# Employee Benefit Booklet


LAKE LAND COLLEGE

2023

# About Your Benefits

Benefits are an important part of your total compensation package. That's why Lake Land College is committed to providing eligible employees with a variety of solutions to address their benefit needs, as well as the needs of their family.

You have the flexibility to choose the benefits that best fit your needs. Many of these benefits are paid for - in whole or in part – by Lake Land College. Other benefits are offered as voluntary options you can choose to pay for through the convenience of payroll deductions.

This handbook provides a summary of benefit programs available to you and provides you with information to make informed decisions for you and your family. Your choices will be in effect for the entire 2023 calendar year. Please review these materials carefully and keep them as a handy reference guide for your 2023 benefits. For more detailed information on each of the plans, please see the plan summaries/documents available from your human resources office.

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*Plan documents take precedence over this or any other summary benefit documents. Employee benefits are subject to modification or termination at any time. This information is provided by Lake Land College Human Resources and is intended as general information for Lake Land College Employees and Plan Participants. Every effort has been made to ensure that the information contained in this Benefits Handbook is accurate and reliable. If there is a discrepancy between this Benefits Guide and the Summary Plan Description or Carrier Benefit Summary, the actual plan documents from the insurance company will prevail. Lake Land College Human Resources Office does not provide legal or tax advice and nothing herein should be construed as legal or tax advice. If you would like additional information concerning the benefit plans you may contact the Human Resources department.*

# About Your Benefits

## Eligibility and Enrollment

Full-time employees and their eligible dependents are able to participate in Lake Land College benefit plans.

Eligible dependents for benefit plans include:

- Legal Spouse-if unable to obtain coverage through his or her employer
- Civil Union Partner-if unable to obtain coverage through his or her employer
- Eligible Dependent Children under age 26
- Adult Dependents incapable of self-support because of a mental or physical handicap and who became incapable of self-support before age 26 while covered as a dependent under this or any other group plan

** Please note-new hires will be required to provide documentation which verifies the relationship of your dependent(s) in order to add medical and/or dental coverage.

## When am I eligible?

Benefit plan eligibility varies by benefit plan. Medical, Dental, Vision and Life insurance is effective on the date of hire. You and your dependents' insurance coverage end date will be the last day of employment in which you cease to be an active full -time employee. Children may be covered until they reach age 26.

Employees hired prior to the 15th of the month will be charged the entire month's premium for medical, dental, vision and life insurance. Employees hired the 15th of the month or after will begin paying premiums on the 1st of the following month after hire.

## How do I enroll or make changes?

Newly hired or newly eligible employees can enroll in any of the benefit plans within 30 days of their initial eligibility date. Benefit enrollment forms must be completed and returned to Human Resources within 30 days of your date of hire or date of eligibility.

Changes to existing benefit participation can only be made during the annual open enrollment period unless there is a qualifying life event, such as marriage/civil union, divorce, birth/adoption, death or loss/gain of other coverage, loss of dependent status, or change in employment status. Human Resources must be notified and any enrollment changes must be made within 30 days of the life event.

## Enrollment Instructions

Open enrollment is held annually between November 1-November 30. Once your elections are made, your benefit elections will remain in effect for the entire plan year. Only a qualified status change allows you to make changes to your benefit elections within 31 days after any of the following events:

- Marriage, divorce, or legal separation
- Birth or adoption of a child
- Death of a spouse or child
- Loss of benefits for you or your covered dependents because of a change in employment
- A significant increase or decrease in the cost of a benefit in accordance with the rules under Internal Revenue Code Section 125, as long as the election change is consistent with the event and the change is requested within 60 days of the event

### 2023 Plan & Rate Changes

- *No plan design changes from 2023*
- Slight increase to medical rates for on campus employees
- Slight increase to dental rates

# Medical Coverage

## How the Plans Work

We are pleased to offer two Aetna PPO medical plan options. With the PPO, you may select where you have medical services. If you use in-network providers, your cost will be less.
The name of the network is Aetna Choice POS II.

The medical option you select applies for all of 2023. You will not be able to change your medical coverage during the plan year unless you incur a qualifying life event.

## Plan A (Traditional Plan)

The Traditional Plan is a PPO plan with an annual in-network deductible of $1500 (individual) and $3000 (family), 20% co-insurance for most in-network services, $25 co-pay for physician office visits and $35 co-pay for specialist office visits. This plan provides preventive wellness benefits for routine physical exams, immunizations, well baby care, and routine screenings and tests. Preventive wellness services are covered at 100%. Prescription drugs are available with a co-pay depending on the brand status of the prescription. Mail order is available at a greater discount. Prescriptions do not count towards the deductible, but they are applied towards the plan's out-of-pocket maximum. The out of pocket maximum in-network is $3,000 (individual) and $6,000 (family).

## Plan B (High Deductible Health Plan)

The High Deductible Health Plan (HDHP) combines a PPO plan with a tax-free Health Savings Account (HSA) to help cover health care expenses paid out of pocket, such as deductible and co-insurance. This plan has an annual in-network deductible of $2,250 (individual) and $4,500 (family). Once the deductible is met you have a 10% co-insurance for most in-network services, including physician office visits. The entire deductible must be satisfied before any health plan benefits begin. Preventive wellness benefits are covered at 100% with no deductible or co-insurance. In-network Prescription coverage begins once the entire deductible has been met. Prescription coverage has a 10% co-pay for all drug categories. Prescription costs are applied towards the plan's deductible and out-of-pocket maximums. The out of pocket maximum in-network is $4,250 (individual) and $7,050 (family).

## Ways to Maximize Your Benefits

- Make sure you doctor, hospital or dentist in in-network
- Find a provider in Aetna's Navigator Network—**www.aetna.com**
- Remember that certain medical preventative care is covered at 100%
- Ask your doctor for a lower cost alternative prescription
- Use Emergency Room ONLY for emergencies

**Teladoc**—*Talk to a doctor virtually anytime for just $49!*

Teladoc® is a convenient and affordable option for a variety of medical services, including General Medical, Dermatology and Behavioral Health. Access quality healthcare from the comfort of home, during your lunch break or while traveling. You can even get a prescription sent to your local pharmacy, when medically necessary.

- Connect with a licensed doctor, dermatologist or therapist
- 95% member satisfaction
- Speak with a doctor in minutes
- Teladoc doctors average 20 years of experience*

Set Up Your Account:

- Online: Go to **Teladoc.com/Aetna** and click "Set up account"
- Mobile App: Download the app and click "Activate Account"
- Call Teladoc (**1-855-835-2362**): Teladoc can help you register your account over the phone!

Want to learn more?
Visit the ***Lake Land—Aetna Resource Center*** for an overview of all of your coverages and resources:
**https://aetnaresource.com/m/Lake-Land-College**

# Medical Coverage

The schedule of benefits provides a brief overview of the health benefits and features of each of the plans in-network options. These are only summaries, not the actual plan descriptions. Certificates of coverage fully describe the terms of coverage and are available from Human Resources.

| In-Network Coverage (Employee Responsibility) | Aetna | Aetna |
|---|---|---|
| | Plan A (Traditional) | Plan B (HDHP) |
| **Individual/Family Deductible** | $1,500/$3,000 | $2,250/$4,500*<br>(entire deductible must be met) |
| **Annual Out-of-Pocket Maximum—including deductible** (Individual/Family) | $3,000/$6,000 | $4,250/$7,050 |
| **Lifetime Maximum Benefits** | Unlimited unless otherwise indicated | Unlimited unless otherwise indicated |
| **Inpatient Hospital Services** | 20% after deductible | 10% after deductible |
| **Outpatient Hospital Services** | 20% after deductible | 10% after deductible |
| **Preventative Care** | FREE | FREE |
| **Physician Office Visit** | $25 copay; deductible waived | 10% after deductible |
| **Specialist Office Visit** | $35 copay; deductible waived | 10% after deductible |
| **Emergency Room Visit** | 10% (of the negotiated charge)<br>No deductible applies | 10% (of negotiated charge) |
| **Durable Medical Equipment** | 20% after deductible | 10% after deductible |
| **Rehabilitation & Muscle Manipulation**** | $25 copay; deductible waived | 10% after deductible |
| **Prescription Drugs**<br>Generic<br>Preferred Brand<br>Non-Preferred Brand<br>Premier Plus Specialty<br><br>Mail Order | *Time of Purchase:*<br>$10<br>$30<br>$60<br>$90<br>**Rx costs do NOT go towards deductible, but do go towards out-of-pocket max*<br>2x copays | *Must meet entire medical deductible then:*<br>10%<br>10%<br>10%<br>10%<br>**Rx costs go towards deductible and out-of-pocket max*<br>10% |
| **HSA Account Eligible** | No | Yes |

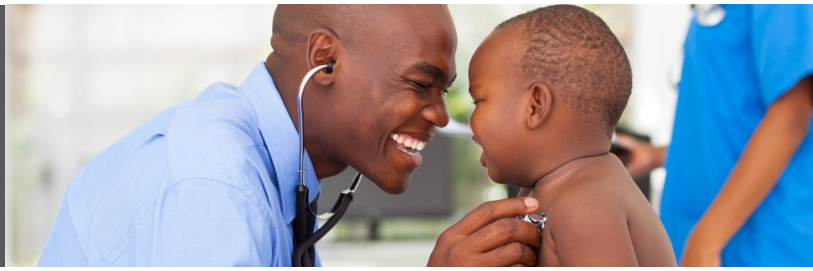
A complete schedule of benefits can be found on; S:\Human Resources\Benefits

**On the HDHP plan, the $2,250 deductible only applies if you have individual only coverage. If you have any other coverage level, the $4,500 deductible applies and $4,500 must be met before anything is covered for any family member on the plan.*

***There is a limit to 20 visit/calendar year for Physical, Occupational and Speech Therapy combined. There's also a limit of 20 visits/calendar year for Chiropractic care.*

**Finding In-network Providers**

You save the most money when you choose in-network doctors, facilities and pharmacies. Go to **www.aetna.com** or call the number on the back of your Aetna card.



# Prescription Drug Coverage

Prescription drug coverage through Aetna is included with both of our medical plans. Review the chart on the previous page for the amount you will pay for the prescription drug service listed.

## Aetna Mail Order Prescription Service

**Step 1—Ask your doctor to write TWO prescriptions**

- Prescription #1: Is for a one-month supply. Fill it at a local retail pharmacy. With this short-term supply you will have enough of your medicine on hand to see you through until your first Aetna Rx Home Delivery order arrives.
- Prescription #2: Is typically for a 90-day supply (with three refills). Send this one to Aetna Rx Home Delivery.

**Step 2—Choose one of these ways to submit your order**

- Mail—Mail us your prescription for a 90-day supply along with a completed order form. You can access it online. Visit **www.aetna.com** and log in to your secure member website. Or go directly to **www.aetnanavigator.com**.
- Fax—Ask your doctor to fax in your new prescription, with your completed order form. The fax number is **1-877-270-3317**. Make sure your doctor includes your Aetna member ID number, your date of birth and your mailing address on the fax cover sheet. Only a doctor may fax a prescription.
- Phone—Call toll-free at **1-888-RX AETNA (1-888-792-3862)** or TDD at **1-800-823-6373**. With our Aetna Rx Courtesy Start℠ program, we can contact your doctor on your behalf to attempt to get a new prescription for you.

**Step 3—Order Your Refills**

- Online—You can go online to order refills, track the status of an order and more. Just visit **www.aetna.com** and your secure member website. Or go directly to **www.aetnanavigator.com**.
- Phone—Call Rx Member Services toll-free at **1-888-RX AETNA (1-888-792-3862).** Have your member ID number, your prescription number and your credit card number ready.
- Mail—Send in the reorder form that you received with your last order. Mail it back with your payment. The reorder form will also tell you when you can place your next refill order

## Generic Drugs

Generic drugs are FDA-approved, and shown to be just as safe and effective as their more expensive brand-name counterparts. If you choose a brand-name drug when a generic drug is available, you will pay the brand-name copay plus the cost difference between the generic equivalent and the brand-name drug.

## Preferred Drugs

Aetna regularly reviews the latest prescription drugs on the market and maintains a list of preferred drugs that are clinically effective and not cost-restrictive. These drugs are available at a lower price than those not included on the list, which are called non-preferred drugs.

## Specialty Drugs

Specialty drugs are typically used to treat chronic conditions like cancer or multiple sclerosis. These drugs tend to be more expensive and usually require special handling and monitoring. If you take a specialty medication, you could save money by using Aetna's mail-order pharmacy. You can register for mail-order pharmacy by logging on to **www.aetna.com**.

# Prevention

## Preventive care counts

You don't need to feel sick to see your doctor. In fact, the best time to go is before you have a health issue. Maybe you need a flu shot. A health screening. Or perhaps you'd just like some tips to live healthy. That's preventive care.

## No extra costs

Most health plans fully cover preventive care. So you and your family may get these important services at no cost. That's right. No copays, deductibles or coinsurance (a percent of the total cost). Just check your plan details.

## More healthy services

Preventive care starts with a checkup. It can also include:

- Flu, pneumonia and other shots
- Blood pressure, diabetes and cholesterol tests
- Counseling, screening and vaccines for healthy pregnancies
- Cancer screenings, including colonoscopies and mammograms

Preventive care isn't limited to shots and screenings. One-on-one discussions with your doctor count, too. Like exploring ways to stop smoking, eat healthy or exercise.

## Preventive versus diagnostic care

Let's say your doctor wants you to have a colonoscopy because of your age or family history. That's preventive care. Remember, this usually costs nothing extra. On the other hand, your doctor might suggest a colonoscopy because you're having symptoms. That's diagnostic care. You may have to pay part of the costs.

## A yearly checkup for years of rewards

Regular physicals are a key part of preventive care. They can reassure you that you're as healthy as you feel. Or prompt you to ask about changes in your body that might not be normal.

## What to expect

Your doctor will measure your height, weight, blood sugar, cholesterol and blood pressure. These results, along with your health history, give your doctor a clearer picture of your health. So he or she can build a personal care plan for you.
A checkup can also:

- Get you up to date with the right screenings for your age
- Spot signs and symptoms that could lead to serious illness
- Help with early diagnosis and treatment

Plus — it can help you build a better relationship with your doctor, for better health.

*For a more comprehensive list of preventive care procedures, please go to; S:\Human Resources\Benefits*

# Dental Coverage

Employees may elect a voluntary dental plan provided by Aetna. This is a passive PPO with PPO II Network. This means you may elect dentists out of the network for a slight increase in charges.

| Dental Benefits | In-Network Coverage |
|---|---|
| **Annual Deductible**—applied to basic and major services (Individual/Family) | $50/$100 |
| **Annual Maximum Benefit**—not including orthodontic services | $2,000/person |
| **Diagnostic & Preventative Care**<br>• Oral exams, cleanings, bitewing x-rays<br>• Fluoride treatment for dependents under 19 (once/year) | Plan pays 100% (no deductible) |
| **Basic Services**<br>• Root Canal Therapy<br>• Amalgam & Composite Fillings<br>• Simple Extractions<br>• Space Maintainers<br>• Crowns & Stainless Steel Crowns<br>• Denture Repair | Plan pays 80% of the negotiated reduced fee or maximum allowable fee, after deductible |
| **Major Services**<br>• Inlays<br>• Onlays<br>• Full & Partial Dentures<br>• Pontics<br>• Crown Build-Ups | Plan pays 50% of the negotiated reduced fee or maximum allowable fee, after deductible |
| **Orthodontia**<br>• Available only for dependent children under the age of 20<br>• Must be enrolled in Employee/Children or Family coverage | Plan pays 50% of the negotiated reduced fee or maximum allowable fee<br><br>Deductible DOES NOT apply |
| **Orthodontia Lifetime Maximum** (per eligible dependent) | $1,500/person |


**Finding In-Network Dentists**

You pay less for services when you use a dentist in the Aenta network. You can find an in-network dentist by visiting at **www.aetna.com**.

*A complete schedule of benefits can be found at; S:\Human Resources\Benefits

# Vision Coverage

Employees may elect a voluntary vision care program provided through Aetna. The vision plan is designed to protect your visual wellness by offering eye exams, lenses and frames through Aetna's network of private physicians for a small co-payment. Out-of-network coverage is also available, but at a much higher out-of-pocket expense.

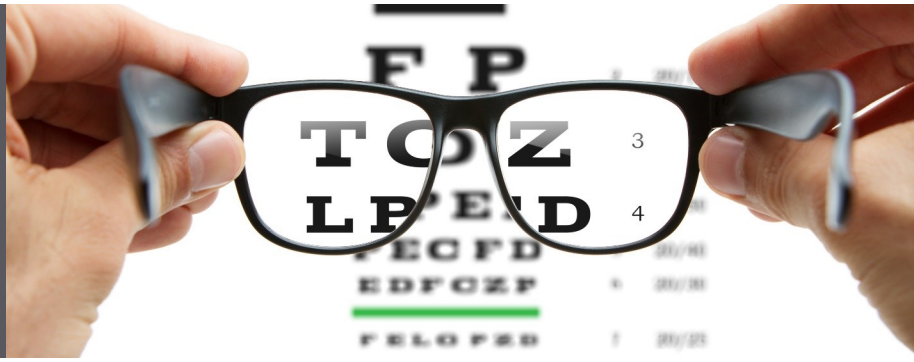
## Aetna Plan Options

The vision plan allows participants to get new frames every other year and new lenses each year or contact lenses each year. The plan also provides discounts on lens options such as scratch resistant coating, anti-reflective coatings, progressive lenses, prescription sunglasses, and laser vision correction. Injury or damage to healthy eyes is not covered under the Vision Plan but may be covered under your medical plan.

| Vision Plan | In Network Allowance | Frequency |
|---|---|---|
| **Well Vision Exam** | $10 co-pay | Every 12 months |
| **Lenses**<br>• Single vision, lined bifocal, and lined trifocal lenses<br>• Polycarbonate lenses for dependent children | $10 co-pay | Every 12 months |
| **Lens Enhancements**<br>• Standard progressive lenses<br>• Premium progressive lenses<br>• Custom progressive lenses<br>• Other lens enhancements | $75<br>See plan<br>See plan<br>See plan | Every 12 months |
| **Frames** | $130 allowance,<br>20% discount on the amount over allowance | Every 24 months |
| **Contact Lens** (instead of glasses) | $115 allowance<br>15% discount off contact lens exam | Every 12 months |
| **Additional Discounts**<br>• Additional pairs of eyeglasses<br>• Non covered items such as cleaning cloths and solution | 40% discount<br>20% discount | As needed |
| **Laser Vision Correction** | Avg. 15% off regular price or 5% off promotional price,<br>discounts available only from contracted facilities | |

### Finding In-Network Eye Doctors

Contact Aetna at **www.aetna.com** or call to find participating providers, then call your provider to make an appointment.



# Spending Accounts

## Paying for Health Care

Lake Land College offers several ways to set aside pre-tax dollars to pay for medical, prescription drug, dental and vision care expenses. The health care accounts available to you depend on the medical plan you choose.

| | Health Savings Account (HSA) | Health Care Flexible Spending Account (FSA) |
|---|---|---|
| **What medical plan can I choose?** | HDHP | PPO plan |
| **What expenses are eligible?** | Medical, prescription drug, dental and vision care<br>(See IRS publication 502 for a full list of eligible expenses) | |
| **When can I use the funds?** | Funds are available as you contribute to the account | All of the funds you elect for the year are available January 1 |
| **Can I roll over funds each year?** | Yes, funds roll over from year to year and are yours to keep (even if you leave the company or retire) | No, you will lose any funds remaining in your account at the end of the year |
| **How do I pay for eligible expenses?** | With your Payflex debit card (you can also submit claims for reimbursement online at **www.mypayflex.com**) | With your Payflex debit card (you can also submit claims for reimbursement online at **www.mypayflex.com**) |
| **How much can I contribute each year?** | Up to $3,850 for individual coverage and $7,750 for family coverage for 2023<br>*This total includes Lake Land College contributions.* | Between $500 and $3,050 |
| **Can I change my contributions throughout the year?** | Yes, you can log on to **www.mypayflex.com** to change your per-paycheck contributions at any time | No, unless you have a qualifying life event, you choose an annual election amount during open enrollment and that amount is taken out of each paycheck in equal increments throughout the year |

*Note: If you are enrolled in Medicare, by law you are not allowed to contribute to an HSA.*

### What Are the Tax Implications of an HSA?

Contributions to your HSA reduce your taxable income, and qualified medical expenses are never taxed. All money set aside in an HSA grows tax-deferred until age 65, when funds can be withdrawn for any non-medical purpose at ordinary tax rates, or tax-free when used for medical expenses. You may contribute additional funds to your HSA ($1,000 per tax year) if you will be 55 years or older by December 31.

# Health Savings Account

Lake Land College makes a bi-monthly contribution to help fund your H.S.A. Participants in the HDHP are also eligible to contribute pre-tax contributions to a Health Savings Account (HSA) up to the I.R.S. Section 223, contribution limits. The funds contributed can be used for qualifying medical expenses. Funds are only available for use as they are contributed and any unused funds rollover to the next year. Proper coordination of contributions and distributions from these accounts is very important and is the responsibility of the participant.

The Health Savings Account is administered by PayFlex. An H.S.A. is a tax-free account you can use to pay for current and future medical expenses (even medical expenses during retirement). An H.S.A. has triple tax benefits;

- Money is contributed to the account tax-free
- Money grows tax-free
- Withdraws for qualified medical, dental, and vision expenses are tax-free

To be eligible to contribute to an H.S.A.;

- You must be covered under a qualified high deductible health plan
- You may not be covered by any other health plan (such as a spouse's plan) that is not a qualified High Deductible Health Plan
- You are not entitled to Medicare benefits, TRICARE or TRICARE for life, and/or you have not received VA health benefits within the past 3 months for a non-service related issues (exceptions do apply)
- You are not eligible to be claimed as a dependent on someone else's tax return
- You are not covered by a health care flexible spending account for the tax year in which you will claim your H.S.A. deposits as

| 2023 HSA Contribution Limits | Maximum |
|---|---|
| **Single Coverage** | $3,850 |
| **Family Coverage** | $7,750 |
| **Catch-Up Provision (age 55+)** | $1,000 |

*Limits include the College's contribution.*

## Age 65 Participants

Upon reaching age 65 and enrolling in Medicare, participants will no longer be eligible to contribute to their H.S.A. Their HSA funds continue to be available for qualified medical expenses. If the HSA funds are used for non-qualified expenses, the distribution will be subject to applicable federal and state taxes but is exempt from the penalty tax. HSA funds can be used to pay for certain insurance premiums such as, Medicare Parts A and B, Medicare HMO, or a share of retiree medical coverage offered by a former employer. Funds cannot be used tax-free to purchase Medigap or Medicare supplemental policies.

## Coordination of HSA & FSA Use

Participants in the High Deductible Health Plan can utilize both a Health Saving Account (HSA) and a Flexible Spending Account (FSA) for qualifying expenses. If a participant decides to take advantage of both types of accounts, the coordination of the use of the funds is regulated by the IRS and can be used by one of the two following approved methods:

- Limited purpose FSA – A participant can utilize the HSA for all qualifying medical expenses and utilize the FSA for all qualifying dental and vision expenses.
- Post-Deductible FSA – A participant can utilize the HSA for the first $1,500 of qualifying medical expenses (if the participant has employee only coverage) or the first $2,800 of qualifying medical expenses (if the participant has any other coverage level). Then the FSA can be used for any remaining qualifying medical expenses and any qualifying dental and vision expenses. Once the FSA funds are exhausted, the HSA can be used for all remaining qualifying expenses.

The risk and tax liability associated with HSA and FSA coordination is assumed by the participant. HSA and FSA eligible expenses are determined by the IRS and are frequently updated. Please contact your tax advisor for more information on the tax implications for combining the HSA and FSA during a tax year.

HSA account holders will be required to report HSA contributions (employee and employer) and distributions with their annual filing through IRS Form 8889.

# Flexible Spending Accounts

Flexible spending accounts are administered through Payflex (PayFlex). Flexible Spending Accounts allow you to set aside pre-tax dollars to pay for certain medical and dependent care expenses through payroll deductions. By paying these expenses before being taxed, you may lower your taxable income, pay less in taxes, and increase your take-home pay. If you elect to participate, your contributions will be deducted equally from each paycheck (24 per year) throughout the year.

You can access your Health and Dependent care FSA at any time by registering via PayFlex website. You will be able to submit claims online, check your balance, and more at **www.mypayflex.com.**

There are two Flexible Spending Accounts (FSA) available to employees – unreimbursed medical expenses and dependent care. Each account has contribution limits and certain qualifying expenses. The money in these accounts is used to pay for expenses incurred by an employee, his/her spouse and his/her qualified dependent children.

| 2023 FSA Contribution Limits | Maximum |
|---|---|
| **Unreimbursed Medical Expenses FSA & Limited Purpose FSA** | $3,050 |
| **Dependent Care** | $5,000 |
| **Dependent Care (married filing separately)** | $2,500 |

*Note: Combined spousal contributions cannot exceed plan maximum contribution limits.*

## Things to Know About FSAs:

- **File FSA Claims on Time**: FSA reimbursement can only be made for expenses incurred during the plan year in which contributions are made to the FSA. Expenses are considered "incurred" on the date the service is performed, not the date the bill is received or paid.
- **Use It or Lose It**: Federal regulations require that if at the end of the year you do not spend the money in your account for eligible expenses, you must forfeit the remaining balance after the deadline to submit claims. The money left in one account cannot be used to cover expenses in the other. Each plan can have its own run-out period that would allow for additional time after the end of the year to submit any claims.
- **New Rollover Option:** The IRS Notice 2013-71 permits Section 125 plans to allow $25 to $500 of unused amounts remaining at the end of a plan year in a health FSA to be paid or reimbursed to plan participants for qualified medical expenses incurred during the following year.
- **Important Tax Notices**: You should keep copies of any FSA documentation (receipts/billing) with a copy of the claim and keep this information in a tax file. If an employee's personal tax return is being audited, the employee will be liable to prove the expenses claimed against the account. Under current tax law, you can be reimbursed for eligible dependent care expenses through the dependent care FSA, or you can claim a tax credit for dependent care expenses when you file your federal income tax return. You may be able to use both approaches, but you cannot take a deduction for the same expense twice.

## Unreimbursed Medical Expenses

The unreimbursed medical expenses FSA can be used to receive reimbursement for the following types of expenses incurred by you and/or your tax-qualified eligible dependents (dependents must be under the age of 19 at the end of 2023, under the age of 24 if a full-time student at the end of 2023, or permanently or totally disabled and must have lived with you for more than half of 2022 and did not provide half of his/her own support in 2022):

- Medical, prescription, dental or vision expenses not covered or reimbursed by any other health plan
- Deductibles, co-pays and co-insurance
- Amounts over usual and customary charges
- Amounts exceeding Plan maximums
- Certain over-the-counter medical supplies including bandages, diabetes testing supplies, splints, supports and braces, canes and walkers, insulin, hearing aid batteries, contact lenses and solution, nebulizers, etc.

The total elected amount of the Unreimbursed Medical Expenses FSA is available for family expenses on January 1st of the election year. This allows the money to be available to cover deductibles and any unforeseen up-front costs.

# Flexible Spending Accounts

## Dependent Care FSA

The dependent care FSA can be used to receive reimbursement for the following types of day care expenses for eligible dependents (which include child dependents and adult dependents that are living in your household that you must provide daycare for so that you and your spouse may work).

- Licensed day care center, nursery school, pre-school and kindergarten charges, if the center or school complies with state and federal regulations
- Babysitter cost or wages, or salary for a care provider inside or outside your home. If the care provider is a relative, he or she must be age 19 or older, and cannot be your dependent
- Custodial care in your home or at a facility for your elderly or disabled dependent who is unable to care for himself or herself

Your Dependent Care FSA will only have the balance of your actual payroll deduction available. Unlike the unreimbursed medical expenses FSA, the contribution from your pay has to actually be in the account before you can be reimbursed for a claim. Claims can be made against your account; however, distribution payments will not be made until the account can cover the claim amount.

| Dependent Care FSA | |
|---|---|
| **What is it?** | An account that allows you to set aside pre-tax dollars from each paycheck to pay for eligible child or elderly care expenses while you and your spouse work full time |
| **Why should I consider it?** | You can lower your taxable income to save some money while you take care of your daycare expenses |
| **What expenses are eligible?** | Daycare expenses for your children under age 13 or dependents who are mentally or physically incapable of caring for themselves (including elderly dependents) |
| **When can I use the funds?** | Funds are available as you contribute to the account with each paycheck |
| **Can I roll over funds each year?** | No, you will lose any funds remaining in your account at the end of the year |
| **How do I pay for eligible expenses?** | With your Payflex debit card (you can also submit claims for reimbursement online at **www.mypayflex.com**) |
| **How much can I contribute each year?** | Between $500 and $5,000 |

### Important Note

Both the health care and dependent care FSAs have a use-it-or-lose-it rule. You will lose any unused funds at the end of the year.

# Life/AD&D and Legal/ID Insurance

## Life and AD&D Insurance

Basic life insurance is offered through the Hartford. Lake Land College provides you with the following life Insurance benefit; You qualify if you are an active full-time employee, as defined by board policy. Lake Land College provides a set amount of coverage based on your job class. If your death is the result of an accident, your beneficiary will receive double the amount of your Basic Life Insurance.

## Optional Life and AD&D Insurance

Optional Life and AD&D is offered through the Hartford. You can buy coverage called Optional Life Insurance for yourself, your spouse, and your children. During our annual open enrollment, you have the opportunity to increase your Optional Life an additional $10,000 without having to answer any health questions or providing evidence of good health up to the $150,000 guarantee issue amount. To obtain more than $150,000, you will be required to answer a health questionnaire. Employees who previously declined the Optional Life benefit and would now like to enroll, must complete the evidence of insurability questionnaire.

**Keep Your Beneficiaries Up to Date**! If a minor child is named as your beneficiary, life insurance benefits will not be paid until the child reaches age of majority.

| | Benefit Levels | Guarantee Issue Amounts |
|---|---|---|
| **Optional Life** | • Employee: 5x your basic annual earnings up to a max of $750,000<br>• Spouse: Increments of $5k up to a max of $375,000<br>• Child(ren): Increments of $2,500 up to a max of $10,000 | • Employee: $150,000<br>• Spouse: $100,000<br>• Children: $10,000 |

**Don't forget about the perks!**

Beneficiary Assist, Estate Guidance, Funeral Concierge Service, Travel Assistance and ID Theft added services are offered to all eligible employees at no additional cost. All employees who are covered under the life plan may utilize the services.

Contact Human Resources if you are interested in enrolling in optional life or making changes to your current life benefits.

## Legal Shield/ID Shield

Legal Shield offers legal advice and can prepare wills and assistance with IRS audits, traffic tickets, uncontested divorce, etc. ID Shield offers privacy and security monitoring as well as consultation services for you and your dependents. Please contact Human Resources for an enrollment form or for more information.

| Monthly Costs | Individual | Family |
|---|---|---|
| **Legal Shield** | $23.96 | $23.96 |
| **ID Shield** | $8.96 | $18.96 |
| **Combined** | $32.90 | $38.90 |

# Retirement Benefits & SURS

## Retirement 403(b) & 457(b) Savings Plan

Employees have the opportunity to elect to participate in a tax-deferred savings plan. A tax-deferred saving plan is a voluntary program to help employees provide for retirement. You save by placing pre-tax dollars into an account, thereby reducing current taxable income. Investment earnings accumulate and compound on a tax-deferred basis until retirement. Please note that income is tax deferred, not tax exempt. Your 403 (b)(7) and 457 Savings plans contributions and any rollover contributions you have made are always 100% vested. These Plans offers a wide range of investment options so you can put your money to work in a number of ways. Participants can make changes to their contribution rates, investment options, and account allocation at any time. If you are interested in starting at 403b or 457b plan or making changes to your current elections, please contact Human Resources or **Wells Fargo at 217.345.9500.**

| 403(b) | 457(b) |
|---|---|
| Less stringent withdrawal restrictions while you are employed, but a 10% federal early withdrawal penalty might apply. | More stringent withdrawal restrictions while you are employed, but no 10% federal early withdrawal penalty after severance from employment (except in the case of rollovers from non-457(b) plans, including IRAs). |
| Generally withdrawals made prior to severance from employment or the year you attain age 59 ½ can only be made due to financial hardship. | Generally withdrawals made prior to severance from employment or the year in which you reach age 70 ½ can only be made for an unforeseeable emergency. |
| A financial hardship withdrawal is considered less restrictive – while you are employed – than a 457(b) unforeseeable emergency. Example of financial hardship include:<br>• Unreimbursed medical expenses<br>• Payments to purchase a principal residence<br>• Higher education expenses<br>• Payments to prevent eviction or foreclosure of a mortgage | An unforeseeable emergency is more restrictive – while you are employed – than 403(b) hardship. Some examples are:<br>• A sudden and unexpected illness or accident for you or a dependent<br>• Loss of your property due to casualty<br>• Other similar extraordinary circumstances arising as a result of events beyond your control.<br>Sending a child to college or purchasing a home, two common reasons for 403(b) hardship withdrawals, generally are not considered unforeseeable emergencies. |
| Withdrawals can be subject to a 10% federal early withdrawal penalty prior to age 59 ½. | The 10% federal early withdrawal penalty, generally applicable to distributions prior to age 59 ½ from a 403(b) plan, does not apply to distributions from 457(b) plans except on amounts rolled into the plan from non-457(b) plans (including RSAs). |
| The Contribution Limit is **$22,500**<br>The "Age 50" Catch-Up Limit is **$7,500** | The Contribution Limit is **$22,500**<br>The "Age 50" Catch-Up Limit is **$7,500** |

## State University Retirement System

As a full-time employee, you will be required to contribute to SURS. 8% of your gross income will go towards your SURS pension. Another 0.5% will go into the Retiree Insurance Plan. You will not contribute to Social Security through Lake Land College. Your vesting schedule and retirement eligibility dates are dependent upon which retirement plan you select.

You can set up a member account at **www.surs.org**. Here you are able to use the retirement estimator, view webinars, visit the FAQ's section, and view your account balance. SURS can be reached at **1-800-ASKSURS**.

# Voluntary Benefits with the Hartford

No one likes to think about the possibility of an accident or critical illness, but the very likelihood is inescapable. Medical insurance offsets most of the treatment costs for injuries and treatment, but what about the out-of-pocket costs you don't consider? This benefit is available to full-time employees and their families.

## Voluntary Accident

This provides a range of fixed, lump-sum benefits for injuries resulting from a covered accident, or for accidental death and dismemberment. These benefits are paid directly to the insured.

Benefits can be used for the following reasons:

- Ambulance—$2,000 air, $750 ground
- Chiropractic Care—$50 /session, up to 10 sessions
- Coma—$15,000
- Concussion—$200
- Dislocation—benefit varies by injury
- Fractures—benefit varies by injury
- Hospital Admission— $1,500
- Lacerations—Up to $1,000
- Lodging—$150/day
- Physical Therapy—$75/session, up to 10 sessions
- Physician Visit—$100
- Urgent Care—$150
- X-Ray—$150
- *And more!*

## Voluntary Hospital Indemnity

This pays a fixed, lump-sum benefit to help cover expenses resulting from a covered hospitalization. The benefit is paid directly to you.

The benefit schedule specifies payment amounts for events such as:

- First Day Hospital Confinement—$1,000, once/year
- Daily Hospital Confinement—$100, up to 90 days/year
- Daily ICU Confinement—$200, up to 30 days/year
- Health Screening—$50, once/year

| Voluntary Accident | |
|---|---|
| **Tier** | **Monthly Rates** |
| **Employee** | $9.98 |
| **Employee & Spouse** | $15.72 |
| **Employee & Child(ren)** | $16.70 |
| **Family** | $26.26 |

| Voluntary Hospital Indemnity | |
|---|---|
| **Tier** | **Monthly Rates** |
| **Employee** | $13.83 |
| **Employee & Spouse** | $27.13 |
| **Employee & Child(ren)** | $25.62 |
| **Family** | $40.87 |

**You can enroll in these benefits during the fall 2022 open enrollment for 1/1/2023 effective! Contact HR for any questions or enrollment confirmations. Throughout the year, new hires can contact HR if interested in enrolling. These benefits are replacing our former Aflac plans.**

# Voluntary Benefits with the Hartford

## Voluntary Critical Illness

This provides a fixed, lump- sum benefit upon diagnosis of a critical illness. These benefits are paid directly to the insured and may be used for any reason, from deductibles and prescriptions to transportation and child care.

Critical Illness diagnosis and benefits include:

- Aneurysm—25% of coverage amount
- Benign Brain Tumor—25%
- Cerebral Palsy—100%
- Coma—100%
- Coronary Disease—25%
- Cystic Fibrosis—100%
- Heart Attack—100%
- Invasive Cancer—100%
- Loss of Hearing, Sight, & Vision —100%
- Major Organ Failure/Transplant—100%
- Muscular Dystrophy—100%
- Non-Melanoma Skin Cancer—$250
- Paralysis—100%
- Parkinson's (Advanced) - 100%
- Stroke—100%
- *And more!*

Employees and spouses can choose from a benefit level of $5,000—$30,000. Children can have up to 25% of the approved employee amount.

| Age | Employee | Employee & Spouse | Employee & Child(ren) | Family |
|---|---|---|---|---|
| **Voluntary Critical Illness for $10,000 Coverage Amount** | | | | |
| **18-29** | $4.85 | $7.82 | $6.74 | $10.02 |
| **30-39** | $6.74 | $10.68 | $8.63 | $12.88 |
| **40-49** | $13.04 | $20.46 | $14.93 | $22.65 |
| **50-59** | $24.91 | $39.00 | $26.80 | $41.19 |
| **60-69** | $47.99 | $74.78 | $49.88 | $76.97 |
| **70-79** | $83.87 | $129.73 | $85.76 | $131.92 |
| **Voluntary Critical Illness for $20,000 Coverage Amount** | | | | |
| **18-29** | $8.51 | $13.28 | $11.28 | $16.51 |
| **30-39** | $12.20 | $18.84 | $14.97 | $22.07 |
| **40-49** | $24.61 | $37.96 | $27.38 | $41.19 |
| **50-59** | $48.15 | $74.60 | $50.92 | $77.83 |
| **60-69** | $94.00 | $145.50 | $96.77 | $148.73 |
| **70-79** | $165.47 | $254.79 | $168.24 | $258.02 |
| **Voluntary Critical Illness for $30,000 Coverage Amount** | | | | |
| **18-29** | $12.16 | $18.75 | $15.82 | $23.01 |
| **30-39** | $17.66 | $26.99 | $21.31 | $31.25 |
| **40-49** | $36.18 | $55.46 | $39.84 | $59.72 |
| **50-59** | $71.38 | $110.21 | $75.04 | $114.47 |
| **60-69** | $140.01 | $216.22 | $143.66 | $220.49 |
| **70-79** | $247.07 | $379.85 | $250.73 | $384.11 |

## Voluntary Short Term Disability

Employees may elect a flat weekly benefit amount from $100 - $1,500. This is up to 60% of their weekly earnings. The benefit duration is up to 13 weeks.

For individuals with the SURS disability benefit, this supplemental plan will increase the disability benefit to a tax-free substantial benefit level.

The Disabled and Working Benefit, allows benefits to be payable to a claimant that meets the definition of disability while working.

| Voluntary STD | |
|---|---|
| **Age** | **Monthly rate per $100 weekly benefit** |
| **Under 35** | $10.19 |
| **35-49** | $5.73 |
| **50-59** | $5.38 |
| **60+** | $8.55 |

# Additional Benefits

## Employee Assistance Program

An EAP helps employees and their families with life's many issues. The EAP is a completely free and completely confidential program. You and your dependents are eligible for 10 free sessions per year. Employees can call the Sarah Bush Lincoln EAP office at **217-258-4040**.

The EAP can support you with various topics, such as:

- Family or marital conflicts
- Stress management
- Divorce/step family adjustment
- Depression
- Workplace conflict
- Anger management
- Emotional issues
- Crisis intervention
- Health problems
- Substance/drug abuse
- Adjustment to change
- ADHD
- Grief recovery
- Any other issue you or your dependent needs help with

## Biometric Screening

Every year in October, all full-time employees who are enrolled in the medical insurance are offered a free biometric screening. These screenings are optional but failure to complete an annual exam will result in an additional monthly premium charge for insurance. The screenings are designed to test for some basic medical issues such as BMI, blood pressure, high cholesterol and blood sugar. These screening are not designed to replace your regular exam with your primary health care provider. Human Resources will send out details regarding the screenings each year prior to the screenings being held.

## Fresh Start

Every Fall and Spring, full-time employees are given the opportunity to participate in Fresh Start. This Employee Wellness Program provides incentives for reaching your wellness goals. Information about this program is communicated to employees through email and posted in the Laker Low Down.

| Goals Attained/Reached | April | December |
|---|---|---|
| Tobacco Free & Met 4 of 5 Goals | $100 | $100 |
| Tobacco Free and Met All 5 Goals | $200 | $200 |

## Tuition Waivers/Reimbursement

Lake Land College offers tuition waivers to employees, spouses and unmarried dependents age 24 and under. While tuition is waived, you are still responsible for any course fees.

Current full-time Lake Land College employees are also eligible for Tuition Reimbursement for up to $150 per credit hour/$900 per fiscal year for any course taken to advance your educational goals towards achieving a degree. You must receive a "C" or better in order to receive the reimbursement. Please contact Human Resources for the forms required to participate in these benefits.

## Additional Benefits

In addition to the set benefits, campus employees can also take advantage of the offerings listed below. Contact the appropriate department for more information or contact Human Resources.

- Bookstore discount
- Library services
- Athletics
- Certain automotive repairs
- Dental Services
- Cosmetology Services
- Fitness Center
- Massage Clinic
- Verizon Wireless discounts

# 2023 Lake Land College Insurance Rates — non-DOC

## Plan A, Traditional PPO

| Coverage Tier | Total Monthly Premium | Employer Share | Employee Share Per Month | Employee Share Per Pay Period |
|---|---|---|---|---|
| **Single** | $1,194.41 | $1,194.41 | $0 | $0 |
| **Single + 1** | $2,454.26 | $1,824.34 | $629.93 | $314.96 |
| **Family** | $2,863.74 | $2,029.08 | $834.67 | $417.33 |

## Plan B, HDHP

| Coverage Tier | Total Monthly Premium | Employer Share | Employee Share Per Month | Employee Share Per Pay Period |
|---|---|---|---|---|
| **Single** | $922.43 | $922.43 | $0 | $0 |
| **Single + 1** | $1,878.82 | $1,536.62 | $342.21 | $171.10 |
| **Family** | $2,250.79 | $1,722.60 | $528.19 | $264.10 |

## Monthly HSA Distribution (for Plan B HDHP Participants)

| Coverage Tier | Total Annual Employer Contribution | Total Per Month | Amount Per Pay Period |
|---|---|---|---|
| **Single** | $3,263.76 | $271.98 | $135.99 |
| **Single + 1** | $3,452.64 | $287.72 | $143.86 |
| **Family** | $3,677.70 | $306.48 | $153.24 |

## Dental

| Coverage Tier | Total Monthly Premium | Employer Share | Employee Share Per Month | Employee Share Per Pay Period |
|---|---|---|---|---|
| **Single** | $43.36 | $43.36 | $0 | $0 |
| **Single + 1** | $78.11 | $61.88 | $16.23 | $8.11 |
| **Family** | $98.32 | $72.66 | $25.66 | $12.83 |

## Vision

| Coverage Tier | Total Monthly Premium | Employee Share Per Month | Employee Share Per Pay Period |
|---|---|---|---|
| **Single** | $5.59 | $5.59 | $2.80 |
| **Single + 1** | $10.62 | $10.62 | $5.31 |
| **Family** | $15.51 | $15.51 | $7.76 |

# 2023 Lake Land College Insurance Rates

## Optional Life and AD&D Rates for Employee & Spouse Coverage

**VOLUNTARY TERM LIFE AND ACCIDENTAL DEATH & DISMEMBERMENT (AD&D) INSURANCE**
**Monthly Premium Amount** (Cost per Pay Period – 12/Year)

| Benefit | Under 25 | 25-29 | 30-34 | 35-39 | 40-44 | 45-49 | 50-54 | 55-59 | 60-64 | 65-69 | 70-74 | 75+ |
|---|---|---|---|---|---|---|---|---|---|---|---|---|
| $10,000 | $0.60 | $0.60 | $0.77 | $0.77 | $1.15 | $1.65 | $2.45 | $4.45 | $6.75 | $11.55 | $20.75 | $20.75 |
| $20,000 | $1.20 | $1.20 | $1.54 | $1.54 | $2.30 | $3.30 | $4.90 | $8.90 | $13.50 | $23.10 | $41.50 | $41.50 |
| $30,000 | $1.80 | $1.80 | $2.31 | $2.31 | $3.45 | $4.95 | $7.35 | $13.35 | $20.25 | $34.65 | $62.25 | $62.25 |
| $40,000 | $2.40 | $2.40 | $3.08 | $3.08 | $4.60 | $6.60 | $9.80 | $17.80 | $27.00 | $46.20 | $83.00 | $83.00 |
| $50,000 | $3.00 | $3.00 | $3.85 | $3.85 | $5.75 | $8.25 | $12.25 | $22.25 | $33.75 | $57.75 | $103.75 | $103.75 |
| $60,000 | $3.60 | $3.60 | $4.62 | $4.62 | $6.90 | $9.90 | $14.70 | $26.70 | $40.50 | $69.30 | $124.50 | $124.50 |
| $70,000 | $4.20 | $4.20 | $5.39 | $5.39 | $8.05 | $11.55 | $17.15 | $31.15 | $47.25 | $80.85 | $145.25 | $145.25 |
| $80,000 | $4.80 | $4.80 | $6.16 | $6.16 | $9.20 | $13.20 | $19.60 | $35.60 | $54.00 | $92.40 | $166.00 | $166.00 |
| $90,000 | $5.40 | $5.40 | $6.93 | $6.93 | $10.35 | $14.85 | $22.05 | $40.05 | $60.75 | $103.95 | $186.75 | $186.75 |
| $100,000 | $6.00 | $6.00 | $7.70 | $7.70 | $11.50 | $16.50 | $24.50 | $44.50 | $67.50 | $115.50 | $207.50 | $207.50 |
| $110,000 | $6.60 | $6.60 | $8.47 | $8.47 | $12.65 | $18.15 | $26.95 | $48.95 | $74.25 | $127.05 | $228.25 | $228.25 |
| $120,000 | $7.20 | $7.20 | $9.24 | $9.24 | $13.80 | $19.80 | $29.40 | $53.40 | $81.00 | $138.60 | $249.00 | $249.00 |
| $130,000 | $7.80 | $7.80 | $10.01 | $10.01 | $14.95 | $21.45 | $31.85 | $57.85 | $87.75 | $150.15 | $269.75 | $269.75 |
| $140,000 | $8.40 | $8.40 | $10.78 | $10.78 | $16.10 | $23.10 | $34.30 | $62.30 | $94.50 | $161.70 | $290.50 | $290.50 |
| $150,000 | $9.00 | $9.00 | $11.55 | $11.55 | $17.25 | $24.75 | $36.75 | $66.75 | $101.25 | $173.25 | $311.25 | $311.25 |
| $160,000 | $9.60 | $9.60 | $12.32 | $12.32 | $18.40 | $26.40 | $39.20 | $71.20 | $108.00 | $184.80 | $332.00 | $332.00 |
| $170,000 | $10.20 | $10.20 | $13.09 | $13.09 | $19.55 | $28.05 | $41.65 | $75.65 | $114.75 | $196.35 | $352.75 | $352.75 |
| $180,000 | $10.80 | $10.80 | $13.86 | $13.86 | $20.70 | $29.70 | $44.10 | $80.10 | $121.50 | $207.90 | $373.50 | $373.50 |
| $190,000 | $11.40 | $11.40 | $14.63 | $14.63 | $21.85 | $31.35 | $46.55 | $84.55 | $128.25 | $219.45 | $394.25 | $394.25 |
| $200,000 | $12.00 | $12.00 | $15.40 | $15.40 | $23.00 | $33.00 | $49.00 | $89.00 | $135.00 | $231.00 | $415.00 | $415.00 |
| $210,000 | $12.60 | $12.60 | $16.17 | $16.17 | $24.15 | $34.65 | $51.45 | $93.45 | $141.75 | $242.55 | $435.75 | $435.75 |
| $220,000 | $13.20 | $13.20 | $16.94 | $16.94 | $25.30 | $36.30 | $53.90 | $97.90 | $148.50 | $254.10 | $456.50 | $456.50 |
| $230,000 | $13.80 | $13.80 | $17.71 | $17.71 | $26.45 | $37.95 | $56.35 | $102.35 | $155.25 | $265.65 | $477.25 | $477.25 |
| $240,000 | $14.40 | $14.40 | $18.48 | $18.48 | $27.60 | $39.60 | $58.80 | $106.80 | $162.00 | $277.20 | $498.00 | $498.00 |
| $250,000 | $15.00 | $15.00 | $19.25 | $19.25 | $28.75 | $41.25 | $61.25 | $111.25 | $168.75 | $288.75 | $518.75 | $518.75 |
| $260,000 | $15.60 | $15.60 | $20.02 | $20.02 | $29.90 | $42.90 | $63.70 | $115.70 | $175.50 | $300.30 | $539.50 | $539.50 |
| $270,000 | $16.20 | $16.20 | $20.79 | $20.79 | $31.05 | $44.55 | $66.15 | $120.15 | $182.25 | $311.85 | $560.25 | $560.25 |
| $280,000 | $16.80 | $16.80 | $21.56 | $21.56 | $32.20 | $46.20 | $68.60 | $124.60 | $189.00 | $323.40 | $581.00 | $581.00 |
| $290,000 | $17.40 | $17.40 | $22.33 | $22.33 | $33.35 | $47.85 | $71.05 | $129.05 | $195.75 | $334.95 | $601.75 | $601.75 |
| $300,000 | $18.00 | $18.00 | $23.10 | $23.10 | $34.50 | $49.50 | $73.50 | $133.50 | $202.50 | $346.50 | $622.50 | $622.50 |
| $310,000 | $18.60 | $18.60 | $23.87 | $23.87 | $35.65 | $51.15 | $75.95 | $137.95 | $209.25 | $358.05 | $643.25 | $643.25 |
| $320,000 | $19.20 | $19.20 | $24.64 | $24.64 | $36.80 | $52.80 | $78.40 | $142.40 | $216.00 | $369.60 | $664.00 | $664.00 |
| $330,000 | $19.80 | $19.80 | $25.41 | $25.41 | $37.95 | $54.45 | $80.85 | $146.85 | $222.75 | $381.15 | $684.75 | $684.75 |
| $340,000 | $20.40 | $20.40 | $26.18 | $26.18 | $39.10 | $56.10 | $83.30 | $151.30 | $229.50 | $392.70 | $705.50 | $705.50 |
| $350,000 | $21.00 | $21.00 | $26.95 | $26.95 | $40.25 | $57.75 | $85.75 | $155.75 | $236.25 | $404.25 | $726.25 | $726.25 |
| $360,000 | $21.60 | $21.60 | $27.72 | $27.72 | $41.40 | $59.40 | $88.20 | $160.20 | $243.00 | $415.80 | $747.00 | $747.00 |
| $370,000 | $22.20 | $22.20 | $28.49 | $28.49 | $42.55 | $61.05 | $90.65 | $164.65 | $249.75 | $427.35 | $767.75 | $767.75 |
| $380,000 | $22.80 | $22.80 | $29.26 | $29.26 | $43.70 | $62.70 | $93.10 | $169.10 | $256.50 | $438.90 | $788.50 | $788.50 |
| $390,000 | $23.40 | $23.40 | $30.03 | $30.03 | $44.85 | $64.35 | $95.55 | $173.55 | $263.25 | $450.45 | $809.25 | $809.25 |
| $400,000 | $24.00 | $24.00 | $30.80 | $30.80 | $46.00 | $66.00 | $98.00 | $178.00 | $270.00 | $462.00 | $830.00 | $830.00 |
| $410,000 | $24.60 | $24.60 | $31.57 | $31.57 | $47.15 | $67.65 | $100.45 | $182.45 | $276.75 | $473.55 | $850.75 | $850.75 |
| $420,000 | $25.20 | $25.20 | $32.34 | $32.34 | $48.30 | $69.30 | $102.90 | $186.90 | $283.50 | $485.10 | $871.50 | $871.50 |
| $430,000 | $25.80 | $25.80 | $33.11 | $33.11 | $49.45 | $70.95 | $105.35 | $191.35 | $290.25 | $496.65 | $892.25 | $892.25 |
| $440,000 | $26.40 | $26.40 | $33.88 | $33.88 | $50.60 | $72.60 | $107.80 | $195.80 | $297.00 | $508.20 | $913.00 | $913.00 |

## Optional Life and AD&D Rates for Child Coverage

| | |
|---|---|
| **Supplemental Life and AD&D Rate (per $1,000)** | $0.235 |

# Contact Information

| Benefit | Vendor | Phone | Website or Email |
|---|---|---|---|
| **Medical & Prescription Drug** | Aetna | 1-800-872-3862 | www.aetna.com |
| **Health Savings Account & Flex Spending Account** | PayFlex | 1-844-729-3539 | www.mypayflex.com |
| **Dental** | Aetna | 1-800-872-3862 | www.aetna.com |
| **Vision** | Aetna | 1-800-872-3862 | www.aetna.com |
| **Life & Voluntary Benefits** | Hartford | 1-800-523-2233 | www.thehartford.com |
| **Legal** | Legal Shield | 1-217-430-8196 | www.legalshield.com |
| **403(b)/457(b)** | Wells Fargo | 1-888-527-2212 | www.wellsfargo.com |
| **Employee Assistance Program** | Sarah Bush Lincoln Health Center | 1-217-258-4040 | www.sarahbush.com |
| **State University Retirement System** | SURS | 1-800-275-7877 | www.surs.org |

## Human Resource Contact Information

Refer to this list above when you need to contact one of your benefits vendors. For general information, contact Human Resources:

- Phone: **217-234-5000**
- Email: humanresources@lakelandcollege.edu
- Location: Lensink Hall, room 001

The Fine Print

The information contained in this summary should in no way be construed as a promise or guarantee of employment. The company reserves the right to modify, amend, suspend, or terminate any plan at any time for any reason. If there is a conflict between the information in this brochure and the actual plan documents or policies, the documents or policies will always govern. Complete details about the benefits can be obtained by reviewing current plan descriptions, contracts, certificates, policies and plan documents available from your Human Resources Office. This benefits enrollment guide highlights recent plan design changes and is intended to fully comply with the requirements under the Employee Retirement Income Security Act ("ERISA") as a Summary of Material Modifications and should be kept with your most recent summary plan description.

# 2023 Annual Enrollment Notices & Disclosures

Lake Land College

January 1, 2023

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### Legal Notices & Disclosures — Page



**If you (and/or your dependents) have Medicare or will become eligible for Medicare in the next 12 months, a Federal law gives you more choices about your prescription drug coverage. Please see page 9 where the Notice of Creditable Coverage begin for more details.**

## WOMEN'S HEALTH & CANCER RIGHTS ACT

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"). 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.

These benefits will be provided subject to the same deductibles and coinsurance applicable to other medical and surgical benefits provided under the plan.

If you would like more information on WHCRA benefits, please call your Plan Administrator.

## 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 cesarean 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 insurance issuer for prescribing a length of stay not in excess of 48 hours (or 96 hours).

# 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)**.

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**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 July 31, 2020. Contact your State for more information on eligibility –**

| ALABAMA – Medicaid | COLORADO – Health First Colorado (Colorado's Medicaid Program) & Child Health Plan Plus (CHP+) |
|---|---|
| Website: http://myalhipp.com/<br>Phone: 1-855-692-5447 | Health First Colorado Website:<br>https://www.healthfirstcolorado.com/<br>Health First Colorado Member Contact Center:<br>1-800-221-3943/ State Relay 711<br>CHP+: https://www.colorado.gov/pacific/hcpf/child-health-plan-plus<br>CHP+ Customer Service: 1-800-359-1991/ State Relay 711<br>Health Insurance Buy-In Program<br>(HIBI): https://www.colorado.gov/pacific/hcpf/health-insurance-buy-program<br>HIBI Customer Service: 1-855-692-6442 |
| **ALASKA – Medicaid** | **FLORIDA – Medicaid** |
| The AK Health Insurance Premium Payment Program<br>Website: http://myakhipp.com/<br>Phone: 1-866-251-4861<br>Email: CustomerService@MyAKHIPP.com<br>Medicaid Eligibility:<br>http://dhss.alaska.gov/dpa/Pages/medicaid/default.aspx | Website:<br>https://www.flmedicaidtplrecovery.com/flmedicaidtplrecovery.com/hipp/index.html<br>Phone: 1-877-357-3268 |

| ARKANSAS – Medicaid | GEORGIA – Medicaid |
|---|---|
| Website: http://myarhipp.com/<br>Phone: 1-855-MyARHIPP (855-692-7447) | Website: https://medicaid.georgia.gov/health-insurance-premium-payment-program-hipp<br>Phone: 678-564-1162 ext 2131 |
| **CALIFORNIA – Medicaid** | **INDIANA – Medicaid** |
| Website:<br>https://www.dhcs.ca.gov/services/Pages/TPLRD_CAU_cont.aspx<br>Phone: 916-440-5676 | Healthy Indiana Plan for low-income adults 19-64<br>Website: http://www.in.gov/fssa/hip/<br>Phone: 1-877-438-4479<br>All other Medicaid<br>Website: https://www.in.gov/medicaid/<br>Phone 1-800-457-4584 |
| **IOWA – Medicaid and CHIP (Hawki)** | **MONTANA – Medicaid** |
| Medicaid Website:<br>https://dhs.iowa.gov/ime/members<br>Medicaid Phone: 1-800-338-8366<br>Hawki Website:<br>http://dhs.iowa.gov/Hawki<br>Hawki Phone: 1-800-257-8563 | Website:<br>http://dphhs.mt.gov/MontanaHealthcarePrograms/HIPP<br>Phone: 1-800-694-3084 |
| **KANSAS – Medicaid** | **NEBRASKA – Medicaid** |
| Website: http://www.kdheks.gov/hcf/default.htm<br>Phone: 1-800-792-4884 | Website: http://www.ACCESSNebraska.ne.gov<br>Phone: 1-855-632-7633<br>Lincoln: 402-473-7000<br>Omaha: 402-595-1178 |
| **KENTUCKY – Medicaid** | **NEVADA – Medicaid** |
| Kentucky Integrated Health Insurance Premium Payment Program (KI-HIPP) Website:<br>https://chfs.ky.gov/agencies/dms/member/Pages/kihipp.aspx<br>Phone: 1-855-459-6328<br>Email: KIHIPP.PROGRAM@ky.gov<br><br>KCHIP Website: https://kidshealth.ky.gov/Pages/index.aspx<br>Phone: 1-877-524-4718<br><br>Kentucky Medicaid Website: https://chfs.ky.gov | Medicaid Website: http://dhcfp.nv.gov<br>Medicaid Phone: 1-800-992-0900 |
| **LOUISIANA – Medicaid** | **NEW HAMPSHIRE – Medicaid** |
| Website: www.medicaid.la.gov or www.ldh.la.gov/lahipp<br>Phone: 1-888-342-6207 (Medicaid hotline) or 1-855-618-5488 (LaHIPP) | Website: https://www.dhhs.nh.gov/oii/hipp.htm<br>Phone: 603-271-5218<br>Toll free number for the HIPP program: 1-800-852-3345, ext 5218 |
| **MAINE – Medicaid** | **NEW JERSEY – Medicaid and CHIP** |
| Enrollment Website:<br>https://www.maine.gov/dhhs/ofi/applications-forms<br>Phone: 1-800-442-6003<br>TTY: Maine relay 711<br><br>Private Health Insurance Premium Webpage:<br>https://www.maine.gov/dhhs/ofi/applications-forms<br>Phone: -800-977-6740.<br>TTY: Maine relay 711 | Medicaid Website:<br>http://www.state.nj.us/humanservices/dmahs/clients/medicaid/<br>Medicaid Phone: 609-631-2392<br>CHIP Website: http://www.njfamilycare.org/index.html<br>CHIP Phone: 1-800-701-0710 |

| MASSACHUSETTS – Medicaid and CHIP | NEW YORK – Medicaid |
|---|---|
| Website: http://www.mass.gov/eohhs/gov/departments/masshealth/ Phone: 1-800-862-4840 | Website: https://www.health.ny.gov/health_care/medicaid/ Phone: 1-800-541-2831 |
| **MINNESOTA – Medicaid** | **NORTH CAROLINA – Medicaid** |
| Website: https://mn.gov/dhs/people-we-serve/children-and-families/health-care/health-care-programs/programs-and-services/other-insurance.jsp Phone: 1-800-657-3739 | Website: https://medicaid.ncdhhs.gov/ Phone: 919-855-4100 |
| **MISSOURI – Medicaid** | **NORTH DAKOTA – Medicaid** |
| Website: http://www.dss.mo.gov/mhd/participants/pages/hipp.htm Phone: 573-751-2005 | Website: http://www.nd.gov/dhs/services/medicalserv/medicaid/ Phone: 1-844-854-4825 |
| **OKLAHOMA – Medicaid and CHIP** | **UTAH – Medicaid and CHIP** |
| Website: http://www.insureoklahoma.org Phone: 1-888-365-3742 | Medicaid Website: https://medicaid.utah.gov/ CHIP Website: http://health.utah.gov/chip Phone: 1-877-543-7669 |
| **OREGON – Medicaid** | **VERMONT– Medicaid** |
| Website: http://healthcare.oregon.gov/Pages/index.aspx http://www.oregonhealthcare.gov/index-es.html Phone: 1-800-699-9075 | Website: http://www.greenmountaincare.org/ Phone: 1-800-250-8427 |
| **PENNSYLVANIA – Medicaid** | **VIRGINIA – Medicaid and CHIP** |
| Website: https://www.dhs.pa.gov/providers/Providers/Pages/Medical/HIPP-Program.aspx Phone: 1-800-692-7462 | Website: https://www.coverva.org/hipp/ Medicaid Phone: 1-800-432-5924 CHIP Phone: 1-855-242-8282 |
| **RHODE ISLAND – Medicaid and CHIP** | **WASHINGTON – Medicaid** |
| Website: http://www.eohhs.ri.gov/ Phone: 1-855-697-4347, or 401-462-0311 (Direct RIte Share Line) | Website: https://www.hca.wa.gov/ Phone: 1-800-562-3022 |
| **SOUTH CAROLINA – Medicaid** | **WEST VIRGINIA – Medicaid** |
| Website: https://www.scdhhs.gov Phone: 1-888-549-0820 | Website: http://mywvhipp.com/ Toll-free phone: 1-855-MyWVHIPP (1-855-699-8447) |
| **SOUTH DAKOTA - Medicaid** | **WISCONSIN – Medicaid and CHIP** |
| Website: http://dss.sd.gov Phone: 1-888-828-0059 | Website: https://www.dhs.wisconsin.gov/badgercareplus/p-10095.htm Phone: 1-800-362-3002 |
| **TEXAS – Medicaid** | **WYOMING – Medicaid** |
| Website: http://gethipptexas.com/ Phone: 1-800-440-0493 | 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 July 31, 2020, or for more information on special enrollment rights, contact either:

U.S. Department of Labor

U.S. Department of Health and Human Services

Employee Benefits Security Administration
**www.dol.gov/agencies/ebsa**
1-866-444-EBSA (3272)

Centers for Medicare & Medicaid Services
**www.cms.hhs.gov**
1-877-267-2323, Menu Option 4, Ext. 61565

## Paperwork Reduction Act Statement

According to the Paperwork Reduction Act of 1995 (Pub. L. 104-13) (PRA), no persons are required to respond to a collection of information unless such collection displays a valid Office of Management and Budget (OMB) control number. The Department notes that a Federal agency cannot conduct or sponsor a collection of information unless it is approved by OMB under the PRA, and displays a currently valid OMB control number, and the public is not required to respond to a collection of information unless it displays a currently valid OMB control number. See 44 U.S.C. 3507. Also, notwithstanding any other provisions of law, no person shall be subject to penalty for failing to comply with a collection of information if the collection of information does not display a currently valid OMB control number. See 44 U.S.C. 3512.

The public reporting burden for this collection of information is estimated to average approximately seven minutes per respondent. Interested parties are encouraged to send comments regarding the burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden, to the U.S. Department of Labor, Employee Benefits Security Administration, Office of Policy and Research, Attention: PRA Clearance Officer, 200 Constitution Avenue, N.W., Room N-5718, Washington, DC 20210 or email ebsa.opr@dol.gov and reference the OMB Control Number 1210-0137.

OMB Control Number 1210-0137 (expires 1/31/2023)

# HIPAA NOTICE OF PRIVACY PRACTICES REMINDER

**Protecting Your Health Information Privacy Rights**
Lake Land College is committed to the privacy of your health information. The administrators of the Lake Land College Health Plan (the "Plan") use strict privacy standards to protect your health information from unauthorized use or disclosure.

The Plan's policies protecting your privacy rights and your rights under the law are described in the Plan's Notice of Privacy Practices. You may receive a copy of the Notice of Privacy Practices by contacting Human Resources.

# HIPAA SPECIAL ENROLLMENT RIGHTS

**Lake Land College Health Plan Notice of Your HIPAA Special Enrollment Rights**

Our records show that you are eligible to participate in the Lake Land College Health Plan (to actually participate, you must complete an enrollment form and pay part of the premium through payroll deduction).

A federal law called HIPAA requires that we notify you about an important provision in the plan - your right to enroll in the plan under its "special enrollment provision" if you acquire a new dependent, or if you decline coverage under this plan for yourself or an eligible dependent while other coverage is in effect and later lose that other coverage for certain qualifying reasons.

**Loss of Other Coverage (Excluding Medicaid or a State Children's Health Insurance Program).** If you decline enrollment for yourself or for an eligible dependent (including your spouse) while other health insurance or group health plan coverage is in effect, you may be able to enroll yourself and 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' other coverage). However, you must request enrollment within 30 days after your or your dependents' other coverage ends (or after the employer stops contributing toward the other coverage).

**Loss of Coverage for Medicaid or a State Children's Health Insurance Program.** If you decline enrollment for yourself or for an eligible dependent (including your spouse) while Medicaid coverage or coverage under a state children's health insurance program is in effect, you may be able to enroll yourself and your dependents in this plan if you or your dependents lose eligibility for that other coverage. However, you must request enrollment within 60 days after your or your dependents' coverage ends under Medicaid or a state children's health insurance program.

**New Dependent by Marriage, Birth, Adoption, or Placement for Adoption.** 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 new dependents. However, you must request enrollment within 30 days after the marriage, birth, adoption, or placement for adoption.

**Eligibility for Premium Assistance Under Medicaid or a State Children's Health Insurance Program** – If you or your dependents (including your spouse) become eligible for a state premium assistance subsidy from Medicaid or through a state children's health insurance program with respect to coverage under this plan, you may be able to enroll yourself and your dependents in this plan. However, you must request enrollment within 60 days after your or your dependents' determination of eligibility for such assistance.

To request special enrollment or to obtain more information about the plan's special enrollment provisions, contact Human Resources.

# NOTICE OF CREDITABLE COVERAGE

## Important Notice from Lake Land College

## About Your Prescription Drug Coverage and Medicare

**Please read this notice carefully and keep it where you can find it. This notice has information about your current prescription drug coverage with Lake Land 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. **Lake Land College has determined that the prescription drug coverage offered by the medical plan 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 15th to December 7th.

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 Lake Land College coverage will not be affected. You can keep your coverage if you elect Medicare Part D.

If you do decide to join a Medicare drug plan and drop your current Lake Land College coverage, be aware that you and your dependents will be able to get this coverage back.

**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 Lake Land 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 below 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 Lake Land 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 Creditable Coverage 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:**

**Name of Entity/Sender: Lake Land College**

**Contact—Position/Office: Human Resources**

**Office Address: 5001 Lake Land Blvd., Mattoon IL 61938**

**Phone Number: 217-234-5410**

# WELLNESS PROGRAM DISCLOSURES

Your health plan is committed to helping you achieve your best health. Rewards for participating in a wellness program are available to all employees. If you think you might be unable to meet a standard for a reward under this wellness program, you might qualify for an opportunity to earn the same reward by different means. Contact Human Resources at 217-234-5410 and we will work with you (and, if you wish, with your doctor) to find a wellness program with the same reward that is right for you in light of your health status.

## NOTICE REGARDING WELLNESS PROGRAM

The Lake Land College wellness program is a voluntary wellness program available to all employees. The program is administered according to federal rules permitting employer-sponsored wellness programs that seek to improve employee health or prevent disease, including the Americans with Disabilities Act of 1990, the Genetic Information Nondiscrimination Act of 2008, and the Health Insurance Portability and Accountability Act, as applicable, among others. If you choose to participate in the wellness program you will be asked to complete a voluntary health risk assessment or "HRA" that asks a series of questions about your health-related activities and behaviors and whether you have or had certain medical conditions (e.g., cancer, diabetes, or heart disease). You will also be asked to complete a biometric screening, which will include a blood test for diseases such as heart disease and diabetes. You are not required to complete the HRA or to participate in the blood test or other medical examinations.

However, employees who choose to participate in the wellness program will receive an incentive of $50 per month per employee for completing the health assessment and up to $400 per year for participating in the Fresh Start program. Although you are not required to complete the HRA or participate in the biometric screening, only employees who do so will receive the incentive.

Additional incentives may be available for employees who participate in certain health-related activities such as educational programs and walking programs or achieve certain health outcomes such as improvement in blood sugar through the Fresh Start program. If you are unable to participate in any of the health-related activities or achieve any of the health outcomes required to earn an incentive, you may be entitled to a reasonable accommodation or an alternative standard. You may request a reasonable accommodation or an alternative standard by contacting Human Resources at 217-234-5000.

The information from your HRA and the results from your biometric screening will be used to provide you with information to help you understand your current health and potential risks, and may also be used to offer you services through the wellness program, such as online programs and health coaching. You also are encouraged to share your results or concerns with your own doctor.

### Protections from Disclosure of Medical Information

We are required by law to maintain the privacy and security of your personally identifiable health information. Although the wellness program and Lake Land College may use aggregate information it collects to design a program based on identified health risks in the workplace, the Lake Land College Wellness program will never disclose any of your personal information either publicly or to

the employer, except as necessary to respond to a request from you for a reasonable accommodation needed to participate in the wellness program, or as expressly permitted by law. Medical information that personally identifies you that is provided in connection with the wellness program will not be provided to your supervisors or managers and may never be used to make decisions regarding your employment.

Your health information will not be sold, exchanged, transferred, or otherwise disclosed except to the extent permitted by law to carry out specific activities related to the wellness program, and you will not be asked or required to waive the confidentiality of your health information as a condition of participating in the wellness program or receiving an incentive. Anyone who receives your information for purposes of providing you services as part of the wellness program will abide by the same confidentiality requirements. The only individual(s) who will receive your personally identifiable health information is (are) a health coach in order to provide you with services under the wellness program.

In addition, all medical information obtained through the wellness program will be maintained separate from your personnel records, information stored electronically will be encrypted, and no information you provide as part of the wellness program will be used in making any employment decision. Appropriate precautions will be taken to avoid any data breach, and in the event a data breach occurs involving information you provide in connection with the wellness program, we will notify you immediately.

You may not be discriminated against in employment because of the medical information you provide as part of participating in the wellness program, nor may you be subjected to retaliation if you choose not to participate.

If you have questions or concerns regarding this notice, or about protections against discrimination and retaliation, please contact Human Resources at 217-234-5000.

# COBRA GENERAL NOTICE

**Model General Notice of COBRA Continuation Coverage Rights**
**(For use by single-employer group health plans)**

**** Continuation Coverage Rights Under COBRA****

## Introduction

You're getting this notice because you recently gained coverage under a group health plan (the Plan). This notice has important information about your right to COBRA continuation coverage, which is a temporary extension of coverage under the Plan. **This notice explains COBRA continuation coverage, when it may become available to you and your family, and what you need to do to protect your right to get it.** When you become eligible for COBRA, you may also become eligible for other coverage options that may cost less than COBRA continuation coverage.

The right to COBRA continuation coverage was created by a federal law, the Consolidated Omnibus Budget Reconciliation Act of 1985 (COBRA). COBRA continuation coverage can become available to you and other members of your family when group health coverage would otherwise end. For more information about your rights and obligations under the Plan and under federal law, you should review the Plan's Summary Plan Description or contact the Plan Administrator.

**You may have other options available to you when you lose group health coverage.** For example, you may be eligible to buy an individual plan through the Health Insurance Marketplace. By enrolling in coverage through the Marketplace, you may qualify for lower costs on your monthly premiums and lower out-of-pocket costs. Additionally, you may qualify for a 30-day special enrollment period for another group health plan for which you are eligible (such as a spouse's plan), even if that plan generally doesn't accept late enrollees.

## What is COBRA continuation coverage?

COBRA continuation coverage is a continuation of Plan coverage when it would otherwise end because of a life event. This is also called a "qualifying event." Specific qualifying events are listed later in this notice. After a qualifying event, COBRA continuation coverage must be offered to each person who is a "qualified beneficiary." You, your spouse, and your dependent children could become qualified beneficiaries if coverage under the Plan is lost because of the qualifying event. Under the Plan, qualified beneficiaries who elect COBRA continuation coverage must pay for COBRA continuation coverage.

If you're an employee, you'll become a qualified beneficiary if you lose your coverage under the Plan because of the following qualifying events:

- Your hours of employment are reduced, or
- Your employment ends for any reason other than your gross misconduct.

If you're the spouse of an employee, you'll become a qualified beneficiary if you lose your coverage under the Plan because of the following qualifying events:

- Your spouse dies;
- Your spouse's hours of employment are reduced;
- Your spouse's employment ends for any reason other than his or her gross misconduct;
- Your spouse becomes entitled to Medicare benefits (under Part A, Part B, or both); or
- You become divorced or legally separated from your spouse.

Your dependent children will become qualified beneficiaries if they lose coverage under the Plan because of the following qualifying events:

- The parent-employee dies;
- The parent-employee's hours of employment are reduced;
- The parent-employee's employment ends for any reason other than his or her gross misconduct;
- The parent-employee becomes entitled to Medicare benefits (Part A, Part B, or both);
- The parents become divorced or legally separated; or
- The child stops being eligible for coverage under the Plan as a "dependent child."

**When is COBRA continuation coverage available?**

The Plan will offer COBRA continuation coverage to qualified beneficiaries only after the Plan Administrator has been notified that a qualifying event has occurred. The employer must notify the Plan Administrator of the following qualifying events:

- The end of employment or reduction of hours of employment;
- Death of the employee;
- The employee's becoming entitled to Medicare benefits (under Part A, Part B, or both).

**For all other qualifying events (divorce or legal separation of the employee and spouse or a dependent child's losing eligibility for coverage as a dependent child), you must notify the Plan Administrator within 60 days after the qualifying event occurs. You must provide this notice to your employer.**

**How is COBRA continuation coverage provided?**

Once the Plan Administrator receives notice that a qualifying event has occurred, COBRA continuation coverage will be offered to each of the qualified beneficiaries. Each qualified beneficiary will have an independent right to elect COBRA continuation coverage. Covered employees may elect COBRA continuation coverage on behalf of their spouses, and parents may elect COBRA continuation coverage on behalf of their children.

COBRA continuation coverage is a temporary continuation of coverage that generally lasts for 18 months due to employment termination or reduction of hours of work. Certain qualifying events, or a second qualifying event during the initial period of coverage, may permit a beneficiary to receive a maximum of 36 months of coverage.

There are also ways in which this 18-month period of COBRA continuation coverage can be extended:

***Disability extension of 18-month period of COBRA continuation coverage***

If you or anyone in your family covered under the Plan is determined by Social Security to be disabled and you notify the Plan Administrator in a timely fashion, you and your entire family may be entitled to get up to an additional 11 months of COBRA continuation coverage, for a maximum of 29 months. The disability would have to have started at some time before the 60th day of COBRA continuation coverage and must last at least until the end of the 18-month period of COBRA continuation coverage. Notification to extend coverage due to disability and Social Security's Determination of Disability must be received by the insurance carrier within 60 days from the date of notification from Social Security Disability and prior to the end of the 18 month COBRA term. In order for the employer to notify the insurance carrier of your right to continue coverage for an additional 11 months, your notification and Social Security's Determination of Disability must be provided to the individual noted below within 60 days from the date of notification from Social Security Disability and prior to the end of your 18 month COBRA term.

***Second qualifying event extension of 18-month period of continuation coverage***

If your family experiences another qualifying event during the 18 months of COBRA continuation coverage, the spouse and dependent children in your family can get up to 18 additional months of COBRA continuation coverage, for a maximum of 36 months, if the Plan is properly notified about the second qualifying event. This extension may be available to the spouse and any dependent children getting COBRA continuation coverage if the employee or former employee dies; becomes entitled to Medicare benefits (under Part A, Part B, or both); gets divorced or legally separated; or if the dependent child stops being eligible under the Plan as a dependent child. This extension is only available if the second qualifying event would have caused the spouse or dependent child to lose coverage under the Plan had the first qualifying event not occurred.

**Are there other coverage options besides COBRA Continuation Coverage?**

Yes. Instead of enrolling in COBRA continuation coverage, there may be other coverage options for you and your family through the Health Insurance Marketplace, Medicare, Medicaid, Children's Health Insurance Program (CHIP), or other group health plan coverage options (such as a spouse's plan) through what is called a "special enrollment period." Some of these options may cost less than COBRA continuation coverage. You can learn more about many of these options at **www.healthcare.gov**.

**Can I enroll in Medicare instead of COBRA continuation coverage after my group health plan coverage ends?**

In general, if you don't enroll in Medicare Part A or B when you are first eligible because you are still employed, after the Medicare initial enrollment period, you have an 8-month special enrollment period[1] to sign up for Medicare Part A or B, beginning on the earlier of

- The month after your employment ends; or
- The month after group health plan coverage based on current employment ends.

If you don't enroll in Medicare and elect COBRA continuation coverage instead, you may have to pay a Part B late enrollment penalty and you may have a gap in coverage if you decide you want Part B later. If you elect COBRA continuation coverage and later enroll in Medicare Part A or B before the COBRA continuation coverage ends, the Plan may terminate your continuation coverage. However, if Medicare Part A or B is effective on or before the date of the COBRA election, COBRA coverage may not be discontinued on account of Medicare entitlement, even if you enroll in the other part of Medicare after the date of the election of COBRA coverage.

If you are enrolled in both COBRA continuation coverage and Medicare, Medicare will generally pay first (primary payer) and COBRA continuation coverage will pay second. Certain plans may pay as if secondary to Medicare, even if you are not enrolled in Medicare.

For more information visit https://www.medicare.gov/medicare-and-you.

**If you have questions**

Questions concerning your Plan or your COBRA continuation coverage rights should be addressed to the contact or contacts identified below. For more information about your rights under the Employee Retirement Income Security Act (ERISA), including COBRA, the Patient Protection and Affordable Care Act, and other laws affecting group health plans, contact the nearest Regional or District Office of the U.S. Department of Labor's Employee Benefits Security Administration (EBSA) in your area or visit www.dol.gov/ebsa. (Addresses and phone numbers of Regional and District EBSA Offices are available through EBSA's website.) For more information about the Marketplace, visit **www.healthcare.gov**.

**Keep your Plan informed of address changes**

To protect your family's rights, let the Plan Administrator know about any changes in the addresses of family members. You should also keep a copy, for your records, of any notices you send to the Plan Administrator.

**Plan contact information**

Lake Land College
Human Resources
5001 Lake Land Blvd.
Mattoon, IL 61938
humanresources@lakelandcollege.edu

[1] https://www.medicare.gov/sign-up-change-plans/how-do-i-get-parts-a-b/part-a-part-b-sign-up-periods.

# MARKETPLACE NOTICE

**New Health Insurance Marketplace Coverage Options and Your Health Coverage**

## PART A: General Information

When key parts of the health care law take effect in 2014, there will be a new way to buy health insurance: the Health Insurance Marketplace. To assist you as you evaluate options for you and your family, this notice provides some basic information about the new Marketplace and employment-based health coverage offered by your employer.

### What is the Health Insurance Marketplace?

The Marketplace is designed to help you find health insurance that meets your needs and fits your budget. The Marketplace offers "one-stop shopping" to find and compare private health insurance options. You may also be eligible for a new kind of tax credit that lowers your monthly premium right away. Open enrollment for health insurance coverage through the Marketplace begins in October 2013 for coverage starting as early as January 1, 2014.

### Can I Save Money on my Health Insurance Premiums in the Marketplace?

You may qualify to save money and lower your monthly premium, but only if your employer does not offer coverage, or offers coverage that doesn't meet certain standards. The savings on your premium that you're eligible for depends on your household income.

### Does Employer Health Coverage Affect Eligibility for Premium Savings through the Marketplace?

Yes. If you have an offer of health coverage from your employer that meets certain standards, you will not be eligible for a tax credit through the Marketplace and may wish to enroll in your employer's health plan. However, you may be eligible for a tax credit that lowers your monthly premium, or a reduction in certain cost-sharing if your employer does not offer coverage to you at all or does not offer coverage that meets certain standards. If the cost of a plan from your employer that would cover you (and not any other members of your family) is more than 9.5% of your household income for the year, or if the coverage your employer provides does not meet the "minimum value" standard set by the Affordable Care Act, you may be eligible for a tax credit.[2]

**Note:** If you purchase a health plan through the Marketplace instead of accepting health coverage offered by your employer, then you may lose the employer contribution (if any) to the employer-offered coverage. Also, this employer contribution -as well as your employee contribution to employer-offered coverage- is often excluded from income for Federal and State income tax purposes. Your payments for coverage through the Marketplace are made on an after- tax basis.

[2] An employer-sponsored health plan meets the "minimum value standard" if the plan's share of the total allowed benefit costs covered by the plan is no less than 60 percent of such costs.

## How Can I Get More Information?

For more information about your coverage offered by your employer, please check your summary plan description or contact Human Resources.

The Marketplace can help you evaluate your coverage options, including your eligibility for coverage through the Marketplace and its cost. Please visit HealthCare.gov for more information, including an online application for health insurance coverage and contact information for a Health Insurance Marketplace in your area.

## PART B: Information About Health Coverage Offered by Your Employer

This section contains information about any health coverage offered by your employer. If you decide to complete an application for coverage in the Marketplace, you will be asked to provide this information. This information is numbered to correspond to the Marketplace application.

| | | |
|---|---|---|
| 3. Employer name<br>Lake Land College | | 4. Employer Identification Number (EIN)<br>37-0896233 |
| 5. Employer address<br>5001 Lake Land Blvd. | | 6. Employer phone number<br>217-234-5000 |
| 7. City<br>Mattoon | 8. State<br>IL | 9. ZIP code<br>61938 |
| 10. Who can we contact about employee health coverage at this job?<br>Human Resources | | |
| 11. Phone number (if different from above) | 12. Email address<br>Humanresources@lakelandcollege.edu | |

Here is some basic information about health coverage offered by this employer:

•As your employer, we offer a health plan to:

☐ All employees. Eligible employees are:

X Some employees. Eligible employees are:

- Full time employees or those that average 30 or more hours a week during a 6 month measurement period.
- Dependents include eligible spouses, children to age 26, and children over age 26 who meet eligibility requirements, are mentally / physically incapable of earning a living and dependent on subscriber or spouse for support and maintenance.

☐ We do not offer coverage.

X If checked, this coverage meets the minimum value standard, and the cost of this coverage to you is intended to be affordable, based on employee wages.

** Even if your employer intends your coverage to be affordable, you may still be eligible for a premium discount through the Marketplace. The Marketplace will use your household income, along

with other factors, to determine whether you may be eligible for a premium discount. If, for example, your wages vary from week to week (perhaps you are an hourly employee or you work on a commission basis), if you are newly employed mid-year, or if you have other income losses, you may still qualify for a premium discount.

If you decide to shop for coverage in the Marketplace, HealthCare.gov will guide you through the process. Here's the employer information you'll enter when you visit HealthCare.gov to find out if you can get a tax credit to lower your monthly premiums.

The information below corresponds to the Marketplace Employer Coverage Tool. Completing this section is optional for employers, but will help ensure employees understand their coverage choices.