

# benefit

This year's Open Enrollment occurs against the backdrop of a continuing trend of rising health-care costs in America and new legislation collectively referred to as Health Care Reform. In this edition of *Benefits*, we explore why medical costs are increasing, how these increases affect our health-care plans, and the important role all associates and their eligible dependents can play in controlling costs. We also give you the information you'll need to successfully complete your benefits enrollment for 2011.

## Health care in America

Health care has become an emotionally charged and politically divisive issue. One look at the numbers makes it easy to understand why this topic has become such a lightning rod. According to a 2009 Congressional Budget Office report, total spending in 2007 for both public and private health care was nearly \$2.1 trillion, which represented 15.2% of the U.S. Gross Domestic Product. At its current rate of growth, U.S. health-care spending could account for more than 30% of GDP by 2025. Essentially this means that, over time, as Americans spend more on health care, we'll be able to spend less on other things.

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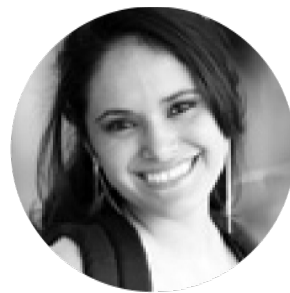
**Open Enrollment for 2011 is from Tuesday, 26 October, through Thursday, 11 November 2010.**

## What's inside

- 4 Understanding Health Care Reform
- 4 Monthly health plan contributions for 2011
- 5 Benefits plan changes for 2011
- 6 Wellness watch...
- 8 PHO Office Services associates team up to meet personal wellness goals
- 10 Tips for being a savvy health-care consumer
- 11 Enrollment information
- 12 How to enroll: five easy steps



continued from page 1



Experts point to a few primary drivers of these cost increases:

- New medical technologies and prescription drugs
- Management and treatment of chronic diseases
- An aging population that tends to utilize more health care

Of these, medical technology and pharmaceuticals are responsible for the lion's share. Physicians in the U.S. can access an abundance of cutting-edge devices and drugs to diagnose and treat illnesses and injuries. The development of these technologies and drugs is typically a long and costly process, which is factored into the prices charged to hospitals, doctors, pharmacies and insurance companies. Ultimately, these costs are passed along to consumers as elevated insurance premiums and higher prices at the point of care.

It's within this context that Capital's health-care plans are designed and administered. The external environment, particularly the cost of medical care, factors heavily into the way the plans are structured.

### Understanding the medical plan design and delivery process

The starting point for the design of our medical plans is always Capital's philosophy of developing and maintaining comprehensive, high-quality benefits that are competitive when compared to those

of other premier employers. The Benefits team talks with health-care consultants and representatives from other top employers to understand important trends in medical plan design and ensure that the benefits we offer are the most relevant to our associates and provide choices for coverage and cost.

We also want to ensure that associates and their eligible dependents receive superior service from the U.S. Benefits team and the best possible service from our third-party providers (Aetna, Anthem, CIGNA and Medco).

Each year, the Benefits team partners with health-care experts to analyze the costs and utilization of our plans, and then determines the premiums and associate contributions for the coming year. The team also considers any new or revised regulatory requirements that may affect our plan design. This process is used to evaluate all our plans.

### Conclusions drawn from the 2011 plan design process

The outlook is very challenging. Health-care costs have continued to increase, and, at the same time, we've experienced higher utilization of Capital's plans. We've also seen an increase in the number of large medical claims and greater use of out-of-network providers for our PPO plans. Using out-of-network providers not only increases the out-of-pocket costs of

associates, but also adds to the cost of our plans in the future.

As a result of these factors, the overall cost of our medical plans are increasing by 18% to 30% in 2011.

The Benefits team has also taken a close look at Health Care Reform and other regulatory updates to determine what changes need to be made to the design of our plans. For 2011, these include:

- Providing coverage for children up to age 26 who don't have their own employer-sponsored health plan
- Removal of the lifetime maximum on medical claims
- Elimination of reimbursements from flexible spending accounts for over-the-counter medications (unless prescribed by a doctor)
- Removal of the \$600 maximum for physicals for the PPO and PPO Plus plans (the eligibility cycle and medical guidelines still apply)

(For more about these changes, please see "Understanding Health Care Reform" on page 4 and "Benefits plan changes for 2011" on page 5.)

### The impact of utilization on premium costs

Monthly premiums for our plans, which are targeted to an approximate 80/20 split of the total cost, with Capital paying 80% and associates paying 20%, are determined by two factors: the cost of health care and the utilization of our plans.



As stated earlier, the cost of health care has continued to rise. This is largely beyond the control of Capital or our associates. What we can influence is how healthy associates and their eligible dependents are and how effectively and efficiently our medical plans are used.

The *Wellness at Capital* program, launched earlier this year, was developed in direct support of associates' efforts to improve and sustain their health. The program rewards associates for healthy behaviors and, over time, is intended to ensure that a healthier population is insured by Capital's plans. (See "A year-to-date recap of *Wellness at Capital*" on page 6.)

Effective and efficient use of Capital's medical plans comes down to associates being savvy consumers of health care. Clearly, the need for health care is often beyond our control. But there are things we all can do that can make a significant difference. For example, going to an urgent care facility for an injury or illness that's not life threatening, rather than going to a hospital emergency room, can significantly decrease costs for both associates and Capital.

Being a savvy health-care consumer isn't always so straightforward. It can be difficult to get information about the cost of medical procedures or drugs, and alternatives for care may not always be obvious or expeditious.

As a step in helping associates understand how to more effectively use Capital's medical plans, the Benefits team will host Open Enrollment information sessions in October. In these sessions, we'll briefly review the changes being made to our plans for 2011 and broadly discuss changes mandated by Health Care Reform. We'll spend the majority of each session discussing ways that associates can positively influence out-of-pocket health-care costs and minimize future premium increases.

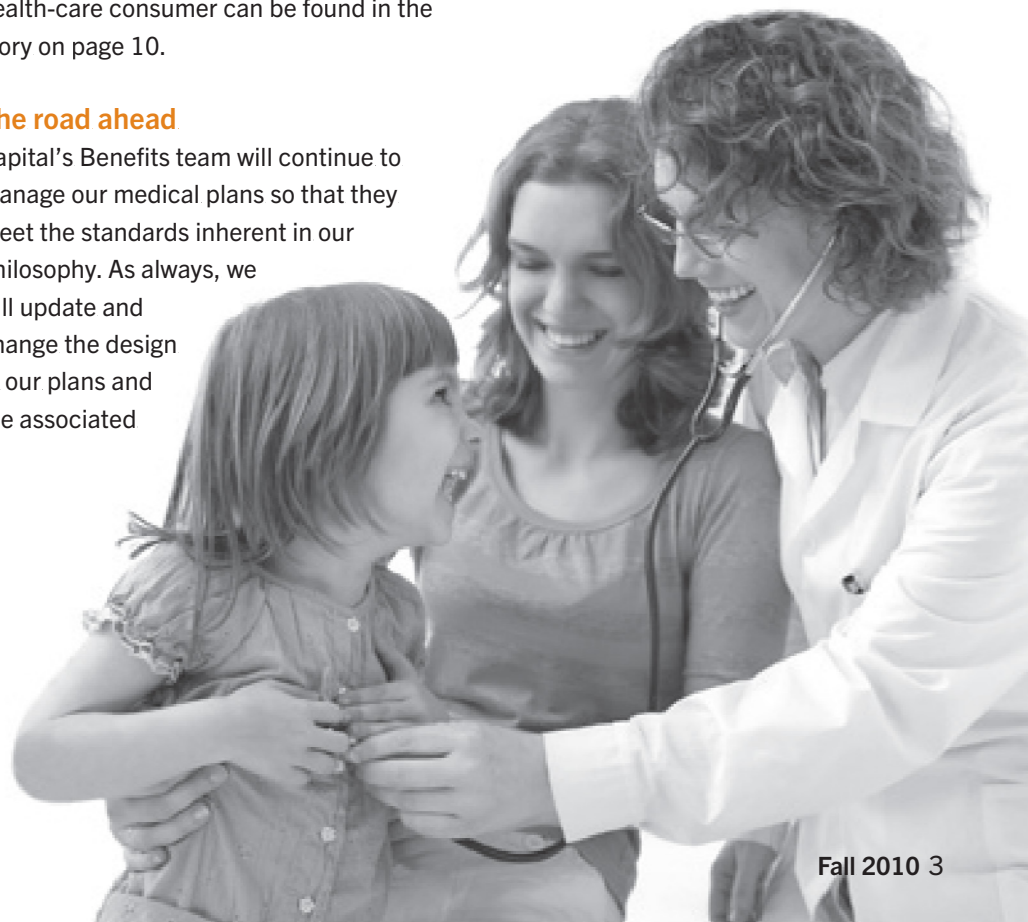
A few simple steps to becoming a better health-care consumer can be found in the story on page 10.

### The road ahead

Capital's Benefits team will continue to manage our medical plans so that they meet the standards inherent in our philosophy. As always, we will update and change the design of our plans and the associated

costs to ensure they can be sustained over the long term.

Your input and involvement in this process is essential. If you have specific questions about our plans for 2011, we encourage you to contact the U.S. Benefits Service Team at extension 55599 (direct 949/975-5599 or toll-free 888/421-8068), or via email at [benefits@capgroup.com](mailto:benefits@capgroup.com). If you have questions, comments or concerns about Health Care Reform, please share them with us via the "What's on your mind?" link on the CGWeb home page.



# Understanding Health Care Reform

On 23 March 2010, the Patient Protection and Affordable Care Act, widely known as Health Care Reform, was signed into law. Since then, there's been a steady stream of news coverage and speculation about what the law means to the U.S. health-care industry. Closer to home, Capital associates have questioned what Health Care Reform will mean to our current and future benefits plans.

There are a number of mandates included in the new law.

Because Capital's plans are quite comprehensive, they already meet most of the requirements. The changes that we will be making in 2011 include:

- Coverage will be available for associates' children up to age 26 who don't have their own employer-sponsored health plan.
- The lifetime maximum on medical claims will be removed.
- Reimbursements from flexible spending accounts for over-the-counter medications (unless prescribed by a doctor) will be eliminated.
- The \$600 limit for the PPO and PPO Plus physical benefit will be eliminated. The eligibility cycle and medical guidelines still apply.

Beyond 2011, it's difficult to know precisely how our plans will change as a result of Health Care Reform. The further we look into the future, the less defined the picture becomes, because specific regulations have yet to be written for many reforms. Additionally, a lot could change between now and when reforms are scheduled to be adopted.

We do know that in 2013 the annual cap for flexible spending account contributions will decrease from \$5,000 to \$2,500. Several additional reforms are scheduled to take effect between 2014 and 2018, including implementation of regional health insurance exchanges, the individual coverage mandate and mandatory auto-enrollment for employer-sponsored plans. If you'd like more information about Health Care Reform in general, please visit [healthcare.gov](http://healthcare.gov) and click on the "Understand the New Law" tab.

The Benefits team will continue to work closely with our providers, consultants and health-care experts to understand the evolving landscape of Health Care Reform. We'll provide you with more information as it becomes more clear how Health Care Reform will affect Capital's plans.



## Your monthly health plan contributions for 2011

	Associate		Associate + Spouse/SE*		Associate + Child(ren)*		Associate + Family*	
	Full-time	Part-time	Full-time	Part-time	Full-time	Part-time	Full-time	Part-time
<b>Medical</b>								
CIGNA HMO/Aetna EPO	\$75	\$200	\$160	\$415	\$130	\$340	\$210	\$575
Anthem Blue Cross PPO	90	225	185	445	160	390	275	660
Anthem Blue Cross PPO Plus	105	N/A	205	N/A	175	N/A	315	N/A
<b>Dental</b>	Associate		Associate + Spouse/SE*		Associate + Child(ren)*		Associate + Family*	
	Full-time	Part-time	Full-time	Part-time	Full-time	Part-time	Full-time	Part-time
CIGNA DHMO	\$6	\$12	\$11	\$22	\$10	\$23	\$17	\$35
MetLife PPO	15	27	29	58	26	55	42	89
<b>Vision</b>	Associate		Associate + Spouse/SE*		Associate + Child(ren)*		Associate + Family*	
	Full-time	Part-time	Full-time	Part-time	Full-time	Part-time	Full-time	Part-time
Vision Service Plan (VSP)	\$4	\$4	\$6	\$6	\$6	\$6	\$10	\$10

\*Your monthly contribution for coverage of your spouse equivalent (SE) or your same-sex spouse, and their dependents, will be after-tax. The portion of this benefit that Capital contributes for your spouse equivalent or same-sex spouse and their dependents is considered taxable income. Capital will withhold federal, state and local income taxes and Social Security and Medicare taxes on the value of coverage provided to your spouse equivalent or same-sex spouse and the child(ren) of your spouse equivalent or same-sex spouse. Please check with your tax adviser to find out how this may affect you.



# Benefits plan changes for 2011

## Coverage of dependents up to age 26

Effective 1 January 2011, associates can enroll children up to age 26 as dependents in our medical plans, as long as they're not eligible for coverage through their own employer-sponsored health plan. Capital will also allow dependents up to age 26 to be covered in our dental, vision and life insurance plans.

If you'd like to add eligible children to your plan, you can do so on the *Your Health & Life Benefits* site during the Open Enrollment period. If you have any questions about enrolling your dependents, please contact the U.S. Benefits Service Team.



## Elimination of lifetime maximums

As of 2011, there will be no lifetime limit to coverage for any of Capital's medical plans. This change, mandated by Health Care Reform, is unlikely to affect Capital associates, since the CIGNA HMO never had a lifetime maximum, and both Anthem Blue Cross and Aetna plans already had a high \$5 million maximum, which has never impacted a plan participant.

## Over-the-counter medicines no longer reimbursable with FSA funds

Starting in 2011, FSA funds cannot be used to purchase over-the-counter medicines not prescribed by a doctor. These include items such as pain relief and allergy medications. The costs for these medicines are reimbursable only if receipts are

submitted with a valid doctor's prescription. This change also impacts funds from 2010 FSA accounts, which can be used for purchases through 15 March 2011.

Products that are not considered medicine, such as contact lens solution and bandages, are still eligible for reimbursement without a prescription.

If you decide to enroll in an FSA for 2011, remember that any unused FSA funds will be forfeited if not used by 15 March 2012.

If you have questions about what expenses are eligible for reimbursement, please contact Anthem FSA at **888/231-5031**.

## Elimination of PPO physical benefit maximum

Starting 1 January 2011, there will no longer be a \$600 maximum for physicals for the PPO and PPO Plus plans. The eligibility cycle and medical guidelines still apply. The EPO and HMO plans didn't previously specify a maximum.

## Have questions?

If you have questions about any of these changes or how they affect you, consider attending an upcoming Open Enrollment session, or contact the U.S. Benefits Service Team at extension 55599 (949/975-5599 or toll-free 888/421-8068) or [benefits@capgroup.com](mailto:benefits@capgroup.com).

## New toll-free number for the U.S. Benefits Service Team

Associates and their covered family members who need to reach the U.S. Benefits Service Team can now use a new toll-free number on weekdays between 5:30 a.m. and 5:00 p.m. Pacific Time.

When in the office or calling locally, associates are encouraged to continue using the Capital extension, the direct line or email.

# Wellness watch...

## A year-to-date recap of our *Wellness Program*



In January 2010, we kicked off *Wellness at (redacted)*, a program that encourages U.S. associates to take an active role in improving or maintaining their well-being. This program complements our existing medical plans and is intended to help stem rising health-care costs over the long term by improving the health and quality of life of our associates.

### Associates jump into the program

It didn't take long for associates to access the *Wellness* website and start earning wellness credits. In fact, by late September, 47% of associates had already met the requirements to receive the \$400 wellness reward\* by completing an online wellness assessment and earning at least 15 wellness credits.

Ideally, all associates will earn the wellness reward, making long-term positive health outcomes more likely. An important first step on this path is assessing current health, and more than 82% of U.S. associates did that by participating in biometric screenings early in the year. The confidential on-site biometric screenings conducted in early 2010 measured blood pressure, cholesterol, glucose levels, body mass index and other health indicators. Results of the screenings provided associates with benchmarks to gauge their health now and use for comparison in the years to come. Biometric screenings will be offered again in early 2011.

"There are a lot of different ways to measure success," says **Kristal Pearce**, senior Human Resources analyst and coordinator of the program. "While the biometric screening is just one way, it's an important one. Knowing these details can give you a snapshot of your current health and give you some indication of what you should be doing to reduce the risk of developing health problems in the future." "Associates embraced this program from the beginning," says Kristal. "Our partner at Alere has repeatedly told us how surprised and impressed they are with our participation rates compared with their other clients. But, in the end, what's really going to matter is not just that we're participating, but that our associates are getting healthier." Chances of this happening increase for those who stay active and involved in the program over the long term.

## Remember

To earn the \$400 wellness reward for 2010, you need to complete your online wellness assessment and log a total of at least 15 wellness credits by **30 November 2010**.



### Wellness in 2011

Taking into account feedback provided by associates individually and in focus groups, the Benefits team and Wellness Champions have been working closely with Alere to finalize the wellness program for the coming year. Among the changes currently planned:

- A newly designed website will provide a more personalized experience and will be easier to use. (See box below.)
- Associates will be able to earn points for regular, ongoing exercise.
- More challenges and cross-site competitions will be offered.

Announcements on the web and emails sent later in the year will provide more details about the 2011 *Wellness* program. In the meantime, if you have questions, please contact your local Wellness Champion. A link to the list of Wellness Champions can be found on the *Wellness* FAQ page on the web.

\*To be eligible for the reward payment, an associate must be employed on the payment date.

### Wellness by the numbers:

As of 27 September, the percentage of associates who:

Participated in an onsite biometric screening

82%

Completed an online wellness assessment

70%

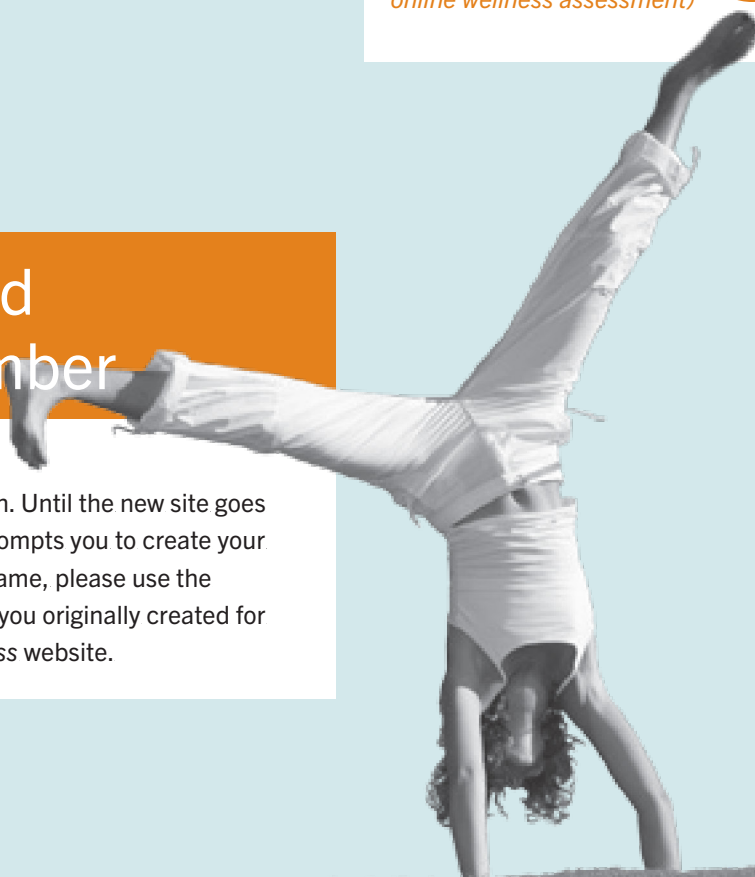
Have already earned the \$400 wellness reward\* (15 credits and completed online wellness assessment)

47%

## Enhanced website and login debuts in December

An enhanced *Wellness* website will debut in mid-December. At that time, all existing users will be asked to create a new username using a personal email address. This change is necessary to ensure continued security of your

information. Until the new site goes live and prompts you to create your new username, please use the username you originally created for the *Wellness* website.



# PHO Office Services associates team up to meet personal wellness goals

When it was announced that PHO would be offering biometric screenings to kick off the new *Wellness* program, there was an overwhelming response. These screenings help associates understand their risk for heart disease, diabetes and other serious health conditions by providing a report on their current state of health.



Among those who took advantage of these free screenings were Office Services associates **Heather Lilla** and **Frank Ramirez**. When they received their screening results, Heather and Frank both vowed to set health and fitness goals that would improve their overall health and quality of life.

They also took advantage of the tools and resources on the *Wellness* website ([wellness.capgroup.com](https://wellness.capgroup.com)) to guide them. Heather and Frank agreed that they could increase their chances for success if they worked together and provided one another with support, motivation and accountability. Here are their stories, in their own words.

## Heather's story



"As a woman in my 20s, it was easy to become fixated only on weight and clothing size. After years of struggling to achieve a specific weight, I found that this self-induced pressure was actually pushing my weight in the opposite direction. It was then that I made the decision to change my thinking. I was going to focus on my overall health, rather than on something so specific.

"A second and equally motivating factor was my chance to be a role model for my 11-year-old sister. If I led by example and adopted a consistently healthy lifestyle, then maybe my sister could avoid the same struggles I've had.

"I knew that participating in a biometric screening would help me set a wellness goal based on my current health, rather than on aesthetics. When I was given the results of my blood work, I was in complete shock! How could a reasonably healthy person in their 20s with no family history of disease possibly have high cholesterol and be pre-diabetic? This was my wake-up call. I vowed to make the necessary changes to achieve my goals."





### Frank's story



"Following a tragic family event, I developed poor eating habits and a sedentary lifestyle that were catching up to me. I decided to make a commitment to lose weight for health reasons and to be a role model for my daughter. I realized that if I didn't make changes, my long-term quality of life could be affected.

"After several attempts to lose weight on various fad diets with short-lived results, I realized I needed to change the way I think. If I was going to lose weight and keep it off, I would need to adopt a wellness-oriented lifestyle with behaviors and habits that would promote better health. Participating in *Wellness* helped me understand what I needed to do, and it gave me the jump-start I needed to develop and sustain a healthy, active lifestyle."

### What they did

Both Heather and Frank spent the months following their initial screening taking advantage of the wellness challenges, online seminars, and the online wellness assessment offered by the *Wellness* program. They were committed to educating themselves and sharing information with each other to improve their chances of success.

In addition to the *Wellness* program features, they frequently challenged each other to friendly fitness competitions that could be completed during the workday. For example, one challenge involved walking a mile during one of their 15-minute breaks—a goal they not only reached, but surpassed.

Heather and Frank also committed to eating lunch together during the workweek and encouraging each other to make healthy food choices and choose reasonable portion sizes. "I was surprised that the simplest changes in my diet could have such a large impact," Frank says. "This program reinforced that it's OK to stop eating when you're full and leave food on your plate!" Frank has also been dedicated to reading wellness articles and using the recipes available on the *Wellness* website.

Having worked both together and on their own, Heather and Frank are embracing wellness as a lifestyle. Through their journey and mutual support, they've learned that each person has to be responsible for good nutrition, proper weight control and getting enough exercise.

Just six months into the program, Heather's cholesterol went from "high" to "desirable" and her glucose levels from "pre-diabetes" to "normal."

When Frank began the program, his glucose levels were so elevated that his doctor was considering prescribing medication for him. However, after only six months of improved diet and exercise, his glucose levels dropped to a normal level, and medication is no longer recommended.

Between February and December, Frank will also have walked almost 400 miles—well beyond the length of the Grand Canyon.

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*If you have a Wellness success story you'd like to share, please contact your local Wellness Champion. A link to a list of these champions can be found on the Wellness at FAQ page on the Web.*



# Tips for being a savvy health-care consumer

Even with our comprehensive medical plan options, the cost of co-pays, deductibles and prescription medications can really add up. Plus, the amount we all spend as a group this year affects how much our plans will cost next year.

There are a few easy ways to reduce your out-of-pocket costs now, help mitigate increases to our future rates, and still receive the best possible care. Here are a few tips from our benefits providers:

### Visit urgent care rather than the emergency room

Many people use the emergency room (ER) for conditions that aren't serious or life threatening. Going to a nearby urgent care center or your doctor's office instead of an ER can save hundreds of dollars and provide you with quality care. Visit your provider's online directory to locate an urgent care facility near you.

Condition	Average emergency room cost	Average urgent care/ walk-in clinic cost
Not life threatening (e.g., ear infection, strep throat)	\$550–750	\$59

### Opt for generic medications

When your doctor prescribes a medication, ask whether there's a generic alternative. The Food and Drug Administration requires that generic drugs have the same active ingredients, high quality, strength and stability as brand-name drugs, and generics can save you as much as 75%.

### Use an in-network lab

Using an in-network lab allows you to take advantage of negotiated rates and can save you a significant amount of money. All plans have negotiated rates with two of the largest labs in the U.S.—LabCorp and Quest—and you can ask your doctor to use one of these labs.

### Go to an independent medical imaging and diagnostics facility

You can save hundreds of dollars without compromising results by using independent testing centers rather than hospitals for x-rays, MRIs, colonoscopies or endoscopies. Compare costs at facilities in your area by using the tools on your insurance provider's website (see below).

## Online cost and quality comparison tools

### Aetna's Cost of Care tool

**What it does:** Provides cost estimates for doctors and treatments, and compares facility costs **Log in and find it:** On the "Take Action on Your Health" tab at [Aetna.com](#)

### Anthem Care Comparison tool

**What it does:** Allows you to compare prices for common services at facilities in your area **Log in and find it:** On the Account Summary page of Anthem's website ([anthem.com/ca](#)) under "Compare Facility Cost & Quality"

### CIGNA Cost and Quality Resources tool

**What it does:** Compares cost and quality of doctors and facilities to help you decide where to seek care **Log in and find it:** On the "My Health" tab of CIGNA's website ([myCIGNA.com](#)) under "Cost and Quality Resources"

# Enrollment information

Open Enrollment for your 2011 benefits elections runs from **Tuesday, 26 October, through Thursday, 11 November.**

With the exception of qualifying life events (such as marriage, divorce or the birth of a child), the Open Enrollment period is your only opportunity this year to make changes to your 2011 medical, dental and vision plans, flexible spending accounts, and the Hyatt legal assistance plan. This year, during Open Enrollment, you'll also be able to enroll children up to age 26 as dependents in our plans, as long as they don't have access to their own employer-sponsored plan. If you have any questions about enrolling dependents, please contact the U.S. Benefits Service Team.

With the exception of flexible spending accounts (see below), your benefits choices for 2010 will automatically roll over to 2011 unless you actively change them during Open Enrollment.

## Participating in a Health Care or Dependent Care FSA in 2011

Flexible spending accounts (FSAs) allow you to set aside pre-tax dollars up to allowable limits for your eligible health-care and dependent-care needs. You must actively elect enrollment in a Health Care FSA or Dependent Care FSA for next year, even if you're currently enrolled. You'll need to specify the total amount you want to contribute to any FSA, even if it's the same amount you requested for 2010.

As you estimate your health-care expenses for next year, please be aware that, as of 1 January 2011, FSA funds can no longer be used to purchase over-the-counter medications without a prescription. This change, mandated by Health Care Reform, also applies to remaining funds in your 2010 FSA, for which you can incur expenses through 15 March 2011.

## Take action during Open Enrollment to:

- Review your dependents on file and ensure that they meet the new definition of an eligible dependent\*
- Make changes to your dependents (e.g., add children up to age 26, remove ineligible dependents or add valid Social Security numbers for dependents age one and older)
- Change your medical or dental plan
- Opt into or out of the vision plan or Hyatt legal assistance plan
- Enroll or re-enroll in a flexible spending account

\* The updated definition of an eligible dependent can be found on the Benefits basics and eligibility page on CGWeb after 26 October 2010.

*Information on [healthlifebenefits.capgroup.com](http://healthlifebenefits.capgroup.com) will be updated with 2011 changes on 26 October 2010.*

## Online tools

### Medical Plan Comparison Tool

See a side-by-side comparison of your medical plan options.

### Medical Cost Analysis Tool

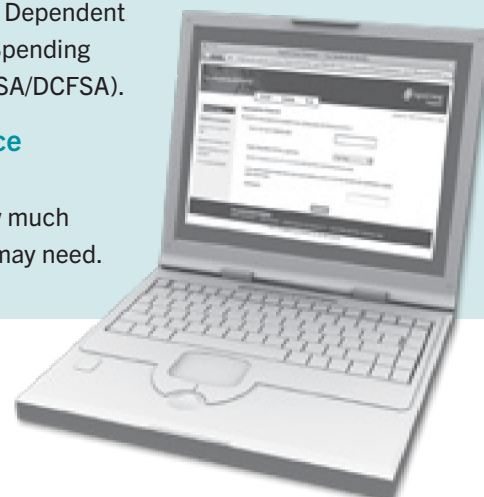
Estimate your 2011 health-care costs and see which plan may work best for you.

### Flexible Spending Account Calculator

Calculate potential tax savings you can realize by using a Health Care or Dependent Care Flexible Spending Account (HCFSA/DCFSA).

### Life Insurance Calculator

Figure out how much coverage you may need.



## How to enroll: five easy steps

Information on the website will be updated with 2011 changes when Open Enrollment begins on 26 October 2010.

1

**Log on:** From home, visit the website from work, click on “U.S. Health & Life Benefits” on the CGWeb Personal Information Center.

2

**Educate yourself:** To learn more about your benefits, go to the “Educate yourself” section of the *Your Health & Life Benefits* website. You can also access eligibility and cost information, provider directories and forms in this section.

3

**Evaluate:** You can view and compare each benefits plan option and use the interactive tools in the “Evaluate your choices” section to help you make the right choices for you and your family.

4

**Enroll:** After you’ve made your benefits decisions, visit the “Enroll in/view your benefits” section. Please review your dependents to ensure they meet the new definition of an eligible dependent. Then, determine if you’d like to make changes to your dependents (such as add children up to age 26, remove ineligible dependents or add valid Social Security numbers). You can also view your 2010 benefits elections, review your benefits options and costs, designate beneficiaries, and make your final elections for 2011.

You must complete the enrollment process by **11:59 p.m. Pacific Time on Thursday, 11 November 2010.**

5

**Print:** Please print your confirmation statement/enrollment summary from the *Your Health & Life Benefits* website for your records. You won’t receive a printed confirmation statement in the mail.

### General disclaimer for plan changes

The benefits plan changes outlined and described in this newsletter are intended to satisfy the Summary of Material Modifications requirement of Title 1 of the Employee Retirement Income Security Act of 1974 (ERISA).

### HIPAA compliance notification

In 1996, Congress passed the Health Insurance Portability and Accountability Act (HIPAA) that assures associates and other health plan participants of certain protections for their health information. The Health Information Privacy Notice, which describes how medical information about associates and other health plan participants may be used and disclosed, is available on CGWeb—enter “HIPAA” in the search bar.

### Grandfathered health plans

Our health plans meet the definition of a “grandfathered health plan” as defined by the Patient Protection and Affordable Care Act. For more information, please search CGWeb for “grandfathered health plans” after 26 October.

## benefits

*Benefits* is published semi-annually for U.S. associates. Its purpose is to inform associates of benefits, open enrollment processes, and retirement and wellness issues. Topic suggestions for the next spring issue are welcome; please submit to Wendy O’Dea (WAO).

Wendy O’Dea      Editor/writer