

THE CLAREMONT COLLEGES



As a new hire of The Claremont Colleges, you are eligible for health benefits through our group plans. In this brochure you will find a summary of our medical, dental, vision and life insurance plans, as well as rates and instructions on how to enroll in benefits.

If you have questions about any of the listed benefits, please contact Benefits Administration at (909) 621-8151 or email benefits@claremont.edu.

BENEFITS PLAN INFORMATION 2023

You will need the following when enrolling:

- Full Names, Social Security numbers and birthdates for all dependents you enroll.
- If you are enrolling a spouse, we will need a copy of your marriage certificate to approve your spouse's coverage.
- If enrolling a Domestic Partner, you must submit a completed Domestic Partner Affidavit.

Things to Remember:

- You have 31 days from your date of eligibility to enroll in benefits.
- Your next opportunity to make changes is during Open Enrollment, which is in early November, unless you experience a Life Event.

Enrolling in Benefits

- Complete your enrollment online via Workday. Paper enrollment forms are available upon request.
- You can submit any required documentation in Workday when enrolling. You may also email it to a Benefits Representative at **benefits@claremont.edu**

ENROLLING IN THE ANTHEM ADVANTAGE HMO?	FINDING A DENTAL PROVIDER
<p>If enrolling in the Anthem Advantage HMO, you must select a primary care physician (PCP) and provide your PCP's ID code.</p> <p>You can locate the PCP ID Code by visiting www.anthem.com/ca and following these steps:</p> <ol style="list-style-type: none">1. Select "Find a Doctor"2. Select "Search by selecting a plan/network"3. Select a state, California4. Select a type of plan—Medical (Employer-Sponsored)5. Select a plan/network—Advantage HMO6. Select Doctor/Medical Professional7. Select Family/General Practices8. Select Location and distance9. Click on Doctor/Medical Professional's Name to obtain the PCP ID code <p><i>Providers with the "Advantage HMO Copay Indicator" will have lower copays.</i></p> <p>Important information to consider: Your PCP must be within a 15-mile radius of where you live or work to receive care.</p>	<p>Find a Cigna network dentist for both your DHMO and PPO coverage selections by visiting the Cigna Dental directory at www.Cigna.com or calling 800.Cigna24.</p> <ol style="list-style-type: none">1. Go to Cigna.com, click on "Find a Doctor"2. Choose a Directory by clicking on the "If your insurance plan is offered through work or school" option3. Click on "Find...a Dentist"4. Enter SEARCH LOCATION -city, state or zip code5. SELECT A PLAN by clicking on the Pick drop down icon and electing "Cigna Dental Care HMO" or "Cigna Dental PPO or EPO" under the Dental Plans section. Press choose.6. Click on Dentist's name for more details.

MEDICAL BENEFITS

The Claremont Colleges offer three medical plans: Kaiser HMO, Anthem Advantage HMO & Anthem Act Wise HDHP. The two HMO plans offer affordable health care for you and your family through a network of healthcare providers. Through the Act Wise HDHP plan, you have flexibility to choose any doctor or facility. Keep in mind that if you use out-of-network providers, the co-insurance percentage is higher and is based on reasonable and customary charges. Costs above reasonable and customary charges are paid by you as the participant.

MEDICAL BENEFITS AT A GLANCE

The chart below provides an overview of the most commonly used medical benefits.

BENEFIT	KAISER HMO	ANTHEM ADVANTAGE HMO	ANTHEM ACT WISE HDHP	
	Kaiser Permanente Network	Anthem Advantage Providers	In-Network	Out-of-Network
EMPLOYER HSA CONTRIBUTION FOR EMPLOYEES WHO EARN LESS THAN \$125,000/YEAR (WHEN ENROLLED THROUGH PNC BANK)				
Employee-only	N/A	N/A	\$1,000	
Family	N/A	N/A	\$2,000	
CALENDAR YEAR DEDUCTIBLE				
Employee-only	None	None	\$2,000	\$4,000
Family	None	None	\$4,000	\$8,000
OUT-OF-POCKET MAXIMUM (PER CALENDAR YEAR) SOME BENEFITS DO NOT APPLY TOWARD THE OUT-OF-POCKET MAXIMUM				
Employee-only	\$1,500	\$1,500	\$3,000	\$7,000
Family	\$3,000	\$3,000 (two-party) / \$4,500 (family)	\$3,000 (Individual Max: \$6,000)	\$14,000
Lifetime Max	Unlimited	Unlimited	Unlimited	
INPATIENT SERVICES				
Inpatient Hospital	\$200 copay per admission	\$300 copay per admission	Plan pays 80% after deductible	Plan pays 60% after deductible
Hospice Care	Plan pays 100%	Plan pays 100%	Plan pays 80% after deductible	Plan pays 60% after deductible
Skilled Nursing Facility (Up to 100 days/Calendar Year)	Plan pays 100%	Plan pays 100%	Plan pays 80% after deductible	Plan pays 60% after deductible
X-ray, Laboratory	Plan pays 100%	Plan pays 100%	Plan pays 80% after deductible	Plan pays 60% after deductible
OUTPATIENT SERVICES				
Office Visits	PCP: \$20 copay Specialist: \$30 copay	Preferred Provider PCP: \$15 copay PP Specialist: \$30 copay PCP: \$25 copay Specialist: \$40 copay	Plan pays 80% after deductible	Plan pays 60% after deductible
Preventive Care	Plan pays 100%	Plan pays 100%	Plan pays 100%	Plan pays 60% after deductible
Outpatient Surgery	\$30 copay	\$100 copay	Plan pays 80% after deductible	Plan pays 60% after deductible
EMERGENCY SERVICES				
Emergency room services	\$100 copay; waived if admitted	\$150 copay; waived if admitted	Plan pays 80% after deductible	Plan pays 80% after deductible
HOSPITALIZATION				
Inpatient care	\$200 per admission	\$300 per admission	Plan pays 80% after deductible	Plan pays 60% after deductible
Outpatient care	\$20 copay per visit / individual therapy \$10 copay per visit / group therapy	\$25 copay per visit (\$40 for specialist)	Plan pays 80% after deductible	Plan pays 60% after deductible
SUBSTANCE ABUSE				
Inpatient care	\$200 per admission	\$300 per admission	Plan pays 80% after deductible	Plan pays 60% after deductible
Outpatient care	\$20 copay per visit / individual therapy \$5 copay per visit / group therapy	\$20 copay per visit (\$40 for specialist)	Plan pays 80% after deductible	Plan pays 60% after deductible

MEDICAL BENEFITS (CONTINUED)

BENEFIT	KAISER HMO	ANTHEM ADVANTAGE HMO	ANTHEM ACTWISE HDHP	
PRESCRIPTION DRUGS – RETAIL (UP TO A 30-DAY SUPPLY)				
Generic	\$10 copay	\$10 copay	Plan pays 80% after deductible	Plan pays 60% after deductible
Brand Formulary	\$25 copay	\$30 copay		
Brand Non-formulary	\$25 copay	\$50 copay		
PRESCRIPTION DRUGS – MAIL-ORDER				
Generic	\$20 for up to 100-day supply	\$10 copay for 60-day supply	Plan pays 80% after deductible	Not Covered
Brand Formulary	\$50 for up to 100-day supply	\$60 copay for 60-day supply		
Brand Non-formulary	\$50 for up to 100-day supply	\$100 copay for 60-day supply		

Choosing Your Primary Care Doctor

When you enroll in the HMO plan, you should choose a *primary care doctor*. Your *primary care doctor* will be the first *doctor* you see for all your health care needs. If you need special kinds of care, this *doctor* will refer you to other kinds of *health care providers*. See page 1 for a guide to searching for providers on Anthem's website.

You and your family members can enroll in whatever *medical group* is best for you, that is accepting new patients. You must live or work within fifteen (15) miles or thirty minutes (30) of the *medical group*.

Please note, there is no mileage restriction for your specialist or provider if you enroll in the ActWise High Deductible Health Plan.

DENTAL BENEFITS - CIGNA

Dental coverage is offered to eligible employees through Cigna, we offer two dental plans Cigna Dental DHMO and Cigna Dental PPO. The Cigna Dental DHMO plan works much like a medical HMO plan and requires members to select a primary care dentist (PCD) from the Cigna network to coordinate care. The Cigna Dental DPPO plan offers flexibility to members to choose any dentist and receive benefits. See page 1 for a guide to searching for providers on Cigna's website.

DENTAL BENEFITS AT A GLANCE

The chart below provides an overview of the most commonly used dental benefits.

	CIGNA DENTAL DHMO	CIGNA DENTAL PPO	
	In-Network	In-Network	Out-of-Network
Calendar Year Deductible	None	Individual: \$50/Family: \$150	
Calendar Year Maximum Benefit	Unlimited	Plan pays up to \$2,000 per person/year For every year you get preventive dental care, \$200 will be added to next year's maximum annual benefit (up to an overall maximum benefit of \$2,600 after four years).	
PREVENTIVE/DIAGNOSTIC			
Routine Examination	\$0 copay Cleaning once every 6 months	Plan pays 100%; deductible does not apply	
GENERAL SERVICES (RESTORATIVE)			
Fillings	\$0 to \$40 copay	Plan pays 80% after deductible	
Simple Extractions	\$5 copay		

DENTAL BENEFITS (CONTINUED)

	CIGNA DENTAL DHMO	CIGNA DENTAL PPO	
	In-Network	In-Network	Out-of-Network
MAJOR SERVICES			
Caps, Crowns, Dentures	As listed in copay schedule	Plan pays 50% after deductible	
ORTHODONTIA			
Adults	\$0 to \$1,488 copay depending on the service performed	Plan pays 50% up to \$2,500 lifetime maximum benefit; deductible does not apply.	
Dependent Children (to age 19)	\$0 to \$984 copay depending on the service performed		
Retention	\$250 copay		

VISION BENEFITS – ANTHEM BLUE VIEW VISION

Eligible employees are automatically enrolled in the core vision coverage through Anthem Blue View at no cost. This plan includes coverage for eye exams and a discount on eyeglasses or contact lenses. Increased coverage is available for purchase through the Buy-Up Plan and you receive a higher level of coverage when you use a network provider.

VISION BENEFITS AT A GLANCE

The chart below provides an overview of the most commonly used vision benefits.

BENEFIT	CORE PLAN	BUY-UP PLAN	
	In-Network	In-Network	Out-of-Network Reimbursement
EYE EXAM (ONCE EVERY 12 MONTHS)			
	Plan pays 100% after \$10 copay	Individual: \$50/Family: \$150	Plan pays up to \$79
FRAMES (ONCE EVERY 12 MONTHS)			
	You receive a 35% discount	Plan pays 100% after \$10 copay	\$100 allowance
LENSES (ONCE EVERY 12 MONTHS)			
Single Vision	\$50 copay	Plan pays 100% after \$15 copay	Plan pays up to \$36
Lined Bifocal	\$70 copay		Plan pays up to \$60
Lined Trifocal	\$105 copay		Plan pays up to \$79
CONTACT LENSES (ONCE EVERY 12 MONTHS)			
	You receive a 15% discount on conventional lenses.	Plan pays up to \$130 allowance; you receive a 15% discount on doctor's professional fees. Materials are paid at usual & customary rates	Plan pays up to \$115

**If enrolled in Anthem HMO you will receive one ID card for both medical and vision. If enrolled in Kaiser or you do not carry medical coverage through The Claremont Colleges, you will receive a separate Anthem ID card for vision.*

FLEXIBLE SPENDING ACCOUNTS - PAYFLEX

The Claremont Colleges offer the following flexible spending accounts through PayFlex:

Health Care	For co-pays, deductibles, vision and dental expenses	Minimum Contribution of \$300 to a max of \$3,050
Dependent Care*	For Daycare, childcare and elder care expenses	Minimum Contribution of \$300 to a max of \$5,000

****The Dependent Care maximum for married couples is \$2,500 per spouse, per IRS regulations.***

Your total election will be deducted evenly over each pay period on a pre-tax basis. Deductions are taken from your paychecks January through December. The Health Care and Dependent Care FSA's are separate accounts and you cannot combine or transfer money between them.

It is important to understand that any amount left in the FSA account at year-end will be forfeited. The plan year for The Claremont Colleges is January 1, 2023 – March 15, 2024. Claims can be submitted up to June 30, 2024, for services received during the plan year.

Through PayFlex, our plan administrator, you will receive a prepaid PayFlex Debit card that you can use to pay your out-of-pocket expenses at time of service/purchase. Through the PayFlex website you can also submit claims online, set up a Direct Deposit and check account balances. Reimbursement amounts can be requested up to 3 ½ months after the plan year, if the invoices/receipts are for services received during the plan year.

The **PayFlex Card** is a MasterCard® that you can use at eligible providers to pay for FSA-eligible healthcare expenses, including prescriptions (Rx) and copays.

Please remember to always keep your receipts and documentation!

PayFlex Mobile app:

Now it's easier than ever to manage your PayFlex account on the go. With the PayFlex Mobile app, you can access your account anytime, anywhere.

For additional information, please contact Benefits Administration at (909) 621-8151 or PayFlex at 1-844-729-3539 or visit www.payflex.com.

ADDITIONAL BENEFITS

Employer Paid Benefits (Automatic Enrollment)

BASIC LIFE INSURANCE - UNUM

All benefits eligible faculty and staff receive Basic Life Insurance with a benefit of one time their annual salary, minimum of \$20,000 to a maximum of \$50,000.

LONG TERM DISABILITY INSURANCE – UNUM

Benefits eligible faculty and staff who are scheduled to work 30 hours or more per week, are automatically enrolled for long-term disability coverage on their first day of employment. *Exception: California Botanic Gardens staff may elect coverage and pay 50% of the premium.*

EMPLOYEE ASSISTANCE PROGRAM (EAP) - OPTUM

Confidential advice and counseling is available to faculty and staff at no cost through the EAP. Employees and their legal spouses, domestic partners and eligible dependents receive up to five (5) counseling sessions with a licensed/certified therapist by phone or in-person, per family member, per issue, each calendar year. Access to the EAP is available 24/7 year-round.

Employee Paid Benefits (Optional Enrollment)

ACCIDENTAL DEATH & DISMEMBERMENT INSURANCE (AD&D) - ZURICH

The Claremont Colleges offers benefits eligible faculty and staff voluntary coverage in the event of an accident-causing death or dismemberment. You can choose Individual or Family coverage (as deemed under IRS regulations).

SUPPLEMENTAL LIFE INSURANCE – UNUM

You can choose to purchase additional coverage for yourself through Unum. This coverage is in addition to the Basic Life, and the coverage amounts are based on your basic annual salary. You can obtain coverage for 1X, 2X, 3X or 4X your annual salary. New employees are guaranteed up to 4x their annual salary or a maximum of \$1 million. Coverage over the guaranteed amount (or that is added after the first 31 days of hire) is subject to Evidence of Insurability. Coverage amounts are reduced beginning at age 65. You can find the Evidence of Insurability (EOI) on the TCCS website at www.services.claremont.edu/benefits under Forms.

LIFE INSURANCE FOR SPOUSES, DOMESTIC PARTNERS & CHILDREN:

Spouses/Domestic Partners- You can enroll your spouse or domestic partner for life insurance coverage. You must elect Employee Supplemental life to add Spouse Life. Coverage can be elected in increments of \$10,000 up to a maximum of \$250,000. Guaranteed Issue of up to \$50,000 is available in the first 31 days of eligibility.

Children- \$15,000 benefit per child (up to age 26).

Legal Assistance Insurance

Insurance to help you efficiently deal with everyday legal events by providing you access to an individually credentialed attorney network.

Receive access to a network of more than 13,000 attorneys for help with an array of issues, such as landlord matters, criminal matters, immigration assistance, family issues, debt-related challenges, driving matters, wills and estate planning, and more.

Identity Protection Insurance

Identity protection for you and your family that safeguards your identity, reputation, and financial information.

- Identity and credit monitoring
- Dark web monitoring
- Financial transaction monitoring
- Social media reputation monitoring
- Accounts secured with two-factor authentication
- 24/7 Privacy Advocate remediation
- \$1 million identity theft insurance policy

Pet Insurance

Pet Insurance can help you pay medical treatment costs for your pet's accidents, illnesses, and routine medical care. **Premiums vary by coverage; premiums are paid directly to Nationwide.**

- 90% back on vet bills:
- \$250 Deductible
- \$7,500 annual maximum benefit
- Access to Vet Helpline 24/7

Enroll online at <https://www.petinsurance.com/claremont> or call 877-738-7874

Farmers GroupSelect Home & Auto Insurance

You can purchase a variety of personal insurance policies, including auto, home or condo, mobile home, renters, recreational vehicle, boat, and personal excess liability. Visit www.myautohome.farmers.com for details.

Supplemental Medical Plans

Supplemental Medical coverage can help you prepare for the financial impact of certain serious illnesses, accidents, or hospitalization. These plans are offered with a guaranteed issue with no medical questions or tests required.

In addition, you can receive **Wellness Benefit** payments when you and your covered dependents have preventive health screenings such as blood tests, mammograms, colonoscopies, etc.

Voya Accident Insurance

Elect a low or high coverage option and receive a cash benefit if you suffer an accidental injury from minor scrapes or burns to more serious injuries causing paralysis or needing surgery. Dependent coverage is available as well.

Voya Hospital Indemnity Insurance

Elect a low or high coverage option and receive a cash benefit for each day you or your covered dependent(s) are confined to the hospital.

Voya Critical Illness Insurance

Elect a low or high coverage option and receive a cash benefit if you're diagnosed with a serious illness such as cancer, heart attack, or stroke. You may cover your spouse/domestic partner and children as well.

To learn more about Voya plans or to file a claim, visit the dedicated website for Claremont Colleges employees: <https://lpresents.voya.com/EBRC/Home/Claremont>

For more details about any of the plans' provisions, please access the 2023 Benefits Guides through the TCCS Website at: www.services.claremont.edu/benefits

2023 MONTHLY PLAN RATES

The charts below list the monthly premium amounts for benefit coverage's beginning January 1, 2023. All benefit premium deductions for health, dental, vision, health savings account (HSA) and flexible spending accounts (FSA) are taken on a pre-tax basis unless otherwise requested.

Medical Plans*

	KAISER HMO	ANTHEM BLUECROSS HMO (CALIFORNIA CARE)	ANTHEM ACTWISE HSA
Employee Only	\$63.98	\$64.59	\$86.86
Two Party	\$268.70	\$271.26	\$342.36
Family	\$575.78	\$580.72	\$719.25

**See separate sheet for rates for RSABG employees.*

Cigna Dental Plans*

	DENTAL DHMO	DENTAL PPO
Employee Only	\$5.61	\$40.31
Two Party	\$15.35	\$79.20
Family	\$31.38	\$156.32

**RSABG employees pay 100% of the premium for dental coverage.*

Anthem Blue View Vision Plans

	CORE PLAN	BUY-UP PLAN
Employee Only	\$0.00	\$7.19
Two Party	\$1.53	\$12.14
Family	\$3.41	\$20.10

Voluntary Plans

	LEGAL ASSISTANCE	IDENTITY PROTECTION
Employee Only	\$18.25	\$7.95
Family	\$18.25	\$13.95

Premiums for Domestic Partners will be paid on an after-tax basis. Additionally, employees will be taxed Imputed Income for the employer contribution of the domestic partner's medical coverage.

VOYA SUPPLEMENTAL MEDICAL RATES

Accident Insurance

	LOW	HIGH
Employee	\$7.97	\$11.52
Employee + Spouse	\$13.28	\$19.20
Employee + Child	\$15.72	\$22.73
Family	\$21.03	\$30.41

Hospital Indemnity Insurance

	LOW	HIGH
Employee	\$18.91	\$37.82
Employee + Spouse	\$39.62	\$79.24
Employee + Child	\$28.56	\$57.13
Family	\$49.27	\$98.55

Critical Illness (Low Coverage Option)

EMPLOYEE AMOUNT: \$15,000 SPOUSE AMOUNT: \$7,500 CHILD AMOUNT: \$5,000				
AGE	EMPLOYEE	EMPLOYEE + SPOUSE	EMPLOYEE + CHILD	EMPLOYEE + FAMILY
< 29	\$6.10	\$10.25	\$8.05	\$12.20
30-39	\$7.15	\$11.90	\$9.10	\$13.85
40-49	\$14.20	\$22.78	\$16.15	\$24.73
50-59	\$28.75	\$46.25	\$30.70	\$48.20
60-64	\$43.00	\$68.23	\$44.95	\$70.18
65-69	\$52.90	\$85.10	\$54.85	\$87.05
70+	\$78.25	\$119.45	\$80.20	\$121.40

Critical Illness (High Coverage Option)

EMPLOYEE AMOUNT: \$30,000 SPOUSE AMOUNT: \$15,000 CHILD AMOUNT: \$10,000				
AGE	EMPLOYEE	EMPLOYEE + SPOUSE	EMPLOYEE + CHILD	EMPLOYEE + FAMILY
< 29	\$10.90	\$17.90	\$14.80	\$21.80
30-39	\$13.00	\$21.20	\$16.90	\$25.10
40-49	\$27.10	\$42.95	\$31.00	\$46.85
50-59	\$56.20	\$89.90	\$60.10	\$93.80
60-64	\$84.70	\$135.85	\$88.60	\$137.75
65-69	\$104.50	\$167.60	\$108.40	\$171.50
70+	\$155.20	\$236.30	\$159.10	\$240.20

Supplemental Life Insurance - Unum

Rates for employees & spouse/domestic partner are based on the employee's age as of January 1, 2023.

SUPPLEMENTAL & SPOUSE/DOMESTIC PARTNER LIFE INSURANCE	
AGE	MONTHLY RATE (PER \$1,000 OF COVERAGE)
Under 30	\$0.023
30-34	\$0.028
35-39	\$0.041
40-44	\$0.069
45-49	\$0.103
50-54	\$0.158
55-59	\$0.282
60-64	\$0.434
65-69	\$0.874
70+	\$1.418
Dependent Child(ren) Life Insurance: \$1.05 for \$15,000 of coverage per child	

Accidental Death & Dismemberment Insurance (AD&D) - Zurich

Coverage amounts more than \$250,000 may not exceed ten times annual base salary. Principal sum amount cannot be increased after age 70. Coverage for children is 30% of the principal sum up to a maximum of \$50,000.

PRINCIPAL SUM	EMPLOYEE ONLY COVERAGE	FAMILY COVERAGE
\$25,000	\$0.48	\$0.93
\$50,000	\$0.95	\$1.85
\$75,000	\$1.43	\$2.78
\$100,000	\$1.90	\$3.70
\$125,000	\$2.38	\$4.63
\$150,000	\$2.85	\$5.55
\$175,000	\$3.33	\$6.48
\$200,000	\$3.80	\$7.40
\$225,000	\$4.28	\$8.33
\$250,000	\$4.75	\$9.25
\$275,000	\$5.23	\$10.18
\$300,000	\$5.70	\$11.10
\$325,000	\$6.18	\$12.03
\$350,000	\$6.65	\$12.95
\$375,000	\$7.13	\$13.88
\$400,000	\$7.60	\$14.80
\$425,000	\$8.08	\$15.73
\$450,000	\$8.55	\$16.65
\$475,000	\$9.03	\$17.58
\$500,000	\$9.50	\$18.50

PLAN PROVIDERS

Below are the customer service numbers and websites for our providers

PHONE	Policy No.	PHONE	WEB SITE ADDRESS
Anthem Advantage HMO	C23782	800-888-8288	www.anthem.com/ca
Anthem Act Wise HDHP	C237872	844-860-3535	www.anthem.com/ca
Kaiser Permanente	101582	800-464-4000	www.kp.org
Cigna Dental	3340182	800-244-6224	www.cigna.com
Anthem Blue View Vision	C23782	866-723-0515	www.anthem.com/ca
PayFlex FSA	N/A	800-284-4885	www.payflex.com
Optum – Employee Assistance Program	Claremontcolleges	800-234-5465	www.liveandworkwell.com
Unum – Life Insurance	442162	866-679-3054	www.unum.com
Zurich Voluntary AD&D	GTU-5091313	866-841-4771	www.zurichna.com
Voya Supplemental Medical	Claremont	1-877-236-7564	https://presents.voya.com/EBRC/Claremont
TIAA	Select the institution of your employment	800-842-2776	www.tiaa-cref.org
Allstate Identity Protection	The Claremont Colleges	800-789-2720	www.myaip.com
ARAG Legal	18437CC3	800-247-4184	www.ARAGLegalCenter.com Access code: 18437CCS
Farmers GroupSelect Auto & Home	The Claremont Colleges	1-844-296-9641	www.myautohome.farmers.com
Nationwide Pet Insurance	Claremont	855-874-4944	petinsurance.com/claremont
Worldwide Travel Assistance through Zurich	GTU-5091313	800-555-0870	www.zurichna.com
Medicare	N/A	1-800-MEDICARE (1-800-633-4227)	www.medicare.gov
SGIA Medicare Consulting	N/A	888-284-3314	sgiamedicare.com
Center for Health Care Rights	N/A	213-383-4519	chcsbc.org

CONTACT INFORMATION

Benefits Administration Office

If you have questions about your benefits or for additional information on new enrollments, changes, or cancellation of your benefits, contact a member of the Benefits Administration Team.

Kelli Sarslow Director of Benefits Administration	(909) 607-4130	kelli.sarslow@claremont.edu
Alicia Silva Benefits Supervisor	(909) 621-8049	aliciasilva@claremont.edu
Gracie Alvarez Benefits Administrator	(909) 621-8322	angelicaz@claremont.edu
Suzanne Sims Benefits Coordinator	(909) 607-6526	suzanne.sims@claremont.edu
Loo Hsing Retirement Supervisor	(909) 607-3780	looh@claremont.edu

For more details about any of the plans' provisions you may access the 2023 Benefits Guides through the TCCS Website at: www.services.claremont.edu/benefits

You can also visit our virtual health fair at www.theclaremontcolleges-healthfair.com. Password "TCC."