
- Carry it with you

How Does an HSA Work?



1

Enroll in the HSA Plan



2

You can also add and save money in your HSA. If not used, it remains in your HSA. Your contributions will be deducted per payroll and deposited into your HSA account.



3

You will receive a Health Equity bank debit card to pay for your eligible medical expenses.

Every little bit counts, and adds up quickly

If you save:	In 5 years	In 10 Years	In 15 years
\$50 per month	\$3,000	\$6,000	\$9,000
\$100 per month	\$6,000	\$12,000	\$18,000
\$250 per month	\$15,000	\$30,000	\$45,000

Your contributions, earnings and withdrawals for qualified medical expenses are all tax-free. It's a triple tax-savings opportunity that can put more money in your pocket.

Save up to 30% on taxes

\$100 without an HSA

\$70 in your pocket

\$30 in taxes

\$100 with an HSA

\$100 in your pocket

Who can use your HSA?



You, your spouse, and dependent children.

Even if they're not covered by your health plan.

You own your HSA

It goes where you go and carries over each year.



Your Quick and Easy Guide to How an HSA works



Your Basics Are Covered

There is **NO CHARGE** for in-network preventive care services! You pay no charge for keeping yourself healthy, \$0 for physicals, well visits, and preventive screenings expenses.*

Example - If bill is \$100	
You Pay: \$0	Plan Pays: \$100



Use Your HSA Funds to Pay for Services!

You will pay 100% of the cost of services when you get sick, are hospitalized or need prescription drugs until you meet your deductible.

Example - If bill is \$100	
You Pay: \$100	Plan Pays: \$0



Deductible - The amount of money you have to pay before the company will make any payments towards healthcare services. Your deductible amount varies based on the plan or level of coverage (Single vs Family) you select.

Help is On the Way

Once you have met your deductible the majority of your medical expenses will be paid at 100% by BCBS of MA. Your prescription medications will be reduced to a copay until you reach your out of pocket maximum.

Example - If bill is \$100	
You Pay: \$25	Plan Pays: \$75



You're Done! The Company Has it from Here!

Your out-of-pocket maximum has been reached! Your medical and prescription drug expenses are now paid 100% by the company.

Example - If bill is \$100	
You Pay: \$0	Plan Pays: \$100



Out-of-pocket maximum - An annual limit on the amount of money that you would have to pay out-of-pocket for healthcare services.

* Reminder: services must be provided by an in-network provider and hospital/facility. Also, the visit must be billed as preventive care.

If you enroll in the BCBS PPO Saver Plan you will receive a Health Equity Bank Debit Card to access your Health Savings Account. Your elected contributions will be deducted on a pre-tax basis from each payroll and will be available once deposited into your HSA.

Medical and prescription employee payroll contributions

Effective Jan. 1, 2021

The cost to full-time employees is listed below. Amounts are prorated for eligible part-time employees.

Bi-weekly (24 pay periods) contributions - Non-Exempt:		
	HMO Blue New England	Preferred Blue PPO Saver HSA
Employee	\$98.09	\$73.24
Employee + One	\$263.65	\$188.27
Family	\$395.47	\$282.40

Monthly contributions - Exempt:		
	HMO Blue New England	Preferred Blue PPO Saver HSA
Employee	\$196.18	\$146.47
Employee + One	\$527.30	\$376.54
Family	\$790.93	\$564.79

Employees can elect the medical and prescription drug plan without enrolling in the dental or vision plans.



Blue Cross Blue Shield Resources

ahealthyme

We are dedicated to helping you live a happier, healthier life. That's why we've created a variety of programs to help you stay healthy. So whatever your health goals are, we can help you get there. Create a personalized action plan, sign up for wellness workshops & track your points. Get interactive tools, articles, quizzes and more.

[ahealthyme](#)

Fitness Benefit

Get reimbursed for three consecutive months of membership fees from a qualified health club or for up to 10 fitness classes taken at a qualified health club or qualified virtual classes.

[Fitness Benefit](#)

Weight Loss Benefit

Get reimbursed for up to three months of participation in a qualified weight-loss program.

[Weight Loss Benefit](#)

Blue 365

Enjoy exclusive members-only savings on healthy products, along with discounts on health and fitness clubs, equipment, weight-loss programs, healthy travel and food, and much more.

- Get weekly deals via email and save with just one click
- Take advantage of ongoing healthy offers
- Save on premium brands, locally and nationally
- Earn rewards when you refer other members

[Blue 365](#)

Living Healthy Naturally

Save up to 30 percent on acupuncture, massage therapy, and nutrition counseling.

[Living Healthy Naturally](#)

Quit Smoking

It's never too late to quit tobacco. People who quit, regardless of age, live longer and healthier lives than people who don't. Be one of them. We're here to help. Use this guide to learn more about smoking cessation programs offered through Blue Cross and breathe easy again.

[Quit Tobacco Now Brochure](#)

Nurse Hotline

Call the toll-free Blue Care Line for answers to your health care questions 24 hours a day at 1-888-247-BLUE (2583).

[Blue Care Line](#)

Pregnancy and Baby

Have questions about getting pregnant, pregnancy, labor, and what to expect during baby's first year? We're here to help you with a full range of maternity programs and benefits. We encourage you to explore all your benefits for starting and growing your family.

[Living Healthy Babies](#)

Disease Management

If you're living with a chronic condition, you may be able to benefit from the Blue Care Connection® chronic condition management program. This comprehensive program is designed to help you understand the day-to-day management of your condition, support your doctor's plan of care, and improve your quality of life. It also provides individual self-assessment and educational tools, and, when appropriate, support by phone from a nurse coach, to help you to take a more active role in your own health management. Nurse coaches use evidence-based guidelines to determine what education and support may be helpful.

Program Benefits and Advantages

The program is designed to:

- Increase your understanding of your condition
- Improve your ability to follow your treatment plan
- Help reduce complications
- Deliver educational materials
- Offer 24-hour phone and online educational support

Our chronic condition management program offers support to individuals with the following conditions:

- Asthma
- COPD (chronic obstructive pulmonary disease)
- Coronary artery disease
- Diabetes
- Heart failure
- Inflammatory bowel disease

To learn more or to see if you're eligible for Blue Care Connection chronic condition management program, please call 800.392.0098, and choose option 2.

Case Management

Specialized Support for Members with Complex or Chronic Health Conditions.

Our comprehensive group of Blue Care Connection® Care Management programs services are designed to give members with chronic conditions, complicated medical issues, or behavioral health concerns assistance to support their health. Care Management is available to all our members at no additional cost.

We pair members with a care manager—a registered nurse, specialized health coach, or behavioral health clinician—who provides expert support and helps coordinate care.

Care Management Cover

- Diabetes
- Substance Use Conditions
- Oncology
- Coronary Artery Disease
- Congestive Heart Failure
- Brain/Spinal Injury
- Rare Diseases
- Pediatric conditions
- Behavioral Health
- High-Risk Pregnancies
- Asthma
- And any other complicated medical issues

Let's Work Together

If you decide to try our Care Management program, a personal care manager will work with you, your family, caregivers, and doctors to help you make informed decisions about your health. Participation in this program is completely optional and won't affect your benefits. If you wish to stop using Care Management, you can opt-out of the program at any time.

Want to Get Started?

Call us at 800.392.0098 Monday through Friday, 8:30 a.m. to 4:30 p.m. ET.

FLEXIBLE SPENDING ACCOUNTS

A Flexible Spending Account (FSA) allows you to set aside pre-tax dollars to pay for eligible health care and dependent care expenses not covered by insurance. The money you deposit is exempt from both federal income and Social Security taxes.

Hampshire offers you a choice of two Health Care Reimbursement Account plans and a Dependent Care Account (please see chart on page 12 for eligibility requirement):

- Limited Purpose Health Care Reimbursement Account (LPFSA)
- Health Care Flexible Spending Account (HFSA)
- Dependent Care Flexible Spending Account (DCFSA)

The HFSA is only available to employees who do not participate in the HDHP/HSA (the LPFSA is available to HSA participants).

How the FSA Program Works

When you enroll, estimate conservatively how much money you expect to spend out-of-pocket for health/dependent care, then divide this amount by 26 weeks to calculate your bi-weekly pretax amount.

As you incur eligible expenses, you have three ways to access your FSA funds:

- Benefits Strategies Flex Debit Card: Gives you instant access to your FSA account at physician and dental offices.
- Paper Reimbursement Request Form: Submit completed form along with detailed documentation of your expenses to Benefit Strategies. (Download from www.benstrat.com)
- Online Reimbursement Request: Use your personal login screen to file claims online.

Enrollment Considerations

- You must work at least 20 hours per week to be eligible to participate.
- Your coverage effective date will be your date of hire, the date of your qualifying event, or January 1st if elected during open enrollment.
- If you do not use all the money in your dependent care FSA by December 31, 2021 you will lose it!
- For the health care FSA, you may roll over up to \$550 unused funds to the next plan year.
- All health care FSA claims incurred during the plan year must be submitted by March 31, 2022.
- You cannot claim expenses paid through the reimbursement account as tax deductions or tax credits.

Summary of Differences Between the Three FSA Accounts

Benefit	Limited Purpose Health Care Reimbursement Account (LPFSA)	Health Care Flexible Spending Account (HFSA)	Dependent Care Flexible Spending Account (DCFSA)
<p>Eligible Expenses</p> <p>A complete list of eligible and ineligible expenses can be found at. After reviewing the list, if you are still uncertain as to whether an expense is eligible, you may call 1.888.401.3539</p>	<p>Eligible dental and vision expenses only</p>	<ul style="list-style-type: none"> ▪ Healthcare copayments, deductibles and coinsurance ▪ Eye examinations, glasses and contacts ▪ Dental Insurance co-payments ▪ Transportation to/from medical provider ▪ Orthodontic expenses ▪ Medical supplies 	<ul style="list-style-type: none"> ▪ Day-care facility fees (excluding transportation, lunches, and educational services) and nursery or preschool expenses. An eligible care provider can be any provider you choose as long as the provider is reporting income. ▪ Local day camp ▪ In-home babysitting fees (income must be claimed by your care provider)
<p>Minimum & Maximum Plan Contributions per Calendar Year</p>	<p>Minimum: \$1 00 Maximum: \$2,750</p>	<p>Minimum: \$1 00 Maximum: \$2,750</p>	<ul style="list-style-type: none"> ▪ Reimbursement is limited to the amount earned by the lower earning spouse but capped at \$5,000. If the spouse is a student, the monthly maximum will be \$250 for one child and \$416.67 for two or more children. ▪ Maximum reimbursement is \$5,000 per year (\$2,500 if married filing separately) ▪ This limit is applied based on the date the eligible expense is incurred, not the date billed, or the date reimbursement is made.
<p>When are Funds Available?</p>	<p>Allows immediate access to the entire contribution amount from the 1st day of the benefit year, before all scheduled contributions have been made.</p>	<p>Allows immediate access to the entire contribution amount from the 1st day of the benefit year, before all scheduled contributions have been made.</p>	<p>You may only withdraw amounts that have already been contributed to your account.</p>
<p>Who?</p>	<p>Expenses for employees who participate in the HDHP/HSA Plan and any of their legal tax dependents.</p>	<p>Employees who opt out of Hampshire College medical coverage or employees enrolled in the HRA Plan and expenses incurred by their legal dependents.</p>	<p>Children under 13 years of age or children 13 or over who are physically or mentally unable to care for themselves. Or, a spouse or an elderly parent residing in your home, who physically or mentally is unable to care for himself or herself.</p>

BLUE CROSS BLUE SHIELD DENTAL VOLUNTARY DENTAL PLAN

Dental carrier

View covered services, claim status or your account balance, find a dentist, update your information, and much more at

bluecrossma.com

Although you can choose any dental provider, when you use an in-network dentist, you will generally pay less for treatments because your share of the cost will be based on negotiated discount fees. With out-of-network dentists, the plan will pay the same percentage, but the reimbursement will be based on out-of-network rates. You may be billed for the difference.

Dental exams can tell your doctor a lot about your overall health. It's important to schedule regular exams to help detect significant medical conditions before they become serious.

To see a current provider directory, please visit bluecrossma.com

	In-network	Out-of-Network
Deductible		
Employee only		\$50
Family coverage		\$150
Is the deductible waived for preventive and diagnostic services?		Yes
Annual plan maximum (per member)		\$1,500
Diagnostic and preventive		
Oral exams, x-rays, cleanings, fluoride, space maintainers, sealants	100%	100%*
Basic		
Oral surgery, fillings, endodontic treatment, periodontic treatment, repairs of dentures and crowns	80%	80%*
Major		
Crowns, jackets, dentures, bridge implants	50%	50%*
Orthodontia		
Dependent children (up to age 19)	100%	100%*
Lifetime orthodontia plan maximum (per individual)	\$1,000	\$1,000*

* Subject to maximum plan allowance. Plan participant may be balance billed for difference.

Employee dental payroll contributions

Effective January 1, 2021

Contribution	Bi-weekly (24 pay periods) Non-Exempt	Monthly Exempt
Employee	\$23.35	\$46.69
Employee + one	\$50.59	\$101.17
Family	\$85.61	\$171.21

- You can elect the BCBS dental plan regardless of whether you are enrolled in the medical or vision plan.
- You will not receive a dental ID card because you typically do not need to present one when visiting your dentist. To print an ID card, log in to bluecrossma.com

DAVIS VISION VOLUNTARY VISION PLAN

Davis Vision's vision care benefits include coverage for eye exams, standard lenses and frames, contact lenses, and discounts for laser surgery. The vision plan is built around a network of eye care providers, with better benefits at a lower cost to you when you use providers who belong to the Davis Vision network. When you use an out-of-network provider, you will have to pay more for vision services.

Eye exams can tell your doctor a lot about your overall health. It's important to schedule regular exams to help detect significant medical conditions before they become serious.

Locating a Davis Vision provider

In-network providers include private practitioners as well as selected chains. To locate a provider, visit

www.davisvision.com

	In-network	Out-of-network
Eye exam with dilation as necessary (once per 12 months)	\$10 copay	Up to \$90 reimbursement
Frames (once per 24 month, in lieu of contact lenses)	Covered in Full Frames ¹ OR \$130 allowance + 20% discount on remaining balance	Up to \$104 reimbursement
Standard lenses (once per 12 months)		
Single vision	\$25 copay	Up to \$57 reimbursement
Bifocal	\$25 copay	Up to \$92 reimbursement
Trifocal	\$25 copay	Up to \$115 reimbursement
Lenticular	\$25 copay	Up to \$215 reimbursement
Contact lenses (once per 12 months, in lieu of eyeglasses)		
Medically necessary	Covered in full	Up to \$240 reimbursement
Elective	Covered in Full Contacts ² OR \$130 allowance + 15% discount on remaining balance	Up to \$105 reimbursement

¹ Any Fashion or Designer level from Davis Vision's Collection (retail value up to \$175)

² From Davis Vision's Collection, up to 2 boxes Planned Replacement or 8 boxes Disposable

Employee vision payroll contributions

Effective Jan. 1, 2021

Contribution	Bi-weekly (24 pay periods) Non-Exempt	Monthly Exempt
Employee	\$2.80	\$5.59
Employee + one	\$5.04	\$10.07
Family	\$7.83	\$15.66

- You can elect the Davis Vision plan regardless of whether you are enrolled in the medical or dental plan.
- You will not receive a vision ID card. However, you can print an ID card on www.davisvision.com.

WORK/LIFE EMPLOYEE ASSISTANCE PROGRAM (EAP)

We all know that life can be challenging at times. Issues like illness, debt and family problems can leave us feeling worried or anxious and not able to be at our best. The employee assistance program (EAP), sponsored by New Directions provides confidential support and resources for you and your dependents at no charge. You can seek expert guidance for any kind of issue, from everyday matters to more serious problems affecting your well-being.

Here's what the program offers:

- EAP: three visits with experienced clinicians (per occurrence), without any per-session cost to you.
- Legal resources: Call to be connected to a free, 30-minute consultation with an advice attorney for most legal matters. Should your matter be more complex in nature, you will be referred to an attorney at a 25% discounted rate.
- Financial resources: Unlimited phone access to financial professionals for information regarding personal finance and related issues.
- Family/caregiving resources and referrals: Information and referrals on child care, elder care, adoption, prenatal/fertility, parenting, educational programs, special needs programs and pet care and other personal convenience matters.
- Health risk assessments: Online access to a health risk assessment survey and a variety of health management tools and information.

- Convenience services: Referrals to local vendors and resources to assist with everyday tasks such as: chore services, moving and relocation, electricians and plumbers, event and party planners, consumer comparisons, volunteer opportunities and travel and safety.
- Website: Log on to access the savings center, legal and financial resource center, articles, free webinars, searchable databases, monthly newsletters and more!
- The EAP provides counseling on all aspects of life, including:
 - Difficulties in relationships
 - Emotional/psychological issues
 - Stress and anxiety issues with work or family
 - Alcohol and drug abuse
 - Personal and life improvement
 - Legal or financial issues
 - Depression
 - Childcare and elder care issues
 - Grief issues

Assistance around the clock

Whenever you need assistance with a work/life issue, the EAP is there for you, 24 hours a day. Specialists are available for confidential 24/7 assistance and support.

New Directions

For more information and resources:

Call: [800.624.5544](tel:800.624.5544) | Go online: eap.ndbh.com

GROUP TERM LIFE AND ACCIDENTAL DEATH AND DISMEMBERMENT INSURANCE

Hampshire College's comprehensive benefits package includes financial protection for you and your family in the event of an accident or death.

In the event of your death, the life insurance policy provides a benefit to the beneficiary you designate. If your death is the result of an accident or if an accident leaves you with a covered debilitating injury, you are covered under the AD&D insurance for the same amount.

Basic Life and AD&D Insurance

Hampshire College automatically provides basic life and AD&D insurance through Prudential to all benefits-eligible employees at no cost. Benefited full-time and part-time employees are enrolled on the first day of the month following or coinciding with date of employment.

Group Term Life and AD&D

100% Paid by the Employer

Two times your annual salary up to a maximum of \$150,000 (Employee)

Age reduction schedule For Basic and Supplemental Life:

- Age 70: Benefit decrease to 65% of original benefit
- Age 75+: Benefit decrease to 50% of original benefit



Supplemental Life and AD&D Insurance

Hampshire College provides you the option to purchase supplemental life and AD&D insurance for yourself, your spouse and your dependent children through Prudential. You must purchase supplemental coverage for yourself in order to purchase coverage for your spouse and/or children. Supplemental rates are age-banded (listed below).

Supplemental Life and AD&D 100% Paid by the Employee	
Employee	100% Paid by the Employee 1–5 x annual salary up to a maximum of \$500,000. Guarantee Issue: \$150,000.
Spouse*	100% Paid by the Employee \$10,000, \$30,000 or \$50,000; Guarantee Issue: \$30,000
Child(ren)*	100% Paid by the Employee: \$10,000; Guarantee Issue: \$10,000 The child benefit is life insurance only, AD&D is not included

Age reductions for supplemental life (employee & spouse):
 Age 70: Benefit decrease to 65% of original benefit
 Age 75+: Benefit decrease to 50% of original benefit

*The dependent life benefit may not exceed 50% of the employee's supplemental life election

Supplemental Life and AD&D	
Employee Age Band	Rate/\$1,000
0–24	\$0.040
25–29	\$0.040
30–34	\$0.050
35–39	\$0.060
40–44	\$0.110
45–49	\$0.170
50–54	\$0.330
55–59	\$0.500
60–64	\$0.520
65–69	\$0.940
70–74	\$2.480
75–79	\$2.480
80–99	\$2.480
Child Life Rate	\$2.00 per child unit
Supplemental AD&D	
	Rate/ \$1,000
Employee	\$0.018
Spouse	\$0.018

Here are some helpful insurance terms:

AGE REDUCTION:

The group term basic life and AD&D insurance coverage are subject to a reduction in benefit amount as you age.

GUARANTEE ISSUE

If you elect coverage when first eligible, you may purchase up to the guarantee issue amounts without completing a medical questionnaire. If you do not enroll when first eligible, and choose to enroll during a subsequent annual open enrollment period, you will be required to complete evidence of insurability for any amount of coverage. Coverage will not take effect until approved by Prudential.

PORTABILITY AND CONVERSION:

Portability and conversion are available if your employment with Hampshire College ends. Portability allows you to continue your term life coverage while the conversion option allows you to convert your term life policy into an individual whole life policy. Applies to Supplemental Life only.

LONG-TERM DISABILITY PLAN

Hampshire College offers a company-paid long-term disability plan through Prudential to provide financial assistance in case you become disabled or unable to work.

Long-term disability (LTD) plan

Hampshire College provides LTD to benefit eligible employees after one year of service. This benefit offers financial protection to you when you need it most — if you become disabled and can no longer work. The plan will also help you to return to work, if appropriate.

If you become totally disabled, you will receive 60 percent of your monthly pre-disability earnings, up to \$7,500 monthly, after you have satisfied the 180-day waiting period for benefits. Your benefit amount may be offset by other benefits you are receiving, such as Social Security (to you and your dependents), workers' compensation, unemployment income and other income. Your monthly benefits are subject to federal income tax and may be subject to state and local taxes.

Long-term disability eligibility Full-time employees	100% paid by the employer
Monthly benefit amount	60%
Monthly benefit maximum	\$7,500
Benefits begin	180 days
Benefits duration	Up to Social Security Normal Retirement Age if you are disabled prior to age 65. If you are 65+ and become disabled, benefits are payable based on an age-based schedule. Refer to the benefit booklet for additional information.

Pre-existing condition exclusion 3/12

You have a pre-existing condition if both 1. and 2. are true:

1.(a) You received medical treatment, consultation, care or services, including diagnostic measures, or took prescribed drugs or medicines, or followed treatment recommendation in the 3 months just prior to your effective date of coverage or the date an increase in benefits would otherwise be available; or

(b) you had symptoms for which an ordinarily prudent person would have consulted a health care provider in the 3 months just prior to your effective date of coverage.

2. Your disability begins within 12 months of the date your coverage under the plan becomes effective.



403(B) RETIREMENT PLAN (TIAA)

Voluntary Elective Pre-Tax 403(b) Contributions: Immediate, upon hire

The retirement plan allows for employees to make pre-tax voluntary 403(b) contributions via payroll deduction. TIAA is the financial institution that provides the investment contracts. Voluntary pre-tax 403(b) deferrals in the amount you designate are directed into a Supplemental Retirement Annuity Contract (or “SRA”). Details are available at our Hampshire-specific TIAA website, www.tiaa.org/hampshire. All employees are eligible for enrollment on the first day of employment by completing a Voluntary 403(b) deferral election form.

Employer Matching Contributions: after One Year of Eligibility service

Hampshire College provides a matching contribution after completion of One Year of Eligibility Service, which may include credit for your period service at another institution of higher education. Refer to the Summary Plan Description, and contact our Benefits Office for more information.

Mandatory Employee Contributions: after One Year of Service and Age 30

After attainment of age 30 and:

- One Year of Service, you are required, as a condition of employment, to have a mandatory 3% of salary withheld from your wages. This is in addition to any Voluntary Elective 403(b) amounts under #1 above.
- After Three Years of Service, you are required, as a condition of employment, to have a mandatory 5% of salary withheld from your wages. This is in addition to any Voluntary Elective 403(b) amounts under #1 above.
- Hampshire College matching contribution on Mandatory Employee contributions after age 30 is 8% of salary.

There are a number of different investment options in which to allocate your Mandatory, Voluntary and Employer matching contributions. Details are included in your Retirement Plan Enrollment Kit.



OTHER BENEFITS

Paid time off policies for exempt & non-exempt employees

Vacation

All eligible exempt and non-exempt staff are awarded vacation on July 1, the beginning of the fiscal year, to be used by June 30th. Any vacation award not used is forfeited. Vacation time is pro-rated for those whose employment starts after July 1. All vacation is taken and scheduled at the discretion of the supervisor. Employees may rollover up to five vacation days each year

- Full time, bi-weekly paid, non-exempt staff are awarded vacation based on the following eligibility schedule:

Years of Service	Working Days Per Year
1–3	10 (2 weeks)
After 8	20 (4 weeks)
3–8	15 (3 weeks)

- Full time, monthly paid, exempt staff are awarded 4 weeks vacation.
- Part-time, benefits-eligible staff and benefits-eligible staff who work fewer than 12 months a year earn a prorated share of the days shown above.

Personal Days

Personal days are pro-rated for those whose employment starts after July 1.

- Non-exempt staff are awarded 3 working days on July 1 to be used by June 30th.
- Exempt staff are awarded 1 working day on July 1 to be used by June 30th.
- Part-time, benefits eligible staff will receive prorated personal days

Holidays

Hampshire College recognizes the following holidays:

- New Year's Day
- Martin Luther King Jr. Day
- Spring Day (March)
- Memorial Day
- Independence Day
- Labor Day
- 1 Day - Floating Holiday
- 2 1/2 Days at Thanksgiving
- Week between Christmas and New Year's Day

Sick Time Benefits

All Hampshire College full-time staff members earn one day per month of paid sick time, totaling 12 work days per year. Unused sick leave may be accrued from year to year to a maximum of 130 days. Staff earn sick time from their first day of employment and may use any sick time they earn as needed, but may not borrow against sick time not yet accrued.

Sick time may also be used for medical, dental and other health-related appointments if these appointments cannot be scheduled during off-hours. Appointments occurring during the work day should be scheduled in consultation with the staff's supervisor. Part-time staff (those who work half-time or more for 6 months or more) earn sick time on a pro-rated basis.

Additional Benefits and Information

ID Cards for Employees and Family Members

Hampshire College benefited faculty and staff members may use the College's many recreational facilities, including the indoor pool, tennis courts, indoor track and gymnasiums. Employees may use their ID cards to access the many services of the recreational facilities, College library, and the College bookstore.

For more information please contact the OneCard office at ext. 6151 or at onecard@hampshire.edu

Educational Opportunities

Benefited employees and their spouses/ certified domestic partners are eligible to enroll in courses, tuition-free at Hampshire College after one year of service and on a space available basis.

Tuition grants (other colleges), tuition remission (Hampshire College), and the tuition exchange program (www.tuitionexchange.org) are available to dependent children of full-time benefited employees who have completed one year of employment.

A degree program at Hampshire College is available to employees who qualify academically after completing two calendar years of employment.

For more information on educational opportunities for you and your family visit the Tuition Benefits section of the Human Resources website, <https://www.hampshire.edu/hr/tuition-benefits-summary>

Hampshire College Employee Policy Manual

The Hampshire College policy manual, which outlines pay practices, FMLA, and our grievance policy, as well as numerous other College policies, is available on the Intranet at <https://intranet.hampshire.edu/> under "Employee Resources"

Computer Purchase Program

Hampshire College offers a computer purchasing program to all benefited employees after six months of employment. Payments for the computer can be deducted directly from your paycheck. This is an excellent opportunity to purchase a personal computer or other components with a no-interest loan.

For more information, please contact the Information Technology Assistant at techpurchase@hampshire.edu

Other Benefits

Hampshire College offers a wide variety of other benefits, incentives, and discounts available to eligible employees. These other benefits can be found on our website. Please note that many of the listed benefits are not administered by the human resources office and are administered by either other departments on campus or outside organizations.

<https://www.hampshire.edu/hr/other-benefits>

Additional Information

Campus Emergencies/Weather Hotline

For information on weather related delays or closings, dial **559-5508**. This number is also used to keep staff informed in case of any unusual or emergency situations on campus. Sign up for the Hampshire College Emergency Mass Notification System (EMNS) on

TheHub via the Employee Menu.

Address Changes

To change your home address and phone number, please access The Hub and choose the Employee Menu. There you can update your home address and phone number, as well as your emergency contact information.

Hampshire Directories

You can search our online College Directory for phone numbers, departments and email addresses of all Hampshire faculty, staff, and students at <https://directory.hampshire.edu/>



CONTACTS

Medical plan & prescription services

Blue Cross Blue Shield of MA

Member services: 800.358.2227

Website: www.bluecrossma.com

Retirement 403(b)

TIAA

Customer service: 800.842.2776 Website:

www.tiaa.org/hampshire

Health care & dependent care flex spending account

Benefit Strategies

Customer service: 888.401.3539

Website: www.benstrat.com

Health Savings Account

Health Equity

Member services: 866.346.5800

Website: www.healthequity.com

Voluntary Dental

Blue Cross Blue Shield of MA

Member services: 800.358.2227

Website: www.bluecrossma.com

Voluntary Vision

Davis Vision

Customer service: 800.999.5431

Website: www.davisvision.com

EAP

New Direction

Customer service: 800.624.5544

Website: www.eap.ndbh.com

Life/AD&D

Prudential

General customer service: 888.598.5671

Claims: 888.227.6764

Website: www.prudential.com/mybenefits

Long-term disability

Prudential

General customer service: 888.598.5671

Claims: 888.842.1718

Website: www.prudential.com/mybenefits

Final notes

This summary of benefits is not intended to be a complete description of Hampshire College's insurance benefit plans. Please refer to the plan document(s) for a complete description. Each plan is governed in all respects by the terms of its legal plan document, rather than by this or any other summary of the insurance benefits provided by the plan. This guide constitutes the Summary Material Modifications.

In the event of any conflict between a summary of the plan and the official document, the official document will prevail. Although Hampshire College maintains its benefit plans on an ongoing basis, Hampshire College reserves the right to terminate or amend each plan in its entirety or in any part at any time.

For questions regarding the information provided in this overview, please contact your Hampshire College human resources representative.

IMPORTANT NOTICE FROM HAMPSHIRE 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 Hampshire College and about your options under Medicare's prescription drug coverage. This information can help you decide whether you want to join a Medicare drug plan. Information about where you can get help to make decisions about your prescription drug coverage is at the end of this notice.

If neither you nor any of your covered dependents are eligible for or have Medicare, this notice does not apply to you or your dependents, as the case may be. However, you should still keep a copy of this notice in the event you or a dependent should qualify for coverage under Medicare in the future. Please note, however, that later notices might supersede this notice.

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. Hampshire College has determined that the prescription drug coverage offered by the Hampshire College Employee Health Care Plan ("Plan") is, on average for all plan participants, expected to pay out as much as standard Medicare prescription drug coverage pays and is considered "creditable" prescription drug coverage. This is important for the reasons described below.

Because your existing coverage is, on average, at least as good as standard Medicare prescription drug coverage, you can keep this coverage and not pay a higher premium (a penalty) if you later decide to enroll in a Medicare drug plan, as long as you later enroll within specific time periods.

Enrolling in Medicare—General Rules

As some background, you can join a Medicare drug plan when you first become eligible for Medicare. If you qualify for Medicare due to age, you may enroll in a Medicare drug plan during a seven-month initial enrollment period. That period begins three months prior to your 65th birthday, includes the month you turn 65, and continues for the ensuing three months. If you qualify for Medicare due to disability or end-stage renal disease, your initial Medicare Part D enrollment period depends on the date your disability or treatment began. For more information you should contact Medicare at the telephone number or web address listed below.

Late Enrollment and the Late Enrollment Penalty

If you decide to *wait* to enroll in a Medicare drug plan you may enroll later, during Medicare Part D's annual enrollment period, which runs each year from October 15 through December 7. But as a general rule, if you delay your enrollment in Medicare Part D, after first becoming eligible to enroll, you may have to pay a higher premium (a penalty).

If after your initial Medicare Part D enrollment period you go **63 continuous days or longer without "creditable" prescription drug coverage** (that is, prescription drug coverage that's at least as good as Medicare's prescription drug coverage), your monthly Part D premium may go up by at least 1 percent of the premium you would have paid had you enrolled timely, for every month that you did not have creditable coverage.

For example, if after your Medicare Part D initial enrollment period you go 19 months without coverage, your premium may be at least 19% higher than the premium you otherwise would have paid. You may have to pay this higher premium for as long as you have Medicare prescription drug coverage. *However, there are some important exceptions to the late enrollment penalty.*

Special Enrollment Period Exceptions to the Late Enrollment Penalty

There are “special enrollment periods” that allow you to add Medicare Part D coverage months or even years after you first became eligible to do so, without a penalty. For example, if after your Medicare Part D initial enrollment period you lose or decide to leave employer-sponsored or union-sponsored health coverage that includes “creditable” prescription drug coverage, you will be eligible to join a Medicare drug plan at that time.

In addition, if you otherwise lose other creditable prescription drug coverage (such as under an individual policy) through no fault of your own, you will be able to join a Medicare drug plan, again without penalty. These special enrollment periods end two months after the month in which your other coverage ends.

Compare Coverage

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. See the Hampshire College Plan’s summary plan description for a summary of the Plan’s prescription drug coverage. If you don’t have a copy, you can get one by contacting us at the telephone number or address listed below.

Coordinating Other Coverage With Medicare Part D

Generally speaking, if you decide to join a Medicare drug plan while covered under the Hampshire College Plan due to your employment (or someone else’s employment, such as a spouse or parent), your coverage under the Hampshire College Plan will not be affected. For most persons covered under the Plan, the Plan will pay prescription drug benefits first, and Medicare will determine its payments second. For more information about this issue of what program pays first and what program pays second, see the Plan’s summary plan description or contact Medicare at the telephone number or web address listed below.

If you do decide to join a Medicare drug plan and drop your Hampshire College prescription drug coverage, be aware that you and your dependents may not be able to get this coverage back. To regain coverage you would have to re-enroll in the Plan, pursuant to the Plan’s eligibility and enrollment rules. You should review the Plan’s summary plan description to determine if and when you are allowed to add coverage.

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

Contact the person listed below for further information, or call (413) 559-5605. **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 Hampshire College changes. You also may request a copy.

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 whether or not you are required to pay a higher premium (a penalty).

Date: January 1, 2021

Name of Entity/Sender: Hampshire College HR Department

Contact—Position/Office: Human Resources Director

Address: 859 West Street, Amherst, MA 01002

Phone Number: 413-559-5605

Nothing in this notice gives you or your dependents a right to coverage under the Plan. Your (or your dependents') right to coverage under the Plan is determined solely under the terms of the Plan.

**HAMPSHIRE COLLEGE
IMPORTANT NOTICE
COMPREHENSIVE NOTICE OF PRIVACY POLICY AND PROCEDURES**

**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.**

This notice is provided to you on behalf of:

**Hampshire College Medical Plan
Hampshire College Dental Care Plan
Hampshire College Vision Plan
Hampshire College Flexible Benefits Plan
Hampshire College Life and AD&D Benefits Plan
Hampshire College Long Term Disability Benefits Plan**

These plans comprise what is called an “Affiliated Covered Entity,” and are treated as a single plan for purposes of this notice and the privacy rules that require it. For purposes of this notice, we will refer to these plans as a single “Plan.”

The Plan’s Duty to Safeguard Your Protected Health Information

Individually identifiable information about your past, present, or future health or condition, the provision of health care to you, or payment for the health care is considered “Protected Health Information” (“PHI”). The Plan is required to extend certain protections to your PHI, and to give you this notice about its privacy practices that explains how, when, and why the Plan may use or disclose your PHI. Except in specified circumstances, the Plan may use or disclose only the minimum necessary PHI to accomplish the purpose of the use or disclosure.

The Plan is required to follow the privacy practices described in this notice, though it reserves the right to change those practices and the terms of this notice at any time. If it does so, and the change is material, you will receive a revised version of this Notice either by hand delivery, mail delivery to your last known address, or some other fashion. This notice, and any material revisions of it, will also be provided to you in writing upon your request (ask your Human Resources representative, or contact the Plan’s Privacy Official, described below), and will be posted on any website maintained by Hampshire College that describes benefits available to employees and dependents.

You may also receive one or more other privacy notices from insurance companies that provide benefits under the Plan. Those notices will describe how the insurance companies use and disclose PHI and your rights with respect to the PHI they maintain.

How the Plan May Use and Disclose Your Protected Health Information

The Plan uses and discloses PHI for a variety of reasons. For its routine uses and disclosures it does not require your authorization, but for other uses and disclosures, your authorization (or the authorization of your personal representative (e.g., a person who is your custodian, guardian, or has your power-of-attorney) may be required. The following offers more description and examples of the Plan’s uses and disclosures of your PHI.

- **Uses and Disclosures Relating to Treatment, Payment, or Health Care Operations.**
 - **Treatment:** Generally, and as you would expect, the Plan is permitted to disclose your PHI for purposes of your medical treatment. Thus, it may disclose your PHI to doctors, nurses, hospitals, emergency medical technicians, pharmacists, and other health care professionals where the disclosure is for your medical treatment. For example, if you are injured in an accident, and it's important for your treatment team to know your blood type, the Plan could disclose that PHI to the team in order to allow it to more effectively provide treatment to you.
 - **Payment:** Of course, the Plan's most important function, as far as you are concerned, is that it *pays for* all or some of the medical care you receive (provided the care is covered by the Plan). In the course of its payment operations, the Plan receives a substantial amount of PHI about you. For example, doctors, hospitals, and pharmacies that provide you care send the Plan detailed information about the care they provided, so that they can be paid for their services. The Plan may also share your PHI with other plans in certain cases. For example, if you are covered by more than one health care plan (e.g., covered by this Plan and your spouse's plan or covered by the plans covering your father and mother), we may share your PHI with the other plans to coordinate payment of your claims.
 - **Health care Operations:** The Plan may use and disclose your PHI in the course of its "health care operations." For example, it may use your PHI in evaluating the quality of services you received or disclose your PHI to an accountant or attorney for audit purposes. In some cases, the Plan may disclose your PHI to insurance companies for purposes of obtaining various insurance coverages. However, the Plan will not disclose, for underwriting purposes, PHI that is genetic information.
- **Other Uses and Disclosures of Your PHI Not Requiring Authorization.** The law provides that the Plan may use and disclose your PHI without authorization in the following circumstances:
 - **To the Plan Sponsor:** The Plan may disclose PHI to the employers (such as Hampshire College) who sponsor or maintain the Plan for the benefit of employees and dependents. However, the PHI may only be used for limited purposes, and may not be used for purposes of employment-related actions or decisions or in connection with any other benefit or employee benefit plan of the employers. PHI may be disclosed to: the human resources or employee benefits department for purposes of enrollments and disenrollments, census, claim resolutions, and other matters related to Plan administration; payroll department for purposes of ensuring appropriate payroll deductions and other payments by covered persons for their coverage; information technology department, as needed for preparation of data compilations and reports related to Plan administration; finance department for purposes of reconciling appropriate payments of premium to and benefits from the Plan, and other matters related to Plan administration; internal legal counsel to assist with resolution of claim, coverage, and other disputes related to the Plan's provision of benefits.
 - **To the Plan's Service Providers:** The Plan may disclose PHI to its service providers ("business associates") who perform claim payment and plan management services. The Plan requires a written contract that obligates the business associate to safeguard and limit the use of PHI.
 - **Required by Law:** The Plan may disclose PHI when a law requires that it report information about suspected abuse, neglect, or domestic violence, or relating to suspected criminal activity, or in response to a court order. It must also disclose PHI to authorities that monitor compliance with these privacy requirements.
 - **For Public Health Activities:** The Plan may disclose PHI when required to collect information about disease or injury, or to report vital statistics to the public health authority.
 - **For Health Oversight Activities:** The Plan may disclose PHI to agencies or departments responsible for monitoring the health care system for such purposes as reporting or investigation of unusual incidents.
 - **Relating to Decedents:** The Plan may disclose PHI relating to an individual's death to coroners, medical examiners, or funeral directors, and to organ procurement organizations relating to organ, eye, or tissue donations or transplants.
 - **For Research Purposes:** In certain circumstances, and under strict supervision of a privacy board, the Plan may disclose PHI to assist medical and psychiatric research. 29

- **To Avert Threat to Health or Safety:** In order to avoid a serious threat to health or safety, the Plan may disclose PHI as necessary to law enforcement or other persons who can reasonably prevent or lessen the threat of harm.
- **For Specific Government Functions:** The Plan may disclose PHI of military personnel and veterans in certain situations, to correctional facilities in certain situations, to government programs relating to eligibility and enrollment, and for national security reasons.
- **Uses and Disclosures Requiring Authorization:** For uses and disclosures beyond treatment, payment, and operations purposes, and for reasons not included in one of the exceptions described above, the Plan is required to have your written authorization. For example, uses and disclosures of psychotherapy notes, uses and disclosures of PHI for marketing purposes, and disclosures that constitute a sale of PHI would require your authorization. Your authorization can be revoked at any time to stop future uses and disclosures, except to the extent that the Plan has already undertaken an action in reliance upon your authorization.
- **Uses and Disclosures Requiring You to Have an Opportunity to Object:** The Plan may share PHI with your family, friend, or other person involved in your care, or payment for your care. We may also share PHI with these people to notify them about your location, general condition, or death. However, the Plan may disclose your PHI only if it informs you about the disclosure in advance and you do not object (but if there is an emergency situation and you cannot be given your opportunity to object, disclosure may be made if it is consistent with any prior expressed wishes and disclosure is determined to be in your best interests; you must be informed and given an opportunity to object to further disclosure as soon as you are able to do so).

Your Rights Regarding Your Protected Health Information

You have the following rights relating to your protected health information:

- **To Request Restrictions on Uses and Disclosures:** You have the right to ask that the Plan limit how it uses or discloses your PHI. The Plan will consider your request, but is not legally bound to agree to the restriction. To the extent that it agrees to any restrictions on its use or disclosure of your PHI, it will put the agreement in writing and abide by it except in emergency situations. The Plan cannot agree to limit uses or disclosures that are required by law.
- **To Choose How the Plan Contacts You:** You have the right to ask that the Plan send you information at an alternative address or by an alternative means. To request confidential communications, you must make your request in writing to the Privacy Official. We will not ask you the reason for your request. Your request must specify how or where you wish to be contacted. The Plan must agree to your request as long as it is reasonably easy for it to accommodate the request.
- **To Inspect and Copy Your PHI:** Unless your access is restricted for clear and documented treatment reasons, you have a right to see your PHI in the possession of the Plan or its vendors if you put your request in writing. The Plan, or someone on behalf of the Plan, will respond to your request, normally within 30 days. If your request is denied, you will receive written reasons for the denial and an explanation of any right to have the denial reviewed. If you want copies of your PHI, a charge for copying may be imposed but may be waived, depending on your circumstances. You have a right to choose what portions of your information you want copied and to receive, upon request, prior information on the cost of copying.
- **To Request Amendment of Your PHI:** If you believe that there is a mistake or missing information in a record of your PHI held by the Plan or one of its vendors you may request in writing that the record be corrected or supplemented. The Plan or someone on its behalf will respond, normally within 60 days of receiving your request. The Plan may deny the request if it is determined that the PHI is: (i) correct and complete; (ii) not created by the Plan or its vendor and/or not part of the Plan's or vendor's records; or (iii) not permitted to be disclosed. Any denial will state the reasons for denial and explain your rights to have the request and denial, along with any statement in response that you provide, appended to your PHI. If the request for amendment is approved, the Plan or vendor, as the case may be, will change the PHI and so inform you, and tell others that need to know about the change in the PHI.

- **To Find Out What Disclosures Have Been Made:** You have a right to get a list of when, to whom, for what purpose, and what portion of your PHI has been released by the Plan and its vendors, other than instances of disclosure for which you gave authorization, or instances where the disclosure was made to you or your family. In addition, the disclosure list will not include disclosures for treatment, payment, or health care operations. The list also will not include any disclosures made for national security purposes, to law enforcement officials or correctional facilities, or before the date the federal privacy rules applied to the Plan. You will normally receive a response to your written request for such a list within 60 days after you make the request in writing. Your request can relate to disclosures going as far back as six years. There will be no charge for up to one such list each year. There may be a charge for more frequent requests.

How to Complain About the Plan’s Privacy Practices

If you think the Plan or one of its vendors may have violated your privacy rights, or if you disagree with a decision made by the Plan or a vendor about access to your PHI, you may file a complaint with the person listed in the section immediately below. You also may file a written complaint with the Secretary of the U.S. Department of Health and Human Services. The law does not permit anyone to take retaliatory action against you if you make such complaints.

Notification of a Privacy Breach

Any individual whose unsecured PHI has been, or is reasonably believed to have been used, accessed, acquired or disclosed in an unauthorized manner will receive written notification from the Plan within 60 days of the discovery of the breach.

If the breach involves 500 or more residents of a state, the Plan will notify prominent media outlets in the state. The Plan will maintain a log of security breaches and will report this information to HHS on an annual basis. Immediate reporting from the Plan to HHS is required if a security breach involves 500 or more people.

Contact Person for Information, or to Submit a Complaint

If you have questions about this notice please contact the Plan’s Privacy Official (see below). If you have any complaints about the Plan’s privacy practices, handling of your PHI, *or breach notification process*, please contact the Privacy Official or an authorized Deputy Privacy Official.

Privacy Official

The Plan’s Privacy Official, the person responsible for ensuring compliance with this notice, is:

Human Resources Director
(413) 559-5605

Organized Health Care Arrangement Designation

The Plan participates in what the federal privacy rules call an “Organized Health Care Arrangement.” The purpose of that participation is that it allows PHI to be shared between the members of the Arrangement, without authorization by the persons whose PHI is shared, for health care operations. Primarily, the designation is useful to the Plan because it allows the insurers who participate in the Arrangement to share PHI with the Plan for purposes such as shopping for other insurance bids.

The members of the Organized Health Care Arrangement are:

Hampshire College Medical Plan – BCBS of MA Health Plan

Hampshire College Dental Care Plan – BCBS of MA

Hampshire College Vision Plan – Davis Vision

Hampshire College Flexible Benefits Plan – Benefit Strategies

Hampshire College Life and AD&D Benefits Plan – Prudential

Hampshire College Long Term Disability Benefits Plan – Prudential

Effective Date

The effective date of this notice is: January 1, 2021.

HAMPSHIRE COLLEGE EMPLOYEE HEALTH CARE PLAN

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 later 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).

Loss of eligibility includes but is not limited to:

- Loss of eligibility for coverage as a result of ceasing to meet the plan's eligibility requirements (e.g., divorce, cessation of dependent status, death of an employee, termination of employment, reduction in the number of hours of employment);
- Loss of HMO coverage because the person no longer resides or works in the HMO service area and no other coverage option is available through the HMO plan sponsor;
- Elimination of the coverage option a person was enrolled in, and another option is not offered in its place;
- Failing to return from an FMLA leave of absence; and
- Loss of eligibility under Medicaid or the Children's Health Insurance Program (CHIP).

Unless the event giving rise to your special enrollment right is a loss of eligibility under Medicaid or CHIP, you must request enrollment within *31 days* after your or your dependent's(s') other coverage ends (or after the employer that sponsors that coverage stops contributing toward the coverage).

If the event giving rise to your special enrollment right is a loss of coverage under Medicaid or CHIP, you may request enrollment under this plan within **60 days** of the date you or your dependent(s) lose such coverage under Medicaid or CHIP. Similarly, if you or your dependent(s) become eligible for a state-granted premium subsidy toward this plan, you may request enrollment under this plan within **60 days** after the date Medicaid or CHIP determine that you or the dependent(s) qualify for the subsidy.

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

To request special enrollment or obtain more information, contact:

Hampshire College HR Department
(413) 559-5605

*** This notice is relevant for healthcare coverages subject to the HIPAA portability rules.**

NOTICE OF RIGHT TO DESIGNATE PRIMARY CARE PROVIDER AND OF NO OBLIGATION FOR PRE-AUTHORIZATION FOR OB/GYN CARE

Hampshire College's HMO plans require 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 BCBS of MA Health Plan at (800) 358-2227

For children, you may designate a pediatrician as the primary care provider.

You do not need prior authorization from Hampshire College Employee Health Care Plan 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 the Hampshire College Employee Health Care Plan at:

Human Resources
(413) 559-5605

MICHELLE'S LAW NOTICE

(To Accompany Certification of Dependent Student Status)

Michelle's Law is a federal law that requires certain group health plans to continue eligibility for adult dependent children who are students attending a post-secondary school, where the children would otherwise cease to be considered eligible students due to a medically necessary leave of absence from school. In such a case, the plan must continue to treat the child as eligible up to the earlier of:

- The date that is one year following the date the medically necessary leave of absence began; or
- The date coverage would otherwise terminate under the plan.

For the protections of Michelle's Law to apply, the child must:

- Be a dependent child, under the terms of the plan, of a participant or beneficiary; and
- Have been enrolled in the plan, and as a student at a post-secondary educational institution, immediately preceding the first day of the medically necessary leave of absence.

"Medically necessary leave of absence" means any change in enrollment at the post-secondary school that begins while the child is suffering from a serious illness or injury, is medically necessary, and causes the child to lose student status for purposes of coverage under the plan.

If you believe your child is eligible for this continued eligibility, you must provide to the plan a written certification by his or her treating physician that the child is suffering from a serious illness or injury and that the leave of absence is medically necessary.

If you have any questions regarding the information contained in this notice or your child's right to Michelle's Law's continued coverage, you should contact Human Resources, (413) 559-5605.

WOMEN'S HEALTH AND CANCER RIGHTS NOTICE

Hampshire College Employee Health Care Plan is required by law to provide you with the following notice:

The Women's Health and Cancer Rights Act of 1998 ("WHCRA") provides certain protections 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 lymphedemas.

The Hampshire College Employee Health Care Plan provide(s) medical coverage for mastectomies and the related procedures listed above, subject to the same deductibles and coinsurance applicable to other medical and surgical benefits provided under this plan.

If you would like more information on WHCRA benefits, please refer to your Policy Booklet or contact your Plan Administrator at:

Human Resources
(413) 559-5605

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, 2020. Contact your State for more information on eligibility -

ALABAMA – Medicaid	COLORADO – Health First Colorado (Colorado's Medicaid Program) & Child Health Plan Plus (CHP+)
Website: http://myalhipp.com/ Phone: 1-855-692-5447	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
ALASKA – Medicaid	FLORIDA – Medicaid
The AK Health Insurance Premium Payment Program Website: http://myakhipp.com/ Phone: 1-866-251-4861 Email: CustomerService@MyAKHIPP.com Medicaid Eligibility: http://dhss.alaska.gov/dpa/Pages/medicaid/default.asp X	Website: https://www.flmedicaidtplrecovery.com/flmedicaidtplrecovery.com/hipp/index.html Phone: 1-877-357-3268
ARKANSAS – Medicaid	GEORGIA – Medicaid
Website: http://myarhipp.com/ Phone: 1-855-MyARHIPP (855-692-7447)	Website: https://medicaid.georgia.gov/health-insurance-premium-payment-program-hipp Phone: 678-564-1162 ext 2131



CALIFORNIA – Medicaid	INDIANA – Medicaid
Website: https://www.dhcs.ca.gov/services/Pages/TPLRD_CAU_cont.aspx Phone: 916-440-5676	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)	MONTANA – 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	Website: http://dphhs.mt.gov/MontanaHealthcarePrograms/HIPP Phone: 1-800-694-3084
KANSAS – Medicaid	NEBRASKA – Medicaid
Website: http://www.kdheks.gov/hcf/default.htm Phone: 1-800-792-4884	Website: http://www.ACCESSNebraska.ne.gov Phone: 1-855-632-7633 Lincoln: 402-473-7000 Omaha: 402-595-1178
KENTUCKY – Medicaid	NEVADA – 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 Kentucky Medicaid Website: https://chfs.ky.gov	Medicaid Website: http://dhcfp.nv.gov Medicaid Phone: 1-800-992-0900
LOUISIANA – Medicaid	NEW HAMPSHIRE – Medicaid
Website: www.medicaid.la.gov or www.ldh.la.gov/lahipp Phone: 1-888-342-6207 (Medicaid hotline) or 1-855-618-5488 (LaHIPP)	Website: https://www.dhhs.nh.gov/oii/hipp.htm Phone: 603-271-5218 Toll free number for the HIPP program: 1-800-852-3345, ext 5218
MAINE – Medicaid	NEW JERSEY – Medicaid and CHIP
Enrollment Website: https://www.maine.gov/dhhs/ofi/applications-forms 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	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
MASSACHUSETTS – Medicaid and CHIP	NEW YORK – Medicaid
Website: http://www.mass.gov/eohhs/gov/departments/masshealth/ Phone: 1-800-862-4840	Website: https://www.health.ny.gov/health_care/medicaid/ Phone: 1-800-541-2831
MINNESOTA – Medicaid	NORTH CAROLINA – 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: https://medicaid.ncdhhs.gov/ Phone: 919-855-4100

MISSOURI – Medicaid	NORTH DAKOTA – Medicaid
Website: http://www.dss.mo.gov/mhd/participants/pages/hipp.htm Phone: 573-751-2005	Website: http://www.nd.gov/dhs/services/medicalsev/mcicaid/ Phone: 1-844-854-4825
OKLAHOMA – Medicaid and CHIP	UTAH – Medicaid and CHIP
Website: http://www.insureoklahoma.org Phone: 1-888-365-3742	Medicaid Website: https://medicaid.utah.gov/ CHIP Website: http://health.utah.gov/chip Phone: 1-877-543-7669
OREGON – Medicaid	VERMONT – Medicaid
Website: http://healthcare.oregon.gov/Pages/index.aspx http://www.oregonhealthcare.gov/index-es.html Phone: 1-800-699-9075	Website: http://www.greenmountaincare.org/ Phone: 1-800-250-8427
PENNSYLVANIA – Medicaid	VIRGINIA – Medicaid and CHIP
Website: https://www.dhs.pa.gov/providers/Providers/Pages/Medical/HIPP-Program.aspx Phone: 1-800-692-7462	Website: https://www.coverva.org/hipp/ Medicaid Phone: 1-800-432-5924 CHIP Phone: 1-855-242-8282
RHODE ISLAND – Medicaid and CHIP	WASHINGTON – Medicaid
Website: http://www.eohhs.ri.gov/ Phone: 1-855-697-4347, or 401-462-0311 (Direct  Share Line)	Website: https://www.hca.wa.gov/ Phone: 1-800-562-3022
SOUTH CAROLINA – Medicaid	WEST VIRGINIA – Medicaid
Website: https://www.scdhhs.gov Phone: 1-888-549-0820	Website: http://mywvhipp.com/ Toll-free phone: 1-855-MyWVHIPP (1-855-699-8447)
SOUTH DAKOTA - Medicaid	WISCONSIN – Medicaid and CHIP
Website: http://dss.sd.gov Phone: 1-888-828-0059	Website: https://www.dhs.wisconsin.gov/badgercareplus/p-10095.htm Phone: 1-800-362-3002
TEXAS – Medicaid	WYOMING – Medicaid
Website: http://gethipptexas.com/ Phone: 1-800-440-0493	Website: https://health.wyo.gov/healthcarefin/mcicaid/programs-and-eligibility/ Phone: 1-800-251-1269

To see if any other states have added a premium assistance program since July 31, 2020, 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 ebesa.opr@dol.gov and reference the OMB Control Number 1210-0137.

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

