



BOWDOIN COLLEGE
EMPLOYEE BENEFITS AVAILABLE TO ADMINISTRATIVE STAFF
January 1, 2008

This is a summary of employee benefits programs likely to be of special interest to prospective members of the Bowdoin College administrative staff. This is a summary and is not meant to substitute for the formal plan descriptions. The official plan documents govern all plan provisions and are available in the Office of Human Resources.

As a benefits eligible employee, you have sixty (60) days from your hire date to enroll in health and dental insurance and the medical and dependent care reimbursement accounts. If an enrollment form has not been completed and submitted to the plan administrator within sixty (60) days, then you will default to no coverage for the remainder of the plan year, except if a status change or special enrollment period occurs. Status changes and special enrollment periods are described in more detail in the summary plan descriptions. You have thirty-one (31) days from your hire date to enroll in supplemental life insurance. **For the health plan only, the effective date of your coverage will be retroactive to your hire date.** Because claims may be incurred between when your insurance begins (your hire date) and when you enroll (within 60 days of your hire date) some claims will have to be re-processed. For this reason, we strongly encourage you to enroll in the health plan as soon as possible. The dental and medical and/or health care reimbursement account plans are effective on the first of the month coincident with or following enrollment.

HEALTH INSURANCE:

The College offers all eligible employees a comprehensive Point of Service Health Plan administered by Anthem Blue Cross and Blue Shield. Coverage is described in the attached Bowdoin College Point of Service Health Plan Benefit Summary – Plan Effective January 1, 2008.

Employee contributions to medical and dental insurance premiums are deducted on a pre-tax basis. Under current tax law, this generally provides participants with significant savings on federal, state, and social security taxes. Monthly employee contributions for the health plan this calendar year are as follows.

Monthly Employee Contributions (Rates are effective through 12/31/08)

	Employee Only	Employee/ Spouse/ or Domestic Partner	Employee & Child(ren)	Full Family
Bowdoin College Point of Service Health Plan	\$57.00	\$265.00	\$193.00	\$265.00

DENTAL INSURANCE:

The College dental insurance program, administered by Northeast Delta Dental, provides coverage for the following types of services:

- ◆ Type I Preventive Care (evaluations, x-rays, cleanings, and fluoride treatment, sealant application and space maintainers for children) is covered at 100%.

- ◆ Type II Basic Restorative Care (fillings, extractions, root canal therapy, periodontics and denture repair) is covered at 80% after deductible.
- ◆ Type III Major Restorative Care (prosthodontics including crowns, bridgework, onlays) is covered at 50% after deductible.

For each calendar year, the deductible is \$50 per person, up to a maximum of \$150 per family.

The maximum benefit for each covered person is \$1,500 per calendar year. Current monthly employee contributions for employee and dependent coverage are as follows:

Monthly Employee Contributions (Rates are effective through 12/31/08)

	Employee Only	Employee/ Spouse/ or Domestic Partner	Employee & Child(ren)	Full Family
Bowdoin College Dental Plan	\$5.00	\$25.00	\$25.00	\$43.00

REIMBURSEMENT ACCOUNTS (Dependent/Elder Care and Health Care):

The College offers Dependent/Elder Care and Health Care Reimbursement Accounts to employees eligible for medical and dental insurance. With careful planning, these accounts can result in tax savings by allowing you to set aside your own pre-tax dollars for uninsured medical expenses (up to \$5,000 per year) as well as for expenses associated with dependent/elder care (up to \$5,000 per year for a married employee with a working spouse or single parent). Participants may open a reimbursement account within 60 days of employment or during the annual open enrollment. Expenses reimbursed through these accounts cannot be claimed as tax deductions or taken into account in calculating tax credits. Any balance left unspent at the end of the year will be forfeited, according to I.R.S. rules.

LONG TERM DISABILITY INSURANCE:

The College provides long term disability coverage to employees working 30 or more hours per week. There is no cost to employees for the program, which is designed to provide continuing partial compensation in the event of total, long-term disability. The benefit is 60% of salary after a 6-month waiting period.

GROUP LIFE INSURANCE PLAN:

This plan provides term insurance in an amount equal to two times annual base salary (rounded to the nearest thousand), and doubled in the event of an accidental death. This insurance is provided at no cost to eligible employees who work 20 or more hours per week (.50 FTE). In addition, supplemental life insurance may be purchased at a group rate based on age and paid through payroll deductions.

VACATION:

Eligible full-time exempt staff members accrue five (5) vacation days each quarter or twenty (20) vacation days per calendar year. Employees hired mid-quarter will receive a pro-rated number of days for that quarter dependent on the date of hire. A maximum of forty (40) days can be accumulated. Eligible, part-time exempt staff members accrue vacation on a pro-rated basis.

SICK LEAVE:

During the first year of employment, up to thirty days of paid sick leave are available. After one year of employment, available time increases to six calendar months, providing coverage equal to the six-month waiting period for long-term disability.

SCHOLARSHIP PROGRAM for CHILDREN of EMPLOYEES:

Dependent children of staff members with 7 years of continuous service to the College are eligible for scholarship grants for post-high school educational programs at an accredited institution. The maximum amount is currently \$4,266 per year and is adjusted annually based on the percentage increase in Bowdoin's tuition rate. Students are expected to maintain a quality of work equal at least to the graduation average required at the institution attended.

RETIREMENT:

Employees are eligible for the College's retirement program after attainment of age 26 and one year of service with Bowdoin College. Contribution levels are determined by age and compensation as follows:

<u>Your Age on July 1</u>	<u>Amount of Contribution</u>
26-49	10.12% of your compensation
50 or older	12.13% of your compensation

In addition, the College will contribute an amount equal to 4.3% of your compensation in excess of 60% of the Social Security Wage Base, in effect on July 1st. For fiscal year 2008-2009, 60% of the Social Security Wage Base is \$61,200.

SUPPLEMENTAL RETIREMENT:

Employees may contribute to a supplemental retirement annuity (SRA) on a voluntary basis, reducing taxable income in the current year while accumulating interest (tax deferred) to produce additional retirement income. There is no waiting period to participate. Contribution limits are established by federal law; the Human Resources Department provides an annual calculation for all employees.

THE CHILDREN'S CENTER:

The College offers a fee-based childcare program for employees' children from infancy to five years of age. Because enrollment space is limited, early contact with the Director (207-725-3700) is encouraged.

OTHER:

All Bowdoin College employees are covered by Social Security and Worker's Compensation programs in accordance with federal and state laws. The College also provides access to a full range of athletic facilities, as well as access to a variety of free discounted events and services.

Bowdoin College Health Plan

Benefit Summary – Plan Effective January 1, 2008

<i>Benefit</i>	<i>POS Plan</i>	
	<i>Higher Benefit Level</i>	<i>Self-referred Benefit Level</i>
Important Information	Coverage in this column applies to maximum allowances when covered services are provided or authorized by your Primary Care Physician.	Coverage in this column applies to maximum allowances when you self-refer to providers or professionals. (The Primary Care Physician does NOT provide or authorize services.)
Inpatient Admission Review	All scheduled inpatient admissions (except maternity admissions) require pre-admission authorization. You or your physician should call 1-800-392-1016 . In an emergency, seek care immediately. You or someone you designate should call within 48 hours after admission. For maternity admissions, you or someone you designate must call if the hospital stay is longer than 48 hours for a normal vaginal delivery or longer than 96 hours for a cesarean section.	
General Lifetime Maximum	\$2,000,000	
Calendar Year Deductible		
Individual	\$300	
Family	\$600	
Coinsurance	90%/10%	70%/30%
Out-of-Pocket Maximum (Deductible + Coinsurance)		
Individual	\$1,500 per person	\$3,000 per person
Family	\$3,000 per family	\$6,000 per family
Benefits (excluding mental health, alcohol and drug abuse benefits) are paid at 100% once your out-of-pocket maximum is reached.		Non-compliance penalties and charges in excess of maximum allowance do not count toward the out-of-pocket maximum
Outpatient Doctor's Office Visits (For illness/injury)		
Primary Care Physician Office Visits	100% after \$15 copay	70% after deductible
Specialty Physician Office Visits	100% after \$30 copay	70% after deductible
Allergy Treatment	100% after \$15 copay	70% after deductible
Preventive Care		
Routine Preventive Care	100% after \$15 copay	Not covered
Well Woman Care – Routine Gynecological Exam (including Pap Test)	100% after \$15 copay <i>A referral is not required if you go to a participating Ob/Gyn</i>	100% after \$15 copay
Mammograms (preventive & with a diagnosis paid at 100% as often as needed)	100%	100%
Colonoscopies (100% coverage includes any associated laboratory fees).	100%	100%
Routine Eye Examinations One exam every calendar year up to end of calendar year when you reach age 19, one exam every 2 years when you are 19+	100% after \$30 copay	70% after deductible
Second Opinions for Surgery	100% after \$30 copay	70% after deductible

Benefit	POS Plan	
	Higher Benefit Level	Self-referred Benefit Level
Preadmission Testing	90% after deductible	70% after deductible
Inpatient Hospital – Facility Services Semi-private Room Private Room Intensive Care Unit	90% after deductible 90% after deductible when medically necessary 90% after deductible	70% after deductible 70% after deductible 70% after deductible
Inpatient Hospital Doctor’s Visits/Consultations	90% after deductible	70% after deductible
Inpatient Hospital Professional Services Surgeon, Radiologist, Pathologist, Anesthesiologist	90% after deductible	70% after deductible
Outpatient Hospital Services	90% after deductible	70% after deductible
Emergency and Accident Care Office Visit Hospital Emergency Room or other Urgent Care Facility Ambulance	100% after \$15 PCP copay, or 100% after \$30 specialist copay 100% after \$100 copay (waived if admitted) 90% after deductible	100% after \$15 PCP copay, or 100% after \$30 specialist copay 100% after \$100 copay (waived if admitted) 90% after deductible
Skilled Nursing Care 100 day limit per calendar year	100%	100%
Lab and X-ray Services (Facility and Professional Services) Hospital Outpatient Lab and X-ray Facility Doctor’s Office	90% after deductible	70% after deductible
High Tech Diagnostic Services (Including but not limited to, SPECT, Nuclear Cardiology, MRI, CT Scan, and PET Scan)	90% after deductible	70% after deductible
	Prior authorization required from the physician for non-emergency radiology imaging.	
Outpatient Short Term Rehabilitation \$4,000 limit per calendar year for physical, occupational and speech therapies combined	100% after \$30 copay	70% after deductible
Chiropractic Therapy \$1,000 limit per calendar year	100% after \$30 copay	70% after deductible
Massage Therapy \$1,000 limit per calendar year	100% after \$30 copay	70% after deductible
Acupuncture \$1,000 limit per calendar year	90% after deductible	70% after deductible
Cardiac Rehabilitation (Phase I, II and III – special requirements apply)	90% after deductible	70% after deductible
Home Health Care	100%	100%
Hospice (Inpatient & Outpatient)	100%	100%
Maternity Initial visit to determine pregnancy	100% after \$15 PCP copay, or 100% after \$30 specialist copay	70% after deductible

<i>Benefit</i>	<i>POS Plan</i>	
	<i>Higher Benefit Level</i>	<i>Self-referred Benefit Level</i>
<i>Maternity Continued</i> All subsequent Prenatal visits, Postnatal visits Delivery Hospital Admission Birthing Centers	90% after deductible 90% after deductible 90% after deductible 90% after deductible	70% after deductible 70% after deductible 70% after deductible 70% after deductible
<i>Organ Transplants</i> (Includes medically appropriate, non-experimental transplants) Inpatient Facility Physician's Services	90% after deductible 90% after deductible	70% after deductible 70% after deductible
<i>Durable Medical Equipment and Prosthetics</i> (not to replace arms or legs) Combined \$5,000 limit per calendar year <i>Prosthetics</i> (to replace arms or legs)	90% after deductible 90% after deductible	90% after deductible 90% after deductible
<i>Mental Health and Substance Abuse Services</i>	Primary Care Physician authorization is not required. You must call Anthem Behavioral Health at 1-800-755-0851 for preauthorization of all scheduled inpatient admissions. For emergency admissions, you or someone you designate should call within 48 hours of admission.	
Important Information on Receiving Mental Health and Substance Abuse Benefits	Call Anthem Behavioral Health at 1-800-755-0851 to receive non-emergency inpatient or outpatient mental health or substance abuse services.	If you do not call Anthem Behavioral Health or choose to use other than the Anthem Behavioral Health assigned provider, non-emergency services are covered at the lower benefit level in this column.
*Listed Mental Illnesses: Benefits are paid at the same benefit level provided for medical treatment for the following listed mental illnesses: schizophrenia, bipolar disorder, pervasive developmental disorder (autism), paranoia, panic disorder, obsessive-compulsive disorder, and major depressive disorder. Any other diagnosis are considered "non-listed" when determining benefits.		
<i>Mental Health</i> Listed Mental Illnesses Inpatient – General hospital or mental health hospital Outpatient	90% after deductible 100% after \$30 copay	70% after deductible 70% after deductible
Non-listed Mental Illnesses Inpatient (31 days per calendar year limit including emergency admissions) <i>(2 days of day treatment count as one day of inpatient care)</i> Outpatient (40 visit per calendar year limit)	80% after deductible 80% after deductible	60% after deductible 30% after deductible

<i>Benefit</i>	<i>POS Plan</i>	
	<i>Higher Benefit Level</i>	<i>Self-referred Benefit Level</i>
<i>Substance Abuse</i> Inpatient – General hospital, mental health hospital or substance abuse facility (31 days per calendar year limit including emergency admissions) Outpatient (20 visit limit per calendar year)	80% after deductible 80% after deductible	60% after deductible 30% after deductible
<i>Substance Abuse Inpatient and Outpatient Care Lifetime Maximum</i>	\$30,000 per calendar year; \$100,000 per lifetime	
<i>Smoking Cessation</i> Physician Office Visits Hypnosis Smoking Cessation Program Tobacco Treatment Prescriptions	100% after a \$15 PCP copay or 100% after a \$30 specialist copay 100% after a \$15 PCP copay Certified program referred by your provider reimbursed at 100% upon completion Prescription benefits for medications and tobacco treatment aids prescribed by a physician and subject to copays (\$7 generic/\$25 brand name/\$40 brand name non-formulary)	
<i>Orthotics</i> (Excludes shoes)	90% after deductible	70% after deductible
<i>Dental Services</i> (Includes extraction of impacted or unerupted teeth and treatment or repair to injury caused by an accident)	90% after deductible	70% after deductible
<i>Temporomandibular Joint Disorders</i> Up to \$1,500 lifetime limit	90% after deductible	70% after deductible
<i>Prescription Drug Program (Anthem Rx)</i> Retail Pharmacy <i>Up to 30 day supply</i> Mail Order Program <i>31-90 day supply</i>	Generic: \$7 copay Brand name: \$25 copay Brand name non-formulary: \$40 copay Generic: \$14 copay Brand name: \$50 copay Brand name non-formulary: \$80 copay *With some prescription drugs, step therapy and/or prior authorization may be required. Some uniquely specialized drugs must be managed through the Anthem Precision Rx. Anthem notifies participants directly if your prescription falls into this category. Call Human Resources with questions.	

This Benefit Summary is incorporated by reference and is a part of your Bowdoin College Medical Plan Summary Plan Description/Plan Document (058825) If you do not receive a Summary Plan Description/Plan Document, contact your

Human Resources Office.

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