



Hamilton

2012 BENEFITS SUMMARY

Hamilton employees take great pride in the important mission they uphold – an enduring devotion to the intellectual and personal development of students. The College appreciates the ongoing commitment of its faculty and staff and is pleased to offer a benefits program as part of an employee's total compensation that includes:

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- A wide range of competitive benefit plans to accommodate your personal needs and protect you and your family from financial hardship;
- Tuition benefits for you, your spouse/partner and dependent children;
- Generous time off programs to help you balance your work and family life;
- Access to fitness facilities, fitness classes and a wellness program;
- Access to one of the finest small college libraries in the nation.

ABOUT THIS BENEFITS SUMMARY

This Benefits Summary describes the highlights of our benefits in non-technical language. Specific rights to benefits under the plan are governed solely, and in every respect, by the official plan documents and not the information contained within this Benefits Summary.

If there is any discrepancy between the description of the programs as contained in this Benefits Summary and the official plan documents, the language of the official plan documents shall prevail as accurate. Any of the benefits may be modified in the future to meet Internal Revenue Service rules or otherwise as decided by Hamilton College.

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Eligibility

Regular employees working half-time or more are eligible for benefits. Specific details can be found in the employee handbook.

Dependent Coverage

Dependents eligible for medical coverage are spouses/domestic partners and children to age 26. (Additionally, under New York State legislation, an unmarried child age 26 to 30 may enroll for single medical coverage at full premium as long as they are not eligible for their own employer-sponsored health coverage and are not covered by Medicare.) Dependents eligible for dental and vision coverage are spouses/domestic partners and children to age 19 (23 if full-time student).

Medical Benefits

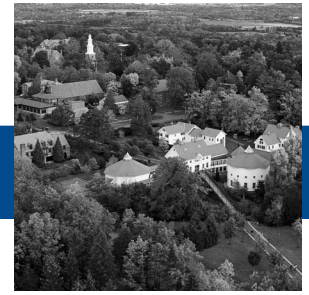
Coverage, choice, cost and convenience are factors each of us considers important in selecting a medical plan. You may choose from two medical plans through MVP Health Care, whichever one best meets your needs and the needs of your family, or you may choose to waive medical coverage. Both medical plans are designed to provide you and your family with access to quality, affordable health care by covering a broad range of services and supplies.

The plans differ in how they share costs with you and how they provide access to care. Each option is summarized within the Medical Plan Summary below.

Benefit Description	MVP Health Care POS Plan		MVP Health Care Preferred PPO Plan	
	In-Network	Out-of-Network ¹	In-Network	Out-of-Network ¹
Annual Deductible – Individual/Family	Not Applicable	\$1,000/\$3,000	\$500/\$1,250	\$1,000/\$2,500
Annual Out-of-Pocket Max. – Individual/Family ²	Not Applicable	\$10,000/\$30,000	\$1,500/\$3,750	\$3,000/\$7,500
Lifetime Maximum	Unlimited	Unlimited	Unlimited	Unlimited
PCP or Specialist Office Visits (including Office Surgery)	\$25/\$40 copay	50% after deductible	\$25/\$40 copay	70% after deductible
Preventive Care				
Adult Physicals (one per year)	Covered 100%	50% after deductible	Covered 100%	70% after deductible
Well-Child Care Services ³	Covered 100%	Covered 100%	Covered 100%	Covered 100%
Routine GYN Exam/Pap Test, Mammogram	Covered 100%	50% after deductible	Covered 100%	70% after deductible
Diagnostic Imaging Services (X-ray, CT Scan, MRI, etc.)				
Physician's Office	\$40 copay	50% after deductible	\$40 copay	70% after deductible
Hospital Setting or Freestanding Facility	\$40 copay	50% after deductible	90% after deductible	70% after deductible
Diagnostic Lab Services (Outpatient Setting)	Covered 100%	50% after deductible	Covered 100%	70% after deductible
Maternity Care				
Physician Pre/Postnatal Care Office Visits ⁴	\$25 copay for initial visit, thereafter Covered 100%	50% after deductible	\$25 copay for initial visit, thereafter Covered 100%	70% after deductible
Hospital Services (Facility/Physician)	\$240 copay ⁸	50% after deductible	90% after deductible	70% after deductible
Emergency Care				
Urgent Care Center	\$25 copay	50% after deductible	\$25 copay	70% after deductible
Emergency Room	\$100 copay ⁵	\$100 copay ⁵	\$200 copay ⁵ (no deductible)	\$200 copay ⁵ (no deductible)
Ambulance	\$100 copay	50% after deductible	90% after deductible	70% after deductible
Inpatient Hospital Stay	\$240 copay ⁸	50% after deductible	90% after deductible	70% after deductible
Inpatient Hospital Services ⁶	Covered 100%	50% after deductible	90% after deductible	70% after deductible
Outpatient Surgery (Hospital/Facility)	\$75 copay	50% after deductible	90% after deductible	70% after deductible
Physical/Occupational/Speech Therapy (requires prescription)				
Office Setting	\$40 copay	50% after deductible	\$40 copay	70% after deductible
Outpatient Facility	\$40 copay	50% after deductible	90% after deductible	70% after deductible
	30 visits per calendar year		30 visits per calendar year	
Chiropractic Benefit	\$40 copay per visit ⁷	50% after deductible ⁷	\$40 copay	70% after deductible
Routine Vision Exam – 1 exam every 2 years	\$40 copay	Not Covered	Not Covered	Not Covered
Preventive Dental Care for Kids	\$25 copay	\$25 copay	Not Covered	Not Covered
Prescription Drugs				
Retail – up to a 30 day supply				
Formulary Generic/Formulary Brand/Non-Formulary	\$10/\$30/\$50 copay	Not Covered	\$10/\$30/\$50 copay	Not Covered
Mail Order – up to a 90 day supply	2x Retail Copay	Not Covered	2x Retail Copay	Not Covered

¹Out-of-Network Coinsurance percentages apply to MVP's schedule of Allowable Charges. Balance billing may apply. ²Annual out-of-pocket maximum includes deductibles and coinsurance. Copays do not get applied to the maximum. ³Well-Child Care Services are provided according to the MVP Health Care Preventive Care Guidelines. ⁴The Initial Newborn Exam is covered in full and is not subject to the annual deductible. ⁵The Emergency Room copay is waived if you are admitted to the hospital. ⁶Inpatient Hospital Services include surgery, anesthesiology, radiology, laboratory and doctor visits/consultations. ⁷For the POS Plan, the Chiropractic Benefit requires a prescription. ⁸Inpatient copays apply for each continuous hospital confinement separated by 90 days.

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Dental Benefits

Hamilton College offers employees the option of enrolling in a Voluntary Dental PPO Plan through Ameritas. The Voluntary Dental PPO Plan encompasses varying levels of coverage and flexibility. Participants may visit any dentist and receive reimbursement for covered procedures.

Participants in this plan achieve maximum savings when care and services are obtained from participating (in-network) dentists.

Benefit Description	Ameritas Dental PPO Plan	
	In-Network	Out-of-Network
Annual Deductible		
Type 1 Services	Not Applicable	Not Applicable
Type 2 Services	\$50 per lifetime	\$50 per lifetime
Type 3 Services	\$50 per calendar year	\$50 per calendar year
Allowance		
Type 1 Services	100%	100% of MAC ¹
Type 2 Services	Schedule	Schedule
Type 3 Services	Schedule	Schedule
Benefit Maximum (per person)	\$1,000 per calendar year	
Annual Maximum Carryover Amount²	\$250	
Type 1 Services	Covered 100%	Covered 100% ¹
Type 2 Services	Refer to Ameritas Fee Schedule	Refer to Ameritas Fee Schedule
Type 3 Services	Refer to Ameritas Fee Schedule	Refer to Ameritas Fee Schedule

¹Coinurance percentage applies to Maximum Allowable Charge (MAC). Out-of-network providers may balance bill for amounts over the MAC.

²Applies if you file dental claims each year and do not exceed \$500 in claims in a year.

Flexible Spending Accounts (FSAs)

Hamilton College lets you redirect a portion of your pay through payroll deduction into Flexible Spending Accounts (FSAs) administered by PayFlex. The money that goes into an FSA is deducted from your pay on a pre-tax basis (before Federal, Social Security and some state taxes are calculated). Because you do not pay these taxes on money that goes into an FSA, you decrease your taxable income and potentially increase your spendable income.

Health Care FSA

For 2012, you may deposit up to **\$5,000** into a Health Care FSA which provides you with the ability to save money on a pre-tax basis for any IRS-allowed health expenses not covered by your health care coverage. These expenses include, but are not limited to, deductibles, copayments, coinsurance payments, routine physicals, uninsured dental expenses, vision care expenses (e.g. eyeglasses or contact lenses), hearing care expenses (e.g. a hearing exam or a hearing aid)

Vision Benefits

A voluntary vision benefit provided through Vision Service Plan (VSP) can be elected to cover yourself and your eligible family members. This plan allows you to receive a complete eye examination and materials (if needed).

VSP provides employees with access to eye care services through its network of private practice optometrists, ophthalmologists, and retail locations. If you choose a non-network provider, you will receive a lesser benefit and typically pay more out-of-pocket.

VSP Vision Plan		
Benefit Description	In-Network	Out-of-Network
Service Intervals		
Eye Exam	Every calendar year	
Lenses	Every calendar year	
Frames	Every other calendar year	
Contacts (in lieu of glasses)	Every calendar year	
Copays		
Eye Exam	\$10 copay	\$10 copay
Lenses & Frames or Necessary Contacts	\$25 copay	\$25 copay
Eye Exam	Covered in full after \$10 copay	Up to \$47 after \$10 copay
Lenses (per pair)		
Single Vision	Covered in full ¹	Up to \$40 ¹
Bifocal	Covered in full ¹	Up to \$62 ¹
Trifocal	Covered in full ¹	Up to \$85 ¹
Lenticular	Covered in full ¹	Up to \$80 ¹
Frames	Up to \$120 after \$25 copay	Up to \$45 ¹
Contacts (in lieu of glasses)		
Medically Necessary ²	Covered in full ¹	Up to \$210
Elective	Up to \$120	Up to \$105

¹A \$25 copay will apply once to the purchase of lenses **and** frames or medically necessary contact lenses.

²Prior authorization will be required.

and orthodontia expenses. Note, you may not use your Health Care FSA to pay for over-the-counter medications (such as allergy & sinus, cough, cold & flu, digestive aids and pain relief) unless prescribed by a physician.

Dependent Care FSA

You may deposit up to **\$5,000** (\$2,500 if you are married and both you and your spouse elect the benefit) into a Dependent Care FSA. Eligible expenses include payments to day care centers, preschool costs (up to, but not including kindergarten), after school care and elder care.

Hamilton College Benefits Summary (continued)

Benefit ¹	Faculty	Exempt Staff	Nonexempt Staff
Life/AD&D Insurance <ul style="list-style-type: none"> • Basic (provided by College) • Supplemental (purchased by employee) 	Coverage amount equals 100% of basic annual earnings. Coverage amount can be elected to equal 150% or 300% of basic annual earnings.		
Short-Term Disability	Coverage replaces your salary for a maximum of six months.		Coverage replaces 50% of your salary to a weekly maximum of \$170, for a maximum of 26 weeks. (See Leave Banks below)
Group Total Disability (Long-Term)	Eligible after one year of service. Benefit pays 60% of your monthly wage base.		N/A
Basic Retirement Plan	Beginning on the first of the month after the completion of one year of service, the College will contribute the equivalent of 10% of an eligible employee's earnings to a 403(b) account with TIAA-CREF or Fidelity Investments.		
Voluntary Retirement Plan	Employees may make voluntary, tax-deferred contributions to a 403(b) account with TIAA-CREF or Fidelity Investments, beginning at date of hire.		
Vacation (prorated for less than full-time employees)	N/A	22 days per year, prorated for first and last year	Vacation accrues weekly based on length of service starting at 10 days per year up to 20 days per year
Holidays	The College recognizes eight holidays including two at Thanksgiving and two at Christmas.		
Personal Days	N/A		Three days per academic year
Sick Leave Days	N/A		Paid sick time accrues weekly based on date of hire and employment status.
Sick/Emergency Leave Banks	N/A		<ul style="list-style-type: none"> • Eligible after one year of service • May withdraw hours (if available) to cover eligible extended absence
Workers' Compensation	Insurance that provides partial income replacement and coverage of medical costs for illness or injury arising directly out of employment with the College.		
Bereavement Leave/Pay	Employees are eligible for up to three days off for the death of family members.		
Tuition Benefits <ul style="list-style-type: none"> • Employee • Spouse/Partner • Dependents 	Employees may take one course per semester at Hamilton, tuition-free. Employees taking job-related courses at other institutions, tuition at 50% or 100%, as applicable. Spouses/partners may take courses on a full- or part-time basis at Hamilton, tuition-free. Employees with three years of service are eligible for tuition grants for dependent children.		
Employee Assistance Program (EAP)	Provided by Horizon Health. Offers a comprehensive resource for you and your family members to help bring balance between your work responsibilities and your personal life. Available 24 hours a day, seven days a week.		
Health Advocate	Provides a wide variety of services that can help employees and their families with health care and insurance matters. Services are free and completely confidential.		
Emergency Loan	N/A		Eligible to apply for short-term, interest-free loans for emergency purposes after one year
Travel Accident Insurance	In the event of an employee's accidental death while traveling on College business, a single payment of \$100,000 (\$50,000 for adjunct faculty) will be made to beneficiaries.		
Use of College Facilities	Employees and household family members may use the Burke Library and athletic facilities.		
Clinton Early Learning Center (Child Care)	Employees receive preference for placing dependents in the Clinton Early Learning Center, a private, not-for-profit organization that is run independently of the College.		
Moving Expenses	A reimbursement allowance is available based upon the distance of the move.		N/A
College Housing	The College has a limited number of rental properties available on campus that are available to employees. Additional information is available by calling Auxiliary Services at 1-315-859-4998.		

¹Benefits for half-time or more employees are pro-rated based on their regular work schedule.