

EXPLORE YOUR BENEFITS

2020 ENROLLMENT GUIDE



YOUR BENEFITS GUIDE



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WHEATON COLLEGE IS AN EQUAL OPPORTUNITY/AFFIRMATIVE ACTION EMPLOYER

Wheaton College is committed to providing equal opportunities to all employees and applicants as defined under federal and state law. Wheaton does not discriminate on the basis of race, color, mental or physical disability, national origin or ancestry, citizenship, age, religion, gender or sex (including pregnancy), sexual orientation, gender identity or expression, genetic information, marital or familial status, veteran or military status, membership in the Uniformed Services, or any other category protected by law.

QUESTIONS?

Please contact Human Resources, extension 8206 or hr@wheatoncollege.edu with any questions about your benefits.

Wheaton College's benefit programs are summarized briefly in this guide. Complete details and limitations are contained in the Summary Plan Description of each plan and appropriate sections of the employee handbook. This guide contains highlights only and is subject to change. The specific terms of coverage, exclusions and limitations are contained in the Plan Document or insurance certificate. If you have any questions about a specific service or treatment, please contact the plan's Customer Service Department.

Please note: The availability and amount of all benefits are governed by the legal documents involved. This guide is not a legal document and in no way constitutes a contract of employment.

ENROLLING IN COVERAGE

Wheaton College offers a comprehensive and competitive benefits package to eligible staff and faculty. The following is a summary of the benefits and services offered. Additional information about each of these benefits may be obtained from the Office of Human Resources at extension 8206 or via email at hr@wheatoncollege.edu.

Before enrolling in your benefits, please be sure to carefully review the benefits and enrollment materials provided to you at the time of your benefit orientation. If you choose to enroll in Wheaton College's benefit plans, you must do so within 30 days of your first day of employment. Please be sure to consider your options carefully.



BENEFIT ELIGIBILITY

You are eligible to enroll in Wheaton's benefit programs if you are a full-time or part-time employee as outlined below. Faculty eligibility for benefits is based on the number of courses taught per semester.

Full-Time Benefit Eligible: Full-time benefit eligible employees are those with a full-time equivalent (FTE) of .75 or greater.

- For those with a standard 35 hour work schedule, this means a regular annual work schedule of at least 1365 hours per fiscal year.
- For those with a standard 40 hour work schedule, this means a regular annual work schedule of at least 1560 hours per fiscal year.

Part-Time Benefit Eligible: Part-time benefit eligible employees are those with a regular work schedule of at least 910 hours per fiscal year.

Temporary Positions: Employees hired into temporary or limited duration positions of six or more consecutive months are eligible to participate in the benefit programs.

PAY INFORMATION

Wheaton College requires employees to enroll in direct deposit. Payroll information can be accessed through WINDOW, the college's online self-service employee portal.

Wheaton employees are paid on either a monthly or bi-weekly pay cycle.

Monthly Pay Cycle – Faculty and administrative, exempt staff are paid on a monthly pay cycle. Monthly paid employees receive direct deposits on the twelfth day of the pay month and are paid for the entire month. In order to be paid on time, new employees are required to complete the necessary human resources and payroll forms by the fifth day of the first month of employment.

Bi-Weekly Pay Cycle – Hourly paid, non-exempt staff are paid on a bi-weekly pay cycle. Bi-weekly paid employees receive their direct deposits every other Thursday. Direct deposits are received on the Thursday following completion of the two-week pay period. In order to be paid on time, new employees are required to complete the necessary human resources and payroll forms by the second Wednesday of the pay period.

YOUR MEDICAL PLAN OPTIONS

Wheaton College offers three medical plan options through Tufts Health Plan. A summary of the benefits for each plan are illustrated below. For eligible employees, coverage is effective the first day of the month concurrent with or following date of hire.

	HMO	HMO \$500	PPO WITH HSA*
In-Network			
Calendar Year Deductible (CYD)	None	Employee: \$500 Two-Person/Family: \$1,000	Employee: \$1,500 Two-Person/Family: \$3,000 (combined Medical + Pharmacy deductible)
Calendar Year Out-Of-Pocket Maximum	Employee: \$2,500 Two-Person/Family: \$5,000	Employee: \$2,500 Two-Person/Family: \$5,000	Employee: \$5,000 Two-Person/Family: \$10,000
Coinsurance	0% (20% on Durable Medical Equipment)	0% (20% on Durable Medical Equipment)	0% (20% on Durable Medical Equipment)
Office Visits	\$25 co-pay	\$25 co-pay	CYD then covered in full
Specialist Visits	\$25 co-pay	\$25 co-pay	CYD then covered in full
Preventive Services**	Covered in full	Covered in full	Covered in full
Mental Health & Substance Abuse	Inpatient: \$500 co-pay per visit Outpatient: \$25 per visit for individual/group therapy	Inpatient: Subject to CYD, \$500 co-pay per visit Outpatient: \$25 per visit for individual/group therapy	CYD then covered in full
Emergency Room Visit (Waived if admitted)	\$100 co-pay	\$100 co-pay	CYD then covered in full
Lab/X-ray	Covered in full	CYD, then covered in full	CYD then covered in full
Outpatient Surgery Facility	\$250 co-pay per visit	Subject to CYD: \$250 co-pay per visit	CYD then covered in full
In-Patient Hospitalization	\$500 co-pay per visit	Subject to CYD: \$500 co-pay per visit	CYD then covered in full
Prescription Drug Coverage — (Retail 30 day supply) Generic/Preferred/Non-Preferred	\$15/\$30/\$50	\$15/\$30/\$50	Deductible applies, then: \$15/\$30/\$50
Prescription Drug Coverage (Mail Order 90 day supply)	\$30/\$60/\$150	\$30/\$60/\$150	Deductible applies, then: \$30/\$60/\$150
Out-of-Network			
Calendar Year Deductible (CYD)	N/A	N/A	Employee: \$1,500 Two-Person/Family: \$3,000 (combined with In-Network)
Calendar Year Out-Of-Pocket Maximum	N/A	N/A	Employee: \$5,000 Two-Person/Family: \$10,000
Coinsurance	N/A	N/A	20% after CYD

*The PPO with HSA Plan's deductible is a collective. This means that if you have family coverage, one individual or a combination of individuals can meet the \$3,000 family deductible. No member in the family is eligible for benefits until the family deductible has been met. Wheaton College funds a portion of the deductible through HSA account contributions.

** Preventive Care Services available to you, such as adult routine physical exams (1 per calendar year), well child visits, mammogram and pap test, colonoscopy, prostate cancer screening, adult immunizations.

TELEHEALTH BENEFITS



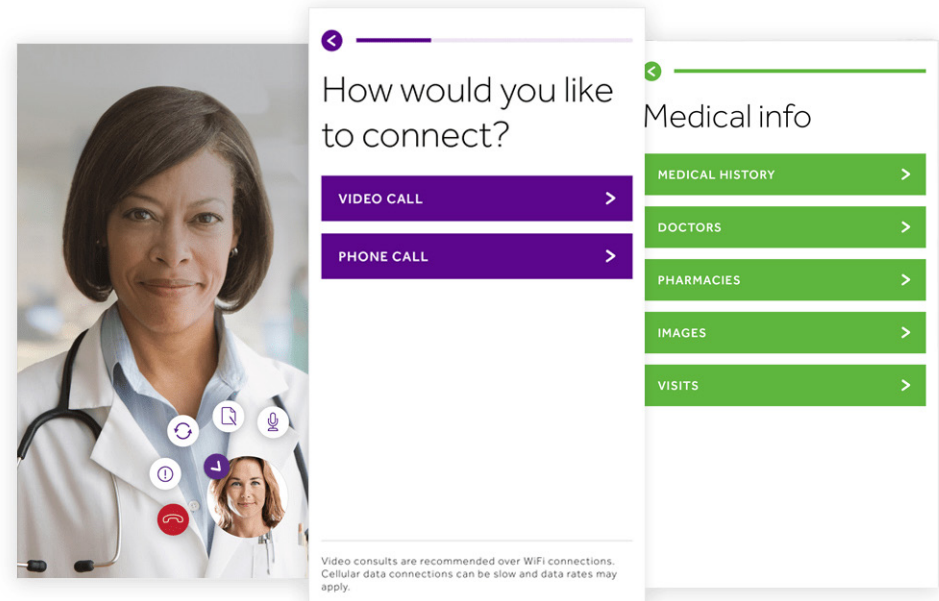
Wheaton employees are able to connect with doctors virtually through Tufts telehealth benefit - providing subscribers and their family members with convenient access to care whenever and wherever they need it. Connect via web, phone or mobile app for general medical, behavioral health, and dermatology services. Register now to ensure that telehealth is set up and ready for you to access when you need it!

TELEHEALTH THROUGH TELADOC

Tufts Health Plan, powered by Teladoc, introduces telehealth - a convenient, affordable new way to access quality care for general medical and behavioral health services. You can speak to a Teladoc doctor 24/7/365 in less than 10 minutes to treat non-emergency general medical conditions, including cold and flu symptoms, allergies, sinus infections, rashes, sore throats and more. You can schedule a video appointment seven days a week for support with anxiety, depression and other behavioral health issues. Teladoc visits for medical care or behavioral health are the same costs as a PCP visit.

To register, download the Teladoc app and log in using your Tufts Member ID. For more information visit:

<https://member.teladoc.com/tuftshealthplan>



YOUR DENTAL PLAN

Wheaton College offers a comprehensive dental plan through Blue Cross Blue Shield of Massachusetts. A summary of the dental plan benefits is illustrated below. For eligible employees, coverage is effective the first day of the month concurrent with or following three months of employment.

DENTAL BLUE PROGRAM		
	In-Network	Out-of-Network
Deductible (Waived for preventive services)	Employee: \$50 Two-Person/Family: \$150	
Annual Maximum per Individual	\$1,250 per Calendar Year	
Preventive Services: Oral exams • X-rays and diagnostics • Teeth cleanings (1 every 6 months) • Fluoride treatment • Topical sealant • Emergency treatment	100%	100%
Minor Restorative Services: Fillings • Space maintainers • Oral surgery • Extractions • Periodontics • Endodontic •Stainless Steel Crowns • Crown & Bridgework repair • Occlusion adjustment • Local anesthesia	80%	80%
Major Restorative Services: Porcelain crowns • Bridgework • Full and partial dentures	50%	50%
Orthodontia Benefit	100%	
Orthodontia Lifetime Maximum	\$1,500	

In-Network: Plan utilizes participating dentists

Out-of-Network: Allows freedom of choice, but there may be additional out-of-pocket costs



YOUR VISION PLAN

Wheaton College offers a vision plan through EyeMed. A summary of the vision plan benefits is illustrated below. For eligible employees, coverage is effective the first day of the month concurrent with or following the date of hire. **The employee pays for the full cost of coverage.**

EYEMED - Insight		
Benefits	In-Network	Out-of-Network
Copay	Exam: \$10 copay Materials: \$25 copay	Reimbursed up to \$50
Examination	Covered in full after copay Every 12 months	
Lenses		
Single	Covered in full after \$25 copay Every 12 months	Reimbursed up to \$42
Lined Bifocals	Covered in full after \$25 copay Every 12 months	Reimbursed up to \$78
Lined Trifocals	Covered in full after \$25 copay Every 12 months	Reimbursed up to \$130
Standard Progressive Lens	Covered in full after \$75 copay	Reimbursed up to \$140
Contact Lenses (Elective)	Covered in full up to \$130 retail allowance Every 12 months (in lieu of lenses)	Reimbursed up to \$130
Frames		
Retail	Covered in full after \$25 copay up to \$130 retail allowance (20% off balances over \$130) Every 24 months	Reimbursed up to \$104
Additional Benefits		
Additional Glasses	40% off complete pair eyeglass purchase and 15% off conventional contact lenses once the funded benefit has been used	N/A
Laser Correction Surgery	15% off retail or 5% off promotional rate	N/A



YOUR MEDICAL, DENTAL AND VISION PLAN PREMIUMS

MEDICAL PLAN RATES	HMO		HMO \$500		PPO WITH HSA	
FULL TIME	Bi-Weekly	Monthly	Bi-Weekly	Monthly	Bi-Weekly	Monthly
Employee Only	\$71.31	\$154.52	\$63.83	\$138.30	\$49.96	\$108.24
Employee + 1	\$209.73	\$454.43	\$187.72	\$406.72	\$154.27	\$334.25
Family	\$292.76	\$634.32	\$262.02	\$567.72	\$215.34	\$466.56
PART TIME						
Employee Only	\$213.95	\$463.56	\$191.49	\$414.90	\$164.15	\$355.65
Employee + 1	\$454.43	\$984.60	\$406.73	\$881.24	\$350.61	\$759.65
Family	\$634.32	\$1,374.36	\$567.73	\$1,230.08	\$489.40	\$1,060.37

HMO = Health Maintenance Organization; PPO = Preferred Provider Organization; HSA = Health Savings Account.

DENTAL PLAN RATES		
FULL TIME	Bi-Weekly	Monthly
Employee Only	\$10.44	\$22.61
Employee + 1	\$22.09	\$47.87
Family	\$36.15	\$78.32
PART TIME		
Employee Only	\$15.64	\$33.89
Employee + 1	\$33.12	\$71.76
Family	\$54.18	\$117.40

VISION PLAN RATES		
ALL EMPLOYEES	Bi-Weekly	Monthly
Employee Only	\$2.98	\$6.45
Employee + 1	\$5.65	\$12.25
Family	\$8.75	\$18.95

YOUR FLEXIBLE SPENDING ACCOUNT OPTIONS

The following example shows how you can save money with a Flexible Spending Account.

Bob's income is \$30,000. He has one child in day care and he wants to have Lasik eye surgery done this year, which is not covered by his medical benefits or vision insurance. Since Bob knows he will spend \$2,000 on the eye surgery and \$3,300 for day care, he's enrolled in Health Care FSA = \$2,000 and Dependent Care FSA = \$3,300. Below shows the same expenses with and without FSA assistance:

	Without an FSA	With an FSA
Gross income	\$30,000	\$30,000
FSA contributions	\$0	-\$5,300
Gross income	\$30,000	\$24,700
Estimated Taxes		
Federal	-\$2,550*	-\$1,755*
State	-\$900**	-\$741**
FICA	-\$2,295	-\$1,890
After-tax earnings	\$24,255	\$20,314
Eligible out-of-pocket		
Medical + Dependent Care expenses	-\$5,300	\$0
Remaining spendable income	\$18,955	\$20,314
Spendable income increase		\$1,359

*Assumes standard deductions and four exemptions.

**Varies—this example assumes 3%.

The example above is for illustrative purposes only. Every situation varies and we recommend that you consult a tax advisor for all tax advice.



YOUR HEALTH SAVINGS ACCOUNT

HSA accounts are administered through HealthEquity. You will have access to a secure website and the HealthEquity mobile app to manage your Health Savings Account funds. If you elect the PPO with HSA plan, HealthEquity may need to verify some of your personal information to open up the HSA account. HSA account information will be mailed directly to your home.

ACCOUNT FEATURES

Health Savings Account plans have special tax advantages and the IRS defines specific rules for participation. **To be eligible, you:**

- Must be enrolled in an IRS qualified high deductible medical plan (Wheaton's PPO with HSA plan)
- Cannot have any other health coverage
- Not covered by Spouse's medical or prescription plan
- Not covered through Medicare Part A or Part B
- Not covered through a Medical Spending Account (FSA) plan (either employer's or spouse's) (with the exception of the limited purpose FSA)
- Cannot be claimed as a dependent on another person's tax return
- Cannot have received Veterans Administration (VA) benefits within the past three months
- Cannot have received health benefits under TriCare

Funds can be invested much like 403(b) funds are invested. Also, your HSA account is owned by you, so you can take it with you if you change jobs or retire. If you have any money remaining in your HSA after your retirement, you may withdraw the money as cash. Money in your account rolls over year to year and accumulates. Unlike the FSA there is no use it or lose it feature. Employees are able to use their HSA fund dollars for any Section 213 expenses including medical, pharmacy, dental and vision expenses. A complete list of eligible expenses is available to you on the IRS.gov website.

FUNDING AND ELIGIBLE EXPENSES

Wheaton College will fund a portion of the PPO with HSA plan deductible as follows:

- Individual plans: \$750
- Two-person plans: \$1,500
- Family plans: \$1,500

For new employees commencing employment after January 1, the amount that the college will fund to an HSA will be prorated.

Employees may also make voluntary, pre-tax contributions to their HSA account, and can make changes to their contributions at any time during the plan year. The contribution limits are referenced on the following page.



YOUR HEALTH SAVINGS ACCOUNT

CONTRIBUTION LIMITS

The IRS imposes a maximum contribution limit to the HSA on a calendar year basis. The following chart shows the 2020 maximum limits, the Wheaton College contribution and the amount employees may contribute during 2020.

If you are 55 or older, you can make a “catch-up” contribution, meaning you can deposit an additional \$1,000 per year. Catch-up contributions can be made any time during the year in which the HSA participant turns 55.

	Wheaton Contribution		Employee Contribution		Total Allowed Contribution	
	Under Age 55	Age 55+	Under Age 55	Age 55+	Under Age 55	Age 55+
Individual	\$750	\$750	\$2,800	\$3,800	\$3,550	\$4,550
Individual + 1	\$1,500	\$1,500	\$5,600	\$6,600	\$7,100	\$8,100
Family	\$1,500	\$1,500	\$5,600	\$6,600	\$7,100	\$8,100

Funds can be used only as they are available in the account. For example, if you have individual coverage and you have a \$1,000 expense in January, but only the Wheaton contribution is in the account at this point (\$750), then only this amount is available to pay the expense. You can pay the remaining balance with another source (check, credit card, etc.) and reimburse yourself with HSA funds as they become available with additional contribution deposits. You may also change your HSA contribution at anytime during the year.

Please note: Only a Limited Purpose Flexible Spending Account (FSA) can be used while participating in an HSA plan.





YOUR OTHER BENEFITS

Wheaton College offers basic life insurance, optional life insurance, and long-term disability coverage through Unum.

Wheaton College pays 100% of the cost for the following benefits for full-time employees and 50% of the cost for part-time employees.

<p>Basic Life and Accidental Death and Dismemberment (AD&D) Insurance</p>	<p>1x basic annual salary up to \$400,000 for both Basic Life and AD&D insurance (\$15,000 minimum). The benefit amount is reduced by 50% the July 1 after turning age 70. No medical underwriting is required for Basic Life/AD&D coverage.</p>
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For eligible employees, coverage is effective the first day of the month following three months of employment.

You are eligible to enroll in Supplemental Life and AD&D, at your own cost.

<p>Supplemental Life and AD&D</p>	<p>You may purchase coverage at 1, 2, or 3 times your base salary, over and above the Basic Life and AD&D Insurance coverage provided by Wheaton College. The maximum amount you can purchase for yourself is the lesser of 3x your annual earnings or \$500,000. Evidence of Insurability (EOI) may be required for life insurance over \$200,000.</p>
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For eligible employees, coverage is effective the first day of the month following three months of employment.

Wheaton College pays 50% of the cost for the following benefits for full-time employees and 25% of the cost for part-time employees.

<p>Long-Term Disability (LTD) Insurance</p>	<p>60% of basic monthly salary up to \$12,000. Benefit begins after six (6) months of disability. Wheaton College offers a salary continuation benefit to eligible employees prior to LTD.</p>
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For eligible employees, coverage is effective the first day of the month following three months of employment. New employees who had similar coverage from a former employer within the last three months prior to commencing employment at Wheaton may be eligible to enroll immediately.

YOUR OTHER BENEFITS

You are also eligible to enroll in the following optional benefits, at your own cost.

<p>MetLaw/Hyatt Legal Plan</p>	<p>Administered through Hyatt Legal Plans, MetLaw is a legal services plan that provides access to legal advice and assistance such as preparation of wills and trusts, real estate, debt, identity theft, consumer protection, document preparation and review, traffic and juvenile matters, and family law.</p> <p>Access to more than 14,500 in-network attorneys to consult with in-person or via phone. Access to out-of-network attorneys where reimbursement is based on a fee schedule.</p> <p>The cost of this coverage is \$21 per month. Once you enroll, you must remain in the plan for the entire year.</p> <p>Learn More: info.legalplans.com; Access Code: 9900397</p>
<p>Auto and Home Insurance</p>	<p>Liberty Mutual is pleased to offer discounted group rates on auto, motorcycle, home, renters, and condominium insurance to Wheaton College employees, their spouses, significant others and resident children. You may also qualify for additional discounts when you contact Liberty Mutual for a quote.</p> <p>Learn More: libertymutual.com/wheatoncollegeemployees</p>

ADDITIONAL BENEFITS AND SERVICES

Wheaton College offers a number of voluntary benefits and services that include the following:

- Computer Purchasing Loan Program
- E.W. Amen Nursery School Discount
- Harbor One Bank
- North Easton Savings Bank
- YMCA Discount
- Fitness Center & Athletic Facilities Access
- Library Access
- Free Parking
- Onsite Seated Massage
- Verizon Wireless Discount

Please contact Human Resources for more information about these benefits and services.

YOUR RETIREMENT PLAN

403(b) RETIREMENT

Wheaton College offers a 403(b) retirement plan through TIAA.

For eligible employees, the college begins contributing to a TIAA plan after 1) completing one year of service and 2) having worked a minimum of 770 hours within a plan year (Jan. 1 – Dec. 31).

New employees who have completed one year of benefit eligible service at another institution of higher learning within 12 months prior to commencing employment at Wheaton may be eligible to receive the college contribution immediately.

Wheaton College Contribution

The Wheaton College employer contribution is a discretionary contribution, and therefore it is subject to change. From September to December 2020, the employer contributions are generally as follows:

- For employees under age 30, Wheaton contributes 6% of your base salary
- For employee age 30 or older, Wheaton contributes 7.5% of your base salary

Employee Contributions

All employees regardless of benefit eligibility status are eligible and encouraged to contribute to the college's 403(b) Retirement Plan. The plan permits saving for retirement on a federal and state tax-deferred basis. Employee contributions may be changed at any time by logging into the TIAA website.

In order to assist employees in reaching their retirement savings goals, eligible new employees will be auto enrolled in the Wheaton College Retirement Plan at a rate of 3%. Eligible employees will receive information directly from TIAA generally within their first month of employment notifying them of this auto enroll feature. You then have three options: 1) you can choose to do nothing and be automatically enrolled at a rate of 3%, 2) you can elect a different contribution amount, or 3) you can choose to opt out of the auto enroll feature. For more information on the college's retirement plan, including how to make changes to your contribution, and how to manage your investment options and beneficiaries, visit TIAA.org/wheatonma.

Annual Maximum Contribution Limits

The IRS limits the amount that an employee may contribute to a 403(b) retirement on a calendar year basis.

- **Below Age 50:** Maximum employee voluntary contribution for 2020 is \$19,500
- **Age 50 and Above:** Maximum employee voluntary contribution for 2020 is \$26,000



RETIREMENT PLANNING INFO SESSIONS

No matter where you are in life — just getting started or planning for retirement — you can schedule an on-campus meeting with a TIAA financial consultant to help you create a plan to reach your goals.

To schedule, please visit:
TIAA.org/schedulenow
or call 1-800-732-8353

YOUR TUITION PROGRAMS

Wheaton College encourages and supports continuing education for its employees and their families by offering the following tuition programs. For those hired July 1, 2011 and after, the benefits are:

TUITION REMISSION

The Tuition Remission program provides tuition benefits for attending Wheaton to full- and part-time benefit-eligible faculty and staff and their eligible dependents, spouse or domestic partner. Full-time benefit-eligible employees receive 100% of the cost of tuition of attending Wheaton. Part-time benefit-eligible employees receive 50% of the cost of tuition of attending Wheaton. Employees are eligible for this benefit after the end of the second semester following date of hire.

Full-time benefit-eligible employees receive 80% of the cost of tuition for their eligible spouse, domestic partner and/or dependent children to attend Wheaton. Part-time benefit-eligible employees receive 40% of the cost of tuition for their eligible spouse, domestic partner and/or dependent children to attend Wheaton. Dependents and spouse or domestic partner are eligible after the employee has served the equivalent of six continuous full-time benefit-eligible years.

TUITION GRANT

The Tuition Grant program provides tuition grants to eligible dependent children of full-time benefit-eligible faculty and staff to attend colleges and universities including technical colleges, other than Wheaton. The tuition grant benefit is 100% of tuition and academic fees, up to a maximum of \$5,000 per fiscal year. Employees are eligible to participate in the tuition grant program after an employee has completed six continuous full-time benefit-eligible years of service.

NOTE: The Tuition Grant program is being sunset after the 2020/2021 academic year, and Wheaton College will be introducing the Tuition Exchange program starting with the 2021/2022 academic year.

TUITION REIMBURSEMENT

The Tuition Reimbursement program provides tuition reimbursement to full-time benefit-eligible employees enrolled in job-related courses at accredited institutions other than Wheaton. Job-related certificate programs are also eligible for reimbursement. The tuition reimbursement program reimburses eligible employees for 75% of the cost of tuition and academic fees up to an overall maximum of \$2,000 per fiscal year. Employees are eligible to participate in the tuition reimbursement program after the end of the second semester following date of hire or change to an eligible status.

SACHEM (Southern Association for Cooperation in Higher Education in Massachusetts)

The SACHEM (Southern Association for Cooperation in Higher Education in Massachusetts) program provides 100% tuition for full-time benefit-eligible employees to take courses at participating SACHEM institutions. Employees are eligible to participate in SACHEM after the end of the second semester following date of hire or change to an eligible status.

For specific and additional information about eligibility and other tuition program features and guidelines, please contact the Office of Human Resources.

YOUR AVAILABLE PAID TIME OFF (STAFF POSITIONS)

Wheaton College offers paid time off including vacation, sick leave, personal days and holidays to eligible staff.

VACATION LEAVE

Full-time, twelve-month, benefit-eligible staff employees are eligible for vacation based on years of service according to the following schedule. The maximum vacation carry over permitted is the equivalent of one year's accumulation.

Full-Time Benefit-Eligible Employees

MONTHLY PAID STAFF			
Years of Service	Annual Vacation	Monthly Accrual	
		35 HR	40 HR
0-4	16 days	9.33	10.67
5+	21 days	12.25	14.00
BI-WEEKLY PAID STAFF			
Years of Service	Annual Vacation	Bi-Weekly Accrual	
		35 HR	40 HR
Less than 3	11 days	2.96	3.38
3-9	16 days	4.31	4.92
10+	21 days	5.65	6.46

Part-Time Benefit-Eligible Employees

Part-time, benefit-eligible employees receive a prorated amount of vacation based upon their annual work schedule.

Academic Year Benefit-Eligible Employees

Full-time, academic year employees (those scheduled to work less than 12 months per year) are eligible for six days of vacation per fiscal year. Vacation is prorated for part-time, academic year employees based upon their work schedule.

PERSONAL DAYS

Full-time benefit-eligible employees who work a twelve month schedule receive hours equivalent to four (4) personal days per fiscal year. Part-time benefit-eligible employees and those who work more than six consecutive months but less than twelve months receive prorated personal time. Personal time is granted each July 1, and is prorated for the first fiscal year for employees who begin work after July 1. Personal time does not carry over from one fiscal year to the next.

SICK LEAVE

Full-time benefit-eligible employees accrue sick time at a rate equivalent to one day per month. Part-time benefit-eligible employees and those who work more than six consecutive months but less than twelve months accrue sick time at a prorated rate based upon their work schedule. Sick leave may be accumulated to a maximum of 520 hours.

HOLIDAYS

Wheaton College generally observes seven scheduled National Holidays and six College Holidays each calendar year. Benefit-eligible staff employees who are regularly scheduled to work on these designated days are eligible to be paid for the holiday.

- New Year's Day
- Martin Luther King Jr. Day
- Memorial Day
- Independence Day
- Labor Day
- Thanksgiving Day
- Day After Thanksgiving
- Christmas Day
- The days between Christmas and New Year's

YOUR BENEFIT CONTACTS

BENEFIT	VENDOR	CONTACT INFORMATION
Medical Plan	Tufts	1-800-462-0224 tuftshealthplan.com/wheaton-college
Dental Plan	BCBSMA	1-888-247-2583 bluecrossma.com
Vision Plan	EyeMed	1-866-939-3633 eyemed.com
FSA's + HSA	FSA's - WageWorks HSA - HealthEquity	1-877-924-3967 wageworks.com 1-844-341-6998 healthequity.com
Retirement - 403(b)	TIAA	1-800-842-2776 tiaa.org
Life and Long Term Disability Insurance	Unum	1-866-679-3054 unum.com
Employee Assistance Program	AllOne Health	1-800-451-1834 allonehealthep.com
Legal Insurance	Hyatt Legal Plans	1-800-821-6400 legalplans.com
Auto & Home Insurance	Liberty Mutual Insurance	1-800-837-5254 libertymutual.com

FSA = Flexible Spending Account; HSA= Health Savings Account; AD&D = Accidental Death and Dismemberment.



YOUR REQUIRED ANNUAL NOTICES



HIPAA

If you do not enroll yourself and your dependents in a group health plan after you become eligible or during annual enrollment, you may be able to enroll under the special enrollment rules under the Health Insurance Portability and Accountability Act of 1996 (“HIPAA”) that apply when an individual declines coverage and later wishes to elect it. Generally, special enrollment is available if (i) you declined coverage because you had other health care coverage that you have now lost through no fault of your own (or employer contributions to your other health care coverage terminate); or (ii) you have acquired a new dependent (through marriage or the birth or adoption of a child) and wish to cover that person. When you have previously declined coverage, you must have given (in writing) the alternative coverage as your reason for waiving coverage under the group health plan when you declined to participate. In either case, as long as you meet the necessary requirements, you can enroll both yourself and all eligible dependents in the group health plan if you provide notice to the Plan Administrator within 30 days after you lose your alternative coverage (or employer contributions to your alternative coverage cease) or the date of your marriage or the birth, adoption, or placement for adoption of your child. See the Plan Administrator for details about special enrollment.

CHIP

You may also enroll yourself and your dependents in a group health plan if you or one of your eligible dependent’s coverage under Medicaid or the state Children’s Health Insurance Program (“CHIP”) is terminated as a result of loss of eligibility, or if you or one of your eligible dependents become eligible for premium assistance under a Medicaid or CHIP plan. Under these two circumstances, the special enrollment period must be requested within 60 days of the loss of Medicaid/CHIP coverage or of the determination of eligibility for premium assistance under Medicaid/CHIP. See the Plan Administrator for details about special enrollment.

GRANDFATHERED STATUS

The Plan believes that none of the group health plans available under the Plan are “grandfathered health plans” under the Patient Protection and Affordable Care Act (the “Affordable Care Act”).

SPECIAL RULE FOR MATERNITY AND INFANT COVERAGE

Group health plans and health insurance issuers generally may not, under federal

law, 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, federal law generally does not prohibit the attending provider or physician, after consulting with the mother, from discharging the mother or her newborn earlier than 48 hours (or 96 hours, as applicable).

SPECIAL RULE FOR WOMEN’S HEALTH COVERAGE

The Women’s Health and Cancer Rights Act of 1998 (“WHCRA”) requires group health plans, insurance issuers, and HMOs who already provide medical and surgical benefits for mastectomy procedures to provide insurance coverage for reconstructive surgery following mastectomies. This expanded coverage includes (i) reconstruction of the breast on which the mastectomy has been performed; (ii) surgery and reconstruction of the other breast to produce a symmetrical appearance; and (iii) prostheses and physical complications at all stages of mastectomy, including lymphedemas.

NOTICE REGARDING LIFETIME AND ANNUAL DOLLAR LIMITS

In accordance with applicable law, none of the lifetime dollar limits and annual dollar limits set forth in the Plan shall apply to “essential health benefits,” as such term is defined under Section 1302(b) of the Affordable Care Act. The law defines “essential health benefits” to include, at minimum, items and services covered within certain categories including emergency services, hospitalization, prescription drugs, rehabilitative and habilitative services and devices, and laboratory services, but currently provides little further information. Accordingly, a determination as to whether a benefit constitutes an “essential health benefit” will be based on a good faith interpretation by the Plan Administrator of the guidance available as of the date on which the determination is made.

YOUR REQUIRED ANNUAL NOTICES



PATIENT PROTECTION DISCLOSURE

You have the right to designate any participating primary care provider who is available to accept you or your family members (for children, you may designate a pediatrician as the primary care provider). For information on how to select a primary care provider and for a list of participating primary care providers, contact the Plan Administrator. You do not need prior authorization from the Plan or from any other person, including your primary care provider, in order to obtain access to obstetrical or gynecological care from a health care professional; however, you may be required to comply with certain procedures, including obtaining prior authorization for certain services, following a preapproved treatment plan, or procedures for making referrals.

For a list of participating health care professionals who specialize in obstetrics or gynecology, contact the Plan Administrator.

AFFORDABLE CARE ACT CONSUMER PROTECTIONS

(a.) Coverage for Children Up to Age of 26

The Affordable Care Act of 2010 requires that the Plan must make dependent coverage available to adult children until they turn 26 regardless if they are married, a dependent, or a student.

(b.) Prohibition of Lifetime Dollar Value of Benefits

The Affordable Care Act of 2010 prohibits the Plan from imposing a lifetime limit on the dollar value of benefits.

(c.) Your Health Insurance Cannot Be Rescinded

The Affordable Care Act of 2010 prohibits the Plan, or any insurer, from rescinding your health insurance coverage under the Plan for misrepresentation.

(d.) Prohibition of Pre-existing Conditions

Effective January 1, 2014, the Affordable Care Act of 2010 prohibits the Plan, or any insurer, from denying any health insurance claim for any person because of a pre-existing condition.

(e.) Prohibition of Restrictions on Annual Limits on Essential Benefits

The Affordable Care Act of 2010 prohibits the Plan, or any insurer, effective January 1, 2014, from placing annual limits on the value of essential health benefits.

(f.) Notice of Marketplace/Exchange

If this health insurance is unaffordable (your cost of the premium exceeds 9.5% of your income) as defined under the Affordable Care Act, you may have the right to subsidized health insurance purchased through an exchange/marketplace created pursuant to the Affordable Care Act.

MICHELLE'S LAW

Michelle's Law provides continued health and dental insurance benefits under the Plan for dependent children who are covered under the Plan as a student but lose their student status in a post-secondary school or college because they take a medically necessary leave of absence from school. If your child is no longer a student because he or she is out of school because of a medically necessary leave of absence, your child may continue to be covered under the Plan for up to one year from the beginning of the leave of absence.

THE GENETIC INFORMATION NONDISCRIMINATION ACT ("GINA")

GINA prohibits the Plan from discriminating against individuals on the basis of genetic information in providing any benefits under the Plan. Genetic information includes the results of genetic tests to determine whether someone is at increased risk of acquiring a condition in the future, as well as an individual's family medical history.

WELLNESS

If your Plan includes a Wellness program that provides rewards or surcharges based on your ability to complete an activity or satisfy an initial health standard, you have the right to request a reasonable alternative should it be determined that it is not medically advisable for you to either complete the activity or satisfy the initial health standard.

YOUR COBRA CONTINUATION COVERAGE RIGHTS



MODEL GENERAL NOTICE OF COBRA CONTINUATION COVERAGE RIGHTS

(For use by single-employer group health plans)

You're getting this notice because you recently gained coverage under a group health plan (the Plan). This notice has important information about your right to COBRA continuation coverage, which is a temporary extension of coverage under the Plan. **This notice explains COBRA continuation coverage, when it may become available to you and your family, and what you need to do to protect your right to get it.** When you become eligible for COBRA, you may also become eligible for other coverage options that may cost less than COBRA continuation coverage.

The right to COBRA continuation coverage was created by a federal law, the Consolidated Omnibus Budget Reconciliation Act of 1985 (COBRA). COBRA continuation coverage can become available to you and other members of your family when group health coverage would otherwise end. For more information about your rights and obligations under the Plan and under federal law, you should review the Plan's Summary Plan Description or contact the Plan Administrator.

You may have other options available to you when you lose group health coverage. For example, you may be eligible to buy an individual plan through the Health Insurance Marketplace. By enrolling in coverage through the Marketplace, you may qualify for lower costs on your monthly premiums and lower out-of-pocket costs. Additionally, you may qualify for a 30-day special enrollment period for another group health plan for which you are eligible (such as a spouse's plan), even if that plan generally doesn't accept late enrollees.

WHAT IS COBRA CONTINUATION COVERAGE?

COBRA continuation coverage is a continuation of Plan coverage when it would otherwise end because of a life event. This is also called a "qualifying event." Specific qualifying events are listed later in this notice. After a qualifying event, COBRA continuation coverage must be offered to each person who is a "qualified beneficiary." You, your spouse, and your dependent children could become qualified beneficiaries if coverage under the Plan is lost because of the qualifying event. Under the Plan, qualified beneficiaries who elect COBRA continuation coverage must pay for COBRA continuation coverage.

If you're an employee, you'll become a qualified beneficiary if you lose your

coverage under the Plan because of the following qualifying events:

- Your hours of employment are reduced, or
- Your employment ends for any reason other than your gross misconduct.

If you're the spouse of an employee, you'll become a qualified beneficiary if you lose your coverage under the Plan because of the following qualifying events:

- Your spouse dies;
- Your spouse's hours of employment are reduced;
- Your spouse's employment ends for any reason other than his or her gross misconduct;
- Your spouse becomes entitled to Medicare benefits (under Part A, Part B, or both); or
- You become divorced or legally separated from your spouse.

Your dependent children will become qualified beneficiaries if they lose coverage under the Plan because of the following qualifying events:

- The parent-employee dies;
- The parent-employee's hours of employment are reduced;
- The parent-employee's employment ends for any reason other than his or her gross misconduct;
- The parent-employee becomes entitled to Medicare benefits (Part A, Part B, or both);
- The parents become divorced or legally separated; or
- The child stops being eligible for coverage under the Plan as a "dependent child."

WHEN IS COBRA CONTINUATION COVERAGE AVAILABLE?

The Plan will offer COBRA continuation coverage to qualified beneficiaries only after the Plan Administrator has been notified that a qualifying event has occurred.

The employer must notify the Plan Administrator of the following qualifying events:

- The end of employment or reduction of hours of employment;
- Death of the employee;
- The employee's becoming entitled to Medicare benefits (under Part A, Part B, or both)

YOUR COBRA COVERAGE RIGHTS

For all other qualifying events (divorce or legal separation of the employee and spouse or a dependent child's losing eligibility for coverage as a dependent child), you must notify the Plan Administrator within 60 days after the qualifying event occurs. You must provide this notice to: Kate Lucas.

HOW IS COBRA CONTINUATION COVERAGE PROVIDED?

Once the Plan Administrator receives notice that a qualifying event has occurred, COBRA continuation coverage will be offered to each of the qualified beneficiaries. Each qualified beneficiary will have an independent right to elect COBRA continuation coverage. Covered employees may elect COBRA continuation coverage on behalf of their spouses, and parents may elect COBRA continuation coverage on behalf of their children.

COBRA continuation coverage is a temporary continuation of coverage that generally lasts for 18 months due to employment termination or reduction of hours of work. Certain qualifying events, or a second qualifying event during the initial period of coverage, may permit a beneficiary to receive a maximum of 36 months of coverage.

There are also ways in which this 18-month period of COBRA continuation coverage can be extended:

Disability extension of 18-month period of COBRA continuation coverage:

If you or anyone in your family covered under the Plan is determined by Social Security to be disabled and you notify the Plan Administrator in a timely fashion, you and your entire family may be entitled to get up to an additional 11 months of COBRA continuation coverage, for a maximum of 29 months. The disability would have to have started at some time before the 60th day of COBRA continuation coverage and must last at least until the end of the 18-month period of COBRA continuation coverage.

Second qualifying event extension of 18-month period of continuation coverage:

If your family experiences another qualifying event during the 18 months of COBRA continuation coverage, the spouse and dependent children in your family can get up to 18 additional months of COBRA continuation coverage, for a maximum of 36 months, if the Plan is properly notified about the second qualifying event. This extension may be available to the spouse and any dependent children getting COBRA continuation coverage if the employee or former employee dies; becomes entitled to Medicare benefits (under Part A, Part B, or both); gets divorced or legally separated; or if the dependent child stops being eligible under the Plan as a dependent child. This extension is only available if the second qualifying event would have caused the spouse

or dependent child to lose coverage under the Plan had the first qualifying event not occurred.

ARE THERE OTHER COVERAGE OPTIONS BESIDES COBRA CONTINUATION COVERAGE?

Yes. Instead of enrolling in COBRA continuation coverage, there may be other coverage options for you and your family through the Health Insurance Marketplace, Medicaid, or other group health plan coverage options (such as a spouse's plan) through what is called a "special enrollment period." Some of these options may cost less than COBRA continuation coverage. You can learn more about many of these options at healthcare.gov.

QUESTIONS?

Questions concerning your Plan or your COBRA continuation coverage rights should be addressed to the contact or contacts identified below. For more information about your rights under the Employee Retirement Income Security Act (ERISA), including COBRA, the Patient Protection and Affordable Care Act, and other laws affecting group health plans, contact the nearest Regional or District Office of the U.S. Department of Labor's Employee Benefits Security Administration (EBSA) in your area or visitdol.gov/ebsa. (Addresses and phone numbers of Regional and District EBSA Offices are available through EBSA's website.) For more information about the Marketplace, visit HealthCare.gov.

KEEP YOUR PLAN INFORMED OF ADDRESS CHANGES

To protect your family's rights, let the Plan Administrator know about any changes in the addresses of family members. You should also keep a copy, for your records, of any notices you send to the Plan Administrator.

PLAN CONTACT INFORMATION

Kate Lucas, Associate Director, Human Resources
Wheaton College
26 E. Main Street, Norton, MA 02766
508-286-3542

YOUR PRESCRIPTION DRUG COVERAGE AND MEDICARE

Please read this notice carefully and keep it where you can find it. This notice has information about your current prescription drug coverage with Tufts Health Plan and about your options under Medicare's prescription drug coverage. This information can help you decide whether or not you want to join a Medicare drug plan. If you are considering joining, you should compare your current coverage, including which drugs are covered at what cost, with the coverage and costs of the plans offering Medicare prescription drug coverage in your area. Information about where you can get help to make decisions about your prescription drug coverage is at the end of this notice.

There are two important things you need to know about your current coverage and Medicare's prescription drug coverage:

1. Medicare prescription drug coverage became available in 2006 to everyone with Medicare. You can get this coverage if you join a Medicare Prescription Drug Plan or join a Medicare Advantage Plan (like an HMO or PPO) that offers prescription drug coverage. All Medicare drug plans provide at least a standard level of coverage set by Medicare. Some plans may also offer more coverage for a higher monthly premium.
2. Wheaton College has determined that the prescription drug coverage offered by Tufts Health Plan is, on average for all plan participants, expected to pay out as much as standard Medicare prescription drug coverage pays and is therefore considered Creditable Coverage. Because your existing coverage is Creditable Coverage, you can keep this coverage and not pay a higher premium (a penalty) if you later decide to join a Medicare drug plan.

WHEN CAN YOU JOIN A MEDICARE DRUG PLAN?

You can join a Medicare drug plan when you first become eligible for Medicare and each year from October 15 to December 7.

However, if you lose your current creditable prescription drug coverage, through no fault of your own, you will also be eligible for a two (2) month Special Enrollment Period (SEP) to join a Medicare drug plan.

WHAT HAPPENS TO YOUR CURRENT COVERAGE IF YOU DECIDE TO JOIN A MEDICARE DRUG PLAN?

If you decide to join a Medicare drug plan, your current Tufts Health Plan coverage will be affected. If you do decide to join a Medicare drug plan and drop your current Tufts Health Plan coverage, be aware that you and your dependents may not be able to get this coverage back.

WHEN WILL YOU PAY A HIGHER PREMIUM (PENALTY) TO JOIN A MEDICARE DRUG PLAN?

You should also know that if you drop or lose your current coverage with Tufts Health Plan and don't join a Medicare drug plan within 63 continuous days after your current coverage ends, you may pay a higher premium (a penalty) to join a Medicare drug plan later.

If you go 63 continuous days or longer without creditable prescription drug coverage, your monthly premium may go up by at least 1% of the Medicare base beneficiary premium per month for every month that you did not have that coverage. For example, if you go nineteen months without creditable coverage, your premium may consistently be at least 19% higher than the Medicare base beneficiary premium. You may have to pay this higher premium (a penalty) as long as you have Medicare prescription drug coverage. In addition, you may have to wait until the following October to join.

FOR MORE INFORMATION ABOUT THIS NOTICE OR YOUR CURRENT PRESCRIPTION DRUG COVERAGE

Contact the person listed below for further information.

NOTE: You'll get this notice each year. You will also get it before the next period you can join a Medicare drug plan, and if this coverage through Tufts Health Plan changes. You also may request a copy of this notice at any time.

YOUR PRESCRIPTION DRUG COVERAGE AND MEDICARE

FOR MORE INFORMATION ABOUT YOUR OPTIONS UNDER MEDICARE PRESCRIPTION DRUG COVERAGE

More detailed information about Medicare plans that offer prescription drug coverage is in the “Medicare & You” handbook. You’ll get a copy of the handbook in the mail every year from Medicare. You may also be contacted directly by Medicare drug plans.

For more information about Medicare prescription drug coverage:

- **Visit** [medicare.gov](https://www.medicare.gov)
- **Call** your State Health Insurance Assistance Program (see the inside back cover of your copy of the “Medicare & You” handbook for their telephone number) for personalized help
- **Call** 1-800-MEDICARE (1-800-633-4227). TTY users should call 1-877-486-2048.

If you have limited income and resources, extra help paying for Medicare prescription drug coverage is available. For information about this extra help, visit Social Security on the web at [socialsecurity.gov](https://www.socialsecurity.gov), or call them at 1-800-772-1213 (TTY 1-800-325-0778).

REMEMBER: Keep this Creditable Coverage notice. If you decide to join one of the Medicare drug plans, you may be required to provide a copy of this notice when you join to show whether or not you have maintained creditable coverage and, therefore, whether or not you are required to pay a higher premium (a penalty).



NOTICE OF PRIVACY PRACTICES

YOUR INFORMATION. YOUR RIGHTS. OUR RESPONSIBILITY.

This notice describes how health information about you, including your payment for health insurance, may be used and disclosed by our health plan under the Health Insurance Portability and Accountability Act (HIPAA) and how you can get access to this information **Please review it carefully.**

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 your 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 the back page. 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 hhs.gov/ocr/privacy/hipaa/complaints/ . We will not retaliate against you for filing a complaint.

NOTICE OF PRIVACY PRACTICES

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.
<p>In these cases, you have both the right and choice to tell us to:</p>	<p>Share information with your family, close friends, or others involved in payment for your care</p> <p>Share information in a disaster relief situation</p> <p>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.</p>
<p>In these cases we never share your information unless you give us written permission:</p>	<p>Marketing purposes</p> <p>Sale of your information.</p>

OUR USES AND DISCLOSURES	How do we typically use or share your health information? We generally do not use your health information for purposes other than administering the company's health plan. HIPAA does allow us, however, if we were to choose to do so, to use or share your health information in our possession the following ways.
<p>Help manage the health care treatment you receive</p>	<p>We can use your health information and share it with professionals who are treating you.</p> <p>Example: A doctor sends us information about your diagnosis and treatment plan so we can arrange additional services.</p>
<p>Run our organization</p>	<p>We can use and disclose your information to run our organization and contact you when necessary.</p> <p>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.</p> <p>Example: We use health information about you to develop better services for you.</p>
<p>Pay for your health services</p>	<p>We can use and disclose your health information as we pay for your health services.</p> <p>Example: We share information about you with your dental plan to coordinate payment for your dental work.</p>

NOTICE OF PRIVACY PRACTICES

OUR USES AND DISCLOSURES CONTINUED

Administer your plan	<p>We may disclose your health information to your health plan sponsor for plan administration.</p> <p>Example: Your company contracts with us to provide a health plan, and we provide your company with certain statistics to explain the premiums we charge.</p>
Help with public health and safety issues	<p>We can share health information about you for certain situations such as:</p> <ul style="list-style-type: none"> Preventing disease Helping with product recalls Reporting adverse reactions to medications Reporting suspected abuse, neglect, or domestic violence Preventing or reducing a serious threat to anyone's health or safety
Do research	<p>We can use or share your information for health research.</p>
Comply with the law	<p>We will share information about you if state or federal laws require it, including with the Department of Health and Human Services if it wants to see that we're complying with federal privacy law.</p>
Respond to organ and tissue donation requests and work with a medical examiner or funeral director	<p>We can share health information about you with organ procurement organizations.</p> <p>We can share health information with a coroner, medical examiner, or funeral director when an individual dies.</p>
Address workers' compensation, law enforcement, and other government requests	<p>We can use or share health information about you:</p> <ul style="list-style-type: none"> 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 service
Respond to lawsuits and legal actions	<p>We can share health information about you in response to a court or administrative order, or in response to a subpoena.</p>

How else can we use or share your health information?

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

For more information see: hhs.gov/ocr/privacy/hipaa/understanding/consumers/index.html.

NOTICE OF PRIVACY PRACTICES

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:

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.

- The Effective Date of this Notice is January 1, 2020
- Our HIPAA Privacy Officer is Kate Lucas and be contacted at 508-286-3542
- This Notice will serve as Notice for the following health insurance benefit eligible employees who work for the following companies:



W wheaton
college
massachusetts

26 E. Main Street
Norton, MA 02766
508-286-8206
wheatoncollege.edu