

BENEFITS DESIGNED

WITH YOU



Medical / Rx / Vision Rates and Contributions 2024

	\$771.31	\$7		



Dental Rates and Contributions 2024







Medical / Rx / Vision Insurance

Medical / Rx / Vision Insurance

Dental Insurance – Kaiser

Office Visit Copay	N/A
Individual	\$50
Family Maximum	\$150
Waived for Preventive ?	Yes
Per Person	\$1,500
Preventive Services	Covered in Full (dw)
Basic Services	Covered in Full after deductible 20% after deductible
Major Services	20% after deductible
Benefit Percentage	50% up to lifetime maximum of \$1,500





Basic Life / AD&D Insurance

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

2x annual earnings up to a max of \$300,000
benefits reduce to 65% of original amount benefits reduce to 50% of original amount
Be sure to complete your beneficiary designation. This can be updated at any time throughout the year, as many times as necessary.

Voluntary Life and Voluntary AD&D Insurance

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

Voluntary Life and Voluntary AD&D Insurance

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

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

<i>Non-Tobacco User*</i>						
	\$0.054		\$0.843		\$0.102	



Long-









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

You have the right to:

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


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


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

We may use and share your information as we:

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

some of our responsibilities to help you. This section explains your rights and

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

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

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

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

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

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

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


We can use or share your information for health research.

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

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

We can use or share health information about you:

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



If you are receiving this electronically, you are responsible for providing a copy of this notice to any Medicare Part D-



Email:

cypress@reed.edu

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.

Kentucky Medicaid Website:
<https://chfs.ky.gov/agencies/dms>

Enrollment Website:
https://www.mymaineconnection.gov/benefits/s/?language=en_US
Phone: 1-800-442-6003

Website: https://medicaid.ncdhhs.gov/ Phone: 919-855-4100	Website: https://www.hhs.nd.gov/healthcare Phone: 1-844-854-4825
Website: http://www.insureoklahoma.org Phone: 1-888-365-3742	Website: http://healthcare.oregon.gov/Pages/index.aspx Phone: 1-800-699-9075

Website:
<https://www.dhs.pa.gov/Services/Assistance/Pages/HIP-P-Program.aspx>
 Phone: 1-800-692-7462
 CHIP Website:

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

To see if any other states have added a premium assistance program since July 31, 2023, or for more information on special enrollment rights, contact either:

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

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

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

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

