



OPEN ENROLLMENT 2025 BENEFITS GUIDE

APRIL 1, 2025 - MARCH 31, 2026

Lewis & Clark
College



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BENEFITS CONTACT INFORMATION

Benefit	Provider/Contact	Phone	Email/Website
Human Resources	Helen Howell	(503) 768-6235	HR@lclark.edu
Medical	Kaiser Permanente	(800) 777-7902	www.kaiserpermanente.org
Dental	Kaiser Permanente	(800) 777-7902	www.kaiserpermanente.org
Dental	Delta Dental	(888) 217-2365	www.deltadental.com
Dental	Willamette Dental	(855) 433-6825	www.willamettedental.com
Voluntary Benefits	Unum	(866) 679-3054	www.unum.com
FSA, HSA	Allegiance	(800) 877-1122	www.aslallegiance.com
Life, AD&D, STD, LTD	Unum	(866) 679-3054	www.unum.com
EAP	Canopy	800-433-2320	www.canopywell.com
Benefits Account Manager	The Partners Group Theresa Berry	(503) 941-4349	tberry@tpgrp.com
Benefits Consultant	The Partners Group Emily Young	(602) 616-5830	eyoung@tpgrp.com

INTRODUCTION

Welcome to Your 2025 Benefits!

Lewis & Clark College is committed to supporting the well-being of you and your eligible family members through our comprehensive group benefits program. Our goal is to provide financial security and support, including benefits for health maintenance, and in the unfortunate event of death, dismemberment, or disability.

This benefits program is a collaborative effort between Lewis & Clark College and our valued employees. In light of healthcare cost challenges, it's essential that we collectively manage our benefits wisely. This guide offers a concise overview of your benefit plans, enrollment procedures, and timelines. Detailed information on eligibility, waiting periods, and benefits can be found in your Summary Plan Descriptions (SPDs), available on our benefits website and from Human Resources.

At Lewis & Clark College, we promote a culture that values health awareness and well-being for everyone. Our aim is to provide you with the resources necessary for you and your family to lead healthy lives and enjoy your fullest potential. By fostering a healthier workforce, we aim to reduce healthcare costs and enhance productivity across our organization.



ELIGIBILITY & ENROLLMENT

ELIGIBILITY

Faculty working .5 FTE, and Staff working .53 FTE (20 hours per week) are eligible for benefits. Benefits begin on the first of the month following date of hire. You may elect Medical, Dental, Life/AD&D, Disability and Voluntary Worksite Benefit coverage for yourself and eligible dependents including your legal spouse, domestic partner, or dependent children up to the age of 26.

GENERAL ENROLLMENT INFORMATION

- Carefully review the plan information in this Benefits Guide and contact HR if you have any questions.
- Carefully review the appropriate level of coverage and be sure to indicate which of your eligible dependents are to be covered under each plan.
- Please complete enrollment/changes online through the benefits portal.

BENEFIT ELECTION CHANGES

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

WHEN COVERAGE ENDS

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

IMPORTANT ENROLLMENT REMINDERS

- Open Enrollment is Passive: If no action is taken, your current medical and dental enrollments will automatically continue for the upcoming year.
- Flexible Spending Accounts (FSA) Enrollment: You must re-enroll each year in the Health Care and/or Dependent Care FSA to take advantage of these benefits.
- Domestic Partner Coverage: Medical and dental coverage for domestic partners is deducted post-tax. Employees will be responsible for taxes on the additional amount Lewis & Clark College contributes towards the coverage for a domestic partner and their covered children.
- Waiver Incentive: Employees who waive medical coverage will receive a \$50 monthly stipend.
- Spousal/Domestic Partner Surcharge:
 - If your spouse or domestic partner is eligible for medical coverage through their employer and chooses to enroll in Lewis & Clark's medical benefits, a monthly surcharge of \$50.00 will be deducted from your paycheck.
 - If your spouse or domestic partner is not eligible for medical coverage through an employer, no monthly surcharge will apply when they enroll in Lewis & Clark's medical benefits.
 - To waive the spousal/domestic partner surcharge, you must complete the Spouse/Domestic Partner Surcharge Affidavit.

BENEFIT GLOSASRY

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

CO-INSURANCE

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

CO-PAY

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

CALENDAR YEAR DEDUCTIBLE (CYD)

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

NETWORK

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

OUTPATIENT

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

CALENDAR YEAR OUT-OF-POCKET MAXIMUM

The most you pay during a policy period (January 1 - December 31st) before your medical insurance begins to pay 100% of the allowed amount. This limit never includes your premium, balance-billed charges or health care your health insurance or plan doesn't cover. Some health insurance or plans don't count all of your co-payments, deductibles, co-insurance payments, out-of-network payments or other expenses toward this limit.

PROVIDER

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

USUAL, CUSTOMARY AND REASONABLE (UCR)

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

MEDICAL PLANS

Lewis & Clark College is pleased to offer you and your eligible dependents four medical plan options through Kaiser Permanente. The plan options include the HMO Plan, HMO Plus Plan, PPO Added Choice Plan and the HDHP/HSA Plan. The following pages provide a brief overview of covered services. For full plan details, please refer to your Medical Summary of Benefits and Coverage.

KAISER PERMANENTE		
PLAN FEATURES	HMO PLAN	HMO PLUS PLAN
Calendar Year Deductible		
Individual	\$750	\$750
Family	\$1,750	\$1,750
Out of Pocket Maximum		
Individual	\$2,500	\$2,500
Family	\$6,500	\$6,500
Coinsurance	20%	20%
PREVENTIVE CARE		
Preventive Care	Covered in Full	Covered in Full
PHYSICIANS SERVICES		
Office Visits	\$5 for first 3 visits; then \$10 (no ded)	\$5 for first 3 visits; then \$10 (no ded)
Specialist Visits	\$10 (no ded)	\$10 (no ded)
Virtual Visits	Covered in Full	Covered in Full
Outpatient Lab/X-Ray	20%	20%
Advanced Imaging (CAT, PET, MRI, etc.)	20%	20%
Outpatient Rehabilitation (PT, OT, ST)	\$10 (no ded); 20 visits PCY	\$10 (no ded); 20 visits PCY
Alternative Care		
Acupuncture	\$25 (no ded); 12 visits PCY	\$25 (no ded); 20 visits PCY
Chiropractic	\$25 (no ded); 20 visits PCY	\$25 (no ded); 20 visits PCY
Massage	\$25 (no ded); 12 visits PCY	\$25 (no ded); 12 visits PCY
HOSPITAL SERVICES		
Inpatient Hospital	20%	20%
Outpatient Surgery	20%	20%
EMERGENCY SERVICES		
Urgent Care	\$10 (no ded)	\$10 (no ded)
Emergency Room Care	\$200 after ded, waived if admitted	\$200 after ded, waived if admitted
VISION SERVICES		
Exam (Once per 12 months)	\$10 (no ded)	\$10 (no ded)
Hardware (Once per 24 months)	\$150 allowance	\$150 allowance
PHARMACY BENEFIT		
Tier 1		\$15
Tier 2		\$30
Tier 3		\$50
Tier 4		\$150
Specialty Drug	Same as Retail Copay	
Mail Order (90 day supply)	2x Retail Copay	

To find in-network medical providers, visit <https://healthy.kaiserpermanente.org/>
PCY = Per Calendar Year

HMO PLUS PLAN

Lewis and Clark is pleased to offer an HMO Plus Plan to our employees. This plan offers the same benefits as the HMO Plan, but allows you to receive care of out network. If you enroll in this plan you have the option to visit a Kaiser provider, or you can visit an Out-of-Network licensed health care provider of your choice. See below for the Out-of-Network limits and other information.

Out-of-Network (OON) Service Limits

- You have 10 covered services per year.
- Each service counts as one service.
 - Example: You have a primary care office visit, lab services for non-preventive labs, and an x-ray done = 3 services.
- Labs/X-Rays from Out-of-Network providers may be brought back into Kaiser for fulfillment.
- Lab & X-rays filled within a Kaiser facility do not count towards the OON service limit.
- 5 prescription drug fills
 - Prescriptions written by an OON provider can be brought to a Kaiser pharmacy. Prescriptions filled within a Kaiser facility do not count towards the OON Rx limit.
- OON limits do not cross-accumulate with in-network limits.

Referrals/Prior Authorizations

- No referral is required for OON benefits, claims without a referral are processed as OON and deducted from the service limit.
- Claims with an approved referral will be processed as in-network and will not count against the 10 services.

Seeking an Out of Network provider:

- It is recommended that you call the out of network provider first to see if they are accepting new patients and if they will bill Kaiser directly.
- Providers on the First Choice network are used to billing Kaiser so it might be best to start here <https://www.fchn.com/ProviderSearch> to find a First Choice provider.
- If the out of network provider you choose to see will not bill Kaiser you may be asked to pay up front. You can then file for reimbursement with Kaiser.

Claims Reimbursement Process:

- You can request reimbursement on the kp.org member portal. Select "Coverage & Costs" and Click "Submit a Claim". You will be asked to provide documentation.
- You can also download and the print the member reimbursement form at www.kp.org/kpplus/nw.
- You have up to 180 days from the date you received care to submit a claim.
- Reimbursement can typically take up to 30 days.

Examples of Services Available from Out-of-network providers:

- Preventive Services
- Telehealth (phone/video)
- Primary Care Office Visit
- Specialty Care Office Visit
- Mental Health and Substance Use Services

MEDICAL PLANS

KAISER PERMANENTE		
PLAN FEATURES	ADDED CHOICE PPO Kaiser / PPO / Out of Network	HDHP HSA PLAN
Calendar Year Deductible Individual Family	\$1,250 / \$2,250 / \$3,250 \$3,250 / \$6,250 / \$9,250	\$1,900 \$3,550
Out of Pocket Maximum Individual Family	\$4,500 / \$6,500 / \$8,000 \$8,500 / \$12,500 / \$15,500	\$3,000 \$5,500
Coinsurance	20% / 40%	10%
PREVENTIVE CARE		
Preventive Care	Covered in Full	Covered in Full
PHYSICIANS SERVICES		
Office Visits	\$5 for first 3 visits; then \$25 (no ded) / \$35 (no ded)	\$5 for first 3 visits after ded; then 10%
Specialist Visits	\$35 (no ded) / \$45 (no ded)	10%
Virtual Visits	Covered in Full	Covered in full after ded
Outpatient Lab/X-Ray	\$25 (no ded) / \$35 (no ded)	10%
Advanced Imaging (CAT, PET, MRI, etc.)	\$100 (no ded) / 30%	10%
Outpatient Rehabilitation (PT, OT, ST)	\$35 (no ded) / 30%; 20 visits PCY	10%; 20 visits PCY
Alternative Care Acupuncture Chiropractic Massage	\$25 (no ded) / 20%; 12 visits PCY \$25 (no ded) / 20%; 20 visits PCY \$25 (no ded) / 20%; 12 visits PCY	\$25 after ded; 12 visits PCY \$25 after ded ; 20 visits PCY \$25 after ded; 12 visits PCY
HOSPITAL SERVICES		
Inpatient Hospital	20% / 30%	10%
Outpatient Surgery	20% / 30%	10%
EMERGENCY SERVICES		
Urgent Care	\$45 (no ded) / \$55 (no ded)	10%
Emergency Room Care	\$200 after ded, waived if admitted	10%
VISION SERVICES		
Exam (Once per 12 months)	\$10 (no ded)	10%
Hardware (Once per 24 months)	\$150 allowance	\$150 allowance
PHARMACY BENEFIT		
Tier 1	\$15 / \$20	\$15
Tier 2	\$30 / \$40	\$30
Tier 3	\$50 / \$60	\$50
Tier 4	\$150 / \$150	\$150
Specialty Drug	Same as Retail Copay	Same as Retail Copay
Mail Order (90 day supply)	2x Retail Copay	2x Retail Copay

To find in-network medical providers, visit <https://healthy.kaiserpermanente.org/>
PCY = Per Calendar Year

HEALTH SAVINGS ACCOUNT (HSA)

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

HSA: TRIPLE TAX SAVINGS

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

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

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

Lewis & Clark will make monthly contributions in the amount of \$83.33 (\$1,000 total annually) if you are enrolled by yourself or \$166.67 (\$2,000 total annually) if you are enrolled with dependents to support your healthcare needs. This money does not return to Lewis & Clark when you end your employment; it is yours to keep.

MAXIMUM CONTRIBUTION

The IRS sets HSA contribution limits each year. The limits represents the maximum amount of tax-free dollars you can contribute to your HSA during a calendar year. In 2025, total HSA contributions cannot exceed \$4,300 for employees under age 55 with single HSA compatible HDHP coverage or \$8,550 for employees under age 55 with family HSA compatible HDHP coverage. The combined total employee and employer contributions may not exceed annual HSA limits. If you would like to contribute pre-tax dollars to your HSA you can designate your payroll deduction amount via Workday, and may change adjust it at any time.

CATCH-UP CONTRIBUTION

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

HSAS & RETIREMENT

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

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

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

HSA ELIGIBILITY

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

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

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

DOMESTIC PARTNERS

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

ADULT DEPENDENT CHILDREN

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

DENTAL BENEFITS

Lewis & Clark College offers eligible employees and their dependents three dental plan options through Kaiser Permanente, Delta Dental and Willamette Dental. The following tables provide a brief summary of the dental plans that are offered. For further information on regarding your dental benefits, please refer to your Dental Benefit Summaries.

KAISER PERMANENTE	
PLAN FEATURES	Kaiser Network
Calendar Year Deductible	N/A
Deductible: Waived for preventive	N/A
Annual Maximum	\$1,500
Diagnostic & Preventive Care (exams, cleaning, x-rays)	\$15 Copay
Basic Restorative Care (fillings, simple oral surgery, endodontics)	\$15 Copay
Major (crowns, inlays, onlays)	20%
Implants	Not Covered
TMJ	Not Covered
Orthodontia Adults and Dependent Children to age 26 Lifetime Maximum	50% \$1,500

DELTA DENTAL	
PLAN FEATURES	PPO / Premier Network / Out of Network
Calendar Year Deductible	\$50 / \$150
Deductible: Waived for preventive	Yes
Annual Maximum	\$1,500
Diagnostic & Preventive Care (exams, cleaning, x-rays)	Covered in Full
Basic Restorative Care (fillings, simple oral surgery, endodontics)	20% / 20%
Major (crowns, inlays, onlays)	50% / 50%
Implants	Covered Under Major
TMJ	Not Covered
Orthodontia Adults and Dependent Children to age 26 Lifetime Maximum	50% \$1,500

DENTAL BENEFITS

WILLAMETTE DENTAL	
PLAN FEATURES	WILLAMETTE DENTAL NETWORK
Calendar Year Deductible	N/A
Deductible: Waived for preventive	N/A
Annual Maximum	No Annual Maximum
Diagnostic & Preventive Care (exams, cleaning, x-rays)	\$15
Basic Restorative Care (fillings, simple oral surgery, endodontics)	\$15
Major (crowns, inlays, onlays)	\$30 - \$100 (depending on service)
Implants	\$1,500 Maximum PCY
TMJ	Not Covered
Orthodontia Adults and Dependent Children to age 26 Lifetime Maximum	\$2,000 Deductible No Lifetime Maximum



BENEFIT PLAN COSTS

Faculty working .5 FTE, and Staff working .53 FTE (20 hours per week), premium amounts will be deducted from payroll each month. All employee contributions will be deducted from payroll pre-tax, unless employee is covering a dependent that is not a Section 152 tax dependent. A \$50 surcharge may be applicable for spouse/domestic partners that are eligible for coverage through their own employer. Benefits eligible employees who waive medical coverage are eligible to receive a \$50 monthly stipend.

MEDICAL - PERMANENTE			
Tier	Employee Per Month	Employer Per Month	Total Monthly Premium
HMO PLAN			
Employee Only	\$94.00	\$658.05	\$752.05
Employee & Spouse	\$416.26	\$1,125.44	\$1,541.70
Employee & Child(ren)	\$385.80	\$1,043.10	\$1,428.90
Family	\$599.01	\$1,619.54	\$2,218.55
HMO PLUS PLAN			
Employee Only	\$109.23	\$658.09	\$767.32
Employee & Spouse	\$447.51	\$1,125.49	\$1,573.00
Employee & Child(ren)	\$414.76	\$1,043.14	\$1,457.90
Family	\$643.97	\$1,619.61	\$2,263.58
ADDED CHOICE PPO PLAN			
Employee Only	\$205.37	\$921.68	\$1,127.05
Employee & Spouse	\$745.77	\$1,564.67	\$2,310.44
Employee & Child(ren)	\$691.20	\$1,450.19	\$2,141.39
Family	\$1,073.18	\$2,251.60	\$3,324.78
HDHP/HSA PLAN			
Employee Only	\$58.73	\$528.57	\$587.30
Employee & Spouse	\$319.05	\$884.91	\$1,203.96
Employee & Children	\$295.70	\$820.16	\$1,115.86
Family	\$459.12	\$1,273.40	\$1,732.52

BENEFIT PLAN COSTS

Faculty working .5 FTE, and Staff working .53 FTE (20 hours per week), premium amounts will be deducted from payroll each month. All employee contributions will be deducted from payroll pre-tax, unless employee is covering a dependent that is not a Section 152 tax dependent. A \$50 surcharge may be applicable for spouse/domestic partners that are eligible for coverage through their own employer. Benefits eligible employees who waive medical coverage are eligible to receive a \$50 monthly stipend.

DENTAL			
Tier	Employee Per Month	Employer Per Month	Total Monthly Premium
KAISER PERMANENTE			
Employee Only	\$15.55	\$46.66	\$62.21
Employee & Spouse	\$62.21	\$62.22	\$124.43
Employee & Child(ren)	\$55.99	\$55.99	\$111.98
Family	\$121.31	\$65.32	\$186.63
DELTA DENTAL			
Employee Only	\$14.78	\$47.33	\$62.11
Employee & Spouse	\$67.99	\$74.85	\$142.84
Employee & Child(ren)	\$56.18	\$61.84	\$118.02
Family	\$132.56	\$66.18	\$198.74
WILLAMETTE DENTAL			
Employee Only	\$11.85	\$35.55	\$47.40
Employee & Spouse	\$47.40	\$47.40	\$94.80
Employee & Child(ren)	\$52.13	\$52.13	\$104.25
Family	\$102.83	\$44.07	\$146.90

VOLUNTARY BENEFITS

ACCIDENT INSURANCE - UNUM

Accident Insurance is 24 hour coverage, and can supplement existing medical coverage, and is designed to help covered employees pay the out-of-pocket expenses and extra bills that can follow an accidental injury, whether minor or catastrophic. Lump sum benefits are paid directly to the employee based on the amount of coverage listed in the schedule of benefits.

CRITICAL ILLNESS INSURANCE - UNUM

Critical Illness Insurance is designed to help employees offset the financial effects of a catastrophic illness by paying a lump sum benefit if an insured person is diagnosed with a covered critical illness (including Cancer). The Critical Illness benefit can help with out-of-pocket medical expenses such as copays and deductibles, treatment not covered by your medical plan, and your mortgage payment. You can elect either a \$15,000 or \$30,000 benefit and spouse/children are covered at 50% of the employee's elected amount.

Supplemental insurance plans are a valuable way for employees to protect their future by combining the convenience of payroll deductions with competitive group rates. These voluntary benefits enable employees to customize their insurance package to meet their specific needs. They are appropriate for single as well as married individuals and these benefits may be continued upon termination of employment.



WHY CHOOSE VOLUNTARY BENEFITS

Voluntary benefits can help cover unexpected costs that might arise due to lack of work due to an accident.

- Pays you in the event of an accident or critical illness
- That money is yours to use as you see fit, whether that's paying bills, mortgage, food, or covering the cost of medical care your medical insurance does not cover.

FLEXIBLE SPENDING ACCOUNT (FSA)

Lewis & Clark College offers Flexible Spending Account (FSA) plans through Allegiance. By participating in the FSA plans, you can pay for health care expenses and day care expenses with pre-tax dollars. FSA contributions are deducted from your paycheck before taxes are calculated. This decreases your taxable income, and therefore reduces your Federal income and Social Security taxes. You must re-enroll in the FSA plan benefit each year to use this benefit. The FSA plan year begins on April 1, 2025 and ends on March 31, 2026. Claims must be incurred during this time period to be eligible for reimbursement. Per Internal Revenue Service regulations, funds remaining in your FSA at the end of the year may be forfeited so please plan accordingly.

FSA ACCOUNTS ALLOW EMPLOYEES TO DEFER MONEY ON A PRE-TAX BASIS FOR:

- **HEALTH CARE ACCOUNT** - You may set aside up to \$3,300 annually on a pre-tax basis to cover certain out-of-pocket medical, dental, and vision expenses, including co-pays and prescription drugs.
 - **ROLLOVER** - you may rollover up to \$660 of any unused funds at the end of the year into the next year's FSA. The carryover amount is determined after all expenses have been reimbursed for that plan year (after the end of the plan's 90 day runout). This amount will be added to any contributions you elect for the next plan year. Per Internal Revenue Service (IRS) regulations, any funds remaining in your FSA that exceed \$660 at the end of the year will be forfeited so please plan accordingly. Please note: this only applies to the Health Care FSA account, not the Dependent Care FSA.
 - **FSA DEBIT CARD** - the FSA debit card gives you an automatic way to pay for qualified healthcare expenses. The stored value debit card draws on the value of your annual FSA election.
- **DEPENDENT CARE ACCOUNT** - You may set aside up to \$5,000 annually (if married and filing your taxes jointly or \$2,500 annually if married and filing taxes separately) on a pre-tax basis to pay for day care expenses. For dependent care expenses to be eligible under the Dependent Care FSA, the expenses must be incurred in order to care for a tax-dependent child under age 13 who lives with you, or a tax dependent parent, spouse or child who lives with you and is incapable of caring for himself or herself. The care must be needed so that you and your spouse can go to work or attend school full time



REMINDER

You must re-enroll each year in the Health Care and/or Dependent Care FSA to take advantage of these benefits. Your share of medical, dental, and/or vision contributions will be automatically deducted from your pay check on a pre-tax basis.

LIFE, AD&D, AND DISABILITY

GROUP TERM LIFE INSURANCE AND ACCIDENTAL DEATH AND DISMEMBERMENT (AD&D) - UNUM

Lewis & Clark College provides Employer Paid Group Term Life to all benefit eligible employees at no cost. This plan will pay your beneficiary up to 1.5 times your salary to a maximum of \$250,000 in the event of your death. This benefit is paid 100% by Lewis & Clark College and administered through Carrier.

In the event of your death or dismemberment due to an accident this policy will pay an additional benefit to your beneficiary. This benefit is paid 100% by Lewis & Clark College and administered through Unum.

LONG TERM DISABILITY (LTD) - UNUM

Lewis & Clark College provides Long Term Disability (LTD) coverage to all eligible employees through Unum at no cost to employees. This plan provides income replacement in the event you are unable to work due to an illness or physician certified disability.

This plan provides 60% income replacement up to a monthly max of \$10,000, payable after a 90 day elimination period and until Social Security Normal Retirement Age (SSNRA).



VOLUNTARY LIFE AND AD&D

VOLUNTARY LIFE AND ACCIDENTAL DEATH & DISMEMBERMENT (AD&D)

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

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

Voluntary Life insurance is available in the following amounts:

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

Voluntary Life Rates Per \$1,000		
Age	Employee	Spouse
Under 20	\$0.040	\$0.040
20-24	\$0.040	\$0.040
25-29	\$0.040	\$0.040
30-34	\$0.050	\$0.050
35-39	\$0.060	\$0.060
40-44	\$0.080	\$0.080
45-49	\$0.140	\$0.140
50-54	\$0.230	\$0.230
55-59	\$0.360	\$0.360
60-64	\$0.470	\$0.470
65-69	\$0.840	\$0.840
70-74	\$1.480	\$1.480
75-79	\$2.270	\$2.270
80+	\$2.270	\$2.270

Voluntary Children Life Rates	
Option	Rate/\$1,000
Child(ren)	\$0.350

Voluntary AD&D Rates	
Option	Rate/\$1,000
Employee	\$0.03
Spouse	\$0.03
Child(ren)	\$0.03

EMPLOYEE ASSISTANCE PROGRAM (EAP)

EMPLOYEE ASSISTANCE PROGRAM (EAP)

Lewis & Clark College is offering an Employee Assistance Program (EAP) through Canopy. EAP services are available to all employees and their dependents in the household. The EAP offers free, confidential counseling that can help with issues such as family/marital/parenting concerns, personal and emotional concerns, work conflicts, financial issues, child care referral, alcohol and drug issues and more. You and your family members can receive up to four, one-hour face to face, over the phone, or online sessions with a licensed EAP counselor free of charge per incident as well as 24 hour crisis telephone counseling. For more information on the benefits offered through your Canopy EAP, visit www.canopywell.com.



NOTICES, SPECIAL RIGHTS, & PRIVACY

SPECIAL ENROLLMENT RIGHTS

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

PRIVACY POLICY

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

WOMEN'S HEALTH AND CANCER RIGHTS ACT

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

Premium Assistance Under Medicaid and the Children’s Health Insurance Program (CHIP)

If you or your children are eligible for Medicaid or CHIP and you’re eligible for health coverage from your employer, your state may have a premium assistance program that can help pay for coverage, using funds from their Medicaid or CHIP programs. If you or your children aren’t eligible for Medicaid or CHIP, you won’t be eligible for these premium assistance programs but you may be able to buy individual insurance coverage through the Health Insurance Marketplace. For more information, visit www.healthcare.gov.

If you or your dependents are already enrolled in Medicaid or CHIP and you live in a State listed below, contact your State Medicaid or CHIP office to find out if premium assistance is available.

If you or your dependents are NOT currently enrolled in Medicaid or CHIP, and you think you or any of your dependents might be eligible for either of these programs, contact your State Medicaid or CHIP office or dial **1-877-KIDS NOW** or www.insurekidsnow.gov to find out how to apply. If you qualify, ask your state if it has a program that might help you pay the premiums for an employer-sponsored plan.

If you or your dependents are eligible for premium assistance under Medicaid or CHIP, as well as eligible under your employer plan, your employer must allow you to enroll in your employer plan if you aren’t already enrolled. This is called a “special enrollment” opportunity, and **you must request coverage within 60 days of being determined eligible for premium assistance**. If you have questions about enrolling in your employer plan, contact the Department of Labor at www.askebsa.dol.gov or call **1-866-444-EBSA (3272)**.

If you live in one of the following states, you may be eligible for assistance paying your employer health plan premiums. The following list of states is current as of July 31, 2024. 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.flmedicaidprecovery.com/flmedicaidprecovery.com/hipp/index.html Phone: 1-877-357-3268

GEORGIA – Medicaid	INDIANA – Medicaid
<p>GA HIPP Website: https://medicaid.georgia.gov/health-insurance-premium-payment-program-hipp Phone: 678-564-1162, Press 1 GA CHIPRA Website: https://medicaid.georgia.gov/programs/third-party-liability/childrens-health-insurance-program-reauthorization-act-2009-chipra Phone: 678-564-1162, Press 2</p>	<p>Health Insurance Premium Payment Program All other Medicaid Website: https://www.in.gov/medicaid/ http://www.in.gov/fssa/dfir/ Family and Social Services Administration Phone: 1-800-403-0864 Member Services Phone: 1-800-457-4584</p>
IOWA – Medicaid and CHIP (Hawki)	KANSAS – Medicaid
<p>Medicaid Website: Iowa Medicaid Health & Human Services Medicaid Phone: 1-800-338-8366 Hawki Website: Hawki - Healthy and Well Kids in Iowa Health & Human Services Hawki Phone: 1-800-257-8563 HIPP Website: Health Insurance Premium Payment (HIPP) Health & Human Services (iowa.gov) HIPP Phone: 1-888-346-9562</p>	<p>Website: https://www.kancare.ks.gov/ Phone: 1-800-792-4884 HIPP Phone: 1-800-967-4660</p>
KENTUCKY – Medicaid	LOUISIANA – Medicaid
<p>Kentucky Integrated Health Insurance Premium Payment Program (KI-HIPP) Website: https://chfs.ky.gov/agencies/dms/member/Pages/kihipp.aspx Phone: 1-855-459-6328 Email: KIHIPP.PROGRAM@ky.gov KCHIP Website: https://kynect.ky.gov Phone: 1-877-524-4718 Kentucky Medicaid Website: https://chfs.ky.gov/agencies/dms</p>	<p>Website: www.medicaid.la.gov or www.ldh.la.gov/lahipp Phone: 1-888-342-6207 (Medicaid hotline) or 1-855-618-5488 (LaHIPP)</p>
MAINE – Medicaid	MASSACHUSETTS – Medicaid and CHIP
<p>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</p>	<p>Website: https://www.mass.gov/masshealth/pa Phone: 1-800-862-4840 TTY: 711 Email: masspremassistance@accenture.com</p>
MINNESOTA – Medicaid	MISSOURI – Medicaid
<p>Website: https://mn.gov/dhs/health-care-coverage/ Phone: 1-800-657-3672</p>	<p>Website: http://www.dss.mo.gov/mhd/participants/pages/hipp.htm Phone: 573-751-2005</p>

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://dhcfp.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. 15218 Email: DHHS.ThirdPartyLiabi@dhhs.nh.gov
NEW JERSEY – Medicaid and CHIP	NEW YORK – Medicaid
Medicaid Website: http://www.state.nj.us/humanservices/dmahs/clients/medicaid/ Phone: 1-800-356-1561 CHIP Premium Assistance Phone: 609-631-2392 CHIP Website: http://www.njfamilycare.org/index.html CHIP Phone: 1-800-701-0710 (TTY: 711)	Website: https://www.health.ny.gov/health_care/medicaid/ Phone: 1-800-541-2831
NORTH CAROLINA – Medicaid	NORTH DAKOTA – Medicaid
Website: https://medicaid.ncdhhs.gov/ Phone: 919-855-4100	Website: https://www.lhs.nd.gov/healthcare Phone: 1-844-854-4825
OKLAHOMA – Medicaid and CHIP	OREGON – Medicaid and CHIP
Website: http://www.insureoklahoma.org Phone: 1-888-365-3742	Website: http://healthcare.oregon.gov/Pages/index.aspx Phone: 1-800-699-9075
PENNSYLVANIA – Medicaid and CHIP	RHODE ISLAND – Medicaid and CHIP
Website: https://www.pa.gov/en/services/dhs/apply-for-medicaid-health-insurance-premium-payment-program-hipp.html Phone: 1-800-692-7462 CHIP Website: Children's Health Insurance Program (CHIP) (pa.gov) CHIP Phone: 1-800-986-KIDS (5437)	Website: http://www.eohhs.ri.gov/ Phone: 1-855-697-4347, or 401-462-0311 (Direct RItE Share Line)
SOUTH CAROLINA – Medicaid	SOUTH DAKOTA - Medicaid
Website: https://www.scdhhs.gov Phone: 1-888-549-0820	Website: http://dss.sd.gov Phone: 1-888-828-0059

TEXAS – Medicaid	UTAH – Medicaid and CHIP
Website: Health Insurance Premium Payment (HIPP) Program Texas Health and Human Services Phone: 1-800-440-0493	Utah’s Premium Partnership for Health Insurance (UPP) Website: https://medicaid.utah.gov/upp/ Email: upp@utah.gov Phone: 1-888-222-2542 Adult Expansion Website: https://medicaid.utah.gov/expansion/ Utah Medicaid Buyout Program Website: https://medicaid.utah.gov/buyout-program/ CHIP Website: https://chip.utah.gov/
VERMONT – Medicaid	VIRGINIA – Medicaid and CHIP
Website: Health Insurance Premium Payment (HIPP) Program Department of Vermont Health Access Phone: 1-800-250-8427	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
WASHINGTON – Medicaid	WEST VIRGINIA – Medicaid and CHIP
Website: https://www.hca.wa.gov/ Phone: 1-800-562-3022	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)
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, 2024, or for more information on special enrollment rights, contact either:

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

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

Paperwork Reduction Act Statement

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

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

OMB Control Number 1210-0137 (expires 1/31/2026)