



# Employee Benefit Summary

prepared for:

Whitman College

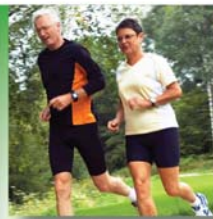
Effective January 1, 2010

Medical (PPO): Premera Blue Cross		
<b>Contact Information</b>	Premera Blue Cross Plan #1038127 1.800.722.1471	Web-Site for : Medical/Rx/Dental Provider Directory www.premera.com
<b>Eligibility</b>	Must work at least 910 hours each year to qualify	
<b>Probationary Period</b>	1st of the month coinciding with or next following date of employment	
<b>Type of Plan/Provider Restrictions</b>	Preferred Provider Organization (PPO).	
<b>PPO Out-of Area Services</b>	Services rendered outside of any geographical area where there are no PPO Providers are paid at 80% of allowed amount, subject to the deductible and out-of-pocket maximum	
<b>Deductible</b> <i>Per Person</i> <i>Maximum per family</i>	\$350 \$700	
<b>Coinsurance</b>	After the deductible and any co-payments (if applicable), the plan will pay benefits at the indicated coinsurance levels until the appropriate out-of-pocket maximum is reached, then the plan pays 100% of covered expenses for the remainder of the year.	
	<b>In-Network</b>	<b>Out-of-Network</b>
<b>Out-of-Pocket Maximum</b> <i>Individual</i> <i>Maximum per family</i>	\$2,350 \$4,700	\$4,350 \$8,700
<b>Lifetime Maximum</b>	\$2 million	
<b>Hospital Services &amp; Supplies</b> Room & Board Services Emergency Room	Paid at 80% Paid at 80% Paid at 80%	Paid at 60% Paid at 60% Paid at 80%
<b>Physicians' Services</b> In-Hospital Calls Surgery Office Calls (Including Naturopathic Care)	Paid at 80% Paid at 80% Paid at 100%, after \$20 copay	Paid at 60% Paid at 60% Paid at 60%
<b>Chiropractic Care</b> (Limited to 12 visits per calendar year)	Paid at 100%, after \$20 copay, deductible waived	Paid at 60%

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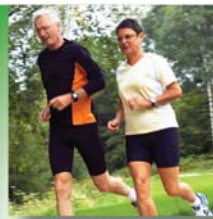
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	In-Network	Out-of-Network
<b>Acupuncture</b> (limited to 12 visits per calendar year)	Paid at 100%, after \$20 copay, deductible waived	Paid at 60%
<b>Office Visit Lab, Outpatient Hospital and X-ray</b>	Paid at 80%, deductible waived	Paid at 60%
<b>Preventive Care</b>	Paid at 100%, after \$20 copay, deductible waived	Not Covered
<b>Routine Preventive Colonoscopy</b>	Paid at 100%, deductible waived	Paid at 60%
<b>Medically Necessary Colonoscopy to treat a diagnosed illness</b>	Paid at 80%	Paid at 60%
<b>Mammography</b>	Paid at 100%, deductible waived	Paid at 60%
<b>Maternity</b>	Paid same as any other condition	
<b>Well Newborn Care</b>	Paid same as any other condition	
<b>Skilled Nursing Facility</b> (Limited to 90 days per calendar year)	Paid at 80%	Paid at 60%
<b>Rehabilitative Services</b> - Outpatient Care, Including Physical, Occupational, Speech and Massage Therapy; Cardiac & Pulmonary Rehab.; and Chronic Pain (limited to 45 visits per calendar year)	Paid at 100%, after \$20 copay, deductible waived	Paid at 60%
<b>Chemical Dependency</b>	Paid same as any other condition	
<b>Mental Health</b> Inpatient	Paid at 80%	Paid at 60%
Outpatient	Paid at 100%, after \$20 copay, deductible waived	Paid at 60%
<b>Home Health Care</b> (limited to 130 visits per calendar year)	Paid at 80%	Paid at 60%
<b>Hospice</b> (Inpatient: 10 days; Respite: 240 hours; 6 month limit)	Paid at 80%	Paid at 60%
<b>Ambulance</b>	Paid at 80%	
<b>Durable Medical Equipment</b>	Paid at 80%	Paid at 60%

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## Medical (PPO): Premera Blue Cross

### Prescription Drugs Retail (30-day supply)

Deductible waived  
 \$10 copay for generic drugs  
 \$20 copay for brand name drugs on Preferred list  
 \$40 copay for brand name drugs not on Preferred list  
 After copay, drugs are covered at:

Paid at 100%

Paid at 60% after applicable copay

The plan encourages the use of appropriate "generic drugs". When available and indicated by the prescriber, a generic drug will be dispensed in place of a name brand drug. If the generic equivalent isn't manufactured, the applicable brand name copay or coinsurance will apply. You may request a brand name drug instead of a generic, but if the equivalent is available and substitution is allowed by the prescriber, you'll be required to pay the difference in price between the brand name drug and the generic equivalent, in addition to paying the applicable brand name drug copay or coinsurance.

### Mail Order (90-day supply)

Deductible waived  
 \$20 copay for generic  
 \$40 copay for brand name on Preferred list  
 \$80 for brand name not on Preferred list

### Waiting Periods Pre-Existing Condition Limitation

Premera Blue Cross will comply with all Washington State laws and regulations regarding portability of coverage

### Limitations and Exclusions

Please refer to your booklet for a more detailed description of the exclusions and limitations

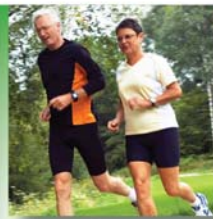
### Vision

One vision exam per calendar year paid at 100% after \$20 copay. Vision Hardware paid at 100% up to \$150 maximum per calendar year.

## Rates per month: Medical

	Total Cost of Medical	You Pay	Whitman Pays
Employee	\$606	\$0	\$606
Spouse/Domestic Partner	\$514	\$257	\$257
All Children	\$464	\$232	\$232
Spouse & Children	\$978	\$489	\$489

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## Dental: Premera Blue Cross

<b>Eligibility</b>	Must work at least 1,350 hours each year to qualify
<b>Probationary Period</b>	1st of the month coinciding with or next following one year of employment.
<b>Deductible</b> <i>Per person</i> <i>Family Maximum</i> Applies to	\$50 \$100 Waived for Type I
<b>Type I: Diagnostic &amp; Preventive</b> (Routine exams & cleanings allowed twice per calendar year)	Paid at 100%
<b>Type II: Basic Procedures</b>	Paid at 80%
<b>Type III: Major Services</b>	Paid at 50%
<b>Annual Maximum per calendar year</b>	\$1,500
<b>Orthodontia</b>	Not Covered

## Rates per month: Dental

	Total Cost of Dental	You Pay	Whitman Pays
<b>Employee</b>	\$41	\$0	\$41
<b>One Dependent</b>	\$50	\$50	\$0
<b>Two or More Dependents</b>	\$117	\$117	\$0

Note: Dental is separate from Medical. The dental benefits are the same whether the employee selects medical or cash in lieu.

## Group Life and Accidental Death & Dismemberment (AD&D): CIGNA

<b>Eligibility</b>	Full-Time Employees: 1,350 hours per week Job-Share Employees: 1,040 hours per year
<b>Probationary Period</b>	1st of the month coinciding with or next following date of employment
<b>Amount of Benefit</b>	1.5 x annual earnings to a maximum of \$500,000
<b>Age Reduction</b>	Reduces to 65% at age 70 and 50% at age 75, rounded to nearest \$1,000
<b>Dependent Life</b>	Spouse: \$5,000 Children: Birth to 6 months, \$1,000 6 months to age 25, \$5,000
<b>Other Features</b>	Accelerated Benefit, Conversion, Portability, Work Life Assistance Program
<b>Cost of Benefit</b>	The Employee portion of this benefit is paid for by Whitman College; dependent Life is an optional benefit that is paid by the Employee

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## Voluntary Life and Accidental Death & Dismemberment (AD&D): CIGNA

Please contact Human Resources for more information

## Long Term Disability (LTD): CIGNA

<b>Eligibility</b>	Full-Time Employees: 1,350 hours per week Job-Share Employees: 1,040 hours per year	
<b>Probationary Period</b>	1st of the month coinciding with or next following date of employment	
<b>Elimination Period</b>	180 days; benefits start the day after the elimination period is completed	
<b>Monthly Benefit Amount</b>	60% of your monthly earnings up to a maximum of \$10,000; or 70% of monthly earnings less any deductible sources of income	
<b>Maximum Benefit Period</b>	To Normal Retirement for Social Security age (NSSRA Schedule per ADEA structure)	
<b>Definition of Disability</b>	<p>You are considered disabled and eligible for benefits because of sickness or injury if you are limited from performing the material and substantial duties of your regular occupation or you have a 20% or more loss in indexed monthly earnings due to the same sickness or injury.</p> <p>You will continue to receive benefits if, after benefits have been paid for 24 months, you are working in any occupation and continue to have a 20% or more loss in indexed monthly earnings due to your sickness or injury; or you are not working and, due to the same sickness or injury, are unable to perform the duties of any gainful occupation for which you are reasonably fitted by education, training or experience.</p>	
<b>Rehabilitation Benefits</b>	You may ask to participate in a Voluntary Rehabilitation Program while you are disabled; CIGNA has sole discretion to approve or deny the request.	
<b>Exclusions and Limitations</b>	Any acts of war, whether declared or undeclared; intentionally self-inflicted injury of any kind, while sane or insane; participation in the commission of any assault or felony.	
Exclusions		
Limitations	Benefits for disabilities due to substance abuse and mental or nervous disorders paid for a maximum of 24-months during employee's lifetime for outpatient care	
<b>Preexisting Condition Limitation</b>	<p>You have a pre-existing condition if:</p> <ul style="list-style-type: none"> <li>- you received medical treatment, consultation, care or services including diagnostic measures, or took prescription drugs or medicines in the 3 months prior to your effective date of coverage; and</li> <li>- the disability begins in the first 12 months after your effective date of coverage.</li> </ul>	
<b>Cost of Benefit</b>	This employee benefit is paid for by Whitman College	
<b>Contact Information</b>	<p>Customer Service: 1.800.828.3485 Plan#: Life/AD&amp;D FLX 962110</p>	<p>Web-Site: www.cigna.com Plan# LTD LK 961595</p>

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## Pre-Tax Benefits: Universal Plan Administrators

On January 1st of each year you may elect to set aside a certain amount of pretax money during the calendar year to cover out-of-pocket medical expenses, dependent care expenses, and individual health insurance plan or accident plan premiums.

Customer Service:  
1.800.222.0901

### Medical Expense Plan

Allows you to set aside up to \$4,000 per year. Includes deductibles, copays, and other out-of-pocket expenses for medical, dental and vision.

Submit claim forms to:  
Fax 1.801.571.8779

### Dependent Care

Allows you to set aside up to \$5,000 per year if single, or if married filing jointly; you may only set aside up to \$2,500 per year if married filing separately.

P.O. Box 155  
Draper, UT 84020-0155

### Premium Expense Plan

Allows you to purchase private medical insurance and accident plans to receive a pre-tax benefit for the premium cost. Premiums paid for coverage on the Whitman plan are automatically paid with pretax dollars.

## Life Assistance Plan: CIGNA

The Life Assistance Program is a confidential counseling and resource program that helps you and your family members address life's issues, big or small. Benefits are offered to all regular employees and their immediate family members, and can help with a variety of matters, such as:

1.800.538.3543

Website:  
[www.cignabehavioral.com/cgi](http://www.cignabehavioral.com/cgi)

User ID: lap  
Password: member

- Marital and family concerns
- Difficult relationships (work or home)
- Depression
- Child care resources
- Parenting difficulties
- Financial entanglements
- Legal matters
- Pet care concerns
- Substance Abuse
- Discounts for health & wellness services

Contact Human Resources for a detailed brochure about this free benefit

## Travel Protection: CIGNA

When traveling 100+ miles from home, all employees working at least 65% full-time have access to free emergency assistance. This gives you peace of mind in the face of Injury, illness, death, theft, natural disaster, disease outbreak, or terrorism when you're far from home.

For assistance call:  
1.888.226.4567 - North America  
Other locations -  
collect call to 202.331.7635

- Pre-trip planning services
- Translation & interpretation services
- Emergency medical evacuation
- Referrals to local physicians/dentists
- Prescription refill
- Assistance with lost/stolen items
- Referrals to local attorneys
- Transportation of remains

[cigna@worldwideassistance.com](mailto:cigna@worldwideassistance.com)

Policy # OK 963713  
Group # 57

Contact Human Resources for a detailed brochure about this free benefit

## PARKER, SMITH & FEEK

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