Your 2017 Employee Benefits

Choose well, live well
Welcome to Your Colby College Benefits

Our success depends on you – the Colby College employees. That’s why we’re pleased to offer comprehensive, high-quality employee benefits that protect your health, your family and your wealth. These benefits are a valuable part of your total compensation package.

We’ve designed a flexible benefits program so you can choose benefits that fit you. You’ll need to enroll for benefits when you first become eligible or during the annual Benefit Enrollment period, which ends on November 16. You may change coverage after Benefit Enrollment only if you experience a qualifying event such as marriage, divorce, birth or adoption of a child.

Take a look at the information contained in this interactive guide illustrating your available benefits for the 2017 plan year. If you have any questions, please call Rose Griffin at 1-207-859-5503. We’re here to help!

Your Benefits Team

How to Use This Guide

This benefits guide in the online format makes it easy to learn about specific benefit choices that appeal to you. It’s interactive. This means you decide which pages you want to view at the click of a button. A handy menu of topics located on the left side of each page quickly allows you to click on the benefit that interests you most. In addition, there is a key at the base of the page that provides a more detailed description of where these buttons might take you.

For example, if you want to know how much you can allocate for your Dependent Care Flexible Spending Account this year, click on “Spending Accounts” on the home page (or the following page). Or, to visit your medical insurance carrier’s website, click on the world icon on the Medical Insurance page. You can also access company websites by simply clicking on the site name that appears in bold print. A print icon also allows you to print the document or individual pages.

Need to review a previous page or jump back to the beginning? Just remember to use the navigation buttons located at the bottom of the page to move throughout the document – instead of using your Web browser’s back button.

We hope the easy-to-use format helps you learn more about making your 2017 benefits choices for yourself and your family.
**How Your Benefits Work**

**Who is eligible?**
- All regular employees who are scheduled to work at least 17½ hours per week are eligible on the first day of the month following or coinciding with their hire date.
- Your legal spouse.*
- Your children, up to age 26.
- Adult children, stepchildren or children in your guardianship, of any age, who are disabled.

* Contact Rose Griffin and complete the necessary forms within 31 days from the status change, or within 60 days if the status change is due to Medicaid/CHIP events.

**Who covers the premiums?**

<table>
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<tr>
<th>Benefits</th>
<th>Who Pays</th>
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<tr>
<td>Medical</td>
<td>Colby College and You</td>
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<tr>
<td>Basic Life</td>
<td>Colby College</td>
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<tr>
<td>Supplemental Life</td>
<td>You</td>
</tr>
<tr>
<td>Dependent Life</td>
<td>You</td>
</tr>
<tr>
<td>Long-Term Disability</td>
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<td>Vision</td>
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<tr>
<td>Employee Assistance Plan</td>
<td>Colby College</td>
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<tr>
<td>Business Travel Accident</td>
<td>Colby College</td>
</tr>
</tbody>
</table>

**Important reminders**

- All employees are required to re-enroll in benefits. If you participate in any of the following benefits and want to continue in 2017, you must actively enroll in them during Benefit Enrollment:
  - Medical.
  - Vision.
  - Supplemental Life.
  - Health Care Flexible Spending Account (FSA).
  - Limited Purpose Health Care FSA.
  - Dependent Care FSA.

- Attend a Benefit Enrollment meeting at 10:00 a.m. or 2:00 p.m. on November 9 or 10 in the Robins room, located in the Roberts building.
- Decide on any other changes to your Colby College benefits for 2017, such as:
  - Adding dependents to or removing them from your medical coverage.*
  - Updating your life insurance coverage and beneficiaries.

* Keep in mind, changes due to a qualifying life event can be made at any time of the year.

**What’s New for 2017?**

**Practically nothing and we are proud!**

Limited changes mean that you get to enjoy the benefits that you had access to last year at the same cost as before! The following changes will go into effect on January 1, 2017.
- HSA maximum contributions will increase to $3,400 for single coverage or $6,750 for family coverage.
- Health Care FSA and Limited Purpose FSA maximum contribution will increase to $2,600.

Colby College provides you and your family with a rich, comprehensive package of benefits as part of your total compensation.
Medical Plan

You can choose from three Medical Insurance plans that help keep you and your budget healthy.

- Cigna Open Access Plus.
- Cigna Open Access Plus In-Network.
- Cigna Choice Fund HSA Plan.

Cigna Open Access Plus Plan (OAP)

With the OAP plan, you have the freedom to receive care from any licensed provider. You will pay less when you use doctors, hospitals and other health care facilities that participate in the Cigna network and have agreed to provide services to plan members at special discounted rates.

You will pay expenses up to your plan’s annual deductible. Once you’ve met the deductible, you and the plan share in the costs – with the plan paying a larger portion – until you reach the annual out-of-pocket maximum. This is known as “coinsurance.”

Cigna Open Access Plus In-Network Plan (OAPIN)

The OAPIN plan offers a wide range of medical services from a network of physicians and hospitals. You and your covered family members each select a doctor from the network who will be your Primary Care Physician (PCP) and your “point person” in coordinating your health care.

As an OAPIN member, you pay only a low copayment for office visits and most services, and you won’t have any claim forms to file.

<table>
<thead>
<tr>
<th>Coverage</th>
<th>Cigna Open Access Plus (OAP)</th>
<th>Cigna Open Access Plus In-Network (OAPIN)</th>
<th>Cigna Choice Fund with Health Savings Account (HSA)</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>In-Network</td>
<td>Out-of-Network</td>
<td>In-Network ONLY Out-of-Network</td>
</tr>
<tr>
<td>HSA contribution</td>
<td>None</td>
<td>None</td>
<td>NA</td>
</tr>
<tr>
<td>Routine and preventive care</td>
<td>100%</td>
<td>100%</td>
<td>100%</td>
</tr>
<tr>
<td>Annual deductible</td>
<td>Individual / Family $500 / $1,000</td>
<td>$500 / $1,000</td>
<td>$250 / $500</td>
</tr>
<tr>
<td>Annual out-of-pocket maximum</td>
<td>Individual / Family $1,500 / $3,000</td>
<td>$1,500 / $3,000</td>
<td>$1,250 / $2,500</td>
</tr>
<tr>
<td>Annual pharmacy out-of-pocket maximum</td>
<td>Individual / Family $4,850 / $9,700</td>
<td>$4,850 / $9,700</td>
<td>$5,100 / $10,200</td>
</tr>
<tr>
<td>Coinsurance for most covered care</td>
<td>80%</td>
<td>60%</td>
<td>90%</td>
</tr>
<tr>
<td>Primary care visits</td>
<td>$20 copay D &amp; C*</td>
<td>$20 copay NA</td>
<td>D &amp; C*</td>
</tr>
<tr>
<td>Hospital visits</td>
<td>D &amp; C*</td>
<td>D &amp; C*</td>
<td>D &amp; C*</td>
</tr>
<tr>
<td>Specialist visits</td>
<td>$20 copay D &amp; C*</td>
<td>$25 copay NA</td>
<td>D &amp; C*</td>
</tr>
<tr>
<td>Emergency room</td>
<td>D &amp; C*</td>
<td>D &amp; 80% C*</td>
<td>D &amp; C*</td>
</tr>
<tr>
<td>Retail prescription drugs (30-day supply)</td>
<td>$10</td>
<td>$10</td>
<td>10%**</td>
</tr>
<tr>
<td></td>
<td>$25</td>
<td>$30</td>
<td>20%**</td>
</tr>
<tr>
<td></td>
<td>$40</td>
<td>$50</td>
<td>30%**</td>
</tr>
<tr>
<td>Mail-order prescription drugs (90-day supply)</td>
<td>$20</td>
<td>$20</td>
<td>10%**</td>
</tr>
<tr>
<td></td>
<td>$50</td>
<td>$60</td>
<td>20%**</td>
</tr>
<tr>
<td></td>
<td>$80</td>
<td>$100</td>
<td>30%**</td>
</tr>
</tbody>
</table>

*Some preventive medications are covered at 100%.

Colby Choice Fund with Health Savings Account (HSA)

Similar to the OAP plan, the Colby College HSA plan is administered by Cigna and includes comprehensive medical and prescription drug coverage. What’s different is that for most services, you will have to meet a higher deductible before the Cigna plan pays its share of the benefit. In exchange, the monthly premiums for this plan are lower. The plan also includes a Health Savings Account (HSA) where you can set aside pretax savings to pay for current or future health care expenses – even after you retire. Every month, Colby contributes $84 for Single coverage or $167 for Family coverage.

More CDHP with an HSA information on page 5.
The Colby College HSA Medical Plan That Puts You in Control

Again this year, we are pleased to offer you a type of health plan that supports our overall wellness and consumerism strategy. This type of plan offers a tax-advantaged savings account option and helps you better manage your health care dollars.

The lower-premium plan, known as the "HSA plan" at Colby, is often referred to as a Consumer Directed Health Plan (CDHP) because you control all of the decisions about your health care and health spending. The CDHP works a little differently than other health plans, but the effort you make to understand it could reward you with extra money in your pocket. By leading a healthy lifestyle and taking greater ownership of your health care decisions, you could save money on your insurance costs and medical bills. Keep in mind, if you enroll in the CDHP, you will automatically be covered under the prescription drug plan, administered by Cigna.

What does the CDHP offer?

**Low-premium, high-deductible coverage**
Your per-paycheck costs are lower compared to the costs of other health plans, allowing you to keep more of your salary each month. You pay for your initial medical costs until you meet your annual deductible, and then the plan will pay a larger percentage of any further costs until you reach your annual out-of-pocket maximum on the portion that you pay. This is known as “coinsurance.” Once you meet your out-of-pocket maximum, the plan pays 100% of your eligible expenses for the remainder of the year.

**Tax-advantaged savings account**
The CDHP offers you a Health Savings Account (HSA) to which you and Colby College can contribute on a before-tax basis, up to a total of $3,400 for employee-only coverage and $6,750 if you cover dependents. Each year, Colby College will contribute $1,000 to your account if you select employee-only coverage or $2,000 if you cover dependents. All contributions and withdrawals are tax-free, as long as you use the money to pay for eligible health-related expenses. Additionally, all the money in the account is yours and will never be forfeited.

**Free in-network preventive care**
As with all of Colby College’s medical plans, preventive care is fully covered under the CDHP – you pay nothing toward your deductible and no copays as long as you receive preventive care from in-network providers. This includes services such as annual physicals, well exams, immunizations, flu shots and cancer screenings.

**Keep your current doctors**
Colby College’s CDHP uses the same network of doctors and pharmacies as the OAP plan. So, there’s no need to switch health care providers.

What is a Health Savings Account?
A Health Savings Account – known as an “HSA” – is a benefit for employees who participate in the CDHP. The HSA works in partnership with the CDHP and allows you to pay for eligible health-related expenses with tax-free dollars.

**How it works**
- Colby College contributes money to your account each year:
  - $1,000 for employee-only coverage.
  - $2,000 if you cover dependents.
- You can also have money automatically deducted from your paycheck and deposited into your HSA on a before-tax basis:
  - Up to $3,400 (including Colby College’s contribution) annually for employee-only coverage.
  - Up to $6,750 (including Colby College’s contribution) annually if you cover dependents.
- Contribute an additional $1,000 annually as a catch-up contribution if you’re age 55 or older.
- Interest or earnings on your money grows tax-free.*
- You can withdraw the money tax-free to pay for health-related expenses; use a convenient HSA debit card or submit receipts for reimbursement.*
- Money in your HSA is yours to keep and can be rolled over from year to year (unlike the money in an FSA); take the money with you if you leave Colby College or retire.
- If you elect the HSA plan, neither you nor your spouse may have a general purpose health FSA.

*Money in an HSA grows tax-free and can be withdrawn tax-free as long as it’s used to pay for qualified health-related expenses (a list of eligible expenses can be found in IRS Publication 502, available at [www.irs.gov](http://www.irs.gov)). If money is used for ineligible expenses, you will pay ordinary income tax on the amount withdrawn, plus a 20% penalty tax if you’re age 65 or younger.
The Colby College HSA Medical Plan That Puts You in Control (cont’d)

What is a Health Savings Account?

Are you eligible for an HSA?
To establish and contribute to the HSA, you:
- Must be enrolled in the CDHP/HSA option.
- Cannot simultaneously participate in the general purpose Health Care Flexible Spending Account (neither you nor your spouse may have a general purpose FSA).
- Cannot be eligible for Medicare.
- Cannot be claimed as a dependent on someone else’s tax return.

Is the CDHP right for you?

Ask yourself the following questions:
- Do you and your covered dependents require only a few visits to the doctor each year for nonpreventive reasons? Remember, all preventive care is covered at 100% under all Colby College plans.
- Are you willing to take a more active role managing your health care expenses and be a more informed health care consumer?
- Would you be willing to pay less from your paycheck in premiums, in exchange for a higher deductible? Keep in mind, premiums can be a big part of your overall health care costs.
- Would you like to open your own tax-free savings account that can be used for health-related expenses at any time – and get up to a $2,000 annual contribution from Colby College?

If you answered “Yes” to most of these questions, a CDHP with an HSA may be a good choice for you and your family!

Premium Contributions – Medical Insurance

<table>
<thead>
<tr>
<th>Coverage Options</th>
<th>Salary Range</th>
<th>Cigna Open Access Plus (OAP)</th>
<th>Cigna Open Access Plus In-Network (OAPIN)</th>
<th>Cigna Choice Fund with HSA (HSA)</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td>Monthly Rate</td>
<td>Monthly Rate</td>
<td>Monthly Rate</td>
</tr>
<tr>
<td>Individual</td>
<td>&lt;$35,700</td>
<td>$20.00</td>
<td>$24.00</td>
<td>$14.00</td>
</tr>
<tr>
<td></td>
<td>$35,700–$73,499</td>
<td>$40.00</td>
<td>$46.00</td>
<td>$23.00</td>
</tr>
<tr>
<td></td>
<td>$73,500+</td>
<td>$60.00</td>
<td>$70.00</td>
<td>$36.00</td>
</tr>
<tr>
<td>Employee + 1</td>
<td>&lt;$35,700</td>
<td>$170.00</td>
<td>$187.00</td>
<td>$120.00</td>
</tr>
<tr>
<td></td>
<td>$35,700–$73,499</td>
<td>$239.00</td>
<td>$264.00</td>
<td>$175.00</td>
</tr>
<tr>
<td></td>
<td>$73,500+</td>
<td>$298.00</td>
<td>$348.00</td>
<td>$250.00</td>
</tr>
<tr>
<td>Family</td>
<td>&lt;$35,700</td>
<td>$230.00</td>
<td>$248.00</td>
<td>$180.00</td>
</tr>
<tr>
<td></td>
<td>$35,700–$73,499</td>
<td>$331.00</td>
<td>$356.00</td>
<td>$275.00</td>
</tr>
<tr>
<td></td>
<td>$73,500+</td>
<td>$399.00</td>
<td>$449.00</td>
<td>$350.00</td>
</tr>
</tbody>
</table>
Vision Plan
The Vision Service Plan (VSP) provides benefits for exams and materials on a yearly basis for you and your covered dependents. You have the freedom to see any vision provider you choose, but the plan generally pays better benefits when you receive care from in-network doctors.

<table>
<thead>
<tr>
<th>Coverage*</th>
<th>Vision Service Plan</th>
</tr>
</thead>
<tbody>
<tr>
<td>Deductible</td>
<td>None</td>
</tr>
<tr>
<td>Exam (every 12 months)</td>
<td>Covered at 100% after a $10 copay</td>
</tr>
<tr>
<td>Glasses</td>
<td>Covered at 100% up to $180 after a $25 copay</td>
</tr>
<tr>
<td>Frames (every 24 months)</td>
<td>Covered at 100% up to $180 after a $25 copay</td>
</tr>
<tr>
<td>Lenses (every 12 months)</td>
<td>Covered at 100% up to $180 after a $25 copay</td>
</tr>
<tr>
<td>Contact Lenses (every 12 months in lieu of glasses)</td>
<td>Covered at 100% up to $180</td>
</tr>
<tr>
<td>Fitting and evaluation</td>
<td>Maximum copay of $60</td>
</tr>
</tbody>
</table>

*Additional discounts and savings may apply.

Flexible Spending Accounts (FSAs)
FSAs allow you to set aside money out of your paycheck on a pretax basis to help pay for eligible out-of-pocket health care and dependent care expenses, such as medical expenses before meeting your plan's deductible or daycare costs for a child.

Colby College offers you three types of FSAs:

**Health Care FSA**
- Reimburse yourself for eligible health care expenses incurred by you, your spouse or your eligible dependents.
- Contribute up to $2,600 in 2017.
- You must re-enroll each year during Benefit Enrollment.

**Dependent Care FSA**
- Reimburse yourself for eligible dependent care expenses, such as daycare for a child, that are necessary for you and/or your spouse to work, look for work or attend school full-time.
- Contribute up to $5,000 in 2017.
- You must re-enroll each year during Benefit Enrollment.

**Limited Purpose FSA**
- For employees on the HSA medical plan.
- Reimburse yourself for eligible health care expenses incurred by you, your spouse or your eligible dependents.
- Contribute up to $2,600 in 2017.
- You must re-enroll each year during Benefit Enrollment.

When you participate in an FSA, you decide how much you want to contribute each plan year. The FSA plan year is January 1 through December 31. The money you contribute is then taken from your pay before taxes are taken out — **this lowers your taxable income, which means less tax for you!**

**What’s an eligible expense?**
- **Health Care FSA** — Plan deductibles, copays, coinsurance and other medical expenses. To learn more, see IRS Publication 502 at www.irs.gov.
- **Dependent Care FSA** — Child daycare, babysitters, home care for dependent elders and related expenses. To learn more, see IRS Publication 503 at www.irs.gov.
- **Limited Purpose FSA** — Dental and vision expenses, and post-deductible medical expenses. To learn more, see IRS Publication 502 at www.irs.gov.
Basic Life

Life insurance is designed to help protect your loved ones’ financial health should something happen to you. Eligible employees automatically receive company-paid basic life insurance. The amount of life insurance coverage varies depending on your age:

<table>
<thead>
<tr>
<th>Age</th>
<th>Coverage</th>
</tr>
</thead>
<tbody>
<tr>
<td>&lt; 30</td>
<td>$50,000</td>
</tr>
<tr>
<td>30 to 34</td>
<td>$45,000</td>
</tr>
<tr>
<td>35 to 39</td>
<td>$40,000</td>
</tr>
<tr>
<td>40 to 44</td>
<td>$35,000</td>
</tr>
<tr>
<td>45 to 49</td>
<td>$30,000</td>
</tr>
<tr>
<td>50 to 54</td>
<td>$25,000</td>
</tr>
<tr>
<td>55 to 59</td>
<td>$20,000</td>
</tr>
<tr>
<td>Age 60 +</td>
<td>$15,000</td>
</tr>
</tbody>
</table>

Have you named a beneficiary?

It’s important to designate a beneficiary for your insurance benefits and to keep that information up to date. You can update your life beneficiary (basic and voluntary) at any time during the year by submitting a Beneficiary Designation form to Colby College Human Resources. If you have not named a beneficiary, or need to update your selection, please submit that information before completing the enrollment process. See page 10 for enrollment instructions.

Business Travel Accident Insurance

Business travel accident (BTA) insurance is extra insurance coverage for you whenever you travel on company business. If you die in an accident while traveling on business for Colby College, your beneficiary will receive payment from the BTA Plan.

Under the BTA Insurance Plan, your beneficiary will receive $150,000 if you die in an accident while traveling on a business-related trip. This benefit is in addition to your company-paid life insurance and any supplemental life insurance you purchase. Additionally, BTA provides benefits if you are disabled or seriously injured while traveling on company business. The amount of the payment depends on the extent of your injuries. Death from natural causes is not covered under this insurance.

When you are covered

For BTA coverage, a business trip begins when you leave your office or home. It ends when you return to your office or home – whichever comes first. Normal commuting to and from work is not considered a business trip.

Disability Insurance

What is a disability?

A disability is caused by a sickness or injury (other than a work-related injury). You, your doctor and Colby College will be required to complete forms to certify your disability.

Colby College provides all eligible employees with one disability plan (an LTD plan) at no cost to you. In the event of a claim, your benefits would be taxable.

Long-term disability (LTD)

If your disability extends beyond 26 weeks, the LTD plan provides a benefit with a maximum of 60% of your pre-disability earnings, up to $15,000 per month.

Your Colby College disability benefits will coordinate with any state disability benefits available, which means the maximum benefit won’t be higher than the amount described above. You will be responsible for filing any claims directly with The Hartford. All disability leave requests should be communicated to HR as soon as possible.
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OAPIN
HSA
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FAQs & Terms
Contacts
Required Notices

Additional Benefits

403(b) retirement savings
- Colby’s retirement plan consists of participation in a 403(b) plan administered by TIAA.
- The plan provides for mandatory contributions by the College and employees after two years of service. Colby’s base contribution is 8%, and the employee mandatory salary reduction contribution is 2% of base salary.
- Starting from the first day of employment, employees may elect to make voluntary contributions to a supplemental retirement annuity (GSRA) offered through the College. Additional voluntary contributions are subject to Internal Revenue Code limits and require execution of a salary reduction agreement.

How to enroll
To enroll online, go to www.tiaa.org/colby, and click Ready to Enroll. Next, click the plan name under the Ready to Enroll section. You will come to the Welcome page. Once on this page:
- If you are a first-time user: Click Register with TIAA to set up your User ID and password.
- If you are a returning user: Enter your established TIAA User ID and click Log In.
  - Follow the on-screen directions to complete your enrollment application. Note: At the allocation screen, click on any investment choice to view its fact sheet.
  - Print a confirmation page from the Thank You screen.
If you need assistance with enrolling online, call TIAA at 1-800-842-2888 Monday through Friday, 8 a.m. to 10 p.m., or Saturday, 9 a.m. to 6 p.m. (ET).

Health Advocate services
From locating a physician to dealing with claims issues, Health Advocate is there for you. When you call, you will be assigned a Personal Health Advocate to assist you and your immediate family, as well as parents and parents-in-law, with:
- Untangling insurance claims and issues.
- Answering diagnosis questions.
- Finding the best doctors and arranging appointments.
- Assisting with elder care.
- Negotiating provider fees.

All conversations between you and your Personal Health Advocate are confidential. Call 1-866-695-8622 toll-free to get connected to your own Personal Health Advocate.

Employee Assistance Program
As you go through life, you may be faced with health, personal, family or work-related challenges. The Employee Assistance Program (EAP) can help you sort things out. Simply call the EAP’s toll-free number, 24 hours a day, and speak with a trained professional on issues such as:
- Marriage and family concerns.
- Work and stress management.
- Questions about legal or financial concerns.
- Parenting concerns.
- Chronic conditions, injuries.
- Emotional difficulties like depression, anxiety or loss.
- Drug and alcohol dependence.

Through the EAP, you and your family can receive up to eight face-to-face counseling sessions. If you’re referred to a provider outside the EAP, the cost of that treatment isn’t covered by the EAP. However, the treatment may be covered by your health insurance. Any help you receive is completely confidential and not shared with Colby College.

Tuition assistance
Tuition assistance is available to continuing, full-time employees for undergraduate courses and for graduate courses through Master’s level, up to a maximum of 12 credit hours per calendar year. Check with the Benefits Specialist for 2017 rates. Employees may audit or enroll for credit in one Colby course each semester at no cost. Requests should be submitted at least two weeks prior to payment deadline.
- Application for Employee Tuition Benefit reimbursement form – To be used for reimbursement after completion of course (to be submitted with grades and itemized bill).
- Application for Employee Tuition Benefit form – To be used for payment upfront paid directly to attending college or university (to be submitted with itemized bill). Grades must be submitted to HR within two weeks upon completion of course and receipt of grades.
Easy Online Enrollment

Don’t miss out on your once-a-year opportunity to learn about your benefit options and make an informed choice for you and your family! Be sure to make your selections by November 16, 2016.

Please have the following information readily available when enrolling:

- Your Social Security number.
- Dependent Social Security number(s); first name(s); middle initial(s); last name(s); gender; and date(s) of birth.
- Physician information for yourself and each covered dependent.

If you need assistance enrolling online, or need access to a computer, please contact Human Resources. We will be happy to assist you.

To get started

2. Click the link here – www.colby.edu/hr/enrollment – to access the web-based enrollment site.
3. Click on “Benefit Reenrollment” in the table of contents. Enrollment takes about 10–15 minutes to complete.
4. Review your current coverage to determine if it still meets your needs.
5. Decide what changes you want to make and which benefits to re-enroll in. To make your benefit entries for 2017, follow the online instructions. Click on “Continue with Elections” at the bottom of each screen after making your choices.

Important Note: If you do not actively enroll, all benefits will end on December 31, 2016.

6. Benefit Enrollment is a good time to update any personal information, add or drop dependents and make sure your beneficiary information is current.
7. If you change your mind, simply log back in to the site, click on the benefit you wish to change and make your new election. Only your latest submission for each benefit will be valid for 2017.

Watch for confirmation

You will receive an email confirmation that summarizes your benefit elections once you complete the online enrollment. If you don’t receive an email confirmation, try logging back in and resubmitting. If you continue to experience problems, contact the Benefits Specialist for assistance.
Frequently Asked Questions

Q: What is an annual Benefit Enrollment period?

A: It's the time of year that you may add, drop or change your level of coverage for certain pretax benefit options. For 2017, the Benefit Enrollment period ends November 16.

Q: What happens if I miss the deadline to enroll in Colby’s benefit programs?

A: If you don’t make your benefit elections within 31 days after your date of hire, you won’t be able to enroll until the next annual enrollment period unless you have a Qualified Life Event.

Q: When do I receive my Medical ID card?

A: Once you submit your enrollment information, your cards should arrive within three to four weeks. Only those who are new to the plan or changing plans will receive new cards.

Q: How can I receive additional or replacement ID cards?

A: Call the benefit providers directly, log on to www.mycigna.com or contact the Benefits Specialist.

Q: Why do I pay for some benefits with pretax money?

A: Paying for certain optional benefits with pretax money lowers the amount of your pay that is taxable; therefore, you pay less in taxes. IRS code specifies that the value of any life Insurance coverage provided to employees that exceeds $50,000 must be considered as taxable income.

Q: When can I continue coverage under COBRA?

A: You and/or your dependents are eligible to continue group health care under COBRA if coverage is lost because:

- You leave the company for any reason other than “gross misconduct.”
- Your work hours are reduced.
- You die.
- You become entitled to and enroll in Medicare prior to electing COBRA.
- You divorce.
- Your dependent loses dependent status.

Q: What if I get married, divorced or have a new child in my family during the plan year?

A: You must notify the HR department within 31 days of any Qualified Life Event. Otherwise, you will have to wait until the next enrollment period to change your benefit options or coverage levels. You may also be required to show official documentation as proof of the change, such as a marriage license, birth certificate or court papers.

Q: What is an Explanation of Benefits (EOB)?

A: It’s a statement provided to a plan participant explaining how and why a claim was or wasn’t paid. Always review your EOB statements for accuracy. If you have a question about an EOB, or see an error, contact the provider directly. If you need further assistance, contact the Benefits Specialist.

Important Terms

- **Coinsurance** – The portion of covered expenses that you must pay for care, after first meeting a deductible amount, if any.
- **Copayment** – A flat fee that you pay for health care services at the time they’re received, regardless of the actual amount charged by your doctor or another provider. This generally applies to office visits and prescription drugs.
- **Deductible** – The amount you need to pay each year before your plan starts paying benefits.
- **Network** – A group of doctors and hospitals who offer discounts on services based on their relationship with Cigna.
- **Out-of-Pocket Maximum** – The most you’ll pay in a given year for all covered expenses. After you pay this amount, your benefit plan will pay all covered expenses for the rest of the year.
- **Reasonable and Customary (R&C) Charge** – The usual amount charged by most doctors for a particular service. The R&C charge may be different in two different geographic areas or if the service was provided under different circumstances (for example, in an emergency versus a nonemergency). R&C charges may apply only if you use out-of-network providers. You’re responsible for paying any amount that exceeds the R&C limit.
## Important Contacts

Please click on the provider website or contact the carrier by the phone number listed below to learn more about a specific benefit plan. We also invite you to speak with your HR representative when you have questions.

<table>
<thead>
<tr>
<th>For 2017 Benefits</th>
<th>Contact</th>
<th>Phone Number</th>
<th>Website</th>
</tr>
</thead>
<tbody>
<tr>
<td>Medical</td>
<td>Cigna</td>
<td>(800) Cigna24</td>
<td><a href="http://www.cigna.com">www.cigna.com</a></td>
</tr>
<tr>
<td>Vision</td>
<td>VSP</td>
<td>(800) 877-7195</td>
<td><a href="http://www.vsp.com">www.vsp.com</a></td>
</tr>
<tr>
<td>Flexible Spending Accounts</td>
<td>Group Dynamic</td>
<td>(800) 626-3539</td>
<td><a href="http://www.gdynamic.com">www.gdynamic.com</a></td>
</tr>
<tr>
<td>Life</td>
<td>The Hartford</td>
<td>(888) 563-1124</td>
<td><a href="http://www.thehartford.com">www.thehartford.com</a></td>
</tr>
<tr>
<td>Long-Term Disability</td>
<td>The Hartford</td>
<td>(888) 485-7332</td>
<td><a href="http://www.thehartford.com">www.thehartford.com</a></td>
</tr>
<tr>
<td>Business Travel Accident</td>
<td>Cigna</td>
<td>(412) 505-9108</td>
<td><a href="http://www.cigna.com">www.cigna.com</a></td>
</tr>
<tr>
<td>403(b) Retirement Plan</td>
<td>TIAA</td>
<td>(800) 842-2252</td>
<td><a href="http://www.tiaa.org/colby">www.tiaa.org/colby</a></td>
</tr>
<tr>
<td>Tuition Assistance</td>
<td>Human Resources</td>
<td>(207) 859-5503</td>
<td><a href="http://www.colby.edu/hr/benefits">www.colby.edu/hr/benefits</a></td>
</tr>
<tr>
<td>Employee Assistance Program</td>
<td>Cigna Behavioral</td>
<td>(800) 554-6931</td>
<td><a href="http://www.cignabehavioral.com">www.cignabehavioral.com</a></td>
</tr>
<tr>
<td>Health Advocate Services</td>
<td>Health Advocate</td>
<td>(866) 695-8622</td>
<td><a href="http://www.healthadvocate.com">www.healthadvocate.com</a></td>
</tr>
</tbody>
</table>
Required Notices

Please carefully review this notice. It describes how medical information about you may be used and disclosed and how you can get access to this information.

The Health Insurance Portability and Accountability Act of 1996 (HIPAA) imposes numerous requirements on the use and disclosure of individually identifiable health information. This information, known as protected health information, includes almost all individually identifiable health information held by a plan – whether received in writing, in an electronic medium, or as an oral communication. This notice describes the privacy practices of the plans: Medical, Vision, and FSA. The plans covered by this notice may share health information with each other to carry out treatment, payment, or health care operations. These plans are collectively referred to as the Plan in this notice, unless specified otherwise.

The Plan’s duties with respect to health information about you

The Plan is required by law to maintain the privacy of your health information and to provide you with this notice of the Plan’s legal duties and privacy practices with respect to your health information. If you participate in an insured plan option, you will receive a notice directly from the Insurer. It is important to note that these rules apply to the Plan, not Colby College as an employer – that’s the way the HIPAA rules work. Different policies may apply to other Colby College programs or to data unrelated to the Plan.

How the Plan may use or disclose your health information

The privacy rules generally allow the use and disclosure of your health information without your permission (known as an authorization) for purposes of health treatment, payment activities, and health care operations. Here are some examples of what that might entail:

- **Treatment** includes providing, coordinating, or managing health care by one or more health care providers or doctors. Treatment can also include coordination or management of care between a provider and a third party, and consultation and referrals between providers. For example, the Plan may share your health information with physicians who are treating you.
- **Payment** includes activities by this Plan, other plans, or providers to obtain premiums, make coverage determinations, and provide reimbursement for health care. This can include determining eligibility, reviewing services for medical necessity or appropriateness, engaging in utilization management activities, claims management, and billing; as well as performing “behind the scenes” plan functions, such as risk adjustment, collection, or reinsurance. For example, the Plan may share information about your coverage or the expenses you have incurred with another health plan to coordinate payment of benefits.
- **Health care operations** include activities by this Plan (and, in limited circumstances, by other plans or providers), such as wellness and risk assessment programs, quality assessment and improvement activities, customer service, and internal grievance resolution. Health care operations also include evaluating vendors; engaging in credentialing, training, and accreditation activities; performing underwriting or premium rating; arranging for medical review and audit activities; and conducting business planning and development. For example, the Plan may use information about your claims to audit the third parties that approve payment for Plan benefits.

The amount of health information used, disclosed, or requested will be limited and, when needed, restricted to the minimum necessary to accomplish the intended purposes, as defined under the HIPAA rules. If the Plan uses or discloses PHI for purposes of payment, the Plan will not use or disclose PHI that is your genetic information for such purposes.

How the Plan may share your health information with Colby College

The Plan, or its health insurer, may disclose group health information without your written authorization to Colby College for plan administration purposes. Colby College may need your health (not personal) information to administer benefits under the Plan. Colby College agrees not to use or disclose your health information other than as permitted or required by the Plan documents and by law. Human Resources staff are the only Colby College employees who will have access to your health information for plan administration functions.

Here’s how additional information may be shared between the Plan and Colby College, as allowed under the HIPAA rules:

- **The Plan, or its insurer or HMO, may disclose “summary health information” to Colby College, if requested, for purposes of obtaining premium bids to provide coverage under the Plan or for modifying, amending, or terminating the Plan. Summary health information is information that summarizes participants’ claims information, from which names and other identifying information have been removed.**
- **The Plan, or its insurer or HMO, may disclose to Colby College information on whether an individual is participating in the Plan or has enrolled or disenrolled in an insurance option or HMO offered by the Plan.**

In addition, you should know that Colby College cannot and will not use health information obtained from the Plan for any employment-related actions. However, information that is collected by Colby College from other sources – for example, under the Family and Medical Leave Act, Americans with Disabilities Act, or workers’ compensation programs – is not protected under HIPAA (although this type of information may be protected under other federal or state laws).

Other allowable uses or disclosures of your health information

In certain cases, your health information can be disclosed without authorization for purposes of the Plan, such as participant eligibility and enrollment, statistical research, health care operations, and making payment determinations. The Plan also is allowed to use or disclose your health information without your written authorization for the following activities:

- **Workers’ compensation**

Disclosures to workers’ compensation or similar legal programs that provide benefits for work-related injuries or illness without regard to fault, as authorized by and necessary to comply with the laws.

- **Necessary to prevent serious threat to health or safety**

Disclosures made in the good-faith belief that releasing your health information is necessary to prevent or lessen a serious and imminent threat to public or personal health or safety, if made to someone reasonably able to prevent or lessen the threat (or to the target of the threat); includes disclosures to law enforcement officials to apprehend an individual who has admitted participation in a violent crime that the Plan reasonably believes may have caused serious physical harm to a victim, or where it appears the individual has escaped from prison or from lawful custody.

Public health activities

Disclosures authorized by law to persons who may be at risk of contracting or spreading a disease or condition; disclosures to public health authorities to prevent or control disease or report child abuse or neglect; and disclosures to the Food and Drug Administration to collect or report adverse events or product defects.

Victims of abuse, neglect, or domestic violence

Disclosures to government authorities, including social services or protected agencies authorized by law to receive reports of abuse, neglect, or domestic violence, as required by law or if you agree or if the Plan believes that disclosure is necessary to prevent serious harm to you or potential victims (you’ll be notified of the Plan’s disclosure if informing you won’t put you at further risk).

Judicial and administrative proceedings

Disclosures in response to a court or administrative order, subpoena, discovery request, or other lawful process (the Plan may be required to notify you of the request or receive satisfactory assurance from the party seeking your health information that efforts were made to notify you or to obtain a qualified protective order concerning the information).

Law enforcement purposes

Disclosures to law enforcement officials required by law or legal process, or to identify a suspect, fugitive, witness, or missing person; disclosures about a crime victim if you agree or if disclosure is necessary for immediate law enforcement activity; disclosures about a death that may have resulted from criminal conduct; and disclosures to provide evidence of criminal conduct on the Plan’s premises.

Decedents

Disclosures to a coroner or medical examiner to identify the deceased or determine cause of death; and to funeral directors to carry out their duties.

Organ, eye, or tissue donation

Disclosures to organ procurement organizations or other entities to facilitate organ, eye, or tissue donation and transplantation after death.

Research purposes

Disclosures subject to approval by institutional or private privacy review boards, subject to certain assurances and representations by researchers about the necessity of using your health information and the treatment of the information during a research project.

Health oversight activities

Disclosures to health agencies for activities authorized by law (audits, inspections, investigations, or licensing actions) for oversight of the health care system, government benefits programs for which health information is relevant to beneficiary eligibility, and compliance with regulatory programs or civil rights laws.

Specialized government functions

Disclosures about individuals who are Armed Forces personnel or foreign military personnel under appropriate military command; disclosures to authorized federal officials for national security or intelligence activities; and disclosures to correctional facilities or custodial law enforcement officials about inmates.
Required Notices (cont'd)

Disclosures of your health information to the Department of Health and Human Services to investigate or determine the Plan's compliance with the HIPAA privacy rule.

Except as described in this notice, other uses and disclosures will be made only with your written authorization. For example, in most cases, the Plan will obtain your authorization before it communicates with you about products or programs if the Plan is being paid to make those communications. If we keep psychotherapy notes in our records, we will obtain your authorization in some cases before we release those records.

The Plan will never sell your health information unless you have authorized us to do so. You may revoke your authorization as allowed under the HIPAA rules. However, you can’t revoke your authorization with respect to disclosures the Plan has already made. You will be notified of any unauthorized access, use, or disclosure of your unsecured health information as required by law.

The Plan will notify you if it becomes aware that there has been a loss of your health information in a manner that could compromise the privacy of your health information.

Your individual rights

You have the following rights with respect to your health information the Plan maintains. These rights are subject to certain limitations, as discussed below. This section of the notice describes how you may exercise each individual right. See the table at the end of this notice for information on how to submit requests.

Right to request restrictions on certain uses and disclosures of your health information and the Plan’s right to refuse

You have the right to ask the Plan to restrict the use and disclosure of your health information for treatment, payment, or health care operations, except for uses or disclosures required by law. You have the right to ask the Plan to restrict the use and disclosure of your health information to family members, close friends, or other persons you identify as being involved in your care or payment for your care. You also have the right to ask the Plan to restrict use and disclosure of health information to notify those persons of your location, general condition, or death – or to coordinate those efforts with entities assisting in disaster relief efforts. If you want to exercise this right, your request to the Plan must be in writing. The Plan is not required to agree to a requested restriction. If the Plan does agree, a restriction may later be terminated by your written request, by agreement between you and the Plan (including an oral agreement), or unilaterally by the Plan for health information created or received after you’ve notified the Plan that the Plan has removed the restrictions. The Plan may also disclose health information about you if you need emergency treatment, even if the Plan has agreed to a restriction.

An entity covered by these HIPAA rules (such as your health care provider) or its business associate must comply with your request that health information regarding a specific health care item or service not be disclosed to the Plan for purposes of payment or health care operations if you have paid out of pocket and in full for the item or service.

Right to receive confidential communications of your health information

If you think that disclosure of your health information by the usual means could endanger you in some way, the Plan will accommodate reasonable requests to receive communications of health information from the Plan by alternative means or at alternative locations.

If you want to exercise this right, your request to the Plan must be in writing and you must include a statement that disclosure of all or part of the information could endanger you.

Right to inspect and copy your health information

With certain exceptions, you have the right to inspect or obtain a copy of your health information in a “designated record set.” This may include medical and billing records maintained for a health care provider; enrollment, payment, claims adjudication, and case or medical management record systems maintained by a plan; or a group of records the Plan uses to make decisions about individuals. However, you do not have a right to inspect or obtain copies of psychotherapy notes or information compiled for civil, criminal, or administrative proceedings. The Plan may deny your right to access, although in certain circumstances, you may request a review of the denial.

If you want to exercise this right, your request to the Plan must be in writing. Within 30 days of receipt of your request, the Plan will provide you with one of these responses:

• The access or copies you requested

• A written denial that explains why your request was denied and any rights you may have to have the denial reviewed or file a complaint

• A written statement that the time period for reviewing your request will be extended for more than 30 more days, along with the reasons for the delay and the date by which the Plan expects to address your request

You may also request your health information be sent to another entity or person, so long as that request is clear, conspicuous, and specific. The Plan may provide you with a summary or explanation of the information instead of access to or copies of your health information, if you agree in advance and pay any applicable fees. The Plan also may charge reasonable fees for copies or postage. If the Plan doesn’t maintain the health information but knows where it is maintained, you will be informed where to direct your request.

If the Plan keeps your records in an electronic format, you may request an electronic copy of your health information in a form and format readily producible by the Plan. You may also request that such electronic health information be sent to another entity or person, so long as that request is clear, conspicuous, and specific. Any charge that is assessed to you for these copies must be reasonable and based on the Plan’s cost.

Right to amend your health information that is inaccurate or incomplete

With certain exceptions, you have a right to request that the Plan amend your health information in a designated record set. The Plan may deny your request for a number of reasons. For example, your request may be denied if the health information is accurate and complete, was not created by the Plan (unless the person or entity that created the information is no longer available), is not part of the designated record set, or is not available for inspection (e.g., psychotherapy notes or information compiled for civil, criminal, or administrative proceedings).

If you want to exercise this right, your request to the Plan must be in writing, and you must include a statement to support the requested amendment. Within 60 days of receipt of your request, the Plan will take one of these actions:

• Make the amendment as requested

• Provide a written denial that explains why your request was denied and any rights you may have to disagree or file a complaint

• Provide a written statement that the time period for reviewing your request will be extended for no more than 30 more days, along with the reasons for the delay and the date by which the Plan expects to address your request

Right to receive an accounting of disclosures of your health information

You have the right to a list of certain disclosures of your health information the Plan has made. This is often referred to as an “accounting of disclosures.” Generally you may receive this accounting if the disclosure is required by law, in connection with public health activities, or in similar situations listed earlier in this notice, unless otherwise indicated below.

You may receive information on disclosures of your health information for up to six years before the date of your request. You do not have a right to receive an accounting of any disclosures made in any of these circumstances:

• For treatment, payment, or health care operations

• To you about your own health information

• Incidental to other permitted or required disclosures

• Where authorization was provided

• To family members or friends involved in your care (where disclosure is permitted without authorization)

• For national security or intelligence purposes or to correctional institutions or law enforcement officials in certain circumstances

• As part of a “limited data set” (health information that excludes certain identifying information)

In addition, your right to an accounting of disclosures to a health oversight agency or law enforcement official may be suspended at the request of the agency or official.

If you want to exercise this right, your request to the Plan must be in writing. Within 60 days of the request, the Plan will provide you with the list of disclosures or a written statement that the time period for providing this list will be extended for no more than 30 more days, along with the reasons for the delay and the date by which the Plan expects to address your request. You may make one request in any 12-month period at no cost to you, but the Plan may charge a fee for subsequent requests. You'll be notified of the fee in advance and have the opportunity to change or revoke your request.

Right to obtain a paper copy of this notice from the Plan upon request

You have the right to obtain a paper copy of this privacy notice upon request. Even individuals who agree to receive this notice electronically may request a paper copy at any time.

Changes to the information in this notice

The Plan must abide by the terms of the privacy notice currently in effect. This notice took effect on 1/1/15. However, the Plan reserves the right to change the terms of its privacy policies, as described in this notice, at any time and to make new provisions effective for all health information that the Plan maintains. This includes health information that was previously created or received, not just health information created or received after the policy is changed. If changes are made to the Plan’s privacy policies described in this notice, you will be provided with a revised privacy notice in your annual enrollment materials and on the Colby College intranet site.
Required Notices (cont'd)

Complaints
If you believe your privacy rights have been violated or your Plan has not followed its legal obligations under HIPAA, you may complain to the Plan and to the Secretary of Health and Human Services. You won’t be retaliated against for filing a complaint. To file a complaint, contact the Benefits Specialist.

Contact
For more information on the Plan’s privacy policies or your rights under HIPAA, contact the Benefits Specialist at (207) 859-5503.

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

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

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

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

OAPIN: $250/$500; OAP: $700/$1,000; HSA: $1,500/$1,000.

If you would like more information on WHCRA benefits, call your Benefits Specialist at (207) 859-5503.

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

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

To request special enrollment or obtain more information, contact the Benefits Specialist at (207) 859-5503.

CHIP premium assistance notice
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.

<table>
<thead>
<tr>
<th>State</th>
<th>Medicaid Website</th>
<th>Phone</th>
</tr>
</thead>
<tbody>
<tr>
<td>ALABAMA – Medicaid</td>
<td><a href="http://www.medicaid.alabama.gov">Website</a></td>
<td>1-855-692-5447</td>
</tr>
<tr>
<td>ALASKA – Medicaid</td>
<td><a href="http://health.hss.state.ak.us/dpa/programs/medicaid/">Website</a></td>
<td>(Outside of Anchorage): 1-888-318-8890</td>
</tr>
<tr>
<td>ARIZONA – CHIP</td>
<td><a href="http://www.azhealthcare.gov/applicants">Website</a></td>
<td>Phone (Outside of Maricopa County): 1-877-764-5437</td>
</tr>
<tr>
<td>COLORADO – Medicaid</td>
<td><a href="http://www.colorado.gov/">Website</a></td>
<td>Medicaid Phone (In state): 1-800-866-3513 Medicaid Phone (Out of state): 1-800-221-3943</td>
</tr>
<tr>
<td>FLORIDA – Medicaid</td>
<td><a href="http://www.myflorida.com/accessflorida/">Website</a></td>
<td>Phone: 1-866-762-2237</td>
</tr>
<tr>
<td>GEORGIA – Medicaid</td>
<td><a href="http://dch.georgia.gov">Website</a></td>
<td>– Click on Programs, then Medicaid, then Health Insurance Premium Payment (HIPP) Phone: 1-800-869-1150</td>
</tr>
<tr>
<td>IDAHO – Medicaid</td>
<td><a href="http://healthandsafety.idaho.gov/Medical/Medicaid/CHIP/CHIPPremiumAssistance/tabid/1510/Default.aspx">Website</a></td>
<td>Medicaid Phone: 1-800-926-2588</td>
</tr>
<tr>
<td>INDIANA – Medicaid</td>
<td><a href="http://www.in.gov/fssa">Website</a></td>
<td>Phone: 1-800-889-9949</td>
</tr>
<tr>
<td>IOWA – Medicaid</td>
<td><a href="http://www.dhs.state.ia.us/hipp/">Website</a></td>
<td>Phone: 1-888-346-9562</td>
</tr>
<tr>
<td>KANSAS – Medicaid</td>
<td><a href="http://www.kdhks.gov/hcf/">Website</a></td>
<td>Phone: 1-800-792-4884</td>
</tr>
<tr>
<td>KENTUCKY – Medicaid</td>
<td><a href="http://chifs.ky.gov/dms/default.htm">Website</a></td>
<td>Phone: 1-800-631-2570</td>
</tr>
<tr>
<td>LOUISIANA – Medicaid</td>
<td><a href="http://www.medicaid.dhh.louisiana.gov/">Website</a></td>
<td>– Click on Programs, then Medicaid, then Health Insurance Premium Payment (HIPP)</td>
</tr>
<tr>
<td>MASSACHUSETTS – Medicaid and CHIP</td>
<td><a href="http://www.mass.gov/MassHealth">Website</a></td>
<td>Phone: (Outside of Anchorage): 1-888-318-8890</td>
</tr>
<tr>
<td>MICHIGAN – Medicaid</td>
<td><a href="http://www.michigan.gov/MSP">Website</a></td>
<td>Medicaid Phone: 1-800-977-6740 TTY: 1-800-977-6741</td>
</tr>
<tr>
<td>MINNESOTA – Medicaid</td>
<td><a href="http://www.healthcare.wa.gov">Website</a></td>
<td>Medicaid Phone: 1-800-977-6740 TTY: 1-800-977-6741</td>
</tr>
<tr>
<td>MISSISSIPPI – Medicaid</td>
<td><a href="http://www.ms.gov">Website</a></td>
<td>Medicaid Phone: 1-800-977-6740 TTY: 1-800-977-6741</td>
</tr>
<tr>
<td>MISSOURI – Medicaid</td>
<td><a href="http://www.healthcare.wa.gov">Website</a></td>
<td>Medicaid Phone: 1-800-977-6740 TTY: 1-800-977-6741</td>
</tr>
<tr>
<td>NEBRASKA – Medicaid</td>
<td><a href="http://www.medicaid.dhh.louisiana.gov/">Website</a></td>
<td>– Click on Programs, then Medicaid, then Health Insurance Premium Payment (HIPP)</td>
</tr>
<tr>
<td>NEVADA – Medicaid</td>
<td><a href="http://www.medicaid.nv.gov">Website</a></td>
<td>Medicaid Phone: 1-800-977-6740 TTY: 1-800-977-6741</td>
</tr>
<tr>
<td>NEW HAMPSHIRE – Medicaid</td>
<td><a href="http://www.medicaid.nh.gov">Website</a></td>
<td>Medicaid Phone: 1-800-977-6740 TTY: 1-800-977-6741</td>
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<td>NEW MEXICO – Medicaid</td>
<td><a href="http://www.medicaid.nm.gov">Website</a></td>
<td>Medicaid Phone: 1-800-977-6740 TTY: 1-800-977-6741</td>
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<td>NEW YORK – Medicaid</td>
<td><a href="http://www.health.ny.gov">Website</a></td>
<td>Medicaid Phone: 1-800-977-6740 TTY: 1-800-977-6741</td>
</tr>
<tr>
<td>NORTH CAROLINA – Medicaid</td>
<td><a href="http://www.medicaid.ncdhhs.gov">Website</a></td>
<td>Medicaid Phone: 1-800-977-6740 TTY: 1-800-977-6741</td>
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<td>NORTH DAKOTA – Medicaid</td>
<td><a href="http://www.medicaid.nd.gov">Website</a></td>
<td>Medicaid Phone: 1-800-977-6740 TTY: 1-800-977-6741</td>
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<tr>
<td>OREGON – Medicaid</td>
<td><a href="http://www.medicaid.oregon.gov">Website</a></td>
<td>Medicaid Phone: 1-800-977-6740 TTY: 1-800-977-6741</td>
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<td>SOUTH CAROLINA – Medicaid</td>
<td><a href="http://www.medicaid.sc.gov">Website</a></td>
<td>Medicaid Phone: 1-800-977-6740 TTY: 1-800-977-6741</td>
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<td>SOUTH DAKOTA – Medicaid</td>
<td><a href="http://www.medicaid.sd.gov">Website</a></td>
<td>Medicaid Phone: 1-800-977-6740 TTY: 1-800-977-6741</td>
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<td>TENNESSEE – Medicaid</td>
<td>[Website](<a href="http://www.tn.gov/">http://www.tn.gov/</a> TennCare)</td>
<td>Medicaid Phone: 1-800-977-6740 TTY: 1-800-977-6741</td>
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<td>TEXAS – Medicaid</td>
<td><a href="http://www.medicaid.state.tx.us">Website</a></td>
<td>Medicaid Phone: 1-800-977-6740 TTY: 1-800-977-6741</td>
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<tr>
<td>VERMONT – Medicaid</td>
<td><a href="http://www.medicaid.veda.state.vt.us">Website</a></td>
<td>Medicaid Phone: 1-800-977-6740 TTY: 1-800-977-6741</td>
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<td>VIRGINIA – Medicaid</td>
<td><a href="http://www.vdh.virginia.gov">Website</a></td>
<td>Medicaid Phone: 1-800-977-6740 TTY: 1-800-977-6741</td>
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<td>WASHINGTON – Medicaid</td>
<td><a href="http://www.medicaid.wa.gov">Website</a></td>
<td>Medicaid Phone: 1-800-977-6740 TTY: 1-800-977-6741</td>
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<td>WEST VIRGINIA – Medicaid</td>
<td><a href="http://www.medicaid.wv.gov">Website</a></td>
<td>Medicaid Phone: 1-800-977-6740 TTY: 1-800-977-6741</td>
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<td>WISCONSIN – Medicaid</td>
<td><a href="http://www.wisconsin.gov">Website</a></td>
<td>Medicaid Phone: 1-800-977-6740 TTY: 1-800-977-6741</td>
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<td>WYOMING – Medicaid</td>
<td><a href="http://www.medicaid.wy.gov">Website</a></td>
<td>Medicaid Phone: 1-800-977-6740 TTY: 1-800-977-6741</td>
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<tr>
<td>State</td>
<td>Website</td>
<td>Phone</td>
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<td>MINNESOTA</td>
<td><a href="http://www.dhs.state.mn.us/">http://www.dhs.state.mn.us/</a></td>
<td>1-800-657-3629</td>
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<td>MISSOURI</td>
<td><a href="http://www.dss.mo.gov/mhd/participants/pages/hipp.htm">http://www.dss.mo.gov/mhd/participants/pages/hipp.htm</a></td>
<td>373-751-2005</td>
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<td>MONTANA</td>
<td><a href="http://dphhs.mt.gov/healthcare/apply">http://dphhs.mt.gov/healthcare/apply</a></td>
<td>1-800-318-2596</td>
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<tr>
<td>NEBRASKA</td>
<td><a href="http://www.ACCESSNebraska.ne.gov">www.ACCESSNebraska.ne.gov</a></td>
<td>1-855-632-7633</td>
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<tr>
<td>NEVADA</td>
<td><a href="http://dwss.mv.gov/">http://dwss.mv.gov/</a></td>
<td>1-800-992-0900</td>
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<td>NEW JERSEY</td>
<td><a href="http://www.state.nj.us/humanservices/dmahs/clients/medicaid/">http://www.state.nj.us/humanservices/dmahs/clients/medicaid/</a></td>
<td>609-631-2392</td>
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<tr>
<td>NEW YORK</td>
<td><a href="http://www.nyhealth.gov/health_care/medicaid/">http://www.nyhealth.gov/health_care/medicaid/</a></td>
<td>1-800-541-2831</td>
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<tr>
<td>NORTH CAROLINA</td>
<td><a href="http://www.ncdhhs.gov/dma">http://www.ncdhhs.gov/dma</a></td>
<td>919-853-4100</td>
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<td>NORTH DAKOTA</td>
<td><a href="http://www.nd.gov/dhs/services/medicalserv/medicaid/">http://www.nd.gov/dhs/services/medicalserv/medicaid/</a></td>
<td>1-800-755-2604</td>
</tr>
<tr>
<td>OKLAHOMA</td>
<td><a href="http://www.insureoklahoma.org">http://www.insureoklahoma.org</a></td>
<td>1-888-363-3742</td>
</tr>
<tr>
<td>OREGON</td>
<td><a href="http://www.oregonhealthkids.gov">http://www.oregonhealthkids.gov</a></td>
<td>1-800-699-9075</td>
</tr>
<tr>
<td>PENNSYLVANIA</td>
<td><a href="http://www.dhs.pa.gov/citizens/healthcare/medicaidassistance/">http://www.dhs.pa.gov/citizens/healthcare/medicaidassistance/</a></td>
<td>1-800-692-7462</td>
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<td>RHODE ISLAND</td>
<td><a href="http://www.medicaid.ri.gov">http://www.medicaid.ri.gov</a></td>
<td>1-888-340-4774</td>
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<td>SOUTH CAROLINA</td>
<td><a href="http://www.scdhhs.gov">http://www.scdhhs.gov</a></td>
<td>1-888-549-0820</td>
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<tr>
<td>SOUTH DAKOTA</td>
<td><a href="http://dss.sd.gov">http://dss.sd.gov</a></td>
<td>1-888-828-0059</td>
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<tr>
<td>VERMONT</td>
<td><a href="http://www.greenmountaincare.org/">http://www.greenmountaincare.org/</a></td>
<td>1-800-250-8427</td>
</tr>
<tr>
<td>VIRGINIA</td>
<td><a href="http://www.coverva.org/programs/premium_assistance.cfm">http://www.coverva.org/programs/premium_assistance.cfm</a></td>
<td>1-800-432-5924</td>
</tr>
<tr>
<td>WASHINGTON</td>
<td><a href="http://www.hca.wa.gov/medicaid/premiumpayment/pages/index.aspx">http://www.hca.wa.gov/medicaid/premiumpayment/pages/index.aspx</a></td>
<td>1-800-562-3022 ext.15473</td>
</tr>
<tr>
<td>WEST VIRGINIA</td>
<td><a href="http://www.dhhr.wv.gov/bms/">http://www.dhhr.wv.gov/bms/</a></td>
<td>1-877-598-5820, HMS Third Party Liability</td>
</tr>
<tr>
<td>WISCONSIN</td>
<td><a href="http://www.badgercareplus.org/pubs/p-10095.htm">http://www.badgercareplus.org/pubs/p-10095.htm</a></td>
<td>1-800-362-3002</td>
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</table>

To see if any other states have added a premium assistance program since July 31, 2016, or for more information on special enrollment rights, contact either:

U.S. Department of Labor

U.S. Department of Health and Human Services
About This Guide

This guide describes the benefit plans and policies available to you as an employee of Colby College. The details of these plans and policies are contained in the official plan and policy documents, including some insurance contracts. This guide is meant only to cover the major points of each plan or policy. It doesn’t contain all of the details that are included in your Summary Plan Description found in your other employee benefit materials. If there is ever a question about one of these plans and policies, or if there is a conflict between the information in this guide and the formal language of the plan or policy documents, the formal wording in the plan or policy documents will govern.

**Note:** The benefits highlighted and described in this guide may be changed at any time and don’t represent a contractual obligation – either implied or expressed – on the part of Colby College.