ABOUT THIS BENEFITS GUIDEBOOK

This Benefits Guidebook describes the highlights of the Hamilton College Benefits Program in non-technical language. Your specific rights to benefits under this program are governed solely, and in every respect, by the official documents and not the information contained within this Benefits Guidebook.

If there is any discrepancy between the descriptions of the program elements as contained within this Benefits Guidebook or other benefits enrollment materials you receive and the official plan documents, the language of the official plan documents shall prevail as accurate. Please refer to the plan-specific documents published by each of the respective carriers for detailed plan information. Eligibility for any benefit plan is determined by applicable plan documents and policies. You should be aware that any and all elements of the Hamilton College Benefits Program may be modified in the future to meet Internal Revenue Service rules or otherwise as determined by Hamilton College.

This Benefits Guidebook may not be reproduced or redistributed in any form or by any means without express, prior permission, in writing from Hamilton College.
Welcome

Hamilton employees take great pride in the important mission they uphold—an enduring devotion to the intellectual and personal development of students. The College appreciates the ongoing commitment of its faculty and staff. Thanks to you, our workplace is a dynamic educational environment that transforms lives.

We are pleased to offer a benefits program as part of your total compensation that offers:

- A wide range of competitive benefit plans to accommodate your personal needs and protect you and your family from financial hardship;
- Tuition benefits for you, your spouse/partner and dependent children;
- Generous time off programs to help you balance your work and family life;
- Access to fitness facilities, fitness classes and a wellness program;
- Access to one of the finest small college libraries in the nation.

Here’s how you can learn more about the Hamilton Benefits Program and enroll in the benefits that best meet your needs.

How to Proceed

This Benefits Guidebook will help familiarize you with the Hamilton College Benefits Program. Carefully consider each benefit option, its cost and value to you and whether it meets your particular needs. At the back of this Benefits Guidebook is a step-by-step Decision Guide that outlines each step of the enrollment process. Please make sure that you submit your benefit elections on or before the enrollment deadline. Contact Human Resources if you have questions about this deadline.

If you need any help along the way, please take advantage of the benefit resources identified on the Contact Information page.
Plan Notes

Plan Year
The Hamilton College benefits plan year begins on January 1 and ends the following December 31. This Benefits Guidebook outlines the benefits that apply to this plan year.

Eligibility
Regular employees working halftime or more are eligible for benefits. Specific details can be found in the employee handbook.

Program Details
The Hamilton College Benefits Program offers two types of benefits: 1) those in which you are automatically enrolled and are offered at no cost to you and 2) those in which you have the option of enrolling and in which you will share a portion of the cost with the College or you will pay 100% of the group benefit rate.

Dependent Coverage
Dependents eligible for medical coverage are spouses/domestic partners and children to age 26.

Dependents eligible for dental and vision coverage are spouses/domestic partners and children to age 19 (23 if full-time student). For more information regarding the definition of a domestic partner, please refer to the employee handbook or contact Human Resources.

Medical Coverage Opt-Out
If you waive medical coverage, you are eligible to receive an opt-out credit that is equivalent to $1,000 a year for full-time employees. In order to receive this opt-out credit, you must certify coverage under another health insurance plan. Please be aware that if you waive medical coverage you are still eligible to select other benefit options.

The 30 calendar-day deadline is a critical factor toward successfully completing a life event change. If you do not notify the Human Resources Department of the event and provide the requested documentation within 30 calendar days of the event, you will not be able to make changes until the next annual open enrollment period.

Changing Your Benefits (Qualifying Life Events)
The Internal Revenue Service (IRS) states that employees enrolled in pre-tax benefit plans may only make benefit elections to these plans once a year. As such, your medical, dental, vision and Flexible Spending Account benefit choices are binding through December 31. The following special circumstances are the ONLY reasons you may change your benefits during the plan year:

- Marriage, divorce, legal separation or annulment
- Birth, adoption or placement for adoption of an eligible child
- Loss of spouse’s job or change in work status where coverage is maintained through the spouse’s plan; a significant change in your or your spouse’s health coverage attributable to your spouse’s employment; the reduction or increase in hours of employment or other changes in employment category for you or your spouse or dependent, including a change between part-time and full-time
- Gain or loss of other coverage for your adult child
- Death of a spouse or dependent
- Loss of dependent status
- Change in place of residence that affects eligibility
- Becoming eligible for Medicare or loss or gain of Medicaid during the year
- Receiving a Qualified Medical Child Support Order (QMCSO)

These special circumstances, often referred to as “Qualifying Life Events” or life event changes, will allow you to make plan changes any time during the year in which they occur. For any allowable changes, you must notify Human Resources within 30 calendar days of the event and provide proof of the Qualifying Life Event to avoid a lapse in coverage. Changes that are requested due to a “change of mind” are not allowed until the next annual open enrollment period. For additional information concerning plan changes, please contact Human Resources.
Medical/Prescription Benefits

Excellus BlueCross BlueShield BluePPO Plan
Hamilton College is pleased to offer medical insurance through Excellus BlueCross BlueShield (BCBS). The Excellus BCBS BluePPO Plan is a comprehensive medical plan that gives employees the flexibility to receive the care they want from the provider they want, without the need to select a primary care physician or to obtain referrals for service. The BluePPO Plan is a network-based program that features an in-network and out-of-network component which offers you a high level of flexibility when seeking covered medical services. The in-network component allows you to choose any provider from the BlueCards® program and provides a higher level of benefits. The out-of-network component of the plan provides you with the ability to see any physician of your choice, but at a greater cost.

Before obtaining care or undergoing a procedure, be sure that you know whether your provider is in-network or out-of-network, and the corresponding level of coverage you can expect. We encourage our employees to choose in-network providers when possible. Certain procedures and/or treatments require precertification in order to be covered under the plan.

In addition to a national network of providers participating in the BlueCards® program, members also have access to doctors and hospitals outside of the United States worldwide through the BlueCard Worldwide® program. Your BlueCross BlueShield Plan ID card gives you access to doctors and hospitals in more than 200 countries and territories around the world and to a broad range of medical assistance services. For more information regarding this program, call the BlueCard Worldwide Service Center at 1-800-810-BLUE (2583) or call collect at 1-804-673-1177 24 hours a day, 7 days a week.

Prescription Benefits
When you enroll in the BluePPO Medical Plan, you will also be provided with prescription benefits through Express Scripts, Inc. Your prescription benefits include different pricing structures or “tiers” that enable you to control cost based on the types of medications you select. In most cases, more than one drug is available to treat the same medical condition. Generic medications include the same active ingredients as brand name medications, but cost less. Therefore, selecting a formulary generic medication over a formulary brand name medication will result in you paying a lower copay. Visit www.express-scripts.com to view our current Tier Three Formulary guide. Specific copay amounts are listed within the “Prescription Drugs” section of the Medical Plan Summary.

Express Scripts PharmacySM Home Delivery Service
Plan participants can save money and time with the Express Scripts PharmacySM mail order prescription program. This home-delivery service allows you to purchase up to 90-day supplies of maintenance medications (medications taken on a daily or routine basis) for the cost of two copayments, or 3-for-2 savings. In addition, the mail order prescription program saves you trips to the pharmacy because prescriptions are delivered right to your door. For more details on the mail order prescription program, please visit www.express-scripts.com or call 1-866-467-1242.
# Medical Plan Summary

This chart is a quick reference of your medical coverage. Please refer to the Excellus Member Contract for actual coverage information.

<table>
<thead>
<tr>
<th>Benefit Description</th>
<th>Excellus BlueCross BlueShield PPO Plan</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>In-Network</td>
</tr>
<tr>
<td>Annual Deductible – Individual/Family</td>
<td>$250/$750</td>
</tr>
<tr>
<td>Annual Out-of-Pocket Max. – Individual/Family²</td>
<td>$1,500/$4,500</td>
</tr>
<tr>
<td>Lifetime Maximum</td>
<td>Unlimited</td>
</tr>
<tr>
<td>PCP or Specialist Office Visits (including Office Surgery)</td>
<td>$25/$40 copay</td>
</tr>
<tr>
<td>Preventive Care</td>
<td></td>
</tr>
<tr>
<td>Adult Physicals (one per year)</td>
<td>Covered 100%</td>
</tr>
<tr>
<td>Well-Child Care Services³</td>
<td>Covered 100%</td>
</tr>
<tr>
<td>Routine GYN Exam/Pap Test, Mammogram</td>
<td>Covered 100%</td>
</tr>
<tr>
<td>Diagnostic Imaging, X-ray, CAT, MRI⁷</td>
<td>$40 copay</td>
</tr>
<tr>
<td>Physician’s Office or Outpatient Setting</td>
<td>Covered 100%</td>
</tr>
<tr>
<td>Diagnostic Laboratory and Pathology</td>
<td></td>
</tr>
<tr>
<td>Physician’s Office or Outpatient Setting</td>
<td>Covered 100%</td>
</tr>
<tr>
<td>Radiation Therapy and Chemotherapy</td>
<td>90% after deductible</td>
</tr>
<tr>
<td>Maternity Care</td>
<td></td>
</tr>
<tr>
<td>Physician Pre/Postnatal Care Office Visits</td>
<td>$25 copay for initial visit, thereafter Covered 100%</td>
</tr>
<tr>
<td>Hospital Services (Facility/Physician)</td>
<td>90% after deductible</td>
</tr>
<tr>
<td>Emergency Care</td>
<td></td>
</tr>
<tr>
<td>Urgent Care Center</td>
<td></td>
</tr>
<tr>
<td>Emergency Room</td>
<td></td>
</tr>
<tr>
<td>Ambulance</td>
<td></td>
</tr>
<tr>
<td>Inpatient Hospital Stays⁴,⁵,⁶</td>
<td>90% after deductible</td>
</tr>
<tr>
<td>Outpatient Surgery (Hospital/Facility)</td>
<td>90% after deductible</td>
</tr>
<tr>
<td>Physical/Occupational/Speech Therapy⁸</td>
<td></td>
</tr>
<tr>
<td>Physician’s Office or Outpatient Setting</td>
<td>$40 copay</td>
</tr>
<tr>
<td>Chiropractic Benefit</td>
<td>$40 copay</td>
</tr>
<tr>
<td>Mental Health – Inpatient⁶</td>
<td>90% after deductible</td>
</tr>
<tr>
<td>Mental Health – Outpatient Office Visits</td>
<td>$40 copay</td>
</tr>
<tr>
<td>Chemical Dependence – Inpatient⁶</td>
<td>90% after deductible</td>
</tr>
<tr>
<td>Chemical Dependence – Outpatient</td>
<td>$40 copay</td>
</tr>
<tr>
<td>Durable Medical Equipment⁹</td>
<td>80% (no deductible)</td>
</tr>
<tr>
<td>Prescription Drugs – provided by Express Scripts, Inc.</td>
<td></td>
</tr>
<tr>
<td>Retail – up to a 30 day supply</td>
<td></td>
</tr>
<tr>
<td>Formulary Generic/Formulary Brand/Non-Formulary</td>
<td>$0 generics for children to age 19</td>
</tr>
<tr>
<td>Mail Order – up to a 90 day supply</td>
<td>$10/$30/$50 copay</td>
</tr>
<tr>
<td>2x Retail Copay</td>
<td></td>
</tr>
</tbody>
</table>

¹Out-of-Network Coinsurance percentages apply to Excellus’s schedule of Allowable Charges. Balance billing may apply.
²In-Network Annual Out-of-Pocket Maximum includes deductibles, coinsurance and copays for medical services. Out-of-Network Max includes deductibles and coinsurance only.
³Well-Child Care Services are provided according to Health Care Reform Guidelines.
⁴The Emergency Room copay is waived if you are admitted to the hospital.
⁵Inpatient Hospital Services include surgery, anesthesiology, radiology, laboratory and doctor visits/consultations.
⁶Precertification applies.
⁷Precertification applies to MRI, PET & CAT scans.
⁸45 visits per calendar year.
Dental Benefits

Good dental health is important to your overall well-being. At the same time, we all need different levels of dental treatment. It is for this reason that Hamilton College offers a voluntary dental plan that encompasses varying levels of coverage and accessibility. This comprehensive dental benefit is available through Ameritas.

If you elect to participate in the Voluntary Dental PPO Plan, you will be responsible for paying 100% of the premium.

Ameritas Voluntary Dental PPO Plan
The Ameritas Voluntary Dental PPO Plan allows for freedom of choice each time you need covered dental services. You can obtain services from any dentist or specialist within the Ameritas network, or you can visit any provider of your choice outside of the plan’s network. The benefit reimbursement levels are the same both in-network and out-of-network, but the maximum allowable charges are different.

Ameritas network dentists have agreed not to charge more than the Ameritas schedule of Maximum Allowable Charges (MAC). Therefore, you will pay only the difference between the scheduled benefit and the MAC. Out-of-network dentists, on the other hand, may charge you for the difference between the scheduled benefit and their actual fee, which may be much higher than the MAC. You will get the most from your dental benefits and pay less out-of-pocket by visiting network providers.

Dental Plan Summary
This chart highlights the benefits provided under the Ameritas Voluntary Dental PPO Plan. For specific plan details, please refer to the group Dental Insurance Certificate.

<table>
<thead>
<tr>
<th>Benefit Description</th>
<th>Ameritas Dental PPO Plan</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>In-Network</td>
</tr>
<tr>
<td>Annual Deductible</td>
<td>Not Applicable</td>
</tr>
<tr>
<td>Type 1 Services</td>
<td>$50 per lifetime</td>
</tr>
<tr>
<td>Type 2 Services</td>
<td>$50 per calendar year</td>
</tr>
<tr>
<td>Type 3 Services</td>
<td></td>
</tr>
<tr>
<td>Allowance</td>
<td>100%</td>
</tr>
<tr>
<td>Type 1 Services</td>
<td>Schedule</td>
</tr>
<tr>
<td>Type 2 Services</td>
<td>Schedule</td>
</tr>
<tr>
<td>Type 3 Services</td>
<td></td>
</tr>
<tr>
<td>Benefit Maximum (per person)</td>
<td>$1,000 per calendar year</td>
</tr>
<tr>
<td>Annual Maximum Carryover Amount²</td>
<td>$250</td>
</tr>
<tr>
<td>Type 1 Services – Includes routine exams,</td>
<td>Covered 100%</td>
</tr>
<tr>
<td>cleanings, fluoride treatments (age 18 and</td>
<td></td>
</tr>
<tr>
<td>under) and sealants (age 16 and under)</td>
<td></td>
</tr>
<tr>
<td>Type 2 Services – Includes x-rays,</td>
<td>Refer to Ameritas Fee Schedule</td>
</tr>
<tr>
<td>restorative amalgams, restorative</td>
<td></td>
</tr>
<tr>
<td>composites, denture repair, simple/complex</td>
<td></td>
</tr>
<tr>
<td>extractions and anesthesia</td>
<td></td>
</tr>
<tr>
<td>Type 3 Services – Includes inlays, onlays,</td>
<td>Refer to Ameritas Fee Schedule</td>
</tr>
<tr>
<td>crowns, crown repairs, endodontics,</td>
<td></td>
</tr>
<tr>
<td>periodontics and prosthodontics</td>
<td></td>
</tr>
</tbody>
</table>

¹Coinsurance percentage applies to Maximum Allowable Charge (MAC). Out-of-network providers may balance bill for amounts over the MAC.

²Applies if you file dental claims each year and do not exceed $500 in claims in a year.
Using Your VSP Vision Benefits

You will not be issued an ID card. To start using your VSP vision benefits, follow the steps below.

1. Find a VSP network doctor by calling Customer Service at 1-800-877-7195 or by going online to www.vsp.com.

2. Make an appointment with the doctor of your choice and identify yourself as a VSP member.

3. Your doctor and VSP will handle the rest.

If you decide to visit an out-of-network provider, you are required to pay the provider in full at the time of the appointment and submit a claim to VSP for partial reimbursement.

Vision Benefits

A voluntary vision benefit provided through Vision Service Plan (VSP) can be elected to cover yourself and your eligible family members. VSP is one of the nation’s largest providers of eye care coverage. VSP doctors provide both eye exams and eyewear, making for a convenient “one-stop” means of obtaining eye care.

If you elect to participate in the Voluntary Vision Plan, you will be responsible for paying 100% of the premium.

VSP Vision Plan

The VSP Vision Plan provides you with access to affordable, quality vision care coverage. This plan allows you to receive a complete eye examination and materials (if needed). You can choose to receive care from a VSP participating provider (in-network) or from any doctor of your choosing (out-of-network). Dollar for dollar, you get the best value from your vision benefit when you visit a VSP participating provider. If you decide to see an out-of-network provider, you will receive a lesser benefit and typically pay more out-of-pocket.

This plan allows for services and materials to be obtained every calendar year or every other calendar year (see “Vision Plan Summary” below).

Vision Plan Summary

The chart below summarizes the benefits provided under the VSP Vision Plan.

<table>
<thead>
<tr>
<th>Benefit Description</th>
<th>In-Network</th>
<th>Out-of-Network</th>
</tr>
</thead>
<tbody>
<tr>
<td>Service Intervals</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Eye Exam</td>
<td>Every calendar year</td>
<td>Every other calendar year</td>
</tr>
<tr>
<td>Lenses</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Frames</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Contacts (in lieu of glasses)</td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Copays</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Eye Exam</td>
<td>$10 copay</td>
<td>$10 copay</td>
</tr>
<tr>
<td>Lenses, Frames, Necessary Contact Lenses</td>
<td>$25 copay</td>
<td>$25 copay</td>
</tr>
<tr>
<td>Elective Contact Lenses</td>
<td>No copay</td>
<td>No copay</td>
</tr>
<tr>
<td><strong>Eye Exam</strong></td>
<td>Covered in full after $10 copay</td>
<td>Up to $47 after $10 copay</td>
</tr>
<tr>
<td>Lenses (per pair)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Single Vision</td>
<td>Covered in full after $25 copay¹</td>
<td>Up to $40 after $25 copay¹</td>
</tr>
<tr>
<td>Bifocal</td>
<td>Covered in full after $25 copay¹</td>
<td>Up to $62 after $25 copay¹</td>
</tr>
<tr>
<td>Trifocal</td>
<td>Covered in full after $25 copay¹</td>
<td>Up to $85 after $25 copay¹</td>
</tr>
<tr>
<td>Lenticular</td>
<td>Covered in full after $25 copay¹</td>
<td>Up to $80 after $25 copay¹</td>
</tr>
<tr>
<td><strong>Frames</strong></td>
<td>Covered up to $120 after $25 copay¹</td>
<td>Up to $45 after $25 copay¹</td>
</tr>
<tr>
<td><strong>Contact Lenses (in lieu of glasses)</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Medically Necessary (requires prior authorization)</td>
<td>Covered in full after $25 copay¹</td>
<td>Up to $210</td>
</tr>
<tr>
<td>Elective</td>
<td>100% up to $120 for materials²</td>
<td>Up to $105</td>
</tr>
<tr>
<td><strong>Extra Discounts and Savings</strong></td>
<td>Available In-Network ONLY</td>
<td></td>
</tr>
<tr>
<td>Prescription Glasses</td>
<td>Average 30% off additional lens extras such as scratch-resistant and anti-reflective coating</td>
<td></td>
</tr>
<tr>
<td>Contact Lenses</td>
<td>15% off cost of contact lens exam (fitting and evaluation)</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

¹This copay only applies once to the purchase of lenses and frames or medically necessary contact lenses.
²A copay applies to the contact lens fitting and evaluation (not to exceed $60).
³The discounts outlined above are available from the same VSP doctor who provided your eye exam within the last 12 months. These discounts are applied to the doctor’s usual and customary fees for such services.
Flexible Spending Accounts

Why Use a Flexible Spending Account?
Hamilton College lets you redirect a portion of your pay through payroll deduction into Flexible Spending Accounts (FSAs) administered by PayFlex. The money that goes into an FSA is deducted from your pay on a pre-tax basis (before federal, Social Security, Medicare and some state taxes are calculated). Because you do not pay these taxes on money that goes into an FSA, you decrease your taxable income and potentially increase your spendable income.

Health Care FSA
A Health Care FSA provides you with the ability to set aside money on a pre-tax basis for any IRS-allowed health expenses not covered by your health care coverage. These expenses include, but are not limited to, deductibles, copayments, coinsurance payments, and uninsured dental, vision and hearing care expenses (e.g. eyeglasses, contact lenses, hearing aids and orthodontia expenses). With a Health Care FSA, you can be reimbursed an amount up to the total annual contribution you have elected, and can begin to use all or some of the total amount elected as soon as the plan year begins.

The maximum annual amount you can deposit into the Health Care FSA for 2014 is $2,500.

Your Health Care FSA may not be used to pay for over-the-counter medicines (such as allergy & sinus, cough, cold & flu, digestive aids and pain relief) unless prescribed by a physician. Should you wish to use your FSA funds for prescribed over-the-counter medications, you will not be able to use your PayFlex debit card for such purchases and instead will need to submit a paper claim along with the required substantiation documents. You may use your Health Care FSA and debit card for items such as contact lens solution, band aids, first aid supplies, reading glasses and diabetic supplies.

Dependent Care FSA
A Dependent Care FSA provides you with the ability to set aside money on a pre-tax basis for day care expenses for your child, disabled parent or spouse. Generally, expenses will qualify for reimbursement if they are the result of care for: your children, under the age of 13, for whom you are entitled to a personal exemption on your federal income tax return; and your spouse or other dependents, including parents, who are physically or mentally incapable of self-care. With a Dependent Care FSA, you will be reimbursed only for dependent care services you have already received and can only be reimbursed for funds that you have already had deducted.

The maximum annual amount you can deposit into the Dependent Care FSA is $5,000. Please note that any amount deducted in excess of the IRS maximum of $5,000 (single or married and filing jointly) or $2,500 (married and filing individually) will be considered taxable income.

Please keep in mind that you may be able to take a federal tax credit for eligible dependent care expenses up to $3,000 (for one dependent) or $6,000 (for more than one dependent). The credit can equal 35% of the expenses, reduced by one percentage point (but not below 20%) for each $2,000 (or fraction) by which your adjusted gross income exceeds $15,000. Any amounts deferred to a Dependent Care FSA will reduce, dollar-for-dollar, the maximum allowable expense under the tax credit. You should consult your personal tax advisor if you think you may be eligible for this tax credit.

For additional information regarding your FSAs, please contact PayFlex at 1-800-284-4885 or visit www.HealthHub.com. You can use the website to check lists of eligible and non-eligible items and to use the online calculator to estimate annual health care and dependent care expenses.

FSA FACT
You cannot change the amount you contribute to an FSA in the middle of a plan year unless you have a Qualifying Life Event. If there is any money remaining in your FSA at the end of the plan year, including the grace period, federal law requires you to forfeit the balance.
Important!
It is necessary to save your itemized receipts, even when using your HealthHub by PayFlex Debit Card. In some instances, PayFlex is unable to automatically substantiate or validate the debit card transaction and must request a receipt from the participant based on IRS guidelines. Itemized receipts must include date of purchase, descriptions of purchase and name of merchant. If you are submitting a health care claim, the patient’s name must also be included.

How much money should you contribute to an FSA each pay period?
That depends on your expenses. The best way to estimate your expenses for the year is by looking over the eligible expenses you incurred over the past few years. Divide the total predictable yearly expenses by the number of pay periods in the year. The resulting number represents the amount you should consider contributing each pay period to an FSA. It is important to estimate carefully. If you do not use all of the money in your FSA by the end of the plan year, including the grace period, federal law requires you to forfeit the balance. You can submit claims for expenses incurred in the current plan year for up to three months into the next plan year.

Please Note
Hamilton College has established a grace period provision for Flexible Spending Accounts beginning January 1, 2014, providing more time for you to use the funds in your account. All amounts elected for 2014 must be used for expenses incurred in 2014 or in the initial 2-1/2 months of 2015. You will have until June 15, 2015 to submit claims for expenses incurred January 1, 2014 through March 15, 2015.

HealthHub by PayFlex Debit Card (Debit Card)
The Debit Card makes using your Health Care flex dollars easier. As long as a merchant or service provider accepts MasterCard, you may use your card to pay for IRS-eligible health care expenses that are not otherwise covered by insurance. In addition, you can use your Debit Card as often as you wish.

It is necessary to save your itemized receipts, even when using your Debit Card, as the IRS mandates that all services should be substantiated.

Your Debit Card includes an expiration date. Your card does not expire until the expiration date shown on the card. PayFlex will re-load your card each year with your new FSA election. It is important to keep your current Debit Card from year to year, unless directed otherwise.

PayFlex Website and Submitting Claims
PayFlex’s website is HealthHub.com. You may use HealthHub.com to check your account balances, file claims, manage your debit cards and sign up for electronic account updates.

When not using the PayFlex debit card, participants may submit claims using the following methods:

- Online via HealthHub.com by completing claim information and uploading itemized receipts (PDF format).
- Online via HealthHub.com by completing and printing a claim form and faxing it along with itemized receipts to 1-866-932-2567.
- Faxing paper claim form with itemized receipts to 1-855-703-5305.
- Mailing paper claim form with itemized receipts to PayFlex Systems USA, Inc. • P.O. Box 3039 • Omaha, NE 68103-3039.

Claims are processed on a daily basis. Reimbursements will be made directly to you. A check can be mailed to your home address on file with PayFlex or the funds can be directly deposited into your bank account. If you want to enroll for the direct deposit feature, you may enroll at HealthHub.com or by completing a paper request form. If you provide PayFlex with your email address, you can receive email confirmations when claims are processed.
Life/AD&D & Disability Benefits

Life/AD&D Insurance
Life/AD&D Insurance is an important part of your financial security, especially if others depend on you for support. That’s why Hamilton College provides all eligible employees with Basic Life/AD&D Insurance and the opportunity to purchase additional Supplemental Life Insurance.

Basic Life/AD&D Insurance
Hamilton College provides you with Basic Life/AD&D Insurance in an amount that equals 100% of your basic annual earnings (rounded to the next higher $1,000). This coverage is provided at no cost to you.

Supplemental Life/AD&D Insurance
If you need additional protection beyond the Basic Life/AD&D Insurance provided to you at no cost, you may purchase Supplemental Life Insurance for yourself through Aetna. Coverage can be elected in an amount that equals 150% or 300% of your basic annual earnings (rounded to the next higher $1,000). If you elect Supplemental Life Insurance, you are responsible for paying 100% of the benefit cost and deductions are taken from your paycheck in after-tax dollars.

Please Note: The combined Basic and Supplemental Life/AD&D maximum available is $500,000.

Evidence of Insurability
Evidence of Insurability (EOI) is an insurance company requirement and is satisfied by completing a form supplied by Aetna and answering any questions that may be presented to you. EOI is required for all Supplemental Life/AD&D Insurance coverage elected more than 31 days after you are first eligible for coverage and on all future coverage increases, regardless of amount.

Supplemental Life/AD&D Insurance purchase amounts requiring EOI do not become effective and therefore are not deducted from your pay until approval is obtained from Aetna.

Disability Benefits
The disability benefits available to you work together to help you pay your household expenses if you become disabled and cannot work.

Nonexempt Staff are provided with Short-Term Disability coverage that replaces 50% of your salary to a weekly benefit maximum of $170 if you become disabled and cannot work due to a non-work related illness or injury. This income replacement is available to you for a maximum duration of 26 weeks. This coverage is provided at no cost to you.

Short-Term Disability benefits may be supplemented with sick time and coordinated with the appropriate Sick Leave Bank, if applicable.

Faculty and exempt Staff, should refer to the Disability Benefits insert.
Retirement Benefits

It’s never too soon – or too late – to start planning for your retirement. Hamilton College realizes the importance of saving towards retirement and the Hamilton College 403(b) Retirement Plan will help provide you with income for your retirement years. An important step in planning for retirement is to establish investment goals and then selecting investment choices that match those goals. As you proceed through your career, you will want to periodically re-evaluate your investment goals and choices.

College Contributions
Beginning the first of the month after the completion of one year of service, the College will contribute the equivalent of 10 percent of an eligible employee’s earnings to a 403(b) account with TIAA-CREF. Included in earnings are extra pay amounts such as overtime and stipends. Contributions are made each payroll period and contributions by employees are not required. Enrollment forms will be sent to new enrollees for completion approximately two months prior to their one year eligibility date.

Voluntary Contributions
Beginning at date of hire, employees may make voluntary contributions on a tax-deferred basis to a 403(b) account with TIAA-CREF. (Under current law, your contributions to the plan are not subject to federal income tax. However, your contributions are subject to Social Security and Medicare taxes. Contributions may be subject to state or local income tax, depending on applicable state and local law. Under New York State law, contributions are not subject to income tax.) Federal law governs the maximum amount an employee is eligible to contribute under the plan and restrictions and penalties may apply for withdrawals prior to age 59 ½. Your contributions are transmitted to your account each payroll period. Although you’re not required to make voluntary contributions, the sooner you start making voluntary contributions, the more money you will have at retirement.

Important Facts
- You are not taxed on the amounts in your retirement plan accounts until they are distributed to you.
- You are 100% vested in your retirement plan accounts at all times.
- You determine how the contributions to your retirement plan accounts are invested by choosing among available investment options. You may reallocate funds in your account (subject to any restrictions particular to that fund) and also change the allocation of future contributions. Keep in mind that all investments have some degree of risk. You are responsible for your investment decisions.
- Your retirement plan accumulations are intended to provide you and your family with income in your retirement. The College’s contributions are not available for disbursement until you separate employment with the College. Voluntary contributions may be withdrawn beginning at age 59 ½.
- Additionally, you may borrow, or withdraw under hardship provisions, a portion of your voluntary contributions subject to certain restrictions.
- If you should die before receiving the money in your accounts, payment will be made to your beneficiary(ies). Please be sure that your beneficiaries are up to date with TIAA-CREF. If you are married and wish to name someone other than your spouse as your primary beneficiary for more than 50% of your benefit, your spouse will have to sign the spousal waiver on the designation form.
Additional Benefits

The descriptions below and on the following pages summarize the additional benefits and programs available to you as a Hamilton College employee. If there is any discrepancy between these benefit descriptions and the official policies that govern the benefits and programs being highlighted, the official policies shall prevail as accurate.

Vacation
Nonexempt Staff, who have completed 90 days of employment, will accrue vacation according to the following schedule:

<table>
<thead>
<tr>
<th>Years of Service</th>
<th>Accrued Vacation Time</th>
</tr>
</thead>
<tbody>
<tr>
<td>From hire date through the 5th anniversary date</td>
<td>2 weeks/10 days per year</td>
</tr>
<tr>
<td>From the 5th anniversary date through the 10th anniversary date</td>
<td>3 weeks/15 days per year</td>
</tr>
<tr>
<td>After the 10th anniversary date</td>
<td>4 weeks/20 days per year</td>
</tr>
</tbody>
</table>

Exempt Staff are eligible for 22 days of vacation per academic year (this amount will be prorated during their first year of employment).

Half-time or more employees will have their vacation prorated according to their annual work schedule. Less than half-time employees are not eligible for vacation.

Holidays
The College recognizes the following as paid holidays:

- New Year’s Day
- Memorial Day
- Fourth of July
- Labor Day
- Thanksgiving
- Day After Thanksgiving
- Day Before or After Christmas
- Christmas Day

Less than full-time employees may be eligible for pay if the holiday falls within their regular work schedule.

Personal Days
Nonexempt Staff are eligible for three personal days per academic year. Days are prorated for new employees (based on hire date) and employees who are less than full-time.

Sick Leave Days
Nonexempt Staff accrue paid sick days based on their hire date and employment status (half-time, etc.).

Half-time or more employees will have their sick time prorated. Less than half-time employees are not eligible for sick pay.
**Sick and Emergency Leave Banks**
Nonexempt Staff may be eligible to contribute to and withdraw paid time from the Sick and Emergency Leave Banks based on their own personal need and in some cases the needs of their family members.

**Workers’ Compensation**
All employees are provided with Workers’ Compensation insurance that provides partial income replacement and coverage of medical costs for illness or injury incurred in the course of or arising directly out of employment with the College. This coverage is provided at no cost to you.

**Bereavement Leave/Pay**
Employees will be eligible for an appropriate amount of paid time off (up to three days) for the death of family members.

**Courses at Hamilton College**
Employees are eligible to take one course at Hamilton each semester free of tuition.

**Tuition for Job-Related Courses**
Upon successful completion of a course that will strengthen or extend the skills the employee applies to their work at the College, employees may be reimbursed for one-half of the tuition cost; this will be limited to six courses per calendar year. The College may also request that the employee take a course that would enhance their performance on the job; in this event, the College will pay the full tuition cost.

**Tuition Grant Program for Dependent Children**
Full-time employees who have at least three years of continuous service are eligible for tuition grants for their dependent children. Grants are payable for 50% of the tuition of the institution attended, including Hamilton, not to exceed 50% of Hamilton’s then current tuition. Employees working half-time or more schedules are eligible on a prorated basis. Additional provisions may apply to employees who accepted employment prior to June 3, 2000.

**Scholarship Plan for Spouses**
The spouse/partner of a full-time employee may take courses at Hamilton on a full-time or part-time basis free of tuition. This benefit will be prorated for spouses of employees who are working half-time or more schedules.

**Emergency Loan**
Nonexempt Staff, who have been employed by the College for at least one year, are eligible to apply for a short-term, interest-free loan for last-resort emergency purposes.
Employee Assistance Program
Hamilton College offers a confidential Employee Assistance Program (EAP) to you and your family at no cost to you. The HorizonCare™ Employee Assistance Program, provided by Horizon Health, offers a comprehensive resource that is available to you and your family members 24 hours a day, seven days a week, 365 days a year.

This program is designed to help ensure that you will always receive the assistance that meets your needs. From stress to financial difficulties, the EAP can help bring balance between your work responsibilities and your personal life. You can receive confidential assistance from a master’s degree level Member Advocate with issues ranging from alcohol and drug abuse to financial and legal concerns.

In addition, the HorizonCare™ EAP provides you and your family with access to their WorkLife services. WorkLife services can save you time by researching and providing referrals for important issues such as child and elder care, education, adoption, pet care, daily living, travel and much more. A variety of educational materials and guide books on dependent care topics is also available.

For additional information concerning the resources available through the HorizonCare™ EAP, please call 1-888-293-6948, or visit www.horizoncarelink.com (username: standard, password: eap4u).

Health Advocate
Health Advocate provides a wide variety of services that can help employees and their families with health care and insurance matters. Services are available to all employees and their spouses, dependent children, parents and parents-in-law. Health Advocate services are free and completely confidential.

Health Advocate can assist with:

- Finding Doctors/Best-in-Class Facilities
- Reviewing Treatment Options and Explaining Test Results
- Locating and Scheduling Appointments with Top Specialists
- Obtaining Approval for Medically Necessary Network Exceptions
- Arranging Medical Record Transfers
- Researching and Resolving Claim Issues
- Exploring and Arranging Elder Care, Home Care and Hospice

To begin using the services provided by Health Advocate, please call 1-866-695-8622 or visit www.healthadvocate.com.

Travel Accident Insurance
In the event of death while traveling on College business, a single payment will be made to beneficiaries in the amount of $100,000. The death benefit for adjunct faculty (less than part-time) is $50,000.

We also carry “Global Assist” coverage for those traveling outside the United States. This coverage provides global general liability, additional accidental death & dismemberment benefit, kidnap, ransom, transportation and repatriation coverage.
Additional Benefits (cont.)

Use of College Facilities
Hamilton employees and members of their immediate family may use the Burke Library and athletic facilities of the College. Use of the facilities may not interfere with scheduled student activities.

Clinton Early Learning Center (Child Care)
Although the College does not own or operate a child care center, it provides for the Clinton Early Learning Center, a private, not-for-profit organization that is run independently of the College. The Center accepts a limited number of children from the ages of 18 months through five years. For details call the Center at 315-859-4176.

College Rental Housing
The College has a limited number of rental properties available on campus. The opportunity to occupy College rental housing is available to faculty who have been employed by the College for seven years or less and to other employees who have been employed by the College for four years or less. College rental housing is provided as transitional housing. For additional information, contact Auxiliary Services at 315-859-4998.

Other Benefits
Many other benefits may be available to you as an employee of Hamilton College. These benefits, include the following:

- Bookstore and Barnes and Noble Discount
- Personal Office Supply Discount
- Membership at local Credit Unions
- Dining Halls
- Service Recognition
- Vendor Discounts (see listing at Human Resources website)
Decision Guide

You’ve reviewed your benefit plan options and made your choices. Now take a moment to wrap up the enrollment process by completing the following steps.

Step 1 – Make Your Medical/Prescription, Dental and Vision Benefit Elections
Before you do, think about the expenses that you and your family have had in the past year. Does the plan offered meet your personal health care needs and those of your family? Do your doctors participate in the plan? If you are married, does your spouse have coverage available through his/her job? If so, you should compare what’s available to you from both Hamilton College and your spouse’s employer to determine which benefits meet your specific needs.

Step 2 – Make Your FSA Benefit Election(s)
Consider the pre-tax benefits associated with using a Health Care or Dependent Care FSA to pay for your ongoing, qualified expenses. While using an FSA can be very beneficial, it does require careful, advance planning. To assist you in estimating your annual health care and dependent care needs, you can use the online calculator at www.HealthHub.com.

Step 3 – Make Your Life/AD&D Insurance Benefit Election and Designate Your Beneficiary(ies)
After reviewing your options, stop and consider how much money your family would need to cover your financial obligations if something should happen to you. Think of things like rent or mortgage payments, college tuition and regular day-to-day living expenses. How much coverage do you have elsewhere? Remember to consider all sources of protection you have available. Also, take a moment to designate your beneficiary(ies) for your life insurance. It is important to keep your beneficiary designation as up-to-date as possible. Should something happen to you, your benefits will be paid to the most recent beneficiary(ies) on file. If you neglect to designate a beneficiary, your benefits will be paid as defined under the life insurance policy.

Step 4 – Review Your Voluntary 403(b) Retirement Contributions and Designate Your Beneficiary(ies)
Think about the value of starting or increasing voluntary contributions to the 403(b) Retirement Plan. Again, it’s important to keep your beneficiary designations for your retirement accounts up-to-date.

Step 5 – Double-Check Your Benefit Elections
Double-check your benefit elections, making sure they accurately reflect the benefits and levels of coverage that you want to maintain throughout the plan year.

Step 6 – Submit Your Benefit Elections
Once you have decided what benefit options best meet your needs, please submit your benefit elections within the requested timeframe. Contact Human Resources if you are not sure when your elections are due.

If you have any questions regarding your benefits or need assistance with the enrollment process, please contact Human Resources.

When Can I Make Changes to the Plan?

Medical, Dental, Vision and FSA
Changes to your Medical, Dental, Vision and FSA elections are only allowed during the Annual Open Enrollment period or as a result of a Qualifying Life Event.

Life Insurance
An increase to your Voluntary Life Insurance election can only be made with insurance company approval of Evidence of Insurability.

403(b)
Once enrolled, changes to your 403(b) elections can be made at anytime.
Your Plan Rights

Hamilton College is required to provide you with certain protections administered by the Internal Revenue Service and the United States Department of Labor. The Hamilton College group insurance plans are classified by the Department of Labor as “welfare benefit plans” and by the IRS as “specified fringe benefit plans” under IRC s.6039(D). The Flexible Benefits Plan is also governed by Internal Revenue Code Section 125. Plan participants are entitled to certain protections and directions for recourse in the event of mistreatment by the Plans, their sponsor or administrator. Since these protections are essentially the same as federal law, this Statement of Rights is published here for your information.

The Employer Identification Number (EIN) assigned to Hamilton College is 15-0532200. The ERISA number for the Welfare Benefits Plan is 510. The ERISA number for the Flexible Benefits Plan is 509. You should refer to these numbers in any correspondence about these Plans.

Statement of Plan Rights

Hamilton College is designated as the Administrator in connection with claims processed under the Plan. Such claim matters may be served by directing the process to the Plan Administrator at Hamilton College • 198 College Hill Road • Clinton, NY 13323.

The Internal Revenue Code and specific Department of Labor Regulations were enacted to help ensure that all employer-sponsored group benefit programs conform to the standards set by Congress. An employee who is a participant in a flexible benefits plan is entitled to certain rights and protections under federal law, which provides that all participants will be entitled to (1) examine, without charge, at the Benefits Office, all Plan documents and copies of all Plan documents and other Plan information upon written request to the Human Resources Department, subject to a reasonable charge for the copies; and (2) receive a summary of the Plan’s annual financial report. The Plan Administrator is required by law to furnish each participant with a copy of this summary annual report. Plan records are kept on a plan-year basis.

In addition to creating rights for Plan participants, federal law imposes duties upon those responsible for the operation of a Plan who are called “fiduciaries” and who have a duty to operate the Plan prudently and in the interest of the participants and beneficiaries. If a claim for a benefit under a Plan is denied in whole or part, the claimant must receive a written explanation of the reason for the denial. The claimant has the right to have the claim reviewed and reconsidered.

Under federal law, there are steps an employee covered under a Plan can take to enforce the above rights. For instance, if the person requests materials and does not receive them within 30 days, the person may file suit in a federal court. If a person has a claim for benefits which is denied or ignored, in whole or part, the person may file suit in a state or federal court. If it should happen that Plan fiduciaries misuse the Plan’s money, or if an employee under a Plan is discriminated against for asserting his or her rights, the person may seek assistance from the U.S. Department of Labor, or may file suit in a federal court. The court will decide who should pay court costs and legal fees. If the claimant is successful, the court may order the Employer to pay these costs and fees. If the claimant loses, the court may order the claimant to pay these costs and fees, for example, if it finds the claim to be frivolous.

If an employee covered under a Plan has any questions about the Plan, the employee should contact the Hamilton College Human Resources Department. If an employee has any questions about this statement of the employee’s rights under federal law, the employee should contact the nearest Area Office of the U.S. Labor-Management Services Administration, Department of Labor.

Please refer to your plan document for a full explanation of your plan rights.
**Important Laws & Notices**

**Newborn & Mothers’ Health Protection Act**
Under Federal law, group health plans and health insurance issuers offering group health insurance coverage generally may not 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 delivery by cesarean section. However, the plan or issuer may pay for a shorter stay if the attending provider (e.g. your physician, nurse midwife or physician's assistant) after consultation with the mother, discharges the mother or newborn earlier. Plans and issuers may not select the level of benefits or out-of-pocket costs so that any later portion of the 48-hour (or 96-hour) stay is treated in a manner less favorable to the mother or newborn than any earlier portion of the stay.

In addition, a plan or issuer may not require that a physician or other health care provider obtain authorization for prescribing a length of stay of up to 48 hours (or 96 hours). However, to use certain providers or facilities, or to reduce your out-of-pocket costs, you may be required to obtain pre-certification.

**Health Insurance Portability & Accountability Act (HIPAA)**

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

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

To request special enrollment or obtain more information contact your Plan Administrator, at Hamilton College, 198 College Hill Road, Clinton NY 13323; or at (315) 859-4302.

**Women’s Health & Cancer Rights Act 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. If you would like more information on WHCRA benefits, contact your Plan Administrator, at Hamilton College, 198 College Hill Road, Clinton NY 13323; or at (315) 859-4302.

**Women’s Health & Cancer Rights Act Annual Notice**
Do you know that your plan, as required by the Women’s Health and Cancer Rights Act of 1998, 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? Contact your Plan Administrator, at Hamilton College, 198 College Hill Road, Clinton NY 13323; or at (315) 859-4302 for more information.
Patient Protection Disclosure
The Plan generally allows the designation of a primary care provider. You have the right to designate any participating primary care provider who is available to accept you or your family members.

For information on how to select a primary care provider and for a list of participating primary care providers, visit the Plan on-line at www.excellusbcbs.com. For more information, contact the Plan Administrator at the phone number listed on the cover page of this Employee Benefit Guide. For children, you may designate a pediatrician as the primary care provider.

You do not need prior authorization from the Plan or from any other person, including your primary care provider, in order to obtain access to obstetrical or gynecological care from a health care professional; however, you may be required to comply with certain procedures, including obtaining prior authorization for certain services, following a pre-approved treatment plan, or procedures for making referrals. For a list of participating health care professionals who specialize in obstetrics or gynecology, visit the Plan on-line at the web address noted above or contact your Plan Administrator, at Hamilton College, 198 College Hill Road, Clinton NY 13323; or at (315) 859-4302.

Reminder of Availability of Privacy Notice
The Plan Sponsor maintains the HIPAA Notice of Privacy Practices for the Plan, which describes how health information about you may be used and disclosed. You may obtain a copy of our HIPAA Notice of Privacy Practices by contacting the Hamilton College, 198 College Hill Road, Clinton NY 13323; or at (315) 859-4302.

Medicaid and the Children’s Health Insurance Program (CHIP)
Offer Free or Low-Cost Health Coverage to Children and Families
If you or your children are eligible for Medicaid or CHIP and you are eligible for health coverage from your employer, your State may have a premium assistance program that can help pay for coverage. These States use funds from their Medicaid or CHIP programs to help people who are eligible for these programs, but also have access to health insurance through their employer. If you or your children are not eligible for Medicaid or CHIP, you will not be eligible for these premium assistance programs.

If you or your dependents are already enrolled in Medicaid or CHIP and you live in a State listed below, you can 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, you can contact your State Medicaid or CHIP office or call 1-877-KIDS NOW or www.insurekidsnow.gov to find out how to apply. If you qualify, you can ask the State if it has a program that might help you pay the premiums for an employersponsored plan.

Once it is determined that you or your dependents are eligible for premium assistance under Medicaid or CHIP, as well as eligible under your employer plan, your employer must permit you to enroll in your employer plan if you are not 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, you can contact the Department of Labor electronically at www.askebsa.dol.gov or by calling toll-free 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, 2013. You should contact your State for further information on eligibility.

ALABAMA – Medicaid
Website: http://www.medicaid.alabama.gov
Phone: 1-855-692-5447

ALASKA – Medicaid
Website: http://health.hss.state.ak.us/dpa/programs/medicaid/
Phone (Outside of Anchorage): 1-888-318-8890
Phone (Anchorage): 907-269-6529

ARIZONA – CHIP
Website: http://www.azahcccs.gov/applicants
Phone (Outside of Maricopa County): 1-877-764-5437
Phone (Maricopa County): 602-417-5437

COLORADO – Medicaid
Medicaid Website: http://www.colorado.gov/
Medicaid Phone (In state): 1-800-866-3513
Medicaid Phone (Out of state): 1-800-221-3943

FLORIDA – Medicaid
Website: https://www.flmedicaidtplrecovery.com
Phone: 1-877-357-3268

GEORGIA – Medicaid
Website: http://dch.georgia.gov/
Click on Programs, then Medicaid, then Health Insurance Premium Payment (HIPP)

IDaho – Medicaid and CHIP
Medicaid Website: www.accesshealthinsurance.idaho.gov
Medicaid Phone: 1-800-926-2588
CHIP Website: www.medicaid.idaho.gov
CHIP Phone: 1-800-926-2588

INDIANA – Medicaid
Website: http://www.in.gov/fssa
Phone: 1-800-889-9949

IOWA – Medicaid
Website: www.dhs.state.ia.us/hipp/
Phone: 1-888-346-9562

KANSAS – Medicaid
Website: http://www.kdheks.gov/hcf/
Phone: 1-800-792-4884

KENTUCKY – Medicaid
Website: http://chfs.ky.gov/dms/default.htm
Phone: 1-800-635-2570

LOUISIANA – Medicaid
Website: http://www.lahipp.dhh.louisiana.gov
Phone: 1-888-695-2447

MAINE – Medicaid
Website: http://www.maine.gov/dhhs/ofi/public-assistance/index.html
Phone: 1-800-572-3839  TTY 1-800-977-6741

MASSACHUSETTS – Medicaid and CHIP
Website: http://www.mass.gov/MassHealth
Phone: 1-800-462-1120

MINNESOTA – Medicaid
Website: http://www.dhs.state.mn.us/
Click on Health Care, then Medical Assistance
Phone: 1-800-657-3629

MISSOURI – Medicaid
Website: http://www.dss.mo.gov/mhd/participants/pages/hipp.htm
Phone: 573-751-2005

MONTANA – Medicaid
Website: http://medicaidprovider.hhs.mt.gov/clientpages/clientindex.shtml
Telephone: 1-800-694-3084

NEW JERSEY – Medicaid and CHIP
Medicaid Website: http://www.state.nj.us/humanservices/dmahs/clients/medicaid/
CHIP Website: http://www.njfamilycare.org/index.html
CHIP Phone: 1-800-701-0710

NEW YORK – Medicaid
Website: http://www.nyhealth.gov/health_care/medicaid/
Phone: 1-800-541-2831

MONTANA – Medicaid
Website: http://www.insureoklahoma.org
Phone: 1-888-365-3742
OREGON – Medicaid and CHIP
Website: http://www.oregonhealthykids.gov
http://hijossaludablesoregon.gov
Phone: 1-800-699-9075

NEBRASKA – Medicaid
Website: www.ACCESSNebraska.ne.gov
Phone: 1-800-383-4278

NEVADA – Medicaid
Medicaid Website: http://dwss.nv.gov/
Medicaid Phone: 1-800-992-0900

NEW HAMPSHIRE – Medicaid
Website: http://www.dhhs.state.nh.gov/oii/documents/hippapp.pdf
Phone: 603-271-5218

NEW JERSEY – Medicaid and CHIP
Medicaid Website: http://www.state.nj.us/humanservices/dmahs/clients/medicaid/
Medicaid Phone: 609-631-2392
CHIP Website: http://www.njfamilycare.org/index.html
CHIP Phone: 1-800-701-0710

NEW YORK – Medicaid
Website: http://www.nyhealth.gov/health_care/medicaid/
Phone: 1-800-541-2831

NORTH CAROLINA – Medicaid
Website: http://www.ncdhhs.gov/dma
Phone: 919-855-4100

NORTH DAKOTA – Medicaid
Website: http://www.nd.gov/dhs/services/medicalserv/medicaid/
Phone: 1-800-755-2604

OKLAHOMA – Medicaid and CHIP
Website: http://www.insureoklahoma.org
Phone: 1-888-365-3742

OREGON – Medicaid and CHIP
Website: http://www.oregonhealthykids.gov
http://hijossaludablesoregon.gov
Phone: 1-800-699-9075

PENNSYLVANIA – Medicaid
Website: http://www.dpw.state.pa.us/hipp
Phone: 1-800-692-7462

RHODE ISLAND – Medicaid
Website: http://www.ohhs.ri.gov
Phone: 401-462-5300

SOUTH CAROLINA – Medicaid
Website: http://www.scdhhs.gov
Phone: 1-888-549-0820

SOUTH DAKOTA – Medicaid
Website: http://www.dss.sd.gov
Phone: 1-877-598-5820, HMS Third Party Liability

TEXAS – Medicaid
Website: https://www.gethipptexas.com/
Phone: 1-800-440-0493

UTAH – Medicaid and CHIP
Website: http://health.utah.gov/upp
Phone: 1-866-435-7414

VERMONT – Medicaid
Website: http://www.greenmountaincare.org/
Phone: 1-800-250-8427

VIRGINIA – Medicaid and CHIP
Medicaid Website: http://www.dmas.virginia.gov/rcp-HIPP.htm
Medicaid Phone: 1-800-432-5924
CHIP Website: http://www.famis.org/
CHIP Phone: 1-866-873-2647

WASHINGTON – Medicaid
Website: http://hrsa.dshs.wa.gov/premiumpymt/Apply.shtm
Phone: 1-800-562-3022 ext. 15473

WEST VIRGINIA – Medicaid
Website: www.dhhr.wv.gov/bms/
Phone: 1-877-598-5820, HMS Third Party Liability

WISCONSIN – Medicaid
Website: http://www.badgercareplus.org/pubs/p-10095.htm
Phone: 1-800-362-3002

WYOMING – Medicaid
Website: http://www.health.wyo.gov/healthcarefin/equalitycare
Phone: 307-777-7531

To see if more States have added a premium assistance program or for more information on special enrollment rights, you can contact either:

U.S. Department of Labor
Employee Benefits Security Administration
www.dol.gov/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, Ext. 61565

OMB Control Number 1210-0137
The resources identified below are available to assist you if you have any questions about your benefits.

<table>
<thead>
<tr>
<th>Questions Regarding</th>
<th>Call</th>
<th>Phone Number</th>
<th>Online/Address</th>
<th>Group Number</th>
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<tbody>
<tr>
<td>General eligibility, enrollment, deductions, plan options, life event changes and COBRA</td>
<td>Luann Zaleski, Human Resources</td>
<td>315-859-4689</td>
<td><a href="mailto:lzaleski@hamilton.edu">lzaleski@hamilton.edu</a></td>
<td>N/A</td>
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<tr>
<td>Medical Benefits</td>
<td>Excellus BlueCross BlueShield</td>
<td>1-800-499-1275</td>
<td><a href="http://www.excellusbcbs.com">www.excellusbcbs.com</a></td>
<td>122472</td>
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<tr>
<td>Dental Benefits</td>
<td>Ameritas</td>
<td>1-800-659-5556</td>
<td><a href="http://www.ameritasgroup.com/member">www.ameritasgroup.com/member</a></td>
<td>201361</td>
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<tr>
<td>Vision Benefits</td>
<td>Vision Service Plan (VSP)</td>
<td>1-800-877-7195</td>
<td><a href="http://www.vsp.com">www.vsp.com</a></td>
<td>12251453</td>
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<tr>
<td>Flexible Spending Accounts</td>
<td>PayFlex</td>
<td>1-800-284-4885</td>
<td><a href="http://www.HealthHub.com">www.HealthHub.com</a></td>
<td>N/A</td>
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<tr>
<td>Life Insurance</td>
<td>Aetna Life Insurance</td>
<td>1-800-523-5065</td>
<td>151 Farmington Avenue Hartford, CT 06156</td>
<td>GP888470/2059</td>
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<tr>
<td>Basic Retirement Plan &amp; Voluntary Retirement Plan</td>
<td>TIAA-CREF</td>
<td>1-800-842-2776</td>
<td><a href="http://www.tiaa-cref.org/hamilton">www.tiaa-cref.org/hamilton</a></td>
<td>150587/150590</td>
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<tr>
<td>Short-Term Disability</td>
<td>Michael Thayer, Human Resources</td>
<td>315-859-4688</td>
<td><a href="mailto:mthayer@hamilton.edu">mthayer@hamilton.edu</a></td>
<td>N/A</td>
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<tr>
<td>Employee Assistance Program</td>
<td>Horizon Health</td>
<td>1-888-293-6948</td>
<td><a href="http://www.horizoncarelink.com">www.horizoncarelink.com</a></td>
<td>N/A</td>
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<tr>
<td>Health Advocacy</td>
<td>Health Advocate</td>
<td>1-866-695-8622</td>
<td><a href="http://www.healthadvocate.com">www.healthadvocate.com</a></td>
<td>N/A</td>
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<tr>
<td>Travel Accident Insurance</td>
<td></td>
<td>315-859-4999</td>
<td>N/A</td>
<td>N/A</td>
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<tr>
<td>Vacation, Personal Days, Holidays, Tuition Grant Program for Dependent Children</td>
<td>Luann Zaleski, Human Resources</td>
<td>315-859-4689</td>
<td><a href="mailto:lzaleski@hamilton.edu">lzaleski@hamilton.edu</a></td>
<td>N/A</td>
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<tr>
<td>Sick Leave, Sick Leave Bank, Emergency Leave Bank, Emergency Loan Fund</td>
<td>Michael Thayer, Human Resources</td>
<td>315-859-4688</td>
<td><a href="mailto:mthayer@hamilton.edu">mthayer@hamilton.edu</a></td>
<td>N/A</td>
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<tr>
<td>Courses at Hamilton, Tuition for Job-Related Courses, Scholarship Plan for Spouses</td>
<td>Michael Thayer, Human Resources</td>
<td>315-859-4688</td>
<td><a href="mailto:mthayer@hamilton.edu">mthayer@hamilton.edu</a></td>
<td>N/A</td>
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<td>Use of College Facilities, Bookstore Discount, Service Recognition, Bereavement</td>
<td>Human Resources</td>
<td>315-859-4302</td>
<td>N/A</td>
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<td>Clinton Early Learning Center (child care)</td>
<td>Early Learning Center</td>
<td>315-859-4176</td>
<td>N/A</td>
<td>N/A</td>
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<td>Payroll Questions</td>
<td>Hamilton Payroll Department</td>
<td>315-859-4316</td>
<td>N/A</td>
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