



LAKE FOREST
COLLEGE



Focus on Benefits 2026

WELCOME TO YOUR BENEFITS

In this Guide

- Health Plan Summaries
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- Basic Life and Long Term Disability
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Make your elections for your 2026 benefits

Nov 10—Nov 21, 2025

BENEFITS OVERVIEW

The chart below provides an overview of the benefits and optional coverages offered to you and your eligible dependents during this open enrollment.

Benefit	Your options	Coverage levels	Cost sharing
Medical	BCBS of IL PPO	Employee and eligible dependents	Shared
	BCBS Blue Choice Select PPO	Employee and eligible dependents	Shared
	High Deductible Health Plan	Employee and eligible dependents	Shared
Dental	Delta Dental HMO	Employee and eligible dependents	Employee paid
	Delta Dental PPO	Employee and eligible dependents	Employee paid
Vision	VSP Choice	Employee and eligible dependents	Employee paid
HSA	Up to \$4,400 individual or \$8,750 family per year (total) \$1,000 Catch-up contribution (age 55 or older)	Employee and eligible dependents	Employer contribution Optional employee contribution
FSA Healthcare	Up to \$3,400 per calendar year	Employee and eligible dependents	Employee paid
FSA Dependent Care	Up to \$7,500 per calendar year	Employee and eligible dependents	Employee paid
Life Insurance	1.5 times salary up to \$300,000	Employee	Employer paid
Long Term Disability	66 2/3% of base salary up to \$10,000 after a 90-days waiting period	Employee	Employer Paid

HEALTH PLAN OPTIONS

Lake Forest College is pleased to offer three medical plans to choose from:

1. **BCBS of IL PPO.** This traditional PPO plan has a copay for office visits, a deductible for other types of care, and covers eligible services at 80% after the deductible is met. Preventive care is covered at 100%. Prescription drugs have a copay based on the type of prescription filled.
2. **BCBS of IL Blue Choice Select PPO.** This plan provides the same benefits in and out of network as the Choice Plus PPO plan, but with more focused narrow network of care providers (IL residents only).
3. **High Deductible Health Plan with a Health Savings Account.** This plan has the same network of providers as the BCBS of IL PPO plan and includes an individual Health Savings Account (HSA) that will be partially funded by the College. Preventive care is covered at 100%.

	BCBS PPO & BlueChoice Select PPO Network	High Deductible Health Plan with a Health Savings Account
Service	In-Network	In-Network
Deductible Limit		
Employee	\$750	\$1,700
Spouse or Child	\$1,500	\$3,400
Family	\$1,500	\$3,400
Health Savings Account		
Lake Forest College employer contributions		
Employee	n/a	\$700
Spouse or Child		\$1,100
Family		\$1,400
Co-insurance		
After deductible pays	80% after deductible has been met	80% after deductible has been met
Out-of-pocket maximum		
Employee	\$2,000	\$2,750
Spouse or Child	\$4,000	\$5,500
Family	\$4,000	\$5,500
Preventive care	100%, no deductible	100%, no deductible
Primary physician office visit	\$20 co-pay	80% after deductible has been met
Specialist physician office visit	\$40 co-pay	80% after deductible has been met
Inpatient hospitalization	\$250 co-pay	80% after deductible has been met
Emergency room	\$150 co-pay	80% after deductible has been met
Prescription drugs		
Formulary generic (Tier I)	\$10	80 % after deductible has been met
Formulary brand (Tier II)	\$40	
Non-formulary brand (Tier III)	\$75	

HEALTH PLAN PREMIUMS

BCBS of IL Blue Choice Select PPO (Illinois residents only)

Exempt Employees—Monthly premiums

SALARY RANGE	EMPLOYEE	SPOUSE	CHILDREN	FAMILY
At or Below \$40,582	\$109.60	\$351.58	\$240.96	\$471.04
Above \$40,582	\$146.11	\$496.26	\$305.22	\$665.03
Above \$60,791	\$182.61	\$661.67	\$401.60	\$886.68
Above \$92,937	\$219.20	\$785.82	\$514.05	\$1,052.91
Above \$180,353	\$347.00	\$1,137.29	\$722.88	\$1,523.95

Non-Exempt Employees—Biweekly premiums

SALARY RANGE	EMPLOYEE	SPOUSE	CHILDREN	FAMILY
At or Below \$40,582	\$50.59	\$162.27	\$111.21	\$217.40
Above \$40,582	\$67.43	\$229.04	\$140.87	\$306.94
Above \$60,791	\$84.28	\$305.39	\$185.35	\$409.23

BCBS of IL PPO Plan

Exempt Employees—Monthly premiums

SALARY RANGE	EMPLOYEE	SPOUSE	CHILDREN	FAMILY
At or Below \$40,582	\$116.73	\$374.43	\$256.62	\$501.66
Above \$40,582	\$155.60	\$528.52	\$325.06	\$708.25
Above \$60,791	\$194.47	\$704.68	\$427.71	\$944.31
Above \$92,937	\$233.45	\$836.90	\$547.46	\$1,121.36
Above \$180,353	\$369.56	\$1,211.21	\$769.88	\$1,623.01

Non-Exempt Employees—Biweekly premiums

SALARY RANGE	EMPLOYEE	SPOUSE	CHILDREN	FAMILY
At or Below \$40,582	\$53.88	\$172.81	\$118.45	\$231.54
Above \$40,582	\$71.81	\$243.93	\$150.03	\$326.89
Above \$60,791	\$89.76	\$325.25	\$197.40	\$435.83

HEALTH PLAN PREMIUMS

High Deductible Health Plan

Exempt Employees—Monthly premiums

SALARY RANGE	EMPLOYEE	SPOUSE	CHILDREN	FAMILY
At or Below \$40,582	\$107.38	\$344.48	\$236.09	\$461.53
Above \$40,582	\$143.15	\$486.24	\$299.05	\$651.60
Above \$60,791	\$178.91	\$648.31	\$393.49	\$868.77
Above \$92,937	\$214.78	\$769.95	\$503.66	\$1,031.64
Above \$180,353	\$339.99	\$1,114.33	\$708.28	\$1,493.17

Non-Exempt Employees—Biweekly premiums

SALARY RANGE	EMPLOYEE	SPOUSE	CHILDREN	FAMILY
At or Below \$40,582	\$49.56	\$158.99	\$108.97	\$213.02
Above \$40,582	\$66.07	\$224.42	\$138.03	\$300.74
Above \$60,791	\$82.58	\$299.22	\$181.61	\$400.97

Employer Contributions to HSA

SALARY RANGE	EMPLOYEE	SPOUSE	CHILDREN	FAMILY
At or Below \$40,582	\$700	\$1,100	\$1,100	\$1,400
Above \$40,582	\$700	\$1,100	\$1,100	\$1,400
Above \$60,791	\$700	\$1,100	\$1,100	\$1,400
Above \$92,937	\$700	\$1,100	\$1,100	\$1,400
Above \$180,353	\$700	\$1,100	\$1,100	\$1,400

BCBS of IL MEMBER REWARDS & FREE PRESCRIPTION BENEFIT

Benefits Value Advisor Member Rewards – PRICE TRANSPARENCY TOOL

Employees and their family members who are enrolled in the College's medical plans have access to the Member Rewards, a program that offers cash rewards when a lower-cost, high quality provider is selected for health care services, such as imaging, elective surgeries, and more. This is an added healthcare benefit to help you shop for care, compare facilities, save money.

The Provider Finder tool helps you estimate out-of-pocket costs and consider treatment decisions with your doctors. This helps save money and make the most efficient use of your health care benefits, all while earning cash rewards that vary by procedure.

It is an easy process—Call a Benefits Value Advisor 24/7 (excluding major holidays) at (877) 485-3035 or shop online with Provider Finder by visiting bcbsil.com. Register or log in to Blue Access for Members and select Find Care. Get the procedure or service at your chosen reward-eligible provider and receive a cash reward of up to \$500 by check after the claim is paid and the provider is verified as reward-eligible.

PRESCRIPTION BENEFIT FOR MAINTENANCE MEDICATIONS AT \$0 COST

The College will continue to offer certain maintenance medications to employees and eligible dependents on the medical program at \$0 copayment to help you save time and money with your prescriptions.

Through the Rx 'n Go & Rx 'n Go Beyond programs, you have access to 1,500 generic and insulin medications as well as 150 brand name medications, all at no out-of-pocket cost to you! Members on the PPO plans have access to the full list of medications and members on the HDHP/HSA will have access to those 900 preventive medications still for free.



Generics & Insulin

U.S. BASED MAIL-ORDER PROGRAM

✓ ~1,500 generic medications, Insulin products, and branded medications shipped to your home for **FREE** on PPO Plan, ~900 preventive medications on the HDHP/HSA Plan

✓ Specialty Products Include Humira, Stelara, Enbrel, Cosentyx, Copaxone

✓ Sign up over the phone (888-697-9646) or online at rxngo.com

✓ Medications are shipped to your home within 3 weeks from our domestic and Canadian pharmacy. Branded medications to 1st be filled at retail pharmacy, please have 30 days of your Rx on hand for the 1st brand order!



Brand Name Medications & Specialty Products

INTERNATIONAL MAIL-ORDER PROGRAM

? QUESTIONS?

Prescriber Information

PHONE 888-697-9646
FAX: 888-697-0646
ESCRIBE: Transition Pharmacy PA
NPI# 1336325265

Generics & Insulin Contact

888-697-9646
rxngo@transitionrx.com

Brand Medications Contact

833-390-1043
support@rxngebeyond.com

HEALTH SAVINGS ACCOUNT ADVANTAGES

Is a Health Savings Account (HSA) right for me?

Like any health care option, an HSA has advantages and disadvantages. As you weigh your options, think about your budget and what health care you are likely to need in the next year.

If you are generally healthy and want to save for future health care expenses, an HSA may be an attractive choice.

Or if you are near retirement, an HSA may make sense because the money in the HSA can be used to offset costs of medical care after retirement.

Or if you think you might need expensive medical care in the next year and are able to meet the higher deductible, an HSA account can help maximize your tax savings.

Contributions made to the HSA are not available to those members who are enrolled in any part of Medicare, or other disqualifying coverage.

If you are covered on the High Deductible Health Plan (HDHP), but you are also covered on another group health plan (such as your spouse's group plan) that is not an HDHP, you would also be ineligible to accept or make contributions to an HSA.

Please note that an HSA is not available to employees who can be claimed on someone else's tax return, is enrolled in Medicare, is enrolled in a spouse's medical spending account (FSA), unless the spouse's medical FSA is a limited medical FSA, or is enrolled in a plan through their spouse or parent that is not an HSA-eligible plan (unless it is a limited-purpose FSA).

How much can you put in the health savings accounts?

Maximum contributions are \$4,400 for single coverage and \$8,750 for family coverage for 2026 (employer and employee contributions combined). If the employee is age 55+ they can contribute an additional \$1,000 into their HSA account. The amounts contributed by Lake Forest College (\$700 for individual, \$1,100 for spouse or child, and \$1400 for family) are included in these annual totals.

Lake Forest College employer contributions are typically provided in two equal installments in January and June.

Your Health Savings Account will be administered by Flex.

TOP REASONS TO HAVE AN HSA

Triple tax-advantaged — Contributions are tax deductible, there is tax-free growth on interest and/or investment earnings, and you can make tax-free withdrawals for qualified medical expenses.

Portability— You own your account, so even if you change jobs, your HSA funds are yours to keep.

Affordable Health Coverage— Use the HSA to cover 100% of out-of-pocket costs for routine medical expenses, such as office visits, lab tests, and prescription medications.

Reduced Insurance Premiums—The cost of coverage under the HDHP plan is lower than both PPO plans.

Long Term Savings—Contributions to your HSA accumulate and roll over year-to-year with no limit, which allows the account to grow tax-deferred.

Retirement Bonus— After age 65, funds may be withdrawn for any reason with no penalties. (If used for non-medical purposes, however, taxes will be imposed.)

Safety Net— An HSA has no “use it or lose it” restrictions, so balances can be built up to use for major medical events.

Coverage for the “Extras” - HSA funds may be used to pay for services often not covered by a medical plan, including dental and vision expenses.

Empowerment—Take control of your health care decisions, including which providers you want to use, to ensure your health care dollars are spent wisely.

Reimbursing Yourself — You can pay for current qualified medical expenses out-of-pocket while letting HSA funds grow and later reimburse yourself for those expenses.

FLEXIBLE SPENDING ACCOUNTS

Flexible Spending Accounts allow you to set aside money to pay for eligible expenses with tax-free dollars. Participants **must enroll annually** for the plan year.

Your choices:

1. **Healthcare Flexible Spending Account:** Use this account to cover the cost of health, dental, vision and hearing expenses for you and your dependents which are considered eligible FSA expenses. You may contribute up to \$3,400 per year.

Eligible healthcare FSA expenses include:

- Deductibles, coinsurance, and copays
- Prescription drug copays
- Over-the-counter medicine, if prescribed by a doctor
- Medical care items that are not prescription drugs, such as equipment (crutches), supplies (bandages and contact lens solutions), and diagnostic devices (blood sugar testing kits)
- Dental expenses, including orthodontia
- Vision expenses, including eye exams, glasses, and contact lenses
- Hearing expenses, including hearing aids and exams
- Mental health expenses (does not include marriage counseling)
- Orthopedic expenses
- Weight loss programs (if medically necessary)
- Medical expenses for certain procedures not covered by the plan, such as laser vision correction

2. **Dependent Care Spending Account:** Use this account to cover the cost of dependent care while you work. You may use this for expenses for the care of a child under age 13 or a disabled spouse, child or parent. If you are married, your spouse must be employed or attending classes full time in order for you to use the Dependent Care Spending Account. You may contribute up to \$7,500 per year per household to this account or \$3,750 per year if you are married and file your taxes separately.

Eligible dependent care FSA expenses include:

- Child or adult care center that complies with State and Local regulations (not including nursing homes)
- Sitter inside or outside the home
- Day care during school vacation, provided it is not primarily for educational purposes
- Nursery school, even if the school provides educational services
- Relative who cares for eligible dependents, as long as that relative is not your dependent and is age 19 or older

DENTAL PLAN BENEFITS AND FEATURES

Delta Dental PPO Plus Premier plan includes the following features:

- **Enhanced benefit program** offers additional coverage for individuals who have specific health conditions (including pregnancy, diabetes, high risk cardiac conditions, and suppressed immune systems) that can be positively affected by additional oral health care. You will maximize your benefits by receiving care from a Delta Dental PPO or Delta Dental Premier network dentist.

Visit www.deltadentalil.com and click Provider Search.

Example of your copayment with Delta Dental network dentists and non-network dentists:

- Delta Dental PPO: Lowest out-of-pocket cost and network protection.
- Delta Dental Premier: Higher out-of-pocket costs than PPO, but may be lower than non-network and network protection.
- Non-network: You may have the highest out-of-pocket costs

Features	Delta Dental PPO Network	Delta Dental Premier Network	Out-of-Network
Annual Deductible (applies to Basic/Major only)	\$75/person	\$75/person	\$75/person
Preventive/Diagnostic	100% of reduced fee*	90% of MPA**	90% ***
Basic	70% of reduced fee*	70% of MPA**	50% ***
Major	50% of reduced fee*	50% of MPA**	50% ***
Orthodontic	N/A	N/A	N/A
Calendar Year Maximum \$1,500 per person			

*Delta Dental PPO dentists accept payment based on the lesser of the submitted fee (their usual fee) or Delta Dental's allowed PPO fee. PPO network dentist cannot charge you for costs exceeding the PPO fee.

** Delta Dental Premier dentists accept payment based on the lesser of the submitted fee (their usual fee) or Delta Dental's maximum plan allowance. Premier dentists may not charge you for costs exceeding the maximum plan allowance.

*** Non-network dentists (non-Delta Dental PPO/non Delta Dental Premier) do not agree to accept Delta Dental's allowed fees as payment in full; payment is based on the lesser of the submitted fee (their usual fee) or Delta Dental's maximum plan allowance. These dentists can charge you for costs exceeding the maximum plan allowance.

DENTAL PLAN BENEFITS AND FEATURES

Delta Dental HMO

Similar to a medical HMO plan, Delta Dental HMO plan is a dental managed care plan (DHMO) with its own network of dentists. Under this plan only one panel dentist may be chosen for you and your covered dependents. At the time of enrollment, you must decide which dental provider you and your family will use. You may change to a different panel dentist at any time prior to the 21st day of any calendar month. Your new selection will become effective on the first day of the following calendar month.

Features	Delta Dental HMO
Annual Deductible	None
Preventive/Diagnostic	See Schedule of Fees
Basic	See Schedule of Fees
Major	See Schedule of Fees
Orthodontic	Child: Member pays max of \$2,125; Adult: Member pays max of \$2,625
Calendar Year Maximum per person	None

DENTAL PLAN PREMIUMS

Coverage Level	HMO Plan	PPO Plus Premier Plan
Monthly Cost		
Employee	\$17.58	\$34.37
Plus Spouse	\$32.55	\$67.59
Plus Child(ren)	\$36.74	\$65.82
Family	\$51.61	\$123.02
Bi-weekly Cost		
Employee	\$8.11	\$15.86
Plus Spouse	\$15.02	\$31.20
Plus Child(ren)	\$16.96	\$30.38
Family	\$23.82	\$56.78

VISION PLAN BENEFITS AND FEATURES (VSP)

Benefit	Description	Copay	Frequency
Well/Vision Exam	Focuses on your eyes and overall wellness	\$10	Every 12 months
Prescription Glasses		\$25	Every 12 months
Frame	<ul style="list-style-type: none"> \$150 allowance for a wide selection of frames \$170 allowance for featured frame brands 20% savings on the amount over your allowance \$80 Allowance at Costco 	Included in Prescription Glasses	Every 12 months
Lenses	<ul style="list-style-type: none"> Single vision, lined bifocal, and lined trifocal lenses Polycarbonate lenses for dependent children 	Included in Prescription Glasses	Every 12 months
Lens Enhancements	<ul style="list-style-type: none"> Scratch-resistant coating Standard progressive lenses Premium progressive lenses Custom progressive lenses Average savings of 20-50% on other lens enhancements 	\$0 \$0 \$95-\$105 \$150-\$175	Every 12 months
Contacts (instead of glasses)	<ul style="list-style-type: none"> \$130 allowance for contacts; copay does not apply Contact lenses exam (fitting and evaluation) 	Up to \$60	Every 12 months
Extra Savings	Glasses and Sunglasses <ul style="list-style-type: none"> Extra \$20 to spend on featured frame brands. 20% savings on additional glasses and sunglasses, including lens enhancement, from any VSP provider within 12 months of your last WellVision Exam 		

VISION PLAN PREMIUMS

Coverage Level	
Monthly Cost	
Employee	\$8.67
Plus Spouse	\$13.87
Plus Child(ren)	\$14.16
Family	\$22.82
Bi-weekly Cost	
Employee	\$4.00
Plus Spouse	\$6.40
Plus Child(ren)	\$6.54
Family	\$10.53

About the Vision Plan: This is a comprehensive plan for all vision services. You may use any provider for your vision services; however, using an in-network provider will reduce your out-of-pocket costs.

Always use an in-network provider to obtain the highest level of benefits.

QUESTIONS? Call the customer service at 800-877-7195 or visit www.vsp.com.

RESOURCES FOR MEDICAL PLAN PARTICIPANTS

Register on www.bcbsil.com with your BCBS of IL member ID (or SSN) and College's group plan (#401428) for Blue Access for Members (BAM)

Through BAM you can:

- Locate network providers anywhere in the United States.
- Get your digital member ID card.
- Check the status or history of a claim.
- View or print Explanation of Benefits (EOB) statements.
- Set up and manage a personal health record for you and your family members.

Mental Health Hub: You have direct access to mental health specialists through The Mental Health Hub. It is confidential and available 24/7. Log in to Blue Access for Members at www.bcbsil.com—select Behavioral Health—choose Mental Health Hub.

BCBS of IL Mobile App: Download the BCBSIL Mobile App to access your benefits and claims and locate network providers while you are on the go. Ready to get started? Text BCBSILAPP to 33633 to get the app.

Well on Target (wellontarget.com) can give you the support you need to make healthy choices—while rewarding you for your hard work. It links you to a variety of inviting programs and tools such as Health Assessment, Self-Management Programs, Online Wellness Challenges, Tools and Trackers and a Fitness Program which can offer discounts to a nationwide network of more than 10,000 fitness locations

EMPLOYEE ASSISTANCE PROGRAM

Help When You Need It

Our Employee Assistance Program (EAP) partner is offered thru Lincoln Financial Group, and is called *EmployeeConnect* offered in partnership with Guidance Resources/ComPsych.

The Employee Assistance Program (EAP) is a free, confidential program to assist faculty, staff and family members in successfully dealing with the challenges and demands of daily living.

Base level services (i.e. legal referrals, financial consultation, etc.) are free, confidential, and available to you and your family members. This includes access to short term counseling and a wide range of services.

To access this benefit, Call 888-638-4824, Or visit GuidanceResources.com (login credentials: Username: LFGSupport Password: LFGSupport1. They're always available and ready to talk about any questions or concerns.

RETIREMENT PLAN

The College's Defined Contribution Retirement Plan is available through TIAA to full-time faculty and staff after two years of service. A year of service is defined as 1,000 hours per fiscal year. The College contributes 9% of salary for employees making \$59,020 or less, 8% of salary for those making \$59,021 to \$175,100, and 7% for those making more than \$175,100.

Invest in your future by taking advantage of the College's voluntary retirement plan option. The Supplemental Retirement Annuity Plan (SRA) is an unmatched, tax-deferred plan that employees can begin contributing to immediately upon hire. Contributions can be made to the College's SRA/403(b) plan can be made by percentage or dollar amounts to the traditional 403(b) plan (pre-tax), to the Roth 403(b) (after-tax), or split between both options.

Employees can enroll or change their participation in this plan at any time. An online enrollment is available through the ADP self-services.

2026 SRA Contribution Limits

- \$24,500 annually for participants under 50 years of age
- Special catch-up provisions are available for employees age 50 and older.

Enrollment or changes

You may change your investment elections, obtain balance information and conduct a variety of other transactional activities by calling TIAA at 1-800-842-2252. Or visit www.tiaa.org.

LIFE AND DISABILITY INSURANCE

Basic Group Life Insurance Plan—The College automatically provides you with Basic Life Insurance equal to one-and-one-half (1 1/2) times your annual salary. Employer provided group term life insurance in excess of \$50,000 for employees is considered to be a taxable benefit by the IRS. This means that employees who are covered by College's provided life insurance benefit of more than \$50,000 must pay taxes for the "value" of the excess benefits.

Long Term Disability Insurance Plan—Base benefits are 66 2/3% of an employee's annualized gross base salary, with a maximum benefit of up to \$10,000 per month. This coverage is provided by the College at no cost to the employee.

REGULATORY BENEFITS NOTICES

Lake Forest College is required to provide you with important information regarding eligibility and enrollment, benefit coverage, COBRA rights, HIPAA privacy rules, and whether the College's prescription drug coverage qualifies as creditable coverage for Medicare. **For full regulatory benefit notices, please visit the Employee Benefits web page.** You may find it helpful to review this information as you make your benefits enrollment decisions.

Continuation Coverage Rights Under COBRA

This general notice informs group health plan participants of their rights under federal law, the Consolidated Omnibus Budget Reconciliation Act of 1985 (COBRA), to COBRA continuation coverage—a temporary extension of group health plan coverage. COBRA continuation coverage is available to group health plan participants when they would otherwise lose their group health plan coverage.

Health Insurance Marketplace Notice

The Patient Protection and Affordable Care Act (PPACA) requires most individuals to have health insurance coverage or otherwise pay a tax penalty. The goal is to ensure that individuals have access to affordable health insurance—whether through their own employer, a family member's employer, an insurance company, or the government. The Health Insurance Marketplace was established by the federal government in connection with the PPACA. You can access information about the Health Insurance Marketplace and the PPACA's requirements for individuals and families at www.healthcare.gov or 1-800-318-2596.

HIPAA Privacy Notice

Lake Forest College respects the confidentiality of your health information and recognizes that information about your health is personal. The College's Employee Welfare Benefit Plan, which encompasses its group health plan and health spending plans, Employee Assistance Program, is required by law to protect your health information and to inform you of its legal duties and your rights regarding such information. This notice explains how, when and why these plans typically use and disclose your health information and your privacy rights regarding such information.

HIPAA Special Enrollment Rights

In accordance with the requirements of the Health Insurance Portability and Accountability Act ("HIPAA"), you have the right to enroll in the College's group health plan under a "special enrollment" provision if you acquire a new dependent or if you decline coverage under the College's group health plan for yourself or an eligible dependent while other coverage is in effect and later lose that other coverage for certain qualifying reasons.

Newborns' & Mothers' Health Protection Act of 1996

Group health plans generally may not restrict benefits for any hospital length of stay in connection with childbirth for the mother or newborn child to less than 48 hours following a vaginal delivery, or less than 96 hours following a cesarean section. However, the group health plan may pay for a shorter stay if the attending provider, after consultation with the mother, discharges the mother or newborn earlier. The group health plan may not require that a physician or other health care provider obtain authorization for prescribing a length of stay of up to 48 hours (or 96 hours for a cesarean section).

Notice of Creditable Coverage

This notice, which applies to individuals who are entitled to Medicare benefits, provides information about the prescription drug coverage included with the College's health care benefits and the options that are available under Medicare's prescription drug coverage. This information is provided to assist such individuals in declining whether or not to enroll in a Medicare prescription drug plan.

Premium Assistance under Medicaid and the Children's Health Insurance Program (CHIP)

If you or your children are eligible for Medicaid or the Children's Health Insurance program (CHIP) and you are eligible for the College's health insurance coverage, some states have premium assistance program that can help pay for coverage, using funds from their Medicaid or CHIP programs.

Women's Health and Cancer Rights Act of 1998

As required by the Women's Health and Cancer Rights Act of 1998, the College's group health plan provides benefits for mastectomy, including reconstruction and surgery to achieve symmetry between the breast, prostheses, and complications resulting from a mastectomy (including lymphedema). If you receive benefits under your health plan in connection with a mastectomy, benefits are also provided for the following services, as you determine appropriate with your attending physician:

- All states 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.

The amount you must pay for such services are the same as required for any other covered health services under your health plan.