

COLLEGE OF THE  
**Holy Cross**

# 2025 BENEFITS GUIDE

Benefits Open Enrollment  
is **November 1-15, 2024**

Office of Human Resources  
1 College Street  
Smith 101  
Worcester, MA 01610  
508.793.3391 | [hrbenefits@holycross.edu](mailto:hrbenefits@holycross.edu)

LEARN MORE  
INSIDE.



# Welcome to your 2025 Benefits Guide

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## OFFICE OF HUMAN RESOURCES

If you have questions about the benefits information provided in this guide, please send a message to [hrbenefits@holycross.edu](mailto:hrbenefits@holycross.edu).

*This Benefits Guide serves as a Summary of Material Modifications (SMM) and describes changes to the **Trustees of the College of the Holy Cross' Health and Welfare Benefits Plan (506)** and supplements the Summary Plan Description (SPD). The effective date of these changes is January 1, 2025. The specific terms and conditions of these benefits are governed by summary plan descriptions, insurance certificates, and service agreements. In the event of a conflict regarding the information in this document, the plan documents, certificates, and agreements will govern.*



## A Message from Human Resources

### Dear Colleagues,

Welcome to our 2025 Benefits Guide, which provides an overview of the comprehensive benefits, programs, and resources Holy Cross offers to employees and their families. We have done it again – for the second year in a row, are pleased to be recognized as a **2024 WorkWell Massachusetts Award Winner** by the Worksite Wellness Council of Massachusetts and a 2024 top **100 Healthiest Workplaces in America** according to Healthiest Employers – and it is all thanks to you, our employees, who use our benefits to make your wellbeing a priority every day.



We take pride that our employees commit to prioritizing their wellness using our robust benefits. Here are a few key updates for you to know as you consider your benefit choices for the coming year:

- **Medical:** We are pleased to share that this year, the medical premium increase is considerably less than the 8-9% trend reflected in the region and the Harvard Pilgrim Health Care book of business. Please see [page 8](#) for details on your 2025 medical rates. There will be **no plan design changes**.
- **Expanding Our Network:** We know how important it is for you and your loved ones to have access to high-quality care close to home. We are excited to share that **UMass Memorial Medical Center is now in-network for all of our Holy Cross medical plans**.

We believe the diversity of our workforce is key to our success. Every employee brings their individual background, life experience, and perspective to the workplace each day – and we strive to have benefits that promote a diverse and inclusive environment. We are proud to advance more inclusive family building options by offering the following enhancements:

- The College is adding Domestic Partner medical coverage for 2025; and,
- Beginning in 2025, Harvard Pilgrim has enhanced their family forming services to meet the needs of members who do not have a diagnosis of infertility.

Over the past two years, we've added some enhancements to our coverage, including expanding wellness reimbursement program to \$300 for two members, as well as the weight management reimbursement program to \$150 for all members on a plan.

- **BeWell @ Holy Cross:** You have access to year-round wellness coaching and resources to help you with every aspect of your physical, mental, and financial wellbeing – **at no cost to you**. Employees enrolled in a Holy Cross health plan through Harvard Pilgrim Health Care can **earn up to \$420 each year** by participating in BeWell programs. Last year, we implemented our newest addition to BeWell, DetecTogether, which provides important education about cancer detection and is available at no cost to all employees and family members. See [pages 16-17](#) or visit the [Ignite Wellness page](#) for more information.
- **Dental & Vision:** There will be slight increases to dental premiums due to increased utilization and there are no plan design changes to either dental or vision. Your vision rates will remain the same for 2025.

As a reminder, in 2024, we made enhancements to our dental coverage for children by introducing Right Start 4 Kids<sup>SM</sup>. This program provides 100% coverage for diagnostic, preventative, basic (up from 80%), and major services (up to 50%) for children up to their 13th birthday. You automatically have this benefit if you enroll in a family dental plan through Delta Dental.

There is much more to know about our benefits. Make time to review this Guide and learn about your options to take advantage of the robust programs and resources we offer. If you have any questions, please contact [hrbenefits@holycross.edu](mailto:hrbenefits@holycross.edu).

All the best,

*Marymichele Delaney*

Vice President for Human Resources



## Eligibility and Qualifying Events

### BENEFIT ELIGIBILITY

Holy Cross benefits are available to employees who are regularly scheduled to work at least 27½ hours per week and a minimum of 40 weeks per year. You are eligible to participate in these benefits on the first of the month coincident with or following your date of hire.

New employees at Holy Cross must complete benefits enrollment within 30 days of their date of hire. Employees who do not sign up for benefits within 30 days of their eligibility date must wait until the next annual Open Enrollment period based on IRS guidelines (an exception to this policy would be the occurrence of an IRS qualifying event, called a “life event” or “status change”).

### DEPENDENT ELIGIBILITY

Dependents eligible for your benefits include:

- Children up to age 26 (whether or not they are dependents for tax purposes)
- Your legally married spouse
- Domestic partner and their children
- A former spouse (you must contact Human Resources if you currently cover or will be covering a former spouse)

To cover dependents, provide their Social Security numbers and appropriate documentation. Appropriate documents may include a marriage certificate, birth certificate, or an adoption certificate.

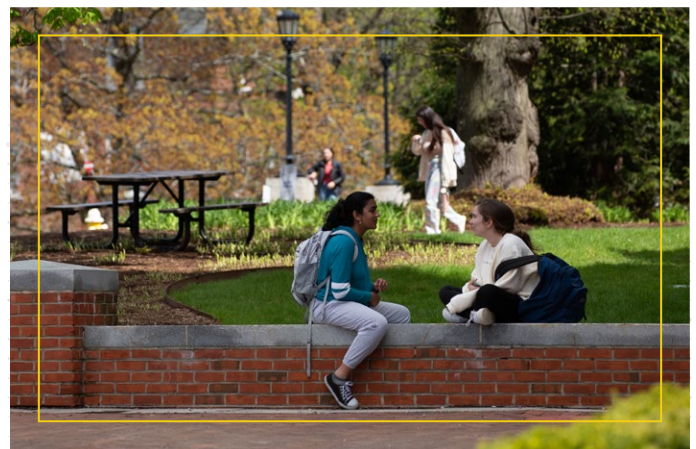
To cover a domestic partner and/or their children, please provide the following documentation:

- Proof of cohabitation (e.g., lease agreement, utility bill, etc.)
- Proof of financial interdependence (e.g., joint bank account statement, shared insurance policy, etc.)

### QUALIFYING LIFE EVENTS (QLES)

Notify Human Resources within 30 days of a QLE. Since changes must comply with IRS regulations, any election changes must be on account of and consistent with the event, effective as of the date of the event. This is the only opportunity outside of Open Enrollment when an election change can be made. QLEs include:

- Change in legal marital status
- Change in the number of dependents
- Change in the employment status of the employee or spouse
- A dependent satisfies or ceases to satisfy the dependent eligibility requirements
- Change in residence or moving in or out of Harvard Pilgrim Health Care’s service area
- Court judgment, decree, or order
- Entitlement to Medicare or Medicaid (employee, spouse, and/or dependent)
- Enrollment in or loss of coverage in a Marketplace Exchange plan
- A significant change in cost or coverage under a spouse’s plan in midyear



**Eligible children include biological, step, adopted, and foster children or children for whom you are the legal guardian. Children who are physically or mentally challenged and become disabled before the end of the calendar year in which they turn 26 may still be eligible for coverage.**

## What's New for 2025

- **Updates to your medical and dental plan rates:** You will see considerably below-trend increases of 4% to medical rates and 4% to dental rates in 2025. Holy Cross still pays about 85% of the cost for your medical and dental coverage, and costs are also increasing for the College next year. See the medical plan rates on [page 8](#) and dental plan rates on [page 9](#) for more information.  
For the first time in several years, dental plan rates will increase slightly due to the rising costs and increased utilization of dental services by our employees and their dependents. There will be no plan design changes for dental or vision coverage, and vision rates remain the same for 2025.
- **Enhancements to our family planning benefits:** For 2025, employees now have access to medical coverage to help you start and grow your family.
- **Domestic partner coverage:** Beginning in 2025, employees may cover their domestic partner as a dependent on their medical plan. A domestic partner is an individual with whom you share an exclusive, committed, and long-term relationship, and have a mutual responsibility for each other's welfare and financial obligations. Remember that imputed income will apply.

### *Next steps*

- **Attend the onsite Benefits Fair on November 6:** Visit Hogan Ballroom from 12-2pm to meet with benefit plan experts, receive giveaways, and even get a free chair massage (first come, first served).
- **Enroll between November 1-15:** As in the past, every benefit-eligible employee must choose their benefit plans in the PeopleSoft self-service portal. See [page 5](#) for details.

## Things to Remember this Open Enrollment:

- **Prescription copay assistance:** Last year, we added a program called PillarRx, which can save you significant costs if you take a specialty medication. If your medication is eligible for a manufacturer's copay assistance, PillarRx will contact you to help you enroll. The program can help reduce—and in some cases eliminate—your out-of-pocket costs associated with high-cost specialty drugs.
- **Expanded wellness reimbursement:** Remember our expanded wellness reimbursement program that includes eligible items like nutrition and mindfulness programs. Each employee enrolled in a HPHC medical plan could receive a \$150 reimbursement (up to \$300 max per family) for qualified fitness activity fees. Be sure to take advantage of this program in 2025!

## Resources to Support You

- **Decision Doc:** This tool is available to help you compare health plan options and choose the best option for you and your family. You will find Decision Doc at [www.myhyke.com/holycross](http://www.myhyke.com/holycross).
- **BeWell @ Holy Cross wellbeing resources:** We have many wellness resources available through our BeWell @ Holy Cross program—including year-long wellbeing offerings and our Living Well Platform (through Limeade) offering up to \$120 annually when you complete activities.

We have a dedicated wellbeing advisor, Sarah Kurtzman ([Sarah.Kurtzman@point32health.org](mailto:Sarah.Kurtzman@point32health.org)). Please reach out to her to learn more about your wellness resources.

Additional details are on [page 16](#) of this Guide. For complete information about BeWell @ Holy Cross, visit the [Wellness page on Ignite](#).

### *Experiencing a Life Event?*

If you experience a life event (marriage, divorce, birth of child, death, etc.), contact Human Resources within 30 days to make IRS-eligible changes to your benefits.

## Using PeopleSoft/Self-Serve

Be sure to review your current coverage and make changes to your benefits through our online self-service application, PeopleSoft. Log on with your computer, mobile device, or tablet.

If you do not make any changes, your current 2024 elections will roll over to 2025, except for any elections to Flexible Spending Accounts or the Health Savings Account. You **must** re-enroll in these accounts each year in order to participate.

### HOW TO ACCESS, LOG IN, AND ENROLL

- Go to [www.ignite.holycross.edu](http://www.ignite.holycross.edu) and click on “Apps” and then “HR Self-Service.” If you experience any browser errors, try clearing your cache, using an incognito window, or using another internet browser.
- **Open Enrollment Tile:** Click on the Open Enrollment tile to begin making benefit elections for coverage starting January 1, 2025.
- **Welcome Message:** Read and acknowledge the welcome message and required agreements.
- **Update Information:** Input any new or updated dependent and beneficiary information. If adding domestic partner coverage, provide necessary documentation to the benefits team first.
- **Select Plans:** Start with medical plans and proceed through all options. You can save your progress and return as needed.
- **Final Submission:** Click “Submit” to finalize your selections. A confirmation statement will be sent to your Holy Cross email. If you don’t submit, your selections will not be saved.
- **Making Changes:** If you need to correct a submission, you can revise and resubmit until the final deadline at midnight on November 15, 2024.

### If you want to participate in the College medical plan:

- If you were previously enrolled in a medical plan and you do not take action, you will be default enrolled to the same plan.
- Review your dependents for eligibility.
- You will need to choose a PCP for you and each dependent if electing an HMO option.
- Click “Save” after making your elections.

### If you do not want to participate in the College medical plan:

- Proceed to “Medical” under “Plan Type” and choose the waive medical button. You must then record where you have coverage elsewhere in the text box to the right (e.g., spouse, parent, military, other).
- Click “Save.”

Please check for a confirmation email after you have waived or elected coverage. If you do not receive a confirmation email, immediately contact [hrbenefits@holycross.edu](mailto:hrbenefits@holycross.edu).

### *Review and Update Your Beneficiaries*

- Life Insurance: **PeopleSoft** ([hr.chx.holycross.edu/identity](http://hr.chx.holycross.edu/identity))
- HSA and 403b Retirement Accounts: **Fidelity** ([www.netbenefits.com/holycross](http://www.netbenefits.com/holycross))
- FSAs: **Voya** ([www.voya.com](http://www.voya.com))

## Medical Coverage

Staying on top of your health is important. This year, you have access to the same four medical plan options through Harvard Pilgrim Health Care (HPHC):

1. Focus HDHP HMO (MA)
2. HDHP PPO (National)
3. Focus HMO (MA)
4. HMO (MA/RI/VT/NH/ME)

### WHICH PLAN IS RIGHT FOR YOU?

Each option has features that make it the “best” fit for different people and families. While it might be tempting to keep the same coverage for 2025, that may not be the best approach for your needs. Consider what might change for you next year:

- Are you planning to expand your family?
- Do you have a planned surgery?
- Do you or a covered dependent have new medical concerns?
- Are you preparing for a major life change?

Answering these questions can help you make the best decisions for 2025.

### Pharmacy Coverage

All Medical Plans offer pharmacy benefits through OptumRx. The Optum Rx website ([www.optumrx.com](http://www.optumrx.com)) and app are fast, easy, secure ways to get the information you need to make the most of your pharmacy benefit. Create an account to:

- Place a home delivery order for potential mail order savings
- Access and print your ID card
- View claims and benefit information

### HELP CHOOSING YOUR MEDICAL PLAN

When comparing your medical plan options, you want to consider your costs (what comes out of your paycheck to pay your share of the premium) and your expected out-of-pocket costs (what you’ll pay throughout the year in copays or deductibles if and when you need services). The Decision Doc tool ([www.myhyke.com/holycross](http://www.myhyke.com/holycross)) is here to help you compare total costs based on your personal situation and anticipated needs. This tool can help you make informed decisions.

#### Here is an example

This member is enrolled in individual coverage. During the year they have 1 preventive visit, 1 office visit, an MRI, and 6 PT visits for back pain.

|   | FOCUS HDHP HMO (MA) | HDHP PPO (NATIONAL) | FOCUS HMO (MA) | HMO (MA/RI/VT/NH/ME) |
|---|---------------------|---------------------|----------------|----------------------|
| Annual Premium                                  | \$441               | \$1,788             | \$1,584        | \$3,445              |
| Out-of-Pocket Costs (copays, deductibles)*      | \$1,920             | \$1,920             | \$710          | \$1,210              |
| Total Premium + Out-of-Pocket Costs             | \$2,361             | \$3,708             | \$2,294        | \$4,655              |
| College Contribution to HSA**                   | \$500               | \$500               | N/A            | N/A                  |
| <b>Total Employee Annual Medical Plan Spend</b> | <b>\$1,861</b>      | <b>\$3,208</b>      | <b>\$2,294</b> | <b>\$4,655</b>       |

\* Out-of-pocket costs are examples and may not reflect actual costs for services listed.

\*\* The College will continue to provide a \$1,000 contribution for family coverage.



## MEDICAL PLAN COMPARISON

Below is a summary of coverage under each medical plan to help you compare your options.

|   | FOCUS HDHP<br>HMO (MA)                     | HDHP PPO<br>(NATIONAL)                     |                                   | FOCUS HMO<br>(MA)  | HMO (MA/RI/<br>VT/NH/ME)*  |
|---|--|--|-----------------------------------|--|--|
|   | In-Network                                 | In-Network                                 | Out-of-Network                    | In-Network   | In-Network   |
| <b>Deductibles</b>                                    | \$2,000/\$4,000                            | \$2,000/\$4,000                            | \$4,000/\$8,000                   | \$500/\$1,000**  | \$1,000/\$2,000**  |
| <b>Holy Cross HSA<br/>Contribution</b>                | <b>\$500/\$1,000</b>                       | <b>\$500/\$1,000</b>                       |                                   | n/a  | n/a  |
| <b>Coinsurance</b>                                    | 100%                                       | 100%                                       | 80%                               | 100%   | 100%   |
| <b>Out-of-Pocket Maximums</b>                         |  |  |                                   |  |  |
| <b>Medical and<br/>Prescription Drug<br/>Combined</b> | \$4,000/\$8,000                            | \$4,000/\$8,000                            | \$8,000/\$16,000                  | \$2,500/\$5,000  | \$2,500/\$5,000  |
| <b>Office Visits</b>                                  |  |  |                                   |  |  |
| <b>Annual Preventive<br/>Exam</b>                     | Plan pays 100%                             | Plan pays 100%                             | Plan pays 80%                     | Plan pays 100%   | Plan pays 100%   |
| <b>Routine Vision<br/>Exam</b>                        | Plan pays 100%                             | Plan pays 100%                             | Plan pays 80%<br>after deductible | Plan pays 100%   | Plan pays 100%   |
| <b>Office Visits (PCP)</b>                            | \$30 copay<br>after deductible             | \$30 copay<br>after deductible             | Plan pays 80%<br>after deductible | \$30 copay after two<br>visits (\$0 copay for<br>the first two visits) | \$30 copay after two<br>visits (\$0 copay for<br>the first two visits) |
| <b>Specialist Visits</b>                              | \$50 copay<br>after deductible             | \$50 copay<br>after deductible             | Plan pays 80%<br>after deductible | \$50 copay   | \$50 copay   |
| <b>Emergency Care</b>                                 |  |  |                                   |  |  |
| <b>Emergency<br/>Room***</b>                          | \$100 copay<br>after deductible            | \$100 copay<br>after deductible            | \$100 copay<br>after deductible   | \$100 copay  | \$100 copay  |
| <b>Urgent Care</b>                                    | \$30 copay<br>after deductible             | \$30 copay<br>after deductible             | Plan pays 80%<br>after deductible | \$30 copay   | \$30 copay   |
| <b>Inpatient/Outpatient Services</b>                  |  |  |                                   |  |  |
| <b>Inpatient Hospital</b>                             | Plan pays 100%<br>after deductible         | Plan pays 100%<br>after deductible         | Plan pays 80%<br>after deductible | Plan pays 100%<br>after deductible                                     | Plan pays 100%<br>after deductible                                     |
| <b>Ambulatory Day<br/>Surgery</b>                     | Plan pays 100%<br>after deductible         | Plan pays 100%<br>after deductible         | Plan pays 80%<br>after deductible | Plan pays 100%<br>after deductible                                     | Plan pays 100%<br>after deductible                                     |
| <b>Diagnostic X-Ray/<br/>Lab</b>                      | Plan pays 100%<br>after deductible         | Plan pays 100%<br>after deductible         | Plan pays 80%<br>after deductible | Plan pays 100%<br>after deductible                                     | Plan pays 100%<br>after deductible                                     |
| <b>Imaging (CT/PET<br/>Scans, MRIs)</b>               | Plan pays 100%<br>after deductible         | Plan pays 100%<br>after deductible         | Plan pays 80%<br>after deductible | Plan pays 100%<br>after deductible                                     | Plan pays 100%<br>after deductible                                     |
| <b>Prescription Drugs</b>                             |  |  |                                   |  |  |
| <b>Retail</b>   | Deductible applies<br>then \$15/\$45/\$65  | Deductible applies<br>then \$15/\$45/\$65  | Not covered                       | \$15/\$45/\$65   | \$15/\$45/\$65   |
| <b>Mail</b>   | Deductible applies<br>then \$30/\$90/\$130 | Deductible applies<br>then \$30/\$90/\$130 | Not covered                       | \$30/\$90/\$130  | \$30/\$90/\$130  |

\* The HMO plan does not include CT providers. If your doctor is in CT, you may want to elect the HDHP PPO (National) plan; check [www.harvardpilgrim.org](http://www.harvardpilgrim.org) to confirm they are in network.

\*\* Deductibles for these family plans are "embedded," which means once each person on your policy reaches their individual deductible (\$500 for Focus HMO and \$1,000 for HMO), the plan will begin to pay for that person. Once you reach the family deductible (\$1,000 for Focus HMO and \$2,000 for HMO), the plan will pay for all members covered under your medical benefits.

\*\*\* Note: All plans cover care in an emergency—even if you receive that care out of network.





MEDICAL PLAN COSTS

|                             | MONTHLY EMPLOYEE CONTRIBUTIONS | MONTHLY HOLY CROSS CONTRIBUTIONS |
|-----------------------------|--------------------------------|----------------------------------|
| <b>Focus HDHP HMO (MA)</b>  |                                |                                  |
| Employee                    | \$36.74                        | \$644.18                         |
| Employee+Spouse             | \$77.16                        | \$1,352.78                       |
| Employee+Child(ren)         | \$66.14                        | \$1,159.52                       |
| Family                      | \$111.33                       | \$1,951.85                       |
| <b>HDHP PPO (National)</b>  |                                |                                  |
| Employee                    | \$149.02                       | \$650.38                         |
| Employee+Spouse             | \$312.94                       | \$1,365.79                       |
| Employee+Child(ren)         | \$268.24                       | \$1,170.67                       |
| Family                      | \$451.52                       | \$1,970.62                       |
| <b>Focus HMO (MA)</b>       |                                |                                  |
| Employee                    | \$131.96                       | \$735.79                         |
| Employee+Spouse             | \$277.12                       | \$1,545.15                       |
| Employee+Child(ren)         | \$237.53                       | \$1,324.42                       |
| Family                      | \$399.85                       | \$2,229.42                       |
| <b>HMO (MA/RI/VT/NH/ME)</b> |                                |                                  |
| Employee                    | \$287.12                       | \$739.70                         |
| Employee+Spouse             | \$602.96                       | \$1,553.39                       |
| Employee+Child(ren)         | \$516.82                       | \$1,331.44                       |
| Family                      | \$869.98                       | \$2,241.29                       |

*A Note About 2025 Rates*

Rates will increase for 2025. However, while the regional medical trend increase is 8-9%, our increase is below that trend at 4%. Increases are due to several reasons:

- Rising medical costs in our region
- Economic factors, such as inflation
- Higher usage of medical services by the employees and dependents covered under our benefits

Costs are increasing for plan participants and for the College. We will continue to fund an average of 85% of total medical plan costs. We've worked to keep rates as low as possible while maintaining high-quality, robust coverage and also offering additional well-being programs and tools that help to keep you and family members healthy.

*Remember PillarRx's IPC Copay Assistance Program for Specialty Drugs*

Last year, we implemented our **copay assistance program**, which is here to help employees and their covered family members get the medicine they need for complex or chronic conditions at an affordable cost.

PillarRx has a team of highly trained, certified pharmacy technicians that will set you up with copay assistance to reduce—and in some cases eliminate—the cost of your specialty drugs. They'll also provide ongoing support to simplify refills, manage claims, and work with your pharmacy, drug manufacturers, and health plan to ensure you're getting the medicine you need at the lowest cost.



## Dental Coverage

Healthy teeth and gums are an essential part of your overall health. We continue to offer generous dental coverage through Delta Dental of Massachusetts, including **three free oral exams and cleanings each year (every four months)**.

With our Delta Dental Plan, you will:

- Have access to the Delta PPO and Delta Premier network of dentists. When you use an in-network dentist, you'll receive deeper discounts, your dental coverage will go further, and your out-of-pocket costs will be less.
- Be able to roll over up to \$600 per year if you don't reach your calendar year maximum benefit (to check your current balance, call Delta Dental Member Services at 800.872.0500) or access your account at [www.deltadentalma.com](http://www.deltadentalma.com).

### DENTAL BENEFIT SUMMARY

| DELTA DENTAL OF MA                                  |  |
|---|--|
| <b>Calendar Year (In-Network or Out-of-Network)</b> |  |
| <b>Deductible</b>                                   | \$50 per person/ \$150 per family (all tiers) (waived for Type 1)                  |
| <b>Calendar Year Maximum Benefit</b>                | \$2,000 per person   |
| <b>Orthodontic Lifetime Maximum</b>                 | \$2,000 per person (any age)   |
| <b>Services for Members Age 13+</b>                 |  |
| <b>Type 1—Diagnostic &amp; Preventive</b>           | Plan pays 100%—includes 3 oral exams and cleanings per year. (once every 4 months) |
| <b>Type 2—Basic</b>                                 | Plan pays 80%, after deductible  |
| <b>Type 3—Major</b>                                 | Plan pays 50%, after deductible  |
| <b>Type 4—Orthodontic (any age)</b>                 | Plan pays 100%, after deductible   |

### DENTAL PLAN COSTS

|                                      | 2025 MONTHLY EMPLOYEE CONTRIBUTIONS | 2025 MONTHLY HOLY CROSS CONTRIBUTIONS |
|--------------------------------------|-------------------------------------|---------------------------------------|
| <b>Delta Dental of Massachusetts</b> |                                     |                                       |
| <b>Employee</b>                      | \$16.82                             | \$27.32                               |
| <b>Employee+Spouse</b>               | \$47.29                             | \$86.17                               |
| <b>Employee+Child(ren)</b>           | \$43.09                             | \$86.17                               |
| <b>Family</b>                        | \$55.70                             | \$86.17                               |

### Available at No Cost to You: Right Start 4 Kids<sup>SM</sup>

Oral hygiene is for your whole family—especially your children. At **no added cost** to you, the Right Start 4 Kids program is here to make it easier and more affordable to care for children's oral health.

Employees enrolled in family coverage under our Delta Dental plan are automatically enrolled in Right Start 4 Kids, which provides increased coverage for children up to their 13th birthday, including:

- No deductible
- 100% coverage for covered preventive, basic restorative, and major restorative services

Annual benefit maximums apply, and exclusions and limitations apply (for example, this program does not apply to orthodontics). For more information, visit [www.deltadentalma.com/preventistry/right-start-4-kids](http://www.deltadentalma.com/preventistry/right-start-4-kids).



## Vision Coverage

### No plan or rate changes

Good eyesight improves your quality of life. Getting your eyes checked regularly is a great way to make sure you don't miss anything. Holy Cross offers two vision plans. Both are administered by EyeMed. Plan A covers eyewear only (lenses, frames, and contacts), while Plan B covers eyewear and annual vision exams.

### EyeMed360

If you use a PLUS Provider, EyeMed360 gives you enhanced benefits **at no added cost**:

- Additional \$50 frame allowance (if you elect either plan)
- \$0 vision exam copay (if you elect Plan B)

To find a PLUS Provider, visit [www.eyemed.com/en-us/blog/benefits-101/savings-plus-more-with-plus-providers-6442](http://www.eyemed.com/en-us/blog/benefits-101/savings-plus-more-with-plus-providers-6442).

### VISION BENEFIT SUMMARY

|   | EYEMED                              |                                     |
|---|-------------------------------------|-------------------------------------|
|   | Plan A–Eyewear Only                 | Plan B–Exam + Eyewear               |
| <b>Plan Details</b>                                 | <i>In-Network Member Cost</i>       | <i>In-Network Member Cost</i>       |
| <b>Routine Vision Exams</b>                         | N/A (Covered under Medical Plan)    | \$10 copay (every 12 months)        |
| <b>Lenses</b>                                       | <i>Every 12 Months</i>              |                                     |
| <b>Single Vision, Bifocal, Trifocal, Lenticular</b> | \$25 copay; Lens enhancements extra | \$25 copay; Lens enhancements extra |
| <b>Frames</b>                                       | <i>Every 24 Months</i>              |                                     |
| <b>Frames</b>                                       | \$130 allowance then 20% discount   | \$130 allowance then 20% discount   |
| <b>Contact Lenses (In lieu of glasses)</b>          | <i>Every 12 Months</i>              |                                     |
| <b>Elective</b>                                     | \$130 allowance then 15% discount   | \$130 allowance then 15% discount   |
| <b>Fitting and Evaluation</b>                       | Up to \$40 copay                    | Up to \$40 copay                    |

### VISION PLAN COSTS

|                            | 2025 MONTHLY EMPLOYEE CONTRIBUTIONS<br>(NO HOLY CROSS CONTRIBUTIONS) |                       |
|----------------------------|--|-----------------------|
|                            | Plan A–Eyewear Only  | Plan B–Exam + Eyewear |
| <b>Employee</b>            | \$4.84   | \$6.86                |
| <b>Employee+Spouse</b>     | \$9.21   | \$13.04               |
| <b>Employee+Child(ren)</b> | \$9.69   | \$13.73               |
| <b>Family</b>              | \$14.25  | \$20.18               |

To make the most of your vision coverage and keep your out-of-pocket cost to a minimum:

- **Find a participating provider** by visiting [www.eyemedvisioncare.com](http://www.eyemedvisioncare.com) and selecting the “Insight” network. As you search, look for the PLUS Provider icon to participate in EyeMed360 savings. You can also call EyeMed at 866.939.3633.
- **Use participating retail chains** to get your eyewear, including LensCrafters, Target Optical, Pearle Vision, Contacts Direct, or 1-800-Contacts. These retail chains are PLUS Providers.
- **Take advantage of discounts** on sunglasses, extra glasses, lens enhancements, and laser vision correction.



## Health Savings Account (HSA)

Available to employees who enroll in the Focus HDHP or HDHP PPO, the HSA is a tax-advantaged savings account (through Fidelity) that you can use to save on health care expenses now or in the future. **Holy Cross makes an annual contribution to your HSA of \$500 for individual coverage and \$1,000 for all other coverage tiers\***—that means **extra** money you can use to pay your out-of-pocket health care expenses or save for the future.

### An HSA provides a triple-tax advantage:

1. **It's tax-free when it goes in.** You put money into your HSA on a before-tax basis through payroll deductions. You save money on qualified healthcare expenses and taxable income is lowered.
2. **It's tax-free as it grows.** You earn tax-free interest on your money.
3. **It's tax-free when you spend it.** When you spend your HSA funds on qualified healthcare expenses, you don't pay any taxes. You're saving money on things like your medical, dental, and vision coinsurance and deductibles.

Just like a bank account, you own your HSA, so it's yours to keep and use even if you change medical coverage, leave the system, or retire. There is no "use it or lose it" rule like an FSA.

In 2025, you can contribute up to \$4,300 for individuals or \$8,550 for family coverage to your HSA, which are the limits set by the IRS. If you are age 55 or older, you can contribute an extra \$1,000 in catch-up funds. **You are allowed to increase, decrease, or stop your contributions at any time.**

**Note:** There are eligibility requirements for HSAs. You are not eligible to make or receive HSA contributions if you are enrolled in any part of Medicare or any non-qualified HDHP coverage (for example, your spouse's healthcare FSA). Additional details about HSA eligibility can be found on the [Benefits Page](#). You can also contact Fidelity for questions or guidance with your account at 800.544.3716 or [www.netbenefits.com/holycross](http://www.netbenefits.com/holycross).

*Even if you currently contribute to an HSA, you **must** re-enroll to contribute in 2025.*

### *Keep in Mind the Holy Cross HSA Contribution*

As you compare your up front costs for coverage, it's important to keep in mind the annual contribution Holy Cross will make to your HSA in January 2025 if you choose an HSA-eligible plan option: **\$500 for individual coverage and \$1,000 for all other coverage tiers.** Use the Decision Doc tool ([www.myhyke.com/holycross](http://www.myhyke.com/holycross)) to compare health plan options and total costs.

\* The College's HSA contributions typically happen on or around January 15th of each year. New hires will receive a prorated contribution amount in their first year.

## Flexible Spending Accounts (FSAs)

FSAs, administered by Voya (formerly Benefit Strategies), are a way to set aside funds for expenses you expect to have in the coming year. FSAs are:

- **Tax-advantaged:** funds you contribute go in tax free, and if you use them for qualified expenses, you won't pay tax.
- **"Use it or lose it":** You must use any funds you contribute by plan year end. Please note the plan includes a Grace Period that allows any eligible expenses incurred before March 15, 2026, to be applied toward any remaining 2025 account balance. Unused funds will be forfeited.
- **Elected each year:** Even if you currently participate in an FSA, you **must** re-enroll to continue contributing in 2025.

### LIMITED PURPOSE FSA (LPFSA)

If you are participating in a HDHP, you can elect an LPFSA to help you with eligible dental and vision expenses. This is the only FSA that you can elect for health-related expenses if you also have an HSA.

*You can contribute up to the IRS maximum of \$3,300.*

### HEALTH CARE FSA

If you do not have an HSA, a Health Care FSA helps you set aside money for medical, dental, and vision expenses. You contribute via paycheck deductions each pay period, and will have access to your full contribution amount on the first day of 2025.

*You can contribute up to the IRS maximum of \$3,300.*

### DEPENDENT CARE FSA

If you need care for a dependent, such as a child under 13, disabled spouse, or disabled relative who depends on you for at least half of their support, the Dependent Care FSA allows you to set aside funds to pay for eligible care expenses.

*You can contribute up to the IRS maximum of \$5,000 in 2025.*

If your child is turning 13 during the plan year, plan accordingly to take advantage of this benefit.

*You can elect FSAs even if you do not enroll in a Holy Cross medical plan.*



## Life and Accidental Death & Dismemberment (AD&D) Coverage

Life and AD&D coverage is administered by Sun Life Financial. **Basic coverage is provided to benefits-eligible employees at no cost, and you have the opportunity to purchase additional supplemental buy-up coverage.**

### BASIC LIFE AND AD&D COVERAGE

Holy Cross automatically provides all benefits-eligible employees with basic Life and AD&D insurance at no cost. Your benefit for Life and AD&D is equal to 1.5 times your basic annual earnings, up to a maximum of \$900,000, and you won't need to answer any medical questions.

*If your benefits exceed \$50,000, imputed income will apply.*

### VOLUNTARY SUPPLEMENTAL LIFE INSURANCE

Having adequate coverage can help your family manage expenses and make a difficult transition less painful. Life insurance provides the people you love with financial support when you can't be there and when they need it most. You have the opportunity to purchase additional coverage, above what Holy Cross provides for you:

- **For yourself (Employee Life Benefit):** You may elect coverage in increments of \$5,000, up to a maximum of \$500,000 or 5 times your basic annual earnings, whichever is less. If you are newly hired, you may purchase up to \$200,000 without proof of good health (called Evidence of Insurability, or EOI). If you'd like to elect more than \$200,000, or you're looking to increase your current coverage, EOI is required.

- **For your spouse (Spouse Life Benefit):** You may elect coverage in increments of \$5,000, up to a maximum of \$250,000 or your Employee Life Benefit, whichever is less. If you are newly hired, you may purchase up to \$50,000 without proof of good health (called Evidence of Insurability, or EOI). If you'd like to elect more than \$50,000, or you're looking to increase your current coverage, EOI is required.
- **For your Dependents (Child Life Benefit):** You may elect coverage of either \$5,000 or \$10,000 for your child(ren), up to age 19, or age 23 if they are a full-time student). EOI is not required.

All Life and AD&D Insurance—whether Basic or Supplemental—is subject to age reductions, which means your benefit amount will be reduced to:

- 67% at age 67
- 45% at age 70
- 30% at age 75
- 20% at age 80

If you'd like to convert coverage to an individual policy, you may do so, up to the amount you lose at age reduction or termination of employment (within 31 days).

*Review or update your beneficiary designations.*

Eligible employees participating in Holy Cross Life and AD&D plans are encouraged to review beneficiary designation(s) every year. To do so, log on to [PeopleSoft](#).

### *Massachusetts Paid Family and Medical Leave (MAPFML)*

MAPFML allows benefit-eligible employees to take the time they need to care for their own medical issue or a family member's. Holy Cross has an approved MAPFML private plan exemption for both medical and family (through Sun Life) and does not currently require contributions from employees.

If you have any questions, please contact Human Resources at 508.793.3391 or [hrcbenefits@holycross.edu](mailto:hrcbenefits@holycross.edu).

## Long-Term Disability (LTD) Insurance

Holy Cross automatically provides all eligible employees LTD coverage at no cost through Sun Life Financial. If you are out of work for more than 180 days, you'll receive a benefit of 60% of your monthly earnings, up to a maximum of \$15,000 or \$20,000, depending on class, per month.

LTD benefits are paid on a tax-free basis and will be paid until either you are no longer disabled and return to work or you reach the Social Security Normal Retirement Age.

**Note:** While this coverage is provided at no cost to you, imputed income on the premium paid applies. Additional coverage may be available beyond the amount listed above; however, Evidence of Insurability (EOI) may be required.

*The College provides the Long Term Disability (LTD) Plan to protect you and your family from income loss if you are unable to work for an extended period of time due to a long-term health condition.*

### ADDITIONAL BENEFITS FROM ASSIST AMERICA

In addition to Life, AD&D, and LTD insurance, Sun Life also provides Travel Assistance and Identity Theft Protection through Assist America.

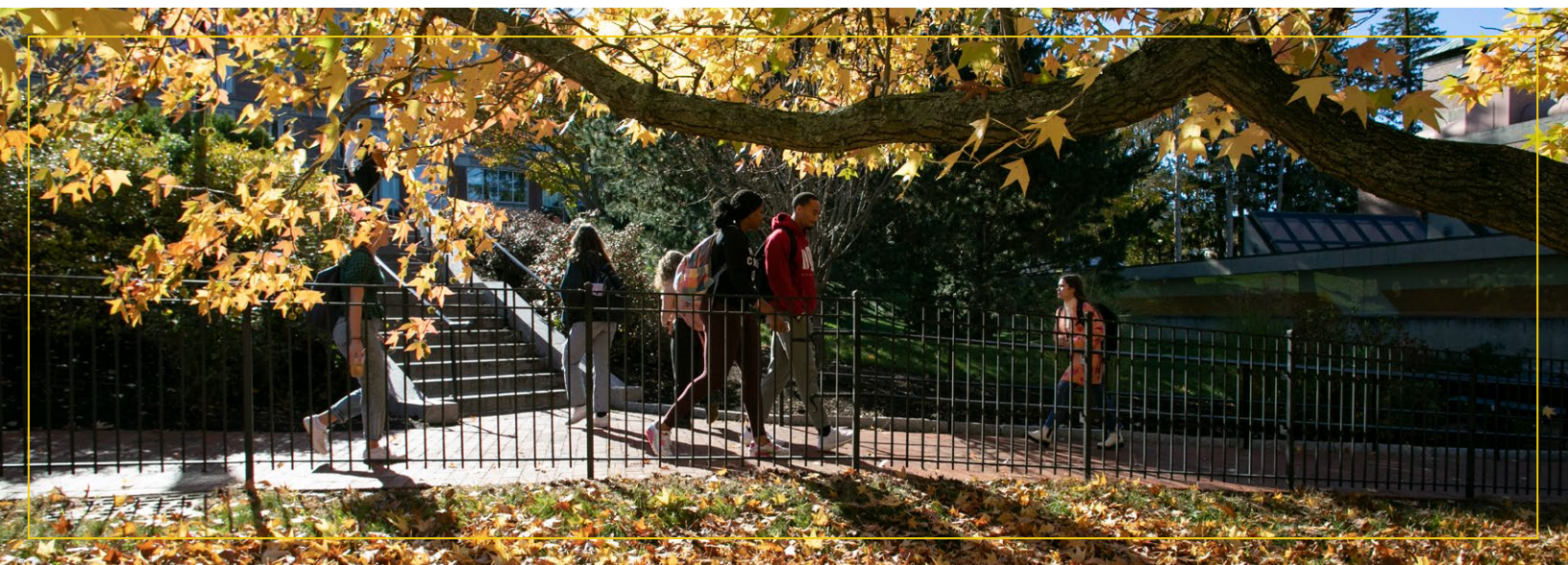
#### Travel Assistance

This program immediately connects you to doctors, hospitals, pharmacies, and other services if you experience a medical or non-medical emergency while traveling 100 miles away from your permanent residence or in another country. Contact Assist America 24/7 at 609.986.1234 (outside U.S. — Collect Call) or 800.872.1414 (inside U.S. — Toll Free), or email [medservices@assistamerica.com](mailto:medservices@assistamerica.com). For more information, visit [www.assistamerica.com](http://www.assistamerica.com).



#### Identity Theft Protection

This program offers prevention and resolution tools to safeguard your data and restore its integrity if it is used fraudulently. Services include 24/7 access to identity protection experts, credit card and document registration, and internet fraud monitoring. To activate identity protection services, visit [www.assistamerica.com/sunlife](http://www.assistamerica.com/sunlife). You can also download the free AssistAmerica Mobile App for iPhone and Android.



## Retirement Plans

The College provides competitive retirement programs that help employees achieve retirement goals.

### GROUP SUPPLEMENTAL RETIREMENT PLAN

All full-time, part-time, and on-call employees are eligible to participate in the Holy Cross 403(b) Defined Contribution Group Supplemental Retirement Plan (SRA) through Fidelity—up to IRS maximum contribution limits.

Make voluntary contributions to the SRA from your paycheck each pay period, on a pre-tax or post-tax (Roth) basis. You're free to start, stop, increase, or decrease contributions at any time during the year.

- Your contributions are 100% vested immediately, which means you own your funds, even if you leave Holy Cross.
- Any contributions that you don't specify will be automatically invested in the appropriate default Vanguard Target Retirement Fund.
- Review the 403(b) Plan Enrollment Guide (located on the [Ignite Retirement page](#)) for more information. When you're ready, you can visit [www.netbenefits.com/atwork](http://www.netbenefits.com/atwork) to select your amount and investment options.

### 2024 IRS Maximum Contribution Limits\*

The annual 403(b) contribution limit for 2024 is \$23,000 if you are under age 50. If you are age 50 or older in the calendar year, you may contribute an extra \$7,500 "catch-up" contribution, for a total annual contribution limit of \$30,500.

**Note:** If you are enrolled in the 403(b) Defined Contribution Plan, any Holy Cross contributions do NOT count toward this annual maximum.

\* Please note: As of the publication of this guide, the IRS has not yet released the 2025 contribution limits.

### HOLY CROSS PENSION PLAN (DEFINED BENEFIT)

If you're a **non-exempt (hourly) employee** with one year of continuous service, at least 21 years of age, and worked at least 1,000 hours in the past year, you're eligible for the Holy Cross Pension Plan.

The College makes an annual contribution to your Pension Plan at no cost to you. Your benefit amount is based on your years of service and compensation history. After you complete five years of qualified service, your Pension Plan will vest, which means you own the money in your account and are entitled to receive a retirement benefit in accordance with the terms of the Plan.

### 403(B) DEFINED CONTRIBUTION PLAN

If you are an **exempt (salaried) employee**, you are eligible to participate in the 403(b) Defined Contribution Plan on the first of the month after you have reached one year of continuous service and worked at least 1,000 hours. (Employees who participated in a 403(b) Plan prior to Holy Cross may be eligible to receive credit toward the one year waiting period.)

- Once eligible, you automatically contribute 2% of your salary via payroll deductions. Holy Cross will also make a per pay period contribution of 10% of your salary.\*
- Your contributions are 100% vested immediately, which means you own your funds, even if you leave Holy Cross.
- Any contributions that you don't specify will be automatically invested in the appropriate default Vanguard Target Retirement Fund.

For more information, visit the [Ignite Retirement page](#).

\* Base compensation above the Social Security wage base is subject to a mandatory employee contribution of 5% and an employer match of 12%.



## Financial Planning Resources

All benefits-eligible faculty and staff have access to no-cost financial and investment guidance through Harvard Square Financial Planning, LLC, who help members of the academic community understand their financial situations and make practical, well-informed decisions.\*

Receive a personalized plan for a variety of areas, including:

- Retirement planning
- Affording life transitions
- Managing cash flow

To make an appointment with Harvard Square Financial Planning, contact Mary Koenig, CFP, at 781.652.8862 or [mary@harvardsquarefinancial.com](mailto:mary@harvardsquarefinancial.com). Mary also visits campus to meet with employees and families in HR.

\*These services provide investment education, not investment advice.

### *Retirement Education and Counseling Sessions*

Retirement Planning Consultants from Fidelity are available to meet with employees for **free one-on-one financial counseling** sessions regarding the Holy Cross Group Supplemental Retirement Plan and 403(b) Defined Contribution.

One-on-one meetings are led by Derek Cunningham and Matthew Toedt, Fidelity Workplace Financial Consultants. To schedule a one-on-one appointment with Derek or Matt, please visit [www.fidelity.com/schedule](http://www.fidelity.com/schedule).

## BeWell@HolyCross

### *Journey to a Mindful You*

We want you to have the support you and your family need—physically, emotionally, and financially. [BeWell@HolyCross](#), our initiative to provide employees and family members the resources, tools, and programs they need to focus on what's most important, is here to help.

## PROGRAMS AVAILABLE TO ALL HOLY CROSS EMPLOYEES AND HOUSEHOLD FAMILY MEMBERS

### Year-Long Wellbeing Offerings

Take advantage of wellbeing programs all year long covering a host of themes, including:

- Yoga
- Zumba
- Nutrition
- Cooking demonstrations
- Stress management
- Smoking cessation
- Diversity, equity, and inclusion
- Parenting
- Elder care
- Mindfulness
- Meditation
- Alternative fitness classes
- Health coaching
- Legal support



### DetecTogether: Your Roadmap to Early Detection Cancer Screening

**DetecTogether**

SAVING LIVES THROUGH EARLY CANCER DETECTION

Holy Cross has partnered with a local non-profit organization, DetecTogether, to educate employees about the importance of early cancer detection, improve survival rates, and reduce the cost and complexity of cancer treatment.

DetecTogether is available at no cost to you and includes access to an on-demand library, live webinars, and more. Get started with DetecTogether at [www.workplace.detectogether.org/register?gid=26310](http://www.workplace.detectogether.org/register?gid=26310).

### Living Well Platform (though WebMD)

Define your own vision of wellbeing by using the tools and activities at <https://www.harvardpilgrim.org/public/living-well-everyday>. You and your household family members can participate in a variety of informative, fun, and interactive activities, and earn rewards for each eligible activity you complete.

For more information, reach out to our wellbeing advisor, Sarah Kurtzman ([Sarah.Kurtzman@point32health.org](mailto:Sarah.Kurtzman@point32health.org)) or visit the [Wellness page on Ignite](#).

### PROGRAMS AVAILABLE TO HPHC MEDICAL PLAN PARTICIPANTS

If you are also enrolled in a Holy Cross medical plan through HPHC, you can access several additional resources to help you and your dependents live your best life.

#### HPHC Rewards for Healthy Habits

Receive up to:

- **\$150 reimbursement** per covered member (\$300 max per family) for eligible wellness expenses. Eligible expenses have been **expanded in 2024** to include nutrition and mindfulness programs, in addition to fitness.
- **\$150 reimbursement** per calendar year when you participate in an eligible weight management program.
- **\$120** for completing eligible activities on the Living Well Platform (also available for covered spouses).

**Even if you're not an HPHC member**, you'll be entered into a raffle every time you complete an eligible activity for the chance to win prizes like Thera-guns, diffusers, weighted blankets and more.

#### Virtual Health and Wellness Support Tools

HPHC members have access to Doctors on Demand, AbleTo, Ovia Health, and more. Visit [www.harvardpilgrim.org/public/health-and-wellness](http://www.harvardpilgrim.org/public/health-and-wellness) to learn more about HPHC's health and wellness resources.



#### *Pet Insurance*

We are pleased to offer Spot Pet Insurance to our employees. Those who choose pet insurance will pay the full cost of coverage through direct billing and benefit from discounts of up to 20% and a 24/7 Pet Telehealth Helpline. Contact Spot at [spotpet.link/holycross](https://spotpet.link/holycross) or 800.905.1595 for a customized quote for any budget.

## Employee Assistance Program (EAP)

If you or a household family member are struggling with your wellbeing—be it a physical, emotional, or financial issue—our EAP, administered by KGA, is here to help. All colleagues and household family members are eligible for the EAP at no cost to you; **you do not need to be enrolled in a Holy Cross medical plan.**

The EAP is 100% confidential and is staffed by licensed, skilled professionals trained to help you find the support you need. Our EAP is designed to provide 24/7 work-life counseling and support. Services include, but are not limited to:

- Behavioral and mental health counseling
- Financial counseling
- Parenting resources
- Career assessment
- Crisis response
- Work-life balance research and referrals
- Legal assistance
- Eldercare resources
- Nutrition consultation

To contact KGA counselors or additional KGA, Inc. resources, call 800.648.9557 or visit [www.kgreer.com](http://www.kgreer.com) and use code: **holycross**.

## TRY LINKEDIN LEARNING

LinkedIn Learning is an award-winning industry leader in online training, with a digital library of over 16,000 courses covering a wide range of technical, business, software and creative topics. Accessible 24/7 from your desktop or mobile device, visit LinkedIn Learning by logging in via this link: [https://lnkd.in/e8-B\\_CAO](https://lnkd.in/e8-B_CAO).

## Education Benefits

The College offers employees and their dependents several opportunities for financial support in their continued education.

### EMPLOYEE TUITION REIMBURSEMENT

If you are a full-time administrative or hourly employee with three months of employment, you are eligible to receive tuition assistance to improve your job performance and/or enhance your career opportunities at the College.

- **Holy Cross Courses:** You may enroll in one course per semester free of charge at Holy Cross, provided there is space in the class.
- **Non-Holy Cross Courses:** The College will reimburse you up to 75% of the cost of tuition, up to a maximum reimbursement of \$2,500 per fiscal year.
- **Clark University Graduate Tuition Scholarships:** Clark University offers tuition scholarships between 30% and 50% (varies by program) to eligible active Holy Cross staff, spouses, and dependents who enroll in a Clark graduate degree or certificate program. You may also use our \$2,500 tuition reimbursement benefit toward Clark courses for additional savings.

### DEPENDENT TUITION

After seven years of service, full-time employees are eligible for tuition benefits for their dependent children who are eligible for admission and matriculated, degree-seeking students at Holy Cross. This benefit is available for up to eight semesters. Participation is determined by the admitting school. Employees who worked at another educational organization, teaching institution, institution of higher education, or teaching hospital prior to Holy Cross may be eligible to receive credit towards the seven year waiting period.

### FACULTY AND STAFF CHILDREN EXCHANGE PROGRAM (FACHEX)

Holy Cross is proud to participate in FACHEX, which offers our full-time employees, after seven years of service, the opportunity to apply for the exchange scholarship program at 26 participating Jesuit schools. Participation is determined by the admitting school.

You may watch an entire course or individual videos—some are as short as four or five minutes. You will be able to bookmark courses that suit your interests and keep track of the courses you have taken. When you complete a course, you'll receive a certificate. You have the opportunity to refine or develop your professional skills, learn new software, and explore other areas as you plan for your career growth.

## Vendor Information

|  | CONTACT INFORMATION |  |
|--|---------------------|--|
|  | Phone               | Website/Email  |
| <b>General Questions and Support</b>                         |                     |  |
| Holy Cross Human Resources                                   | 508.793.3391        | <a href="mailto:hrbenefits@holycross.edu">hrbenefits@holycross.edu</a>               |
| <b>Medical Insurance</b>                                     |                     |  |
| Harvard Pilgrim Health Care                                  | 888.333.4742        | <a href="http://www.harvardpilgrim.org">www.harvardpilgrim.org</a>                   |
| <b>Pharmacy Plan</b>   |                     |  |
| OptumRx  | 855.546.3439        | <a href="http://www.optumrx.com">www.optumrx.com</a>                                 |
| <b>Flexible Spending &amp; Health Savings Accounts (FSA)</b> |                     |  |
| Flexible Spending Accounts (FSA) –<br>Voya Financial         | 833.232.4673        | <a href="http://www.voya.com">www.voya.com</a>                                       |
| Health Savings Accounts (HSA) – Fidelity                     | 800.544.3716        | <a href="http://www.netbenefits.com/holycross">www.netbenefits.com/holycross</a>     |
| <b>Dental Benefit</b>  |                     |  |
| Delta Dental of Massachusetts                                | 800.872.0500        | <a href="http://www.deltadentalma.com">www.deltadentalma.com</a>                     |
| <b>Voluntary Vision Insurance</b>                            |                     |  |
| EyeMed   | 866.939.3633        | <a href="http://www.eyemed.com">www.eyemed.com</a>                                   |
| <b>Life, AD&amp;D and Long-Term Disability Insurance</b>     |                     |  |
| SunLife Financial  | 800.786.5433        | <a href="http://www.sunlife.com">www.sunlife.com</a>                                 |
| <b>Retirement Plans</b>                                      |                     |  |
| Fidelity   | 800.343.0860        | <a href="http://www.netbenefits.com/holycross">www.netbenefits.com/holycross</a>     |
| <b>Financial Planning</b>                                    |                     |  |
| Harvard Square Financial Planning, LLC<br>Mary Koenig, CFP   | 781.652.8862        | <a href="mailto:mary@harvardsquarefinancial.com">mary@harvardsquarefinancial.com</a> |
| <b>Employee Assistance Program</b>                           |                     |  |
| KGA, Inc.  | 800.648.9557        | <a href="http://www.kgreer.com">www.kgreer.com</a>                                   |
| <b>Pet Insurance</b>   |                     |  |
| Spot Pet Insurance   | 800.905.1595        | <a href="https://spotpet.link/holycross">spotpet.link/holycross</a>                  |

# HIPAA Privacy Policy

## Your Information. Your Rights. Our Responsibilities.

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

**Effective Date:** 1/1/2025

Privacy Officer: Vice President for Human Resources  
 Email: [mdelaney@holycross.edu](mailto:mdelaney@holycross.edu)  
 Phone: 508.793.3391

### Your Rights

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

### Your Choices

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

### Our Uses and Disclosures

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

### Your Rights

**When it comes to your health information, you have certain rights.** This section explains your rights and some of our responsibilities to help you.

#### Get a copy of health and claims records

- 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.

#### Ask us to correct health and claims records

- You can ask us to correct your health and claims records if you think they are incorrect or incomplete. Ask us how to do this.
- We may say "no" to your request, but we'll tell you why in writing within 60 days.

#### Request confidential communications

- You can ask us to contact you in a specific way (for example, home or office phone) or to send mail to a different address.
- We will consider all reasonable requests, and must say "yes" if you tell us you would be in danger if we do not.

#### Ask us to limit what we use or share

- You can ask us not to use or share certain health information for treatment, payment, or our operations.
- We are not required to agree to your request, and we may say "no" if it would affect your care.

#### Get a list of those with whom we've shared information

- You can ask for a list (accounting) of the times we've shared your health information for six years prior to the date you ask, who we shared it with, and why.
- We will include all the disclosures except for those about treatment, payment, and health care operations, and certain other disclosures (such as any you asked us to make). We'll provide one accounting a year for free but will charge a reasonable, cost-based fee if you ask for another one within 12 months.

#### Get a copy of this privacy notice

- You can ask for a paper copy of this notice at any time, even if you have agreed to receive the notice electronically. We will provide you with a paper copy promptly.

### Choose someone to act for you

- If you have given someone medical power of attorney or if someone is your legal guardian, that person can exercise your rights and make choices about your health information.
- We will make sure the person has this authority and can act for you before we take any action.

### File a complaint if you feel your rights are violated

- You can complain if you feel we have violated your rights by contacting us using the information on page 1.
- 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/hipaa/filing-a-complaint/index.html](http://www.hhs.gov/hipaa/filing-a-complaint/index.html).
- We will not retaliate against you for filing a complaint.

### Your Choices

**For certain health information, you can tell us your choices about what we share.** If you have a clear preference for how we share your information in the situations described below, talk to us. Tell us what you want us to do, and we will follow your instructions.

In these cases, you have both the right and choice to tell us to:

- Share information with your family, close friends, or others involved in payment for your care
- Share information in a disaster relief situation
- *If you are not able to tell us your preference, for example if you are unconscious, we may go ahead and share your information if we believe it is in your best interest. We may also share your information when needed to lessen a serious and imminent threat to health or safety.*
- In these cases we never share your information unless you give us written permission:
- Marketing purposes
- Sale of your information

### Our Uses and Disclosures

How do we typically use or share your health information?

We typically use or share your health information in the following ways.

### Help manage the health care treatment you receive

- We can use your health information and share it with professionals who are treating you.
- Example: A doctor sends us information about your diagnosis and treatment plan so we can arrange additional services.

### Run our organization

- 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.
- Example: We use health information about you to develop better services for you.

### Pay for your health service

#### Address workers' compensation, law enforcement, and other government requests

- 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

### Respond to lawsuits and legal actions

- We can share health information about you in response to a court or administrative order, or in response to a subpoena.

### Our Responsibilities

- We are required by law to maintain the privacy and security of your protected health information.
- We will let you know promptly if a breach occurs that may have compromised the privacy or security of your information.
- We must follow the duties and privacy practices described in this notice and give you a copy of it.
- We will not use or share your information other than as described here unless you tell us we can in writing. If you tell us we can, you may change your mind at any time. Let us know in writing if you change your mind.
- For more information see: [www.hhs.gov/ocr/privacy/hipaa/understanding/consumers/noticepp.html](http://www.hhs.gov/ocr/privacy/hipaa/understanding/consumers/noticepp.html).

### Changes to the Terms of this Notice

- We can change the terms of this notice, and the changes will apply to all information we have about you. The new notice will be available upon request, on our web site, and we will mail a copy to you.

### Policies and Practices

- The College of the Holy Cross is committed to respecting the privacy of information and data that may be used to identify you (your "personal information").
- For more information about our policies and practices regarding the most common ways we collect and use personal information see: <https://www.holycross.edu/information-technology-services/it-policies/holy-cross-privacy-policy>.

## 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](http://www.healthcare.gov).

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

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

If you or your 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](http://www.healthcare.gov).

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

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

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

**If you live in one of the following states, you may be eligible for assistance paying your employer health plan premiums. The following list of states is current as of July 31, 2024. Contact your State for more information on eligibility.**

### ALABAMA – Medicaid

Website: <http://myalhipp.com/>  
Phone: 1-855-692-5447

### ALASKA – Medicaid

The AK Health Insurance Premium Payment Program  
Website: <http://myakhipp.com/>  
Phone: 1-866-251-4861  
Email: [CustomerService@MyAKHIPP.com](mailto:CustomerService@MyAKHIPP.com)  
Medicaid Eligibility: <https://health.alaska.gov/dpa/Pages/default.aspx>

### ARKANSAS – Medicaid

Website: <http://myarhipp.com/>  
Phone: 1-855-MyARHIPP (855-692-7447)

### CALIFORNIA – Medicaid

Health Insurance Premium Payment (HIPP) Program Website:  
<http://dhcs.ca.gov/hipp>  
Phone: 916-445-8322  
Fax: 916-440-5676  
Email: [hipp@dhcs.ca.gov](mailto:hipp@dhcs.ca.gov)

### COLORADO – Health First Colorado (Colorado's Medicaid Program) & Child Health Plan Plus (CHP+)

Health First Colorado Website: <https://www.healthfirstcolorado.com/>  
Health First Colorado Member Contact Center:  
1-800-221-3943/State Relay 711  
CHP+: <https://hcpf.colorado.gov/child-health-plan-plus>  
CHP+ Customer Service: 1-800-359-1991/State Relay 711  
Health Insurance Buy-In Program (HIBI): <https://www.mycohibi.com/>  
HIBI Customer Service: 1-855-692-6442

### FLORIDA – Medicaid

Website: <https://www.flmedicaidprecovery.com/flmedicaidprecovery.com/hipp/index.html>  
Phone: 1-877-357-3268

### GEORGIA – Medicaid

GA HIPP Website: <https://medicaid.georgia.gov/health-insurance-premium-payment-program-hipp>  
Phone: 678-564-1162, Press 1  
GA CHIPRA Website: <https://medicaid.georgia.gov/programs/third-party-liability/childrens-health-insurance-program-reauthorization-act-2009-chipra>  
Phone: 678-564-1162, Press 2

**INDIANA – Medicaid**

Health Insurance Premium Payment Program  
 All other Medicaid  
 Website: <https://www.in.gov/medicaid/>  
<http://www.in.gov/fssa/dfr/>  
 Family and Social Services Administration  
 Phone: 1-800-403-0864  
 Member Services Phone: 1-800-457-4584

**IOWA – Medicaid and CHIP (Hawki)**

Medicaid Website:  
[iowa Medicaid | Health & Human Services](http://iowa.gov/Health%20&%20Human%20Services)  
 Medicaid Phone: 1-800-338-8366  
 Hawki Website:  
[Hawki - Healthy and Well Kids in Iowa | Health & Human Services](http://iowa.gov/Healthy%20and%20Well%20Kids%20in%20Iowa%20|%20Health%20&%20Human%20Services)  
 Hawki Phone: 1-800-257-8563  
 HIPP Website: [Health Insurance Premium Payment \(HIPP\) | Health & Human Services \(iowa.gov\)](http://iowa.gov/Health%20Insurance%20Premium%20Payment%20(HIPP)%20|%20Health%20&%20Human%20Services)  
 HIPP Phone: 1-888-346-9562

**KANSAS – Medicaid**

Website: <https://www.kancare.ks.gov/>  
 Phone: 1-800-792-4884  
 HIPP Phone: 1-800-967-4660

**KENTUCKY – Medicaid**

Kentucky Integrated Health Insurance Premium Payment Program (KI-HIPP) Website: <https://chfs.ky.gov/agencies/dms/member/Pages/kihipp.aspx>  
 Phone: 1-855-459-6328  
 Email: [KIHIPP.PROGRAM@ky.gov](mailto:KIHIPP.PROGRAM@ky.gov)  
 KCHIP Website: <https://kynect.ky.gov>  
 Phone: 1-877-524-4718  
 Kentucky Medicaid Website: <https://chfs.ky.gov/agencies/dms>

**LOUISIANA – Medicaid**

Website: [www.medicaid.la.gov](http://www.medicaid.la.gov) or [www.ldh.la.gov/lahipp](http://www.ldh.la.gov/lahipp)  
 Phone: 1-888-342-6207 (Medicaid hotline) or 1-855-618-5488 (LaHIPP)

**MAINE – Medicaid**

Enrollment Website: [https://www.mymaineconnection.gov/benefits/s/?language=en\\_US](https://www.mymaineconnection.gov/benefits/s/?language=en_US)  
 Phone: 1-800-442-6003  
 TTY: Maine relay 711  
 Private Health Insurance Premium Webpage:  
<https://www.maine.gov/dhhs/ofi/applications-forms>  
 Phone: 1-800-977-6740  
 TTY: Maine relay 711

**MASSACHUSETTS – Medicaid and CHIP**

Website: <https://www.mass.gov/masshealth>  
 Phone: 1-800-862-4840  
 TTY: 711  
 Email: [masspremassistance@accenture.com](mailto:masspremassistance@accenture.com)

**MINNESOTA – Medicaid**

Website: <https://mn.gov/dhs/health-care-coverage/>  
 Phone: 1-800-657-3672

**MISSOURI – Medicaid**

Website: <http://www.dss.mo.gov/mhd/participants/pages/hipp.htm>  
 Phone: 573-751-2005

**MONTANA – Medicaid**

Website: <http://dphhs.mt.gov/MontanaHealthcarePrograms/HIPP>  
 Phone: 1-800-694-3084  
 Email: [HHSHIPPPProgram@mt.gov](mailto:HHSHIPPPProgram@mt.gov)

**NEBRASKA – Medicaid**

Website: <http://www.ACCESSNebraska.ne.gov>  
 Phone: 1-855-632-7633  
 Lincoln: 402-473-7000  
 Omaha: 402-595-1178

**NEVADA – Medicaid**

Medicaid Website: <http://dhcfp.nv.gov>  
 Medicaid Phone: 1-800-992-0900

**NEW HAMPSHIRE – Medicaid**

Website: <https://www.dhhs.nh.gov/programs-services/medicaid/health-insurance-premium-program>  
 Phone: 603-271-5218  
 Toll free number for the HIPP program: 1-800-852-3345, ext. 15218  
 Email: [DHHS.ThirdPartyLiabi@dhhs.nh.gov](mailto:DHHS.ThirdPartyLiabi@dhhs.nh.gov)

**NEW JERSEY – Medicaid and CHIP**

Medicaid Website: <http://www.state.nj.us/humanservices/dmahs/clients/medicaid/>  
 Phone: 1-800-356-1561  
 CHIP Premium Assistance Phone: 609-631-2392  
 CHIP Website: <http://www.njfamilycare.org/index.html>  
 CHIP Phone: 1-800-701-0710 (TTY: 711)

**NEW YORK – Medicaid**

Website: [https://www.health.ny.gov/health\\_care/medicaid/](https://www.health.ny.gov/health_care/medicaid/)  
 Phone: 1-800-541-2831

**NORTH CAROLINA – Medicaid**

Website: <https://medicaid.ncdhhs.gov/>  
 Phone: 919-855-4100

**NORTH DAKOTA – Medicaid**

Website: <https://www.hhs.nd.gov/healthcare>  
 Phone: 1-844-854-4825

**OKLAHOMA – Medicaid and CHIP**

Website: <http://www.insureoklahoma.org>  
 Phone: 1-888-365-3742

**OREGON – Medicaid**

Website: <http://healthcare.oregon.gov/Pages/index.aspx>  
 Phone: 1-800-699-9075

**PENNSYLVANIA – Medicaid and CHIP**

Website: <https://www.pa.gov/en/services/dhs/apply-for-medicaid-health-insurance-premium-payment-program-hipp.html>  
 Phone: 1-800-692-7462  
 CHIP Website: [Children's Health Insurance Program \(CHIP\) \(pa.gov\)](http://www.pa.gov/childrens-health-insurance-program)  
 CHIP Phone: 1-800-986-KIDS (5437)

**RHODE ISLAND – Medicaid and CHIP**

Website: <http://www.eohhs.ri.gov/>  
 Phone: 1-855-697-4347, or  
 401-462-0311 (Direct Rlte Share Line)



**SOUTH CAROLINA – Medicaid**Website: <https://www.scdhhs.gov>

Phone: 1-888-549-0820

**SOUTH DAKOTA – Medicaid**Website: <http://dss.sd.gov>

Phone: 1-888-828-0059

**TEXAS – Medicaid**Website: [Health Insurance Premium Payment \(HIPP\) Program | Texas Health and Human Services](#)

Phone: 1-800-440-0493

**UTAH – Medicaid and CHIP**

Utah's Premium Partnership for Health Insurance (UPP) Website:

<https://medicaid.utah.gov/upp/>Email: [upp@utah.gov](mailto:upp@utah.gov)

Phone: 1-888-222-2542

Adult Expansion Website: <https://medicaid.utah.gov/expansion/>Utah Medicaid Buyout Program Website: <https://medicaid.utah.gov/buyout-program/>CHIP Website: <https://chip.utah.gov/>**VERMONT– Medicaid**Website: [Health Insurance Premium Payment \(HIPP\) Program | Department of Vermont Health Access](#)

Phone: 1-800-250-8427

**VIRGINIA – Medicaid and CHIP**Website: <https://www.dmas.virginia.gov/>

Medicaid/CHIP Phone: 1-800-432-5924

**WASHINGTON – Medicaid**Website: <https://www.hca.wa.gov/>

Phone: 1-800-562-3022

**WEST VIRGINIA – Medicaid and CHIP**Website: <https://dhhr.wv.gov/bms/><http://mywvhipp.com/>

Medicaid Phone: 304-558-1700

CHIP Toll-free phone: 1-855-MyWVHIPP (1-855-699-8447)

**WISCONSIN – Medicaid and CHIP**Website: <https://www.dhs.wisconsin.gov/badgercareplus/p-10095.htm>

Phone: 1-800-362-3002

**WYOMING – Medicaid**Website: <https://health.wyo.gov/healthcarefin/medicaid/programs-and-eligibility/>

Phone: 1-800-251-1269

\* \* \*

To see if any other states have added a premium assistance program since July 31, 2024, or for more information on special enrollment rights, contact either:

**U.S. Department of Labor****Employee Benefits Security Administration**Website: [www.dol.gov/agencies/ebsa](http://www.dol.gov/agencies/ebsa)

Phone: 1-866-444-EBSA (3272)

**U.S. Department of Health and Human Services****Centers for Medicare & Medicaid Services**Website: [www.cms.hhs.gov](http://www.cms.hhs.gov)

Phone: 1-877-267-2323, Menu Option 4, Ext. 61565

**Paperwork Reduction Act Statement**

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

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

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

## Wellness Program Disclosures

BeWell @ Holy Cross is a voluntary wellness program available to all employees. The program is administered according to federal rules permitting employer-sponsored wellness programs that seek to improve employee health or prevent disease, including the Americans with Disabilities Act of 1990, the Genetic Information Nondiscrimination Act of 2008, and the Health Insurance Portability and Accountability Act, as applicable, among others. If you choose to participate in the wellness program you will be asked to complete a voluntary health risk assessment or "HRA" that asks a series of questions about your health-related activities and behaviors and whether you have or had certain medical conditions (e.g., cancer, diabetes, or heart disease). You are not required to complete the HRA or to participate in blood test or other medical examinations.

However, employees enrolled in medical coverage who choose to participate in the wellness program can receive an incentive of up to \$120 for completing eligible activities in the Living Well Platform. Although you are not required to complete the HRA or participate in eligible activities, only employees who do so will receive incentives.

Additional incentives of up to \$150 may be available for employees who participate in the Harvard Pilgrim Health Care Weight Management program. Also, reimbursements of up to \$150 can be earned for participating in certain wellness-related programs through Harvard Pilgrim Health Care's Wellness Reimbursement Program. If you are unable to participate in any of the health-related activities or achieve any of the health outcomes required to earn an incentive, you may be entitled to a reasonable accommodation or an alternative standard. You may request a reasonable accommodation or an alternative standard by contacting Human Resources at 508-793-3391 or [hrbenefits@holycross.edu](mailto:hrbenefits@holycross.edu).

The information from your HRA may be used to provide you with information to help you understand your current health and potential risks and may also be used to offer you services through the wellness program. You also are encouraged to share your results or concerns with your own doctor.

### PROTECTIONS FROM DISCLOSURE OF MEDICAL INFORMATION

We are required by law to maintain the privacy and security of your personally identifiable health information. Although the wellness program and The College of the Holy Cross may use aggregate information it collects to design a program based on identified health risks in the workplace, Be Well @ Holy Cross will never disclose any of your personal information either publicly or to the employer, except as necessary to respond to a request from you for a reasonable accommodation needed to participate in the wellness program, or as expressly permitted by law. Medical information that personally identifies you that is provided in connection with the wellness program will not be provided to your supervisors or managers and may never be used to make decisions regarding your employment.

Your health information will not be sold, exchanged, transferred, or otherwise disclosed except to the extent permitted by law to carry out specific activities related to the wellness program, and you will not be asked or required to waive the confidentiality of your health information as a condition of participating in the wellness program or receiving an incentive. Anyone who receives your information for purposes of providing you services as part of the wellness program will abide by the same confidentiality requirements. The only individual(s) who may receive your personally identifiable health information is Human Resources and your Health Plan in order to provide you with services under the wellness program.

In addition, all medical information obtained through the wellness program will be maintained separate from your personnel records, information stored electronically will be encrypted, and no information you provide as part of the wellness program will be used in making any employment decision. Appropriate precautions will be taken to avoid any data breach, and in the event a data breach occurs involving information you provide in connection with the wellness program, we will notify you immediately.

You may not be discriminated against in employment because of the medical information you provide as part of participating in the wellness program, nor may you be subjected to retaliation if you choose not to participate.

If you have questions or concerns regarding this notice, or about protections against discrimination and retaliation, please contact Human Resources at 508-793-3391 or [hrbenefits@holycross.edu](mailto:hrbenefits@holycross.edu).

## Women's Health and Cancer Rights Act (WHCRA)

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). The Women's Health and Cancer Rights Act requires group health plans and their insurance companies and HMOs to provide certain benefits for mastectomy patients who elect breast reconstruction. 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.

Breast reconstruction benefits are subject to deductibles and co-insurance limitations that are consistent with those established for other benefits under the plan. If you would like more information on WHCRA benefits, contact Human Resources at 508-793-3391.

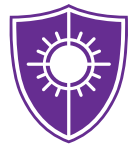
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## Patient Protection Disclosure

The College of the Holy Cross generally requires the designation of a primary care provider. You have the right to designate any primary care provider who participates in our network and who is available to accept you or your family members. Until you make this designation, Harvard Pilgrim Health Care will designate one for you. For information on how to select a primary provider, and for a list of participating primary care providers, contact Harvard Pilgrim Health Care.

For children, you are required to designate a pediatrician as the primary care provider.

You do not need prior authorization from Harvard Pilgrim Health Care or from any other person (including a primary care provider) in order to obtain access to obstetrical or gynecological care from a health care professional in our network who specializes in obstetrics or gynecology. The health care professional, however, may be required to comply with certain procedures, including obtaining prior authorization for certain services, following a pre-approved treatment plan, or procedures for making referrals. For a list of participating health care professionals who specialize in obstetrics or gynecology, contact Harvard Pilgrim Health Care.



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