2021–2022

Employee Benefits GUIDE

CARROLL
COMMUNITY COLLEGE

WELCOME

Carroll Community College is proud to offer a comprehensive and competitive benefits package to its employees.

Dear Colleagues:

Please take the time to carefully review the benefits mentioned in this brochure. The College pays the amounts below:

- 93% of the premium for the Silver medical plan
- 80% of the premium for the Gold medical plan
- 67% of the premium for dental insurance
- 90% of the premium for the vision insurance

Important Notice about Your Prescription Drug Coverage and Medicare—see page 21

This notice has information about your current prescription drug coverage with Carroll Community College and about your options under Medicare's prescription drug coverage. Please read it and share it with any of your Medicare-eligible dependents.

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ELIGIBILITY AND ENROLLMENT

You and your dependents are eligible to participate in the benefits described in this Benefits Guide.

Who is eligible for benefits?

Employees

Benefits in this guide are available to benefit-eligible employees working at least 30 hours per week.

If you are a new hire, your benefits become effective on the first of the month following date of hire. If hired on first of the month, benefits start that day.

Dependents

In addition to enrolling yourself, you may also enroll any eligible dependents under the medical/prescription, dental, vision, and voluntary life plans. Eligible dependents are defined below.

- **Spouse:** a person to whom you are legally married by ceremony.
- **Dependent Children:** your biological, adopted, or legal dependents up to age 26 regardless of student, financial, and marital status. Dependent coverage terminates at the end of the calendar year (or on the day they attain age 26 for life insurance coverage) in which the dependent ceases to meet the definition of an eligible dependent.

Making Changes

The benefits plan year runs July 1 through June 30. You will not be able to make changes to your elections during the plan year unless you experience a qualified change-in-status event event that impacts your eligibility and the change is allowed under the terms of the insurance contract or plan document. If you do not experience a qualified change-in-status event, the elections you make will remain in effect through June 30, 2022.

Qualified change-in-status events are changes in the below:

- Legal marital status, including marriage, death of a spouse, divorce, and annulment
- Number of covered dependents due to birth, death, adoption, granting of legal custodianship, or reaching maximum age for coverage
- Employment for you, your spouse, or your dependent, including commencement of or return from leave of absence, or change in employment status
- Eligibility for other coverage, or loss thereof, due to your spouse's Open Enrollment period, or a loss or gain of benefit eligibility

You must notify the Human Resources Department within 30 days of the change-in-status event in order to make a change to your benefit elections. Documentation supporting the change will be required.

How to enroll

With our online benefits system, selecting your benefits is fast, easy, and convenient.

In this portal you can

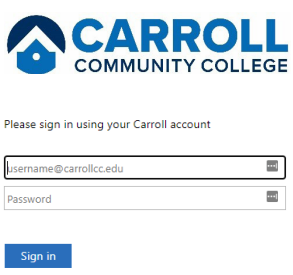
- Enroll in your benefits
- View important benefit information
- View current and prior benefit decisions
- Manage your benefits

Before You Enroll

- Familiarize yourself with your options by reading the benefits described in this guide
- Have the information below handy:
  - Social Security Numbers for you and your eligible dependents
  - Dates of Birth for you and your eligible dependents
  - Information on any other medical coverage that you or your dependents have

Follow These Steps to Enroll

- Go to **https://carrollcc.benelogic.com**
- Enter your Username and password (these will be the same as your log in information for your work computer)
- Follow the on-screen instructions to enroll in your benefits
- When you have finished making your elections, click the "Submit" button to save your elections



BENEFIT COSTS AND RESOURCES

Payroll Deductions

Benefit	Based on 22 Pays				Based on 26 Pays			
	Employee	Employee + Child	Employee + Spouse	Family	Employee	Employee + Child	Employee + Spouse	Family
Gold	$97.15	$184.58	$204.00	$291.43	$82.20	$156.18	$172.62	$246.59
Silver	$31.26	$59.38	$65.64	$93.76	$26.45	$50.24	$55.55	$79.34
Dental PPO	$8.66	$10.20	$14.78	$20.33	$7.33	$8.63	$12.51	$17.20
Vision	$0.36	$0.54	$0.72	$0.94	$0.30	$0.46	$0.61	$0.80

Resources

Coverage	Contact	Phone Number	Website/Email
Medical	Cigna	1-800-Cigna24 (1-800-244-6224)	www.cigna.com
Dental	Cigna	1-800-Cigna24 (1-800-244-6224)	www.cigna.com
Vision	Cigna VSP	1-800-Cigna24 (1-800-244-6224)	https://cigna.vsp.com
Flexible Spending Account (FSA)	Optum Financial/ ConnectYourCare	1-877-292-4040	www.connectyourcare.com
Life & Disability	Cigna	1-800-362-4462	www.cigna.com
Employee Assistance and Work/Life Program	Cigna	1-877-622-4327	www.mycigna.com
Rapid Paycard	Payroll	410-386-8465 or 410-386-8033	
Benefits Hotline	PSA Insurance & Financial Services	1-877-716-6618	carrollcc@psafinancial.com

Questions?

Our benefit consultant, PSA Insurance & Financial Services, provides a **Benefits Hotline** to help with managing questions and issues with your benefits plan. You can also obtain information by contacting our benefit providers directly.

Representatives are available Monday through Friday from 8:30 a.m. to 5 p.m. ET. Please provide your Member ID and date of birth when submitting an email and/or have that information handy when calling the Benefits Hotline. You may be required to complete a HIPAA Authorization Form.

Toll-free phone: 1-877-716-6618
Email: carrollcc@psafinancial.com

MEDICAL

Important protection to keep you and your family in good health.

Need to Locate a Participating Provider?

Visit **www.cigna.com** (or **www.mycigna.com** if you're already enrolled). Click on "Find a Doctor, Dentist or Facility" and then "Employer or school." Enter your zip code and select "**Open Access Plus, OA plus, Choice Fund OA Plus**."

Summary of Benefits and Coverage

Choosing a health coverage option is an important decision. To help you make an informed choice, a Summary of Benefits and Coverage (SBC), which summarizes important information in a standard format, is available for review. The SBC is located on the Carroll Community College enrollment website at **carrollcc.benelogic.com** under "resources." A paper copy is also available, free of charge, by contacting Human Resources.

NOTE: The information provided herein regarding various care options is meant to be helpful when you are seeking care and is not intended as medical advice. Only a medical provider can offer medical advice. The choice of provider or place to seek medical treatment belongs entirely to you.

Carroll Community College cares about your health and well-being. The health benefits available to you represent a significant component of your compensation package, and they provide important protection to keep you and your family in good health.

Carroll Community College is pleased to offer two choices of medical plans: **Gold** and **Silver** administered through **Cigna**. Both plans allow you to seek care from any provider you choose, but you will receive the greatest benefit when you visit an in-network provider in the **Open Access Plus network**. If you choose to see an out-of-network provider, you may be subject to higher out-of-pocket expenses and balance billing by that provider.

Preventive Care Covered at 100%

Prevention is the best medicine, and Cigna offers a wide range of preventive services to help you and your family lead healthy, productive lives. These services include annual routine examinations, well-child care visits, immunizations, routine OB/GYN visits, mammograms, PAP tests, prostate screenings, birth control, and other services as required by the Affordable Care Act. These preventive services are covered in full when you visit a participating, in-network provider.

Where you receive care matters!

Knowing where to go when you need medical care is key to getting the best treatment with the lowest out-of-pocket costs.

Your Doctor Knows Best

- Your personal physician best understands your health.
- Having a personal physician can result in overall better care.

But what if you get sick or injured when your doctor's office is closed?

Cigna Members: 24/7 Medical Advice

- Nurse Line: get advice on a diagnosis or where to receive care.
- Cigna Virtual Care: use virtual doctor visits for common, uncomplicated, non-emergency health issues.

Urgent Care Centers

- Urgent care centers are usually open after normal business hours, including evenings and weekends.
- Many urgent care centers offer on-site diagnostic tests.
- In most situations, you'll find that you save time and money by going to urgent care instead of the Emergency Room.

Emergency Room (ER)

- This is the best place for treating severe and life-threatening conditions.
- Emergency Rooms provide the most expensive type of care.

CIGNA RESOURCES

Get the most out of your medical plan with value-added resources from Cigna.

Cigna Mobile app

The myCigna mobile app gives you an easy way to organize and access your important health information—anytime, anywhere. Download the free app and gain instant access to multiple services.

24/7 Medical Advice

Cigna Virtual Care

Your health plan through Cigna includes access to medical and behavioral/mental health virtual care. With Cigna Virtual Care, you can get the care you need—including most prescriptions—for a wide range of minor conditions. Visit **www.mycigna.com** and log in to get started.

You can connect with a board-certified doctor when, where, and how it works best for you—via video or phone—without having to leave home or work. **MDLIVE** televisits can be a cost-effective alternative to a convenience care clinic or urgent care center, and cost less than going to the emergency room. **There is no cost to you when using Cigna Telehealth.**

Whether it's late at night and your doctor or therapist isn't available, or you just don't have the time or energy to leave the house, you can:

- Access care from anywhere via video or phone
- Get medical virtual care 24/7/365—even on weekends and holidays
- Schedule a behavioral/mental health virtual care appointment online in minutes
- Connect with quality board-certified doctors and pediatricians, as well as licensed counselors and psychiatrists
- Have a prescription sent directly to your local pharmacy, if appropriate

You have options

- **MDLIVE**: medical and behavioral/mental health virtual care: **1-888-726-3171**
- **Cigna Behavioral Health** also provides access to video-based counseling through Cigna's network of providers. To find a provider:
- Visit **myCigna.com**, go to "Find Care & Costs" and enter "Virtual counselor" under "Doctor by Type"
- Call the number on the back of your Cigna ID card 24/7

Nurse Line

The 24-Hour Health Information Line (HIL) assists individuals in understanding the right level of treatment at the right time **at no cost to you**. Trained nurses are available 24 hours a day, seven days a week, 365 days a year to provide health and medical information and direction to the most appropriate resource.

To speak with a nurse, call **1-866-494-2111**.

Cigna One Guide

We understand how confusing and overwhelming it can be to review your health plan options. We want to help by providing the resources you need to make a decision with confidence. That's why Cigna One Guide℠ is available to you now.

Call a Cigna One Guide representative during pre-enrollment to get personalized, useful guidance.

- Easily understand the basics of health coverage
- Identify the types of health plans available to you that best meet the needs of you and your family
- Check if your doctors are in-network to help you avoid unnecessary costs
- Get answers on any other questions you may have about the plans or provider networks available to you

Don't wait until the last minute. Call **1-800-Cigna24 (800-244-6224)** to speak with a One Guide representative today.

After enrollment, the support continues. Your One Guide representative will be there to guide you through the complexities and unclear jargon of the health care system, and help you avoid costly missteps. The goal is a simpler health care journey for you and your family. Call today or access the Cigna One Guide support tool by downloading the myCigna App.

MORE CIGNA RESOURCES

Employee Assistance Program

Life. Just when you think you've got it figured out, along comes a challenge. Whether your needs are big or small, your Life Assistance and Work/Life Support Program through Cigna is there for you. It can help you and your family find solutions and restore your peace of mind.

Help is just a phone call away whenever you need it—at no extra cost to you. An advocate can help you assess your needs and develop a solution. He or she can also direct you to community resources and online tools.

Up to five counseling sessions are available to you and your household members. Call or go online, search the provider directory and request an authorization. Some of the issues the EAP can help with are listed below:

- Child care
- Financial services and referral
- Identity theft
- Legal consulting
- Pet care
- Senior care

Get in touch. Call **1-877-622-4327** or visit **www.mycigna.com**.

Amplifon Hearing Aid Benefits

Cigna Healthy Rewards® has teamed up with Amplifon to offer you quality hearing health care. Amplifon offers hearing aids from the top brands, with an average savings of 62% off retail.

Start your journey to better hearing today. Call **1-877-822-7095** or visit **www.amplifonusa.com/healthyrewards** for more information.

Diabetes Prevention Program

Cigna members have access to The Cigna Diabetes Prevention Program in collaboration with Omada—a CDC-recognized digital lifestyle and behavior change program focused on reducing the risk of diabetes through healthy weight loss. The Diabetes program gives eligible members access to online enrollment and tech support, professional health coaches, social support groups, interactive online training lessons on healthy eating, physical activity, sleep and stress, as well as a digital enabled scale.

There will be communication materials distributed around July 1 and a landing page for employees to express interest and learn if they meet the necessary risk factors.

Charges for eligible members are processed as a claim, with no out of pocket cost to the employee.

Cigna Behavioral Telehealth

With behavioral/mental health virtual care, you get the care and attention you'd expect from an in-office visit, wherever and whenever is most convenient for you. Here's how it works:

- Talk privately with a licensed counselor or psychiatrist via video or phone.
- Have a prescription sent directly to your local pharmacy, if appropriate.
- Pay the same out-of-pocket cost as an in-office behavioral/mental health visit.

You can also receive care through Cigna's network of behavioral health providers. Cigna Behavioral Health provides access to virtual counseling through its own network of providers.

To schedule an appointment online, go to **myCigna.com**, or call MDLIVE directly at **1-888-726-3171.**

MEDICAL PLAN HIGHLIGHTS

The chart below highlights your costs and copays for some of the features of your medical plan options. Remember, if you choose to seek care from an out-of-network provider, you may be subject to higher out-of-pocket expenses and balance billing by that provider. You are not required to select a Primary Care Physician (PCP) or obtain a referral for specialist care under either plan. For full plan details, please refer to your Cigna plan summaries.

Plan Features	Gold Plan		Silver Plan	
	In-Network YOU PAY	Out-of-Network YOU PAY[1]	In-Network YOU PAY	Out-of-Network YOU PAY[1]
Annual (Plan Year) Deductible Amount you must pay per plan year before the plan begins to pay benefits for certain services	Individual: $500 Family: $1,000	Individual: $1,000 Family: $2,000	Individual: $750 Family: $1,500	Individual: $1,000 Family: $2,000
Annual Out-of-Pocket Maximum Maximum amount you pay toward covered medical and prescription expenses per plan year (**includes deductible, coinsurance, and copays**)	Individual: $6,850 Family: $13,700		Individual: $6,850 Family: $13,700	
Preventive Care Services				
Preventive Care	No charge	Not covered	No charge	Not covered
Immunizations	No charge	Not covered	No charge	Not covered
Mammogram, PAP, and PSA Tests	No charge	Deductible, then 20%[1]	No charge	Deductible, then 30%[1]
Office Visits, Labs, and Testing				
Cigna Telehealth	No charge	N/A	No charge	N/A
Office Visits for Illness	PCP: $20 copay Specialist: $30 copay	Deductible, then 20%[1]	$20 copay	Deductible, then 30%[1]
X-ray and Lab Tests[2]	Deductible, then no charge	Deductible, then 20%[1]	Deductible, then 10%	Deductible, then 30%[1]
Outpatient Therapy, Acupuncture, and Chiropractic Services* (30-days maximum)	PCP: $20 copay Specialist: $30 copay	Deductible, then 20%[1]	$20 copay	Deductible, then 30%[1]
Urgent Care, Emergency Care, and Hospitalization				
Urgent Care Center	Deductible, then $50 copay	Deductible, then 20%[1]	Deductible, then $50 copay	Deductible, then 30%[1]
Hospital Emergency Room (copay waived if admitted)	In-network deductible, then $100 copay		In-network deductible, then $100 copay	
Inpatient Facility Services	Deductible, then no charge	Deductible, then 20%[1]	Deductible, then 10%	Deductible, then 30% [1]
Outpatient Facility Services	Deductible, then no charge	Deductible, then 20%[1]	Deductible, then 10%	Deductible, then 30%[1]
Other Benefits				
Hearing Aids • **Use Amplifon in-network provider[3]** • Maximum of 2 devices per 36 months ($4,000 max applies to adults 19+) • Includes testing and fitting	Deductible, then no charge	Deductible, then 20% [1]	Deductible, then 10%	Deductible, then 30% [1]

This chart is intended for comparison purposes only. If there are any discrepancies, the plan document will govern.
Please note: some services may require pre-certification in order to be covered.

***May be subject to Medical Necessity Review.**

[1]Out-of-network services are subject to a contract year deductible and Maximum Reimbursable Charge limitations. An out-of-network provider may bill you the difference between their normal charge and the Maximum Reimbursable Charge.

[2]To be considered in-network under the Cigna plans, lab tests must be received at either Labcorp or Quest Diagnostics.

[3]Call Amplifon at 1-877-822-7095 and a Patient Care Advocate will assist you in finding a hearing specialist near you.

PRESCRIPTION DRUGS

When you enroll in one of the medical plans, you will automatically receive prescription drug coverage.

The chart below highlights your costs and copays for covered prescription drugs under the different tiers. For full plan details, please refer to your Cigna plan summaries.

Prescription Drug Coverage	Gold Plan YOU PAY	Silver Plan YOU PAY
Prescription Deductible	None	None
Prescription Out-of-Pocket Maximum	Combined with medical out-of-pocket maximum	Combined with medical out-of-pocket maximum
Retail 33-Day Supply		
Generic	$10 copay	$10 copay
Preferred Brand	$25 copay	$25 copay
Non-Preferred Brand	$45 copay	$45 copay
90-Day Supply—90 Now Network Pharmacy or Cigna Home Delivery		
Generic	$20 copay	$20 copay
Preferred Brand	$50 copay	$50 copay
Non-Preferred Brand	$90 copay	$90 copay
Specialty Drugs 34-Day Supply		
Retail or Home Delivery	50% up to $75 maximum	50% up to $75 maximum

This chart is intended for comparison purposes only. If there are any discrepancies, the plan document will govern. Plans will not cover out-of-network pharmacy benefits. Some drugs may require pre-certification in order to be covered.

- **Prior Authorization**
  - Certain medications will require approval for coverage. This review process helps make sure you're receiving coverage for the right medication, at the right cost and for the right situation.
- **Quantity Limitations**
  - Certain medications will have a limit to how much you can fill per prescription. Quantity limits help make sure you're receiving coverage for the right amount of medication for the right length of time.
- **Step Therapy**
  - Certain medications will require you to try one or more lower-cost medications first before the higher cost medication will be covered. A medical necessity review is available for approval of a higher-cost drug.

Filling your maintenance medications is easy with Cigna 90 Now!

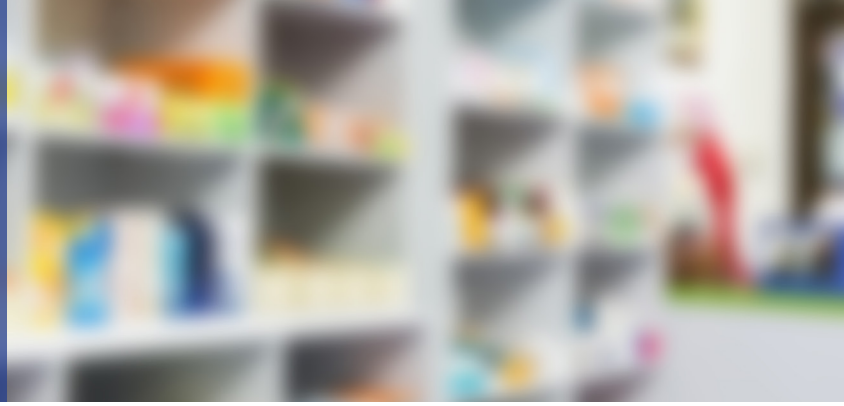
With Cigna 90 Now, you can choose to fill your medication in a 30 or 90-day supply.

If you choose to fill a 30-day prescription, it can be filled at any network retail pharmacy or through Cigna Home Delivery.

If you choose to fill a 90-day prescription, it must be filled at a network 90 Now pharmacy or through Cigna Home Delivery to be covered by the plan.

For more information about your new pharmacy network, visit **www.cigna.com/Rx90network**.

PRESCRIPTION DRUGS CONTINUED



Express Scripts Pharmacy

Express Scripts Pharmacy, one of the country's largest home delivery pharmacies, is now a Cigna company. Your pharmacists will need to use the BIN, PCN, and Rx Group number on your ID card to access your benefits and process your claim.

Express Scripts Pharmacy is Cigna's home delivery pharmacy. MyCigna.com and the myCigna app will link you to the Express Scripts website for home delivery support. There are two easy ways to place a new order:

1. **Electronically:** For fastest service, ask your doctor's office to send your prescription electronically to Express Scripts Home Delivery, NCPDP 2623735.
2. **By fax:** Have your doctor's office call **1-888-327-9791** to get a fax order form.

For current prescriptions–it's easy to move them to Express Scripts Pharmacy. Just call **1-800-835-3784** and have your doctor's contact information and prescription medication name(s) and dosage(s) ready. Express Scripts Pharmacy will do the rest.

Cigna Specialty Pharmacy Services

Specialty medications are used to treat rare and complex conditions like cancer, multiple sclerosis and rheumatoid arthritis. Employees filling specialty medications will need to fill their prescription using Exclusive Specialty Home Delivery at Cigna Specialty Pharmacy. The use of the dedicated specialty pharmacy helps provide faster time to therapy, earlier opportunity for engagement and no disruption on the second fill–all supporting an overall better customer experience.

Did you know that preventive medications are covered at no cost?

The Patient Protection and Affordable Care Act (PPACA) requires that certain categories of drugs and other products be included in preventive care services coverage. Check your plan materials or visit **www.mycigna.com** for more information.

Specialty Medication Updates for July 1, 2021

SaveOnSP

Specialty medications can cost a lot of money. That's why your plan offers a program called SaveOnSP, which can help lower your out-of-pocket costs to $0. **If you are taking a specialty prescription through Cigna's Home Delivery program through Accredo you may be eligible to participate in this program. Please keep an eye out for letters mailed to your home, or calls made to you from SaveOnSP, as this means that you are taking a prescription that is part of this program.** A typical SaveOnSP enrollment call lasts 5–15 minutes. SaveOnSP maximizes copay assistance from drug manufacturers for certain specialty medications by reducing your out-of-pocket cost share to $0. If you receive a letter and/or call from SaveOnSP and don't enroll in the program you will pay a much higher copay for your medication. The average cost of specialty medications is $2750, though the amount varies based on the type of medication you are prescribed.

Conditions supported by SaveOnSP include, but are not limited to:

- Hepatitis C
- Multiple Sclerosis
- Psoriasis
- Inflammatory Bowel Disease
- Rheumatoid Arthritis
- Oncology
- Cystic Fibrosis

Out-of-Pocket Adjuster Program

Many people use manufacturer coupons (also called "copay assistance") to help lower the amount of money they pay out-of-pocket for their medications. It's important to know how your plan applies these coupons so you don't have any surprises if you use them when you fill your prescription through Accredo, a Cigna specialty pharmacy. Only the amount you pay out of your own pocket applies to your deductible and out-of-pocket maximum. Keep in mind that using a manufacturer coupon can help you spend less on your prescription. However, it may take you longer to meet your plan's deductible and/or out-of-pocket maximum.

DENTAL PLAN HIGHLIGHTS

Your dental health is an important part of your overall health.

Plan Features	Cigna Dental PPO	
	In-Network YOU PAY	**Out-of-Network YOU PAY***
Annual Deductible (Based on plan year) Waived for preventive and ortho.	Individual: $50 Family: $125	Individual: $50 Family: $125
Progressive Maximum Benefit Progressive Benefit Year 2: Increase contingent upon receiving Preventive Services in Plan Year 1. Progressive Benefit Year 3: Increase contingent upon receiving Preventive Services in Plan Years 1 and 2. Progressive Benefit Year 4: Increase contingent upon receiving Preventive Services in Plan Years 1, 2, and 3.		
Annual Benefit Maximum (Based on plan year)	Year 1: $1,500 Year 2: $1,600 Year 3: $1,700 Year 4: $1,800	Year 1: $1,500 Year 2: $1,600 Year 3: $1,700 Year 4: $1,800
Preventive Services Oral evaluations, routine cleanings, x-rays, fluoride application, sealants, space maintainers, emergency care to relieve pain	No charge, no deductible	No charge*, no deductible
Basic Restorative Services Fillings, endodontics, periodontics, oral surgery, anesthesia, repairs of bridges/ crowns/inlays/dentures, denture relines/rebases/adjustments	Deductible, then 20%	Deductible, then 20%*
Major Restorative Services Inlays, onlays, prosthesis over implant, crowns, bridges, dentures	Deductible, then 50%	Deductible, then 50%*
Orthodontia Dependent children to age 19 $2,000 lifetime maximum	50%, no deductible	50%*, no deductible

This chart is intended for comparison purposes only. If there are any discrepancies, the plan document will govern.
*Out-of-Network reimbursement is based on the Maximum Allowable Charge (MAC) as defined by Cigna. You may be balance billed by out-of-network providers for the difference between the MAC and their actual charge.

Need to locate a participating provider?

Visit www.cigna.com. Click on "Find a Doctor, Dentist or Facility" and then "Employer or school." Then, enter your address and search.

Under the **Cigna** dental plan, you have the freedom to see any dentist; Cigna PPO providers are considered in-network. If you choose to receive care from an out-of-network (non-participating) dentist, you may be subject to higher out-of-pocket costs and balance billing. The chart highlights your costs for certain service under the plan. For full plan details, please refer to your Cigna plan summary.

Prevention first!

Make sure you take advantage of your preventive dental visits. Preventive care services are not subject to the annual deductible and the plan covers 100 percent of the cost if you visit an in-network provider!

Progressive Maximum

With the progressive maximum benefit feature, you can increase your annual maximum benefit by $100 each year (for up to four years) by receiving your routine preventive services! If you receive preventive services in plan year one, your maximum benefit of $1,500 will increase by $100 for plan year two. If you continue to receive preventive services each year, your maximum benefit will increase by another $100 each year until plan year four, when you reach the maximum benefit amount of $1,800. **It is your responsibility to keep track of your annual benefit maximums, to avoid additional incurred expenses**.

VISION PLAN HIGHLIGHTS

A full range of vision care services through Cigna.

Vision care benefits are available through **Cigna** through the VSP network. Your vision plan offers a national network consisting of optometrists, ophthalmologists, and opticians. If you choose to use an out-of-network provider, you will be required to pay that provider at the time of service and submit a claim for reimbursement. The chart highlights your costs and copays in-network, as well as the out-of-network reimbursements that you would get back from the plan.

Did you know your eyes can tell an eye care provider a lot about you?

In addition to eye disease, a routine eye exam can help detect signs of serious health conditions like diabetes and high cholesterol. This is important, since you won't always notice the symptoms yourself, and some of these diseases cause early and irreversible damage.

Healthy Rewards®—Vision Network Savings Program

When you see a Cigna Vision Network Eye Care Professional, you can save 20% (or more) on additional frames and/or lenses, including lens options, with a valid prescription. This savings does not apply to contact lens materials. See your Cigna Vision Network Eye Care Professional for details.

Plan Features	Cigna VSP Vision	
	In-Network	Out-of-Network Reimbursement
Eye Exams (Once every 24 months*)	No charge	Up to $45
Lenses (Once every 24 months*)		
Single Vision	No charge	Up to $40
Lined Bifocal	No charge	Up to $65
Lined Trifocal	No charge	Up to $75
Progressive	No charge	Up to $75
Lenticular	No charge	Up to $100
Frames (Once every 24 months*)		
Retail Allowance	Up to $130	Up to $78
Contacts In lieu of frames and lenses (Once every 24 months*)		
Elective	Up to $130	Up to $115
Therapeutic	No charge	Up to $250

This chart is intended for comparison purposes only. If there are any discrepancies, the plan document will govern.

*Your Frequency Period begins on the first of your plan renewal month (plan year basis)

Need to locate a participating provider?

Visit www.cigna.vsp.com. Log in and click "Find a Cigna vision network eye care professional." Enter your city, state, zip code, and any other search critera, and click "search as guest."

FLEXIBLE SPENDING ACCOUNTS (FSA)

Set aside pre-tax dollars to pay for eligible health care and dependent care expenses.

Flexible Spending Accounts (FSAs) allow you to reduce your taxable income by setting aside pre-tax dollars from each paycheck to pay for eligible out-of-pocket health care and dependent care expenses for you and your family.

There are two types of FSAs: Health Care FSA and Dependent Care FSA. You can elect one or both of these accounts. The FSAs are administered by **Optum Financial/ConnectYourCare.**

All employees who participate in a Flexible Spending Account will receive a ConnectYourCare Debit Card as a way to pay up front for qualified expenses. You may also pay up front for expenses and get reimbursed at **www.connectyourcare.com**. Remember to keep your receipts, as you may need to verify your debit card purchases for the IRS.

Health Care FSA

Health Care FSAs help you stretch your budget for health care expenses for you and your dependents by allowing you to pay for these expenses using tax-free dollars. You may set aside up to $2,750 annually in pre-tax dollars, which is deducted out of your pay throughout the year. Funds can be used to pay for qualified health expenses such as deductibles, medical and prescription copays, dental expenses, and vision expenses. You can use the FSA for expenses for yourself, your spouse, and your dependent children (regardless of whether or not they are enrolled in your medical plan).

Your annual contribution amount is deposited into your account and is available to you at the beginning of the plan year. As you incur expenses, simply use your debit card to pay for your expenses or submit a claim to be reimbursed at **www.connectyourcare.com**.

Please note that health insurance premiums paid for by an employer plan or for other health insurance coverage are not eligible for reimbursement.

Carryover Provision

When you choose how much to contribute to an FSA, be sure to estimate your expenses carefully. The Health Care FSA has a $500 carryover feature meaning that any amount of $500 or less remaining in your account at the end of the plan year will roll over into the new plan year. Any remaining funds over $500 in a Health Care FSA (and any amount of remaining funds in a Dependent Care FSA) at the end of the plan year will be forfeited. **You will have 90 days after the end of the plan year to submit claims incurred during that year**.

Do I need to enroll in the FSA each year?

In order to participate in the FSA, **you must enroll each year.** Your annual contribution stays in effect during the entire plan year (July 1 through June 30). The only time you can change your election is during Open Enrollment or if you experience a qualified change-in-status event.

Will I lose my money if I don't use it in a year?

Any remaining funds over $500 in a Health Care FSA and any amount left in your Dependent Care FSA at the end of the plan year will be forfeited.

New FSA Eligible Expenses

The list of products eligible for reimbursement from medical FSAs has been expanded. Changes include the addition of over-the-counter drugs and feminine hygiene products. These newly approved items are retroactively eligible dating back to January 1, 2021, meaning you can file for reimbursement for these items if you've purchased them since January 1.

Use the link below to view all FSA eligible expenses.

Visit http://www.connectyourcare.com/tools/eligible-expenses/ to see examples of items that are generally eligible under FSAs, or visit www.irs.gov and look under Publication 502.

Dependent Care FSA

The Dependent Care FSA allows you to pay for eligible dependent care expenses with tax-free dollars. You may set aside up to $5,000 annually in pre-tax dollars, or $2,500 if you are married and file taxes separately from your spouse.

Contributing to a Dependent Care FSA allows you to pay dependent care expenses such as daycare (center or individual daycare), before and after school care, day camp, and elder care.

Eligible expenses include those listed below:

- Care for your dependent child who is under the age of 13 whom you can claim as a dependent for tax purposes
- Care for your dependent child who resides with you and who is physically or mentally incapable of caring for him/herself
- Care for your spouse or parent who is physically or mentally incapable of caring for him/herself

If the situation is educational in nature (e.g. kindergarten), whether full day or half day, public or private, state mandated or voluntary, the expense cannot be reimbursed under the Dependent Care FSA.

When submitting a claim, you can only be reimbursed up to the amount you have contributed to date, less any previous reimbursements. You may only receive reimbursements for services already incurred. An expense is incurred when a service is received, not when a bill is paid. Even though your service provider may require payment at the beginning of the service period, you cannot request reimbursement until after the service is provided. Your dependent care provider must be an individual that you do not claim as a dependent on your tax return.

If you participate in a Dependent Care FSA, you cannot apply the same expenses for a dependent care tax credit when you file your income taxes. Consult your tax advisor for more details on current tax law.

Pre-tax Savings Example (With $5,000 Dependent Care FSA)

	Without FSA	vs	With FSA
Gross Pay	$50,000		$50,000
Dependent Care FSA Contribution	$0		- $5,000
Taxable Income	$50,000		$45,000
Taxes*	- $11,995		- $10,625
Take Home Pay after Taxes	$38,005		$34,375
Reimbursable Expenses	- $5,000		- $5,000
Available Income before reimbursement	$33,005		$29,375
Tax-Free Reimbursement from FSA	$0		$5,000
Net Income	$33,005		$34,375

*Taxes are estimated using 2021 single filer federal tax brackets, a 7.75% state income tax, and 7.65% social security tax. For illustrative purposes only. Actual dollar amounts and savings may vary.

Contact Optum Financial/ ConnectYourCare

For questions regarding your Flexible Spending Accounts or to submit a claim, you may contact ConnectYourCare by calling or visiting their website.

Phone:
1-877-292-4040

Website:
www.connectyourcare.com

That's a potential savings of $1,370 for the year!

LIFE & DISABILITY INSURANCE

Basic Life and AD&D Insurance

Life insurance helps protect your family from financial risk and sudden loss of income in the event of your death. Accidental death and dismemberment (AD&D) insurance provides an additional benefit if you lose your life, sight, hearing, speech, or limbs in an accident. Life and AD&D Insurance is provided through **Cigna**.

If you work 30 hours or more per week you will receive basic term life insurance in the amount of one-and-a-half times your annual salary up to a maximum benefit of $50,000—**at no cost to you**. The basic life insurance plan automatically includes AD&D coverage, which provides protection and additional benefits in the event of your death or dismemberment due to a covered accident occurring on or off the job. If you die as a result of an accident, the AD&D benefit will be equal to your basic life benefit amount. For other covered losses, a percentage of this benefit will be payable. Benefits may be subject to a reduction schedule.

Supplemental Life Coverage

You may purchase additional life and AD&D insurance for yourself, your spouse, and/or your dependent children through **Cigna**. Participation is voluntary, and premiums are **paid by you**. **You must elect coverage for yourself in order to purchase coverage for your spouse and/or dependent children**.

Evidence of Insurability (EOI)

Cigna requires you to show that you are in good health before they will agree to provide certain levels of coverage. This is called "Evidence of Insurability (EOI)." You will need to provide EOI when you increase your coverage after your initial election, waive coverage when you are initially eligible and enroll for the first time at a later date, or select coverage of any amount over the guaranteed issue ($100,000 for employees/$20,000 for spouses). Coverage that requires EOI will not be in effect until you receive approval from the insurance company.

Employee

- Elect a benefit in $10,000 increments not to exceed $300,000
- EOI is required if you a elect a life insurance benefit greater than $100,000

Spouse

- Elect a benefit in $10,000 increments up to $50,000
- EOI is required if you elect a benefit greater than $20,000

Child(ren)

- $10,000 benefit for children six months old up to age 26. **It is the employee's responsibility to drop once ineligible**
- $500 benefit for children under six months old
- EOI is not required for dependent children

Long-Term Disability

Disability Insurance is designed to protect your income in case you are unable to work due to an illness or non-work-related injury. Long-term disability (LTD) insurance provides coverage in the event of an extended illness or injury, and is offered through **Cigna**. Premiums are **paid 100% by you**.

- 60% of basic monthly earnings up to a maximum benefit of $8,000 per month
- Benefits payable once you are disabled and under a physician's care for three months
- If you enroll as a new hire, no Evidence of Insurability necessary—late entrants required to complete Evidence of Insurability.

Long-Term Disability Rate
$0.21 per $100 of monthly covered payroll

Don't forget to designate a beneficiary!

Choosing who will receive your life insurance benefit is an important decision. Please make sure your beneficiary information is up-to-date.

Employee and Spouse Supplemental Life Monthly Rates per $1,000 of Coverage

Child Rate per $10,000: $1.32

Pre-existing conditions

Disability payments are not payable for a disability caused by a pre-existing condition, which is an injury or illness for which you have consulted a doctor or received treatment during the three months prior to the effective date of coverage. A condition will no longer be considered pre-existing if it causes a disability after you have been enrolled in the long-term disability plan for at least 12 consecutive months.

RETIREMENT BENEFITS

The College offers a variety of retirement plans based on the category of the employees' position. **Completion of enrollment in each retirement plan is mandatory before or on the date of hire.**

Faculty, Administrators and certain Professional/Technical positions

Employees that meet the following MHEC requirements can choose between the Maryland State Retirement and Pension System (MSRPS), or one of two Optional Retirement Programs (ORP's): TIAA-CREF or Fidelity.

The following criteria constitute the minimal elements to be used in determining a position to be a professional position:

1. This position requires that the incumbent possess an earned baccalaureate or higher degree.
2. The position requires services no less than half the working hours required of similar positions at the agency, that is, the position is at least half time.
3. The position requires use of skills that are predominantly mental or intellectual rather than physical or manual.
4. The position is not considered by the agency to be a clerical position.
5. The position is not funded by federal or specials funds or from auxiliary enterprise operations.

Support Staff Positions

Support staff employees are required to enroll as members of the Maryland State Teacher's Pension System (MSRPS) according to state regulations.

Maintenance, Environmental Services, and Security Positions

As a condition of employment, all Maintenance, Security and Environmental Services staff members are required to join the Delayed Vested Plan. The Delayed Vested Plan is provided through TIAA/CREF. The College will contribute 5% of the annual base salary into the annuity program that is selected. Vesting occurs after four years of employment.

Maryland State Retirement System (MSRPS)

The Maryland State Retirement System is a defined benefit plan that guarantees a particular benefit at retirement, based on a formula that considers service and salary. This program requires a 7% contribution on the employee's part. The State contribution to the MSRPS is determined annually by the State Retirement Systems' actuary. Vesting occurs after ten years of employment for any employee who started after July 1, 2011. Legislation requires that employees enroll in MD State Retirement Pension System if they had a previous membership with an employing institution that participated in the MD State Retirement Pension System.

Optional Retirement System (ORP)

Employees who elect one of the Optional Retirement Plans do not make any contributions. The College will contribute 7.25% of the annual base salary into the annuity program that is selected. Benefits are vested immediately under the Optional Retirement Plans. Limitations may apply for enrollment in the Optional Retirement Plan (ORP) based off of previous membership with a participating ORP institution. Please contact HR directly for more information.

Additional Retirement Options Available

All College employees are eligible to participate in our supplemental retirement annuity plans. The College offers 403(b) and 457(b) plans to allow employees to save for retirement by making pre-tax contributions for retirement savings through payroll deduction. Additionally, each vendor holds on-campus counseling meetings periodically through-out the year to counsel employees one-on-one regarding their retirement investments

Employees can pick-up 403(b) or 457(b) enrollment kits and a salary reduction form from the HR office for the following plans anytime throughout the year:

- **Fidelity Investments 403(b)**
- **TIAA-Cref 403(b), 457(b)**

ADDITIONAL BENEFITS

Carroll Community College has a lot to offer.

Leave Package

Vacation

The College provides vacation to help employees achieve work-life balance. Eligible employees may earn up to two weeks of paid vacation dependent on employment class. Specific details of our vacation policy can be found in our employee handbook or by contacting the Human Resource Office.

Personal Leave

Each fiscal year a maximum of three days is allowed for personal leave for full-time employees. Part-time employees receive a pro-rated portion of three days. Unused personal leave is credited to accumulated sick leave at the end of the fiscal year.

Holidays and Recess Time

The College recognizes a Winter Recess period for both students and employees that is 14 calendar days (or 10 workdays) in length. Similarly, a Spring Recess period is recognized which is seven calendar days (or five workdays) in length. These recess periods are announced following the approval of the Board of Trustees of the annual Operating Calendar for the College. Employees are paid during these periods without using their individual leave benefits.

The College recognizes the following holidays in the operating calendar:

- Martin Luther King's Birthday
- Memorial Day
- Independence Day
- Labor Day
- Day Before Thanksgiving, Thanksgiving Day and Friday following
- Christmas Eve (normally part of Winter recess)
- Christmas Day (normally part of Winter recess)
- New Year's Eve (normally part of Winter recess)
- New Year's Day (normally part of Winter recess)

Religious Observances

Carroll Community College respects your religious beliefs and therefore will provide two days of paid leave to employees who, for recognized religious reasons, must be away from the office on days of normal operation.

Sick and Safe Leave

The College provides accrued sick and safe leave to full time and part time employees in compliance with state law. Eligible employees earn and may use sick leave for personal illness or disability. Safe leave may be used for absence of work due to domestic violence, sexual assaults, or stalking committed again the employee or employee's family member. Specific information related to safe leave can be found in the Employee Handbook.

Sick Leave Bank

Employees are eligible to join the Sick Leave Bank if they are benefit-eligible and have enough sick leave accrued to make the required donation for membership. Employees may join the Sick Leave Bank during Open Enrollment each year. Membership requires an initial contribution to the bank of three days (22.5 hours) of sick leave. In subsequent years, the required donation to continue membership is one day of sick leave.

ADDITIONAL BENEFITS CONTINUED

Bereavement Leave

We have taken into consideration the personal needs that arise from the death of an immediate family member. You will be allowed leave up to five consecutive workdays with full pay.

Jury Duty and Witness Leave

Carroll Community College encourages all employees to perform their civic duty and participate when summoned to jury duty or when they receive a subpoena to appear as a witness in a judicial proceeding.

Time Off to Vote

Carroll Community College encourages all employees to vote. It is the policy of Carroll Community College to comply with all state election law requirements with respect to providing employees, where necessary, with time off to vote.

Additional Benefits & Services

Library & Fitness Center Privileges

All employees may use Carroll's library services and Fitness Center. Employees may borrow materials from the library with their Carroll Community College photo ID (preferred) or use a government issued photo ID. Employees and spouse should present photo ID when using the Fitness Center. The Fitness Center will need approval from the Human Resource office prior to using the Fitness Center. New benefit eligible employees will be issued a photo ID from Human Resources upon hire.

Bookstore Services

Employees are eligible for a 10% discount on textbooks, and a 20% discount on clothing and other non-book items in the Bookstore. This discount will not apply to purchases under one dollar, magazines, and special sale items.

Banking Services

An automated teller machine for employee and public use is located adjacent to the Business Office.

BJ's Membership

Individual membership is open to all faculty and staff, including adjunct faculty and temporary employees. Specific information on obtaining a membership is obtained through the Administration office.

Café

Our Café' offers a wide variety of food choices at convenient hours for Faculty and Staff to eat. You may choose from grab-n-go options, salad bar, hot entrée, grill or deli items during main business hours which vary by season.

Summer Kids @ Carroll Employee Discount Program

Dependent children ages six–-15 years of benefit-eligible employees are eligible for discounted spaces on select Summer Kids@Carroll + Teen College camps. Information on eligible camps are provided each year by Continuing Education and Training.

Post-Retirement Insurance

Employees who retire from the College with at least ten years of continuous service may continue their participation in some benefit programs with a college subsidy based on years of service. Retirement limitations apply based on age, years of service, and retirement plan.

Wellness Program

A wellness program is offered to employees to foster wellness in our lives. Exercise and education classes are offered at no cost to employee at varying times throughout the year. A waiver form is required for participation in exercise programs.

The College offers an employee health fair twice each year in collaboration with our health insurance vendor. This allows employees to take advantage of a variety of wellness education topics, health assessments, and flu vaccine clinics.

First Financial Federal Credit Union (FFFCU)

- Employees and family members may join FFFCU at any time.
- In addition to free savings and checking accounts, a variety of loans are available.

Rapid Paycard

We are providing you with a great benefit, the Rapid PayCard® Visa® Payroll Card. You can automatically deposit your pay or a portion of your pay onto a debit card so you have instant access to your cash the same morning of your payday! It's easy and more secure than carrying cash.

What is the Rapid PayCard?
Rapid PayCard is a payroll debit card, which means you can only spend the money you have on your card. The Rapid PayCard does not require a credit check. It can be used at ATMs, retail stores, gas stations, and grocery stores worldwide and wherever Visa debit cards are accepted.

Have your pay or a portion of your pay automatically deposited to your Rapid PayCard. For more information contact Payroll at **410-386-8465** or **410-386-8033**.

Tuition Waivers/Reimbursement

- Benefit-eligible employees who enroll in a Carroll Community College credit or non-credit class are exempt from payment of tuition.
- Tuition reimbursement for employees' spouses and their dependent children under age 22 are also entitled to reimbursement for credit courses taken at Carroll.
- Tuition reimbursement at other institutions is available for employees provided that the employee has been employed by the College at least one year at the start of the semester of study. Undergraduate study is reimbursed at a rate of up to $2,200 per fiscal year, and graduate study is reimbursed at a rate of up to $4,386 per fiscal year. Graduate coursework must be job-related in order to be eligible for the reimbursement. An employee must satisfactorily complete the course(s) with a minimum grade of C for undergraduate study; or, for graduate study, must complete the course with a minimum grade of B to be eligible for reimbursement.

REQUIRED FEDERAL NOTICES

Women's Health and Cancer Rights Act of 1998

If you have had or are going to have a mastectomy, you may be entitled to certain benefits under the Women's Health and Cancer Rights Act of 1998 (WHCRA). WHCRA requires group health plans and their insurance companies and HMOs to provide certain benefits for mastectomy patients who elect breast reconstruction. For individuals receiving mastectomy-related benefits, coverage will be provided in a manner determined in consultation with the attending physician and the patient, for:

- All stages of reconstruction of the breast on which the mastectomy was performed;
- Surgery and reconstruction of the other breast to produce a symmetrical appearance;
- Prostheses; and
- Treatment of physical complications of the mastectomy, including lymphedema.

Breast reconstruction benefits are subject to deductibles and coinsurance limitations that are consistent with those established for medical and surgical benefits under the plan.

Health Insurance Portability and Accountability Act (HIPAA)

This group health plan complies with the privacy requirement for Protected Health Information (PHI) under HIPAA. A copy of the Notice of Privacy Practices is available from the insurance carriers for medical, dental, and vision insurance. A copy of the Notice of Privacy Practices for dental coverage and the Health Care Flexible Spending Account is available from Human Resources.

Newborns' and Mothers' Health Protection Act

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 caesarean section. However, federal law generally does not prohibit the mother's or newborn's attending provider, after consulting with the mother, from discharging the mother or her newborn earlier than 48 hours (or 96 hours as applicable). In any case, plans and issuers may not, under federal law, require that a provider obtain authorization from the plan or issuer for prescribing a length of stay not in excess of 48 hours (or 96 hours if applicable).

Special Enrollment Rights

If you are declining enrollment for yourself, or your dependents (including your spouse) because of other health insurance or other group health plan coverage, you may be able to enroll yourself and/or your dependents in this plan if you or your dependents lose eligibility for that other coverage (or if the employer stops contributing toward your or your dependents' coverage). However, you must request enrollment within 30 days after your previous coverage ends (or after the employer stops contributing toward the other coverage). In addition, if you have a new dependent as a result of marriage, birth, adoption or placement for adoption, you may be able to enroll yourself and your dependents in this plan, provided that you request enrollment within 30 days of the marriage, birth, adoption, or placement for adoption.

If you or your dependent lose eligibility for coverage under Medicaid or a State child health plan or if you or your dependent become eligible for State-sponsored premium assistance for the medical plan, you may be able to enroll yourself and/or your dependents in this plan if you request enrollment within 60 days of the date of termination of Medicaid or State child health plan coverage or your eligibility for premium assistance.

Important Notice About Your Prescription Drug Coverage and Medicare

If you and your covered dependents are not currently covered by Medicare and will not become covered by Medicare within the next 12 months, this Notice is for informational purposes only.

Please read this notice carefully and keep it where you can find it. This notice has information about your current prescription drug coverage with Carroll Community College 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. Carroll Community College has determined that the prescription drug coverage offered by Carroll Community College 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 through 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 coverage with Carroll Community College will not be affected. You can keep this coverage if you join a Medicare drug plan and this plan will coordinate with your Medicare drug coverage. Your current coverage pays for other health expenses in addition to prescription drugs. If you enroll in a Medicare prescription drug plan, you and your eligible dependents will still be eligible to receive all of your current health and prescription drug benefits.

If you do decide to join a Medicare drug plan and drop your medical and prescription drug coverage through Carroll Community College, be aware that you and your dependents will not be able to get this coverage back until the next open enrollment period.

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 Carroll Community College 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 on this notice 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 Carroll Community College changes. You also may request a copy of this notice at any time.

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 **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 **www.socialsecurity.gov**, or call them at 1-800-772-1213 (TTY 1-800-325-0778).

Remember: Keep this 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).

Date:	July 1, 2021
Sender:	Carroll Community College
Contact - Position/ Office:	Michelle Thomas Benefits and Retirement Coordinator
Address:	1601 Washington Road Westminster, MD 21157
Phone:	410-386-8035

Premium Assistance Under Medicaid and the Children's Health Insurance Program (CHIP)

If you or your children are eligible for Medicaid or CHIP and you're eligible for health coverage from your employer, your state may have a premium assistance program that can help pay for coverage, using funds from their Medicaid or CHIP programs. If you or your children aren't eligible for Medicaid or CHIP, you won't be eligible for these premium assistance programs but you may be able to buy individual insurance coverage through the Health Insurance Marketplace. For more information, visit **www.healthcare.gov**.

If you or your dependents are already enrolled in Medicaid or CHIP and you live in a State listed below, contact your State Medicaid or CHIP office to find out if premium assistance is available.

If you or your dependents are NOT currently enrolled in Medicaid or CHIP, and you think you or any of your dependents might be eligible for either of these programs, contact your State Medicaid or CHIP office or dial 1-877- KIDS NOW or **www.insurekidsnow.gov** to find out how to apply. If you qualify, ask your state if it has a program that might help you pay the premiums for an employer-sponsored plan.

If you or your dependents are eligible for premium assistance under Medicaid or CHIP, as well as eligible under your employer plan, your employer must allow you to enroll in your employer plan if you aren't already enrolled. This is called a "special enrollment" opportunity, and you must request coverage within 60 days of being determined eligible for premium assistance. If you have questions about enrolling in your employer plan, contact the Department of Labor at **www.askebsa.dol.gov** or call 1-866-444-EBSA (3272).

If you live in one of the following states, you may be eligible for assistance paying your employer health plan premiums.

The following list of states is current as of January 31, 2021. Contact your State for more information on eligibility.

ALABAMA – Medicaid
Website: http://myalhipp.com/
Phone: 1-855-692-5447

ALASKA – Medicaid
The AK Health Insurance Premium Payment Program Website: http://myakhipp.com/
Phone: 1-866-251-4861
Email: CustomerService@MyAKHIPP.com
Medicaid Eligibility: http://dhss.alaska.gov/dpa/Pages/medicaid/default.aspx

ARKANSAS – Medicaid
Website: http://myarhipp.com/
Phone: 1-855-MyARHIPP (855-692-7447)

CALIFORNIA - Medicaid
Website: Health Insurance Premium Payment (HIPP) Program
http://dhcs.ca.gov/hipp
Phone: 916-445-8322
Email: hipp@dhcs.ca.gov

COLORADO - Health First Colorado (Colorado's Medicaid Program) & Child Health Plan Plus (CHIP+)
Health First Colorado Website: https://www.healthfirstcolorado.com/
Health First Colorado Member Contact Center: 1-800-221-3943/ State Relay 711
CHP+: https://www.colorado.gov/pacific/hcpf/child-health-plan-plus
CHP+ Customer Service: 1-800-359-1991/ State Relay 711
Health Insurance Buy-In Program (HIBI): https://www.colorado.gov/pacific/hcpf/health-insurance-buy-program
HIBI Customer Service: 1-855-692-6442

FLORIDA – Medicaid
Website: https://www.flmedicaidtplrecovery.com/flmedicaidtplrecovery.com/hipp/index.html
Phone: 1-877-357-3268

GEORGIA – Medicaid
Website: https://medicaid.georgia.gov/health-insurancepremium-payment-program-hipp
Phone: 678-564-1162 ext 2131

INDIANA – Medicaid
Healthy Indiana Plan for low-income adults 19-64
Website: http://www.in.gov/fssa/hip/
Phone: 1-877-438-4479
All other Medicaid
Website: https://www.in.gov/medicaid/
Phone 1-800-457-4584

IOWA – Medicaid and CHIP (Hawki)
Medicaid Website:
https://dhs.iowa.gov/ime/members
Medicaid Phone: 1-800-338-8366
Hawki Website:
http://dhs.iowa.gov/Hawki
Hawki Phone: 1-800-257-8563
HIPP Website: https://dhs.iowa.gov/ime/members/medicaid-a-to-z/hipp
HIPP Phone: 1-888-346-9562

KANSAS – Medicaid
Website: https://www.kancare.ks.gov/
Phone: 1-800-792-4884

KENTUCKY – Medicaid
Kentucky Integrated Health Insurance Premium Payment Program (KI-HIPP)
Website: https://chfs.ky.gov/agencies/dms/member/Pages/kihipp.aspx
Phone: 1-855-459-6328
Email: KIHIPP.PROGRAM@ky.gov
KCHIP Website: https://kidshealth.ky.gov/Pages/index.aspx
Phone: 1-877-524-4718
Kentucky Medicaid Website: https://chfs.ky.gov

LOUISIANA – Medicaid
Website: www.medicaid.la.gov or www.ldh.la.gov/lahipp
Phone: 1-888-342-6207 (Medicaid hotline) or 1-855-618-5488 (LaHIPP)

MAINE – Medicaid
Enrollment Website:
https://www.maine.gov/dhhs/ofi/applications-forms
Phone: 1-800-442-6003
TTY: Maine relay 711
Private Health Insurance Premium Webpage:
https://www.maine.gov/dhhs/ofi/applications-forms
Phone: 1-800-977-6740.
TTY: Maine relay 711

MASSACHUSETTS – Medicaid and CHIP
Website: https://www.mass.gov/info-details/masshealth-premium-assistance-pa
Phone: 1-800-862-4840

MINNESOTA – Medicaid
Website:
https://mn.gov/dhs/people-we-serve/children-andfamilies/health-care/health-care-programs/programsand-services/other-insurance.jsp
Phone: 1-800-657-3739

MISSOURI – Medicaid
Website:
http://www.dss.mo.gov/mhd/participants/pages/hipp.htm
Phone: 573-751-2005

MONTANA – Medicaid
Website:
http://dphhs.mt.gov/MontanaHealthcarePrograms/HIPP
Phone: 1-800-694-3084

NEBRASKA – Medicaid
Website: http://www.ACCESSNebraska.ne.gov
Phone: 1-855-632-7633
Lincoln: 402-473-7000
Omaha: 402-595-1178

NEVADA – Medicaid
Medicaid Website: http://dhcfp.nv.gov
Medicaid Phone: 1-800-992-0900

NEW HAMPSHIRE – Medicaid
Website: https://www.dhhs.nh.gov/oii/hipp.htm
Phone: 603-271-5218
Alternate phone: 603-271-8063

NEW JERSEY – Medicaid and CHIP
Medicaid Website:
http://www.state.nj.us/humanservices/dmahs/clients/medicaid/
Medicaid Phone: 609-631-2392
CHIP Website: http://www.njfamilycare.org/index.html
CHIP Phone: 1-800-701-0710

NEW YORK – Medicaid
Website: https://www.health.ny.gov/health_care/medicaid/
Phone: 1-800-541-2831

NORTH CAROLINA – Medicaid
Website: https://medicaid.ncdhhs.gov/
Phone: 919-855-4100

NORTH DAKOTA – Medicaid
Website:
http://www.nd.gov/dhs/services/medicalserv/medicaid/
Phone: 1-844-854-4825

OKLAHOMA – Medicaid and CHIP
Website: http://www.insureoklahoma.org
Phone: 1-888-365-3742

OREGON – Medicaid and CHIP
Website: http://healthcare.oregon.gov/Pages/index.aspx
http://www.oregonhealthcare.gov/index-es.html
Phone: 1-800-699-9075

PENNSYLVANIA – Medicaid
Website: https://www.dhs.pa.gov/providers/Providers/Pages/Medical/HIPP-Program.aspx
Phone: 1-800-692-7462

RHODE ISLAND – Medicaid
Website: http://www.eohhs.ri.gov/
Phone: 1-855-697-4347, or 401-462-0311 (Direct RIte Share Line)

SOUTH CAROLINA – Medicaid
Website: https://www.scdhhs.gov
Phone: 1-888-549-0820

SOUTH DAKOTA - Medicaid
Website: http://dss.sd.gov
Phone: 1-888-828-0059

TEXAS – Medicaid
Website: http://gethipptexas.com/
Phone: 1-800-440-0493

UTAH – Medicaid and CHIP
Medicaid Website: https://medicaid.utah.gov/
CHIP Website: http://health.utah.gov/chip
Phone: 1-877-543-7669

VERMONT – Medicaid
Website: http://www.greenmountaincare.org/
Phone: 1-800-250-8427

VIRGINIA – Medicaid and CHIP
Website: https://www.coverva.org/hipp/
Medicaid Phone: 1-800-432-5924
CHIP Phone: 1-855-242-8282

WASHINGTON – Medicaid
Website: https://www.hca.wa.gov/
Phone: 1-800-562-3022

WEST VIRGINIA – Medicaid
Website: http://mywvhipp.com/
Toll-free phone: 1-855-MyWVHIPP (1-855-699-8447)

WISCONSIN – Medicaid and CHIP
Website: https://www.dhs.wisconsin.gov/badgercareplus/p-10095.htm
Phone: 1-800-362-3002

WYOMING – Medicaid
Website:
https://health.wyo.gov/healthcarefin/medicaid/programs-and-eligibility/
Phone: 1-800-251-1269

To see if any other states have added a premium assistance program since January 31, 2021, or for more information on special enrollment rights, contact either:

U.S. Department of Labor
Employee Benefits Security Administration
www.dol.gov/agencies/ebsa
1-866-444-EBSA (3272)

U.S. Department of Health and Human Services
Centers for Medicare & Medicaid Services
www.cms.hhs.gov
1-877-267-2323, Menu Option 4, Ext. 61565

Please Note: This guide provides a summary of the benefits available. Carroll Community College reserves the right to modify, amend, suspend or terminate any plan at any time, and for any reason without prior notification. The plans described in this guide are governed by insurance contracts and plan documents, which are available for examination upon request. Should there be a discrepancy between this guide and the provisions of the insurance contracts or plan documents, the provisions of the insurance contracts or plan documents will govern.

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INSURANCE & FINANCIAL SERVICES